Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	10/23/1998	b(7)(C), b(7)(F), b(6)
002. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	10/23/1998	b(7)(C), b(7)(F), b(6)
003. email	From Suzibeach@aol.com to Sandra Thurman, Todd Summers Re: A favor (2 pages)	10/24/1998	Personal Misfile
004. email	From Angela Vincent to Todd Summers Re: FW: tola's info & funeral arrangements [Personally Identifiable Information] [partial] (1 page)	10/26/1998	b(6)
005. email	From Angela Vincent to Todd Summers Re: FW: tola's info & funeral arrangements [Personally Identifiable Information] [partial] (1 page)	10/26/1998	b(6)
006. email	From Angela Vincent to Todd Summers Re: Per our discussion [Personally Identifiable Information] [partial] (1 page)	10/26/1998	b(6)
007. email	From JKamen@aol.com to Multiple Recipients Re: Birthday Brunch Invite (1 page)	10/27/1998	Personal Misfile
008. email	From Jeff Trandahl to Todd Summers Re: Presidential Announcement of New HIV/AIDS Initiative (1 page)	10/28/1998	Personal Misfile
009. email	From Jeff Trandahl to Todd Summers Re: Presidential Announcement of New HIV/AIDS Initiative (1 page)	10/28/1998	Personal Misfile
010. email	From Steven Tierney to Todd Summers Re: Presidential Announcement of New HIV/AIDS Initiative [personal] [partial] (1 page)	10/29/1998	b(6)
011. email	From Suzibeach@aol.com to Todd Summers Re: Halloween hi from Ms Pumpkin - from Suzi (1 page)	10/29/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: ShyInDC (ShyInDC@aol.com [UNKNOWN])

CREATION DATE/TIME:23-OCT-1998 04:12:34.00

SUBJECT: names

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
names

"Name","Company","[empty]","Title","[empty]","Address_Line_1","Address_Line

_2","Address_Line_3","City","State","Zip_Code","Country","[empty]","[empty]

","Assistant","Fax","Phone","Business_2;Business2","Callback","Car","[empty

]","Home_Fax","Home;Residence;Resi.","Home_2;Home2","ISDN","Mobile;cellular

;Cell;Cell_#;cell.","[empty]","Phone1","Pager;beeper","Primary","Radio","TT

Y/TDD","Telex","[empty]","[empty]","[empty]","[empty]","[empty]","Categorie

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3;Email_3","[empty]","[empty]","[empty]","[empty]","[empty]","[empty]","[em

pty]","[empty]","Notes","[empty]","[empty]","[empty]","[empty]","[empty]","

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"Paul Abel","American Indian Health Care

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Meeting","",

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"Cornelius Baker","National Association of People With AIDS","","Executive

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Meeting","",

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Meeting","",

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Meeting","",

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Tenth St.

NW","","","Washington","DC","20001","","","","","","","","","","","","","","",

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Meeting","",

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"Irma Morales Huston","Cleveland Public School District","","Bilingual

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"Ron Johnson","Gay Men's Health Crisis","","Executive Director","","119

West 24th Sttreet","","","New

York","NY","10011","","","","","","","","","","","","","","","","","","",""

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"Yvette Joseph-Fox","National Indian Health Board","","Executive

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707","","","Denver","CO","80222","","","","","","","","","","","","","","",

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"Ronnie D. Lancaster","Morehouse School of Medicine","","Association of

Minority Health Professions Schools","","720 Westview

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"Dr. Xavier R. Leus","United States-Mexico Border Health

Association","","Executive Director, PAHO Field Office","","6006 N. Mesa,

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"Miguelina Maldonado","National Minority AIDS Council","","Executive

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"Mr, Kweisi Mfume","NAACP","","CEO & President","","4805 Mt. Hope Drive","","","Baltimore","MD","21215","","","","","","","","","","","","","","

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"Concha Orozeo","Ntl. Assn. of Hispanic Serving Health Professions Schools","","Executive Director","","1130 Connecticutt Ave, NW","","","Washington","DC","20036","","","","","","","","","","","","","","",

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"Rev. Altagarcia Perez, STM","Church of Saint Philip the Evangelist","","","","2800 Stanford Avenue","","","Los Angelos","CA","90011","","","","","","","","","","","","","","","","","",""

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"Ms. Sallie Marie Perryman","New York State Department of Health AIDS","","Project Director Educational Services","","Five Penn Plaza, First Floor","","","New York","NY","10001","","","","","","","","","","","","","","","","","","",""

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"Shirley Poole","Naitonal Coalition of 100 Black Women, Inc","","Executive Director","","38 W. 32nd Street, Suite 16-10","","","New York","NY","10001","","","","","","","","","","","","","","","","","","",""

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281-9955",""

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"Beny Primm","Addiction Research and Treatment Corporation","","","","22

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Meeting","",

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"Jeanine Primm, MSW","Mosaic Health","","Director of Education","","34

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"Julius Richmond, MD","Partnership for Children's Health","","","","677 Huntington Avenue","Boston, MA","","","","","","","","","","(617) 432-3204",""
,""

"H. Alexander Robinson","President's Advisory Council on HIV/AIDS","","","","4455 Connecticut Ave, NW","","","Washington","DC","20008","","","","","","(202) 543-3688",""
,""

"Rev. Sullivan Robinson","The Congress of National Black Churches, Inc.","","Executive Director","","1225 I St. NW, Suite 750","","","Washington","DC","20005","","","","","","","","","","","",""
,""
,"","","","","","","","","","","","","","",""

"Valerie Rochester","National Council of Negro Women","","","","633 Pennsylvania NW","","","Washington","DC","20004","","","","","","(202) 737-0120","A
tlanta
Meeting","",
"","",""

"Therese Rodriquez","Asian Pacific Islander Coalition on HIV/AIDS","","Executive Director","","275 Seventh Avenue, #12","","","New

York","NY","10001","","","","","","","","","","","","","","","","","","",""

,""

,"","","","","","","","",""

"Ron Rowell","National Native American AIDS Prevention

Center","","Executive Director","","134 Linden

Street","","","Oakland","CA","95607","","","","","","","","","","","","","",""

,""

,"","","","","","","","","","","","","","",""

"Clarita Santos","Asian America AIDS Services","","Acting Executive

Director","","4750 North Sheridan, Suite

429","","","Chicago","IL","60640","","","","","","","","","","","","","",""

,""

,"","","","","","","","","","","","","",""

"Sean Sasser","President's Advisory Council on HIV/AIDS","","","","421

Capp Street","","","San

Francisco","CA","94110","","","","","","","","","","","","","","","","","",

"",

"","","","","","","","","","",""

"Edwin Saunders","Metropolitan Interdenominational Church","","","","2128

11th Avenue North","","","Nashville","TN","37208","","","","","","(615)

726-3876","A

tlanta

Meeting","",

"","",""

"Julia Scott","National Black Women's Health Project","","","","1211

Connecticut Ave, NW

#310","","","Waslfington","DC","20036","","","","","","","","","","","","",

"",

"","","","","","","","","","","","","","","","""Gloria Searson","People of Color in Crisis","","Treatment

Advocate/Educator","","3009 Ely

Avenue","","","Bronx","NY","10469","","","","","","","","","","","","","",""

",""

","","","","","","","","","","","","","",""

"Pernessa C. Seele","The Balm in Gilead","","","","130 W. 42nd St., Suite

1300","","","New York","NY","10036","","","","","(212) 730-2551","(212)

730-7381",""

,"","balmgilead@aol.com","","","","","","","","","","","","","","","","",""

,"","","","","",""

"Loretta Sweet Semmott, Ph.D.","University of Pennsylvania","","School of

Nursing","","Nursing Education

Building","","","Philadelphia","PA","19104-6096","","","","","","","","",""

,""

,""

"Harry Simpson","Community Health Awareness Group","","Executive

Director","","3028 E. Grand

Blvd.","","","Detroit","MI","48202","","","","","(313) 872-5546","(313)

872-2424",""

,"","harry1081@aol.com","","","","","","","","","","","","","","","","","",

"","","","","",""

"Pandora Singleton","Project Azuka","","Executive Director","","P.O. Box

9173","","","Savannah","GA","31412","","","","","","","","","","","","","",

"",

"","","","","","","","","","","","","","","",""

"Pandora Singleton","Project Azuka","","Executive Director","","P.O. Box

9173","","","Savannah","GA","31412","","","","","","","","","","","","","",

"",

"","","","","","","","","","","","","","",""

"Amy Slemmer","","","Mothers' Voices","","1001 Pennsylvania Ave, NW Suite

600","","","Washington","DC","20004","","","","","","(202)

624-3961",""

,""

"Denise Stokes","President's Advisory Council on HIV/AIDS","","","","212

Manor Oak

Way","","","Stockbridge","GA","30281","","","","","","","","","","","","","

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","","","","","","","","","","","","","","",""

"Beth Strode","Ogilvy Public Relations Worldwide","","","","1901 L Street,

NW, Suite 400","","","Washington","D.C.","20036","","","","","(202)

296-3727","(202)

452-9447",""

,""

"Dr. Octavio Vallejo","UCLA Center for Health Promotion and Disease

Prevention","","Program Manager","","Box 951772, 61-236 CHS","","","Los

Angeles","CA","90095-1772","","","","","","","","","","","","","","","","",

"",

"","","","","","","","","","","",""

"Jose Vargas","Iniciativa Communitaria","","Executive Director","","Box

366535","San

Juan","","Puerto","Rico","00936-6535","","","","","","","","","","","","","

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","","","","","","","","","","","","","","",""

"Karina L. Walters, Ph.D.","Columbia University School of Social
Work","","Assistant Professor","","622 West 113th Street","","","New
York","NY","10025","","","","","(212) 854-2975","(212)
854-5668",""
,""
"Quinten Welch","Northwest AIDS Foundation","","Education Manager","","127
Broadway","","","East
Seattle","WA","98112","","","","","","","","","","","","","","","","","",""
,""
,"","","","","","","","","",""
"David R. Williams","University of Michigan","","Associate Research
Scientist Institute for Social Research","","426 Thompson
Street","","","Ann
Arbor","MI","48106","","","","","","","","","","","","","","","","","","","
","
","","","","","","","","",""
"Lorene Willis","National Indian Education
Association","","President","","12 Oronoco
Street","","","Alexandria","VA","22314","","","","","","","","","","","",""
,""
,"","","","","","","","","","","","","","","",""
"Imani P. Woods","","","Progressive Solutions","","3210 SW Avalon Way,
Suite 402","","","Seattle","WA","98126","","","","","(206)
933-9705","(206)
935-0838",""
,"","ipwoods@u.washington.edu","","","","","","","","","","","","","","",""
,"","","","","","","",""

"Raul Yzaguirre","National Council of La Raza","","President","","1111
19th Street, NW, Suite
1000","","","Wastfington","DC","20036","","","","","","","","","","","","",
"",
"","","","","","","","","","","","","","","",""
"","National Black Caucus of State Legislators","","Executive
Director","","444 North Capital, Suite
622","","","Washington","DC","20001","","","","","","","","","","","",""
,""
,"","","","","","","","","","","","","","",""

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Weber, J. Todd ("Weber, J. Todd" <jtw5@cdc.gov> [UNKNOWN])

CREATION DATE/TIME:23-OCT-1998 23:01:59.00

SUBJECT: Todd Weber's new office information

TO: Abernethy, Jane ("'Abernethy, Jane'" <76162.555@compuserve.com> [UNKNOWN])
READ:UNKNOWN

TO: Alvin H. Schulman ("'Alvin H. Schulman'" <105347.331@compuserve.com> [UNKNOWN])
READ:UNKNOWN

TO: Barry X. Ball ("'Barry X. Ball'" <bxball@idt.net> [UNKNOWN])
READ:UNKNOWN

TO: Bowden, Sandi ("'Bowden, Sandi'" <SBowden@rtp-exchange.fhi.org> [UNKNOWN])
READ:UNKNOWN

TO: Brown, Stuart T. ("'Brown, Stuart T.'" <stub@dhr.state.ga.us> [UNKNOWN])
READ:UNKNOWN

TO: Casadevall, Arturo ("'Casadevall, Arturo'" <casadeva@aecom.yu.edu> [UNKNOWN])
READ:UNKNOWN

TO: Cates, Ward ("'Cates, Ward (2)'" <wcates@fhi.org> [UNKNOWN])
READ:UNKNOWN

TO: Cates, Ward ("'Cates, Ward'" <WCATES@rtp-exchange.fhi.org> [UNKNOWN])
READ:UNKNOWN

TO: Chin, Kevin ("'Chin, Kevin (Home)'" <k2chin@msn.com> [UNKNOWN])
READ:UNKNOWN

TO: Eismann, Marianne ("'Eismann, Marianne'" <MEISMANN@DEANS.UMD.EDU> [UNKNOWN])
READ:UNKNOWN

TO: Fishman, Ted ("'Fishman, Ted'" <playfish@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Galef, David ("'Galef, David (office)'" <dgalef@sunset.backbone.olemiss.edu> [UNKNOWN])
READ:UNKNOWN

TO: Galef, David ("'Galef, David'" <eggalef@vm.cc.olemiss.edu> [UNKNOWN])
READ:UNKNOWN

TO: Gerecke, Jeff and Sarah ("'Gerecke, Jeff and Sarah'" <76557.2747@compuserve.com> [UNKNOWN])
READ:UNKNOWN

TO: Gourevitch, Marc N. ("'Gourevitch, Marc N. (Office)'" <mgourevi@montefiore.org> [UNKNOWN])
READ:UNKNOWN

TO: Heinrich, Jerome ("'Heinrich, Jerome'" <jheinric@ucla.edu> [UNKNOWN])
READ:UNKNOWN

TO: Heinrich, Richard L. ("'Heinrich, Richard L.'" <RICHARD.L.HEINRICH@HEALTHPARTNERS.COM> [UNKNOWN])
READ:UNKNOWN

TO: Murguia, Matthew ("'Murguia, Matthew (ONAP)'" <murguia_m@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: Soliz, Bob ("'Soliz, Bob'" <soliz_r@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: Steinberg, Andrew B. ("'Steinberg, Andrew B. (SABRE)'" <Andrew_Steinberg@sabre.com> [UNKNOWN])
READ:UNKNOWN

TO: Stern, Jessica ("'Stern, Jessica'" <"j..stern"@worldnet.att.net> [UNKNOWN])
READ:UNKNOWN

TO: strambc ("'strambc@rockvax.rockefeller.edu'" <strambc@rockvax.rockefeller.edu> [UNKNOWN])
READ:UNKNOWN

TO: Summers, Todd ("'Summers, Todd'" <summers_t@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: Tokolish, John ("'Tokolish, John'" <jtokolish@infopro.spb.su> [UNKNOWN])
READ:UNKNOWN

TO: VanZee_Kimberly ("'VanZee_Kimberly/mskcc_SUR'" <"VanZee_Kimberly/mskcc_SUR"@mskmail.mskcc.org> [UNKNOWN])
READ:UNKNOWN

TO: Whisnant, Katharine W. ("'Whisnant, Katharine W.'" <dotlem@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Austin, Brad ("Austin, Brad (SAMHSA)" <BAUSTIN@SAMHSA.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Cheek, James E. ("Cheek, James E. (IHS)" <jcheek@SMTP.IHS.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Cobb, Nathaniel, M.D. ("Cobb, Nathaniel, M.D." <NZC0@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Dickinson, Daniel J., M.D. ("Dickinson, Daniel J., M.D." <DXD1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Dunn, Ruth Ann ("Dunn, Ruth Ann" <RAD3@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Frieden, Tom ("Frieden, Tom" <TXF2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Green, Subie ("Green, Subie" <seg4@cdc.gov> [UNKNOWN])

READ:UNKNOWN

TO: Huang, Philip P., M.D. ("Huang, Philip P., M.D." <PXH4@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Kimball, Ann Marie ("Kimball, Ann Marie <GCP>" <akimball@u.washington.edu> [UNKNOWN])
READ:UNKNOWN

TO: Luby, Stephen ("Luby, Stephen" <IMCEAMS-CDCWONDER_WONDER_SXL2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Marston, Barbara ("Marston, Barbara" <IMCEAMS-CLFT_CIDDAS1_bxm5@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Marston, Barbara ("Marston, Barbara" <IMCEAMS-CLFT_CIDDBD1_bxm5@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: McGowan, John, MD ("McGowan, John, MD" <MCGO105W@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Mohle-Boetani, Janet ("Mohle-Boetani, Janet" <JXH4@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Murguia, Matthew ("Murguia, Matthew (OS)" <MMurguia@OSOPHS.DHHS.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Paul MD, William S. ("Paul MD, William S." <IMCEAMS-CDCWONDER_WONDER_WXP1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Pertowski, Carol A. ("Pertowski, Carol A." <cap4@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Steinberg, James P., MD ("Steinberg, James P., MD" <STEI104W@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Bill Adams ('Bill Adams' <badams@bu.edu> [UNKNOWN])
READ:UNKNOWN

TO: Kim Van Zee ('Kim Van Zee' <vanzeek@mskcc.org> [UNKNOWN])
READ:UNKNOWN

TO: luban ('luban' <luban@cuccfa.ccc.columbia.edu> [UNKNOWN])
READ:UNKNOWN

TO: Elena Kagan (CN=Elena Kagan/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
> New office information as of November 2:

>

> J. Todd Weber, MD, FACP

> National Center for Infectious Diseases

> Office of the Director

> Centers for Disease Control & Prevention (C-12)

> 1600 Clifton Road, NE

> Atlanta, GA 30333

> Phone: 404-639-2603

> Fax: 404-639-4197

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	10/23/1998	b(7)(C), b(7)(F), b(6)

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: WAVES_CONF (WAVES_CONF@PMDF.EOP.GOV [UNKNOWN])

CREATION DATE/TIME:23-OCT-1998 12:44:44.00

SUBJECT: WAVES Confirmation

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
ADDRESSEES: TODD_A._SUMMERS

SUBJECT: CONFIRMATION: APPT. REQUEST FOR SUMMERS, TODD

FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)f

[001]

Date: 10-23-1998

Time: 08:41:03

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 10/23/98

Appointment Time: 9:00:00 AM

Appointment Room: OEOB122

Appointment Building: OEOB

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U12703

If you have any questions regarding this appointment,

please call the WAVES Center at 456-6742 and have the

appointment number listed above available to the

Access Control Officer answering your call.

****

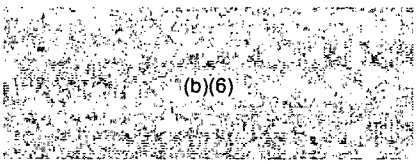
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 2

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 2

****

MATHIAS, MARY

SUMMY, ELIZABETH



Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	10/23/1998	b(7)(C), b(7)(F), b(6)

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: WAVES_CONF (WAVES_CONF@PMDF.EOP.GOV [UNKNOWN])

CREATION DATE/TIME:23-OCT-1998 17:24:24.00

SUBJECT: WAVES Confirmation

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
ADDRESSEES: TODD_A._SUMMERS

SUBJECT: CONFIRMATION: APPT. REQUEST FOR SUMMERS, TODD

FROM: WAVES OPERATIONS CENTER - ACO: [redacted (b)(6), (b)(7)c, (b)(7)f]

[002]

Date: 10-23-1998

Time: 13:19:57

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 10/23/98

Appointment Time: 1:30:00 PM

Appointment Room: 470

Appointment Building: OEOB

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U12910

If you have any questions regarding this appointment,

please call the WAVES Center at 456-6742 and have the

appointment number listed above available to the

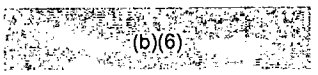
Access Control Officer answering your call.

****

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

****

CO, CHRISTIAN 

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Nunnally, Tammy ("Nunnally, Tammy" <tjn1@cdc.gov> [UNKNOWN])

CREATION DATE/TIME:23-OCT-1998 14:21:57.00

SUBJECT: FW: Helene's Speech to the Congressional Black Caucus

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Todd,

Attached are the talking points Helene used in her speech to the

Congressional Black Caucus last month. We thought this might be helpful in

preparing for the President's talk.

I talked with Pat Fleming, the acting chief of the Surveillance Branch.

She

said the 1998 mid-year surveillance report will be out in about 4 weeks.

She also said that if we can tell her what data you need specifically, they

can get it for you. If you or one of the speech writers can tell me what

you need, I can put in the request.

Call me if you have any questions.

Tammy

> -----Original Message-----

> From: Goldsmith, Gail

> Sent: Wednesday, October 21, 1998 5:27 PM

> To: Nunnally, Tammy

> Subject: RE: Helene's Speech to the National Black Caucus

>

> <<stokes9_18.wpd>>

> Here you go.

>

>

- stokes9_18.wpd========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D5]ARMSZZ000TJMZ.000 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

Dr. Helene Gayle
Talking Points
Brother to Brother: How Healthy Are You?
Congressional Black Caucus Legislative Conference
Friday, September 18, 1998
Washington, D.C.

- Today: brief remarks about the HIV/AIDS epidemic among African American men, how and who is getting AIDS, and what we need to do to make an impact on this situation.

- Recognize the Congressional Black Caucus for providing leadership that has stimulated development of a national dialog on HIV/AIDS in the African American community.

- Involvement like this -- as well as involvement on the part of everyday citizens -- is needed to reduce the toll HIV and AIDS are taking on the African American community.

HIV is a Leading Health Problem for African American Men

- AIDS affects African American men in numbers disproportionate to the percentage of the U.S. population they compose.
  - African Americans as a whole make up only 13% of the U.S. population, but African American men = for over 40% of all U.S. men reported with AIDS in 1997.

Rates of AIDS Cases - over time

- 1997 – the most recent year for which data are available – 163.4 out of every 100,000 African American men were reported with AIDS
  - Compared to: 22.5/100,000 white men and 78.5 /100,000 Hispanic men.
  - That's > seven times the rate of reported AIDS cases among white men and > twice the rate among Hispanic men.

- 1990-97: The rate of new diagnoses of AIDS for African American men compared to new diagnoses for all other men in the U.S. has risen steadily:
  - 1990: > 3 times as many cases of AIDS diagnosed in African American men than in other men
  - 1997: > 6 times as many cases of AIDS diagnosed in African American men than in other men.

Death Rates

- AIDS is leading cause of death for African American men (and women) between the ages of 25 and 44.

- 1996 -- the most recent year for which data are available -- 143 out of every 100,000 African American men between 25 and 44 died of causes related to HIV infection. HIV-related illness killed more than twice as many African American men 25 - 44 as the next leading cause: homicide.

- It is estimated that HIV infection robs African American men of 12.6% of their potential years of life before age 75.

HIV Data

- Estimated 1 in 50 African American men are infected with HIV. Estimated each day 100 Americans are newly infected with HIV; 50 of those 100 people are African American.

- Studies have shown African Americans are less likely to know their HIV status than are members of other racial or ethnic communities, thereby reducing treatment options and increasing the likelihood of unknowingly transmitting the virus.

- To target HIV prevention and treatment resources to the African American community, in numbers equivalent to the impact of the epidemic, must be able to track the epidemic accurately.

- Recent analysis of trends in HIV diagnoses shows an even greater impact on African American communities than previously suspected.
  - Data from 25 of the 28 states that collect both AIDS and HIV data showed that, while HIV diagnoses remained stable in these states, a higher proportion of HIV than AIDS cases were among women and minorities.
  - African Americans made up 45% of total AIDS cases, but 57% of total HIV cases in these states.

- Results collected between 1994 and 1996 in CDC's Young Men's Survey,

taken in six urban counties:

- As many as 5-9% of young gay and bisexual men ages 15-22 may be infected with HIV.
- Among young gay and bisexual men surveyed, HIV prevalence was higher among young African Americans (13%) than among non-African Americans (6%).

- Study of African American gay and bisexual men conducted in several urban centers found that, between 1988 and 1994, new AIDS diagnoses in this population rose:
  - 49% in New York City; 48% in LA, and 53% in San Francisco.
  - Over the same time period, new cases of AIDS among white gay and bisexual males decreased in all three cities.

- " Recent Trends in the HIV Epidemic among Adolescent and Young Adult Gay and Bisexual Men" study (analysis of AIDS surveillance data for men who have sex with men ages 13 to 25 years): Between 1990 and 1995, AIDS incidence:
  - ➢ Declined 29% overall, including a 50% decline among young white men who have sex with men; BUT
  - ➢ Declined only 2% among young African American men who have sex with men

- Young African American Men's Survey (YAAMS):

- Among young African American men surveyed, 13% were HIV positive.
- 5% of the young white men surveyed were HIV positive.

- YAAMS: interviews with 70 community leaders and providers and 76 young men (ages 18-29) who reported having sex with a man in the prior six months. Findings included:

  - Young African American men who have sex with men may experience themselves as "double minorities": racial discrimination in wider society, as well as in the white gay community, and homophobia within the African American community.

  - Low self-esteem among young African American men who have sex with men is relevant to risky sexual behavior

  - There are myths about HIV/AIDS in the community of young African American men who have sex with men. For example, an interviewee said that:
    "Only sissies (effeminate men who have sex with men) get HIV."

- Job Corps Study:
  - Job Corps is a jobs training program for socially and economically disadvantaged out-of-school youth from all U.S. states, the District of

Columbia, Puerto Rico, and U.S. territories.

- Recent Job Corps report covering 1990 through 1996: rates of HIV among African American males entering the Job Corps =
  - four times that of white male entrants
  - > two times that of Hispanic male entrants.

- HIV incidence (as measured by a newly developed testing strategy) = extremely high among **all** men who have sex with men attending STD clinics.
  - For African American men who have sex with men and African American heterosexual men attending STD clinics in 5 US cities
    - HIV incidence is approximately 2 times that for white men attending same clinics.
    - HIV seroprevalence is approximately 2 times that for white men who have sex with men and white heterosexual men.

Rates of STDs are elevated among African American males in the population at large

- National Survey of Adolescent Males, a nationally representative household survey of 1,729 men aged 15 to 19:
- Prevalence of chlamydia = 15.4% of randomly tested African American men ages 18-19, compared to 1.2% of white and 1.6% of Hispanic men of the same age.

- For African American men ages 22 to 26, prevalence of chlamydia = 10.9%, compared to 3.6% of whites and 3% of Hispanic men of the same age group.

A significant percentage of the incarcerated population in this country is African American, and rates of STDs are high in the incarcerated population.

- 1996 survey of jail inmates by race: 41.1% African American.
- 1998 survey of federal prisoners by race: 40.3% African American.

- The AIDS rate in the incarcerated population is extremely high
- -- in 1995, it was almost 6 times the rate of AIDS in the total U.S. adult population.

1995 study: for tested jail inmates, the percent who were HIV positive include:

- 1.4% of all white inmates
- 2.6% of African American inmates
- 3.2% of Hispanic inmates

- Also: high prevalence of sexually transmitted diseases, or STDs, other than HIV among persons entering incarceration.

- Other STDs -- such as chlamydia, gonorrhea, and syphilis increase an individual's likelihood of acquiring and/or transmitting HIV.

- 1994 study: STD rates among inmates ranged from 5% to 27%.

- Jail STD Prevalence Monitoring Projects:
  - prevalence of reactive syphilis tests as high as 9% (at the Mississippi project site) and 5% (at the South Carolina, Houston, New York City, and San Francisco project sites) among men entering corrections facilities between 1996 and 1998.
  - Rates of gonorrhea as high as 1- 2% and chlamydia rates as high as 6% among men entering corrections facilities (these rates were both found among men screened at the San Francisco project site).

- One study found rates of gonorrhea for juvenile incarcerated boys was 42 times higher than rates in the juvenile population at large.

- Despite the high prevalence of STDs in the male incarcerated population, we are missing this opportunity to screen for and provide treatment and information about these diseases.
  - For example, a study in city and county jails found only .4 to 2% of all incarcerated males got STD testing – and then mostly only because of symptoms or by request.

- Note: jails and prisons represent an important window of opportunity to teach hard-to-reach, high-risk populations with testing, prevention messages, and skills training.

Demographics of HIV infection

- In every region of the country, the greatest number of African American men reported to be living with AIDS are between the ages of 30 and 49.

- The greatest number of African American men reported with AIDS in 1997 were in the South. The next greatest number are in the Northeast, followed by the North Central region, which is followed closely by the West.

- In the states with the highest numbers of AIDS cases, the percentage of African American AIDS cases is consistently out of proportion with the percentage of the population that is African American. In Maryland, for example, where less than 15% of the population is African American, over 80% of AIDS cases are among African American men and women. In New Jersey, where under 10% of the population is African American, roughly 50% of the AIDS cases are among African Americans.

Trends in risk factors among African American men

- 1996 -- the most recent year for which we can establish a trend for AIDS cases -- an estimated 17,250 African-American men were diagnosed with AIDS. Of these,
  - 40% = unprotected sex with men who have sex with men (MSM)

- 38% = injection drug use (IDU)
- 13% = unprotected heterosexual contact
- 7% = men reporting both sex with another man and injection drug use

- Over the last decade:
- Male-to-male sex and injection drug use have contributed relatively evenly to AIDS cases among African-American men.
- Heterosexual contact has represented an increasing, but relatively small proportion of cases (from 2% of cases in 1986 to 13% of cases in 1996) in African American men.

- AIDS incidence in each risk category increased through 1995.

- 1996 AIDS incidence dropped :
  - 3% among African-American men who have sex with men
  - 4% among African-American male injecting drug users.
- Heterosexual cases among African-American men continued to increase (rising 11% that year).

- Race and ethnicity are not risk factors for HIV/AIDS.
- But several factors associated with increased risk for infection affect a disproportionate percentage of African Americans - including
  - lower socioeconomic status
  - lower educational status
  - lack of access to health care

substance abuse, including lack of adequate drug treatment

What do we need to do to make an impact?

- Need to pay particular attention to prevention efforts among the groups where rates of infection are highest.

- Need to ensure that young gay men and drug users have access to prevention education, testing, counseling, and treatment.

- CDC responses to the AIDS epidemic include a variety of programs, some of which target African American men. A few examples:

- *CDC initiated and oversees implementation of the HIV Prevention Community Planning process (which establishes prevention priorities for the $253 million dollars in public funding awarded to state and local health departments for HIV prevention programs).*
  - *For the most recent program year, among programs identified as specifically targeting a racial or ethnic group that receive Community Planning funds, 36% target African Americans.*

Community Planning has made good progress in targeting resources to populations where prevention needs are greatest. However, as reported in "*HIV Prevention Community Planning: Shared Decision Making in Action*", there are still discrepancies between populations affected by HIV/AIDS and populations receiving HIV prevention services.

CDC is committed to improving the targeting of prevention resources through the Community Planning process so that allocations more closely mirror the epidemic in terms of race/ethnicity or transmission risk. Since 1997 CDC has used an external review process to apply a set of criteria measuring whether a

jurisdiction's

- planning process is compliant with the process defined by CDC;
- comprehensive HIV prevention plans developed by community planning groups prioritize populations and interventions reflecting the local epidemic; and
- health department programs and budgets reflect the priorities identified in the plan

- Results of a jurisdiction's failure to satisfy these criteria may include proactive technical assistance, on-site program assessment, financial restrictions, and even ineligibility to compete for supplemental funds.

- CDC also supports, directly or indirectly, hundreds of community-based organizations across the United States in the implementation of programs and provision of HIV prevention services to the African American community. Programs focus on activities including risk-reduction counseling, street and community outreach, prevention case management services, and efforts to help individuals at risk gain access to HIV testing and treatment and related services. As a matter of fact, today we are pleased to be able to announce that additional funds are being made available to community-based organizations that focus on meeting the prevention needs of communities of

color.

- To help establish greater capacity within the African American community to provide HIV prevention services, CDC assists national and community-based organizations serving the communities in building the infrastructure needed to deliver HIV testing, counseling, health care, and support services.
- Because of the critical role the faith community plays in mobilizing community leaders and in reaching and serving the community at large, CDC established a collaboration with the faith community in 1987 as part of a multi-sectoral program to encourage positive response to, and participation in, HIV prevention.

