Case Number: 2007-1550-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the Clinton Presidential Library Staff.

Folder Title: HIV-AIDS DC [Deputies Committee](6/00)
Staff Office-Individual: National Economic Council-Brainard, Lael
Original OA/ID Number: CF 1360

Row:	Section:	Shelf:	Position:	Stack:
23	5	1	1	V

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. paper	Re: [HIV/AIDS] (11 pages)	05/17/2000	P1/b(1) KBH 10/21/2024
002. list	Re: [Objectives] (3 pages)	ca. 05/2000	P1/b(1) KBH 10/21/2024
003. calendar	Annotated Calendar of Major International Events (6 pages)	ca. 05/2000	P1/b(1) KBH 10/21/2024

COLLECTION:
Clinton Presidential Records
National Economic Council
Brainard, Lael
OA/Box Number: CF 1360

FOLDER TITLE:
HIV-AIDS DC [Deputies Committee] (6/00)

2007-1550-F
ke2003

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

TAB A - Discussion Paper - May 17, 2000

MOBILIZING A GLOBAL WAR ON HIV/AIDS

HIV infection rates are soaring in Africa, Asia, and Eastern Europe. An estimated 33 million people are currently infected with HIV worldwide. This year, India may become the country with the largest number of new infections. While sub-Saharan Africa accounts for only 1/10 of the global population, over 70% of individuals infected with AIDS globally live there. There is a 60% chance that a 15-year-old in Zambia will die of AIDS today.

Life expectancy is declining sharply in many African countries as a result of HIV/AIDS. In southern Africa, life expectancy is expected to drop from a high of 59 in the early 1990's to 45 within the next 5-10 years - a level not seen since the 1950's. During the next decade, more than 40 million children in Africa will have been orphaned as a result of AIDS.

AIDS is also jeopardizing the economic stability of sub-Saharan Africa. According to a recent World Bank study of 30 sub-Saharan African countries, AIDS is likely to subtract 0.8% to 1.4% per year from GDP growth in these countries, undercutting the continent's efforts to participate more broadly in the benefits of global economic integration.

Global Mobilization Against HIV/AIDS

HIV/AIDS has become a global security issue meriting a concerted global response. Research and development of new vaccines and treatments must be intensified. International assistance must be expanded for developing countries seeking to provide cost-effective treatment and care. The creative potential and resources of the private sector must be harnessed more fully to complement official initiatives. And, developing countries engulfed by the HIV/AIDS crisis must commit to maximize the opportunity created by increased international assistance by implementing comprehensive programs of prevention, treatment, and care.

Following is a global mobilization plan to combat HIV/AIDS. The success of this war plan will require sustained, increased levels of effort by governmental, multilateral, and private philanthropic institutions around the world. The United States

is prepared to spearhead the attack by undertaking the following initiatives and marshaling international support in the coming months to broaden the reach of each of them:

INTERNATIONAL POLICY OBJECTIVES

Leveraging Efforts to Reduce the Spread of HIV and to Provide Basic Care and Treatment to People Living with AIDS

The AIDS pandemic is the largest public health catastrophe since the bubonic plague of the Middle Ages with serious global development, economic, and security ramifications. Unfortunately, to date, the growth of the pandemic has grossly outpaced the resources and actions dedicated to combating it. Without a dramatically enhanced strategic assault, one in which the resources committed are commensurate with the magnitude of the crisis, the war on AIDS in developing countries is likely to be lost. Given the stakes for global security, the USG should lead a global campaign to mobilize the resources required to "close the gap" over the next five years between what is needed and what is currently being done.

USAID has provided the following estimates of existing resource levels and requirements for HIV prevention and basic AIDS care and support in developing countries (FY 2000):

Annual Amount Required for Africa for HIV/AIDS Prevention and Care (FY 2000) and current spending

	Amount needed	**USG Spending**	**World Spending, including USG[1]**	**Shortfall**
Prevention	$1.5 billion	$133	$425 million	$1.075 billion
Care	$1.5 billion	$35	$75 million	$1.425 billion
Total	**$3.0 billion**	**$168 million**	**$500 million[2]**	**$2.5 billion**

[1]Includes all donors and country public sector. Does not include foundations or personal out-of-pocket expenditures.

[2]Of this amount, approximately $415 million is provided by developed countries, and $85 million is provided by host-country governments, primarily for in-patient care.

