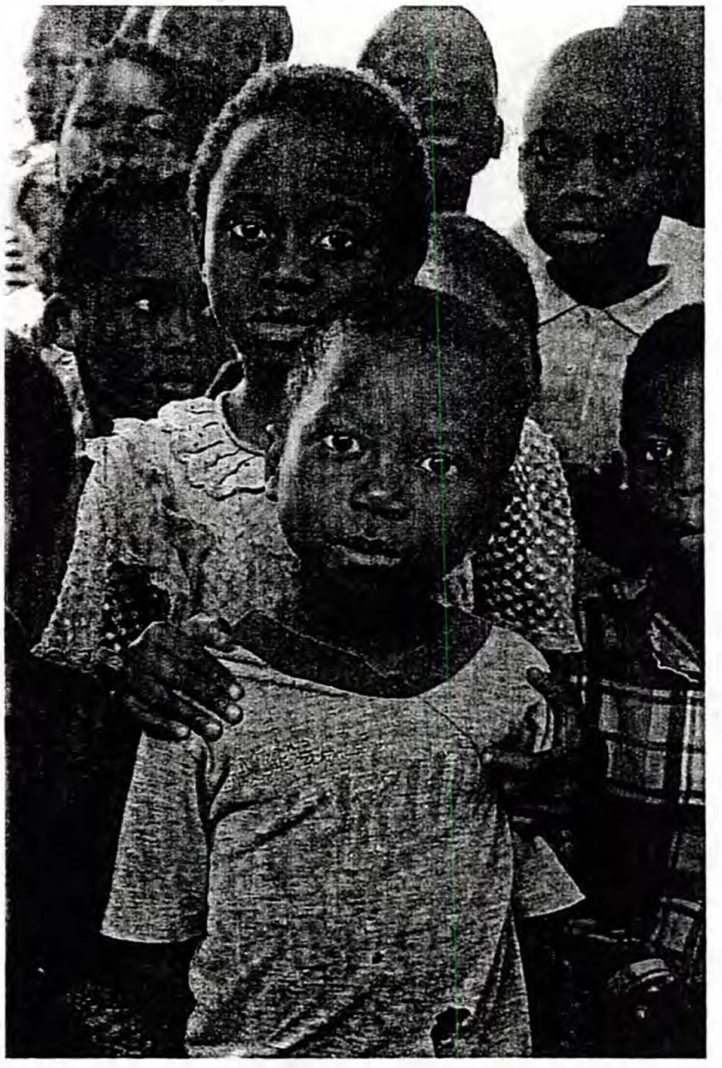
Report on the Presidential Mission on Children Orphaned by AIDS in Sub-Saharan Africa: **Findings and Plan of Action**

The White House
July 19, 1999



HIV/AIDS is not someone else's problem. It is my problem. It is your problem.

For too long we have closed our eyes as a nation, hoping the truth was not so real. For many years, we have allowed the human immunodeficiency virus to spread...at times we did not know that we were burying people who had died from AIDS. At other times we knew, but chose to remain silent.

Now we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as a people will be shattered.

South African President Thabo Mbeki

(Remarks delivered as Deputy President, launching the South African Partnership Against AIDS, October 1998)

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Summary

1. AIDS is the leading cause of death in Africa. In the next decade, 40 million children will become orphans – by losing one or both parents to AIDS.
2. AIDS is wiping out decades of progress on a variety of development fronts, including per capita GNP, infant mortality, and life expectancy.
3. AIDS is not just taking lives, it is threatening economies, stability, and civil society.
4. As goes Africa, so will go India, South-East Asia, and the Newly Independent States of the former Soviet Union, and by 2005, more than 100 million people worldwide will have been infected with HIV.
5. We know what works. Scaling up these proven interventions to meet the magnitude of this crisis is essential.
6. Leadership and resources are desperately needed if we are to turn the tide.

Background

On December 1, 1998, World AIDS Day, President Clinton highlighted the growing global tragedy of children orphaned by AIDS in sub-Saharan Africa. At that time, he directed Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding mission to the region and to report back to him with recommendations for productive action. From March 27 through April 5, Director Thurman led a Presidential Mission to Zambia, Uganda, and South Africa. Director Thurman was accompanied by Representatives Jackson-Lee, Kilpatrick, and Lee, and senior staff from the offices of Senators Hatch, Helms, and Kennedy, and Representative Pelosi. Also joining the Mission was a group of community leaders from outside of government including Mayor David Dinkins, Bishop Felton May, and William Harris. [Attachment A: Trip Manifest]

The goals of the trip were to:

- investigate the extent of the AIDS crisis in sub-Saharan Africa particularly as it relates to children orphaned by AIDS;
- identify proven and promising interventions; and,
- promote leadership both at home and abroad.

> *I believe that if we could reach to the heart of people, we would always do better in dealing with problems, for our mind always conjures a million excuses. We cannot restore to [these children] all they have lost, but we can give them a future - a foster family, enough food to eat, medical care, a chance to make the most of their lives by helping them to stay in school."*
>
> President Clinton, World AIDS Day 1998

Information for this report was gathered from meetings with African presidents, government ministers, donors, experts, providers, children, parents, and community leaders. In addition, site visits were made to a wide variety of community-based programs serving children and families affected by AIDS. Both the meetings and the visits provided an important perspective on the problem regarding actions taken, lessons learned, and further progress needed. [Attachment B: Groups Visited]

Findings

The Problem:

AIDS in sub-Saharan Africa is a plague of biblical proportions.

AIDS in sub-Saharan Africa, notes The United Nations, is the "worst infectious disease catastrophe since the bubonic plague." Deaths due to AIDS in the region will soon surpass the 20 million people in Europe who died in the plague of 1347 and the more than 20 million people worldwide who died in the influenza epidemic of 1917. Over the next decade, AIDS will kill more people in sub-Saharan Africa than the total number of casualties lost in all wars of the 20th century combined.

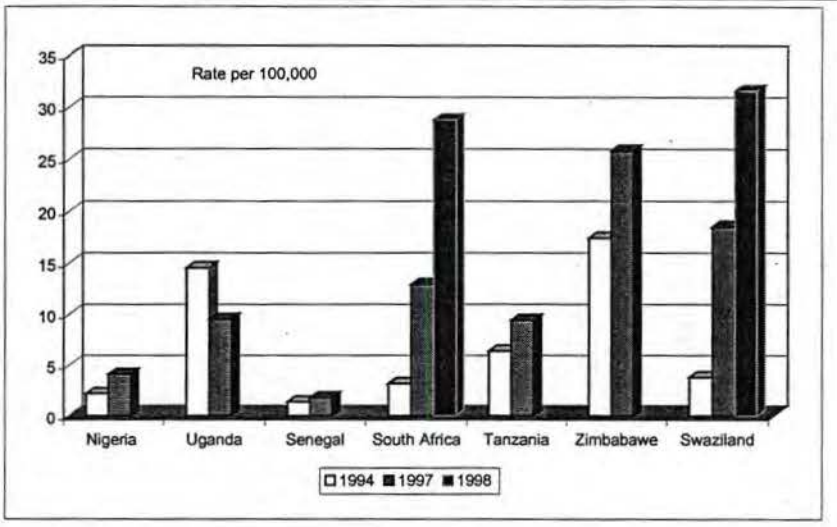
While sub-Saharan Africa accounts for only one-tenth of the global population, it currently carries the burden of more than 80% of AIDS deaths worldwide:

- In the past decade, 12 million people in sub-Saharan Africa have died of AIDS – one-quarter of them children – and each day AIDS buries another 5,500 men, women and children.
- In 1998, AIDS was the largest killer and accounted for 1.8 million deaths in sub-Saharan Africa, nearly double the 1 million deaths from malaria and eight times the 209,000 deaths from tuberculosis.
- By 2005, the daily death toll will reach 13,000 people with, nearly 5 million AIDS deaths in that year alone.

And yet, the pandemic rages on:

- In sub-Saharan Africa, more than 22 million adults and 1 million children are currently living with HIV.
- Every day, 11,000 additional people are infected – one every 8 seconds.
- Since the Administration launched this effort on World AIDS Day (December 1, 1998), more than 2.5 million people in sub-Saharan Africa have been infected with HIV, 368,000 in South Africa alone.
- Half of all new infections in southern Africa, and 10% of new infections worldwide, occur in South Africa, now experiencing the fastest growing AIDS disaster.

HIV Prevalence Trends in Selected African Countries



Source: UNAIDS

Fragile health care systems are already buckling beneath the weight of the rapidly growing number of people with AIDS and the growing loss of health personnel as a result of AIDS. For example, The World Bank estimates that in Zimbabwe, Zambia, and Cote d'Ivoire, people with AIDS already occupy 50-80% of all beds in urban hospitals. In addition, the escalating incidence of tuberculosis (TB), the most common opportunistic infection associated with AIDS, now accounts for between one-third and one-half of all AIDS deaths in Africa.

AIDS in sub-Saharan Africa is stalking women and young people, shattering families, and placing extraordinary burdens on the extended family and village systems that have been the backbone of African child-rearing tradition.

While AIDS in sub-Saharan Africa is an equal opportunity killer, women, children, and young people are increasingly caught in the path of this relentless pandemic.

All too often, cultural norms place women at heightened risk of HIV. In many parts of sub-Saharan Africa, and around the world, discrimination against women begins early and continues throughout life. Girls are far less likely to have access to education, information, and skill training. And in turn, women are far less likely to have access to essential health care and income generating opportunities. These realities increase their vulnerability to both poverty and HIV.

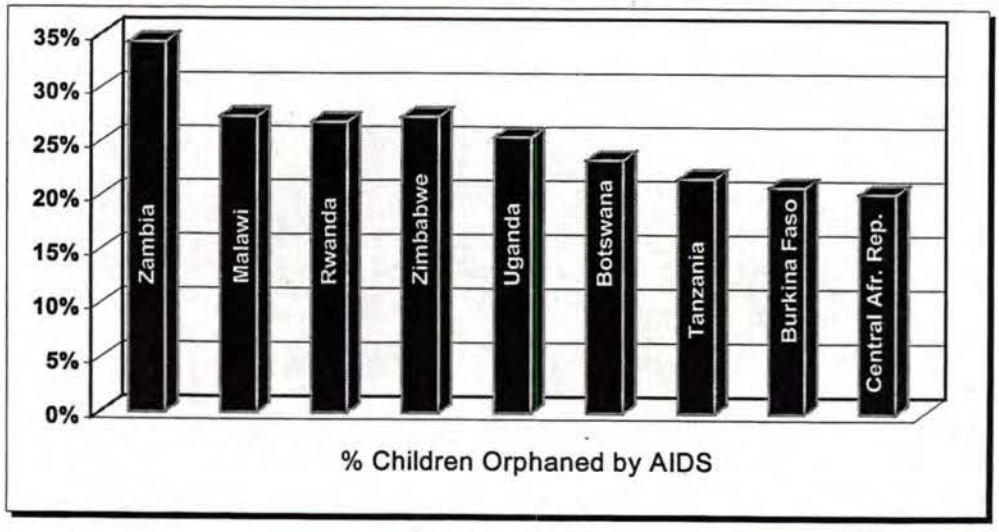
The low status of women in sub-Saharan Africa severely restricts their power to make informed and safe choices. As a result, more than half of all new HIV infections in sub-Saharan Africa are among women and 80% of the 14 million HIV-positive women of childbearing age worldwide reside in sub-Saharan Africa.