The importance of community involvement and broad partnerships cannot be underestimated.

- Experience in communities across our nation has taught us that resources along are inadequate to build an effective and sustained response to the complex HIV/AIDS epidemic.

- It also takes a concerted, coordinated community response.

- Need African American community to help us get the word out about the seriousness of the epidemic and the urgency of the need for community

involvement.

- Need broad partnerships of African American business and labor leaders, national and regional minority organizations, religious and faith organizations, youth serving organizations, and physicians, among others, to mobilize the African American community. Only then will we have the power to put a stop to the tragedy of HIV/AIDS.

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From Suzibeach@aol.com to Sandra Thurman, Todd Summers Re: A favor (2 pages)	10/24/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

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]
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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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: meiskowitz (MEIskowitz@aol.com [UNKNOWN])

CREATION DATE/TIME:25-OCT-1998 17:38:35.00

SUBJECT: Fwd: Re: More information

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: DvonZinkernagel (DvonZinkernagel@osophs.dhhs.gov [UNKNOWN])
READ:UNKNOWN

TEXT:
Return-path: <chittick@post.harvard.edu>

Received: from rly-zb01.mx.aol.com (rly-zb01.mail.aol.com [172.31.41.1])

by air-zb02.mail.aol.com (v50.22) with SMTP; Sun, 25 Oct 1998 11:50:34

-0400

Received: from pluto.innerx.net (pluto.innerx.net [38.179.6.12]) by

rly-zb01.mx.aol.com (8.8.8/8.8.5/AOL-4.0.0) with ESMTP id LAA23441 for

<MEIskowitz@aol.com>; Sun, 25 Oct 1998 11:50:34 -0500 (EST)

Received: from [38.26.42.181] (ip201.isdn11-boston.ma.pub-ip.psi.net

[38.26.42.201]) by pluto.innerx.net (8.9.1a/8.9.1) with SMTP id LAA14101

for <MEIskowitz@aol.com>; Sun, 25 Oct 1998 11:50:31 -0500

Date: Sun, 25 Oct 1998 12:50:48 -0400

From: chittick@post.harvard.edu (Dr. John Chittick)

Subject: Re: More information

X-Sender: chittick@pop.tiac.net

To: MEIskowitz@aol.com

Message-id: <v02130501b259072e3f35@[38.26.42.181]>

MIME-version: 1.0

Content-type: text/plain; charset=US-ASCII

Content-transfer-encoding: 7BIT

Michael, For Your Information:

Dr. John B. Chittick of Boston (Harvard University, Ed.D.) has announced a two- year global mission to raise AIDS awareness among teenagers in developing nations. In January 1999, Chittick will begin a 500-mile walk through southern Vietnam and eastern Cambodia to spread AIDS awareness among the youth of Southeast Asia. An AIDS educator and researcher, Dr. Chittick believes sexually-active teenagers are especially vulnerable to a new wave of HIV/AIDS circling the globe. He is bringing this message directly to teens where they live, work, and study.

Expected to take four months, Dr. Chittick's Walk in Vietnam has the goal of reaching 10,000 youth personally. Using a variety of education, theatrical and psychological methodologies he developed at Harvard while working with young people around the world, Chittick emphasizes accurate medical information to his audiences. His message to youth: take responsibility for your actions and spread the Stop AIDS message to your friends and peers while there is still time to prevent HIV. His Walk is being organized by a group of volunteers in Vietnam with the permission of the government. Senator Edward Kennedy's office has been assisting in making necessary arrangements with the U.S. State Department and American embassies.

Traveling lightly, Chittick carries a laptop computer, modem, cell phone and walking stick. Progress reports and digitized photos will be modemed to a team of university students at Harvard and MIT (Massachusetts Institute of Technology). The students will post regular updates on the

organization's website <www.teenaids.org>. Presently, the site is the largest on the internet devoted entirely to issues of teenagers and AIDS prevention. Schools and students are encouraged to follow the different Walks in cyberspace while viewing stories and photos of youth from other countries and cultures.

Dr. Chittick is executive director of TeenAIDS-PeerCorps, Inc., a non-profit, tax-exempt organization devoted to the prevention of adolescent HIV/AIDS through peer-led outreach. Chittick says, "Teenagers see themselves as invincible so they take risks without worrying about the consequences. As a result, most young people don't take precautions against HIV because they assume they are not vulnerable to an 'adult' problem like AIDS. But the facts prove otherwise."

UNAIDS currently estimates that 50% of all new HIV/AIDS cases worldwide occur in young people between the ages of 10 and 24. Even more shocking is the news that 7,000 youth are infected every day -- that's 5 young people a minute. By the year 2000, it is expected that more women will contract HIV/AIDS than men. Tragically, many babies will be born with HIV. Dr. Chittick observes, "As the world grows smaller and youth travel and migrate in ever increasing numbers, no region can remain AIDS-free. No neighborhood is immune. And no child who is reaching puberty is invulnerable. Peer-led prevention education is the only practical, effective tool we have to convince teens to avoid the high risk behaviors that could ruin their lives and that of their offspring -- our next generation." Dr. Chittick was among the first AIDS educators to warn of a silently spreading TeenAIDS epidemic (1988).

Following Vietnam, Dr. Chittick goes to Malaysia where he will walk through the countryside with youth volunteers. In the summer of 1999, Chittick has accepted invitations to do a major Walk in eastern Europe, from Riga, Latvia to Vilnius, Lithuania. Additional satellite Walks will be held in parts of Austria, Croatia, Slovenia and Bosnia. Young people will join Dr. John (as he is known to teens) along the route where they will be active participants in the outreach efforts. The students act as guides and interpreters; additionally, they train peer volunteers.

Plans are also under way for Dr. Chittick to Walk in other areas where HIV is spreading widely among sexually-active young people: Brazil, the Indian subcontinent and eastern Africa. He finishes his mission at the XIII International AIDS Conference in Durban, South Africa in July, 2000. Chittick states, "Despite optimistic media accounts, AIDS is not over. Most knowledgeable AIDS professionals believe it could be a decade before medical science finds a cure or develops affordable vaccines. The reality is that the HIV/AIDS epidemic is now growing fastest among teens and young adults in all regions of the world. I know many young people who are living with HIV in their late teens and dying of AIDS in their early twenties. These are good kids who were inexperienced, uninformed and thus, were more susceptible to negative peer pressures."

Dr. Chittick also works in many neighborhoods of the inner-cities in North America where injecting drugs and unprotected sex are causing HIV/AIDS rates to become the # 1 cause of death for many unsuspecting youth. He personally trains youth to be outreach volunteers and take the Stop AIDS

message to peers on the streets. In suburban American schools, his teen volunteers do performances about HIV prevention to health classes and school assemblies where research studies find that approximately 80% of high school seniors report they have had at least one sexual experience (and three sexual partners by college). New figures from the Centers of Disease Control (CDC) suggest that 25 percent of all new HIV/AIDS cases in the U.S. occur in teens under 20 years old. Every hour, two American teenagers are infected with HIV. Chittick tells youth that they can save their friends if they are medically-knowledgeable andshare the news with their circle of friends. Dr. Chittick has lectured at Harvard and universities worldwide about TeenAIDS. He presents his research at AIDS conferences internationally.

He can be reached by email: < chittick.post.harvard.edu >. He welcomes comments and advice on how to spread this important message. He also entertains invitations to do Walks in other countries. This mission is being supported by tax-exempt donations to the non-profit organization: TeenAIDS-PeerCorps, Inc., 43 Charles Street #5, Boston, MA 02114, USA.

email: chittick@post.harvard.edu internet: www.teenaids.org

phone: 617-742-1325 fax: 617-742-3499

P.S. Perhaps you can forward this announcement to friends by email or contact your local press about the news. Or perhaps you know of a civic, business or fraternal group that could help sponsor his Walks. Or you might know an individual or corporation able to donate to this worthy cause. With such a major epidemic in the offing, everyone's help is

needed. Thank you.

****

Dr. John Chittick | o/ \o

chittick@tiac.net | /v v\

http://www.teenaids-peercorps.com | /| |\

****

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Lotus Pager Gateway (Lotus Pager Gateway [UNKNOWN])

CREATION DATE/TIME:26-OCT-1998 20:19:32.00

SUBJECT:

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TEXT:
To: SARAH (Pager) #BIANCHI

cc:

From: Todd A. Summers

Date: 10/26/1998

Time: 19:16:41

Subject:

Body:

Won't you please call me?????? TOdd 6-2444

Priority:

Message history for recipient SARAH BIANCHI [Pager]

Monday 26 Oct 1998 19:18:43 Eastern Standard Time - Message received by

Pager Gateway

Monday 26 Oct 1998 19:19:19 Eastern Standard Time - Message received by

Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Vincent, Angela ("Vincent, Angela" <Angela.Vincent@mail.house.gov> [UNKNOWN])

CREATION DATE/TIME:26-OCT-1998 20:01:05.00

SUBJECT: FW: tola's info & funeral arrangements

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Todd,

Another number for Rev. Bean follows:

>-----Original Message-----

>From: Crews, Donna

>Sent: Monday, October 26, 1998 3:04 PM

>To:Vincent, Angela

>Subject: RE: tola's info & funeral arrangements

>

>

>

>----------

>Importance: High

>

>

>

>here is another phone number for bishop bean 323-931-0668

>

>-----Original Message-----

>From: Crews, Donna

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	From Angela Vincent to Todd Summers Re: FW: tola's info & funeral arrangements [Personally Identifiable Information] [partial] (1 page)	10/26/1998	b(6)

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

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]
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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]

>Sent: Monday, October 26, 1998 2:35 PM

>To: Vincent, Angela

>Subject: FW: tola's info & funeral arrangements

>

>

>

>

>----------

>From: Thompson, Tola

>Sent: Monday, October 26, 1998 2:12 PM

>To: Crews, Donna

>Subject: tola's info & funeral arrangements

>

>oTola R. Thompson, DOB (b)(6)

[004]

>SSN (b)(6)

>

>wants to attend CBC HIV/AIDS roll out event.

>

> ----------

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Abreu, Julio ("Abreu, Julio" <JAbreu@AIDSAction.org> [UNKNOWN])

CREATION DATE/TIME:26-OCT-1998 22:06:02.00

SUBJECT: hotwire...

TO: Deborah VonZinkernagel ("'Deborah VonZinkernagel (E-mail)'" <dvonzinkernagel@osophs.dhhs.gov> [UNKNOWN])
READ:UNKNOWN

TO: Helene Gayle ("'Helene Gayle (E-mail)'" <hdg1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Melissa Shepherd ("'Melissa Shepherd (E-mail)'" <mhs3@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Daniel C. Montoya (CN=Daniel C. Montoya/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

CC: Michael Iskowitz ("'Michael Iskowitz (E-mail)'" <MEIskowitz@aol.com> [UNKNOWN])
READ:UNKNOWN

CC: Tim Westmoreland ("'Tim Westmoreland (E-mail)'" <westmort@law.georgetown.edu> [UNKNOWN])
READ:UNKNOWN

TEXT:
END OF SESSION ROUND-UP

There's no doubt about it, 1999 was the single greatest year in

America's fight against AIDS. Our fifteen year investment in treatment

and research has resulted in dropping death rates and real hope for

everyone living with HIV and AIDS. Here's a news round-up from the

whirlwind of activity during the final days of the 105th Congress.

* As part of the omnibus budget bill, Congress passed record

funding for

AIDS programs, which will help modernize services so that the needs of

people with HIV/AIDS are better met in the new era of the epidemic. A complete chart of FY99 AIDS funding, including the year-long budget history, is available on our Web site at www.aidsaction.org/fy99.html.

* The FY99 spending package increased prevention funding by $32.9 million more than FY98 and about $30 million more than what President Clinton requested. While this increase falls far short of what's necessary for a reinvigorated HIV prevention effort, it nonetheless sends a strong message for better prevention funding in the FY2000 budget.

* The Congressional Black Caucus (CBC) demonstrated extraordinary effectiveness by securing more than $100 million for new AIDS funding that will help fight the CBC's declared AIDS "State of Emergency" in the African-American community.

* The Whitman-Walker Clinic, an AIDS Action member, effectively reversed
a draconian amendment in the omnibus spending bill that bars publicly-funded needle exchange programs in D.C. The Clinic has helped to create a new, private and independent needle exchange program, Prevention Works!, whose legal structure eludes the amendment.

* The Senate confirmed Jane Henney as the new head of the Food and Drug
Administration. AIDS Action has been fighting for her confirmation and our new FDA policy expert, Lisa Cox, will be working closely with her

office to ensure that swiftness and safety are at the core of the drug approval process.

ELECTION '98: VOTING ABOUT SEX

Tired of hearing politicians talk about sex and sex scandals? Too bad! AIDS Action wants candidates to really start talking about sex - sex education, that is. As election season hits fever pitch, AIDS Action faxed surveys this week to all House and Senate candidates asking them one simple question: "If elected, will you support significant increases in HIV prevention education for FY2000?" If politicians can spend months talking about sex scandals, we hope they can take a few moments to talk about sex education that saves lives. AIDS Action will post survey results on our website at www.aidsaction.org beginning October 28, 1998.

SAVING RYAN

AIDS Action's full-page ad in the October 23 edition of The Washington Blade launches our "Saving Ryan" Ryan White CARE Act reauthorization campaign. AIDS Action's leadership in helping to secure record AIDS funding for FY1999 will continue next year when the Ryan White Act begins the reauthorization process. In "Saving Ryan," Reauthorization is the Mission.

Julio C Abreu

Legislative Representative

Government Affairs

202-986-1300 x3021

jabreu@aidsaction.org

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Vincent, Angela ("Vincent, Angela" <Angela.Vincent@mail.house.gov> [UNKNOWN])

CREATION DATE/TIME:26-OCT-1998 22:46:43.00

SUBJECT: CBC List

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
I believe this is the final addition to the CBC guest list:

Dr. Regina Williams

Department Head

Eastern Michigan School of Nursing

(734) 487-2310

Thank you

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Vincent, Angela ("Vincent, Angela" <Angela.Vincent@mail.house.gov> [UNKNOWN])

CREATION DATE/TIME:26-OCT-1998 19:52:45.00

SUBJECT: FW: tola's info & funeral arrangements

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Hi Todd, this should be the last. Forwarding you two names from Rep.

Waters.

>-----Original Message-----

>From: Crews, Donna

>Sent: Monday, October 26, 1998 2:56 PM

>To: Vincent, Angela

>Subject: RE: tola's info & funeral arrangements

>

>Angela thank you very much two more.

>

>Bishop Carl Bean

>Minority AIDS Project

>5149 West Jefferson Blvd.

>Los Angeles, CA 90016

>323-936-4949

>

>Carol H. Williams

>Carol H. Williams Advertising

>1901 Harrison Street

>Suite 900

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From Angela Vincent to Todd Summers Re: FW: tola's info & funeral arrangements [Personally Identifiable Information] [partial] (1 page)	10/26/1998	b(6)

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

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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]

>Oakland, CA 94612

>510-763-5200

>SS- (b)(6)

>dob- (b)(6)

[005]

>

>

>----------

>From: Vincent, Angela

>Sent: Monday, October 26, 1998 2:36 PM

>To: Crews, Donna

>Subject: RE: tola's info & funeral arrangements

>Importance: High

>

>Do you have Carl Bean's info yet?

>

>-----Original Message-----

>From: Crews, Donna

>Sent: Monday, October 26, 1998 2:35 PM

>To:Vincent, Angela

>Subject: FW: tola's info & funeral arrangements

>

>

>

>

>----------

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Global Health Council ("Global Health Council / Global AIDS Program" <ncihaids@ncihaids.org> [UNKNOWN])

CREATION DATE/TIME:26-OCT-1998 22:21:00.00

SUBJECT: Dallas Conference - another last message

TO: almedalc (almedalc@unaids.org [UNKNOWN])
READ:UNKNOWN

TO: Ann Fitzgerald (Ann Fitzgerald <afpasca@guate.net> [UNKNOWN])
READ:UNKNOWN

TO: BabaluAye (BabaluAye@aol.com [UNKNOWN])
READ:UNKNOWN

TO: balamufb (balamufb@biomed.yale.edu [UNKNOWN])
READ:UNKNOWN

TO: bill_barnes (bill_barnes@ci.sf.ca.us [UNKNOWN])
READ:UNKNOWN

TO: CCASTLE (CCASTLE@pcdc.org [UNKNOWN])
READ:UNKNOWN

TO: cds (cds@itmin.com [UNKNOWN])
READ:UNKNOWN

TO: cefem (cefem@gte.net [UNKNOWN])
READ:UNKNOWN

TO: Claudette Francis (Claudette Francis <crfcon@tstt.net.tt> [UNKNOWN])
READ:UNKNOWN

TO: clint_walters (clint_walters@quickmail.ucsf.edu [UNKNOWN])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: jfrohlic (jfrohlic@hoopoo.mrc.ac.za [UNKNOWN])
READ:UNKNOWN

TO: JWright (JWright@osophs.dhhs.gov (Jason Wright) [UNKNOWN])
READ:UNKNOWN

TO: kamanee (kamanee@itmin.com [UNKNOWN])
READ:UNKNOWN

TO: Mary O Grady (Mary O Grady <MOGrady@arlserver.fhi.org> [UNKNOWN])
READ:UNKNOWN

TO: Megan Gottemoeller (Megan Gottemoeller <mgottem@genderhealth.org> [UNKNOWN])
READ:UNKNOWN

TO: melfsp (melfsp@ibm.net [UNKNOWN])
READ:UNKNOWN

TO: mmartin (MMARTIN@OS.DHHS.GOV [UNKNOWN])
READ:UNKNOWN

TO: netra (netra@pop.jaring.my [UNKNOWN])
READ:UNKNOWN

TO: Paul Boneberg (Paul Boneberg <globalaids@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Paurvi Bhatt (Paurvi Bhatt <pbhatt@usaid.gov> [UNKNOWN])
READ:UNKNOWN

TO: pfleming (pfleming@erols.com [UNKNOWN])
READ:UNKNOWN

TO: raymondmcpherso (raymondmcpherso@hotmail.com [UNKNOWN])
READ:UNKNOWN

TO: Rebeca Gilad (Rebeca Gilad <rgilad@smtp.aed.org> [UNKNOWN])
READ:UNKNOWN

TO: Renate Koch (Renate Koch <accsi@ccs.internet.ve> [UNKNOWN])
READ:UNKNOWN

TO: Richard Burzynski (Richard Burzynski <icaso2@web.net> [UNKNOWN])
READ:UNKNOWN

TO: Savrett (Savrett@aol.com [UNKNOWN])
READ:UNKNOWN

TO: yante_ismail (yante_ismail%yahoo.com.accsi@ccs.internet.ve [UNKNOWN])
READ:UNKNOWN

TEXT:
Dear friends,

I am very excited that you are helping to be a part of this first

International Track of the US Conference on AIDS. Our goal this year is to

help educate conference delegates on the global reality of HIV/AIDS. Your

willingness to particiapte in this process with us is a clear indication of

your commitment to building stronger global partnerships in responding to

the AIDS pandemic.

Each of the International Track workshops is an opportunity for us to bring the global reality of AIDS into the US. And, remember as you attend conference events and sessions to bring in your unique perspective on HIV/AIDS prevention, care, support, research, and treatment. While many US Conference on AIDS delegates are the leading experts in their communities, it is safe to assume that most of them have limited knowledge of HIV/AIDS in Africa, Asia, the Caribbean and Latin America - and that they lack understanding of the overall context of health care in developing countries.

In our past experiences at these conferences, the delegates often feel overwhelmed by what they hear about AIDS in developing countries. They immediately ask: what can I do to help? I want to impress on you to share your stories with other delegates - this one on one interaction is important, particularly around prevention and treatment issues, and this personal conversation is an important key to building understanding. I encorage you to do this networking and sharing also to gain a better understand of the diverse and complex structure of health care policy and programming in the United States.

If there is anything you need help with in Dallas, please feel free to contact me or Kim Green or Kim Parvez at the Hotel or at our Booth in the Exhibit Hall. The three of us are attending the Conference from the Global Health Council and are available to help you set up special meetings, help with workshop logistics, and offer friendship. I also encourage you to

attend the Friday evening International Reception (from 5:30 to 6:30 p.m.) as an opportunity to relax and start off our few days together.

Safe travels to Dallas!

Warm regards,

Ron MacInnis

Here is a message that you may have already received on Conference logistics.....

USCA: Final Thoughts

October 29th-November 1st, 1998

Dallas, Texas

This message is only for people going to Dallas. If you are not going to Dallas, press "delete" now.

This year, The United States Conference on AIDS (USCA) will convene in Dallas, Texas from Oct. 29-Nov. 1. With 2,700 attendees descending on Dallas (including several international delegates), you can expect great networking opportunities and/or alittle bit of a zoo, but a fun zoo. The

following are some thoughts to help you through the process.

The airport in Dallas is large and can be confusing. There should be clear signage from your gate to baggage claim, there is more then one baggage claim area. You can get from the airport to the hotel by taxi, it will cost about $25 and take about 30 minutes (one hour with traffic). You can also take SuperShuttle, they provide door-to-door service from DFW to the Adam's Mark. Their fee is $13 ($11 with the coupon in your registration packet) each way. Once at the hotel, the concierge or bellstand desk can arrange your SuperShuttle back to the airport.

The conference hotel is the Adam's Mark, 400 North Olive, Dallas, Texas. Their phone number is 214/922-8000, their fax is 214/922-0399. The hotel just opened on October 15th. It is the largest hotel in Texas (that is saying a lot) and the 8th largest hotel in the country (not counting hotels in Las Vegas). The good news is that they finished the construction, that means new towels, new sheets, new beds, new everything. It is truly beautiful. The bad news is they just hired 2,000 new employees who don't know where the bathrooms are located. Please be patient, most of the staff has worked less than two weeks at their new job. There will probably be a long line at check-in and check-out (you may want to video check-out--if you can). On Wednesday over 1,400 room are reserved at the hotel for the conference, that means lots of check-ins.

The majority of the conference will happen across the street from the hotel at the conference center. You can reach the conference center by walking across the guest bridge located on the 2nd floor. As you enter the guest

bridge, you will notice the conference office located on your left. This is were we will do on-site registration and handle any problems you may have at registration. Harry Williams (conference registrar) and Vimla Simlote (comptroller) will be located in this office.

On the 2nd floor of the conference center will be registration. Registration opens on Wednesday, October 28th at 5:00 PM. Lines will be the longest on the 28th between 5:00 PM to 7:00 PM and on Thursday, October 29th between 7:00 AM to 9:00 AM. Try to register at other times or be prepared to wait in line. To help pass the time, you can get our photo taken with ME and/or other partners on Wednesday between 5:00 PM and 7:00 PM. Exhibitors and sponsors should register in the exhibit hall (see below). Also on this floor will be all the meal functions/plenaries (in the Lone Star Ballroom), roundtables (located in section C-IV of the Lone Star Ballroom), poster displays, some of the workshops and the AIDS Portrait Project. When you register, you will be given a beautiful conference bag designed by Todd Oldham, again.

Once you've registered, its time to look at the program book. It is 128 pages long (general information is on pages 20-24, agenda 26-27, Institutes 39-47, Seminars 49-55, Workshops 57-98, Roundtables 100-114 and poster 115-116). First you should select an Institute, they will happen all day Thursday. Next you should choose a seminar, they will be on Friday from 9:00 AM to Noon. Finally you should review the extensive list of workshops, roundtables and poster sessions. Because we do not have pre-registration for the workshops, some of them may fill-up. Due to fire codes, monitors will have to close workshops that have reached the maximum capacity for

that room. Please get to your sessions early to guarantee a seat.

Poster Sessions are a new component to this year's conference. As an incentive to go see the posters, we will have a contest call Find The Partner's Logos. Hidden in the posters will be the logos of our USCA partners, if you find all the logos and fill-out the contest form correctly, you will be eligible for a drawing that includes great prizes like a free registration to the 1999 USCA in Denver and a free registration to the 1998 NATAF.

With 160 workshops in 10 tracks, 14 institutes, 24 seminars, 72 roundtables and 60 posters, I am sure you will find something that interests you. All of the presenters have donated their time and covered their expenses to get to the conference. We could not do it without them. Please thank them for their contribution. Trying to coordinate this many sessions means that we may make some mistakes or some of the workshops may get canceled. I want to apologize in advance for any inconvenience it may cause you, please know we are doing are best. Should you have any concerns, please speak with me or Vernell Henry the Director of Conference and Meeting Services.

You should assume that the first day of the conference will kinda be like the first day of school, you may feel lost and slightly overwhelmed. To help you locate workshops, I described the second floor above, now let's discuss the rest of the hotel. On the first floor of the conference center is the Exhibit Hall and additional rooms for workshops (all the Dallas rooms). The exhibit hall will open on Thursday, October 29th at 10:00 AM. You can get to the first floor by taking the escalators next to

registration. For exhibitors, booth set-up will be on Wednesday, October 28th. Dawn Goodman-Washington (exhibits coordinator) and Faye Mathis-Lemons (manager of development and corporate relations) will be located in the exhibit hall should you have any questions. This year we have 130 exhibitors including our sponsors, partners and organizations interested in speaking to you, the community based response to this epidemic. We tried to create a "town square" feeling in the exhibit hall, please tell me if it works. Free dessert will be served in the exhibit hall directly after Friday's and Saturday's luncheon plenaries.

On the third floor of the conference center we have the balance of the workshop rooms (San Antonios, Houstons and State rooms). Of special note is Houston A on the 3rd floor, in this room we will have simultaneous Spanish translation. On page 199 in the conference program book we list all the workshops that will be translated into Spanish.

The only other site for workshops will be the 37th floor of the "center" tower of the hotel. This is where all the Majestic rooms are located. Finding the elevator that gets you to the 37th floor can be confusing. There are four sets of elevators in the main hotel, only one of the sets gets you to the 37th floor. It may take alittle extra effort to find the right set of elevators, but once you get to the 37th floor you will understand why we chose to use these rooms (think view). On the 37th floor you will also find the conference office, the meditation room and the speaker ready room.

One of the highlights of the conference will be the Concert for Life on

Friday, October 30, 8:00 - 9:30 P.M. An evening of song, remembrance and empowerment is planned for you in the majestic setting of the Cathedral Guadelupe Church located just blocks away from the Adamûs Mark Hotel. The evening will feature the Turtle Creek Chorale, the Womenûs Chorus of Dallas and the Friendship West Baptist Church Choir to do a rousing performance. The evening will also feature the former Miss America is a special joint performance. Tickets are free, but limited. The Cathedral will only hold 1,000 people. Free tickets will be available at the Dallas Host Committee Booth.

Don't forget your Halloween Costume. MasquerAIDS will be on Saturday, October 31, 8:00 - 10:00 P.M. The Dallas Host Committee wants to make sure you do not miss out on any of the All Hallow Eveûs fun while you are at the conference so they have planned a great party with chilling music, scary movies, mysterious food and drinks, a üGhoul Jý and a dance floor. There will even be a runway to show off your costume and win prizes! First Prize is a free registration to the 1999 USCA in Denver.

The PWA Lounge is located in Suite 3232 on the 32nd floor. It will open at 5:00 PM on Wednesday October 28th and closes at noon on Sunday, November 1st. Medical assistance will be provided through the lounge. We want to thank the AIDS Coordinators Office from the City of Los Angeles for underwriting the lounge.

AA and NA meetings will be in the Majestic III and Majestic VIII rooms. Check the signage outside of the rooms for the exact times.

There is an extensive list of worship services on page 24 of the program book. Please join the Balm in Gilead and the AIDS National Interfaith Network at the locations and times noted in the program book.

You can check you e-mail at the computer lab located in the Exhibit Hall. Thanks to the CDC National Prevention Information Network, if you know how to access your e-mail from a remote access location, they will get you up on the web. I don't know about you, but I don't know what I would do without my e-mail.

If you are looking for cheap eats, please take the skywalk on the 2nd floor of the hotel to the Plaza of Americas Mall (very small, no good shopping). The mall has a food court with several fast food restaurants.

Travel-On is the official travel agency of the United States Conference on AIDS. They will have a booth in the exhibit hall, see them if you have any concerns about your travel. Travel-On has graciously agreed to donate a portion of any commissions earned from air travel related to this conference to USCA. When arranging your travel through Travel-On you will receive all discounts for which you qualify. Direct your travel requirements to: Travel - On (account code 726), 1010 Wayne Avenue, Suite #75O, Silver Spring, MD 20910, Toll free phone number: 1-888-495-7770, Toll free fax number: 1-800-308-7819, E-mail address: travel@tvlon10.agency.mail.com.

CONFERENCE AGENDA

The following times and events are tentative and are subject to change.

Wednesday, October 28

5:00 - 9:00 P.M. Registration

Thursday, October 29

8:00 - 9:15 A.M. Opening Plenary Breakfast

9:30 A.M. - 12:00 Noon Institute Session I

10:00 A.M. - 7:00 P.M. Exhibit Hall

12:00 noon -1:30 P.M. Lunch (on your own)

1:45 - 3:30 P.M. Institute Session II

3:30 - 3:50 P.M. Break

4:00 - 5:30 P.M. Institute Session III

7:00 - 8:30 P.M. üWelcome to Texasý Reception

Friday, October 30

9:00 A.M. - 12:00 Noon Seminars

10:00 A.M. - 7:00 P.M. Exhibit Hall

12:15 - 2:00 P.M. Plenary Lunch (Desert Buffet in Exhibit Hall)

2:15 - 4:15 P.M. Workshop Session I

4:30 - 6:30 P.M. Workshop Session II

8:00 - 9:30 P.M. Concert for Life

Saturday, October 31

9:30 - 11:30 A.M. Workshop Sessions III

10:00 A.M. - 5:00 P.M. Exhibit Hall

11:45 A.M. - 1:30 P.M. Plenary Lunch

1:45 P.M. - 3:45 P.M. Workshop Sessions IV

4:00 - 6:00 P.M. Workshop Session V

8:00 - 10:00 P.M. MasquerAIDS Costume Party

Sunday, November

9:30 - 11:30 A.M. Workshop Session VI

11:45 A.M. - 1:30 P.M. Closing Plenary Brunch

Meeting The USCA Conference Team

If you need to speak with anyone on the conference team, you should speak with Vernell Henry, vhenry@nmac.org, Director of Conference and Meeting Services for information concerning Special Events, Institutes, Hospitality Events and the PWA Lounge. Denise Brown, dbrown@nmac.org, for questions regarding plenary events and the on-site NMAC staff office. Tara Barnes, tbarnes@nmac.org or Terrence Calhoun, tcalhoun@nmac.org for requests regarding speakers, workshops, roundtables, seminars and poster sessions. Tara can also assist with meeting room scheduling, photography and audiocassette taping needs. Terrence can also assist with volunteers, speciality items and on-site copying. R.Faye Mathis-Lemons, rfmathis@nmac.org for information concerning USCA sponsorship, in-kind donations, exhibition and advertising opportunities. Dawn Goodman-Washington, dgoodma@nmac.org for information regarding USCA Exhibit Hall logistics and coordination of conference program ad space. Harry Williams, lwilliam@nmac.org for questions regarding registration, hotel rooms, scholarships and the USCA website. Jarret Yoshida, jyoshida@nmac.org for information regarding NMAC membership and related CBO materials and information. Peter Velasco, pvelasco@nmac.org for requests regarding press and on-site press office.