In Africa, $1.5 billion will buy a basic package of prevention services consisting of behavior change communications, condom social marketing, STD services, and safe blood programs. For basic behavior change communications, nearly 100 percent of the population (620 million people) would be reached. For targeted

interventions, such as for truck drivers, commercial sex workers, etc, the percentage will be much less - approximately 30 percent coverage to be expected.

For the $1.5 billion for care and treatment in sub-Saharan Africa, 7 million of the 22 million Africans with HIV/AIDS would be covered with basic services (not including anti-retrovirals); testing and counseling services would reach 15 percent of the adult population (40 million people); 8 million vulnerable children would be cared for; and, using the least expensive option for preventing mother to child transmission, and assuming 8 percent HIV infection rates, 25 million pregnant women would receive testing and counseling, and the 400,000 who are HIV infected would receive anti-retrovirals and breast milk substitutes.

Annual Amount Required for other Developing Regions (LAC, Asia, EE/NIS)

	Amount needed	**USG Spending**	**World Spending[1], including USG**	**Shortfall**
Prevention	$2.0 billion	$61	$1 billion	$1.0 billion
Care	$1.0 billion	$6	$0.5 billion	$0.5 billion
Total	**$3.0 billion**	**$67 million**	**$1.5 million**	**$1.5 billion**

[1] Host country resources are more substantial in these regions. Thus the anticipated shortfalls are less.

Implementation:

1) Expand official bilateral assistance for HIV/AIDS programs. For a decade, USAID has played a leading role in the fight against the global AIDS pandemic, providing assistance to 46 developing countries, 22 in Africa. The USG has been the largest AIDS donor, with USAID spending over $1.2 billion to date, 60% of which went to Africa. However, from 1993-1999, USAID's global AIDS budget remained flat funded at $125 million, during which time there was a 300% increase in the annual incidence of HIV and an explosion of the pandemic in sub-Saharan Africa. In FY2000, as part of the "LIFE Initiative" (Leadership and Investment in Fighting an Epidemic), the President proposed and the Congress appropriated a $100 million increase for the USG's global AIDS effort. For FY2001, the President has requested an additional $100 million increase. This initiative

has not only enabled the USG to more than double its global HIV prevention and AIDS care programs but to expand participation in this effort to include HHS, DOL, DOD, and Ag in the funding, and a host of other strategic players in the overall implementation of the USG's program.

- *The USG should call on donor governments to double bilateral assistance for HIV/AIDS prevention, treatment, and care in developing countries.*

2) Expand assistance for HIV/AIDS and other priority disease programs through substantial increases in multilateral development bank lending. The World Bank and other multilateral development banks (MDBs, such as the African Development Fund) lend money on highly favorable terms to the world's poorest countries. Today, roughly $1 billion to $1-1/2 billion of this so-called "concessional funding" is devoted to health care each year. The Administration proposes to increase that amount by $400 million to $900 million per year, with a focus on: immunization; prevention of diseases using basic measures such as information and condoms for AIDS, treated bed nets for malaria, and stronger systems for containing TB; treatment of diseases, including common respiratory and diarrheal infections; and more effective provision of basic health care. A conservative estimate suggests that if basic health care including immunization were made broadly available, up to 2 million children's lives could be saved each year.

- *The U.S. should urge other countries to support increased lending by the World Bank and other multilateral development banks for HIV/AIDS on the order of $400 million to $900 million per year.*

3) Encourage expansion of private philanthropy for HIV/AIDS activities in developing countries. The Bill and Melinda Gates Foundation has contributed over $100 million for AIDS efforts, 750 million to the Global Alliance for Vaccines and Immunizations, and tens of millions more for diseases of poverty such as TB and malaria. The Kaiser Family Foundation and UN Foundations have made substantial investments in AIDS. Other large Foundations, such as Ford and Rockefeller, while working in Africa, have not engaged in AIDS prevention/care programs.

- *The philanthropic community, currently sporadically engaged, should be actively encouraged to increase by $500 million support for HIV/AIDS prevention, treatment*

and care in developing countries, including through international public-private partnerships.