In many areas throughout the region, pregnant women have astronomically high rates of HIV infection including 73% in Beit Bridge, Zimbabwe and 43% in Francistown, Botswana. Nine out of every ten infants infected with HIV at birth and through breastfeeding live in sub-Saharan Africa – with nearly 600,000 new infections each year among babies.

There are many places throughout the region where up to one-quarter of all children are already living with an HIV-positive parent. And in nine sub-Saharan African countries, between one-fifth and one-third of all children will be orphaned by AIDS by the end of this year. In human terms, the AIDS orphan emergency is causing unprecedented threats to child welfare. This vulnerability includes decreased access to life-sustaining food, education, health care, housing, and clothing, and increased psychosocial distress brought on by the death of a parent, isolation, and stigma. These children are also at extraordinary risk of physical and sexual abuse as well as child labor exploitation. And while most of these orphans were born HIV-negative – this vulnerability leaves them at seriously increased risk of becoming HIV infected themselves.

Tragically, the worst is yet to come. During the next decade, more than 40 million children will be orphaned by AIDS, and this "slow burn disaster" is not expected to peak until at least 2030. According to UNICEF, the AIDS pandemic in sub-Saharan Africa is having and will continue to have a more significant impact on child survival and maternal mortality than all other emergencies on the continent combined. Without a doubt, AIDS has placed an entire generation of Africa's children in jeopardy.

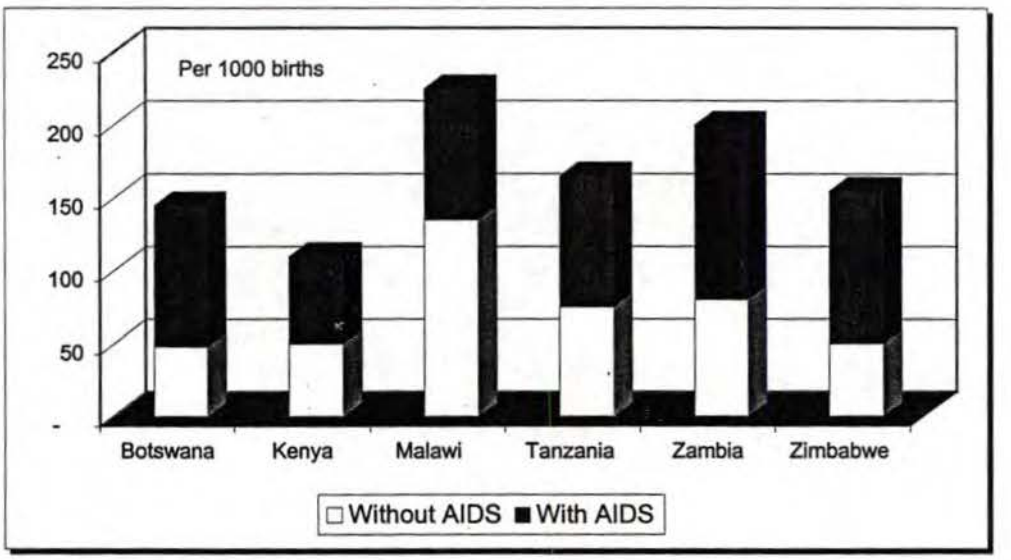
In 9 sub-Saharan African countries, one-fifth to one-third of all children under the age of 15 will be orphaned by the year 2000



Source: USAID

AIDS is wiping out decades of progress on a host of development objectives. After hundreds of millions of dollars of donor investment and well-documented results, AIDS is now turning back the development clock to the 1960s. In the coming decade in many areas of sub-Saharan Africa, infant mortality (those less than one year old) will double and child mortality (those under age five) will triple. In addition, despite steady advances in access to education, a rapidly increasing number of children (particularly girls) are now dropping out of school to act as substitute labor or as caregivers for their dying parents. Far too few are finding their way back to school. Finally, according to the US Census Bureau, AIDS has already reduced life expectancy in Zimbabwe by 25 years and in Zambia from 56 years old to 37. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 60 years old to 40.

Projected Under-5 Mortality Rates in 2010 for Selected African Countries



Source: US Census Bureau

AIDS is not only causing unfathomable human suffering, it is jeopardizing economic growth, political stability, and civil society in many sub-Saharan African nations.

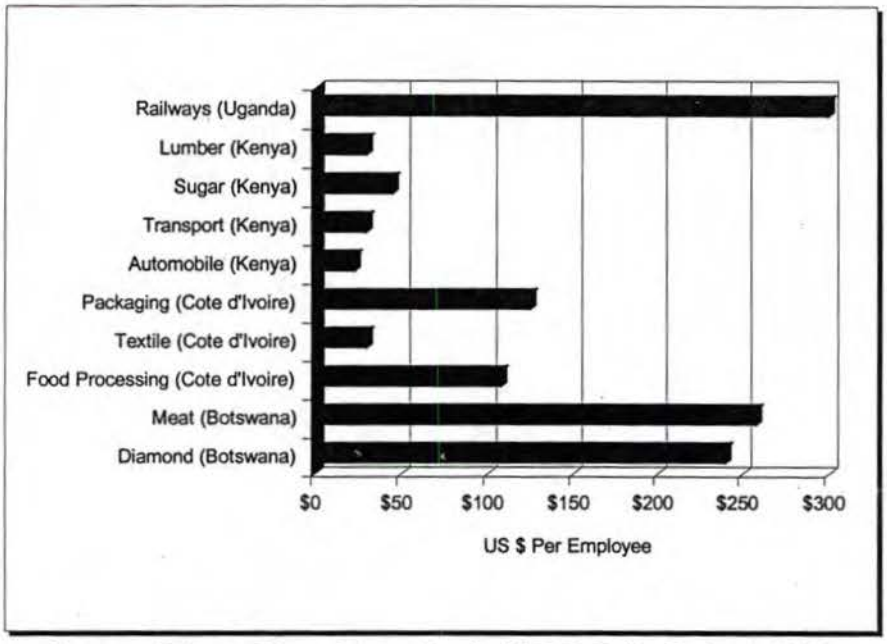
AIDS is a trade and investment issue. The *Blueprint for a US/Africa Partnership for the 21st Century*, adopted at the US/Africa Ministerial Meeting states: "African-US economic ties continue to grow. For example, US exports to Africa grew more rapidly in 1998 than did US exports to most other regions and are now 45% greater than its exports to all countries of the former Soviet Union combined. As a source of crude oil, Africa is as important to the United States as the Persian Gulf. On a balance of payment basis, American private investment consistently produces a higher rate of return in Africa than in any other region."

According to Professor Jeffrey Sachs, Director of the Harvard Institute for International Development, "a frontal attack on AIDS in Africa may now be the single most important strategy for economic development." This is true because as the Southern Africa AIDS Information Dissemination Service estimates, over the next 20 years AIDS will reduce by a fourth the economies of sub-Saharan Africa. In fact, this AIDS related economic impact has already begun. According to the *Economist*, a recent study in Namibia estimated that AIDS costs the country almost 8% of GNP in 1996 and by 2005, Kenya's GNP will be 14.5% smaller than it would have been without AIDS. In Tanzania, The World Bank predicts that GNP will be 15-25% lower as a result of AIDS. The South African government estimates that AIDS costs the country 2% of GNP each year.

AIDS has hit professionals hard in sub-Saharan Africa, particularly civil servants, engineers, teachers, miners, and military personnel. In Malawi and Zambia, 30% of teachers are HIV-positive, and in Zambia, 1,500 teachers died of AIDS in 1998 alone. In South Africa, 1 in 5 miners is currently infected with HIV. Uganda Railways has already lost 5,600 employees (10% of its workforce) to AIDS and now has an AIDS-related labor turnover rate of 15% annually. And in Zimbabwe, a major transportation company employing 12,000 workers found that by 1996 more than one-third were already HIV positive. According to a World Bank study in Kigali, Rwanda, 34% of people with post-secondary education were HIV positive, compared to 18% of those with primary education, and civil servants were more than three times more likely to be HIV-positive than farmers.

Increased benefits and training costs, and the disruption to regular production due to sick and bereavement leave, are seriously affecting both the private and public sectors. A study in South Africa found that at current levels of benefits per employee, the total cost of benefits would rise from 7% of salaries in 1995 to 19% by 2005 due to AIDS. Companies like British Petroleum and Barclays Bank have stated that they are now hiring two employees for every one skilled job, assuming that one will die of AIDS. The Indeni Petroleum Refinery in Zambia reportedly spent more on AIDS-related costs than it declared in profits.

Annual Costs of AIDS Per Employee in Various Industries in Selected Sub-Saharan African Countries



Source: Futures Group International, USAID Policy Project, 1999.

AIDS is a security and stability issue. According to the *Economist*, "the estimated HIV prevalence in the seven armies embroiled in the Congo range from 50% to 80%." Recent reports project that the South African military and police are also already heavily infected by HIV. Moreover, as these troops participate in an increasing number of regional interventions and peacekeeping operations, the pace of the epidemic is likely to accelerate. Extremely high levels of HIV infection among senior officers could lead to rapid turnover in those positions. In countries where the military plays a central or strong role in government, such rapid turnover could weaken the central government's authority. For those countries in political transition, instability in the military and security forces could slow or even reverse the transition process. This dynamic merits attention, not only in Africa where the pandemic is already entrenched, but also in India and the Newly Independent States where the pandemic is intensifying its grip.

AIDS is a crime issue. The South African Institute for Security Studies has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. The assumption is that as the number of disaffected, troubled, and undereducated young people increases, many sub-Saharan African countries may face serious threats to their social stability. Without appropriate intervention, many of the two million children projected to be orphaned by AIDS in South Africa alone will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs to survive. This seriously affects stability and promotes the spread of HIV among these highly vulnerable young people.

In Lusaka, Zambia alone, 100,000 children are estimated to be living on the streets. Most have been orphaned by AIDS. By the year 2000, one million children in Zambia, or one out of every three children, will be orphaned by AIDS. Hundreds and hundreds of these children spend their nights on Cairo Road, sleeping in gutters and in trees, hoping to remain out of the "line of fire". Some are new to the streets, others have called it home for years. The longer they stay, the harder they get. In an effort to survive, too many are forced into crime, sex, and drug operations. While none would actually "choose" this life, once they "belong to the streets" it is difficult to turn back. Though good data are lacking, it is likely that HIV infection is spreading like wildfire among these children. Given their grim reality, it is amazing that as the dawn breaks, so many of them gather at the gate of the Fountain of Hope to attend school. While this school is simply a collection of wooden benches around outdoor blackboards, the desire to learn among these hungry, homeless children gives us hope.