Program Planning Committee

If you have any questions about the conference, please feel free to speak

with the program planning committee: Julio Abreu, AIDS Action, Qairo Ali,CDC, Victor Barnes, CDC, Barbara Blesi, Food and Friends, Sean Bugg,

NASTAD, Donald Chamberlain, AIDS Housing of Washington, Barbara Davidson,

HUD, Arnie Dolye, NASTAD ,Betty Duran, NNAAPC, John Gile, Project Angel

Food, Randy Graydon, HCFA, Brian Hana, Red Hot, Scott Harrison, ANIN Joan

Holloway, HRSA, Sheila Isoke, CDC, Linda Jackson, OAR, Jeff Jacobs, AIDS

Action, BJ Harris, NASTAD, Noble Jones, NIDA, Paul Kawata, NMAC, Richard

Klein, FDA, Ron Macinnis, Global Health Council, James McCann, HRSA,

Valerie Mills, SAMHSA, Skip Mooney, BC/EFA, Mathew Murguia, OMH, Angela

Powell, HRSA, Charles Robbins, A M, Lori Rolleri, Mothers Voices, Tim

Rosta, Lifebeat, Ron Rowell, NNAAPC, Julie Scofield, NASTAD, Barron Segar,

EJAF, Persnessa Seele, The Balm, David Sheppard, DIFFA, Ken South, ANIN,

Tom Violia, BC/EFA, David Vos, HUD, Daniel Zingale, AIDS Action.

I really want to thank the program planning committee. We could not do this

conference without them.

See you in Dallas. Don't forget you cowboy boots, we will two step on

Thursday night. E-mail me if you have any questions--paul

****

The Global Health Council (formerly NCIH)

Global AIDS Program

1701 K Street, NW, Suite 600

Washington, DC 20006

tel: 202-833-5900

fax: 202-833-0075

email: <ncihaids@ncihaids.org>

Program staff:

Ron MacInnis, Director (ext. 209)

Kim Parvez, Program Assistant (ext. 214)

Kim Green, Program Officer (ext. 215)

Ladi Olorunyomi, Program Officer / Global AIDSLink Editor

Meera Vohra, Program Intern (ext. 221)

Patricia S. Fleming, Program Consultant <pfleming@erols.com>

Carol Millier, NCIH Director of Advocacy <cmiller@ncih.org> (ext. 207)

****

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. email	From Angela Vincent to Todd Summers Re: Per our discussion [Personally Identifiable Information] [partial] (1 page)	10/26/1998	b(6)

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

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]
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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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Vincent, Angela ("Vincent, Angela" <Angela.Vincent@mail.house.gov> [UNKNOWN])

CREATION DATE/TIME:26-OCT-1998 19:43:42.00

SUBJECT: Per our discussion

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Here is the information for Tola Thompson

Tola R. Thompson

Legislative Assistant/Press Secretary

Office of Rep. Carrie Meek

(202) 225-4506

DOB (b)(6)

SSN (b)(6)

[006]

Angela Vincent

Legislative Assistant

Office of Congressman Louis Stokes

2365 Rayburn House Office Building

Washington, D.C. 20515

(202) 225-7032

(202) 225-1339 (fax)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. email	From JKamen@aol.com to Multiple Recipients Re: Birthday Brunch Invite (1 page)	10/27/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

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]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Tsummers (Tsummers@aol.com [UNKNOWN])

CREATION DATE/TIME:27-OCT-1998 01:30:19.00

SUBJECT: Fwd: Vietnam Reports 10,560 HIV Cases

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Return-path: <AOLNews@aol.com>

Date: Mon, 26 Oct 1998 02:10:17 EST

From: AOLNews@aol.com

Subject: Vietnam Reports 10,560 HIV Cases

MIME-version: 1.0

Content-type: text/plain; charset=US-ASCII

Content-transfer-encoding: 7BIT

Vietnam Reports 10,560 HIV Cases

.c The Associated Press

HANOI, Vietnam (AP) -- Vietnam has 10,560 people who have tested positive

for

the HIV virus, but the actual figure could be up to 10 times higher, the

National AIDS Committee said today.

Overall, 1,901 people have full-blown AIDS, and 1,013 have died since

Vietnam's first case was detected in 1990, the committee said.

The disease has spread to all but one of Vietnam's 61 provinces and

cities. Ho

Chi Minh City tops the list with 2,640 HIV carriers, followed by the northern province of Quang Ninh with 1,280. Hanoi reported 311 cases.

The Hanoi AIDS committee said men make up 94 percent of the cases, and that drug addicts account for 70 percent.

The government has allocated more than $4 million to fight AIDS, mostly in education programs.

AP-NY-10-26-98 0209EST

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Lotus Pager Gateway (Lotus Pager Gateway [UNKNOWN])

CREATION DATE/TIME:27-OCT-1998 09:48:52.00

SUBJECT:

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TEXT:
To: RICHARD (Pager) #SOCARIDES

cc:

From: Todd A. Summers

Date: 10/27/1998

Time: 09:45:41

Subject:

Body:

Seth's in San Diego - invite Winnie? Todd 6-2444

Priority:

Message history for recipient RICHARD SOCARIDES [Pager]

Tuesday 27 Oct 1998 09:47:54 Eastern Standard Time - Message received by

Pager Gateway

Tuesday 27 Oct 1998 09:48:28 Eastern Standard Time - Message received by

Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Chris Collins (Chris Collins <chris.collins@mail.house.gov> [UNKNOWN])

CREATION DATE/TIME:28-OCT-1998 17:29:48.00

SUBJECT: RE: Presidential Announcement of New HIV/AIDS Initiative

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
yup...its fun!

>----------

>From:

Todd_A._Summers@opd.eop.gov[SMTP:Todd_A._Summers@opd.eop.gov]

>Sent: Wednesday, October 28, 1998 9:22 AM

>To: Chris Collins

>Subject: RE: Presidential Announcement of New HIV/AIDS Initiative

>

>aren't you in SF????

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Dave Wagner (Dave Wagner <dwwagner@hotmail.com> [UNKNOWN])

CREATION DATE/TIME:28-OCT-1998 22:39:18.00

SUBJECT: Your clearance on HIV/AIDS document

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Todd, below is a copy of the memo sent to the interagency folks on

Wednesday, October 21. You'll note the name change in the document --

the 1999 "Strategy" is now a "Response". Please review and clear.

Thanks -Dave

MEMORANDUM

To: Distribution

From: OES/EID - Nancy Carter-Foster,

U.S. Department of State

SUBJECT: Draft of 1999 U.S. International HIV/AIDS Strategy

Please find the attached Draft 1999 U.S. International HIV/AIDS

Strategy. We have obtained clearance from the OES Acting Assistant

Secretary as well as the OES and Department Legal Advisors, to post the

draft document on the Internet for public comment and review.

Before posting the draft document, we would like to give you the opportunity to review and comment on any major problems or discrepancies, particularly within your agency's section, that need to be changed before posting. Please do not feel obligated to review more than your agency's section. We are not asking for formal agency clearance at this time. Formal agency clearance will be solicited in early November after the public comment period and final editing.

Additionally, we are seeking graphical materials and a copy of each agency's organizational chart to be incorporated into the final document.

Please send your comments electronically to ncarterf@state. gov, or by fax to 202-736-7336, as soon as possible, in order that the appropriate changes can be made and the document posted for review.

Please notify us immediately, at 202-647-4542, if you are unable to open this document.

We sincerely appreciate your help!

Attachments: As stated.

- STRATEGY - draft document on web.doc========== ATTACHMENT 1
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DS STRATEGY

PREFACE

I. INTRODUCTION: WORLD AIDS SITUATION

A. A Rapidly E
xpanding Epidemic
B. Regional Assessment

II. ASSESSMENT OF U.S. INTERESTS

A.
Security and Political Concerns
B. Social and Economic Impacts

III. ASSESSMEN
T OF 1995 STRATEGY

A. Prevent New HIV Infections
B. Reduce Personal and Social
Impact
C. Mobilize and Unify National and International Efforts
D. Areas for C
ontinued or Future Action

IV. ISSUE OVERVIEW

A. Effective Interventions, Temp
orary Successes

B. HIV Transmission Prevention

C Vaccine Research

D. Mitiga
ting the Impact of HIV/AIDS
1. Treatment Equity
2. Care and Support for HIV Inf
ected Individuals
3. AIDS-Orphaned Children
4. Women and Health

U.S. INTERNATIONAL RESPONSE TO HIV/AIDS

PREFACE

The 1999 U.S. I
nternational Response to HIV/AIDS is part of a continuing effort by the USG to create positive change in the international fight against HIV/AIDS. It is desig ned to foster political commitment, assist in the development of appropriate in ternational partnerships, and provide a directory of public programs which can serve as a model of government policy and resource investments made by the U.S. Government to more effectively meet the challenges posed by the global HIV/AID S pandemic.

The 1999 response, like the 1995 strategy, is the product of an interagency effort and provides a framework of programs and strategies that hav e proven effective in the past and which can be used as a model to guide future efforts in the continual battle against HIV/AIDS. It contains a set of USG p riorities for combating the worldwide spread of HIV/AIDS. Participating agenci es include the White House Office of National Aids Policy, the U.S. Department of State, the U.S. Agency for International Development, the U.S. Information A gency, the U.S. Peace Corps, the U.S. Department of Health and Human Services (National Institutes of Health, Centers for Disease Control And Prevention, and the Food and Drug Administration), the U.S. Department of Commerce, the Departm ent of Defense, the National Intelligence Council and the U.S. Department of Ju stice.

The 1999 response reviews the objectives of the 1995 strategy and the U SG accomplishments and difficulties in meeting those objectives. It then exami nes the remaining challenges confronting the USG and other members of the inter national community in meeting the many challenges of the HIV/AIDS epidemic. Th e goals of the 1999 response are to:

Raise awareness to the issue of internat
ional HIV/AIDS;
Promote collaboration between governments, international organi
zations, and the private sector in the development of international partnership s to leverage investments of capital and expertise into sustainable programs to fight HIV/AIDS.
Encourage political and economic commitment by foreign leaders
to more appropriately meet human needs;
Encourage and support the efforts of U
NAIDS and other international organizations;
Promote greater human rights for t
hose afflicted with HIV/AIDS; and
Highlight the growing needs of women and chi

ldren infected with HIV/AIDS.

This document is not to be viewed as a funding d
irectory or as a manual for eradicating the HIV/AIDS epidemic for this would be
an oversimplification of the problem and its solution. Rather, we provide thi
s compilation of USG policies and the programs and priorities in an effort to b
etter coordinate and share our collective expertise in the hopes of expanding t
he beneficiaries of the lessons learned and goals accomplished through successf
ul, responsible partnerships at home and abroad.

No member of the global com
munity can afford, either in terms of human suffering or economic costs, to rec
ognize and to act to forestall the impending devastation which has already begu
n to ravage national economies, security and social infrastructure. It threate
ns the very fabric of society, regardless of race, creed or spiritual belief.
Disease is the equalizer, touching all nationalities, all genders, and ages but
which preys hardest on those least able to meet its economic costs, and in the
case of HIV/AIDS, those in their most productive stage of life-- between the a
ges of 20 and 45.

The one-world nature of life as we know it, where people cha
nge address and transportation routes, and exchange goods and services over vas
t distances links us all in this battle. We must approach the solutions to our
collective dilemma in a universal and collaborative way that brings to bear th
e most fervent action and the most specialized resources we each have to offer.

We look forward to each nation joining this initiative at the highest levels
bringing sustainable commitments to see this fight through to its successful co
nclusion. Our tools are effective, multi-sectored national policies and progra
ms underpinned by strong public health infrastructures with effective preventat
ive health care as a global priority.

The target audience of this document in
cludes governments of both developing and developed nations, international orga
nizations, non-governmental organizations, industry and the public at large. W
e at the State Department will take the charge by initiating high-level foreign
policy discussions by our ambassadors and other embassy representatives with h
ost country counterparts to disseminate and discuss the strategy and by encoura
ging leaders to expand HIV/AIDS prevention and mitigation programs. Our goals
are to raise the level of priority by all governments accorded to stemming the
spread of HIV/AIDS and infectious diseases of all kinds, and to collaborate on
disease surveillance and response of infectious disease threats. We will conti
nue to work with international organizations, governments, non-governmental org
anizations, industry, and others in the private sector to effect this goal as a
global priority to reduce human suffering, and to safeguard all peoples from t
he devastation of HIV/AIDS.

INTRODUCTION: WORLD AIDS SITUATION

A Rapidly Ex
panding Epidemic

Dire predictions from the 1980s have become the reality of t

he 1990s, as HIV moves from the latent state to active disease in an increasing number of people around the world. HIV/AIDS is insinuating itself into communities previously little troubled by the epidemic and strengthening its grip on areas where AIDS is already the leading cause of death in adults. The cumulative number of those infected has nearly tripled from the 10 million infections estimated in 1990. UNAIDS and the World Health Organization estimate that over 30 million people are infected with HIV and 16,000 new infections are acquired every day. An estimated 2.3 million in 1997 alone and 11.7 million people around the world have already lost their lives to the disease. Given the current rate of infection as well as the sheer number of those already infected, the death toll from HIV/AIDS is projected to increase exponentially in the years to come.

AIDS is a global problem touching virtually every country and every family around the world. It does not recognize nationality, gender, age, or sexual preference. Globally, one in every 100 adults 15 to 49 years of age is HIV-infected; at least 80 percent of these infections are due to heterosexual transmission.

Regional Assessment

AIDS ignores international borders, cultural practices, and religious beliefs. HIV/AIDS is resident in humans in every region of the globe, from Sub-Saharan Africa to Asia, the Americas, Eastern and Western Europe to the Middle East. However, most HIV infections are concentrated in the developing world, largely in countries least able to afford the care for infected people. In fact, nearly 90 percent of people with HIV live in the developing world. sub-Saharan Africa (67%) and the developing countries of Asia, which between them account for less then 10 percent of global GNP.

AIDS is now threatening development gains that local and donor governments, citizens, non-governmental organizations, and international agencies have worked for decades to achieve. Sub-Saharan African, with 67% of the worlds people living with HIV, has less than 10 percent of the worlds population. In many sub-Saharan African countries, AIDS has increased infant mortality and reduced life expectancy to levels not seen since the 1960s. By the year 2010, life expectancy in some sub-Saharan countries could decrease by 30 years or more. In just the last three years, 27 countries have seen their HIV infection rates double. AIDS is doubling, or even tripling, death rates among young adults in countries in southern Africa. In Botswana and Zimbabwe, prevalence among young adults has reached 25 percent - one person in four, a historic new high. In South Africa, it is estimated that three million people are now living with HIV, and 700,000 were infected in 1997 alone.

Globally, the number of children under 15 who have lived or are living with HIV since the start of the epidemic in the late 1970s has reached approximately 3.8 million - 2.7 million of whom have already died. Nearly 600,000 children were infected with HIV in 1997, most were infected before or during birth or through breastfeeding by HIV infected mothers. From the beginning of the epidemic until the start of 1998, some 8.2 million children around the world lost their mothers to AIDS. In 1997 alone, it is estimated that HIV orphaned 1.6 million children and 90 percent of the orphans live in sub-Saharan Africa. In some sub-Saharan African nations, infant and child mortality rates are ex

pected to double and even triple early in the next century if the HIV infection rates are not reduced.

An important trend of the 1990s has been the beginnin g of the shift of the global AIDS epicenter from Africa to Asia, which will soo n have more new HIV infections than any other region of the world. Though the H IV epidemic was a latecomer to Asia and the Pacific, its spread has been swift. Since 1994, almost every country in Asia and the Pacific region has seen HIV p revalence rates increase by more than 100 percent. Nearly 6.2 million people i n the region are now believed to be living with HIV. In years to come, that nu mber may grow dramatically. India and China, the two most populous countries o n earth, have experienced exponential growth. India, with a population of over 900 million, had 3-5 million people infected in just the last three years, mak ing it the nation with the most HIV/AIDS infected individuals. China, the world s most populous nation, will need to act quickly and effectively to avoid follo wing a similar course.

In some, such as Senegal and the Philippines, countrie s HIV has remained at roughly the same low levels for a number of years. Other nations, currently at similar levels of absolute prevalence, are experiencing a rapid spread of the virus. It is these countries that have the greatest pote ntial to avert epidemic spread by acting quickly. Infection rates are rising r apidly in much of Asia, Eastern Europe and southern Africa.

The situation in L atin America is mixed, with prevalence in some countries: mainly Mexico, Brazil , Guyana, and Haiti rising rapidly and in other countries, as in many industria lized nations, infection rates have stabilized or are falling. The level of da mage sustained by developing nations varies with the maturity of the epidemic a nd the response of national authorities and local communities to the threat of its spread throughout the population.

In Eastern Europe, though the absolute n umbers are lower, many countries have experienced a doubling or tripling of the ir infections since 1994. Before 1995 the incidence of HIV/AIDS in the former Soviet Union and Eastern Europe was negligible. However, in 1996, 8,000 new HI V cases were reported. In Russia 2,223 cases of HIV were reported in the first six months of 1997 alone and by the year 2000, without appropriate interventio ns to eliminate illegal IV drug use and to curb high risk behaviors, as many as one million Russians could be infected with HIV.

The long lag time between HI V infection, AIDS and death - more than 10 years on average which is 4-5 years in developing countries and 10 years, on average, in industrialized countries - helps explain why most countries have yet to see the damage the epidemic can do to their social and economic fabric. By the year 2000, the estimated direct (medical) and indirect (loss of labor force and family impact) costs of the di sease will exceed $500 billion. In South African, President Mandela has stated that the South African economy will shrink by 1% a year because of AIDS.

II

. ASSESSMENT OF U.S. INTERESTS

In the face of HIV/AIDS, the USG aims to redu ce human suffering in the face of HIV/AIDS and stem further disease transmissio

n. We must remind ourselves that the world looks to and depends on the United States, both for financial support and for the technical expertise to reduce HI V/AIDS transmission and to take a leadership role in mitigating its devastating individual and social impact. Focusing our considerable technical and human r esources on this pandemic confirms our national ethos to help those in need. F ulfilling this trust, however, is also in the interest of the citizens of this country. This pandemic is the silent enemy of economic growth, national well-b eing, and stability around the globe, without distinction to borders, nationali ty, gender, or religion. Further, our hopes of new markets and stable democrac ies could be threatened by an unbridled HIV epidemic in our partner countries. The new epidemics in Russia and the Ukraine are sobering reminders that this a pplies worldwide.

The number of AIDS cases worldwide will continue to rise i n the next millennium and will increasingly undermine other projects intended t o foster key U.S. policy goals, including democratization, economic development , conflict resolution and peacekeeping, and promotion of individual and politic al rights. The AIDS pandemic will overwhelm under-funded and inadequate health delivery systems in much of the developing world and could undo hard-won healt h, social, and economic gains by nations around the world.

Security and Politi
cal Concerns

Although not an issue of strategic security in the classic sense, the growing incidence of HIV/AIDS internationally and its pervasive impact mus t reshape U.S. thinking about definitions of security and about U.S. leadership in a changing world. The security implications are due to the fact that the i ncrease in HIV-infected military personnel is gradually weakening the capacity of militaries to defend their nations and maintain civil order, to provide qual ified personnel for overseas training and to have access to a healthy conscript ion pool.

The high HIV/AIDS infection rate in military personnel of many count ries will result in national security threats as militaries are diminished and depleted by the disease. According to a 1996 UNAIDS report, it was found that an astounding 50% of Zimbabwes 50,000 military personnel were infected with the virus. In this instance, a strong correlation found between rank and prevalen ce rates indicated that as the disease progresses militaries would suffer from debilitated leadership and an inability to meet military needs and commitments.

AIDS has also emerged as a significant political destabilizing factor. The virus' infiltration into the middle class, ruling elites and military personne l of developing countries poses unique security threats. By the year 2000, the estimated direct (medical) and indirect (loss of labor force and family impact) costs of the disease will exceed $500 billion.

In many instances, the spre
ad of HIV/AIDS creates a crippling cycle. Civil strife, refugee flows, urbaniz ation and poverty all play a role in creating conditions for the rapid spread o f HIV. When economies and governments fail, or are chronically enfeebled, heal th systems rapidly falter, leaving populations more prone to illness and the po tential ensuing economic decline. As an example, political instability and dis

ease have reinforced each other in Rwanda and the countries of the Former Sovie t Union.

Developed countries are not immune to the destabilizing effects of H IV infections. HIV blood test scandals in Germany, France, and Switzerland hav e resulted in national outcries and triggered the dismissal or prosecution of g overnment and other officials.

Social and Economic Impacts

Like the spread o f the disease, the economic impact of HIV/AIDS is pervasive and devastating. S everely affected countries will experience large impacts on their health sector and on the poor. AIDS will affect the health sector in two ways: by increasin g demand and by reducing the supply of a given quality of care at a given price . As a result, some HIV-negative people who would have obtained treatment had there been no epidemic will be unable to do so, and total national expenditure on health care will increase, both in absolute terms and as a proportion of nat ional product. The net effect will be to increase the price and reduce the ava ilability of health care for everyone, which will tend to affect the poor the m ost. Governments, therefore, will confront tradeoffs along at least three dime nsions: treating AIDS versus preventing HIV infection; treating AIDS versus tre ating other illnesses; and spending for health versus spending for other object ives.

Regionally, a severe HIV/AIDS epidemic will tend to worsen poverty and i ncrease inequality because low-income households will be more adversely affecte d by an AIDS-related death. Decisions made at the household level to reallocat e resources (such as time, labor, housing, and land) to meet costs related to t he disease may alter the distribution of income in society and create new group s of poverty. Because HIV is predominantly transmitted sexually, AIDS kills ma ny people in their 20s, 30s and 40s their economically most productive as well as child bearing years.

One important way in which AIDS is likely to exacer bate poverty and inequality is the increase in the number of children who lose one or both parents. Embattled populations are becoming progressively less pro ductive and are burdened with increasing numbers of children orphaned by AIDS. As a result, development in these countries is adversely affected, and they wi ll require increased economic and medical assistance from the community of deve loped nations. The problems posed by HIV/AIDS will generate additional pressu re on North-South transfers of resources, cooperation, and bilateral relations.

AIDS also affects the workplace both because of reduced productivity and b ecause HIV-related illnesses can cause increased absenteeism among employees an d increased employee costs. Employee turnover related to the disease requires increased training and recruitment costs. In addition to soaring medical costs , corporations incur expenditures related to death benefits and funerals.

The full social and economic costs to a nation from HIV/AIDS are almost incalculabl e. Most prevalent among adults in their years of greatest productivity, economi c well being, particularly of developing nations, will be drastically affected

by the presence and spread of HIV/AIDS in the country.

The loss of so many wo
rking-age adults to illness and death undermines previous achievements in exten
ding life expectancy, and increases the burden placed upon the gamut of governm
ent and social systems: the education system, healthcare systems, business and
industry, communities and families. Already the HIV/AIDS epidemic is taking a t
oll on the education systems. Children are being forced to leave school to care
for ailing parents who themselves have fallen prey to the disease. When orphan
ed, children usually abandon schools in more immediate need of a livelihood as
a means of self-support. That livelihood all too often becomes commercial sex w
ork, selling themselves to survive or to support their remaining siblings or ot
her extended family. This situation already worsened by the growing internatio
nal financial crisis in Asia, Russia and Latin America, portends an even greate
r likelihood of increased transmission of HIV/AIDS and other STIs.

The pool of
uneducated and undereducated people due to HIV/AIDS related causes further thr
eatens to undermine critical economic investment for business which needs a sta
ble, well-educated, and healthy laborpool for production of goods for domestic
and international commercial markets. The increased costs of doing business du
e to increased turnover of employees and additional training and other employee
related benefits and costs could raise the costs of doing business and discour
age international investment critical to stabilizing regional and national econ
omies. This would also mean a reduction in taxes and other production-related
revenues generated from tourism and other inputs in a healthy economic climate,
at the same time increased healthcare needs and associated costs for treating
HIV/AIDS victims strain national healthcare budgets.

Poorly trained and educ
ated girls and women, with few opportunities for employment in the business sec
tor may resort to or be sold into commercial sex work by impoverished family me
mbers in an effort to cover family expenses in times of economic hardship. Not
only does this lead to an erosion of society, and a further undermining of th
e roles and status of women, but also leads to the increased transmission of HI
V/AIDS, and an exacerbation of the poverty/HIV/AIDS cycle of suffering. With fe
wer healthy people, and the healthy needed to support the sick, there will be f
ewer persons available to care for the growing numbers requiring care. They wi
ll likely look to the formal healthcare system, in whatever state it may exist,
for care and support. And the ever-growing numbers of sick and dying will sev
erely burden inadequate healthcare infrastructures, increase fear and intoleran
ce, which could lead to increased violations of human rights.

Of all the econ
omic and social costs incurred due to HIV/AIDS, healthcare costs are the most e
asily quantifiable. The World Bank estimates that in the average country, the
annual treatment cost of AIDS is about 2.7 times GNP per capita. Spending on A
IDS treatment increases with GNP; on average, treating an AIDS patient for one
year costs about the same as educating 10 primary school students for one year.
If India maintains its current level of health care subsidies, a severe AIDS
epidemic would increase government health care expenditure by about $2 billion
per year by 2010. If subsidies are increased to the 50% level, the same size e
pidemic would increase annual government health expenditures by an additional $
30 billion.

HIV/AIDS is not simply about mustering resources, technological kn
ow-how, and collective will to manage and eventually halt the spread of AIDS.
The political and economic reverberations of HIV/AIDS demand a far broader resp
onse. Its increased incidence among military populations, its transforming of
the debates about both North-South issues and gender equity, and its challenges
to the central tenets of human rights are all inextricable elements of policy
development and implementation.

III. ASSESSSMENT OF 1995 STRATEGY

The July 1
995 US International Strategy on HIV/AIDS was structured around three broad cat
egories of goals: 1. Prevent New HIV Infections; 2. Reduce Personal and Social
Impact; and 3. Mobilize and Unify National and International Efforts. The fol
lowing is a brief review of the progress made on these goals since that time.
This review does not constitute an exhaustive analysis of the activities of eac
h agency, rather it is simply intended to highlight areas of success and to ide
ntify areas where more action needs to be taken.

Prevent New HIV Infections

There is not yet a cure for HIV/AIDS and existing treatment regimens are costl
y. As such, the bulk of USG efforts and achievements since 1995 have been in t
he area of prevention. Under the heading of preventing new HIV infectious, the
1995 Strategy laid out several points for action:

Take diplomatic initiatives
to promote more active involvement on HIV/AIDS issues by national governments;

Develop behavioral prevention strategies;
Augment research;
Safeguard the bloo
d supply;
Provide access to health services and technologies;
Address the adver
se impact of poverty and other factors on prevention efforts.

Take Diplomatic
Initiatives to Promote More Active Involvement on HIV/AIDS Issues by National G
overnments

As a result of the 1995 U.S. International Strategy on HIV/AIDS, th
e Department of State, in conjunction with other agencies, has taken numerous d
iplomatic initiatives to promote more active involvement on HIV/AIDS by nationa
l governments. For example, the Department of State has: initiated senior staff
briefings and high level directives to engage host government counterparts; pl
aced the issue of HIV/AIDS on multilateral agendas and human rights commissions
; gathered support promoted positions at the IVth World Conference on Women; in
cluded a discussion of HIV/AIDS in Agenda 21 for the International Conference o
n Environment and Development; and placed HIV/AIDS on the G-7 agenda of Finance
and Foreign Ministers in 1996 in Lyon; and supported consensus on HIV/AIDS rel
ated Human Rights Commission Resolutions.

On December 1, 1997 - World AIDS Da

y - Secretary of State Madeleine Albright issued a statement in which she calle
d on nations, private institutions, local and international business, communiti
es and families to intensify the fight to curb the HIV/AIDS epidemic. In additi
on, U.S. ambassadors and other embassy representatives have been were instruct
ed to meet with host country counterparts to brief them on describe the 1995 U.
S. International Strategy on HIV/AIDS and to encourage leaders to expand HIV/AI
DS prevention and mitigation programs.

USAID has been successful in identifyi
ng effective prevention strategies and, through USAID missions and U.S. embassi
es, publicized successes to government and community health workers so that the
y may be duplicated elsewhere. Dissemination activities have included productio
n of training curricula; convening of workshops; lessons learned documentation
(electronically, hard copy, CD-ROM, etc.) has been distributed, and most import
antly, these best practices have been incorporated into all USAID assisted prog
rams.

Develop Behavioral Prevention Strategies

CDC has supported an ongoing
portfolio of behavioral research to identify and monitor risk behaviors and the
ir psychosocial and environmental determinants. CDC scientists have also comple
ted and are disseminating information from several large, multi-site interventi
on trials evaluating one-on-one, small group, and community level behavioral in
tervention strategies. In addition, approximately 6 trials evaluating intervent
ions for young gay and bisexual men, young men about to be released from prison
, serodiscordant couples, and HIV infected persons are and now in the formati
ve or implementation phase. Ongoing research also includes HIV risks to postpar
tum women and perception and behaviors that influence acceptance of HIV counsel
ing and testing. Finally, CDC established an ongoing database of HIV interventi
on research literature to facilitate ready identification of scientifically cre
dible intervention models for use by HIV prevention programs.

USAID continues
its global leadership in support of behavioral and operations research to devel
op culturally appropriate HIV/STI prevention strategies and to doucment the hou
sehold and other economic impact of HIV/AIDS in the developing world. USAID ha
s established formative behavioral research as an integral part of all quality
behavior change intervention (BCI) programming. Behavioral research is one of
the core mandates of Horizons, USAID's new global leadership and operations res
earch project managed by the HIV/AIDS division. Through mechanisms under USAID
's HIV/AIDS strategic objective, USAID is initiating intervention research on a
range of behavioral topics, including: improving risk reduction interventions
for women and girls; promoting effective STI care seeking behavior by men as w
ell as women; supporting culturally appropriate counseling and testing; strengt
hening community mobilizaiton and empowerment for HIV prevention, care and supp
ort; improving methods for personal HIV risk assessment, and understanding the
economic and societal pressures that increase sexual risk behavior.

In the p
ast 5 years, USAID, through work with host country governments and community gr
oups, has provided behavior change services for over 22 million specially vulne
rable men, women and youth helping them to reduce their risk of HIV infection.
To accomplish this task USAID has trained over 180,000 new dedicated counselors

and educators. In addition, with our partner organizations we have improved th e clinical management of sexually transmitted diseases (STD) in over 22 countri es as a significant way to reduce the efficiency of HIV sexual transmission, as well as to restore and protect their health.

Building on this investment in behavioral research, the USAID funded AIDS Control and Prevention Project (AIDS CAP) project supported ten studies ranging from an intervention trial to define cost-effective approaches to HIV/AIDS education for vocational students in Sao Paolo, Brazil, to a collaborative, UNAIDS/AIDSCAP multi-site efficacy study of the impact of personal risk reduction counseling and HIV testing on sexual ris k behavior. AIDSCAP also built new tools for behavioral research related to HIV /STI. They adapted rapid ethnographic assessment procedures to the STI field. The resulting Targeted Intervention Research (TIR) manual was developed and app lied in nine countries in Africa and southeast Asia to develop locally meaningf ul health education message, and to enable developing country researchers/provi ders to include improve doctor-patient communication by using local language an d concepts in STI screening and case management.

USAID's Women and AIDS Rese arch Program, a cooperative agreement with the International Center on Research on Women, supported 17 small behavioral studies on the perceptions and experie nces of women and girls around sexuality, HIV/AIDS, and risk reduction. This r esearch has resulted in a dramatic increase in the quality and quantity of know ledge regarding the behavioral, socio-cultural, and economic factors that influ ence women's vulnerability to HIV infection throughout the world. It has broug ht to the forefront the need to incorporate women and a gender perspective into AIDS prevention programs; has built local NGO and government capacity to deal with gender issues, and in the second phase of the project, has turned the rese arch findings into eight HIV/AIDS interventions focusing on the special needs a nd circumstances of women.

USAID social and behavioral research at the macro level has developed and applied epidemiological and economic projections for H IV/AIDS for improved policy-making. In the Dominican Republic, policy research involving epidemiological models and projections stimulated the President to s ign into law legislation to enhance HIV/AIDS prevention efforts in the country. In Brazil, a study of the economic losses associated with high consumer price s for condoms was used successfully by local advocates to convince the Federal government to reduce taxes on condoms. In South Africa support to research on the social and economic impact of HIV/AIDS has provided crucial data for policy dialog about the need for private and public investment in HIV/AIDS prevention and care. USAID-funded projects have established formative behavioral researc h as a prerequisite of technically sound intervention development. Thus most o f our future interventions will contain data collection components that enrich the knowledge base for understanding HIV risk behavior and opportunities for pr evention and care.