4) Encourage providers of drugs, medical supplies and services to make HIV/AIDS prevention, treatment, and care more affordable and accessible in developing countries, including by exercising restraint in the administration of intellectual property rights policy and facilitating efforts by providers of drugs, supplies, and training to offer their products and services on special terms. On May 10, the President issued an Executive Order instructing U.S. trade officials from taking actions against intellectual property laws and policies of sub-Saharan African governments that are designed to facilitate distribution of HIV/AIDS pharmaceuticals and medical technologies as long as they are consistent with WTO rules. Specifically, the Order limits U.S. trade actions against activities, such as compulsory licensing or parallel importing, that promote access to HIV/AIDS drugs and technologies and are consistent with the central WTO agreement on intellectual property rules, the Agreement on Trade-Related Aspects of Intellectual Property Rights (or TRIPs). The President's action will provide certain sub-Saharan African countries with added flexibility in crafting policies that will promote access to drugs and medical devices for affected populations.

Over the past year, major corporate donations have included $100 million over five years from Bristol-Myers Squibb, for training, building of clinics and other infrastructure needs in sub-Saharan Africa. At a meeting in March, key leaders of pharmaceutical and biotechnology companies, foundations and the public health community endorsed the President's Millennium Vaccine Initiative and announced new commitments to deliver vaccines to developing countries. CEOs of the four largest vaccine manufacturers announced donations of millions of doses of state-of-the-art vaccines - worth more that $150 million - to developing countries and made a renewed commitment to step up research and development on vaccines for HIV/AIDS and malaria. And, on May 11, a consortium of five pharmaceutical companies announced a major new initiative that could drastically reduce prices and increase availability of pharmaceuticals for HIV/AIDS in African countries.

The Vice President, and Departments of Commerce and Labor, are engaging with the business and labor communities, which are increasingly providing outreach to African Trade Unions and business communities to incorporate AIDS prevention/care

activities into work-place education and reduction economic impact.

- *The U.S. should encourage other countries to show restraint in the enforcement of intellectual property rules and actively work to facilitate the formation of new and innovative partnerships that leverage access to private sector treatment, care, medical supplies, and training in developing countries.*

5) Increase domestic resources available for HIV/AIDS prevention and treatment in developing countries by fully implementing the Cologne Debt Initiative. At their Summit last June, G-7 leaders endorsed a new initiative to enable Heavily Indebted Poor Countries (HIPCs) to receive deeper, broader and faster debt relief. Under the so-called Cologne Initiative, international financial institutions are working with HIPCs to develop a new framework for linking debt relief with poverty reduction in the form of so-called Poverty Reduction Strategy Papers. The goal is translate expanded debt relief into additional domestic resources for priority social expenditures, including health, child survival, AIDS prevention and education, and improve citizen participation in the design and implementation of these programs. In many countries, foreign debt service is larger than national expenditures on health. Together with earlier debt relief commitments, the Cologne Initiative provides for reduction of up to 70 percent of the total debts for these countries, and is expected to decrease the stock of debt from about $127 billion today to as low as $37 billion with the cancellation of official development assistance (ODA) debt by G-7 and other bilateral creditors.

As part of the initiative, the President announced in September that the US would seek to write off 100% of the $5.7 billion it is owed by as many as 36 heavily indebted poor countries. Last fall, Congress passed part of the funding and authority necessary for the United States' full participation in the initiative; the President is seeking an advance appropriation of the remaining $810 million over the next three fiscal years. Since most HIPCs are located in Sub-Saharan Africa, the Cologne Initiative has the potential to make a major contribution to HIV/AIDS treatment and prevention in the region. For this reason, the international community must fully fund the program and follow through on its commitment to the additional domestic resources free up by debt relief are channeled into health care and education, including with respect to HIV/AIDS.

- *The U.S. should continue to seek full funding of its share of the Cologne Initiative, encourage other donor countries to fully fund their commitments, and support realization of a reformed framework of economic conditionality that emphasizes poverty reduction and investment in health and education with respect to HIV/AIDS.*

6) Expand international assistance for basic education and other activities that contribute to public awareness about HIV/AIDS. Better access to basic education can be a catalyst for poverty reduction and improved public health. Literacy is important not only to economic growth but also to efforts to improve maternal and infant health, prevent and treat HIV-AIDS and other infectious diseases, and influence social patterns of behavior that fuel the disease's spread. Despite recent progress in many countries, the World Education Forum recently held in Dakar, Senegal concluded that more than 113 million children still have no access to primary education, 880 million adults are illiterate, gender discrimination continues to permeate education systems, and the quality of learning and the acquisition of human values and skills fall far short of what is necessary. No strategy to prevent the spread and improve the treatment of HIV/AIDS can succeed without expanded public education, and no strategy to expand public education will be fully effective without improving enrollment of children in school, particularly in Africa where 40% of children - two-thirds of whom are girls -- do not enroll in primary school.