As goes Africa, so will go India, South-East Asia, and the Newly Independent States, and by 2005, more than 100 million people worldwide will be HIV-positive.

According to current projections, by 2005, AIDS deaths in Asia will mirror those in Africa. As the world's most populous continent, Asia will soon come to dominate the HIV picture accounting for one out of every four infections worldwide by the end of the year. Already, trends suggest that Asia may surpass Africa with the highest number of new infections.

India is increasingly at the center of the global epidemic, with more HIV infected people than any other country in the world – an estimated 5 million. While the current death rate remains low in comparison to sub-Saharan Africa, infection rates are increasing rapidly and are expected to double every 14 months. Surveillance of the disease is particularly difficult in India as cultural norms, gender inequities, and stigma continue to drive the epidemic underground. As a result, AIDS cases in India are thought to be under-diagnosed, and therefore, poorly treated. By 2000, AIDS will cost India $11 billion or 5% of GNP.

According to Surgeon General Satcher, "It was only a few years ago that epidemiologists offered projections of disease prevalence for sub-Saharan Africa that were met with disbelief. If the present warnings go unheeded, South Asia, Southeast Asia, and, perhaps, China will follow the disastrous course of sub-Saharan Africa."

The Newly Independent States have also registered astronomical growth in HIV infection rates over the past few years. In the last four years alone, Eastern Europe and Central Asia have seen six-fold increases in HIV infections.

In the Russian Federation, HIV infections have increased 27-fold between 1994-1997. And in the Ukraine, HIV infections have increased 70-fold. Injection drug use now accounts for 80% of new infections in the Russian Federation and the increasing number of new users signals a growing dual epidemic of AIDS and drugs.

Region	Epidemic Started	Adults & Children Living With HIV/AIDS	Adults & Children Newly Infected With HIV
Sub-Saharan Africa	Late 70's - Early 80's	22,500,000	4,000,000
South & South-East Asia	Late 80's	7,260,000	1,400,000
Eastern Europe & Central Asia	Early 90's	270,000	80,000

Source: UNAIDS

The Response:

Determined leadership and sustained investment have made, and can continue to make, an extraordinary difference and will save millions of lives.

Leadership matters. Amidst the tragedy of AIDS, there is hope. Uganda has shown that even a country with limited resources and a low literacy level can turn the tide on this burgeoning epidemic. President Museveni demonstrated bold leadership early in the epidemic by making every government ministry take the problem seriously, requiring them to develop and implement a plan to reduce AIDS stigma and HIV transmission, and to support those who became sick. In so doing, Uganda created an "enabling environment" for donors to assist in this effort. Over the past decade, the US has invested $46 million (26% of the donor contributions to AIDS in Uganda) in partnership with the Ugandan government, other donors, and non-governmental organizations (NGOs) to provide HIV prevention, care and support. As a result, HIV rates in urban Uganda have been cut in half.

Effective solutions for children orphaned by AIDS are community-based and multi-sectoral. Families and communities not only bear the brunt of the impact of AIDS, they form the frontline of an effective response. In the long-standing African tradition, communities across the continent are searching for creative ways to support the village in its efforts to raise its children. Unfortunately, the growing number of young deaths and orphaned children is beginning to overwhelm many of these small villages. Nevertheless, when residents are brought together to organize in the face of seemingly insurmountable odds. These community partnerships are making the difference by helping to strengthen the capacity of those on the frontline to cope with this ever unfolding crisis.

Through village banks and micro-finance programs, women are receiving loans, starting small businesses, and with increased household incomes, are taking in children orphaned by AIDS. With support, communities are mobilizing to deal with school fees, food assistance, counseling, material support, immunizations and basic healthcare, and the range of other services orphaned and other vulnerable children desperately need.

These efforts are low cost strategies designed to empower women (many of whom are HIV-positive), protect children, and support extended families and communities in caring for their own. Community mobilization and micro-finance programs are affordable, mutually reinforcing ways to build the capacity of families and communities to cope with the impact of AIDS. This approach is universally preferred to the use of orphanages, a solution that can never keep pace with this burgeoning pandemic. For a small fraction of the cost of one orphanage bed, many more vulnerable children can receive care in a family setting. The problem is, only a very tiny fraction of those children in need actually receive even this modest level of support.

Bernadette Nakayima is a remarkable woman from a small village called Kyahusome outside of Maskaka, Uganda. Bernadette has lost 10 of her 11 adult children to AIDS. Today, at age 70, she is caring for her 35 grandchildren. With loans from a village banking system, she has begun growing sweet potatoes, beans, and maize, raising goats and pigs, and trading in fish, sugar, and cooking oil. With the money she earns, she is now able to send 15 of her grandchildren to school, provide modest treatment for the 5 who are now HIV-positive, and begin construction on a house big enough to sleep them all. In her spare time, she participates in an organization called "United Women's Effort to Save Orphans" – founded by the First Lady of Uganda, Janet Museveni - linking in solidarity thousands of women allied in this same great struggle.

A focus on children orphaned by AIDS can and should be a catalyst for a more comprehensive fight against AIDS. It is almost impossible to consider the issues surrounding the care and protection of children orphaned by AIDS without also considering HIV prevention and AIDS treatment. It is certainly true that the only way to slow the number of children orphaned by AIDS is to reduce the transmission of HIV infection among parents and prospective parents. Yet today, young people under the age of 25 represent at least 60% of all new infections in sub-Saharan Africa. Until there is an available vaccine, more aggressive prevention efforts, particularly programs targeted to youth, are essential to stem this rising tide of devastation.

Community action to save orphans can help to facilitate effective prevention efforts by reducing stigma, denial, and fatalism in the face of AIDS. Planning for children orphaned by AIDS brings home the very real consequences of HIV – death and orphanhood. These grim realities are all too often denied due to the "conspiracy of silence" that surrounds this illness and its long latency period. But this is a matter of life and death and more. Once denial fades, community mobilization enables those involved to believe that they can change their circumstances for the better. This sense of possibility is a powerful behavior change tool.

Helping keep parents alive assures a better future for their children. The number of children being orphaned by AIDS in Africa is staggering, and those children orphaned are at greater social, economic and health risk than their non-orphaned peers. Parents, guardians, and extended families are best able to provide the nurturing environment for these children. Basic care and psycho-social support can make a huge diffference. The delivery of low cost treatments for opportunistic infections (especially TB), and the provision of psycho-social support, helps people with HIV and AIDS live longer and better lives, and

enables them to plan for the future of their children. In addition, the availability of care and support gives increased credibility to prevention efforts by demonstrating the merits of pursuing HIV testing and counseling.

Ultimately, it is important to remember that children and families caught in the crossfire of this epidemic do not segment their lives into pieces that follow programmatic or budgetary line items. Therefore, the more holistic and integrated the approach to this complex problem – the more effective the result.

Preventing Mother-to-Child Transmission

Ten percent of all new HIV infections in Africa occur through mother-to-child transmission, with nearly 600,000 infants becoming infected per year. In Africa today, for every ten children born to HIV-positive mothers, two become infected during delivery and one becomes infected through breastfeeding.

Developing methods to reduce mother-to-child transmission of HIV that are feasible in Africa is a high priority. For the past three years, multiple studies have been initiated to find proven interventions that could be workable in poor countries. In February 1998, data from the first of these studies were released from Thailand, which demostrated that a short course of AZT (Zidovidene) could reduce mother-to-infant HIV transmission by nearly 40% in non-breastfeeding infants. Even more recently, on July 14, 1999, the National Institutes of Health announced a joint Uganda-US study breakthrough identifying a low cost drug, nevirapine (NVP) that can reduce mother-to-child transmission of HIV at birth by an additional 50% as compared to the short course of AZT regimen. These drug regimens are far simpler and less expensive than the antiretroviral regimens used in the United States, and potentially just as effective. These new interventions will give pregnant women an incentive to seek HIV testing and counseling, and if infected, to receive treatment where it is available.

These new developments are extremely encouraging and provide hope for being able to save the lives of hundreds of thousands of babies a year – most of whom will live in sub-Saharan Africa. However, a host of additional issues need to be explored and addressed before this knowledge can be effectively translated into productive action. For example, to receive maximum benefit from AZT and perhaps NVP, mothers should not breastfeed. In many areas of sub-Saharan Africa, infant formula is unaffordable and lack of clean water often makes it unworkable. In some cases, babies are as likely to die from diarrhea resulting from incorrect use of formula as they are from AIDS.

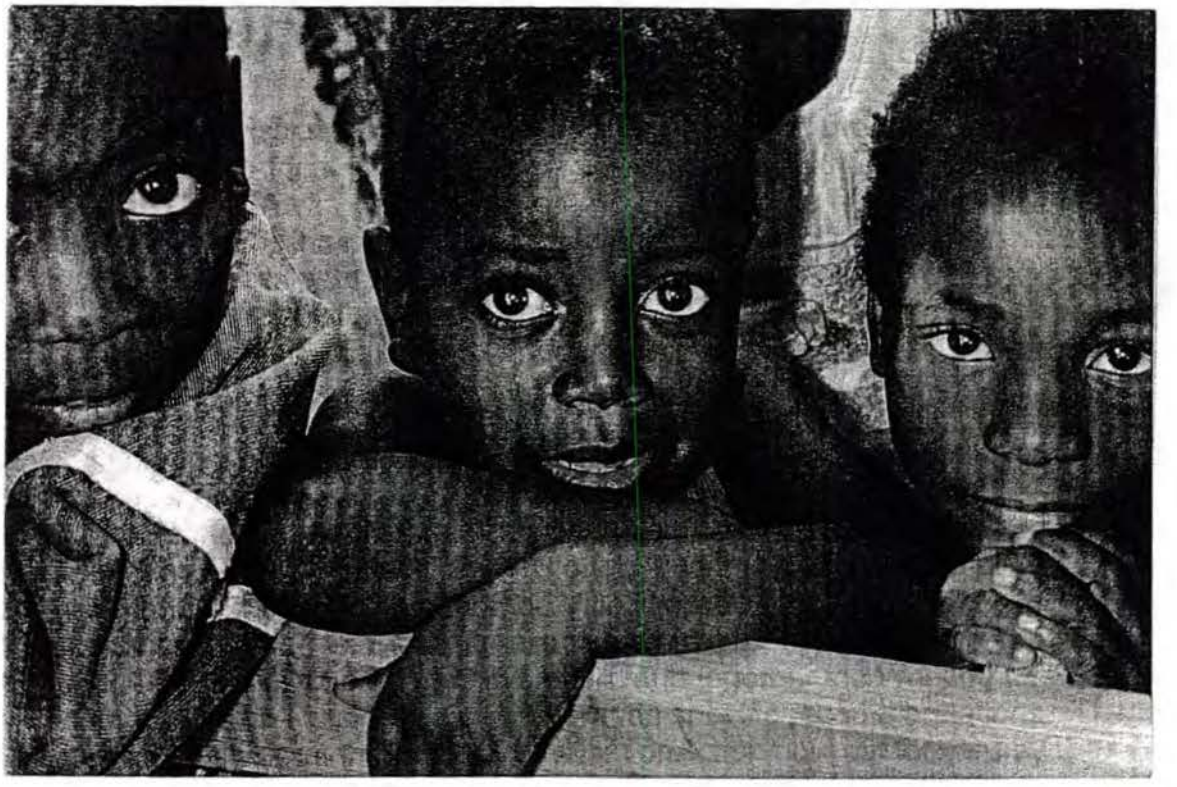
The lack of health care infrastructure is also a serious issue. At least 95% of pregnant women do not know they are HIV-positive and currently lack access to the testing and counseling services needed to find out. In many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics currently unequipped for complex interventions. In the poorest parts of Africa, nearly 80% of women lack access to any kind of health care at all.