Finally, behavioral research is one of the core mandates of Horizons, USAIDs new global leadership and operations research project managed by the HIV/AIDS division. Through mechanisms under USAIDs HIV/AIDS strategic o bjective, USAID is initiating intervention research on a range of behavioral to pics, including: improving risk reduction interventions for women and girls; pr omoting effective STI care seeking behavior by men as well as women; supporting

culturally appropriate counseling and testing; strengthening community mobiliz
ation and empowerment for HIV prevention, care and support; improving methods f
or personal HIV risk assessment, and understanding the economic and societal pr
essures that increase sexual risk behavior.

Augment Research

The USG has mad
e large strides towards improving HIV prevention research in the area of develo
ping behavioral prevention strategies and providing access to health services a
nd technologies for the prevention of mother to infant, or vertical, transmissi
on. CDC has pledged to enhance emphasis on prevention of perinatal HIV transmis
sion through research, training and pilot projects. CDC is actively involved in
ongoing research on the use of AZT therapy in pregnant women to prevent perina
tal HIV transmission. In 1995 NIH pledged to place a high priority on following
up initial studies which could lead to methods for preventing HIV transmission
from mother to fetus, including anti-viral therapy (AZT) and micro-nutrient tr
eatment (vitamin A) during pregnancy and on further defining the context of the
ir use. To this end, it is notable that the results from the U.S. AIDS Clinical
Trials Group 076 in 1994 and the recent Thailand trial findings in 1998 highli
ght the dramatic success of AZT in reducing the risk of perinatal HIV transmiss
ion.

NIAID is supporting additional perinatal prevention trials in Malawi, Za
mbia, South Africa, Zimbabwe, Uganda, Ethiopia and Thailand. These trials addr
ess questions about breastfeeding transmission, STD treatment, microbicides and
promising new antiretroviral immune agents to decrease perinatal transmission
to as low rates as possible in international settings. NICHD (National Institu
te of Child Health and Human Development) has also been instrumental in that be
tween 1995-1997 they increased their support for international perinatal transm
ission studies by more than 90%. With support from the Office for AIDS Researc
h (OAR), NIAID, NICHD investigators and Fogarty International Center grantees a
re undertaking pilot studies directed at implementation of short course AZT the
rapy in a number of developing countries.

DOD continued in its cooperation wi
th other countries in the quest for the identification of an HIV/AIDS vaccine a
nd the identification of best practice for the treatment of HIV/AIDS. The Depa
rtment of Commerce US Patent and Trademark office developed a homepage that pro
vides a searchable database containing the full-text and images of patents rela
ted to AIDS research.

Safeguard Blood Supply

FDA has worked with manufacture
rs to facilitate the development of new testing methodologies and other approac
hes to help assure the safety of the blood supply. FDA is also collaborating w
ith international organizations such as WHO and ICH to harmonize biological sta
ndards on blood safety and is actively involved in training others in their spe
cialty. Additionally, USAID has directly supported improvements in health care
infrastructure by providing advocacy and leadership in the area of blood safety
and universal precautions.

Provide Access to Health Services and Technologies

Toward the goal of providing greater access to health services and technologi es, USAID is supporting female condom distribution and market research in over 15 countries. The USAID Population, Health and Nutrition (PHN) Center has deve loped a global research agenda for determining the net public health value of p roviding the female condom through public and private sector outlets. USAID sup ports several grants to non-governmental organizations, as well as epidemiologi cal and biomedical research administered by the NIH, CDC, and the Global Progra mme on AIDS of the WHO. Specific areas of research include female-controlled va ginal spermicides and microbicides, female condoms, the economic impact of HIV/ AIDS, inexpensive STD diagnostics, and novel testing and counseling strategies.

FDA has also been instrumental in securing greater access to health services and technologies. FDA has worked with manufacturers to facilitate the rapid d evelopment of new agents for prevention and treatment of HIV related conditions , and medical devices for the prevention of transmission, through streamlining the FDA review and drug certification process for HIV/AIDS therapies. The stre amlining effort has expedited the timeframe for bringing new drugs to market, r educing the time from _____ to _____. FDA has approved 12 distinct drugs for the treatment of HIV/AIDS and 25 drugs for the treatment of infection related t o HIV.

Address the Adverse Impact of Poverty and other Factors on Prevention Efforts

USAID addresses the socioeconomic factors which contribute to women' s vulnerability to HIV infections through programs to increase the level of edu cation in girls and women and their economic potential. The development assist ance provided by USAID includes programs to increase access for girls education and microenterprise activities for women. The HIV/AIDS division of USAID addr esses this area by contributing to research which examines the role of communit y development and women's health, in addition to research examining the role of microcredit and microenterprise in supporting those affected by HIV - primaril y women and children. USAID's work on orphans issues also addresses the need t o keep girls in school when families are coping with the pressures of illness i n the household.

In 1996, USAID redesigned its HIV/AIDS strategic objective t o better reflect the experience gained to date in prevention activities and to respond more effectively to the growing and changing worldwide epidemic. Repre sentatives of host governments, international development organizations, NGOS, the private sector, affected communities, people living with AIDS, and USAID Mi ssion and Regional Bureau staff participated in a series of activities resultin g in recommendations to expand the scope of USAID's response to the epidemic. The revised Strategic Objective (SO) states: to increase the use of improved, e ffective and sustainable responses to reduce HIV transmission and to mitigate t he impact of the HIV/AIDS epidemic. This new strategy is based on the need for continued and expanded efforts to prevent HIV transmission, and a new focus on mitigating the diseases impact on people and their communities, while more clos ely studying its social, economic and policy impacts.

Included in the 1999 doc

ument is a directive to "develop and promote approaches that address key contex tual constraints and opportunities for prevention and care interventions." HIV/ AIDS prevention and management efforts are often hampered by the policies, norm s, and financial constraints under which they operate. USAID will address these environmental constraints by: effectively communicating the economic, social a nd health costs of HIV/AIDS to key policy-makers and budgetary and decision mak ers; promoting the elimination of barriers that inhibit the flow of HIV/AIDS pr evention and management information and services to youth, women, people living with AIDS (PLWA) and other vulnerable groups; developing and promoting effecti ve strategies for providing basic care and support services for PLWA; and, supp orting initiatives to dedicate increased resources for HIV/AIDS prevention and management.

Reduce Personal and Social Impact
II. REDUCE PERSONAL AND SOCIAL I
MPACT

The 1995 Strategy called for a greater consideration of the problems HI V/AIDS poses that go beyond the medical and health implications. The strategy stipulated that in order to mitigate the impact of HIV/AIDS on the individual a nd society, the following broader issues must be taken into consideration:

Pro
vide Care and Support;
Guarantee Human Rights;
Protect Politico-Military Struct
ures at Risk;
Place HIV/AIDS on the Sustainable Development Agenda

Provide Car
e and Support

In an effort to provide greater care and support, USAID was acti ve in advocating a strategy of prevention to care, which included: access to co unseling and testing, reducing stigma, improving psychosocial and basic medical support for HIV positive persons and selected interventions for survivors. NIH has studies underway to find ways to limit progression of HIV disease in infec ted children and to increase childhood survival in developing countries, partic ularly Africa and Asia.

Providing care and support to those afflicted with
HIV/AIDS reaches beyond the health sector. As such, increased attention has be en given to the social and economic impact of HIV/AIDS. The USAID Regional Miss ions support a range of studies on the social, economic and community impact of HIV/AIDS in Africa, Asia and Latin America, ranging from studies on the social and economic impact of HIV/AIDS in Southern Africa, to studies of collaboratio n between traditional and biomedical healers in management of HIV/AIDS in Zambi a and Senegal. At the request of Leon Fuerth, Assistant to the Vice President f or National Security Affairs, the NIC Office of Transnational Issues recently p ublished a study assessing the social and economic impact of AIDS in the sub-Sa haran Africa region.

Guarantee Human Rights

In the area of human rights, the
State dDepartment and other USG representatives took diplomatic initiatives to promote and safeguard protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing a nd social welfare in all appropriate fora. The human rights implications of HI V/AIDS are also a regular part of the biannual agenda of the Human Rights Commi ssion. In addition, the Department of State continues to include HIV/AIDS-rela ted discrimination and human rights abuses in regular embassy reporting. Furthe r, the USG supported consensus on the UN Commission on Human Rights' biennial R esolution "The protection of human rights in the context of the human immunodef iciency virus (HIV) and acquired immune deficiency syndrome (AIDS)." The resolu tion sets out guidelines states may follow in dealing with the health crisis an d human toll of AIDS and HIV. The resolution also asks the Secretary General to solicit input from countries, specialized agencies, and related governmental a nd non-governmental organizations in order to provide a progress report to the Commission on follow-up. The next session of the Commission at which the AIDS/H IV resolution will be considered will take place in March, 1999. In addition, t he Department of State continues to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting.

Protect Politico-Military
Structures

DOD furthered its efforts to protect politico-military structures a t risk by continuing to conduct military to military educational programs on HI V/AIDS, which are expected to contribute to changes in high-risk behavior and a n overall decrease in rates of infection in foreign militaries. Additionally, the National Intelligence Council prepared a national estimate on the impact of HIV/AIDS on military establishments.

Place HIV/AIDS on the Sustainable Devel
opment Agenda

The Department of State is directly responsible for placing heal th and HIV/AIDS on the international agenda as elements of sustainable developm ent. Health - including a discussion of HIV/AIDS - was a part of the discussion s for Agenda 21 for the International Conference on Environment and Development and continues to be a part of the USAID programs for development assistance. T he Department of State also placed HIV/AIDS on the agenda of Finance and Foreig n Ministers in 1996 in Lyon.

Mobilize And Unify National And International Eff
orts
III. MOBILIZE AND UNIFY NATIONAL AND INTERNATIONAL EFFORTS

The 1995 Inte
rnational Strategy called for increased collaboration and unification of USG HI V/AIDS prevention and mitigation efforts, and stated that strengthened collabor ation within and among countries is an essential component to improving efforts to combat global HIV/AIDS.

In this vein, the Department of State has been act
ive in diplomatic prevention efforts. In particular, at the Fourth World Confe rence on Women, the Department of State successfully promoted major tenets of t

he 1995 International Strategy on HIV/AIDS. U.S. positions in support of the st
rategy were adopted at the Beijing conference. In addition, the Department of S
tate, USAID and others continue to work with UNAIDS, UNICEF, UNFPA, UNESCO and
UNDP on the goal of unifying international efforts to mitigate and prevent HIV/
AIDS.

Through public diplomacy, USIA continues to share with foreign publics k
ey policies and a variety of American Federal and local government and non-gove
rnment organizational activities that contribute to HIV awareness, prevention a
nd treatment programs in the US and abroad. An example of USIA efforts is the c
ampaign mounted to bring attention to the December, 1997 World AIDS dDay.

The
White House Office of National AIDS Policy (ONAP) took further steps toward un
ifying national efforts. Representatives from State, USAID, ONAP Directors Off
ice, DHHS and others worked together collaboratively and met several times to d
iscuss current activities develop a National AIDS Strategy.

Areas for Continu
ed or Future Action

Strengthening public health infrastructures;
Making AIDS t
reatment more accessible and affordable;
Addressing the adverse impact of pover
ty and other factors on prevention efforts;
Protecting human rights; and
Improv
ing collaboration and donor coordination through sharing both technical and fin
ancial resources.

IV. ISSUE OVERVIEW

An Interagency Working Group of the U.S.
Government agreed to the following issues as those most relevant for USG actio
n through agency programs. determined that the 1999 U.S. International Strategy
on HIV/AIDS should present activities, programs, and policies in general areas
of the HIV/AIDS pandemic. These issues are the broad areas of concern in the
U.S. Government. They are HIV transmission prevention, vaccine research, and t
he mitigation of the impact of HIV/AIDS. Within these larger issues are severa
l issues of importance including Specific areas also include treatment equity,;
behavioral research/ behavioral change intervention,; AIDS-orphaned children;;
women and health,; microbicide development; and donor coordination. This sect
ion provides an overview of these issues. In the Action Strategy Section, Feder
al agencies have identified activities in the areas that are relevant to their
mission. Agencies also have identified activities in additional areas of exper
tise

In Section V, the Action Strategy identifies specific objectives to effe
ctively address the targeted problems presented in the issue overview. The Act
ion Strategys programs, policies and activities represent commitments by each a
gency and have been adopted by the highest level of agency authority.

EFFECTIV
E INTERVENTIONS, TEMPORARY SUCCESSES

Antiretroviral Drugs

New breakthroughs i
n the development of multi-drug therapies and antiviral use to reduce the perin
atal transmission of the disease from mother to fetus or newborn are providing
a larger arsenal of weapons with which to fight the HIV/AIDS epidemic. The dem
onstration that potent new combinations of antiretroviral drugs reduce viral lo
ad in patients proved to be one of the major scientific advances of 1996. Howe
ver, the relative short-term success of potent three-drug combinations due to t
he development of drug resistance and the extreme costs and difficulty in the t
reatment regimen undermines the long-term prospects for continued success and t
heir widespread availability beyond the developed world.

While the drug therap
ies may extend and improve the quality of life for HIV/AIDS patients, they are
not a cure for the HIV/AIDS virus and are not available to all who need them.
The costs of antiretroviral therapy ranges from US $10,000 to US $15,000 per pe
rson per year and requires an established public health infrastructure which ca
n assure compliance with a continuous, comprehensive and vigorous treatment reg
imen, making the treatments impractical and unwise for much of the developing w
orld.

In addition to cost, drug resistant strains of HIV emerge if an individu
als viral replication is not completely suppressed by antiviral treatment. As
a result, the viral load increases and disease progression may occur.

The t
herapies have not been proven successful for everyone, and they often cause sev
ere negative side effects. The misconception that antiretroviral therapy is a
cure may work against prevention of transmission if individuals believe they ar
e no longer contagious and continue high-risk behavior. And although antiviral
s can prevent mother-to-child transmission of the disease, they provide no prot
ection to the mother carrying both the unborn and the HIV/AIDS virus. The pote
ntial emergence of drug resistant strains combined with the emergence of mutate
d strains of the virus and the need for more widespread availability of prevent
ion and treatment measures demand that all efforts for vaccine research and tra
nsmission prevention be redoubled immediately.

HIV TRANSMISSION PREVENTION

HI
V transmission can be reduced and the socio-economic impact of AIDS alleviated
with effective development and implementation of improved policies, strategies
and coordinated programs underscored by strong commitment and involvement from
national, state, provincial and local governments.

Now, as more accurate numb
ers are tabulated to show the presence and rate of infection, it is evident tha
t the fight to end HIV/AIDS will be long and will require the sustained partner
ships of all effected. HIV/AIDS is a multi-sector problem that can only be solv
ed with interventions comprised of well-planned sustainable programs, which add
ress legal, social and economic inequities as well as a new array of problems u
nique to HIV/AIDS. The effort requires the collaborative expertise of internat

ional organizations, governments, industry, and non-governmental organizations.

There exists no single, standardized set of interventions in HIV/AIDS prevent ion programming. Specific regional strategies must include an appropriate mix of programs proven to be effective for the vulnerable populations being address ed. These strategies must take into account available resources and local risk behaviors and be tailored to cultural attitudes and belief systems.

Prevent ing sexual transmission requires comprehensive and persuasive education to conv ince people to change deeply ingrained sexual behaviors, a difficult and comple x task that can cause examination of cultural, religious and personal beliefs. But prevention works.

There is good evidence that HIV infection rates are st abilizing or decreasing in places where focused and sustained prevention progra ms have brought about significantly safer behavior. This is not just the case in developed countries in Europe and the Americas. It is true around the world . For example, surveillance testing in urban areas of Uganda over the past fiv e years reveals a 40% drop in HIV prevalence among pregnant women. This decline in HIV infection is particularly striking in young women and is associated wit h delayed first sexual intercourse, increased condom use, and fewer sexual part ners.

In Thailand, annual surveys in young men showed both substantial reducti ons in risk behavior and decreases in HIV infection levels. Between 1991 and 1 995, visits to sex workers reported by these men were cut by almost a half; and those who reported not using a condom on the last visit dropped from nearly 40 % in 1991 to slightly over 5% in 1995. As a result, HIV prevalence among this group has decreased from 8% in 1992 to less than 3% in 1997. The first signs o f an HIV turnaround are also being seen among young people in northern Tanzania . In areas with active prevention programs, prevalence in young women fell by 60% over a period of six years.

Other methods of preventing HIV transmission also may have an important impact on slowing the pandemic. For example, resear chers are developing and testing topical microbicides, substances that a woman could use in her vagina before sex to prevent the transmission of HIV and other sexually transmitted diseases. USAID, UNAIDS and others also have facilitated more widespread use in Africa of the female condom. These interventions may h elp empower women to protect themselves in situations where they are unable to avoid sex with partners who are HIV-infected or to persuade their partners to u se a condom.

However, to prevent HIV transmission it is no longer sufficient t o focus solely on sexual transmission as the only route of HIV infection. Whil e sexual transmission, both heterosexual and homosexual, is still the primary m eans of transmission there are many other routes which, if ignored, will contin ue to raise transmission rates resulting in further spread of the deadly virus.

A continued emphasis on a full range of effective, low-cost tools of HIV preve ntion is crucial to slowing the epidemic.

Researchers have shown that severa

l approaches to HIV prevention can reduce the number of new infections when pro
perly executed including: education and behavior modification; the social marke
ting and provision of condoms; treatment of other sexually transmitted diseases
; drug abuse treatment (for example, methadone maintenance for injection drug u
sers); and the use of antiretroviral drugs to interrupt the transmission of vir
us from mother to infant. For example, an investigator at Harvard University i
s conducting a substudy of a clinical trial of vitamin therapy for HIV-infected
Tanzanian women. In a substudy supported by the National Institute of Mental
Health AIDS Program, the investigator will assess the occurrence of HIV-related
symptoms and the negative social consequences of notification of HIV test resu
lts (e.g., domestic violence) and the impact of HIV test notification on the sy
mptoms of depression and the progression of HIV infection to AIDS.

Integration
of the use of proper procedures for blood safety and universal infection contr
ol is effective in reducing blood-borne HIV transmission in health programs. D
evelopment and application of intervention strategies, within existing health p
rograms, to decrease transmission by other routes such as perinatal and by bloo
d is absolutely integral to the decrease of HIV transmission rates.

The case
of mother-to-child transmission is estimated to be the source of 5-10 percent
of the total of new HIV infections each year in many developing countries, with
more than 500,000 children infected each year. Over 1.5 million HIV infected
women become pregnant each year, the majority in Africa and Asia; projections t
o the year 2000 indicate between 5-10 million children are expected to be infec
ted.

A recent clinical trial conducted by the Centers for Disease Control and
Prevention with the Ministry of Thailand found that HIV transmission from moth
er to child could be reduced by 50 percent by giving the drug AZT to mothers du
ring the last four weeks of pregnancy and during labor and delivery. A recent
trial, completed in 1998 in Thailand, showed that antiretroviral pills given to
pregnant women during the last week prior to and during labor combined with sa
fe alternatives to replace breastfeeding cut overall vertical transmission of H
IV to 9 percent. This compares with the norm in developing countries of up to
35 percent.

While prevention of HIV transmission is necessary to curb the ev
er growing epidemic, countering the increasing rates of opportunistic infection
s is also essential. HIV-related increases will occur in the progression of do
rmant Tuberculosis infection to infectious TB diseases in individuals infected
with both diseases. Programs to address other STIs which exacerbate or are exa
cerbated by HIV/AIDS must be implemented along with more comprehensive, accurat
e and inexpensive diagnostic testing and counseling. In Tanzania, the groundbr
eaking Mwanza study, showed that using simple, realistic syndromic management t
o treat sexually transmitted infections within a study population reduced the n
umber of new infections by an impressive 42 percent.

Prevention of and reduc
tion in transmission rates is key to slowing the HIV/AIDS epidemic, however, it
is important to note that should HIV transmission cease tomorrow, the continua
l impact of AIDS cases following the natural course of HIV will remain great fo
r many years to come. Therefore, tailored combinations of programs designed to

mitigate the devastation wreaked by HIV/AIDS as well as prevention of transmis
sion are needed for an effective sustainable response to the deadly epidemic.

HIV Drug and Vaccine DevelopmentHIV VACCINE DEVELOPMENT

Developing a vaccine
or vaccines that are safe and effective in preventing HIV infection in exposed
individuals is a major public health priority in the national and internationa
l effort to combat this epidemic.

A number of new research advances indicate p
rogress against AIDS and open new areas of investigation. Protease inhibitors,
a new class of drugs, used in combination with other antiretroviral therapies,
have been shown to remarkably diminish the amount of HIV in an infected indivi
dual. Receptors for molecules called chemokines have been identified as critic
al cofactors for HIV infection, providing us with an entirely new set of target
s for anti-HIV therapies and new approaches for vaccine development. The chall
enge now is to develop more effective drugs and to prepare for the possible eme
rgence of drug-resistant strains of the virus.

Despite these advances, the en
d of the pandemic is not in sight. The new drugs, while promising, are not a p
anacea. It is not known how long the benefits of the drugs will last. There a
re many for whom the new drug regimen s have not been effective or for whom the
side-effects are not tolerable. The challenge now is to develop more effectiv
e drugs and to prepare for the possible emergence of drug-resistant strains of
the virus.

In light of the progress made against AIDS, the overarching goal is
prevention. Developing a vaccine or vaccines that are safe and effective in p
reventing HIV infection in exposed individuals is a major public health priorit
y in the national and international effort to combat this epidemic. The develo
pment of a safe and effective vaccine for HIV infection remains the holy grail"
of AIDS research, and an important step toward bringing the HIV epidemic under
control. The goal is a preventive vaccine is to slow and eventually end the H
IV pandemic and to protect the individual from HIV infection and/or disease. D
eveloping a vaccine or vaccines that are safe and effective in preventing HIV i
nfection in exposed individuals is a major public health priority in the nation
al and international effort to combat this epidemic.

Without a vaccine, AIDS w
ill soon overtake tuberculosis (TB) as the leading infectious cause of death in
the world. Vaccines may be the cost-effective way to prevent HIV infection wo
rldwide. Therefore, an affordable, safe and effective vaccine that is also eas
ily delivered and acceptable to various populations at risk is urgently needed.
President Clinton called for the development of an HIV/AIDS vaccine by 2007,
inviting international scientific collaboration to meet this goal.

MITIGATING
THE IMPACT OF HIV/AIDS

Mitigation of HIV/AIDS impact will need to focus primar
ily on three main areas, while maintaining adequate surveillance and flexibilit

y to address other issues as they may arise. Programs for mitigation should ad
dress care and support for HIV infected individuals, dependency and orphanhood
resultant of HIV/AIDS deaths and the pandemics affect on women and health.

Due
to investments in biomedical research, steady progress has been made in improv
ing the care of people with HIV or AIDS. For example, the usefulness of a tube
rculosis prophylaxis has been confirmed that will now allow more effective acti
on against this co-epidemic. Widespread access to highly effective antiretrovi
ral therapy has significantly prolonged life and improved the quality of life f
or people living with HIV in the Western world and has resulted in a spectacula
r decline in AIDS death in these countries. But because of the high cost and c
omplexity of these drug regimens, most infected individuals in the developing w
orld have no access to these latest therapies and often not even to simple tre
atments to fight their infections and diminish their pain. The absence of affo
rdable therapies in developing countries, where 90% of the epidemic is concentr
ated, will only exacerbate the already enormous human and economic costs of AID
S. It also risks becoming a major contributing factor to social and political
instability in those countries with hundreds of thousands to millions of infect
ed and affected citizens.

More needs to be done to document and improve unders
tanding of the nature, magnitude, and prevention and mitigation of HIV/AIDS-rel
ated adverse socio-economic impacts in the different levels and sectors of soci
ety. Surveillance of the disease itself as well as tabulation of infection rat
es is absolutely necessary to ensure that programs are implemented and that fun
ds are used adequately. HIV/AIDS sentinel surveillance inclusion into regional
and national surveillance for emerging and re-emerging disease will serve both
to better follow the epidemic as well as strengthening surveillance systems wo
rldwide. Linkages of surveillance systems will not only serve to better unders
tand the path of the disease but it will also ensure that all information is av
ailable and encourage information sharing of effective strategies worldwide.

Care and Support for HIV Infected Individuals

With 30.6 million people infecte
d with HIV and with infection rates on the rise, the need to create comprehens
ive care systems is great. The numbers of HIV infected individuals and people l
iving with AIDS-related illnesses will be so large that governments and donor a
gencies will have to have developed cost-effective intervention strategies to i
mprove the accessibility and quality of care and support services for HIV-infec
ted individuals. They will also have to have strategies to reduce the adverse
socio-economic consequences of AIDS. Health care for HIV/AIDS infected individ
uals must be designed and administered in an equitable manner. It must also be
in agreement with Human Rights as stipulated by the International Guidelines f
or HIV/AIDS and Human Rights: that vulnerability to HIV/AIDS be reduced, that t
hose infected with HIV/AIDS live a life of dignity without discrimination and t
hat the personal and societal impact of HIV infection is alleviated.

AIDS-Orp
haned Children

During the 12th World AIDS Conference in Geneva, the problems p
osed by this issue were referred to as a "massive social time bomb" as the numb

er of children affected by AIDS, including those who are orphans or caring for sick parents, continues to escalate. By the year 2000, 15.6 million will have lost their mothers or both of their parents in 23 countries heavily affected by HIV/AIDS. Largely as a result of the HIV/AIDS pandemic, that number will incr ease to 22.9 million by 2010. When paternal orphans are included, the total nu mber of orphans from all causes is projected to increase from 34.7 million in 2 000 to 41.6 million in 2010 in these 23 countries.

HIV has often caused huge increases in death rates among younger adults just the age when people are for ming families and having children. This inevitably leads to an increase in orp hans. In rural areas of East Africa, 4 out of every 10 children who have lost one of their parents by age 15 have been orphaned by HIV/AIDS.

The loss of a parent poses tremendous challenges for a child. These children may suffer from depression, malnutrition, lack of immunizations or health care, increased dema nds for labor, loss of schooling, forfeiture of inheritance, forced migration, homelessness, vagrancy, starvation, crime and increased exposure to HIV infecti on.

The growing number of children who will lose parents will, in turn, have a profound impact on their societies. With children who have lost parents even tually comprising up to a third of the population under age fifteen in some cou ntries, this outgrowth of the HIV/AIDS epidemic will create a lost generation a sea of youth who are disadvantaged, vulnerable, undereducated and lacking bot h hope and opportunity. The creation of such a large and disaffected demograph ic youth explosion could propel some of these societies to significant unrest a nd destabilization over the long term. The threat to the prospects for economi c growth and development in the most seriously affected countries is considerab le.

Women and Health

One of the most striking trends in the HIV/AIDS pandem ic during the past decade has been its rapid spread among women. Worldwide, wo men are becoming infected at faster rates than men, and the total number of HIV -positive women is fast approaching that of men. Young women are particularly vulnerable and it is estimated that 70 percent of women infected with HIV are b etween the ages of 15 and 24.

Women and girls face greater biological vulnera bility than males. The female reproductive tract is more susceptible to infect ion with HIV and other STDs, a susceptibility that is particularly great in you ng girls. Sexual transmission of the virus is four times more efficient from m en to women that from women to men; the immaturity of the sex organs of girls a nd younger women raises their biological vulnerability even higher. Nine in te n women are becoming infected through heterosexual intercourse.

But social and economic forces can play an even greater role in increasing womens risk of acq uiring HIV infection. The imbalance of power between men and women in most cul tural settings limits womens ability to protect themselves. Many women and you ng girls are forced to accept sexual partnerships that put them at high risk of

contracting the virus and are unable to insist on condom use by their partners . More than half the young women in a Malawi study reported coercion; over 20% of young women surveyed in Nigeria reported being forced to have sex. The reasons for forced sexual intercourse range from social pressure through coercion by older men in authority to having sex with virgins prescribed as a remedy for a range of illnesses to outright violence. Young girls are often targeted because they are believed safe and uninfected with HIV. Rape has become lethal with the advent of HIV. Adolescent girls face the greatest threat, as their extreme biological vulnerability is amplified by their psychological and cultural subordination and their lack of access to reproductive health information and services.

Topical microbicides are chemical barriers that women can apply topically to inhibit HIV infection. Although none have been shown to be effective now, microbicides are needed due to the high prevalence of non-consensual sex, lack of condom use and need for reproductive choices. Products also are needed to allow conception while preventing infections with HIV and other STDs.

Collaboration is important in addressing both common and individualized concerns for women addressing HIV/AIDS issues. Such collaboration should include the public and private sectors, international organizations, NGOs, the media, and women .

Donor Coordination

While the HIV/AIDS pandemic continues to grow, it is apparent that current worldwide programs and financial resources available to combat this disease are insufficient. An improved worldwide response to the pandemic in the developing world will require enormous increases in resources. Regardless of increases, it is unlikely that there will ever be adequate resources available to effectively meet all the needs associated with HIV/AIDS.

There will be a critical need for the development of effective coordination mechanisms within the donor community, multilateral coordinating bodies, the private sector and host country governments to ensure that available resources meet the most urgent program needs. The coordination of donor efforts for HIV/AIDS will assure that the limited resources currently available will maximize the comparative advantage donors have in various program areas. For example, some bilateral donors such as USAID may have strength in service delivery programs while other bilateral donors may play important complementary roles in other areas such as policy dialogue and training. Similarly, multilateral donors such as UNAIDS and the World Bank would play important roles in coordinating the efforts of other U. N. agencies or organizations.

Donor coordination will become even more important in the future as efforts increase to identify additional resources needed to combat HIV/AIDS. Increasingly HIV/AIDS is recognized not only as a health problem but as a development problem which adversely impacts all sectors of a developing country-education, finance, agriculture, other labor sectors. Therefore, the search for additional financial resources must extend to funds which may be available within the budgets of these other sectors. In addition, it may be possible through effective donor coordination/collaboration to mobilize

increased private sector resources for HIV/AIDS prevention and mitigation effo
rts. In addition, there is a critical need for improved collaboration and coord
ination between those organizations that are performing biomedical research and
those who are implementing programs and delivering services. Improved collabo
ration will allow better exchange of information about the current status, effe
ctiveness, cost, and availability of potentially useful technologies. Likewise
, organizations that implement service delivery may be able to contribute criti
cal insights during research design to assure that key operational questions ca
n be addressed during initial research endeavors.

To effectively prevent trans
missions and mitigate impacts, there must be coordination of various programs d
esigned to address the entire spectrum of the epidemic. It has been shown that
the key to any effective program or strategy is the full commitment by all inv
olved, particularly the involvement and commitment of government officials at t
he highest levels. Serious information gaps and lack of leadership and sustain
ed commitment on the part of government and donors have significantly slowed ef
forts to advance and sustain HIV/AIDS prevention and mitigation programs throug
hout the world.

In the protracted battle against HIV/AIDS, two of the greate
st factors inhibiting effective program planning and implementation are cost an
d sustainability. Sustainability plays a major role in cost due to the fact tha
t need for repeated creation, implementation and staffing of effective programs
requires great investment. Therefore, the development of programs that are se
lf-sustaining and easily administered at all levels of implementation is absolu
tely integral to countering the epidemic.

In order to design sustainable syste
ms for effective prevention and mitigation, a foundation must be laid for local
training of technical workers along with locally planned, managed and implemen
ted programs. The development of linkages between various institutions and int
ernational research centers and the development of regional networks of health
and non-health experts involved in fighting HIV/AIDS who can assist in the revi
ew and improvement of regional training curricula will prove highly beneficial
in the fight against HIV/AIDS. The planning of future programs must involve na
tional and local investment in building professional and institutional capacity
to ensure sustainability at all levels of administration. Working with the in
ternational community the collective efforts of all concerned are needed to eff
ectively address the myriad issues involved in addressing this pernicious epide
mic.

The USG calls upon all nations, international organizations, the public
and private sectors to work together in effective partnerships to advance vacc
ine research efforts and to promote more effective use of limited technical and
financial resources in the fight against HIV/AIDS.