The Dakar Framework for Action calls on developing countries to develop strong national "Education for All" action plans to increase access to quality basic education and achieve gender equality in such access. At the same time, it establishes the principle that no country seriously committed to education for all will be thwarted in its achievement of this goal by a lack of resources and calls on bilateral, multilateral, and private donors to respond appropriately. The extent to which the international community makes good on this promise has important implications for the fight against HIV/AIDS. President Clinton has proposed in his budget request this year an increase in U.S. bilateral support for basic education in poor countries on the order of 50%. In his speech at the World Economic Forum earlier this year, he urged other donor nations to take similar steps and encouraged the multilateral development banks and private sector philanthropists to take comparable steps. For example, if the World Bank were to increase overall education lending by 50 percent and devoted this entire increase to basic education,

then lending for basic education could be doubled -- a step that could galvanize all parties toward action in support of the Dakar Education For All Goals.

In addition, other activities that contribute to public education about HIV/AIDS should be expanded. For example, funding of military-to-military training for prevention of HIV/AIDS transmission by soldiers in Africa should be pursued. The President has requested $10 million in the 050 account. The training materials have been completed, and at least 6 countries have requested assistance. Similarly, micro-finance programs should be adapted to include HIV/AIDS activities, giving women the power to control their lives and health. And discussion with religious leaders should be pursued to encourage them to reach out into communities to reduce stigmatization, perhaps by convening a meeting of African, American, and other religious leaders.

- *The U.S. should urge other bilateral donors, international organizations, and private sources of philanthropy to increase substantially their support for expanded access to basic education in poor countries.*

7) Encourage developing countries to make HIV/AIDS prevention, treatment, and care a national priority by developing interagency action plans based on "best practice" models, such as those of Uganda and Senegal. A series of actions are required for developing countries to take to effectively stem the rising tide of HIV infection, to deal with the associated impacts on their economies and civil societies, and to care for those infected and affected. Collectively, these actions can be grouped into political commitment, enabling environment, resource mobilization, and organizational and systemic reform. The US should urge southern governments to pursue the following actions.

- Leaders should speak out frequently about HIV/AIDS with clear and consistently reinforced messages, and in highly impacted countries, should direct all government officials to talk about HIV/AIDS in every public appearance (President Museveni called this the government's "big noise" on AIDS);

- Leaders should acknowledge that AIDS is much more than a health issue by creating an inter-ministerial commission on AIDS to coordinate inter-governmental action (which includes finance and defense);

- Leaders should develop a national AIDS plans with tangible long term and short term goals and objectives. All ministers should be charged to assess long and short term impacts of AIDS in their sector (military, education, agriculture, transportation, mining, trade, democracy/governance), and to develop an action agenda;

- Leaders should encourage non-governmental organizations, faith based organizations, private businesses, universities, and other segments of society to join in the fight, and should find opportunities for their active participation;

- Leaders should help to reduce stigma and discrimination by actively supporting people living with AIDS and by empowering them to be an integral part of decision making on AIDS; this should include making it safe for government officials to be open about their status;

- Leaders should form a partnership with donors to create an "enabling environment" for investment in the HIV prevention and AIDS care and treatment;

- Leaders should translate their political commitment into action through resource mobilization by creating a national AIDS budget [UNAIDS urges a 5% contribution for HIPC countries and 10% for mid-income countries] and by re-directing debt relief funding into HIV and AIDS activities, not only as a health goal, but as an across-the-board supra goal;

- UNAIDS had urged leaders to declare HIV and AIDS a "national disaster" or a "national security threat".
- Leaders should undertake efforts to improve drug procurement and distribution systems in ways that are transparent, efficient, and accountable;

- Leaders should mobilize the necessary human resources needed to address HIV/AIDS in country by establishing training programs in multiple disciplines;

- Leaders should encourage and support a community-based response that includes traditional leaders and villages.

- *The U.S. should urge developing countries to implement national action plans to improve prevention, treatment, and care of HIV/AIDS and leverage expansion in the availability of international assistance.*

Accelerating Development of Vaccines and New Treatments for HIV/AIDS and Other Opportunistic Diseases

8) Expand government-funded research into vaccines and treatments for HIV/AIDS. The US invests more than $1.8 billion per year through the National Institutes of Health (NIH) in research related to HIV/AIDS, significantly more than any other country. Since 1997, the US has more than doubled NIH funding for AIDS vaccine research, and in his FY 2001 budget proposal, the President has requested an increase of 12%, to nearly $225 million. These additional resources will allow NIH to accelerate vaccine research and development and significantly expand testing of potential vaccine candidates in both developing and developed countries. NIH also established a new Vaccine Research Center on the NIH campus, which will facilitate vaccine development and testing.