Further, the stigma of AIDS is often so great that fear of discrimination, violence and abandonment dramatically restrict the ability of women to make safe choices. In cultures where breastfeeding is the norm, women who choose not to breastfeed are assumed to be HIV-positive, often with dire consequences. Recently, an HIV-positive woman in South Africa went public with her status and was stoned to death by her neighbors. Countless other women and children have been left destitute after their husbands discovered, or decided, they were HIV-positive.

These technical and ethical challenges deserve our immediate and urgent attention, so that the promise of these exciting new technologies can become a reality for as many women and children as possible.

The Challenge:

It's time to bring effective interventions to scale. We know what works. Unfortunately, these proven interventions currently fail to reach the overwhelming majority of those in need. Successful small scale efforts must be dramatically expanded. While the magnitude of the global AIDS pandemic is far too extensive for any donor, host government, or multilateral institution to ignore, it is also too great for any single entity to address adequately by itself. To make a real difference, an effective response must mobilize and coordinate the commitment and resources of the full range of key stakeholders, including governments, bi-lateral and multi-lateral development bodies, international organizations, religious networks, the private sector, NGOs, families and communities, and people living with HIV/AIDS. AIDS is everyone's problem and everyone must be a part of the solution.



These are the faces of children and families living in a world with AIDS. Their spirit, their determination, and their resilience inspire all of us to join the fight. We are one world, and these children are our children. Their destiny is our destiny. Each of us can make a difference. Each of us can help save lives. Let us wage this holy war together. And for the sake of our children, we will win.

Archbishop Desmond Tutu

Plan of Action

The Background:

Throughout the Mission's travel in Africa, it was clear that President Clinton's "Partnership with Africa" is making hope a reality, even at the village level. From Kampala to Cape Town, people across Africa know of this historic initiative. Unfortunately, AIDS threatens to decimate the progress of this partnership and everything else in its path. To protect and defend the legacy of growth and opportunity we have built with Africa, and the children and families who depend on it, an aggressive AIDS initiative, involving concrete action both at home and abroad, is essential.

Given the magnitude of the AIDS pandemic and its devastating impact on child survival, economic development, trade, regional stability, and civil society in Africa today, and in India tomorrow, the President established a Global AIDS Emergency Working Group. Included were the National Security Council, Office of Management and Budget, Office of the Vice President, USAID, and the Departments of Defense, State, Treasury, Commerce, and HHS. The Office of National AIDS Policy coordinated this effort, and together the Working Group and the members of the Presidential Mission made specific recommendations. These recommendations form the basis of the Plan of Action now put forward by the Administration.

The Goals:

UNAIDS, in cooperation with its bi-lateral and multi-lateral partners, has laid out a series of goals for the next five years as described below. The Administration seeks to further these goals through an initiative entitled "Joining Forces for LIFE": Leadership and Investment in Fighting an Epidemic.

- The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- Orphans will have access to education and food on an equal basis with their non-orphaned peers.

- By 2001, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

The Initiative:

Joining Forces for LIFE:
Leadership and **I**nvestment in **F**ighting an **E**pidemic

A Global AIDS Initiative

I. Increasing the US Government investment in the global battle against AIDS to begin to reflect the magnitude of this rapidly escalating pandemic.

Making a difference in Africa and in other highly impacted areas requires broader political commitment, enhanced community mobilization, and, most urgently, increased resources. In 1998, spending on AIDS in Africa totaled only $165 million. Compared to the ever-escalating need and other health programs, this amount is woefully inadequate. For example, in 1998, over $500 million was spent for basic childhood immunization programs in Africa. Based on our experience in those countries that are starting to demonstrate success, such as Uganda and Senegal, UNAIDS and donors now agree that a minimum of $600 million is needed in sub-Saharan Africa per year for HIV prevention alone ($2 per adult per year).

While we acknowledge the leadership role that the US plays globally and the urgent need to act, clearly an effort to combat AIDS must be driven by many actors including host countries, multi-lateral organizations, and bi-lateral donors, to be successful. In FY1999, the US Government spent $74 million in USAID prevention and care in Africa and $38 million in HHS research and surveillance/prevention. But more remains to be done in sub-Saharan Africa and in other seriously affected parts of the world.

The Administration proposes to commit an additional $100 million in FY2000 to the global battle against AIDS. This initiative will enable us to move forward on four critically important and interconnected fronts including:

- **Containing the AIDS Pandemic ($48 million)** Implement a variety of prevention and stigma reduction strategies, especially for women and youth, including: HIV education, engagement of political, religious, and other leaders; voluntary counseling and testing; interventions to reduce mother-to-child transmission (MTCT); and enhance training and technical assistance efforts, including Department of Defense efforts with African militaries.

- **Providing Home and Community-Based Care ($23 million)** Deliver counseling, support, palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections (OIs), and tuberculosis (TB) through community-based clinics and home-based care workers. Enhance training and technical assistance efforts.

- **Caring for Children Orphaned by AIDS ($10 million)** Assist families, extended families, and communities in caring for their children through nutritional assistance, education, training, health, and counseling support, in coordination with micro-finance programs.

- **Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development ($19 million)** Strengthen host country ability to plan and implement effective interventions. Strengthen the capacity for effective partnerships and the ability of community based organizations to deliver essential services. Strengthen surveillance systems to track the epidemic and target HIV/AIDS programs.

This US Government assistance would be provided through AID ($55 million), HHS ($35 million), and DoD ($10 million). The focus of this funding is HIV prevention, and AIDS care and treatment. In those areas, this initiative represents nearly a doubling of funding in Africa from current levels ($81 million in FY99, which excludes research). The Administration recognizes the fight against AIDS must be sustained to keep pace with this burgeoning epidemic, and is committed to a multi-year effort in this critical area.

II. Building partnerships with other key stakeholders to maximize our impact on the rapidly expanding pandemic.

Increasing US investment in the global battle against AIDS is critical, but is not sufficient to achieve the outcomes needed. The commitment of in-country political leaders and of various segments of civil society are key to success. Moreover, resources provided by the US Government need to help leverage, and to be coordinated with, those of other donors, the private sector, and national governments to ensure synergy and to maximize impact. Building partnerships with key stakeholders in support of effective action at the community level is our greatest hope for progress.

This initiative will pursue a variety of strategic opportunities for challenging other partners to join in an enhanced effort, including:

- **Leadership Meeting** On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of key US officials, The World Bank, UNAIDS, as well as heads of foundations, corporate CEOs, and others to discuss how best to enhance AIDS prevention and treatment efforts in Africa and around the world. The meeting will focus not only on leveraging additional resources, but also on establishing priorities, identifying effective public/private partnerships, and identifying targets for action to combat the crisis of HIV/AIDS.

- **African Leaders Summit** We propose hosting a high-level meeting with Africa government and community leaders within the next ten months. This meeting will highlight the critical role of leadership in arresting the epidemic and will work to encourage increased leadership efforts. Topics will include the economic impact of HIV/AIDS, examination of models of success in reducing the transmission of HIV, and addressing the need for increased investment in health programs. Additional topics will include AIDS care and treatment and support for children orphaned by AIDS.

- **UN Conference on Children Orphaned by AIDS** On December 1, 1999 (World AIDS Day), the United Nations in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference to focus attention on the growing number of children orphaned by AIDS worldwide. Special emphasis will be placed on assessing the needs of orphaned children in sub-Saharan Africa and the Americas. Participants will include noted experts on the priority issues identified by UNAIDS, UNICEF, and other UN agencies.

- **Business** The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts to rise to the AIDS challenge. Given the impact that AIDS is having on businesses as well as the overall economic-impact on African countries, such a meeting will seek enhanced business commitment and involvement in AIDS programs.

  The Commerce Department will work with American Chambers of Commerce abroad and other business organizations to publicize the successful AIDS efforts of US firms in Africa and to support others taking similar action. In addition, the Department will direct work to promote closer coordination in Africa between Commercial Service Offices, other USG agencies, the business community, and African NGOs in a united effort to promote corporate partnership in AIDS programs.

- **Labor** The Secretary of Labor will facilitate a meeting of US and African labor leaders, and will be co-chaired by the AFL-CIO. The success of the AFL-CIO and its Solidarity Center in South Africa (supported by USAID) in working with the South African Trade Union Federations to include AIDS as a key labor outreach and policy issue provides a model for similar action elsewhere. Outcomes include assisting labor organizations in educating their members and securing commitments to develop workplace-based AIDS education and prevention programs, including outreach to youth.

- **Religious Leaders Summit** The US government will facilitate a meeting of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS. In Uganda and Senegal, the involvement of religious communities and leaders had a dramatic impact on the ability of these two countries to reduce HIV incidence and to maintain it at low levels over time. The outcome of such a meeting would be to increase attention to the need for involving religious communities, to mobilize these organizations and leaders in the fight against AIDS, and to identify ways to support their efforts.

- **Diplomatic Initiatives** The Department of State, NSC, and ONAP will work with US and African ambassadors to increase attention to AIDS within the diplomatic community. The NSC, the Department of State, and USAID will work with G-8 and other donors, and challenge them to match the increased investment put forward in this initiative.

Conclusion

Nelson Mandela, in accepting the Congressional Medal of Honor, said:

> *"Though the challenges of the present time for our country, our continent and the world are greater than those we have already overcome, we face the future with confidence. We do so because despite the difficulties and the tensions that confront us, there is in all of us the capacity to touch one another's hearts across oceans and continents."*

We are living in wartime and the stakes are high. Tragically, we know the severity of the horror that lies ahead. Fortunately, we also know a great deal about what can be done to protect children and to support families and communities in their battle against AIDS. Across Africa, valiant efforts are being made to stem the rising tide of HIV infection, to prolong the lives of those who are sick and to stitch together a tapestry of family or family-like support systems for the growing millions of children orphaned by AIDS. Partnerships between our government and other donors, host governments, non-governmental organizations, consumer groups, and communities are generating hope and demonstrating promising results.