WHITE HOUSE OFFICE OF NATI
ONAL AIDS POLICY

Role and Structure

The Office of National AIDS Policy was c
reated in 1993 by President Clinton to provide the Federal government with a gr
eater focus on the issues related to the pandemic of HIV/AIDS. Creation of the

office was suggested by numerous national and community-based AIDS organizatio ns. The office provides broad direction for Federal AIDS policy and fosters in terdepartmental communication on HIV/AIDS. The Office Director is a member of the Presidents Domestic Policy Council. The Office also works closely with the AIDS community both in the United States and around the world.

In addition, the Office of National AIDS Policy created the Interdepartmental Task Force on HIV/AIDS to help better facilitate communication among the various departments and agencies of the Federal government involved in HIV/AIDS.

The Office of Na tional AIDS Policy also functions as a liaison with Presidential Advisory Coun cil On HIV/AIDS. The Council was established by Executive Order, to provide ad vice, information and recommendations to the President, the Administration, and particularly, the Secretary of Health and Human Services, regarding programs a nd policies affecting or affected by HIV/AIDS. Its mission is to advise the Pr esident on what the Administration can and should do to stop the spread of the pandemic; to find a cure and vaccine for HIV; to provide the best possible trea tment and care to those who are infected; and to end HIV-related discrimination and intolerance.

The Council is uniquely positioned to play a leadership rol e in raising unpopular issues, ensuring that no affected populations are forgot ten, and keeping HIV/AIDS issues in the forefront of Administration priorities.

U.S. DEPARTMENT OF STATE

Agency Mandate Relevant to HIV/AIDS

The Departm ent of State is the lead U.S. foreign affairs agency. It advances U.S. objecti ves and interests through formulating, representing, and implementing the Presi dents foreign policies. The United States maintains diplomatic relations with some 180 countries and also maintains relations with many international organiz ations. The State Department has more than 250 diplomatic and consular posts a round the world: country mission components including embassies and consulates ; and delegations and missions to international organizations.

The State Depa rtment carries out its mission through overseas posts; in Washington, D.C. head quarters; and other offices in the U.S. In addition to representing U.S. polic y and interests at these posts, the State Department is the primary provider of foreign affairs information used by the U.S. Government in policy formulation. Information received from U.S. posts including in-depth analyses of the poli tics, economic trends, and social forces at work in foreign countries is provi ded to some 60 federal agencies.

In the area of international health, the role of the State Department is to develop and coordinate a sustained effort to enl ist support from other nations and international bodies to raise the level of p riority accorded HIV/AIDS and infectious diseases. The State Department, throu gh the coordinating efforts of the Bureau of Oceans and International Environme

ntal and Scientific Affairs/Emerging Infectious Diseases and HIV/AIDS Program (OES/E/EID), works with USAID and other federal agencies to develop the bilatera l and multilateral partnerships for international collaborations to address the unique implications of HIV/AIDS and other infectious diseases. OES/E/EID seek s to negotiate cooperative agreements with other nations to promote the establi shment of a global surveillance and response network, and to work with other ag encies to enhance awareness and national capacities around the world to prevent , diagnose, report, and respond to the threat of disease.

Other bureaus play
a key role in international health matters. The Bureau of Population, Refugees and Migration (PRM) is at the center of a cooperative effort among the State Department, other USG agencies, private voluntary organizations, and internatio nal agencies to implement a more comprehensive international population policy. It includes broadening population assistance programs to cover a wider range of reproductive health services, including family planning. PRM also provides assistance to refugees in first-asylum countries. The Bureau of Democracy, Hum an Rights, and Labor (DRL) oversees initiatives and policies to promote and str engthen civil society and respect for human and worker rights. DRL ensures tha t human rights in foreign countries are taken into account in the U.S. policy-m aking process and submits an annual report to Congress extensively reviewing hu man rights practices in each country.

The Presidents Interagency Council on Wo
men, which is chaired by the Secretary of State, is charged with coordinating t he implementation of the Platform for Action adopted at the UN Fourth Conferenc e on Women. The Platform recommends actions to increase womens access to appro priate, affordable and quality health care, information and related services; e ncourage both women and men to take responsibility for their sexual and reprodu ctive behavior; and undertake gender-sensitive initiatives that address sexuall y transmitted diseases, HIV/AIDS and sexual and reproductive health issues.

Ag
ency Strategy for Specific Issues

U.S. Role in Promotion of Active Involvement
on HIV/AIDS by National Governments

The State Department hopes to bring the
message to leaders around the world that HIV/AIDS and infectious diseases are t he silent enemies of economic and social development, political stability and e conomic productivity. No member or the global community can afford, either in terms of human suffering or economic costs, to fail to recognize or to act to f orestall the impending devastation which has already begun to ravage national e conomies, security and social infrastructure. Political commitment at the high est level of national government makes the critical difference in stemming the spread of HIV/AIDS. Where such commitment is present, such as Uganda and Thail and, the transmission rates are being effectively reduced.

Working through reg
ional bureaus and embassies and missions abroad, the goal of the State Departme nt is two-fold: to enhance U.S. diplomatic efforts to raise the level of priori ty by all governments to more effectively meet the challenges of HIV/AIDS and i nfectious diseases of all kinds; and to enhance international collaboration on

disease surveillance and response threats to reduce human suffering and to safe guard all peoples from the devastation of HIV/AIDS as a global priority.

HI
V/AIDS will be introduced to a greater extent in the U.S. diplomatic and policy dialogue in order to underscore the recognition of HIV/AIDS as an internationa l problem with political, social, and economic impacts which go well beyond the boundaries of the traditional health sector. Nations should address HIV/AIDS as a pandemic fueled by socio-economic inequities, human rights issues and ques tions of gender status.

The State Department and senior officials must play a central role in raising HIV/AIDS in international fora and is redoubling effor ts to put the full weight of the U.S. diplomatic infrastructure behind enhanced political commitment for overseas national action.

Recognition of the proble
m and promotion of AIDS education and prevention programs by high-level governm ent officials is vital to the success of AIDS prevention. Posts through our mi ssion planning process will be charged and held accountable for their active in terventions to raise awareness with host government officials. Ambassadors and other foreign policy officials at posts are directed to:

Urge foreign leaders
to openly address the HIV/AIDS pandemic in their own countries;

Urge other go
vernments to consider the adverse economic and social impact of HIV/AIDS in the ir countries;

Urge other governments to increase spending or to reallocate fun
ds to prevent the spread of HIV/AIDS and strengthen AIDS research efforts;

Emp
hasize the importance of National AIDS Action Plans which involve all relevant governmental agencies, ministries, NGOs and the private sector;

Encourage for
eign leaders to support the Joint U.N. Programme on AIDS (UNAIDS); and

Incorp
orate AIDS issues into foreign policy interactions with all government and inte rnational organizations.

The State Department, through formalized briefings a
s part of our National Foreign Affairs Training Center curricula and by country specific regional briefing to senior officials, is working to heighten the awa reness of the foreign policy implications of HIV/AIDS to the foreign policy com munity through all available mechanisms.

The State Department will convene re
gular interagency meetings to discuss the international calendar and to develop common approaches on HIV/AIDS and other infectious disease issues.

The State Department seeks to enhance diplomatic support for HIV/AIDS programs in developing countries and HIV/AIDS vaccine research and policy collaborations with international partners.

Using the HIV/AIDS component of the Common Agenda with Japan as a model, the State Department and USAID will pursue agreements with other donors to work more closely on HIV/AIDS in priority countries.

Human Rights Issues

The U.S. regularly supports UN resolutions before the Commission on Human Rights' for the protection of human rights in the context of the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The resolutions set out guidelines nations may follow in dealing with the health crisis and human toll of AIDS and HIV. The resolution also asks the UN Secretary General to solicit input from countries, specialized agencies, and related governmental and non-governmental organizations in order to provide a progress report to the Commission on follow-up. The next session of the Commission at which an HIV/AIDS resolution is expected for consideration will take place in March 1999.

The State Department will continue to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting and in its annual Country Reports on Human Rights Practices and represent these interests before the Human Rights Commission.

Information from post reporting has been correlated with increased requests for asylum and are used in U.S. Government consideration of asylum requests. The Department works closely with the Department of Justice on these issues.

The U.S. helped to negotiate a partnership arrangement between the Office of the High Commissioner for Human Rights (OHCHR) in Geneva and UNAIDS. The U.S. strongly supports the efforts of the OHCHR to mainstream human rights into the activities of other UN departments and agencies and especially the cooperation this partnership represents on combating the devastating worldwide crisis of HIV/AIDS.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Agency Mandate Relevant To HIV/AIDS

The U.S. Agency for International Development (USAID) is the global leader in developing and implementing international HIV/AIDS/Sexually Transmitted Infections (STI) prevention and control programs. USAID's HIV/AIDS/STI mandate is to achieve a sustainable reduction in HIV/STI transmission among key populations in developing countries and to reduce the impact of the epidemic on individuals, communities and societies in general. This mandate fits within the broader Agency goal of stabilizing world population

and protecting human health in a sustainable fashion.

USAID's regional and
bilateral programs are the core of the Agency's HIV/AIDS/STI prevention activit
ies, while the central programs provide complementary technical and programmati
c support. The Global Bureau, Office of Health and Nutrition, HIV/AIDS Divisio
n (G/PHN/HN/HIV-AIDS) is the Agency unit charged with the primary responsibilit
y for developing program interventions designed to accomplish the Agency's HIV/
AIDS/STI mandate. In collaboration with USAID field missions and other partner
s and stakeholders, the HIV/AIDS Division has developed a detailed strategic fr
amework that is consistent with the overall Agency mandate and lays out a futur
e-oriented HIV/AIDS/STI program for the next 7-10 years.

USAIDs strategy cont
inues to focus on three key approaches to HIV/AIDS prevention, each of which, o
ver time has had demonstrable impact in multiple country settings:
Reducing hi
gh risk sexual behavior through behavioral change interventions (BCI). These i
nclude not only mass and interpersonal communication strategies, but also polic
y and legislative reforms that enhance communication strategies and campaigns;

Increasing demand for and access to condoms, mainly through condom social mark
eting (CSM) programs;
Treating and controlling sexually transmitted infections
(STI) and sexually transmitted diseases (STD).

The first decade of HIV/AIDS
programming has revealed that effective, individually focused approaches must b
e complemented or supplemented by services more attuned to the environment in w
hich individuals live and make sexual and health decisions. This implies great
er emphasis on interventions that address couples, parents and children, social
networks, religion, worksites; the interaction of sexual and health beliefs; a
nd the norms, values, and policies that determine the social and sexual context
in which people live.

In addition to continuing the three major interventio
ns stated above, the expanded strategy now includes selected basic care and psy
cho-social support for HIV infected individuals and their survivors. This will
enhance the prevention agenda, and slow the deterioration of economic and socia
l development. The expanded strategy includes increased emphasis on supporting
HIV/STI surveillance systems that will assist in our understanding of the growt
h of the epidemic, as well as allow the assessment of the impact of interventio
ns. There are now innovative initiatives to perform operations research to ide
ntify best practice; to expand policy dialogue to include issues such as discri
mination and resource allocation; to increase PVO/NGO capacity building; and to
conduct targeted biomedical research.

The expanded strategy responds to con
cerns raised by many observers (field Mission staff, stakeholders, other donors
, PVO/NGO representatives, program evaluators and auditors) that USAID's HIV/AI
DS/STI program interventions should concentrate on achieving well-defined progr
am targets and results at country, regional and G/PHN levels, and should be clo
sely coordinated with, and provide technical support to, regional bureau and fi
eld mission programs.

To operationalize the strategic framework presented ab
ove, the HIV/AIDS Division developed a results-oriented program of grants, coop
erative agreements, interagency agreements and contracts that will continue the
Agency's focus on the prevention of sexual transmission of HIV. This program
is accomplished through the following ten activities:

HORIZONS: This Cooperat
ive Agreement with the Population Council (and collaborating partners: Internat
ional Council for Research on Women, Program for Appropriate Technology in Heal
th, International HIV/AIDS Alliance, University of Alabama, and the Futures Gro
up) will develop and disseminate the most effective ways of combating HIV/AIDS,
through operations research, field testing of program interventions, and the r
eview of scientific studies and publications.

IMPACT: This Cooperative Agreeme
nt with Family Health International (and collaborating partners: Program for Ap
propriate Technology in Health, Population Services International, Management S
ciences for Health, University of North Carolina, Institute of Tropical Medicin
e in Brussels) offers opportunities for field support (technical assistance, tr
aining, materials production, support for HIV/AIDS/STI programs including the d
evelopment of communication campaigns, and delivery of STD clinical services) t
o Missions and countries for the implementation of prevention and mitigation pr
ograms.

AIDSMark: This Cooperative Agreement with Population Services Internat
ional (and collaborating partners: Program for Appropriate Technology in Health
, Management Sciences for Health, International Planned Parenthood Federation,
International Council for Research on Women, DKT International and Family Healt
h International) provides support for developing regional and country HIV/AIDS
social marketing program interventions. AIDSMark will focus on the social mar
keting of critical public health products that are appropriate and timely for t
he setting (male and female condoms, STI treatment drugs, STD diagnostics, etc.
)

DMELLD: (To be awarded in November, 1998) This contract will offer field mi
ssions access to technical assistance for program design, monitoring, and evalu
ation. It will also collect technical lessons learned from all components of t
he portfolio and disseminate these to field missions, cooperating agencies, gov
ernments and international donors.

UNAIDS: (WHO, UNICEF, UNDP, UNICEF, UNFPA,
World Bank) USAID is the lead donor to the Joint Coordinated UN Programme on H
IV/AIDS (UNAIDS). UNAIDS coordinates UN activities at country level, supports n
ational strategic planning, generates best practice recommendations, and advoca
tes for increased resources to combat the pandemic.

PVO/NGO Capacity Building:
USAID supports this activity through four separate agreements: National Counci
l for International Health, International HIV/AIDS Alliance, CDC, Peace Corps.
These organizations focus on building indigenous PVO/NGO capacity through tech
nical assistance, training, technology exchange, and institutional partnering.

Operations Research for Implementing the Prevention to Care Continuum: This a

ctivity supports focused operations and applied research and provide selected t
echnical assistance to Missions and selected service delivery projects in order
to address key questions regarding the prevention to care continuum.

Biomedic
al Research: USAID provides support for biomedical research for the development
of selected technologies, including an effective vaginal microbicide to reduce
sexual transmission of HIV/STIs; rapid, simple, inexpensive STI diagnostic tes
ts; realistic interventions to reduce mother to child HIV transmission.

Policy
Reform: USAID supports policy initiatives that focus on increasing commitment
to prevention/care interventions, assisting with resource allocation decision
making, discrimination, and other key policy areas which enhance and facilitate
prevention and mitigation activities.

Strengthening Surveillance Systems: Thr
ough agreements with CDC, the U.S. Bureau of Census, and UNAIDS, consensus guid
elines will be finalized on minimum surveillance packages for developing countr
ies based on phase of the epidemic. Technical assistance to Missions and host
governments will be available to Missions to establish and maintain credible su
rveillance systems and operations research will develop and refine methodologie
s to estimate HIV incidence.

In addition to the strategic framework of the Gl
obal Bureau, outlined above, USAID's regional bureaus have also developed HIV/A
IDS programs which are tailored to meet the needs of each region and are consis
tent with the Agency's overall HIV/AIDS strategic objective. These programs al
so strengthen central and bilateral program efforts. What follows is a brief d
escription of USAID regional program approaches.

Africa Bureau - USAID's Afric
a Bureau provides leadership in the area of integration of HIV/AIDS activities
into ongoing maternal-child health programs. Also this bureau has been in the
forefront for its strong support for developing a solid research and analytical
agenda for HIV/AIDS. Agenda topics include information, education and communi
cation strategies for behavioral change; evaluation of integration strategies;
analysis of HIV/AIDS inputs from other development sectors; STD service deliver
y system strengthening; and monitoring/evaluation. The Africa Bureau also is a
strong proponent of sensitizing policy makers to the adverse impact of HIV/AID
S on other development sectors such as education and agriculture.

Latin Americ
a/Carribean Bureau (LAC) - The LAC Bureau's HIV/AIDS strategy focuses on countr
ies where the majority of HIV/AIDS infections occur, e.g., Brazil, Haiti, Mexic
o. The LAC HIV/AIDS program approaches vary by country depending upon the coun
try's experience level with the epidemic. In some countries such as those in C
entral America, USAID's HIV/AIDS efforts stress improving the policy environmen
t, NGO strengthening and condom promotion. In other countries such as Brazil a
nd Haiti, HIV/AIDS activities focus on targeting high risk groups such as women
, youth, commercial sex workers and men who have sex with men.

Eastern Europe/
Newly Independent States (ENI) - HIV/AIDS programs in this region are just begi

nning as policy makers become increasingly aware of the significance of the sky rocketing HIV/AIDS problem in this region. HIV/AIDS specific interventions cur rently are being developed in Russia and Ukraine. HIV/AIDS assessment activiti es have been completed and initial program plans have been developed. The focu s of these early program efforts will be on policy formulation, public educatio n regarding HIV/AIDS prevention, STD/diagnosis and treatment, NGO capacity buil ding, condom promotion and targeting high risk groups such as youth and injecti ng drug users. USAID financed HIV/AIDS interventions in other countries of the region remain to be developed. There are some beginning HIV/AIDS education an d counseling activities in countries such as Romania where HIV/AIDS information is integrated within an overall women's health strategy.

Asia Near East (ANE
) - This region has been identified as the site of the next wave of the HIV/AID S epidemic. The ANE Bureau has developed a regional strategy that includes the funding of an Asia Regional Office in Bangkok which provides critical technica l support to many USAID mission bilateral programs. The ANE regional strategy depends heavily on the services provided by cooperating agencies through agreem ents managed by the HIV/AIDS Division of the Global Bureau PHN Center. Many co untries such as Bangladesh, Cambodia, India, Indonesia, Nepal and the Philippin es have developed full scale USAID-financed bilateral HIV/AIDS prevention progr ams. Other countries will rely on USAID assistance provided through the ANE re gional bureau in close cooperation with the G/PHN/HIV-AIDS Division. The focus of these regional efforts will be on limiting cross border and seafarer's HIV/ AIDS transmission routes, developing prevention programs in low prevalence coun tries, upgrading surveillance systems to improve capacity to analyze HIV/AIDS r egional trends, targeting high risk groups such as commercial sex workers and w orking on specialized issues such as the trafficking of women, condom social ma rketing, HIV/AIDS/STI case management, behavioral change communications and pol icy advocacy. Other regionally supported activities include building and stren gthening local NGO programs and identifying local sources of HIV/AIDS technical assistance.

Funding

Since 1986 USAID has committed nearly $1 billion for HIV
/AIDS/STI prevention and mitigation programs in developing countries, where ove r 90% of the current and new infections occur. The Agency has maintained an HI V/AIDS annual funding level of approximately $121 million since 1993. These re sources are distributed within geographic regions in a pattern which reflects t he severity of the pandemic. Approximately 45 percent of the total HIV/AID/STI funding goes to Sub-Saharan Africa; 17 percent to Asia/Near East; 12 percent t o Latin America/Caribbean; and the remaining 26 percent is provided for worldwi de programs including UNAIDS. If, as experts predict, the severity of the pand emic shifts towards Asia, USAID will need to reconsider resource allocations to reflect the new situation. USAID provides approximately 25 percent of the UNA IDS budget ($15 million of a total $60 million annual budget).

In spite of the
fact that USAID is a major international funder for HIV/AIDS/STI prevention pr ograms in the developing world, the financial resources available to combat the pandemic clearly are inadequate to mount an effective truly global response in view of the steadily increasing HIV/AIDS/STI infection rates. Approximately $ 550 million is currently expended per year for HIV prevention and care in the d

eveloping world. This includes funding from the international donor community, loans through the World Bank and expenditure by host country governments. By comparison, the annual U.S. expenditure for HIV/AIDS/STI prevention activities domestically is approximately $700 million! In order to deal with the implicat ions of this funding inadequacy, USAID has strategically focused its efforts on key countries and targets its programs to those most likely to transmit or acq uire HIV infection. The emphasis countries for USAID prevention and mitigation programs are listed in the attachment.

STRATEGY FOR SPECIFIC HIV/AIDS/STI ISS
UES

Prevention

While HIV infection is deadly, it is also preventable. In th
e developing world, where costly, complex antiretroviral therapies are only acc essible to a few, primary prevention remains the best, most cost-effective resp onse to the pandemic. Some 80% of infections world-wide are attributed to sexu al transmission. Over the past 10 years, in over 70 countries world-wide, USAI Ds prevention strategy has focused first on promoting and facilitating sustaine d reduction in sexual risk behavior and, more recently, on modifying environmen tal conditions, such as poverty and the subordination of women, that provoke or facilitate risk behavior.

The behavioral outcomes that increase protection
against sexual transmission of HIV and STI are clear: abstinence, long-term mut ual monogamy among sero-concordant partners (HIV testing status for both partne rs is the same, i.e. both partners are seronegative or both partners are seropo sitive. Unfortunately, only approximately 10% of persons in the developing wor ld currently have access to accurate and confidential HIV testing), reduced rat es of partner change (reduced number of partners), and correct, consistent cond om use. However, no two countries and target audiences are alike, and USAID ha s learned that there is no single blueprint for prevention programs to achieve these outcomes. Rather, the Agency has established a process for developing an d implementing HIV prevention programs in partnership with host-country governm ents, non-governmental organizations, technical experts and intended beneficiar ies. This enables USAID-funded services to reach the people at the grass roots level and are shaped to meet the needs of specific target audiences and their cultural, economic and political environments.

The three pillars of USAIDs H
IV/AIDS prevention strategy respond to the principle determinants of sexual ris k behavior. The first is behavior change communications, which is used to tran smit information and to engage people in dialog about HIV/AIDS, STI, reproducti ve health, gender power and sexual norms - because people must understand the r isks and means of protection, and must be motivated to act to protect themselve s and others. The second is condom social marketing, which uses private sector advertising and commercial distribution approaches to make condoms more widely and sustainably accessible to people who know and are motivated to use them. The third is improved STI services - including improved and more accessible cur ative care, partner referral, and prevention counseling, because STI infections are health threats in their own right, and because they significantly increase the risk of HIV transmission and acquisition.

Our three core prevention str
ategies are supported by policy dialog, behavioral research, and monitoring and evaluation. Improving policy dialog, for example, through assisting community based organizations and government officials to consult and work together, hel ps to shape policy and normative environments so that they facilitate rather th an impede risk reduction. Behavioral research is essential for identifying and understanding risky behaviors and the populations who practice them, the chara cteristics and preferences of key audiences, the language and content of messag es that will appeal and speak to particular audiences, and other site-specific details. (Behavioral research is discussed in more detail below). Transferrin g skills in monitoring and evaluation enables USAID and our partners to track o ur programs, test assumptions, make mid-course corrections, and document the su ccesses and shortcomings of our activities to inform future programming.

In na
scent and concentrated epidemics, our programs prioritize work with so-called h igh frequency transmitters, or, most accurately, Those Most Likely To Contract and Transmit (TMLCT) HIV/STI, such as sex workers and their clients, other men whose work takes them away from home for long periods (e.g. military, long-dist ance truckers), or women and men with large, open sexual networks. USAID progra ms have developed an array of methods and innovative models for reaching and se rving even hard to reach populations at risk of HIV, who often include poor, ma rginalized groups such as street children or people living with HIV/AIDS. HIV testing status for both partners is the same, i.e. both partners are seronegati ve or both partners are seropositive. Unfortunately, only approximately 10% of persons in the developing world currently have access to accurate and confiden tial HIV testing. Key to their success are procedures for defining specific au diences and tailoring interventions to their needs, which have been shared amon g AIDS and reproductive health researchers world-wide. The AIDSCAP program alo ne supported over 450 projects in over 40 countries, reaching urban university students to rural traders, secondary school students to factory employees, legi ons of women attending antenatal care clinics to fledgling networks of people l iving with HIV, and private medical practitioners and pharmacists to traditiona l healers.

Whether focused services for localized groups or national program
s reaching the general population, behavior change interventions strive for bot h consistency and dynamism. The most effective programs deliver not one, but a n array of consistent messages through multiple, mutually reinforcing channels (e.g. newspaper, radio, billboards, community theater). And while coherent, th ese messages need to move with the public ethos, the stage or readiness of the audience to change, and evolution of the epidemic itself. Thus, new to our pro grams in the second decade, is a more balanced set of messages about HIV/STI pr evention, HIV/AIDS care, and clarifying and defending the human rights of peopl e already HIV positive. USAID and our partners across the globe have found tha t people living with HIV or AIDS are the most convincing educators and advocate s in prevention programs, and in high prevalence settings, communities need hel p in devising ways to care for families and orphans devastated by HIV/AIDS.

Creating environments where Persons Living with HIV and AIDS (PLHA) can come fo rward safely to serve as HIV/AIDS educators and community mobilizers requires c onfronting and overcoming HIV/AIDS stigma, and combating discrimination and opp ression of people with or associated with HIV. This has become an important ne w focus in USAIDs strategy for prevention. In addition, the sustainability of

programs hinges upon local participation and ownership, and upon resources that require local private sector and political support. Overcoming HIV/AIDS stigma both facilitates and follows community and policy-maker support for HIV/AIDS prevention and care. In short, while carrying forward the successes of the three pillars (BCI, CSM, and STI interventions) plus policy dialog, behavioral research and monitoring and evaluation activities, USAIDs HIV/AIDS prevention strategy has been expanded based on a decade of field experience that shows the importance of preparing communities and service providers to respond to a range of individual, family, and community needs along the prevention-care continuum.

Care and Support

USAID supports care activities because they improve our efforts to achieve sustainable development, enhance overall public health, and support our efforts to prevent further spread of HIV. Rather than take a narrow biomedical view of care, USAID advocates care and support activities which are broad in nature, and are critical to the continued efforts of communities, governments, and donors to promote sustainable development in the face of the HIV/AIDS epidemic. Care and support activities include:

Protection of basic human rights
Psycho-social care of persons infected and affected by HIV/AIDS.
Palliative care for persons with HIV related symptoms such as pain, fever, or diarrhea.
Prevention and treatment of common opportunistic infections.
Supporting programs which provide economic support to those communities hard hit by HIV/AIDS.
Supporting foster and extended families for the millions children who have been orphaned thus far by AIDS.

HIV/AIDS care and support activities enhance sustainable development by shoring up fragile infrastructures. For example, community-based care, and retraining of key personnel, are essential to preserve the health and education sectors where, in some east African countries, up to 40% of these workers are already infected with HIV.

HIV/AIDS care and support activities contributes to decreasing secondary epidemics most notably Tuberculosis. The global HIV pandemic is driving a secondary explosion of TB, which is responsible for 35% of the deaths of HIV infected persons in the developing world.

HIV/AIDS care and support enhance all of our primary prevention efforts. Presenting information and education messages to include everyone in the

community increases the acceptance, credibility, ownership and ultimately the response to behavior change messages.

HIV/AIDS care and support enhance al
l of our primary prevention efforts. Presenting information and education mess
ages to include everyone in the community increases the acceptance, credibility
, ownership and ultimately the response to behavior change messages. In additi
on, programs to protect the basic human rights of HIV infected individuals and
those most at risk for infection, open the door for the implementation of far m
ore effective behavior change campaigns. Prevention efforts, to be effective m
ust mobilize those living with HIV/AIDS as spokes people for change. Ultimately
, the person who is carrying the virus, particularly one with multiple sexual c
ontacts, is the single most important recruit for prevention programs promoting
reduced risk behavior. If programs appear to abandon people living with HIV/AI
DS and their families, or to ignore their needs and concerns, we cannot expect
them to help.

USAID is also supporting operational research to determine the
most cost effective ways to provide care and support to persons infected. USAID
does not at this time support the large scale procurement of anti-retroviral d
rugs for developing countries. The use of antiviral drugs in treatment regimen
s similar to those used in the U.S. would cost approximately $35 billion per ye
ar to treat those infected in the developing world. In addition to the enormou
s cost, these treatments require sophisticated health provider and laboratory i
nfrastructure which does not exist in most of the developing world, where the a
verage health expenditure per person per year is about $10.00.

AIDS Orphans

The number of children affected by AIDS, including those who are orphans or c
aring for sick parents, continues to escalate. There has been growing recogniti
on and concern for these children. In a study funded by USAID, "Children on th
e Brink, Strategies to Support Children Isolated by HIV/AIDS," the U.S. Census
Bureau estimated that 15.6 million children will have lost their mothers or bot
h of their parents by 2000 in 23 countries heavily affected by HIV/AIDS. That
number will increase to 22.9 million by 2010, largely as a result of the HIV/AI
DS pandemic. During the 12th World AIDS Conference in Geneva, the problems pose
d by this issue were referred to as a "massive social time bomb". In 1996, USA
ID expanded its HIV/AIDS strategic objective to include issues related to care
and support of those affected by the disease.

More recently, the Division h
as supported the development of a series of discussion papers focusing on issue
s related to care and support of persons affected by HIV/AIDS. Included among t
hese papers is a document entitled "Responding to the Needs of Children Orphane
d by HIV/AIDS", specifically focusing on the affect of the disease on youth. T
hese papers provide background information which will be used to develop the HI
V/AIDS strategy on care and support. The strategy will influence future relate
d projects conducted by USAID Cooperating Agencies and Missions. In addition,
HORIZONS, the HIV/AIDS operations research project, is currently exploring aven
ues for conducting research to contribute to the development of best practices"
for setting up community based methods of providing care and support to people
affected by HIV/AIDS, including children. Representatives of the HIV/AIDS Divi
sion have been actively involved in meeting with other donors and organizations

that are working with children and families affected by HIV/AIDS. They are a lso working on the establishment of an electronic network as a forum for exchan ge of technical information among a wide variety of donors and other organizati ons regarding programs related to orphans and other children affected by the di sease. These activities contribute toward identifying the scope of the problem, sharing information about how to address it, and coordinating activities to do so.

Women and Health

USAID recognizes that women and girls are at the epice nter of the HIV/AIDS epidemic in every community, both as positive agents of ch ange and as individuals in need of services and support. Though not recognized as a key audience for HIV interventions until the early 1990s, in most regions women and girls represent the fastest-growing segment of the HIV+ population.

The impact of HIV/AIDS on women is not solely a function of their greater bi ological and social vulnerability to infection. It is also because, when famil y members become ill with HIV disease, the burden of care falls disproportionat ely on women and girls. Data from a wide range of studies on health and nutrit ion have confirmed the critical role women can play in improving the health of their families when they have access to information, skills, and some control o ver resources. USAIDs HIV/AIDS programs aim to alert and mobilize communities to respond to the care needs of people living with HIV/AIDS (PLWH) without sacr ificing the progress achieved in womens education and economic participation, b ecause that progress is beneficial for all.

Finally, as noted previously, t he ability of a relatively low-cost antiretroviral treatment regimen to decreas e the risk of mother-to-child transmission (MTCT) has focused attention on anot her situation where a womans own health and welfare may be given lower priority than the health of her children and family. By aiming to have all USAID progr ams examined through a gender lens, and by listening to and involving women at all stages of project identification, design, implementation and evaluation, th e USAID strategy acknowledges the complexity of womens lives and roles, and giv es priority to programs and approaches that respond to their expressed concerns .

Vaccine Research

While USAID lacks the resources to independently fund va ccine research we have a strong interest in the vaccine development process and we are uniquely positioned to facilitate the implementation of vaccine trials in developing countries. Because of the tremendous genetic diversity of HIV, o ne of the greatest challenges facing vaccine developers is to produce a vaccine that can protect against infection with diverse viral isolates. This avoids t he need for many isolate-specific vaccines. However because this type of vaccin e may not be developed in the near future, there is concern that initial vaccin es will be effective only against those strains of virus found predominantly i n North America and Western Europe.