In addition, the Administration's FY 2001 budget for NIH includes a significant increase in research critical to creating vaccines for other diseases prevalent in AIDS-stricken countries that often complicate treatment of HIV/AIDS. For example, funding for NIH malaria vaccine research will increase more than 10 percent over the FY 2000 level and NIH research on a tuberculosis vaccine will receive over 40 percent more funding than in FY 2000 and more than double the FY 1999 level.

- *The U.S. should urge other industrialized countries to increase governmental funding for research into the basic science, prevention, and treatment of HIV/AIDS by at least 100%, as the U.S. has done in recent years.*

9) Enhance market incentives for private sector research and development into vaccines and treatments for HIV/AIDS and other priority diseases. Pharmaceutical companies may be reluctant to invest in research for vaccines for diseases that primarily afflict people in poor countries because of their limited capacity to purchase them. For this reason, the President has proposed in his FY 2001 budget a tax credit to provide a specific and credible incentive for the development of future vaccines for HIV/AIDS, malaria, tuberculosis or any infectious disease that causes over 1 million deaths per year. Specifically, the seller of a qualified vaccine could claim a tax credit equal to 100 percent of the amount paid by a qualifying organization that received a "credit allocation" by the U.S. Agency for International Development (AID). The tax credit would match the qualified organizations' expenditures

dollar-for-dollar, thereby doubling their purchasing power and providing a significant market incentive for pharmaceuticals to view vaccines for HIV/AIDS, malaria, and other diseases primarily afflicting poor countries as viable commercial opportunity. For 2002 through 2010, AID could designate up to $1 billion of vaccine sales as eligible for the credit.

In addition, as announced by Vice President Gore at the UN Security Council earlier this year, the President's FY 2001 budget includes a proposed $50 million contribution to the vaccine purchase fund of the Global Alliance for Vaccines and Immunizations (GAVI). GAVI, a partnership of UNICEF, WHO, the World Bank, private foundations, bilateral aid agencies (including USAID), industry, and developing countries, will provide existing vaccines for diseases like Hepatitis B, while creating incentives for industry to develop new vaccines in the future -- including an AIDS vaccine. GAVI established the vaccine purchase fund with an initial grant of $750 million over 5 years from the Bill and Melinda Gates Foundation.

- *The U.S. should urge other industrialized countries to take comparable steps to enhance incentives for private sector development of an effective HIV/AIDS vaccine, including contributions to GAVI.*

Strengthening Public Diplomacy

10) Intensify public diplomacy about the challenge to global security posed by HIV/AIDS in order to leverage each of the preceding international policy objectives, including perhaps through the appointment of a Presidential Envoy for AIDS Cooperation.

- *The U.S. should increase its public diplomacy and outreach in furtherance of this plan for a global response to the HIV/AIDS crisis.*

TAB B. **Objectives on AIDS for Mbeki Visit**
DRAFT

Key Objectives:

1. **Establish common ground between U.S. and South Africa.**
2. **Get agreement that HIV causes AIDS.**
3. **Acknowledge need for different approaches for North and South.**
4. **Lock in partnership between Clinton and Mbeki to lead joint developed/developing country war on AIDS.**

Background: South Africa is home to more people living with HIV and AIDS than any other country in the world, and its infection rate remains one of the fastest growing.

- 4.2 million South Africans are already HIV infected (1 in 10; 1 in 5 adults);
- 1,600 new infections each day (10% of all new infections in the world);
- 1 in 4 pregnant women are already HIV+; 1 in 3 in the KwaZuluNatal region;
- rapidly growing rate of infection among the SANDF;
- by 2003, more than 1 million South African children will be orphaned by AIDS.

However, South Africa's efforts to combat this epidemic have become embroiled in controversy. President Mbeki sparked the controversy by questioning the prevailing scientific view that HIV causes AIDS and suggesting that the anti-AIDS drug AZT is unsafe. Mbeki's questioning of the causality of AIDS was widely seen as a threat to global efforts to combat the disease.