But the battle against AIDS has just begun, and the worst is yet to come. We need to continue to promote and reward leadership, and to remove barriers that impede a cooperative multi-sectoral response. We need to expand our vision, our capacity, and our resource base – in the face of an ever expanding nightmare that just won't take no for an answer. Living in wartime means pushing forward on several fronts at the same time.

As we seek to keep pace and even gain ground, the magnitude of this challenge looms large. Nevertheless, the faces of the children and families crying out for our help beckon us all to find ways to do better, to be smarter, to move faster, and to develop whatever capacity and partnerships we lack, as we gear up for the long haul.

Attachment A

Trip Manifest

PRESIDENTIAL MISSION TO AFRICA
MARCH 27, 1999 – APRIL 5, 1999

MEMBERS OF CONGRESS

Representative Carolyn Kilpatrick
Foreign Operations Subcommittee, Appropriations, and Congressional Black Caucus

Representative Barbara Lee
Africa Subcommittee, International Relations, and Congressional Black Caucus

Representative Sheila Jackson Lee
Founder and Chair, Congressional Children's Caucus, and Congressional Black Caucus

CONGRESSIONAL STAFF

Bruce Artim, Health Staff, Senator Hatch
Mary Lynn Qurnell, Legislative Assistant, Senator Helms
Stephanie Robinson, General Counsel, Senator Kennedy
Carolyn Bartholomew, Legislative Director, Representative Pelosi, Minority Staff, Foreign Operations Subcommittee, Appropriations

NON-GOVERNMENTAL PARTICIPANTS

William Harris, President, Children's Education and Research Institute
Bishop Felton May, General Board of Global Ministries, United Methodist Church
David Dinkins, Chair, Black Leadership Commission on AIDS
Dr. Jacob Gayle, UNAIDS Technical Advisor and Liaison to The World Bank
Rory Kennedy, Documentary filmmaker, Moxie Films
Nick Doob, Documentary filmmaker, Moxie Films

ADMINISTRATION OFFICIALS

Sandra L. Thurman, Director, Office of National AIDS Policy
Michael Iskowitz, Consultant, USAID
Dr. Paul DeLay, Director, HIV/AIDS Programs, USAID
Maria Sotiropoulos, Protocol Officer, State Department
Phil Drouin, Desk Officer, Bureau of African Affairs, State Department

Attachment B

Groups Visited

	Community Organizations	Government Officials
Zambia	▪ Bwanfano ▪ CHIN ▪ Christian Council of Zambia ▪ Evangelical Fellowship of Zambia ▪ Family Health Trust ▪ Fountain of Hope ▪ McKinney Islamic Center ▪ Mulenga Compound ▪ National AIDS Network ▪ Ndeke House ▪ Project Concern International ▪ Society of Women Against HIV/AIDS ▪ St. Anthony's Compound ▪ Twapia Windows Group	▪ President Jacob Titus Chiluba ▪ Dr. Nkandu Luao, Minister of Health ▪ Peter McDermott, UNICEF Country Representative ▪ Vincent Malambo, Minister of Legal Affairs ▪ Edith Z. Nawakwi, Minister of Finance and Economic Development ▪ Abel Chambeshi, Minister of Youth, Sports and Child Health ▪ Keli Walubita, Minister of Foreign Affairs ▪ Dawson Lupunga, Minister of Community Development ▪ Dr. Moses Sichone, HIV/AIDS Coordinator, GRZ ▪ GRZ public-private orphan task force ▪ Ambassador Arlene Render
Uganda	▪ AIDS Development Foundation ▪ AIDS Information Center ▪ The AIDS Support Organization (TASO) ▪ Foundation for International Community Assistance (FINCA) ▪ Joint Clinical Research Centre ▪ Makerere University ▪ National Community of Women Living with AIDS ▪ Save the Children (UK) ▪ Uganda AIDS Commission ▪ Uganda Cancer Institute ▪ Uganda Virus Research Institute ▪ United Women's Effort to Save Orphans	▪ President Yoweri Kaguta Museveni ▪ First Lady Janet Museveni ▪ Dr. Crispus Kiyonga, Minister of Health ▪ Hajat Janat Mukwaya, Minister of Gender, Labor and Development ▪ Dr. Elizabeth Madraa, AIDS/STD Control Program, Ministry of Health ▪ Rafina Ochago, Commissioner for Child Care and Protection, Ministry of Gender, Labor and Development ▪ Ambassador Nancy J. Powell

	Community Organizations	Government Officials
South Africa	▪ Bethesda House ▪ CINDI Coalition (Children in Distress) ▪ Don McKenzie TB Hospital ▪ Edendale Hospital ▪ Edith Benson Babies Home ▪ Ethembeni Centre ▪ Grey's Hospital ▪ Highway Hospice ▪ Hope Worldwide-Jabavu Clinic ▪ King Edward Hospital ▪ Lilly of the Valley ▪ Makaphuthu Children's Home ▪ Project Gateway ▪ Streetwise Shelter	▪ Nkosa Zana Zuma, Minister of Health ▪ GJ Fraser-Moleketi, Minister of Welfare and Population Development ▪ Dr. Ben S. Ngubane, Premier, KZN ▪ Dr. Zweli Mkhize, Minister of Health, KZN ▪ Siphiwe Gwala, Mayor, KZN ▪ Ambassador James Joseph

Attachment C

US Government Agencies Engaged

Office of National AIDS Policy
Sandra Thurman, Director
Todd Summers, Deputy Director
(202) 456-2437
Web: www.whitehouse.gov/ONAP

U.S. Department of State
Frank Loy, Under Secretary for Global Affairs
(202) 647-6240
Web: www.state.gov

Bureau of Oceans and International Environmental and Scientific Affairs -- Emerging Infectious Diseases and HIV/AIDS Program
Nancy Carter-Foster, Director
(202) 647-2435
Email: ncarterf@state.gov
Web: www.state.gov/www/global/oes/health

U.S. Agency for International Development
Web: www.info.usaid.gov

Bureau for Global Programs, Field Support and Research -- Center for Population, Health and Nutrition
Duff Gillespie, Deputy Assistant Administrator
(202) 712-4120

HIV/AIDS Division
Paul DeLay, Division Chief
(202) 712-0683

Bureau for Africa, Office of Sustainable Development, Human Resources Division
Alex Ross, Deputy Chief
(202) 219-0476

U.S. Information Agency
Joseph D. Duffey, Director
(202) 619-4742
Web: www.usia.gov

U.S. Peace Corps

Center for Field Assistance and Applied Research
(202) 692-2666

U.S. Department of Health and Human Services

Secretary Donna Shalala
Web: www.os.dhhs.gov

Surgeon General and Assistant Secretary for Public Health and Science
David Satcher, Surgeon General and Assistant Secretary
(202) 690-7694
(301) 443-4000

Office of HIV/AIDS Policy
Eric Goosby, Director
(202) 690-5560

Office of International and Refugee Health
Tom Novotny, Deputy Assistant Secretary for Health
(301) 443-1774

National Institutes of Health

Harold Varmus, Director
Web: www.nih.gov

Office of AIDS Research
Neal Nathanson, Director
(301) 496-0357
Web: www.nig.gov/od/oar/index.htm

Centers for Disease Control and Prevention

Jeffrey P. Koplan, Director
(404) 639-7000
Web: www.cdc.gov

Office of Global Health
Steve Blount, Director
(404) 488-1085

National Center for HIV, Sexually Transmitted Diseases, and Tuberculosis Prevention
Helene D. Gayle, Director
(404) 639-8000

National Center for Infectious Diseases
Director James M. Hughes
(404) 639-3401

Food and Drug Administration

Office of Special Health Issues
Terry Toigo, Associate Commissioner
(301) 827-4460
Web: ttoigo@oc.fda.gov

Office of International Affairs
Walter Batts, Director
(301) 827-4480
Web: wbatts@oc.fda.gov

U.S. Department of Commerce

William Daley, Secretary
Web: www.doc.gov

Bureau of the Census - International Programs Center
Peter O. Way, Chief
(301) 457-1390

Health Studies Branch
Karen A. Stanecki, Chief
(301) 457-1406

International Trade Administration
Michael J. Copps, Assistant Secretary for Trade Development
(202) 482-1461

U.S. Department of Defense

Office of the Deputy Assistant Secretary for Clinical and Program Policy
Lynn Pahland, Director of Health Promotion/ Health Affairs
(703) 681-1703

Walter Reed Army Institute of Research
Division of Preventive Medicine
Lt. Col. Patrick Kelley
(202) 782-1353

Attachment D

Key Reference Documents

AIDS Epidemic Update. December 1998. UNAIDS

AIDS in the World, vol. 1 and 2. Jonathan Mann, Daniel Tarantola, and Thomas Netter, ed. 1992 and 1995.

Blueprint for a US/Africa Partnership for the 21st Century. Adopted at the US/Africa Ministerial Meeting, March 1999.

Children on the Brink: Strategies to support children isolated by HIV/AIDS. Susan Hunter and John Williamson. USAID. 1998.

Confronting AIDS: Public Priorities in a Global Epidemic. The World Bank, 1997.

The Economic Impact of AIDS in Africa, An Overview. The Futures Group International for USAID, March 1999

The Economist, January 2, 1999

Public Health as Part of the Strategy of African Economic Growth. Prof. Jeffrey Sachs, Harvard Institute for International Development. March 10, 1999.

Recent HIV Seroprevalence Levels by Country. February 1999. Research Note No. 26. US Bureau of the Census

Regional Overview of AIDS in Africa. Family Health International for USAID. March 15, 1999

UNAIDS Fact Sheet: AIDS in Africa. November 30, 1998.