It is the USG view that vaccine candida tes should have broad activity against the most common genetic subtypes of viru s for two reasons. First is the issue of impact on the epidemic. Approximately

90% of all new HIV infections occur in sub-Saharan Africa and Asia while about 1% occur in North America and Europe. In order to have an impact on the growth of the epidemic, candidate vaccines should be targeted to those strains responsible for the most new infections.

The second reason to advocate for vaccines with the broadest possible coverage is to prevent selective pressure for new epidemics. A vaccine which provides protection for only the viral subtypes currently prevalent in a community will reduce transmission of those types of virus while leaving the community vulnerable for a new epidemic caused by subtypes not covered by the vaccine.

USAID can assist the vaccine development processes in the following ways:

USAID can take the lead in educating stakeholders in developing countries. This task entails explaining the importance of clinical trials, making accurate information widely available, responding to questions, ensuring ethical designs, countering misinformation and lining up high-level support from both host country and U.S. officials.

USAID is uniquely positioned to assist in developing the methodology of community-level interventions; fostering long-term, sustained relations with local communities; measuring indirect effects; and doing impact modeling. By working closely with local communities, USAID could ensure that they are ready to participate in clinical trials.

Policy advocacy for research on broad activity vaccines.

Behavioral Research/Behavioral Change Interventions

HIV/AIDS prevention and care hinges upon changes in patterns of risky behavior -- be they relating to sex, illicit drugs, or exposure to infected blood through medical waste or unsterile needles, razor blades and other instruments. Even improvements in STI services will not fulfil their potential impact unless people with STI symptoms and signs change their help seeking behavior, and unless allopathic and traditional practitioners improve their diagnostic and therapeutic practices to recruit people at risk of STI and to satisfy them with their services. Thus USAID supports behavioral research in our partner countries both to develop new intervention models and to adapt and apply existing models for new settings.
USAIDs cooperating agencies conduct behavioral research:

in diagnostic studies to define the specific behaviors that put people at risk in a given setting;
in defining the distribution of risky behaviors in a population, so as to identify sub-groups or target audiences for intervention development;
in formative research to build understanding of the causes and meanings of risky practices, from the actors? points of view, and to pre-test intervention ideas and messages with the intended audience;

a
nd in testing and documenting the effectiveness of interventions, where changes in behavior are key outcomes of intervention trials.

Under the AIDS Techni
cal Support Project, completed in 1997, USAID's investment in behavioral resear ch comprised a major increase in the resources available for studying the inter actions of culture, health, gender and sexuality in the developing world. The AIDS Behavioral Research Grants program, funded jointly with NIH, supported par tnerships between US and developing country NGOs (including universities) to re vise and adapt theoretical models of health behavior to strengthen HIV/AIDS beh avioral interventions in non-Western settings. The nine studies have provided baseline data for local policy and intervention development. They are also hel ping to build a more representative, international base for evaluating the role s of culture, society and behavioral biology in human sexuality and health beha vior, and for guiding the design of behavior change interventions appropriate f or particular audiences and settings.

USAID-funded projects have establishe
d formative behavioral research as a prerequisite of technically sound interven tion development. Thus most of our future interventions will contain data coll ection components that enrich the knowledge base for understanding HIV risk beh avior and opportunities for prevention and care. In addition, the HORIZONS Pro ject, discussed in the previous section, will extend these achievements through a program of developing research to answer selected research questions in nine thematic areas: 1) STI prevention and management; 2) HIV care and support serv ices; 3) Stigma and discrimination; 4) Risk assessment and behavior change; 5) Policy analysis and change; 6) Social marketing and private sector involvement; 7) NGOs and community mobilization; 8) Integration of HIV/STI, Family Planning , and Maternal and Child Health services; and 9) Community mobilization.

In
addition to pursuing some relatively new topics in developing countries (e.g. HIV/AIDS stigma), USAID has mandated all projects under the Global Bureaus HIV/ AIDS strategic objective, to document and develop knowledge about the following cross-cutting issues: gender inequalities and their effects on risk reduction and program success; the vulnerability of youth; involvement of PLHA in HIV/STI intervention programs; building local NGO and CBO capacity; links between prev ention and care services; sustainability of services; costs and cost-effectiven ess of service modalities and models; and methods and costs of taking successfu l pilot projects to scale.

Microbicide Development

USAID has been a major c
ontributor to the search for a vaginal microbicide. Vaginal microbicides are p roducts which ideally can be used by a woman herself, without the cooperation o r consent of her sexual partner, to protect herself from the possibility of acq uiring HIV and other sexually transmitted diseases (STDs). The agency has supp orted laboratory work to identify and test promising compounds, as well as the Womens Health Advocates for Microbicides (WHAM), an innovative group providing advocacy for the product, and promotion of international collaboration and invo lvement of women at all stages of product development.

Most products which have been developed and tested in the past several years have been based on a product known as Nonoxynol-9 (N-9) which, unfortunately, has not proved effective as of this date. In collaboration with the Research Division in the Office of Population, the HIV/AIDS Division is currently supporting a trial of a new microbicide, developed with support from USAID, which has a unique mechanism of action and has been shown to be safe in preliminary studies. The study is expected to continue for approximately two years and provide information on safety and effectiveness of the product.

Donor Coordination

Donor coordination is key to the success of the U.S. response to the HIV/AIDS global pandemic. USAID's G/PHN Strategic Objective 4 "to increase the use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic," includes donor coordination and partnership at global, regional, and country levels. USAID has been an active partner with the United Nations in providing financial support for international HIV/AIDS program efforts. Since 1986, USAID has been a major contributor to the WHO Global Program on AIDS. As that program terminated in 1995, USAID support shifted to a new United Nations HIV/AIDS endeavor which officially began in January, 1996.

Also, in countries where USAID Missions include HIV/AIDS as part of their country strategy, PHN offices coordinate closely with the Joint United Nations Programme and other donors which may be in country. In addition, there are a series of specific donor coordination activities including the U.S. Japan Common Agenda, collaboration with DFID, the EU, and a number of other selected partners. There are also excellent examples of strong coordination, through funded activities with national governments, PVOs/NGOs, and local organizations.

Capacity Building

Effective HIV/AIDS programs work to sustain changes in behaviors that contribute to the risk of HIV infection and to establish, improve and maintain systems and practices to appropriately manage the effects of HIV and AIDS. As HIV/AIDS becomes endemic in many countries, the need for programs to achieve and sustain these results over the long term is heightened. The time period to achieve sustained changes in risk behaviors and manage the effects of HIV will exceed the time frame of many external technical inputs and donor contributions. Therefore, a programming strategy that prioritizes building local capacity within the public and private sector is essential.

The USAID HIV/AIDS program works to build the local public and private sector response to HIV/AIDS by increasing political awareness and commitment in local government, and by increasing the technical and managerial capacity of local public, commercial and non-profit entities to provide services and commodities required for sustainable HIV/AIDS programs. Within the public sector, the USAID and its partners work with government ministries of health and other sectors to increase:

Political awarene

ss of the effects of HIV and the importance of preventing HIV infection and app
ropriately caring for those who are infected,

Technical quality and use of su
rveillance information in monitoring the epidemic, and in program management an
d evaluation,

Quality and reach of public sector services needed in HIV progr
amming, such as STI diagnosis and treatment, logistical systems for commodities
(i.e. essential drugs and condom), and training in counseling and home-based c
are,

Collaborations between the public and private sector.

USAID and its
partners strengthen the technical and managerial capacity of indigenous NGOs s
o that they have greater competence in, impact on, and influence over the desig
n, implementation, and evaluation of sustainable HIV/AIDS prevention and care p
rograms. USAID also works to build and improve regional and local networks and
coalitions. The networks provide technical support and improve advocacy effor
ts by building relationships across public and private sector institutions.

USAID works to strengthen commercial sector involvement in HIV by increasing th
e awareness of the potential impact of HIV on various areas of the commercial s
ector and by building HIV prevention programs for the business environment. In
addition, some USAID programs work to leverage local commercial markets for con
doms and other commodities, such as essential drugs for STI treatment. Sustain
ed local responses to HIV will depend upon public and private sector involvemen
ts which supplement and complement each other. As we enter the second decade o
f the HIV/AIDS pandemic it is clear that the populations requiring HIV preventi
on and care and support services are changing and increasing. Building the cap
acity of local institutions to recognize these changes and respond to these inc
reasing demands is critical in order to stem the impact of this pandemic.

Redu
cing Mother to Child HIV Transmission

Mother to child transmission (MTCT) is
the second leading route of transmission of HIV in the world. Annually over 50
0,000 infants are infected by their mothers. This transmission takes place dur
ing one of three times: before birth, during labor and delivery, or during brea
st feeding.

In February 1998, researchers from the U.S. Centers for Disease
Control announced the results of a randomized placebo controlled study in Thai
land. This study demonstrated that a short course of AZT given to HIV infected
women in the last trimester of their pregnancy, plus high doses of AZT during
labor, could achieve a 50% reduction of transmission of HIV to their infants.
Because this compared favorably to a much more costly and complex regimen used
in developed countries, the results of the Thai study have raised global hopes
that a significant reduction in the number HIV infected infants can be achieved
.

Despite the very exciting results of the Thailand study a number of questi
ons remain to be answered before the promise of this research can be realized.
These are:

Breast feeding: The Thai study worked with a non breast feeding p
opulation. Can similar results be achieved in populations which breast feed?
To do so will require that mothers use infant formula in settings where this is
not a common practice. What effect will the use of formula have on infectious
disease deaths associated with bottle feeding. Will HIV negative women stop br
east feeding?

Voluntary HIV counseling and testing (VCT): More than 90% of wo
men in developing countries do not know they are infected and have little or no
access to voluntary, confidential HIV counseling and testing. How can this se
rvice be made available at a scale large enough to have a broad impact without
sacrificing the quality and confidentiality of the services?

Infrastructure an
d Capacity: Many antenatal care settings in developing countries are strugglin
g to provide basic care for pregnant women. If MTCT programs are added to exis
ting activities can they be carried out properly; will they achieve in practice
what was seen in a clinical trial? Conversely will the additional burden of M
TCT programs compromise the quality of basic antenatal care?

Stigma and discri
mination: Stepped up VCT, special antenatal programs, and the use of infant for
mula all have the potential to reveal a womans HIV status to the community. Wo
men who reveal their HIV status are at a very high risk of domestic violence, s
tigmatization and ostracization by family, friends and community. How can MTCT
programs prevent or minimize these negative consequences?

USAID believes t
hat before MTCT initiatives are taken to a large scale, these and other questio
ns need to be answered. We are thus collaborating with UNICEF, UNAIDS, and hos
t country researchers to conduct a series of operational research studies in tw
o or three developing countries. In 18 to 24 months these studies will give us
many of the tools we need to appropriately and effectively make use of the rec
ent scientific findings.

Impact of USAID Programs - Monitoring and Evaluation

At the country level, we can now point to two major categories of success. I
n one set of countries (e.g. Senegal, Philippines, Indonesia), early, comprehen
sive HIV intervention programs supported by USAID and other donors, have helped
curtail and prevent a major epidemic. For example, USAID supported prevention
campaigns that included policy dialog, behavior change efforts, better treatmen
t of STDs and improved access to simple technologies like condoms to reduce HIV
transmission.

Even more dramatic, we now see another set of countries (e.g.
Uganda, Dominican Republic, Thailand) where intensive HIV/AIDS programs were l
aunched after major epidemics had erupted, yet the numbers of new infections ar
e now actually coming down. For example, sentinel surveillance in Ugandan ante
natal clinics shows that the rate of HIV has fallen by 35% among young women ag

ed 15-24. In Thailand, USAID supported an intervention study that developed an educational and sexually transmitted infections screening program which was exp anded for the entire military. The rate of new infections among military recrui ts fell from 3% to under 1% as a result. These are amazing achievements, every bit as significant as the breathtaking progress in HIV treatment in the U.S.

Our ability as a global community to achieve these reductions in new infectio ns is predicated on a basic lesson learned from the past 10 years of program im plementation: we can reduce unsafe sexual behavior in a sustainable way. We no w have ample evidence that public health programs can affect change in the most private and basic of human behaviors, sex. While it is impossible to attribute declining national HIV rates to any single program, USAID funded research has shown that people are responding to widespread, consistent education messages a bout HIV/AIDS prevention and care, and to dramatic increases in the availabilit y of key tools and services.

USAIDs evaluation research in poor urban neigh
borhoods in the Dominican Republic where our program works, found that rates of sexually active youth declined from 73% in 1993 to 30% in 1996, and rates of p articipation in transactional sex (exchanging food, money, school fees, etc for sex)- declined from 27% to 7% among males. The proportion of Ugandan girls wh o have ever had sex declined by almost half between 1989 and 1995. Over half o f young sexually active Ugandans report using condoms in their last sexual cont act; this rate was close to zero at the outset of the epidemic. In Bali, Indon esia USAID's peer education project with sexually active 15 to 25 year olds led to an increase in consistent condom use from 22 to 72%.
USAID's HIV/AIDS Assi
sted Countries

AFRICA REGIONAL

Benin
Congo (Kinshasa)
Ethiopia
Ghana
Kenya
M
adagascar
Malawi
Mali
Niger
Nigeria
Senegal
South Africa
Tanzania
Uganda
Zambia

ZimbabweASIA NEAR EAST
REGIONAL

Bangladesh
Cambodia

Egypt
India
Indonesia
Lao
s
Morocco
Nepal
Philippines
Vietnam

EASTERN EUROPE/
NEWLY INDEPENDENT
STATES R
EGIONAL

Russia
Ukraine

LATIN AMERICA/
CARIBBEAN REGIONAL

Bolivia
Brazil
Domi
nican Republic
El Salvador
Guatemala
Haiti
Honduras
Jamaica
Mexico
Nicaragua
Pe
ru

U.S. INFORMATION AGENCY

Agency Mandate Relevant to HIV/AIDS

T
he U.S. Information Agencys (USIA) mission is to promote the national interest and national security of the United States through understanding, informing and influencing foreign publics regarding U.S. foreign and domestic policies (incl uding HIV/AIDS policies), and broadening dialogue between American citizens and institutions and their counterparts abroad. USIAs public diplomacy strategy r egarding U.S. AIDS policies extends throughout the year and employs a full rang

e of public diplomacy tools. These include:

The distribution of policy inform
ation to foreign media, academics, and other government and civic opinion-maker
s through U.S. Information Service (USIS) posts at U.S. Embassies abroad.

The
arrangement of speaking tours and programs/seminars abroad for U.S. experts on
AIDS issues.

The broadcast of policy information on Voice of America (VOA) rad
io and USIA television services, providing foreign publics with language versio
n news clips, editorials, and interactive dialogues featuring prominent U.S. ex
perts and best practices of American individuals and communities meeting the ch
allenge posed by AIDS and other infectious diseases. For example, VOA gave wor
ldwide coverage to World AIDS Day last December 1 in all 52 languages in which
VOA broadcasts.

The publication of policy statements and analysis on the USIA
International Homepage which includes frequently updated information for use by
USIS field officers to alert foreign leaders, NGOs, journalists, and health ca
re specialists to the threat of AIDS, related health issues and responsibilitie
s of the international community. This information is supplemented with timely
reports highlighting American and foreign achievements and cooperative efforts
in combating AIDS.

The publication of a USIA electronic journal on Infectiou
s Diseases/The Global Fight. The 40-page journal features commentaries by Dr.
Anthony Fauci, U.S. Surgeon General Dr. David Satcher, and USAID Director J. Br
ian Atwood among other articles.

The organization of briefings by senior U.S.
AIDS experts for foreign journalists at USIAs Foreign Press Centers in Washingt
on D.C., New York and Los Angeles (as appropriate).

The development of U.S. pr
ograms for international visitors including discussions and briefings on AIDS p
olicies and issues such as treatment, prevention, and research efforts.

USIA
conducts these programs on a regular yearly basis.

Funding

The funding level
dedicated to HIV/AIDS programs by USIA is difficult to assess. Much of the pr
ogramming conducted by the Agency is electronic, e.g. VOA broadcasts, WorldNetW
ORLDNET TV programming and the electronic journal (published in November, 1996)
. There is no specific budget for these programs, other than staff salaries an
d overhead expenses. However, in addition to these programs, USIA exchanges un
der the Fulbright, International Visitor, and U.S. Speaker programs, budgeted $
655,200 in FY-98 on HIV/AIDS programs. This figure has been relatively constan
t since 1995.

Agency Strategy for Specific Issues

The U.S. Information Agency
is a multi-faceted public diplomacy organization, which uses its multi-lingual electronic and print media outlets and its educational and exchange programs to give broad support to policies aimed at combating HIV/AIDS.

U.S. PEACE C
ORPS

Agency Mandate Relevant to HIV/AIDS

Peace Corps' efforts in HIV/AIDS ed
ucation and prevention is divided into three spheres of activities: (1) educati
on efforts targeting Peace Corps employees; (2) education efforts targeting Pea
ce Corps volunteers (hereinafter volunteers); and, (3) prevention efforts condu
cted by Peace Corps volunteers targeting the people in the countries in which t
he volunteers are serving. The focus of this document is on the third sphere -
- the work that the volunteers do in the communities in which they serve. To d
ate, the Peace Corps' HIV/AIDS prevention and education activities are being co
nducted in 48 countries around the world.

Peace Corps does not earmark any of
its appropriated budget to a technical area such as HIV/AIDS. Rather, the age
ncy funding is used to recruit, place and support volunteers - many who then wo
rk in HIV/AIDS efforts. Peace Corps does receive funding from USAID through an interagency agreement to support some of its HIV/AIDS activities. In FY-1999, these resources will equal $450,000.

Agency Strategy for Specific Issues

Pre
vention

The focus of Peace Corps work is in prevention specifically targeting women and youth. Since the mid1980s when HIV/AIDS was first identified, volun
teers have been working to help individuals and communities understand the dise
ase, and to collectively develop solutions for how communities can protect them
selves and care for those who become ill. In December 1988, the Peace Corps an
d the Government of the Central African Republic negotiated the first formal ag
reement to place volunteers in HIV/AIDS education. Since then, the pace of vol
unteers' involvement has increased dramatically, both in number of volunteers e
ngaged in HIV/AIDS work and in the range of activities.

Peace Corps voluntee
rs are involved in HIV/AIDS efforts by working in health projects focused solel
y on HIV/AIDS; community health projects that also have an HIV/AIDS prevention component; projects that are not primarily involved with health, for example, e
ducation projects; and, community outreach activities undertaken by the volunte
ers in addition to their main assignment.

The four major programmatic areas t
hat the volunteers work in are (1) NGO and CBO development in HIV/AIDS; (2) int
egrated community health approaches to HIV/AIDS prevention and care; (3) progra

ms for women and girls; and (4) programs for youth, both in and out of school.

The Peace Corps meets these general objectives largely through training and e ducational activities that build hostcountry capacity in project planning, moni toring/evaluation and organizational management.

An example of the kind of wo rk that volunteers do is illustrated in the participatory development of a uniq ue, low cost, content-based approach to English language instruction, "Teach En glish, Prevent AIDS" project in Cameroon. Education volunteers, Cameroonian ed ucators, and public health specialists worked together to draft 50 hours of les son plans. To date the program has provided behavior change education to 300 t eachers and 10,800 students, all of whom were also engaged in communitybased HI V/AIDS prevention campaigns through the learning process. The manual, publishe d with private sector support, as well as the curriculum development process it self are being considered by UNAIDS as an international model for HIV/AIDS stud ent and community education. The program is sustained as an established part o f the curriculum and has been adapted for use by multiple Peace Corps posts thr oughout Africa and the rest of the world.

Volunteers have a viable role to pl ay in HIV/AIDS prevention and education overseas. Most importantly volunteers a re successful at accessing communities which are often not reached by National AIDS Programs and introducing new innovative education methods to achieve their outreach.

Although not quantified, there is also a growing number of volunte ers who, based on their experiences overseas, return to the United States and c ontinue to work in HIV/AIDS prevention in their communities. Bringing the lesso ns home is a valuable contribution that Peace Corps makes to the domestic effor ts in HIV/AIDS work.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- NATIONAL
INSTITUTES OF HEALTH

At the request of the Department of Health and Human Ser vices, the section on the National Institutes of Health is not being made avail able for public review of the draft document. U.S. DEPARTMENT OF HEALTH AND HUM AN SERVICES
- CENTERS FOR DISEASE CONTROL AND PREVENTION

Mandate Relevant to
HIV/ADS

The National Center for HIV, STD and TB Prevention (NCHSTP), as one o f seven National Centers within the Centers for Disease Control and Prevention (CDC), is responsible for public health surveillance, prevention research and p rograms to prevent and control HIV infection AIDS, other sexually transmitted d iseases (STDs) and tuberculosis (TB). Center staff work in collaboration with g overnmental and non-governmental partners at community, state, national, and in ternational levels, applying well-integrated multi-disciplinary programs of res earch, surveillance, technical assistance and evaluation.

NCHSTP translates k
nowledge about effective methods of preventing HIV/AIDS into nationwide strateg
ies that reach people in communities throughout this country. NCHSTP collects
national data on HIV/AIDS incidence and prevalence, and related behaviors; moni
tors change over time; conducts epidemiological, laboratory, clinical, and beha
vioral research; and develops and evaluates prevention strategies. NCHSTP work
s closely with its partners in state and local health agencies, national and co
mmunity-based organizations, business and academia to design and test and disse
minate prevention programs that work.

The Division of HIV/AIDS Prevention-Sur
veillance and Epidemiology (DHAP/SE) conducts surveillance, epidemiologic and b
ehavioral research to monitor trends and risk behaviors and provide a basis for
targeting prevention resources. In addition to work within the United States,
DHAP/SE is active in surveillance, research, prevention, evaluation and techno
logy transfer activities in developing countries.

The Division of HIV/AIDS-In
tervention Research and Support (DHAP/IRS) conducts behavioral intervention and
operations research and evaluation, and provides financial and technical assis
tance for HIV prevention programs conducted by state, local, and territorial he
alth departments, national minority organizations and training agencies.

Fundi
ng

In FY-97 the CDC received approximately $634 million in funding for HIV/AI
DS prevention and associated research and evaluation; DHAP/IRS received approxi
mately $330 million and DHAP/SE received approximately $102 million. Of this l
atter total, approximately 10 percent or $10 million was dedicated to internati
onal activities.

AGENCY STRATEGY FOR SPECIFIC ISSUES

Prevention

CDC has two
strategic approaches to international collaboration in HIV/AIDS prevention: fi
eld-based research collaborations and limited CDC-based technical assistance, t
raining, and project management.

Field-based Research:

Field-based research
provides collaborative assistance to two developing countries. Through collabo
rative agreements with governments of Cote D'Ivoire (Project RETRO-CI) and Thai
land (HIV/AIDS Collaboration), DHAP/SE participates in studies designed to incr
ease the understanding of the epidemiology of HIV-1 and HIV-2 infections and to
evaluate intervention methodologies in the host country and the United States.

Project RETRO CI

This project in Cote d'Ivoire is an HIV/AIDS epidemiologic

research collaboration between the CDC and the Republic de Cote d'Ivoire, Ministry of Health and Social Affairs. A broad spectrum of epidemiologic research has been conducted at Project RETRO-CI since its inception in 1988. This research has served to define the magnitude of the HIV/AIDS epidemic in Cote d'Ivoire and to describe which sub-populations have been most affected. It also has described the clinical manifestation of HIV-1 and HIV-2 infections; studied in detail the modes of transmission and transmissibility of HIV-1 and HIV-2 by heterosexual, blood product, and mother-to-child routes; defined causes of death in HIV-infected persons; studied the response to therapy in HIV-infected patients with tuberculosis; and studied the laboratory serologic diagnosis of HIV-1 and HIV-2 infections. The research agenda is now dominated by clinical trials of interventions to prevent transmission of HIV and to reduce HIV-associated morality.

CDC-Thailand HIV/AIDS Collaboration

The objective of the HIV/AIDS Collaboration is to conduct research and related activities pertaining to HIV infection and AIDS in Thailand, to improve understanding of the disease and the dynamics of its spread in Thailand and to provide a scientific basis for the development, planning and monitoring of intervention programs to prevent and control HIV infection and AIDS. The collaboration has conducted epidemiologic and laboratory research to examine maternal-child transmission, heterosexual HIV transmission, HIV transmission among injection drug users, HIV transmission via blood, molecular epidemiology of HIV transmission and tuberculosis, and tuberculosis drug reactivity and resistance. Increasingly, the research agenda is oriented toward evaluation on interventions to prevent HIV transmission.

HIV Variant Project

The Division of HIV/AIDS Prevention in collaboration with the National Center for Infectious Diseases, has conducted international surveillance of the genetic diversity of HIV. This investigation has involved establishing research collaborations in numerous countries throughout the world. To date, genetic analysis of HIV variants has been conducted in the following countries: Bahamas, Brazil, Cameroon, Central African Republic, China, Cote d'Ivoire, Honduras, Kenya, Morocco, Thailand, Trinidad, Uganda, Uruguay and Zaire.

Limited CDC-Based Technical Assistance, Training and Project Management

Field-Based Technical Assistance

CDC currently has placed three staff in the field to provide long-term technical assistance and management capacity to two USAID-funded HIV prevention interventions in Uganda and in South Africa. CDC staff works in conjunction with USAID and the host government in the provision of technical expertise to ongoing HIV prevention interventions. CDC has also expanded its field-based technical assistance and training through the placement of a CDC staff person in Vietnam.

Short-term Technical Assistance

In addition to these field-base
d staff, CDC provides short-term technical assistance and training to numerous countries including Brazil, Russia, The Republic of South Africa, and Mali. CD
C also plans to provide technical assistance and training to India as part of a
n HHS memorandum of understanding.

Short-term Training

In conjunction with t
hese technical assistance activities, CDC provides training in the areas of epi
demiology, evaluation, prevention methodologies and other technical areas throu
gh an extensive program of training based in Atlanta as well as at field sites
in Thailand and Cote d' Ivoire.

USAID Resource Sharing Agreement

CDC recentl
y signed a resource sharing agreement with USAID which will provide funding for two new international activities. The first activity will develop three pilot programs designed to link U.S.-based community organizations and their prevent
ion interventions with counterparts in developing countries in order to establi
sh mechanisms to share relevant experiences, provide materials and resources, a
nd training opportunities across countries. The second program will provide US
AID-assisted countries access to CDC epidemiologic and surveillance expertise.

Strengthening Public Health Infrastrucuture

Although not specific to HIV/AID
S, it is important to note that CDCs international work focuses heavily on stre
ngthening public health infrastructure, and such work can contribute to sustain
able HIV/AIDS control. For example, the CDC established field epidemiology tra
ining programs in developing countries. Epidemiology is the cornerstone of pub
lic health science, and trained epidemiologists are valuable to countries to de
tect, monitor and help control their key public health programs. Secondly, CDC has established a sustainable management development program to provide practi
cal training in management of public health programs in developing countries.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- FOOD AND DRUG ADMINISTRATION

At the request of the Department of Health and Human Services, the section on t
he Food and Drug Administration is not being made available for public review o
f the draft document.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- OFFICE O
F HIV/AIDS POLICY (OHAP)

At the request of the Department of Health and Human
Services, the section on the Office of HIV/AIDS Policy is not being made availa
ble for public review of the draft document.

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES
- PUBLIC HEALTH SERVICES OFFICE ON WOMENS HEALTH (PHS/OWH)

At
the request of the Department of Health and Human Services, the section on the Public Health Services Office on Womens Health is not being made available for public review of the draft document.

U.S. DEPARTMENT OF COMMERCE

Agency
Mandate Relevant to HIV/AIDS

The mission of the Department of Commerce is to
foster, serve and promote U.S. economic development and technological advanceme
nt. Data collection and analysis programs conducted by the Bureau of the Censu
s and the Bureau of Economic Analysis affect the distribution of funds and othe
r resources for private and public health initiatives, including HIV/AIDS resea
rch, treatment and service programs.

Scientific standards, methodologies and
technologies developed through the programs of the National Institute of Standa
rds and Technology affect laboratory procedures and equipment calibration at HI
V/AIDS research facilities. The Patent and Trademark Office Biotechnology Exam
ining Groups review and research patent applications for immunological testing
apparatus and processes, apparatus for chemical and clinical analysis, immunoas
say and pharmaceutical compositions, apparatus and processes related to sterili
zation, cell biology and blood and blood products.

The Department's primary s
cientific research organizations are the National Oceanic and Atmospheric Admin
istration (NOAA) and the National Institute of Standards and Technology (NIST).
NOAA conducts research in fields such as meteorology, oceanography, hydrology
, geophysics, fisheries conservation and management and coastal resources manag
ement. NIST programs include measurement standards, engineering technologies,
applied mathematics and materials science.

AGENCY STRATEGY FOR SPECIFIC ISSUE
S

Vaccine Research and Other HIV/AIDS-Related Research

Patent Database

On i
ts homepage on the world wide web, the U.S. Patent and Trademark Office provide
s a searchable database containing the full-text and images of patents related
to AIDS research. This free service is available to anyone with access to the
Internet, in the U.S. or internationally. Currently, there are almost 3,000 U.
S. patents available for searching as well as almost 800 Japanese patent docume

nts and approximately 700 European patent documents in this database. This proj ect was coordinated by the Patent and Trademark Office and the National Science Foundation and developed in cooperation with private and nonprofit organizatio ns.

Advanced Technology Program

The Department has funded biotechnology dev elopment projects through NIST's Advanced Technology Program (ATP). The ATP is a unique partnership between government and private industry to accelerate the development of high-risk technologies that promise significant commercial payo ffs and widespread benefits for the economy. The ATP encourages a change in ho w industry approaches R&D, providing a mechanism for industry to extend its tec hnological reach and push the envelope of what can be attempted. The ATP suppo rts enabling technologies that are essential to the development of new products , processes, and services across diverse application areas. Private industry b ears the costs of product development, production, marketing, sales, and distri bution.

ATP awards are made strictly on the basis of rigorous peer-reviewed competitions designed to select that proposals that are best qualified in term s of the technological ideas, the potential economic benefits to the nation, an d the strength of the plan for eventual commercialization of the results. One project currently being funded through the ATP is a project on the Evolution of a Murine Model for AIDS: Applications to Discovery of Small Molecule and Vacci ne Therapeutics. This project aims to provide a small-animal model for researc h on AIDS therapies and vaccines by developing a variant of HIV-1 that will rep licate in mice. This approach will be less expensive than the current practice using primates and has the potential to accelerate discovery and improve the qu ality of new AIDS therapies and vaccines.

Accelerated processing of patent app lications

The Patent and Trademark Office offers accelerated processing of ap plications for inventions related to HIV/AIDS.

Trade

The Department of Com merce works closely with the U.S. pharmaceutical and biotechnology sectors in t he battle against HIV/AIDS. Commerce is proud that the U.S. industry is one of the leaders in research and development that produces new medical products to combat HIV/AIDS. Through Commerce trade missions and seminars, the Department works with industry to spread information about new medical products and discov eries in the pharmaceutical and biotech areas. Commerce will work with industr y and other governments to create a trade environment that maximizes the exposu re of new HIV/AIDS treatments. Commerce will continue to combine efforts with industry, NGOs, and other government agencies in a coordinated effort against t he HIV/AIDS epidemic.

HIV/AIDS Surveillance

The U.S. Bureau of the Census

compiles, International Programs Center, compiles, evaluates, and analyzes sel ected health and related data for all countries overseas. With funding from US AID through an interagency agreement, tThe Health Studies Branch, International Programs Center, maintains and updates the HIV/AIDS Surveillance Data Base, wh ich is a compilation of information on HIV prevalence and incidence from all av ailable studies from Africa, Asia, Latin America and some select countries in E urope. Using this information, the Bureau of the Census tracks patterns and tr ends in HIV infection among sub-populations within countries. This information is then used to estimate AIDS mortality and is incorporated into our world pop ulation estimates and projections. The International Programs Center has been designated a UNAIDS Collaborating Centre.
These estimates are available from th
e Census Bureau's International Data Base.

The International Programs Center
has been designated a UNAIDS Collaborating Centre and contributed to the develo pment and production of the UNAIDS Epidemiological Fact Sheets.