Mbeki has made some slight forward movement on these issues. On May 6, Mbeki convened an international advisory panel on AIDS research, composed equally of mainstream and dissident scientists, which he created to discuss openly the questions surrounding HIV and AIDS. The New York Times reported that in conjunction with the conference, "Mbeki said that he and his ministers know that the human immunodeficiency virus causes AIDS." However, Mbeki will most likely wait for the advisory committee to issue its final report next month before reaching a formal conclusion. This strategy could allow Mbeki a graceful way to move forward after the conference.

Objectives on HIV/AIDS for Mbeki Visit

I. Establish common ground between U.S. and South Africa.

- Identify challenges common to US and SA:
  - Trends -- in US, HIV is now spreading most rapidly among people of color, women, youth, heterosexuals, and the poor;
  - New infections -- in US, new infections have leveled off but not declined;
  - Access to drugs -- at least half of the people living with HIV in the US currently do not have access to drugs;

- Establish need to share knowledge and experience. While the magnitude of the AIDS crisis in SA, and in sub-Saharan Africa generally, far exceeds the epidemic in the US, there is much that we can learn from each other and do together;

- Emphasize link between AIDS and poverty. Key issue is the connection between poverty and AIDS and the importance of linking HIV prevention and poverty reduction strategies.

II. Get agreement that HIV causes AIDS, while acknowledging that the quest for information continues.

- Commend Mbeki for desire to better understand epidemic.

- Emphasize need to agree that HIV causes AIDS in order to move forward, but that we must also remain vigilant in our efforts to ask and answer new questions as we seek to *apply and refine* what we know in the face of ever new and challenging circumstances;

- Offer to share all US data

III. Acknowledge that one-size-fits-all approach does not work.

- Acknowledge special needs and circumstances in African setting -- components of an effective AIDS strategy (voluntary testing and counseling, AIDS education, stigma reduction/protections against discrimination; care and support, capacity development) must always be implemented in a manner that is culturally appropriate and that considers unique needs and circumstances;

- Point to two African success stories, Uganda and Senegal.

IV Lock in partnership between Clinton and Mbeki to lead North/South war on AIDS.

- Commend Mbeki's commitment and leadership in SA.
  - Established the SA national AIDS council, the SAG inter-ministerial AIDS commission and the SA partnership against AIDS;
  - Developed aggressive 5-year AIDS plan;
  - Increased SA AIDS budget.

- Emphasize support from US.
  - US tripled its investment in the fight against AIDS in SA this year and agrees with SA national AIDS plan;

- Call for joint effort to lead developed/developing country war against AIDS.
  - Clinton to lead effort to mobilize developed countries through U.S.-E.U. Summit, G-8, other leader-to-leader dialogues.
    - Call on donor governments to double development assistance for prevention and care;
    - Call on MDBs to increase lending for HIV/AIDS;
    - Mobilize private donors;
    - Lead effort to accelerate R&D into new drugs and vaccines.

- Mbeki to lead effort to mobilize developing countries through OAU, NAM, SADC, other leader-to-leader dialogues.
  - Call on leaders to launch national AIDS plans and create inter-ministerial commissions;
  - Call on leaders to increase national AIDS budgets for prevention and care;
  - Launch Africa-wide public awareness and education campaign.

- Use July 9-14 International AIDS Conference in Durban to call for global campaign against AIDS.

TAB C **Annotated Calendar of Major International Events**
DRAFT

May 31 U.S.-E.U. Summit, Lisbon

Objectives:

1. Issue a joint statement calling for increased resources and strong leadership to combat HIV/AIDS and other infectious diseases in Africa.

2. Reach agreement with E.U. to double its bilateral assistance to Africa for HIV/AIDS prevention, treatment and care within two (three?) years, and to urge its member states to do the same. *(should we say EC rather than EU here?)*

3. Reach agreement with E.U. to double its research budget for HIV/AIDS, and urge its member state to do the same.

4. Reach agreement on a joint public diplomacy strategy.

5. Obtain commitment from E.U. to support Global Alliance for Vaccines and Immunization (GAVI)or other innovative new partnerships, such as WHO's Stop TB or Roll Back Malaria.

6. Obtain agreement with E.U. to call on its member states to support U.S. proposal to increase MDB concessional lending for health programs at June 7-8 IDA Deputies Meeting.

Proposed Tactics:

1. Continue using State Dept. diplomatic channels.

2. POTUS letter to Prodi/Guterres.

June 7-8 IDA Deputies Meeting, Lisbon

Objectives:

1. Reach agreement with IDA Deputies to support an increase in concessional lending of $400-$900 million per year by the World Bank for health programs, particularly related to HIV/AIDS.