USAID funding statistics. USAID. 1999

World Population Profile, 1998. Special Chapter: Focusing on HIV/AIDS in the Developing World. US Bureau of the Census

Office of National AIDS Policy
www.whitehouse.gov/ONAP
Phone: (202) 456-2437
Fax: (202) 456-2438
736 Jackson Place
Washington, D.C. 20503

AIDS

AIDS Convening
September 7, 1999

Participants List

First Lady Hillary Rodham Clinton

Secretary Donna Shalala
Department of Health and Human Services

The Honorable David Satcher
Surgeon General

Secretary Lawrence Summers
Department of the Treasury

Administrator Brady Anderson
US Agency for International Development

The Honorable Leon Fuerth
Assistant to the Vice President for National Security Affairs
The White House

The Honorable Sandy Thurman
Director
National AIDS Policy Office
The White House

Ms. Gayle Smith
Senior Director for African Affairs
National Security Council
The White House

Under Secretary Frank Loy
Under Secretary for Global Affairs
Department of State

Melanne Verveer
Assistant to the President and Chief of Staff to the First Lady
The White House

Dr. Ken Bernard
International Health Affairs
National Security Council
The White House

Mr. James Wolfensohn
President
World Bank

Ms. Jan Piercy
The Executive Director of the United States
The World Bank

Dr. Peter Piot
Executive Director
Joint United Nations Program on HIV/AIDS

Dr. Timothy Evans
Team Director for Health Services
The Rockefeller Foundation

Mr. Aryeh Neier
President Soros Foundations Network
Open Society Institute

Mr. Stewart Burden
Senior Program Officer
The John D. and Catherine T. MacArthur Foundation

Dr. Gordon Perkin
President of PATH
William H. Gates Foundation

Dr. Drew Altman
President and CEO
Kaiser Family Foundation

Mr. Charles Heimbold
Chairman and Chief Executive Officer
Bristol Myers Squibb

Mr. Robert Johnson
Chairman and CEO
Black Entertainment Television

B.A. Rudolph
Chief of Staff to the Administrator
Agency for International Development

Paul Delay
Agency for International Development

Dr. Jim Sherry
United Nations Joint Program on HIV/AIDS

Mr. Eduardo Doryan
Vice President and Head of Network
The World Bank

Ms. Debrework Zewdie
Lead Specialist, Population
The World Bank

Timothy Geithner
Under Secretary for International Affairs
Department of the Treasury

William Schuerch
Deputy Assistant Secretary for International Development, Debt and Environmental Policy
Department of the Treasury

Ms. Marsha Martin
Special Assistant to the Secretary
Department of Health and Human Services

Ms. Debrah Lee
President and COO
Black Entertainment Television

Mr. Ken Weg
Vice Chairman
Bristol Myers Squibb

Dr. Seth Berkley
President
International AIDS Vaccine Initiative
The Rockefeller Foundation

Mr. Terry Anderson
Executive Director of Public Policy
National Association of People with AIDS

Mr. Paul Boneberg
Director
Global AIDS Action Network

Ambassador Nancy Powell
Principal Deputy Assistant Secretary for African Affairs
State Department

Ms. Diane Graham
Special Assistant for Global Affairs
State Department

Richard Socaridies
Special Assistant to the President and Senior Adviser for Public Liaison
Office of the Public Liaison
The White House

file AIDS

Clinton satisfied with Mbeki's efforts

By Gus Constantine
and Andrew Cain
THE WASHINGTON TIMES

President Clinton is satisfied with South Africa's efforts to help stop the violence in neighboring Zimbabwe and did not pressure South African President Thabo Mbeki to do more on that front during their talks yesterday, a White House official said.

"President Mbeki is, already, as was apparent by the discussion, extremely active in doing a great deal to try to end the violence and also bring about resolution of the underlying problems," said a White House official familiar with the presidents' talks.

"So there was absolutely no need to pressure him to do that," the official said.

The two leaders also pledged yesterday to work together to combat an escalating AIDS crisis by getting drugs to those who need them at affordable prices.

The visiting South African leader, who succeeded Nelson Mandela last June, denied emphatically that he has brushed off the use of AZT as "necessarily a good drug in fighting [AIDS]."

"Pure invention. Pure invention," he said. "I've never said that."

On Zimbabwe, another White House official said Mr. Clinton did not criticize South Africa's low-profile efforts to end the bloodshed.

"We are very grateful for, and impressed by, Mr. Mbeki's very energetic efforts to deal with the situation in Zimbabwe," the official said.

President Mbeki "has been a very active player ... in trying to not only broker better understanding between Zimbabwe and the other states in the region and the United States and the United Kingdom, but also in helping to conceive of and craft concrete solutions that can move the process forward."

Mr. Clinton and Mr. Mbeki agree there needs to be a two-track solution to the situation. Zimbabwe must resolve issues of land distribution. At the same time, Zimbabwe must halt the violence, establish the rule of law and agree to hold free and fair elections.

Thabo Mbeki has launched studies on the effectiveness of drugs such as AZT in combating AIDS.

The leaders agreed that the involvement of the United Nations Development Program (UNDP) in a land-distribution program is important to depoliticize the land question, the officials said.

Mr. Mbeki, in remarks after his arrival ceremony at the White House, said "urgent and extraordinary measures" were necessary to fight AIDS, other diseases, poverty and conflicts on the African continent.

Mr. Clinton noted that progress already had been made in the fight against AIDS.

"You've got these five big pharmaceutical companies now that say they're going to help," he said.

Five companies said last week they would cut the price of treatment for HIV and AIDS, an offer South Africa said left prices still too high and would necessitate a continued search for less expensive generic drugs.

The five companies, according to U.N. offices in Geneva, are Boeringer-Ingeheim, Bristol-Myers Squibbs, La Roche F. Hoffman, Glaxo-Wellcome and Merck & Co.

Mr. Mbeki emphasized that the problem of AIDS and other diseases such as tuberculosis and malaria should be understood in the context of underdevelopment, shortages of the required capital, crippling debt burdens and regional conflicts.

While "most of humanity" is saddled with these problems, Mr. Mbeki said, "We witness on the other side of the same universe an abundance of resources and an unprecedented economic prosperity occasioned in great measure by vast technological advances."

To demonstrate his commitment to battling AIDS, the South African president appeared before reporters wearing a red AIDS awareness pin on the lapel of his dark blue suit.

There are currently about 4 million people in South Africa who are HIV positive, out of a population of almost 40 million, according to Claudine Mtshali, a South African Embassy health official.

While Mr. Mbeki stresses the need for affordable drugs, the pharmaceutical companies are pressing suits claiming an infringement of patent rights stemming from South Africa's efforts to buy the drugs from lower-priced third parties.

Faced with an escalation of HIV and AIDS, Mr. Mbeki has launched studies on the effectiveness of drugs such as AZT in combating AIDS.

The Washington Times
TUESDAY, MAY 23, 2000

President's 360 guests honor Mbeki

By Ann Geracimos
THE WASHINGTON TIMES

Last night's White House state dinner for South African President Thabo Mbeki was a more theatrical function of its kind — and a lot more political.

The list of 360 guests made it one of the largest state dinners held by the Clinton administration and required setting up a large dramatically draped white tent — called a pavilion — on the South Lawn, lit with hanging chandeliers.

Prominent among those invited were at least 20 New York politicos, including State Comptroller H. Carl McCall; Manhattan Borough President Virginia Fields; Rochester Mayor William A. Johnson Jr; and the Rev. Floyd H. Flake of the Cathedral of the Allen AME Church in Queens, who recently endorsed first lady Hillary Rodham Clinton in the New York Senate race.

Others included former New York Mayor David L. Dinkins and Bill Lynch Jr., Mr. Dinkins' former chief of staff and a key operative in New York political affairs.

Among a dozen or more journalists were New Yorker magazine writers Jeffrey Toobin and Jane Mayer, both of whom cover the White House; a member of the New York Daily News editorial board; and Black Entertainment Television head Robert Johnson and Essence Communications head Edward Lewis.

People close to Vice President Al Gore included Donna Brazile, his presidential campaign manager; Leon Fuerth, his national security adviser; and Democratic Convention 2000 executive Cheryl Carter.

Representatives on the guest list were mainly from states such as Florida, Michigan and Texas, which have a large number of electoral votes.

After the arrival of Mr. Mbeki and his wife, Zanele, at the North Portico, President and Mrs. Clinton stood with the couple, greeting guests in a long receiving line at the base of the staircase in the White House Grand Foyer.

The foursome then were transported by trolley under threatening skies to the pavilion to be seated among 37 round tables decorated with blush, pink and burgundy peonies surrounding candle-filled crystal bowls.

Gold flatware was set on peach tablecloths. Diners could look through clear plastic sides of the tent to the spotlit dogwoods and greenery on the outside lawn. Each of the Napa Valley vineyards supplying the wines had connections with South Africa.

A starter course of green and white asparagus from California served with morels and marinated lobster was followed by an apricot ginger glazed lamb and saffron pistachio couscous.

The dessert, called "the Pride of South Africa," consisted of pineapple and cherry sherbet in a pineapple shape, with fresh pineapple and cherries at the base. An edible white and chocolate ribbon wrap was decorated with images of safari animals.

Pianist Awadagin Pratt, the Baltimore's Peabody Conservatory of Music's first student to receive diplomas in piano, violin and conducting, entertained afterward, playing music by Rachmaninoff, which he said earlier he knew Mr. Mbeki was especially fond of.

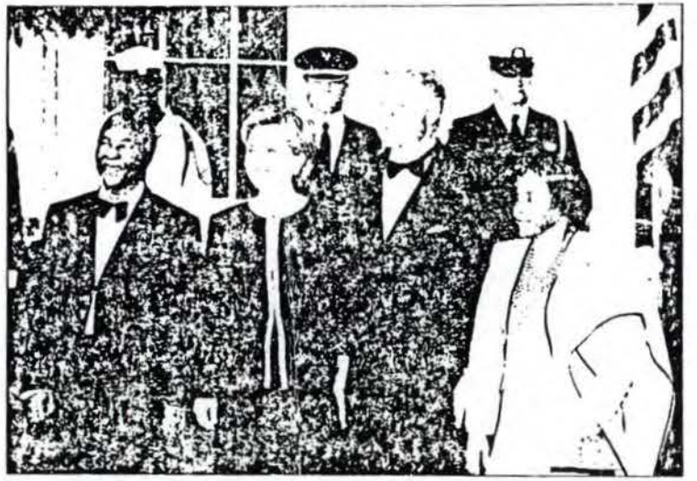
"This was quite a popular dinner," White House Social Secretary Capricia Marshall noted in the afternoon. "There were a lot of requests that President and Mrs. Clinton granted."

An understatement, it would appear, given the eclectic mix of the night.

Ethel Kennedy was there, along with Maurice Tempelsman, chairman of the Corporate Council on Africa and special friend of the late Jacqueline Kennedy Onassis; Patricia Stonesifer, co-chairman and president of the Bill and Melinda Gates Foundation.

Local personalities included D.C. congressional Delegate Eleanor Holmes Norton, Howard University President Patrick Swygert and D.C. Council member Charlene Drew Jarvis.

Well-known entertainers on the guest list included singer-actor Harry Belafonte, singer-songwriter Stevie Wonder, gospel singer BeBe Winans, actor Morgan Freeman, film director Spike Lee and alternative rock artist Dave Matthews, who was born in South Africa.



AP

South African President Thabo Mbeki and his wife, Zanele, flank President Clinton and first lady Hillary Rodham Clinton.

The Washington Times
TUESDAY, MAY 23, 2000


AIDS

file

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THE WHITE HOUSE

WASHINGTON

March 16, 1998

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3-17-98

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL BERGER

SUBJECT: Response to Your Question About Highlighting New Advances in Preventing Mother to Infant HIV Transmission During Your Trip to Africa

On February 23, in the margins of a memorandum noting recently announced studies that show an affordable, short-course of four weeks' oral AZT may effectively diminish mother-to-child HIV transmission rates, you asked if we should highlight this on the Africa trip.