U.S. DEPARTME
NT OF DEFENSE

Agency Mandate Relevant to HIV/AIDS

HIV is a serious threat t
o United States military forces. In response to that threat, the military rese arch program was initiated in 1986 to minimize the impact of HIV on military re adiness by monitoring the spread of HIV infection in military forces and develo ping methods to prevent infection. This Tri-Service effort is a highly targete d research program, which addresses the military concerns of HIV. This include s surveillance of infection rates and HIV subtypes around the world; developmen t of vaccines and education strategies to prevent infection; and clinical studi es to slow progression and prevent immune deficiency.

The Military HIV Resear
ch Program has as its primary goal the prevention of HIV infection in the fight ing force. Once infected, the soldier, sailor, airman or marine is, irrevocably , a casualty and that service member and his or her family and the country will feel the effects physically, emotionally and economically. Knowledge that HI V infection is possible and that HIV is present in the environment can have del eterious effects on unit morale and cohesion of deployed forces. Prevention of HIV decreases casualties and improves unit effectiveness, helps protect the re placement blood supply and preserves the available recruitment population in th e civilian community.

AGENCY STRATEGY FOR SPECIFIC ISSUES

Prevention

All mi
litary services have HIV/AIDS prevention and treatment programs in place for th e active duty personnel. In addition to HIV/AIDS prevention and treatment prog rams within the military, DOD contractors also provide the TRICARE benefit pack age that includes education and counseling about HIV avoidance, and programs th at care for those who are already infected. DOD also has started to use a heal

th assessment review, the Health Enrollment Assessment Review (HEAR), at the ti
me a beneficiary (including active duty) enrolls in a health plan. The informa
tion from the HEAR identifies individuals and groups that may benefit from educ
ation and/or treatment programs.

Within the DOD school system, HIV exposure
avoidance is included in current counseling services. Every effort is made to
inform students of the availability of counseling. One of the health-related
objectives of the DOD is to exceed the Health and Human Services Healthy People
2000 goal to decrease the incidence of HIV.

Behavioral Research/ Behavioral C
hange Interventions

DOD has health behaviors programs in place for all active
duty personnel and all other beneficiaries who use the Military Health System
- to include the TRICARE beneficiaries. DOD uses nationally recognized HIV/AID
S education and treatment protocols in their health care delivery system and re
quires the same for TRICARE contractors. The DOD monitors the effectiveness of
clinical programs and education approaches through quality management and perf
ormance measures. The DOD Worldwide Survey of Health Related Behaviors monitor
s active duty health related behaviors. Data from the survey helps the DOD ide
ntify health programs that are effective and identifies areas that may need fur
ther attention.

Care and Treatment

Case management is available throughout t
he entire Military Health System (which includes military "direct care" and hea
lth care that DOD maintains through contracts), that targets the special manage
ment of anyone who has AIDS. This care includes medical treatment, assisting w
ith activities of daily living, and availability of spiritual and psychological
counseling. DODs Military Health System is committed to ensure education and
disease management principles are current with national standards. There are n
umerous marketing campaigns in various stages of development and implementation
throughout the DOD to educate our beneficiaries regarding the educational and
treatment programs that health plans offer.

Vaccine Research

The Program's p
reventive vaccine strategy involves development of several vaccine candidates i
n collaboration with industry, academia, and collaborators in Thailand. An ini
tial, Phase I safety trial of an HIV recombinant protein vaccine was successful
ly completed in Thailand in 1997. The vaccine was safe and well tolerated with
immunogenicity similar to that observed in trials in the United States. This
current trial is the first of its kind to match the HIV vaccine to the HIV subt
ype of the population and the Program is conducting the first Phase II, vaccine
trial with a vaccine prepared from HIV subtype E, which is prevalent in the po
pulation of Thailand. The Military Program has a comprehensive vaccine develop
ment strategy with clear milestones leading to a large-scale
efficacy evaluatio
n of candidate vaccines in the year 2001.

The military research program is hi
ghly leveraged through cooperative development initiatives with private industr
y. In 1998 alone, three new cooperative research and development agreements we
re established and two new HIV candidate vaccines have entered Phase I trials a
t the Walter Reed Army Institute of Research (WRAIR) and the Army overseas labo
ratory in Thailand.

Cooperation and coordination with other Federal agencies
(including NIH/National Institutes of Allergy and Infectious Diseases and the
Centers for Disease Control) and international agencies (WHO and UNAIDS) and a
strategic alliance with the Royal Thai Government has resulted in an unpreceden
ted opportunity to conduct advanced development and testing of protective vacci
nes.

Regarding vaccine testing, an initial Phase I vaccine trial of an HIV D
NA vaccine began in 1998 with volunteers at WRAIR. Another protocol for an HIV
vaccine involving unique
boosting strategy with a novel envelope protein also
began at WRAIR. The Military Program has secured a commitment from several of
its industrial partners to produce large batches of these vaccines and plans to
proceed with a large scale multiple-arm efficacy vaccine trial in Thailand. T
he possibility of conducting vaccine trials in East Africa is also being invest
igated where it would be possible to test the effectiveness of vaccines against
the subtypes of HIV found in Africa. Continued development and testing of sec
ond generation vaccines with significantly improved biological properties gener
ates optimism for the rapid advancement of the development of vaccines effectiv
e against the various HIV subtypes found throughout the world.

In the area of
diagnostic and clinical research, the Program is working on post exposure prop
hylactic measures to deal with mass casualty situations that might occur in HIV
endemic areas overseas involving United States military personnel. These emerg
ency situations require the use of rapid, sensitive diagnostic field tests for
HIV, which are currently being developed and evaluated. In a clinical study th
e program has assessed the use of an HIV gp160 vaccine as therapy for persons a
lready infected with HIV. The results of this long term, Phase II, study invol
ving over 600 volunteers demonstrated that the amount of virus, a patient's vir
al load, predicts disease progression. In addition, certain antibody responses
altered disease progression so that the production of these antibodies will be
the target of future vaccine development. In another clinical research project
we have an ongoing effort to monitor the development of resistance to antivira
ls in patients receiving triple drug therapy. This will assure the most effecti
ve use of these drugs while extending the lives and health of HIV infected mili
tary health care beneficiaries.

Finally, DOD representation and numerous pre
sentations of DOD conducted research have occurred at HIV/AIDS international me
etings.

NATIONAL INTELLIGENCE COUNCIL

Agency Mandate Relevant to HIV/AIDS

T
he intelligence community and its various components produce analyses on the sc

ope and impact of HIV/AIDS in response to Presidential Decision Directives, the needs of their associated agencies, and ad hoc requests from senior policymakers.

Agency Strategy For Hiv/Aids Issues

The National Intelligence Council will produce an assessment on the global threat from infectious diseases, including HIV/AIDS; the capacity of foreign governments and international organizations to deal with such diseases; and the implications for the United States.

The Defense Intelligence Agency's Armed Forces Medical Intelligence Center (AFMIC) will continue to assess systematically worldwide HIV/AIDS incidence and prevalence. AFMIC also will assess and forecast the impact of HIV/AIDS and other infectious diseases on U.S. national security interests and deployed forces. AFMIC also will examine the impact of such diseases on foreign military force readiness, military and civilian healthcare infrastructures, societal stability, and transnational health trends.

Other intelligence community collection and analytical components will focus on HIV/AIDS issues as necessary and upon authorized request.

IV. ROLE OF THE PHARMACEUTICAL INDUSTRY

Mandate Relevant to HIV/AIDS

In general, the role of the pharmaceutical industry is to find sustainable long-term solutions that will marshal the expertise and resources of all stakeholders to improve the health of those infected with HIV/AIDS, and to help establish balanced approaches to education, prevention, and treatment of HIV/AIDS. Effective responses to the HIV/AIDS challenge must take into consideration all the relevant factors such as available therapies and their applicability for developing countries, medical infrastructure, available resources, disease awareness and prevention initiatives, and national commitment and leadership to make HIV/AIDS a public health priority.

The principal role of the research-based U.S. pharmaceutical industry in confronting HIV/AIDS (in the developing world) is to continue to marshal the expertise and capacity in basic biomedical research and drug development to discover new and more effective treatments, make treatments more affordable and, in the longer term, to develop an effective HIV vaccine.

As corporate entities, the pharmaceutical industry seeks a return on the sizable investment for research and development of new drugs. Annually, the U.S. pharmaceutical industry spends approximately $2 billion on research and development of HIV/AIDS-related drugs. As citizens of the larger global community, however, the industry has a commitment to bring to bear its vast resources to help those in need.

The research-based U.S. pharmaceutical industry is als

o well-positioned to provide input in the area of national health education and policy through contacts with government and health agencies around the world. This expertise should supplement the responsibilities and expertise of other m embers of the world health care community, both public and private.

Strategy f
or Specific Issues

Prevention

Major U.S. companies are active across a broa
d front to try to improve the quality, delivery, and outcome of HIV/AIDS care i n the developing world. The pharmaceutical industry has aggressively pursued p revention and treatment efforts for HIV and related illnesses. The following i s a summary of the pharmaceutical sectors efforts:

A new class of drugs calle
d non-nucleoside reverse transcriptase inhibitors became available for use in c ombination therapy.

There are more than 120 new medicines for HIV/AIDS in de
velopment:

40 antiviral medicines, including new protease inhibitors;
23 medi
cines to fight AIDS-related cancers such as Kaposis sarcona;
12 vaccines;
12 i
mmunomodulators designed to stimulate the patients own immune system to fight t he HIV virus;
11 anti-infective medicines to fight against such deadly diseases as Pneumocystis carinii pneumonia, a lung infection that affects eight out of ten AIDS patients;
eight antifungal medications aimed at thwarting fungal infec
tions that can prove deadly to people with compromised immune systems; and
fiv
e gene therapies designed to genetically alter cells in patients bodies to make them more resistant to the HIV virus or to alter the virus itself.

Two prote
ase inhibitors have been approved to treat children with AIDS.

A new medicine
that combines two widely prescribed AIDS drugs in a single tablet has been app roved by the FDA, a first important step toward simplifying the highly effectiv e, but complex, combination drug therapy.

The treatment of HIV-positive pregn
ant women with an antiviral drug has shown to be highly effective in preventing transmission of the virus to babies, even in women with advanced AIDS.

In 19
97, a pharmaceutical became the first HIV therapy simultaneously cleared for us e both in adults and in children 2 through 13 years of age.

Recent needle dest
ruction devices that electrically oxidize all types and sizes of needles immedi
ately after use have brought new engineering controls to sharps containment.

I
n light of this progress, the most beneficial solution to the HIV/AIDS challeng
e worldwide would be the prevention of new HIV infection via a safe and effecti
ve vaccine, especially for those areas of the world where antiretroviral therap
y is not yet feasible or practical.

A vaccine, however, will require adequate
distribution and supply programs. In some disease areas where vaccines exist,
for example, there are insufficient mechanisms for funding and supplying vacci
nes. To increase the availability of needed pharmaceuticals, the pharmaceutica
l industry must work with nations to build a cooperative relationship and to de
velop appropriate expertise and infrastructure to facilitate distribution.

Tr
eatment Equity

The conventional view is that there needs to be greater equity
in access to treatments between patients in developed and developing countries.
Although this is a straightforward and laudable goal, the issue is complex.
In many developing countries, the lack of medical infrastructure and a basic he
alth care system undermine best efforts to make advanced AIDS therapies more wi
dely available. Even if an unlimited amount of drugs were made available, acce
ss to HIV/AIDS therapies in the developing world may be thwarted by the lack of
basic medical care, poor infrastructure, and the lack of political will and le
adership at national levels. In addition to battling the complex HIV/AIDS prob
lem, developing countries are faced with the dilemma of allocating scarce resou
rces to effectively implement prevention, education, and treatment programs and
deal effectively with the complex social, cultural, and economic factors invol
ved in improving population health.

In many respects, price is not the only is
sue. Even at a substantially lower price, many of the worlds poorest regions s
till would not be able to obtain optimum clinical benefit from the new treatmen
t drugs, like protease inhibitors or other antiretroviral therapy.

An illust
rating example of the problems faced in treatment equity is the fact that many
basic vaccines to prevent disease that cost as little as $1.50 per dose (and an
tibiotics that cost even less) are not widely used in the developing world, eve
n when donated. This is due to the lack of properly trained medical personnel
and supporting public health infrastructure, inadequate distribution mechanisms
, and other challenges. Using protease inhibitors and other antiretroviral ther
apy under such circumstances would not only be impractical and potentially inef
fective, but even hazardous, as the combination therapies require strict dosage
schedules and substantial HIV medical support care to ensure ongoing and unint
errupted use. Inappropriate use of therapy increases the risk of emergence of d
rug-resistant virus, which exacerbates the impact of HIV/AIDS in affected popul
ations.

To reduce the spread of HIV/AIDS, there is a need for better health i
nfrastructure and government commitment. Government action is required to prov
ide incentives for private individuals and firms to pursue responsible developm
ent of new drug therapies and to develop the necessary public health infrastruc
ture. This will permit the development of therapies that are consistent with i
nternationally recognized rights and standards and promote the distribution of
safe and effective medical supplies and services.

· Aggressive government inte
rventions can be successful.
In 1996, the Government of Brazil undertook a tr
eatment program to signal a real concern for its patients and to seek a method
to overcome the price barrier. It examined the costs of HIV/AIDS to families,
society and government and implemented an aggressive treatment program for HIV
by providing the country's 55,000 patients with free and universal access to th
ree antiretroviral drugs. The annual budget for these drugs is $369 million (U
S).

As a result, the treatment program has generated almost R$1 billion of s
avings for the government (R$1.05 = $1 US) and in Sao Paulo, the number of AIDS
-related deaths fell by 35% in the first half of 1997, compared with the first
half of 1996. In Rio de Janeiro, the number of deaths was 21% lower. Other an
cillary effects include a 20% reduction, in the last six months, on government
spending for related medication; in Sao Paulo, the use of emergency facilities
by AIDS patients fell by 40% and one entire floor of an AIDS wing in the city's
largest hospital was closed due to insufficient demand; and patients receiving
the antiretroviral drugs required less treatment for opportunistic diseases.
Another indirect effect of the program is the increased ability for HIV-infecte
d individuals to retain the physical vigor to continue in their jobs.

The indu
stry plans to continue to work in partnership with governments, non-governmenta
l organizations, advocacy groups and academic institutions to lead, support, or
initiate projects on AIDS awareness. This can result in a better understandin
g of the patterns of HIV-related illnesses, care-taking behaviors and determina
nts of such behaviors among HIV positive individuals. Industry also stands rea
dy to work with governments, international organizations and others to address
public health infrastructure needs in developing countries.

At the 12th World
AIDS Conference in 1998, Merck & Co., Inc., announced a $3 million grant from t
he Merck Company Foundation to underwrite the Enhancing Care Initiative, coordi
nated by the Harvard AIDS Institute and the Francois-Xavier Bagnoud Center for
Health and Human Rights at the Harvard School of Public Health. The Enhancing
Care Initiative will address the issue of HIV/AIDS in the developing world by b
ringing together the best possible expertise within specific countries, includi
ng representatives of the local HIV community, to evaluate the needs of those l
iving with HIV/AIDS. The goal is to customize concrete, practical improvements
that will help to advance the quality, delivery and outcomes of HIV care for m
en, women and children living with HIV/AIDS, not only in the initial countries
selected (beginning with Senegal and Brazil), but in a broad range of developin
g world countries.

Women and Health

Some gender analysis, though limited, ha
s begun. An analysis of data from a protease inhibitor study shows comparable effects on disease progression among men and women as a result of treatment. T he study, a clinical endpoint trial of 996 previously untreated HIV patients in Brazil included 277 women (28 percent of total patients), which constitutes on e of the largest representations of women in a long-term protease inhibitor stu dy in the world. The objective of the analysis was to determine whether there was consistency of treatment effects across gender in the testing of various ne w therapies. This type of study is only a beginning. There is a strong need f or more research on womens risks, prevention and care needs. Also, funding for women-specific interventions programs needs to be increased.

Vaccine Resea
rch

In November 1997, the Pharmaceutical Research Manufacturers of America (P hRMA) reported that twelve vaccines under development from member companies, in cluding the first National Drug Association-preventive AIDS vaccines, were in c linical trials or under review by the U.S. Food and Drug Administration.

Bio
pharmaceutical research and development companies are involved in the developme nt of therapeutic and preventive vaccines that can induce protective immunity a gainst HIV-1 clades (subtypes) prevalent in different parts of the world.

In
dustry also must commit to make therapies available where clinical trials are p erformed. In research programs underway in the Ivory Coast and Thailand, one U .S. company has designed its protease inhibitor clinical trials so that patient s in these trials will continue to get access to the therapy after the studies are completed.

Vaccine research is difficult and expensive. The risk of failur
e is high. Of an initial five thousand compounds in basic research, only one w ill emerge from the laboratories and actually reach the market. Promising new v accines require an average of 10 to 15 years of intense study and development. Nonetheless, U.S. pharmaceutical companies active in the HIV/AIDS field remain committed to developing new and innovative vaccines as well as developing comb ination vaccines, multiple antigens in a single inoculation. For vaccine resea rchers, the ideal would be converting multidose vaccination regimens into a sin gle time-released shot.

Vital to the continued progress in developing new pha
rmaceutical defenses against HIV/AIDS is strong intellectual property protectio n. Intellectual property protection provides the indispensable incentives to i nvest in pharmaceutical research, which leads to the discovery and development of better treatments for patients with AIDS all over the world. Strong worldwid e patent protection is essential to spur pharmaceutical innovation.

Behaviora
l Research/Behavioral Change Interventions

As part of its ongoing effort to w

ork with partners to improve environments through which health care is delivere
d in developing countries, PhRMA underwrote AIDS education work in Africa, in p
artnership with Africare.

In Nigeria, the pharmaceutical industry joined forc
es with WHO in Geneva, Womens Health & Action Research Centre in Benin, Nigeria
, the Ford Foundation in Beijing and three U.S. universities in a project that
aimed at identifying choices made by Nigerian youth to treat symptoms of sexual
ly transmitted diseases (STDs) and identify targets for improving treatment of
STDs. The findings will guide an intervention to reduce the prevalence of STDs
and incidence of HIV among Nigerian youth.

Microbicide Development

Pharmac
eutical companies are working to develop microbicides that women can apply topi
cally to inhibit HIV infection. Although none have been shown to be effective
to date, a potential spermicidal microbicide is in later stages of efficacy tes
ting against HIV. Other formulations of microbicide are still in early develop
ment and testing.

The pharmaceutical industry realizes that women need microb
icide that allow conception, but prevent infection with HIV and other STDS.

Do
nor Coordination

The pharmaceutical companies sponsor billions of dollars of
research and development into new treatments as well as donate products. To fa
cilitate product donations, U.S. research-based pharmaceutical companies create
d the Product Donations Steering Committee, an organization of innovative compa
nies and key U.S.-based voluntary organizations. The Committee was organized t
o facilitate experience sharing regarding obstacles to donations and to formula
te guidelines for responsibly managing donations.

The Steering Committee has
forged a Statement of Principles and has taken other actions such as educationa
l meetings and seminars to help insure that donations are carried out and coord
inated between the donor company, private voluntary organizations and recipient
s in a way that assures the highest level of quality and ethics.

Donor coordi
nation requires consideration of what is
needed for a successful donation in ge
neral. The need for coordination goes far beyond the donors, it extends to all
of those involved in the donation process -- donors, private voluntary and/or n
on-governmental development organizations, local ministry of health, government
s, field staff, and patients. In addition, coordination of organizations worki
ng in any one particular area is needed to avoid overlap, duplication of effort
s, and to ensure appropriate coverage.

Sustainability of treatment is crucial
and must be considered when planning donor coordination. Sustainability of tr
eatment is contingent on a number of factors: available product supply, program

funding, government/minister of health involvement, and recipient fatigue. Fo
r diseases like AIDS that require long term treatment and medicines with comple
x administration protocols, a reliable medical staff is needed to administer th
e medicines. Failure to ensure proper and continued administration could actua
lly harm the patient. Other requirements for a successful donation include a r
eliable delivery system on the ground in the recipient country; assurances of a
dequate and appropriate storage of the medicines; and a system for recording ad
verse reactions and monitoring patients.

ROLE OF INTERNATIONAL NON-GOVERNM
ENTAL ORGANIZATIONS

Discussion of Mandate(s) Relevant to HIV/AIDS

Progress
in halting the spread of the HIV/AIDS pandemic and its consequences can only be
made if public sector efforts are supplemented by private sector involvement i
n HIV/AIDS prevention and mitigation. Over the past decade, selected non-govern
mental organizations (NGOs) have demonstrated that they are often in the best p
osition to mobilize communities for HIV/AIDS prevention and care. Their close r
elationship with target communities and their experience in community developme
nt enables NGOs to work with community members to develop responsive, cost-effe
ctive programs. To build effective and sustainable HIV/AIDS programs, it is ess
ential to improve and enhance the performance of these local organizations to p
rovide appropriate HIV prevention and care services.

The functions of NGOs i
n a democratic society are many: they monitor the action of governments in mee
ting the needs of poor and disenfranchised populations; are instrumental in bui
lding community awareness and support for efforts by international organization
s and government agencies; and help to provide a seamless transition from exter
nally sponsored immediate assistance to long-term, domestic assistance.

STRAT
EGY FOR SPECIFIC ISSUES

Prevention

NGOs work to educate the media, private se
ctor, development organizations, multilateral and bilateral institutions, domes
tic and international AIDS organizations, the US government, and others about t
he importance of international HIV/AIDS prevention efforts.
NGOs in the HIV/AI
DS movement also work to create linkages with other health programs, domestic A
IDS organizations and advocacy institutions. The NGO coordinated strategy for
improving and creating linkages with other health programs includes: educating
domestic AIDS service organizations on global HIV/AIDS issues to ensure that t
hey will create linkages with indigenous NGOs, and the creation of a working gr
oup dedicated to looking at development issues, health and HIV/AIDS.

NGOs enga
ge in HIV/AIDS behavioral prevention strategies that traverse several levels of

impact, highlighting best practices and exemplary behavior change programs. Co nference workshops are organized to feature behavior change issues and specific interventions designed on the premise that personal behavior is profoundly inf luenced by broad contextual factors, including service accessibility and social norms, and that sustained individual behavior change is unlikely unless there is also a change in relevant contextual factors.

Interventions targeting indi viduals include activities such as peer counseling, couples counseling and test ing, and small group interventions. Initiatives at the societal level, such as mass media campaigns and school and workplace interventions, mobilize communiti es to provide a supportive environment for reducing risk, and support individua lly-based interventions. Advocacy activities targeting environmental or structu ral constraints contribute as well. In short, accurate knowledge and sustained behavior change at the community level is directed at the demand side to create understanding and awareness and spur the adoption of appropriate HIV/AIDS beha viors at the community level.

NGO prevention programs target the population as a whole, as well as groups most vulnerable to HIV, including adolescents, wome n, refugees, migrant workers, miners, commercial sex workers and intravenous dr ug users. For instance, NGO HIV/AIDS prevention projects target young adults w ith information and services that address their specific issues. Communication material targeting young adults promotes safer sexual behavior, encouraging ab stinence as a viable alternative to early sexual activity and making condoms th e right choice for protection when sexual activity does take place. Advice, in formation and products are made readily available where youth spend their leisu re time. Additionally, NGOs collaborate with traditional condom outlets (for e xample, pharmacies) to make them youth-friendly. Call-in radio shows in India, Zambia and South Africa invite and respond to young people's questions about s ex and send out additional, youth-oriented information booklets to interested c allers. A comic book is used in Haiti to encourage teens to discuss sexual mat ters with their parents. Youth-oriented "photonovellas" in Bolivia capture in print the same stories portrayed in popular TV miniseries on unwanted pregnanci es, STI's and HIV/AIDS.

Over the last 15 years, NGOs have targeted women in t heir prevention strategies as well. NGO initiatives encourage women to purchas e condoms and to insist on their use with partners. Women in Cameroon and Cote dIvoire can purchase condoms in self-service shops where the anonymity of a che ckout counter is preferred over direct interaction with sales staff. In Burkina Faso, the Griottes, an organized union of female historians and story tellers, go door to door to talk about AIDS with women. Women street vendors do the sam e in Haiti, where free samples are included in boxes of female hygiene products .

Further, NGOs have worked collaboratively to open markets for female condo ms in developing countries, and to create a video training program on their ben efits and use. NGOs have also collaborated with UNAIDS to communicate with loc al governments, NGOs, and health providers in developing countries about this p roduct and to assess their demand and technical assistance needs for starting o r sustaining female condom projects.

Recognizing that injecting drug use has

played a critical role in fueling the epidemic in various regions, particularly in some countries in Asia, Eastern Europe, and the Commonwealth of Independent States, NGO's support at least three major prevention components, including: early implementation of prevention initiatives while HIV prevalence is low; community outreach to injecting drug users (IDUs) to provide HIV/AIDS information and help develop trust between IDUs and health care providers; and widespread provision of sterile injection equipment.

Workplace Interventions

For over 5 years, labor unions have conducted an ongoing effort in the U.S. to combat the scourge of HIV/AIDS and STDs through unique programs of workplace peer education. Despite vast cultural differences, two things nearly all people the world over share in common are the need to work and the need to receive medical care. People, rich or poor, uneducated or educated, active in community organizations or not, are best reached where they work. This is particularly true in developing countries and among workers who are most at risk of contracting HIV/AIDS. Truckers, transit workers, miners and others whose jobs require them to travel through porous borders are the ones most often associated with the spread of HIV/AIDS. Few ways exist to reach these people other than through their jobs and at their place of employment.

What began as a practical effort to cope with issues of occupational safety and health at the beginning of the AIDS pandemic has now become a deep commitment to share the special strengths of labor movements worldwide to open a new front in a global war against this tragic disease. Now more than ever, a mounting body of evidence suggests that the workplace peer education strategy can respond to program needs with practical low-technology methods to help arrest the explosion of HIV/AIDS infection rates in developing nations.

Social Marketing

An example of a specific HIV/AIDS prevention and mitigation methodology utilized by NGOs to make condoms available to low-income people in developing countries is a technique called social marketing. Condom social marketing involves the distribution of condoms to lower-income persons by marketing through the existing local commercial and NGO infrastructures. NGOs procure products using donor funding or obtain them directly from donors; establish an office and a distribution system in the developing country, often acting as its own distributor; and sell the products, through the existing wholesale and retail network in the country. Products are branded and attractively packaged, and sold at low prices making them affordable to the poor. Since this retail price is often lower than even the manufacturing cost, donor contributions are a vital element of the social marketing process.

A key ingredient to successful social marketing is effective communications to stimulate demand and encourage the adoption of appropriate health practices. This is done through both brand advertising and generic educational campaigns, using a mix of strategies and channels, such as mass media and interpersonal communications, to reach the targeted audience. Activities range from brand advertising informing the public that a quality product is available and where it can be purchased, to generi

c educational efforts that help people understand why changing behavior is nece ssary and important.

A project in Cote dIvoire provides an illustration of c ommunications initiatives designed to effect behavioral change. Saturation-lev el brand promotion informs the public about condoms and that their use protects against contracting HIV/AIDS. That activity is complemented by producing and broadcasting a popular and award-winning television soap opera, SIDA dans la Ci te (AIDS in the City). The multi-part program engages viewers in a gripping dra ma about a family in which the father is diagnosed with AIDS because he was unf aithful and did not use protection. This dual approach, based on research and testing, recognizes that people learn in different ways and a variety of messag es will more effectively reach a larger audience.

In Guinea, imams now use the ir mosques to preach messages on marital fidelity and abstinenceall part of the national campaign in Guinea to prevent HIV/AIDS. In seven countries, mobile v ideo units, equipped with camcorders and large screens, take health messages to the rural countryside. In Tanzania, these video-equipped vehicles show films that educate about AIDS, encourage fidelity, and promote condoms. These multi-m edia presentations are extremely popular among entertainment-starved population s; in Pakistan and Bolivia mobile video units have attracted audiences of thous ands of people.

Some of the other communications activities used by NGOs inclu de point-of-sale material; radio call-in shows, soap operas, documentaries, pro files and other programs; television documentaries, debates, and other informat ional programs; musical songs and videos; cinema ads and trailers; theater trou pe presentations and puppetry; product demonstrations and information distribut ion at work places, community meeting places, and special events; print materia ls, posters, brochures, cartoons, and inserts; informational kiosks and peer ed ucation activities at special and sporting events, and in high traffic areas th roughout communities; and providing information to and training to those with t he ability to reach larger, affected populations.

Treatment Equity

The intern ational NGO community recognizes that very few people living with HIV in the de veloping world have access to many life prolonging drugs, including basic antib iotics. As the number of people living with HIV/AIDS continues to reach alarmin g levels, programs dedicated to providing services to these individuals are dra stically needed. Recognizing that prevention has been a priority for most multi lateral, bilateral and private voluntary organizations (PVOs), NGOs advocate fo r the development and inclusion of programs focused on care that address the ne eds of people living with AIDS and their family members. Care programs should i nclude access to appropriate life-saving therapeutic treatments, development of counseling and related services, and the development of human rights projects to curb discrimination against persons affected by HIV/AIDS.

The coordinated N GO strategy to emphasize the necessity of creating care projects and to monitor the development of these projects includes: offering seminars and workshops on the prevention to care continuum and arranging meetings with PVOs and multi- a

nd bilateral institutions. NGO's can also be advocates and work to broaden the policy dialogue on issues such as drug pricing, calling for price reductions, and aggressively working through all available private and public networks to engender an informed and supportive policy environment to effect change.

An example of a strategy to improve treatment equity is the use of mechanisms such as private sector leveraging to help communities and governments tap into additional financial resources.

AIDS Orphaned Children

Presently, the future of millions of children is threatened because of HIV/AIDS. In addition to the estimated 1.5 million children infected with HIV, a growing number of children are being orphaned as a result of AIDS-related adult mortality. Young people whose family controls are lacking may seek emotional support and security through sexual relations, thereby increasing their risk of HIV infection. In addition they may be abused and forced into prostitution. Children living in the streets are forced to fend for themselves, with few options for survival. With an estimated 100 million street children alive today, the implications for the spread of HIV are alarming.

To avoid infection, children need a supportive, enabling environment that provides them not only with knowledge about how to protect themselves, but also with the motivation and the power to do so. Care is also essential for the survival of children. NGOs have worked with local collaborators to develop a methodology for orphan assessment, which identifies priority needs of orphans and their caretakers. Activities are also focused on orphan care and support, which include care, counseling services, and vocational training. In addition, incomes generating activities with NGOs, mobilization of local resources, and psycho-social support and training are supported by NGOs at the country level. Finally, in response to the growing number of children left parentless due to HIV/AIDS, NGOs have made efforts to highlight this crisis through conference workshops, briefings and media articles.

Women and Health

The international NGO community works to bring attention to the growing vulnerability of women to HIV/AIDS through: workshops at domestic and international conferences, briefings for government leaders, media articles and monthly email broadcasts.

NGO's have worked tirelessly to:

Promote access to reproductive health services, such as family planning and antenatal care, that protect the health of women and their families.
Encourage earlier access to treatment through the development of voluntary HIV counseling and testing services.
Promote improved treatment by encouraging early management of symptoms and treatment of opportunistic infections.

Improve STI case management at the clinic level and to make
services, including drugs, more accessible to populations at risk.
Promote dial
ogue between men and women.
Expand womens prevention efforts through female con
dom studies.
Educate younger women about reproductive health, providing the inf
ormation they need to make informed choices about the initiation of sexual acti
vity, selection of partners, and the use of condoms and other available protect
ion methods.

Vaccine Research

Spending allocated to research in both the publ
ic and private sector has increased over the past few years. However, NGOs poin
t out that issues concerning the allocation of funding and the ethics surroundi
ng some of the clinical trials being conducted require continuing attention. Wh
ile therapeutic development, particularly antiretroviral and protease inhibitor
s, have been the primary focus in the US for the past several years, NGOs stres
s that increased focus must be directed toward vaccine development that will cl
early benefit the developing world and the President's commitment to the develo
pment of an HIV/AIDS vaccine in the next 10 years. As such, the NGO community
recognizes that it is extremely necessary to apply pressure to public instituti
ons and private industry to ensure that a vaccine will be developed and can be
made available for global use.