2. Call on World Bank to provide necessary technical assistance to ensure that developing countries have access to existing resources.

Proposed Tactics:

1. Use Health, Finance, Development Assistance, and Foreign Ministry channels to push USG proposal.

2. Use U.S-E.U. Summit and G-8 Sherpa process to urge key IDA members to support USG proposal.

3. Treasury continue to work with the World Bank to shape its proposal to the IDA Deputies.

4. Circulate USG proposal to all IDA members by demarche.

July - 1st wk OAU Summit, Togo

Objectives:

1. Leaders demonstrate serious and visible commitment to combating HIV/AIDS. Commitments should include:
   - Speaking out frequently about HIV/AIDS and directing all government officials to do the same;
   - Creating national AIDS plans;
   - Creating inter-ministerial commissions on AIDS, to include ministries of finance and defense;
   - Increasing national AIDS budgets for prevention and care and redirecting debt-relief funding into HIV and AIDS activities;
   - Launching major AIDS public awareness/education campaigns.

2. Leaders demonstrate commitment to programs to empower women and girls, including basic education and microfinance.

3. Possible resolution form African leaders to give fight against AIDS highest priority - *to present to Durban conference?*

Proposed Tactics:

1. Use Mbeki State Visit to urge President Mbeki to lead African efforts;

2. Identify other key African leaders, such as Museveni, and use diplomatic channels (POTUS or VPOTUS letters?) to discuss USG strategy;

3. Use June trip to Africa of Summers, Thurman and Smith to advance USG strategy to key African leaders.

July 9-14 International AIDS Conference, Durban, S.A.

Objectives:

1. Resolve controversy surrounding Mbeki concerning his questioning of whether HIV causes AIDS in advance of conference.

2. Establish Mbeki as African leader in fight against AIDS.

3. Develop consensus statement on basic care and treatment in resource-poor countries, especially in sub-Saharan Africa.

4. Launch global campaign to close resource gap (?) *Could potentially preempt G-8 announcements.*

Proposed Tactics:

1. Use Mbeki meetings with POTUS and VPOTUS to resolve controversy and urge Mbeki to lead African efforts;

2. Use June visit to South Africa of Summers, Thurman and Smith to advance USG strategy to key African leaders and propose new HIV-prevention/poverty-reduction measures, such as a microfinance initiative that includes an HIV component.

3. Use May 25-26 UNAIDS Board Meeting to begin developing consensus statement on basic care and treatment, in advance of special UNAIDS/US-led meeting on care and treatment in Durban.

4. Determine whether to launch USG strategy for closing resource gap in advance of G-8 Summit.

July 21-23 G-8 Summit, Okinawa

1. Issue a Communique calling for increased resources and strong leadership to combat HIV/AIDS and other infectious diseases worldwide.

2. Announce G-8 commitment to doubling bilateral assistance for HIV/AIDS prevention, treatment and care within two (three?) years.

3. Announce G-8 commitment to doubling research budgets for HIV/AIDS and other diseases of the poor.

4. Announce G-8 commitment to enhance incentives for privately funded research into HIV/AIDS, for example through incentives and contributions to purchase funds, including the Global Alliance for Vaccines and Immunization (GAVI).

5. Announce G-8 support for an increase in concessional lending for HIV/AIDS and other priority diseases by the MDBs on the order of $400-$900 million per year.

Proposed Tactics:

1. Use G-8 Sherpa, Sous-Sherpa, and Health Experts channels to push USG proposals.

2. Raise USG G-8 proposals at all high-level health, finance, foreign ministry, and development assistance bilaterals prior to Okinawa.

3. Engage high-level non-governmental and industry leaders in efforts, such as WHO Director-General Brundtland and Bill Gates in effort to raise visibility of issues with other G-8 leaders.

4. Use U.S.-E.U. Summit to push USG proposals with European members of G-8.

5. Use Clinton-Putin discussions to engage Russia in global AIDS campaign.

6. Write POTUS letters to key G-8 leaders to push USG proposal, particularly doubling of bilateral assistance. *(POTUS already indicated willingness to write G-8 letters re: vaccines.)*

Sept. 6-8 UNGA Millennium Summit, New York

Objective:

1. Clinton and Mbeki stand together as leaders of global campaign to combat AIDS and call for worldwide effort to close resources gap.