Although you will not visit any HIV/AIDS education and prevention centers during your trip, it would be appropriate to highlight this information in brief remarks you will make during a visit to a village your first day in Uganda. The First Lady could reinforce your remarks by visiting an AIDS clinic the following day, an option her schedulers are considering. Uganda is one of the countries hardest hit by the HIV/AIDS epidemic and also the only country in Africa to reverse infection rate trends. During her trip to Africa, the First Lady inaugurated an AIDS information center in Kampala that is central to this effort. The CODEL accompanying you will also likely address this issue.

OK

Her choice

copied Berger WWW desk Bowles

Attachment
Tab A Original Memorandum with Question

"Her choice"

cc: Vice President
Chief of Staff
Office of First Lady

2-23-98 1407

November of several initiatives: a permanent health care and compensation program similar to the Agent Orange program; a comprehensive Force Health Protection Program; a Special Oversight Board to review DOD investigations (which you approved this week); and the allocation of additional research funding; *copies of the PAC's report and the PGVCB's response are on file in our office.*

(D) **Sec. Shalala Memo on Tuskegee Syphilis Study Apology Follow-Up** -- following last year's formal apology, Sec. Shalala formed a CDC-led steering committee to carry out follow-up activities; it has produced a report on improving community participation, especially by minorities, in HHS research programs; HHS has awarded a CDC planning grant to Tuskegee University to establish a Center for Bioethics in Research and Health Care; bioethics training fellowships were announced in the NIH Guide; and a guidebook on bioethical education resources is being planned; *a copy of the steering committee's report is on file in our office.*

(E) **Shalala Memo on Advances in Mother-to-Infant HIV Transmission** -- as you know, this week CDC announced important new information on the ability of developing countries to decrease HIV transmission from mothers to infants; completed trials indicate that an affordable, short-course of 4 weeks' oral AZT may effectively diminish mother-to-child transmission rates; this therapy has profound implications in LDC's where over 1,000 HIV-infected babies are born every day; we now have an opportunity to prevent hundreds of thousands of newborn infections worldwide.

(F) **Gearan Memo on Peace Corps Volunteer's Death** -- on February 5, Kevin Leveille, a Peace Corps volunteer from Ventura, California, was killed in his home in Cote d'Ivoire by intruders; Mark attended his funeral on February 14 and delivered a condolence letter on your behalf; local African authorities are conducting an investigation with the assistance of the U.S. Regional Security Officer and officials of the Peace Corps' Inspector General's office; the appropriate Congressional offices have also been notified.

(G) ***NY Times* Articles from Ann Lewis** -- you asked about a *NY Times Magazine* article published on Sunday, August 30, 1992; Ann attaches three articles from that issue that fit your description: "Test Marketing the President," by Elizabeth Kolbert; "The Democrats as the Devil's Disciples," by Tom Wicker; and "The 1992 Campaign: A Contest of Two Generations" by Michael Kelly.

E. should we highlight this in Africa trip?

G. should we highlight this or Africa trip?

copied Berger wwinadesk Bowles

Please stall re Africa Need answer ASAP

FEB2417:12

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

2-23 98

98 FEB 19 [illegible]

MEMORANDUM FOR THE PRESIDENT

Copies
Berger
Sheett
Bowles
Mathews

FROM: **DONNA E. SHALALA**
SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUBJECT: **ADVANCES IN PREVENTION OF MOTHER-TO-INFANT TRANSMISSION OF HIV**

DATE: **FEBRUARY 18, 1998**

I want to provide you with important new information about the ability of developing countries to decrease HIV transmission from mothers to their infants. The CDC released this information in a press conference today in Atlanta.

The CDC, working with the governments of Thailand and Cote d'Ivoire, started clinical trials in 1996 to identify an effective therapeutic intervention that decreased HIV transmission from mother to child and that was realistically affordable in the developing world. The trials are now complete and conclude that a significantly shorter course of treatment is effective. This short course, four weeks of oral AZT, will be affordable in most of the developing world. (In comparison the standard of care in the U.S. requires several months of treatment for the mother and the infant and an intravenous dose.) As a result, the trials are being stopped and the new shortened oral course of AZT is being offered to all participants.

These trials are of great significance to children throughout the developing and developed world. For the first time we can offer a therapeutic intervention that may effectively diminish the chances of the baby becoming infected from a HIV-positive mother. The new therapy has profound implications in the developing world where over 1,000 HIV-positive babies are born each day. We now have the opportunity to prevent hundreds of thousands of HIV infections in newborn infants worldwide.

As you may know, questions have been raised concerning these clinical trials. If the two studies had not been undertaken by the CDC, NIH and the World Health Organization (WHO), we would not have identified an effective mode of preventive therapy that could be implemented in the developing world.

HHS has already begun discussions internationally and domestically to develop strategies to incorporate these findings into existing standards of practice. The discussion has included planning for an international meeting with HHS, the State Department, UNAIDS, WHO and senior public health officials in the developed and developing world.

Attachment - HHS Press Release

cc: The First Lady

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Wednesday, Feb. 18, 1998

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Short-Course Regimen of AZT Proven Effective in Reducing Perinatal HIV Transmission: Offers Hope for Reducing Mother-to-Child HIV Transmission in Developing World

In an announcement that has important implications for many developing nations, the Centers for Disease Control and Prevention (CDC) stated today that a short course of AZT given late in pregnancy and during delivery reduced the rate of HIV transmission to infants of infected mothers by half and is safe for use in the developing world. The Ministry of Public Health of Thailand (MOPH), who conducted the study in collaboration with CDC, announced the results earlier today in Thailand.

The findings, from a preliminary analysis of data from the CDC/MOPH collaborative study, offer real hope to many developing nations that previously had no realistic therapy options to prevent HIV-infected pregnant women from transmitting infection to their babies.

"We are very fortunate in the U.S. and Europe to have been in a position to offer preventive therapy to HIV-infected pregnant women for several years, and thousands of infections in infants have been prevented as a direct result, said HHS Secretary Donna E. Shalala, "Now we are a step closer to seeing the kind of progress that we've made at home extended to the developing world."

Prior to these findings, the only AZT regimen proven effective for perinatal HIV prevention was essentially out of reach for the countries in which over 90 percent of HIV infections occur.

The AZT regimen used in the U.S. is costly and requires several months of treatment for the mother and the infant and an intravenous dose that is not feasible in many developing countries. In order for policy makers in developing nations to provide HIV-infected women a preventive therapy, they urgently needed conclusive scientific evidence that there is a practical treatment regimen that is safe and more effective than what they have been able to provide which, tragically for most, has been no preventive therapy at all.

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"By using a much shorter course during pregnancy, an oral dose rather than an intravenous dose during delivery, and no infant dose, we evaluated a regimen that could be realistically implemented in developing nations," said Dr. Helene Gayle, Director of CDC's National Center for HIV, STD, and TB Prevention. "Now that the regimen has been proven safe and effective in Thailand, these findings offer hope of extending perinatal prevention to HIV-infected women throughout the developing world."

The Thailand study was one of two CDC collaborative perinatal HIV prevention studies. The CDC studies, conducted with the Ministries of Health in Bangkok, Thailand and Abidjan, Côte d'Ivoire, were part of an international collaborative research effort coordinated by the Joint United Nations Programme on HIV/AIDS (UNAIDS) to help identify practical solutions for the developing world.

The Thailand study, which began enrollment in 1996, provides the first conclusive scientific data on the preventive effectiveness of a short-course regimen of AZT.

Although final data are not yet in, CDC has now received conclusive interim data from Thailand. Enrollment into the study has been completed and over 90 percent of the data have now been reviewed by CDC and the independent Data Safety and Monitoring Board (DSMB) overseeing the research. Because this regimen has proven both safe and effective, the placebo-control component of CDC's Abidjan study is no longer necessary. Therefore, CDC and its collaborators have begun offering all pregnant women enrolled in the Abidjan study the short-course AZT regimen. Research collaborators worldwide are currently being notified of the findings. In a joint statement released today by UNAIDS, the National Institutes of Health (NIH) , and the French National Agency for AIDS Research (ANRS), it was announced that an international meeting will be soon be held to discuss the far-reaching scientific and policy implications of these findings.

"As the international health community now faces the challenges of making this prevention opportunity a reality for HIV-infected women worldwide, the really hard work begins," said Dr. Kevin DeCock, Director of the Division of HIV Prevention, NCHSTP. "The remarkable news is that we begin with the first conclusive evidence that simpler, practical therapies can make a difference."

CDC stressed that these studies were not designed to address perinatal prevention needs in the U.S. and other industrialized nations. Because HIV-infected pregnant women in the U.S. already have access to the more effective longer treatment regimen, recommendations for perinatal HIV prevention in the U.S. will not change.

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HHS NEWS

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STATEMENT BY DONNA E. SHALALA
Secretary of Health and Human Services
Regarding Findings of Thailand Study of "Short Course" AZT

"Since the AIDS epidemic was first identified 17 years ago, some 380,000 Americans have lost their lives to this disease. In the same period, we estimate that worldwide AIDS deaths have been 11.7 million.

"In recent years, we have had some hopeful developments in the United States and other industrialized nations. New treatments, as well as prevention efforts, have brought about reductions in the number of AIDS deaths in America. But in the developing world, there has been little to report except growing numbers of infected persons and growing numbers of deaths, including the spread of infection from pregnant women to their infants. Treatments that have been proven most effective in the industrialized nations have generally been unaffordable and impractical for countries of the developing world.

"Today's news from Thailand is one of the first hopeful signs for countering HIV and AIDS in the developing nations of the world. While we are still far from control or cure of this disease, it now appears we may have a preventive therapy which is affordable and feasible in less developed nations, and which can significantly reduce the transmission of HIV from mother to infant. For tens of thousands of women in developing nations who are pregnant and infected with HIV, this is a vitally important development.

"Now, with the leadership of UNAIDS and the cooperation of the leading industrial nations, we must move to translate these findings into effective public policy and health care practice."

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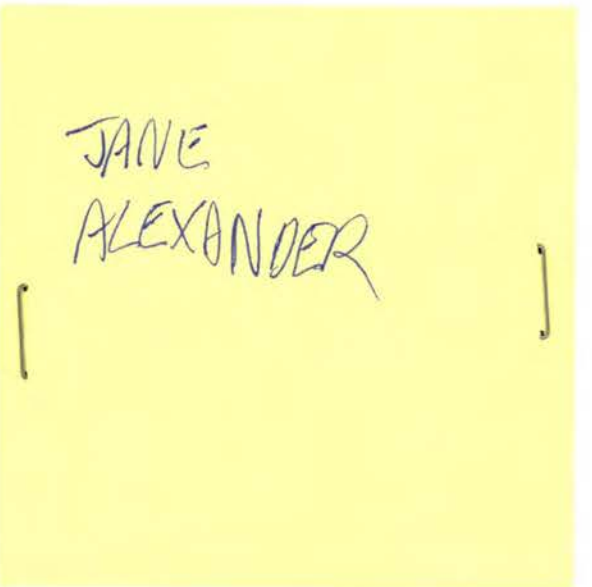

JANE
ALEXANDER

W. Post Aug 20, 1993

Clinton Arts Policy Starts to Take Shape

White House Ready to Go on the Offensive

By Jacqueline Trescott
Washington Post Staff Writer

A year ago, candidate Bill Clinton spoke eloquently about the role of the arts and humanities.