The international NGO community will continue t
o provide venues for debate on the ethics of individual clinical trials as whet
her the trials meet the United Nations Internal Review Board (IRB) standards, t
hrough briefings, seminars, and workshops. Additionally, NGOs will continue to
monitor and report on spending and profits generated by the development of vacc
ine, antiretrovirals, therapeutic interventions and prophylaxsis by private pha
rmaceutical companies.

Microbicide Development

The NIAID-funded NIVNET consor
tium is directly involved in microbicide development and plays a key role in th
e design, implementation and monitoring of vaginal microbicide studies. NGOs a
re involved in clinical trials of vaginal microbicides to evaluate efficacy and
acceptability in preventing STIs, HIV, and pregnancy. More than 200 scientific
publications on barrier methods have been produced, including a monograph for
the 1994 ICPD meeting in Cairo.

Three existing trials are Phase I safety and a
cceptability studies of candidate products taking place both in the United Stat
es and at seven international sites in six countries. A fourth trial, a Phase I
II N-9 efficacy study in Zimbabwe and Malawi (two sites), is currently in the f
inal planning stages and the first phase of study enrollment is expected to get
under way in early 1999.

A randomized control trial evaluating the impact of
N-9 film on the transmission of HIV and STIs in Cameroon has been completed. R
esults showed N-9 film was safe but did not protect against HIV/STI. Methodolog

ical and operational lessons learned from this study have influenced directions of new microbicide development. Other related research includes a number of clinical trials of vaginal microbicides with STI infection as the primary study endpoint, and HIV infection as a secondary endpoint.

Donor Coordination

NGOs play a role in facilitating dialogue among multilateral donors, such as UNAIDS, bilaterals, such as USAID, and private funding bodies in order to maximize donor effectiveness and minimize overlap.

In addition, at the country level, NGOs develop programs that complement those of other donors. For instance, NGOs collaborate with the World Bank on specific technical areas such as STI research, and work jointly with UNAIDS and the World Health Organization (WHO) on the development of guidelines for behavioral data collection needs of national HIV/AIDS/STI programs.

ROLE OF INTERNATIONAL ORGANIZATIONS

International Organizations Mandate Relevant to HIV/AIDS

Where possible the USG works closely with international organizations to leverage both human and financial resources for the greater benefit of those in need. International organizations are uniquely positioned to provide support for HIV/AIDS prevention and mitigation efforts worldwide. The USG provides direct assistance to these important institutions and supports the critical role international organization's play in the international fight against HIV/AIDS. The role of international organizations is characterized as follows:

International organizations have a wide funding base and are able to provide significant financial backing and multisectoral support.

International organizations are able to effect cooperation without political ramifications or restrictions that bind local and national governmental actors.

International organizations are non-partisan.

International organizatio

ns are able to bridge gaps between countries and donor nations and provide a fo
ra to bring various international players together on issues.

UNAIDS

The Joi
nt United Nations Programme on HIV/AIDS (UNAIDS), an international organization created specifically to address the HIV/AIDS pandemic, was established as an i ndependent UN agency on January 1, 1996. UNAIDS brings together the efforts of five UN organizations, United Nations Childrens Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Na tions Educational, Scientific, and Cultural Organization (UNESCO), World Health Organization (WHO), and the World Bank. The primary focus of UNAIDS is to str engthen the capacities of national governments for an expanded response to HIV/ AIDS. UNAIDS will achieve this objective through work at national, regional and global levels in the following four mutually reinforcing areas: policy develop ment and research, technical support, advocacy, and coordination.

Preventio
n

Testament to the multisectoral reach of UNAIDS are its numerous prevention efforts, ranging from collaboration with the religious sector to assessment of the cost effectiveness of HIV prevention strategies. Examples of the range of U NAIDS prevention strategies are detailed below.

Recognizing that truly effect
ive prevention efforts must begin at a young age, UNAIDS activities target scho ol age children through outreach and prevention efforts. In 1997, UNAIDS publi shed a position paper on integrating HIV/STD prevention in the school setting; produced a technical update on learning and teaching about AIDS at school; and participated in the organization of seminars on school-based AIDS education at the three regional conferences on AIDS held in Cte dIvoire, Peru and the Philip pines.

Within the religious sector, UNAIDS employs a two-pronged prevention approach. The first is to promote the exchange of ideas and training for commun ity-based prevention and care programs. The second is to encourage religious in stitutions to strengthen life-skills training approaches for HIV education in s chools operated by their congregations. UNAIDS also collaborates with the Roman Catholic organization CARITAS International and is supporting a forum of relig ious leaders in Africa.

UNAIDS efforts to reduce risk and vulnerability in i
nstitutional settings, such as prisons and workplaces, have largely focused on strengthening national and regional networks and facilitating information excha nge on effective programming. A joint undertaking with the Civil-Military Allia nce to Combat HIV/AIDS, and its regional affiliates, helps to establish and str engthen AIDS programs with military services in Africa, Asia and Latin America.

To prevent intravenous transmission, UNAIDS works to strengthen regional HI V/injecting drug use harm reduction networks, focusing on exchanging lessons le arned and sharing technical resources. In the area of sexual transmission, UNA

IDS principal efforts in 1997 and 1998 have been identification and disseminati on of best practices in HIV prevention and care, strengthening of regional netw orks, and development of tools and guidelines to facilitate project development . UNAIDS has supported specific initiatives in the Asia-Pacific region, Central and Eastern Europe, and West and Central Africa. With regard to men who have sex with men, UNAIDS is building several regional networks of experts in HIV pr evention.

Finally, to assess the efficiency and effectiveness of HIV preventi on efforts, UNAIDS has initiated a number of studies evaluating the cost-effec tiveness of HIV prevention strategies. The studies have led to the preparation of costing guidelines for such strategies, a UNAIDS Point of View document on cost-effectiveness analysis, and three computerized models covering blood safet y, prevention programs for sex workers, and school education, all of which will be published in 1998.

Treatment Equity

Recognizing that there are often i nsurmountable barriers to obtaining access to available HIV/AIDS treatment, UNA IDS and the WHO Action Program on Essential Drugs is developing an operational plan to improve access to drugs for HIV infection. UNAIDS supported several co nsultations on this subject in Senegal and during the AIDS conference in Abidja n. UNAIDS also is supporting preparation of case studies on treatment equity a nd access to care and drugs in Asia, Latin America and the Caribbean, and West Africa; and, in collaboration with the Ministries of Health and a number of pha rmaceutical companies, is initiating pilot projects to improve access to drugs of interest to people living with HIV/AIDS, in Chile, Cte dIvoire, Uganda and V ietnam.

Further, UNAIDS is currently collaborating with local partners to doc ument case studies on the process of introducing antiretrovirals in Argentina, Brazil, Colombia and Mexico, where the drugs have been made available despite r esource constraints. The objective of the studies is to assess the extent to w hich their introduction was successful, and to learn about difficulties encount ered in introducing the new technology. These lessons can serve as a learning tool for other countries.

Women and Health

UNAIDS coordinates the Informal W orking Group on Mother-to-Child Transmission of HIV, which focuses on the coord ination and design of clinical trials on the prevention of HIV transmission fro m mothers to their children. UNAIDS also supports the Ghent international worki ng group on perinatal transmission of HIV, sponsored by the European Union, whi ch conducts studies on the acceptability of prenatal voluntary counseling and t esting in the context of ongoing clinical trials in Africa, as well as cost-eff ectiveness studies related to the use of AZT and alternatives to breastfeeding.

Vaccine Research

In collaboration with the WHO Global Program for Vaccines and Immunization, UNAIDS is supporting a project to promote the development of

a novel vaccine approach - the International AIDS Vaccine Initiative (IAVI) - w
hose mandate is to accelerate progress towards an AIDS vaccine for use in devel
oping nations where the epidemic is spreading most rapidly. In addition, UNAID
S, WHO and the Council for International Organizations of Medical Sciences are
developing a guidance document for ethical standards in the conduct of HIV vacc
ine trials.

Behavioral Research/ Behavioral Change Intervention

In the a
rea of behavioral prevention, UNAIDS, CAPS, AIDSCAP and WHO collaborated to ass
ist in the multisite voluntary counseling and testing (VCT) study carried out f
rom 1995 to 1997 in Kenya, Tanzania and Trinidad. The study concluded that VCT
significantly reduces sexual-risktaking behavior and does not increase such neg
ative life events as disintegration of relationships and discrimination.

Ano
ther behavioral intervention project combined the efforts of UNAIDS, UNESCO, UN
ICEF and The World Bank in the development of communication strategies and regi
onal networks for national AIDS and health-promotion programs.

Microbicide Dev
elopment

UNAIDS advocates for the development of vaginal microbicides and se
rves as the secretariat for the International Working Group on Microbicides. In
1996-1997, UNAIDS launched a multicentre study on the efficacy of COL-1492 in
preventing HIV infection and sexually transmitted diseases among female sex wor
kers in Benin, South Africa and Thailand. In addition, preparatory work is proc
eeding in Cte dIvoire and Senegal. A first interim analysis is expected in 1999
but final results will not be available before the end of 2001. It is hoped th
at microbicides will also be useful in preventing HIV infection in men.

UNAIDS
' Cosponsors

Although the majority of HIV/AIDS activities on the part of UNA
IDS' cosponsors fall under the rubric of UNAIDS, there are continuing independe
nt cosponsor efforts to prevent and mitigate the impact of HIV/AIDS:

UNESCO is
developing curriculum and teacher training in India, and planning seminars in
Nepal and Cambodia;
UNFPA is focusing on integration of HIV/STD prevention in
family life/reproductive health programs in more than 150 countries;
WHO is in
tegrating school-related health services for adolescents with action-research p
rojects in six African countries, as well as integrating HIV/STD prevention int
o the Health-Promoting Schools Network in six regions. WHO also supports the G
overnment of China in extending HIV/STD education in all schools in the most af
fected Southern provinces;
UNICEF is developing youth-friendly health services
and promoting life-skills education which integrate AIDS information.
UNDP is p

reparing a series of issue papers on gender and the HIV epidemic.
UNICEF is de
veloping resource materials for integrating gender awareness into adolescent se
xual health programs.
UNESCO is implementing a project to reduce the rate of H
IV transmission among women by empowering them with awareness, knowledge and sk
ills.
WHO is providing technical support to an International Center for Resear
ch on Women project on reproductive-health rights of HIV-positive women.

In
addition, since 1995, WHO, joined later by UNAIDS, has supported the PETRA stud
y, in South Africa, Tanzania and Uganda, to test the efficacy of a short-term r
egimen of AZT and 3TC for reducing the risk of mother-to-child transmission of
HIV. The preliminary results, expected to be available by end-1998, will show
whether a very short course of two antiretroviral drugs is as efficacious as lo
nger regimens that include one drug only.

Finally, after the results of the
Thai/CDC trial on mother to child transmission, UNICEF-WHO-UNFPA-UNAIDS set up
an international initiative to demonstrate the feasibility of prevention of mot
her-to-child transmission of HIV in some of the countries worst-affected by HIV
infection. Under this initiative, pilot interventions are being implemented in
the following countries: Zimbabwe, Zambia, Uganda, Cote d'Ivoire, Burkina, Hon
duras, Vietnam, Cambodia, Thailand, Botswana, Rwanda.

The World Bank

The Wor
ld Bank - one of the six UNAIDS cosponsors - is an example of an international
organization that provides direct assistance to client governments in the form
of loans, technical assistance and policy guidance. The World Banks comparativ
e advantage lies in its ability to engage in dialogue with client governments,
enabling the creation of an environment for the development of sustainable and
multisectoral prevention and care programs, and in its capacity to finance larg
e national programs to combat HIV.

Most of the World Banks loans for HIV/AID
S are provided on highly concessionary terms through the World Banks concession
ary lending arm, the International Development Association (IDA). While the ap
proval of new loans for HIV/AIDS fluctuates considerably from year to year, the
World Bank is continuing to expand its portfolio of HIV/AIDS projects and loan
disbursements, which reflect efforts to implement AIDS control activities. Th
e World Bank has committed over $800 million to HIV/AIDS projects over the past
decade, and there are indications that the pace of lending will rise in the ne
xt 3-5 years as more clients turn to the World Bank for financial assistance to
address HIV/AIDS in their countries.

Additionally, the World Bank incorporat
es HIV/AIDS components into other loans such as reproductive health and rural d
evelopment programs. The World Banks commitment to HIV/AIDS is also reflected
in its technical and operational assistance. Further, the World Bank attempts
to ensure that HIV/AIDS strategies are effective and appropriate for the specif
ic challenge facing each country. Although individual governments are ultimate

ly responsible for project implementation, the World Bank works closely with go
vernment officials in designing, monitoring and evaluating HIV/AIDS projects.
The World Bank is also increasingly focusing on capacity building as part of co
untry specific responses to HIV/AIDS.

Prevention

The World Bank regularly fu
nds regional prevention projects. For example, in collaboration with UNAIDS, th
e World Bank is providing grants for initiatives which tackle the AIDS epidemic
at the regional level, dealing with cross border issues such as migration and
transport, that are central to the spread of HIV. These regional problems cove
ring Western Africa, Southern and Eastern Africa, South East Asia, and Latin Am
erica and the Caribbean, are managed by UNAIDS on behalf of the World Bank. The
y aim to strengthen regional cooperation and improve the capacity for neighbori
ng countries to consult and work jointly on policy and implementation issues.

The World Bank is also working closely with UNAIDS at the country level in dev
eloping programs in a number of nations. HIV/AIDS related country level project
s are ongoing in India, China, Zimbabwe and Brazil.

AIDS Orphans

In the area
of AIDS-orphaned children, the World Bank supports the production of public se
rvice announcements, picture exhibits and video documentaries to bring attentio
n to the millions of children orphaned by AIDS. In 1997, the World Bank develo
ped a Public Service Announcement which has been aired on CNN and many other in
ternational outlets to highlight the theme of 1997s World AIDS Campaign: Childr
en Living in a World with AIDS. On World AIDS day 1997, the World Bank hosted
a picture exhibit titled: Dying Branches: The Impact of HIV/AIDS on the Villag
es of Mpondas, Malawi. The goal of the exhibition was to portray both the vuln
erability and resiliency of grandparents who are forced to provide for children
who have lost one or both parents in a community devastated by HIV/AIDS. Fina
lly, the World Bank developed with UNAIDS, an MTV documentary on the 1998 theme
for World AIDS Day, entitled Youth - a Force for Change.

Vaccine Research

T
he World Bank recognizes that the HIV/AIDS epidemic in many of the World Banks
client countries has increased the priority for developing a preventive vaccine
that will be effective and affordable in the developing world. As such, a Wor
ld Bank Task Force is exploring the market failures leading to under-investment
in an HIV/AIDS vaccine and to elaborate on the feasibility and optimal design
of innovative financing instruments, which would stimulate private investment.
The task force also is responsible for developing new World Bank instruments t
hat will increase private incentives to invest in research and development for
HIV/AIDS.

Further, the World Bank is part of a global collaboration of organi
zations that has created and funded the International AIDS Vaccine Initiative (
IAVI).

UN Commission on Human Rights

The UN Commission on Human Rights regul
arly considers resolutions for the protection of human rights in the context of the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The resolutions set out guidelines nations may follow in dealing with the health crisis and human toll of AIDS and HIV. Resolutions also ask the UN Secretary General to solicit input from countries, specialized agencies, and r
elated governmental and non-governmental organizations in order to provide a pr
ogress report to the Commission on follow-up. The next session of the Commissi
on at which an HIV/AIDS resolution is expected for consideration will take plac
e in March 1999.

IX. CONCLUSION/ NEXT STEPS

X. APPENDICES

The conclusion
and appendices are not available at this time.

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Vincent, Angela ("Vincent, Angela" <Angela.Vincent@mail.house.gov> [UNKNOWN])

CREATION DATE/TIME:28-OCT-1998 11:50:47.00

SUBJECT: Invites

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Hi Todd,

Me again. Staff have indicated that they have not been contacted to attend the 5 pm AIDS roll-out event. Will we be getting calls or are we considered confirmed? Also, I wanted to make sure that Derrick Humphries of Humphries & Brooks, LLC received a call. His name is on the list, but just in case, his number is (202) 347-7000. Thanks.

Angela Vincent

Legislative Assistant

Office of Congressman Louis Stokes

2365 Rayburn House Office Building

Washington, D.C. 20515

(202) 225-7032

(202) 225-1339 (fax)

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Paul Delay (Paul Delay <pdelay@usaid.gov> [UNKNOWN])

CREATION DATE/TIME:28-OCT-1998 18:54:30.00

SUBJECT: re: Presidential Announcement of New HIV/AIDS Initiative

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Congratulations!!!

Sarah H. informed me that Sandy is likely to attend the next UNAIDS Programme Coordinating Board meeting scheduled for December 8-11 in New Delhi. Please keep us up to date if this changes. We also will need to know farily soon whether she wants to go to any of the field sites (Bombay, Calcutta or Madras) on the day December 8) before the official meeting starts.

Thanks!!

Paul R. De Lay, Chief, HIV-AIDS Division

Tel:202 712 0683; FAX 202 216 3046;

Internet: pdelay@usaid.gov

Original Text

From: Todd_A._Summers@opd.eop.gov, on 10/28/98 11:57 AM:

To:

Attached is the briefing paper on today's event. It's a good day!!!!

(See attached file: TPOCT28.WPD)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. email	From Jeff Trandahl to Todd Summers Re: Presidential Announcement of New HIV/AIDS Initiative (1 page)	10/28/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Stephen Abel (Stephen Abel <snabel@pol.net> [UNKNOWN])

CREATION DATE/TIME:28-OCT-1998 18:35:46.00

SUBJECT: Re: Presidential Announcement of New HIV/AIDS Initiative

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
nice work.....i'll assume that in your own style you had something to do

with this (along with you blonde sidekick).....congrats

---------- Reply Separator ----------

Originally From: Todd_A._Summers@opd.eop.gov

Subject: Presidential Announcement of New HIV/AIDS Initiative

Date: 10/28/1998 11:57am

Attached is the briefing paper on today's event. It's a good day!!!!

(See attached file: TPOCT28.WPD)

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Chris Collins (Chris Collins <chris.collins@mail.house.gov> [UNKNOWN])

CREATION DATE/TIME:28-OCT-1998 17:25:01.00

SUBJECT: RE: Presidential Announcement of New HIV/AIDS Initiative

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
thanks, doll....congrats

>----------

>From:

Todd_A._Summers@opd.eop.gov[SMTP:Todd_A._Summers@opd.eop.gov]

>Sent: Wednesday, October 28, 1998 8:57 AM

>Subject: Presidential Announcement of New HIV/AIDS Initiative

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><<File: TPOCT28.WPD>>

>Attached is the briefing paper on today's event. It's a good day!!!!

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>(See attached file: TPOCT28.WPD)

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. email	From Jeff Trandahl to Todd Summers Re: Presidential Announcement of New HIV/AIDS Initiative (1 page)	10/28/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

RESTRICTION CODES

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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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Mary Beth Donahue (Mary Beth Donahue <mdonahue@os.dhhs.gov> [UNKNOWN])

CREATION DATE/TIME:28-OCT-1998 21:14:41.00

SUBJECT: re: Roll-out

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

CC: Elizabeth Summy (Elizabeth Summy <esummy@os.dhhs.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:
we didn't do an actual roll-out today. we briefed des. and des and satcher

briefed reporters here. liz has coordinated our iga folks and marsha/eric

to brief iga and other groups. i asked that they share list w/you and b.

wooley. call liz/marsha if this hasn't happened. iga briefing was for

thursday and other groups next week. very brief briefing since we don't

want to go into detail when individual budgets haven't been worked out, but

they should get some sort of introductory briefing and an opp. to ask

questions.

Original Text

From: <Todd_A._Summers@opd.eop.gov>, on 10/27/98 7:27 PM:

Can you get me particulars on your roll-out tomorrow? Minyon wants Sandy

to attend. Is that going to be an issue? I don't know anything about it.

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Trandahl, Jeff ("Trandahl, Jeff" <Jeff.Trandahl@clerk.house.gov> [UNKNOWN])

CREATION DATE/TIME:28-OCT-1998 17:09:21.00

SUBJECT: RE: Presidential Announcement of New HIV/AIDS Initiative

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Howdy!!!!!

From: Todd_A._Summers@opd.eop.gov

[SMTP:Todd_A._Summers@opd.eop.gov]

Sent: Wednesday, October 28, 1998 11:57 AM

Subject: Presidential Announcement of New HIV/AIDS Initiative

Attached is the briefing paper on today's event. It's a good

day!!!!

(See attached file: TPOCT28.WPD)<<File: TPOCT28.WPD>>

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. email	From Steven Tierney to Todd Summers Re: Presidential Announcement of New HIV/AIDS Initiative [personal] [partial] (1 page)	10/29/1998	b(6)

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

RESTRICTION CODES

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

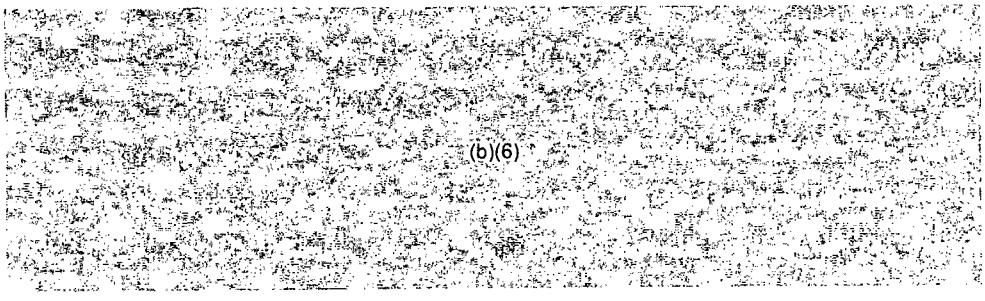
CREATOR: Steven Tierney (Steven Tierney <stierney@HiFy.com> [UNKNOWN])

CREATION DATE/TIME:29-OCT-1998 16:57:25.00

SUBJECT: Re: Presidential Announcement of New HIV/AIDS Initiative

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Good morning Todd--



[010]

It's good to see your name on the Email list. Congratulations, good work

here! $156M

the week before the election is a very strong message.

I will be in DC next month, let's try and get a chance to eat and

laugh!

I'll be in touch.

Steven

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:29-OCT-1998 15:10:47.00

SUBJECT: Todd Summers is out of the office.

TO: Elisa Millsap (CN=Elisa Millsap/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
I will be out of the office from 10/29/98 until 10/31/98.

In Dallas. I am available through signal.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. email	From Suzibeach@aol.com to Todd Summers Re: Halloween hi from Ms Pumpkin - from Suzi (1 page)	10/29/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[10/23/1998 - 10/29/1998]

2018-0758-F
jn571

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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: News (News <news@bluesquirrel.com> [UNKNOWN])

CREATION DATE/TIME:29-OCT-1998 18:57:29.00

SUBJECT: News from Blue Squirrel (October Issue)

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Dear Todd,

Here's an update to our customers and friends on happenings at

****

NEWS FROM THE BLUE SQUIRREL - Turning Data Into Information

http://www.bluesquirrel.com Newsletter October 98

****

Contents:

NOTE: If any URL's in this Newsletter are split onto two lines they

may not work reliably. Combine both lines if this is the case.

I. Nut'n But News

A) The Report Card is out!

Dreamcreators rates LegalSeeker an overall "A" program, because it offers simple installation, ease of learning, and excellent documentation.

"It is one of the most useful programs you can own with some powerful and unique features" claims Mary Silverthorn, a software reviewer and editor for Dreamcreators. During the testing phase, Mary used LegalSeeker to find legal and non-legal information on websites. In Mary's review she expresses how LegalSeeker saved her hours of time and found extremely valuable information.

You can find a copy of the review at:
http://www.dreamcreators.com/reviews/business.htm

For more information on LegalSeeker please visit:
http://www.bluesquirrel.com/seeker/legalseeker.html

B) Customer Satisfaction Guaranteed!

A big thanks to everyone who participated in our Customer Satisfaction Survey. Our website scored over 97%! Top ratings were given for its user friendly features and valuable content!

We also ranked extremely well in Customer Service! Over 98% of the participants recognized our ability to respond quickly to their questions.

We realize the importance of our Customers. Therefore, we have decided to add a new section to our Newsletter, Customer Comments! A place that we would like to dedicate to you, our customers and give you a chance to speak out. If you have any comments or suggestions that you would like to see featured in our upcoming issues please send them to: info@bluesquirrel.com.

C) WebPrinter passes the test!

WebPrinter will be included on CASTI Publishing Inc.'s "100 Best Engineering Shareware CD-ROM". CASTI Publishing is dedicated to providing users with software that will make their lives easier. They only include programs on their CD-ROM that demonstrate excellent engineering and technical quality. "We have found your ForeFront WebPrinter to be of interest to many of our customers and likewise we have identified it as a good candidate for our new "100 Best Engineering Shareware CD-ROM" claims Kris Pucci.

For more information on WebPrinter please go to: http://www.bluesquirrel.com/wp/

D) Pick of the Week!

Grab-A-Site, our "Industrial Strength" file-based offline browser and WebSeeker our "Ultimate Searching Utility" have both been selected as the Microsoft and WUGNET Windows NT shareware pick of the week! Featured

selections are chosen if they demonstrate the highest standards available in today's technology. Grab-a-Site will be featured during the week of October 19th, and WebSeeker will be featured during the week of October 26th in the Hall of fame at:

http://www.wugnet.com/shareware/ntmap.html

For more information on Grab-a-Site please visit:

http://www.bluesquirrel.com/grabasite/

For more information on WebSeeker please visit:

http://www.bluesquirrel.com/seeker/

II. Customer Comments

"Thanks for your *excellent* customer service. I appreciate it."

..jmy

"I enjoy your product very much!"

Donna K. Hill

III. Special Offers

A) Wow, what a deal!

25% off of our entire product line!

This special offer is only available until November 16, 1998, so to take advantage of these huge savings please visit:

http://www.bluesquirrel.com/so/storefront.html

III. Tips from the Blue Squirrel

A) ClickBook Tip

Do you find it annoying when you have to select the print option twice every time you are printing a mail-merged document in Word or WordPerfect?

Below are two solutions that will help you avoid selecting the print option twice.

Following step one will allow you to automatically print your documents into a booklet format without ClickBook intervention.

1. To begin the process you must modify the clikbook.ini file located in the C:\windows directory. Add "Batch=1" in the bottom of the [Global] settings. Doing so, will automatically print a document in a booklet format without having to select the print option again in ClickBook.

Following step two will allow you to automatically print your mail-merged documents into a booklet format without ClickBook intervention.

2. This step is for programs that include a macro feature (ie: Word,

WordPerfect, etc.) Create a macro to press the print button every time the "~cb_####.tmp" file is erased from the C:\windows\temp directory. Doing so, will automatically print a document in a booklet format without having to select the print option again in the selected program and ClickBook.

IV. Contact Us

Blue Squirrel

We can be contacted at:

170 W. Election Dr. #125

Draper, UT 84020 USA

Web: http://www.bluesquirrel.com

Voice: 801-523-1063

Support: 801-523-1065

FAX: 801-523-1064

E-mail: info@bluesquirrel.com

Sales: sales@bluesquirrel.com

Support: support@bluesquirrel.com

V. Subscribe and Unsubscribe

This newsletter is only sent to those who requested the newsletter and those who downloaded, registered, or evaluated our software.

If you think someone else would benefit from this information, please invite them to Subscribe at:
http://www.bluesquirrel.com/newscenter.html

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:29-OCT-1998 15:10:56.00

SUBJECT: Todd Summers is out of the office.

TO: Robin J. Bachman (CN=Robin J. Bachman/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
I will be out of the office from 10/29/98 until 10/31/98.

In Dallas. I am available through signal.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Steven Tierney (Steven Tierney <stierney@HiFy.com> [UNKNOWN])

CREATION DATE/TIME:29-OCT-1998 23:08:10.00

SUBJECT: Re: Todd Summers is out of the office.

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Have a good trip - I will be in DC 11/12/98 - 11/16

++++++++++++++++++++

At 02:10 PM 10/29/98 -0500, you wrote:

>I will be out of the office from 10/29/98 until 10/31/98.

>

>In Dallas. I am available through signal.

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Tsummers (Tsummers@aol.com [UNKNOWN])

CREATION DATE/TIME:29-OCT-1998 03:29:11.00

SUBJECT: Fwd: Clinton To Give $156M To Fight AIDS

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Return-path: <AOLNews@aol.com>

Date: Wed, 28 Oct 1998 17:57:50 EST

From: AOLNews@aol.com

Subject: Clinton To Give $156M To Fight AIDS

MIME-version: 1.0

Content-type: text/plain; charset=US-ASCII

Content-transfer-encoding: 7BIT

Clinton To Give $156M To Fight AIDS

.c The Associated Press

By LAURA MECKLER

WASHINGTON (AP) -- AIDS is ``picking on the most vulnerable among us,"

President Clinton said Wednesday as he outlined a $156-million program to

help

blacks and Hispanics get services to their communities.

``The AIDS crisis in our communities of color is a national one, and that

is

why we are greatly increasing our national response," Clinton said.

``Black
or white, gay or straight, rich or poor -- you name it, we have to stop
it."

Blacks now account for more than half of new HIV infections. While AIDS
deaths
have dropped overall, they are dropping much more slowly among minorities.
Blacks are eight times more likely than whites to contract the virus,
Hispanics four times more likely.

``Like other epidemics before it, AIDS is now hitting hardest in areas
where
knowledge about the disease is scarce and poverty is high," Clinton said.
``In other words, ... it is picking on the most vulnerable among us."

Several government AIDS assistance programs already are serving blacks and
Hispanics. They make up half the patients in a program that helps pay for
powerful but expensive protease inhibitor drugs.

But administration officials said this new initiative was the first effort
to
reach out to minority communities in a comprehensive way, prodding local
groups to develop new strategies -- and take advantage of the money already
available.

``We know from our experience working with the gay community that effective
responses have to be developed with and in the communities they are

serving,"

said Sandra Thurman, director of the White House Office on AIDS Policy.

Too often, officials said, most of the available grant money ends up with more

established groups that have experience developing good programs and writing

competitive grants. Often these groups have their roots in the gay community,

where the epidemic began. The initiative hopes to help the minority groups compete.

``We're going where the cases are," said Donna Shalala, secretary of Health

and Human Services.

The initiative will provide a new pot of grant money -- on top of what's already available -- targeted at groups serving minority communities. And some

of the money now available for caring for AIDS patients will be set aside for

cities with a significant number of minority cases.

The government also plans to offer minority groups technical assistance in applying for other grants. And the Centers for Disease Control and Prevention

will better enforce a requirement that states allocate grant money to

groups

based on the demographics of the state's AIDS caseload.

Federal officials also plan to form teams to help communities set up

programs

to serve blacks and Hispanics at risk of AIDS and those who already are infected with HIV. And there will be new money for drug treatment.

Surgeon General David Satcher, who also serves as assistant secretary for health and will coordinate the effort, has been speaking to black groups across the country, trying to get them to make the fight against AIDS a priority. Too often, he says, blacks believe that AIDS only hits gay people.

``We need to address the denial," Thurman said. ``We need to remove the stigma around talking about HIV and AIDS in these communities."

With Election Day approaching, this was the second White House event in two weeks highlighting budget victories on health issues. Last week, the administration underscored plans to fight breast cancer.

Shalala and others credited the Congressional Black Caucus with lobbying

hard

for the AIDS initiative.

Rep. Maxine Waters, D-Calif., said she hopes the publicity will help blacks and Hispanics realize they are at risk.

``The whole idea is to get the press to give us the attention so it will

hit

people right between the eyes," she said.

AP-NY-10-28-98 1756EST