2. Leaders from North and South jointly commit to global AIDS campaign as part of effort to close the poverty gap.

Proposed tactics:

1. All of above.

Sept. 24-28 World Bank/IMF Annual Meeting, Prague

Objectives:

1. If not already agreed, call on World Bank to support an increase in concessional lending of $400-$900 million per year by the World Bank for health programs, particularly related to HIV/AIDS.

2. Call on World Bank to provide necessary technical assistance to ensure that developing countries have access to existing resources.

Proposed Tactics:

1. Use Health, Finance, Development Assistance, and Foreign Ministry channels to push USG proposal.

2. Use UNGA Millennium Summit to highlight call to World Bank.

Nov. 15-16 APEC Leaders Summit, Brunei

Objectives:

1. Include call for political and resources commitments to global AIDS in APEC agenda.

2. Develop special AIDS initiative for APEC members, focusing on southeast Asia.

3. Create APEC Health Working Group of Experts Group as a means of obtaining APEC funds for HIV/AIDS programs.

Proposed Tactics:

1. Urge U.S. APEC Ambassador to raise HIV/AIDS at June 1-3 APEC Senior Officials meeting.

2. Use established APEC channels at State and other agencies to include APEC Leaders' statement on AIDS in Communique.

Dec. 1 World AIDS Day

Objectives:

1. Leaders from North and South demonstrate commitment to fighting AIDS.

2. Announce significant progress and commitments in effort to close the resource gap.

Proposed Tactics:

1. All of above.

Tab D International AIDS Legislative Goals and Calendar

Part I: Appropriations Process

1) **Secure full funding for the President's budget request on international AIDS (including HIPC&IDA money) in Appropriations process.** Key Appropriations subcommittees are Agriculture, Foreign Operations, Defense and Labor/HHS (to be reviewed by Martha Foley (WH Legislative Affairs), OMB, USAID **first**). Attached Appropriations calendar to follow.

2) **Organize interagency briefings for above subcommittees.** Also target and work with friends on the Committee (Pelosi, Leahy, Durbin, Jackson (Il), Feinstein etc).

Part II: Non-Appropriations Measures

1) **Secure passage of Administration proposals.** Seek legislative vehicle for our vaccine tax credit proposal (Ways & Means, Finance, Health Care revenue bills).

2) **Devise strategy for managing congressional initiatives.** Leach/Lee (H.R. 3519) passed in the House by voice vote on May 15th. Need to fine-tune administration position and prepare for Senate strategy. Currently OMB, Treasury and USAID are reviewing H.R. 3519's language and devising coordinated strategy for future negotiations with members.

Part III: General Education and Outreach to Members and Committee Education

1) Draft and clear interagency talking points on the AIDS crisis and highlight the Administration's proposals.

2) Design outreach (including specific talking points) for interested congressional groups (CBC, Women's, Asian, Military Committees etc).

3) Develop and utilize existing core groups of interested members (for dear colleagues, floor debates, one minutes, "whipping"- internal lobbying, etc).

Legislative Calendar

May	
4	Senate & House Ag Appropriations - Subcommittee
9	Senate Ag & Foreign Ops Appropriations - Full Committee
10	House Ag Appropriations - Full Committee, House Labor/H Approps - Subcommittee & Senate Labor/H Approps - Subcommittee
11	Senate Labor/H Approps - Full Committee House Defense Approps - Subcommittee
18	Senate Defense Approps - Full Committee (subcommittee date?)
19	House Agriculture Appropriations Bill - Floor Action
24	House Labor/H Approps Bill - Full Committee
25	House Defense Approps Bill - Full Committee
29	Begin House and Senate Recess (May 29 - June 4)
tbd	Senate Agriculture Appropriations Bill - Floor Action
tbd	Senate Defense Approps bill - Floor Action
tbd	Senate Foreign Ops bill - Floor Action
tbd	Senate Labor/H Approps bill - Floor Action
June	
5	House and Senate Return from Recess
7	House Defense Approps Bill - Floor Action
8	House Labor/H Approps Bill - Floor Action
12	House Foreign Ops Approps Bill - Subcommittee
20	House Foreign Ops Approps Bill - Full Committee & House Foreign Ops Approps Bill - Floor Action
July	
2-9	Projected House and Senate Recess
29	Projected House and Senate Recess (July 29 - Sept 5)
August	House and Senate out all month
September	
6	House and Senate return from Recess
13-16	CBC Week, DC
October	House and Senate Adjourn