"Art is among the noblest and demanding of our rituals; noblest because it takes us into the deepest parts of what we are, and most demanding because it requires that we go there with our eyes open and come to terms with what it is to be human. . . . The arts are not something separate from the lives of people," said Clinton.

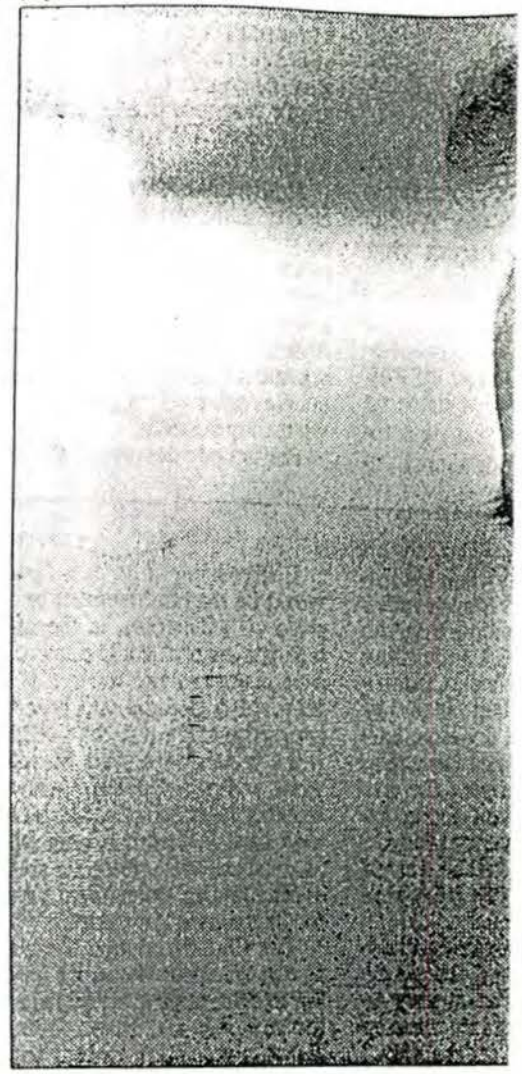
Now, seven months into his presidency, Clinton has lined up the officials who will lead the three federal cultural agencies, and some evidence is emerging about the administration's approach to transforming his words into policy.

As a start, the White House hopes to bring renewed respectability to the agencies through the appointment of highly credentialed administrators, a different kind of attention from the noisy debate of recent years about political correctness and sexually explicit art.

One principal player is expected to be actress Jane Alexander, who has been nominated to head the National Endowment for the Arts and brings almost 30 years of award-winning work in theater and film to this new role. For the National Endowment for the Humanities, Clinton selected Sheldon Hackney, a noted historian and former top administrator at three colleges, including Tulane University and the University of Pennsylvania. For the third post, the director of the Institute of Museum Services, the White House has said it intends to nominate Diane Frankel of Marin County, Calif., a respected leader in the burgeoning field of museums geared toward the young.

"They are leaders who are determined to make contributions that are appropriate in these times, and they

See ARTS POLICY, D2, Col. 1



Clinton and Culture

ARTS POLICY, From D1

have qualifications that are crystal clear," says a senior White House official. "There's a tremendous sense of hope. . . . We can't just play defense. We have to play offense."

Supporters of the three agencies are heartened by the appointments. "I'm very impressed at the quality of the candidates, they are well-considered appointments," says Earl A. "Rusty" Powell III, director of the National Gallery of Art.

"They signal that the Clintons take culture seriously. They think about it," says Jamil Zainaldin, president of the Federation of State Humanities Councils.

The agencies' conservative critics are generally disappointed with the team, especially the nomination of Alexander. "We just don't think someone from Hollywood should be running the NEA. We think she will tend to place the interests of the Hollywood elite or the advocates of the far left higher than the interests of Middle America," says Tom Kilgannon, communications director of the Christian Action Network.

"The cultural policy of the administration is one that is on the side of cultural radicalness," says Marshall Wittmann, legislative affairs director for the Christian Coalition, evangelist Pat Robertson's political organization. "We are going to urge Congress to judge these nominees by a middle-class family standard. Can they defend them to a middle-class family, rather than the Hollywood elite?"

So far, discussions about a cultural policy at the White House center on how to move beyond the ideological arguments that for 12 years often overshadowed the work of the NEA and NEH and splintered their natural constituency of artists and academics. In his statement nominating Alexander, the president said, "The Endowment's mission of fostering and preserving our nation's cultural heritage is too important to remain mired in the problems of the past. It is time to move forward."

The initial strategy is naturally Clintonesque—have a meeting and chew over the issues. Last week, under the sponsorship of the Office of Public Liaison, White House officials briefed representatives of the cultural service organizations about the upcoming Alexander hearings. "It was an example of glue politics. Bring people together and share and compare notes. It is what this administration understands in order to be successful," says Ginny Terzano, public affairs chief at the NEA.

The administration also is planning to get the word out about how the arts and humanities can improve the quality of life, how federal funds are dispersed to the farthest reaches of the country, and how culture affects local economies, according to people who have attended meetings on the subject.

ing arts and humanities programs throughout the government.

The president, says one senior White House official, intends to have the cultural officials serve as ambassadors to the country, delivering the message at regional and local meetings, putting the spotlight on local artists and scholars, and demonstrating the federal executives' vision and knowledge.

"They will move in a direction where Americans can see what they have. [The policy] is less elitist, more striving to bring the richness of the humanities and arts to the country at large," says the official. "There hasn't been an ownership of NEA. There wasn't an understanding that what the critics were saying was off-the-mark."

Most of those involved in the strategy sessions seem confident about their plans, but few want to be quoted as policymakers because the policy could change or fail.

For starters, they all realize that the battle of words over arts content and funding, and freedom of speech and diversity on college campuses, is still simmering.

For five years, the NEA has had to

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>
> —American Association of Museums' Edward Able

defend its existence in confrontations with the religious right and conservative spokesmen, who protest funding of exhibitions including the work of photographers Robert Mapplethorpe and Joel-Peter Witkin and performance artists who gave away dollars to undocumented workers, as happened last week in San Diego.

Though NEH and IMS were not embroiled in the controversies that hit NEA, repair work also is needed with the public. In the case of the humanities endowment, the conservatives were pleased with the leadership provided by former chairman Lynne Cheney and the agency's role in the public debate on political correctness. But the more liberal watchdogs thought Cheney was controlling the grant-making and seemed to be flagging grants that disagreed with right-wing scholarship.

Neither ideological camp has been completely satisfied with the Clinton actions so far. The Democratic cultural community, heartened by his con-

tice Department sided in March with a Bush administration position that the decency clause in the NEA authorizing legislation was constitutional, Clinton's supporters expressed their anger by filing briefs opposing the decision. Later, in a reply brief, the administration clarified its position by saying the arts deserved First Amendment protection but still defended the decency clause.

Clinton the candidate said he wanted the agencies, especially the NEA, free of this debate.

"As president, I will support and defend freedom of speech and artistic expression by opposing censorship or 'content restrictions' on grants made by the National Endowment for the Arts. I believe very strongly that the National Endowment for the Arts should not be politicized, and that it has been too politicized recently, " he said last fall.

Other officials are not so optimistic that cultural policy is occupying a big enough space on the White House radar screen. "There's a chance we could miss the tremendous opportunity at hand," says one administration official, who is concerned that some younger staff aren't familiar enough with the agencies to promote or defend them. Others who have watched the recent battles see it as an unwanted lightning rod.

The president and Hillary Clinton will be doing their share in this education effort, said one senior official. Observers point out that the Clintons and Hackneys have an established personal relationship that should help keep the issues on the president's plate. The White House also has agreed to participate in the Arts and Humanities Month planned for October.

To make the formulation of a cultural policy more collegial, the White House is considering a revival of the Federal Council on the Arts and Humanities. This congressionally mandated working group, created in 1965, consists of the NEA, NEH and IMS directors, the heads of other cultural bureaucracies, such as the Library of Congress, the Smithsonian Institution and the National Archives, and has additional members appointed by Congress and the Cabinet.

would be the improvement of relationships with Congress. In the weeks before the current congressional recess, a conservative lobbying group launched a pictorial and letter-writing campaign claiming that NEA funds went to obscene and blasphemous work and accused the agency of not tracking what it funds. More congressmen than in previous attempts joined an unsuccessful effort to abolish the agency and an amendment to cut NEA funding passed the House.

The Christian Action Network plans to ask nominee Alexander for a meeting to discuss their criticisms and ideas for reforms, and then, depending on the outcome, start another letter-writing campaign to the Congress. Supportive arts groups, such as the American Arts Alliance, intend to rev up their grass-roots chapters, urging them to meet with congressmen in their districts.

"The main challenge is in the political arena," says Edward Able, executive director of the American Association of Museums. "The political right and religious right will continue to use the arts endowment for their own purposes. They have no other boogie man to get votes, in the case of politicians, and to raise money, in the case of the religious right."

The exact directions Alexander and Frankel will take should emerge in their confirmation hearings, which are expected to take place late next month. Arthur Kropp, of the liberal lobbying group People for the American Way, already sees a message in Clinton's selection of Alexander. "Her appointment is good because with a political person the war would have continued. She is substantive and talented and enters the confirmation process with a lot of support. Yes, the administration should encourage her to deal straightforwardly with these issues. None of them will be able to equivocate."

Hackney, who survived a storm of critical editorials and statements and has been on the job since Aug. 4, spoke of some of his ideas last week at the National Council on the Humanities meeting.

not in developing public policy but in helping Americans understand themselves, individually and collectively," he said. He has spoken of coordination with the NEA and of a "national conversation."

Other arts policy officials agree. "What I am hearing is that people want more discussion of arts and public responsibility and the partnership between artists and the public," said Claudine Brown, deputy assistant secretary, museums of the Smithsonian Institution. Brown says arts education will help clarify the lingering concerns about the controversies. "They want to know the aesthetic merit of art that is controversial or indecent, they want people to tell them if the art is valuable."

Though none of the old issues are neatly resolved, there's a perception that a clean slate is at hand, and Clinton will give a much-needed public face and support to the agencies.

"In the arts community, it is such an exciting time to start thinking about a cultural policy," says Judith Golub, executive director of the American Arts Alliance. "With people in place, and the momentum we have from those appointments, we can start talking about the positive roles the arts play domestically and internationally."