Case Number: 2007-1550-F

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Folder Title:
Dempsey-AIDS [2]

Staff Office-Individual:
African Affairs - Byrne, Cathy/Dempsey, Nora/Battenfield, Patricia

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3078

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
~~001. memo~~	~~Sandra Thurman to the President, re: AIDS in South Africa (3 pages)~~	~~04/27/2000~~	~~P1/b(1)~~ KBH 10/21/2024
~~002. note~~	~~Note to Sandy, re: memo (2 pages)~~	~~ca. 2000~~	~~P1/b(1)~~ KBH 10/21/2024
~~003. paper~~	~~Re: ["The Non-Meeting"] (3 pages)~~	~~04/19/2000~~	~~P1/b(1)~~ KBH 10/21/2024
004. report	Re: [Impact of HIV/AIDS] (30 pages)	02/2000	P1/b(1)
005. report	Re: [HIV/AIDS Epidemic] (2 pages)	05/05/1998	P1/b(1)
006. report	RE: [HIV Program] (2 pages)	10/08/1999	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
African Affairs (Byrne, Cathy/Dempsey, Nora/Battenfield, Patricia)
OA/Box Number: 3078

FOLDER TITLE:

Dempsey - AIDS [2]

2007-1550-F
ke2006

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]

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

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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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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]

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Nora Dempsey

FROM: Cheryl

COMPANY:

DATE:

FAX NUMBER: 6-9260

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Hi Nora-

Here's the memo to the President from Sandy- we have to hand this in by late morning so... any comments you have would be appreciated!

Thanks!

Cheryl

NORA- I GAVE GAYLE A COPY OF THIS. PB 4/28

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

April 27, 2000

MEMORANDUM TO THE PRESIDENT

FROM: Sandra Thurman, Director, Office of National AIDS Policy

SUBJECT: AIDS in South Africa

In response to your inquiry regarding the Washington Post story on President Thabo Mbeki and the controversy surrounding his comments about HIV and AIDS, I thought it would be helpful to provide you with an AIDS in South Africa background memo. This memo seeks to: address the relevant issues, analyze their impact on our global AIDS initiative, and provide a coordinated strategy for working with South Africa on their growing AIDS emergency.

South Africa currently has the fastest growing AIDS epidemic in the world. Since the fall of apartheid, South Africa has seen an explosion of HIV infection resulting from the increased flow of commerce, travel, and immigration. The number of people in South Africa infected with HIV is now estimated at more than 4 million, or 1 in 10 South Africans, with 1,700 new infections each day. Shockingly, more than 50% of these new infections are among young people under the age of 20, with a ratio of 6 teenage girls infected for every 1 teenage boy. Their 1999 national antenatal survey projects that nearly 1 in 4 pregnant women are already HIV+, and in the KwaZuluNatal Region, 1 in 3 pregnant women are HIV+. A recent report indicates that 60-70% of the South African National Defense Force may now be infected, up from estimates of less than 40% just two years ago. It is projected that in the next decade, more than 2 million South African children will be orphaned by AIDS, and the South African Security Institute has raised real concerns about the effect of this tragedy on crime and civil society. There is little debate that HIV and AIDS seriously threaten the future of South Africa.

Top level leadership is desperately needed in this fight. We know from our success here in the US, as well as the successes in Uganda, Senegal, and Thailand, that leadership is an essential ingredient in effective action against AIDS. When President Museveni came into power in Uganda, he made the battle against AIDS a top priority. Under his leadership, all government officials were directed to talk about HIV and AIDS in *every* public appearance and all government departments were required to engage in the fight. It was this multi-sectoral approach that created the "enabling environment" needed to ensure that the resources invested in AIDS achieved real results (a 50% reduction in infection rates). And it was this bombardment with a *consistent* message about HIV and AIDS from the government and its partners that enabled Uganda to reduce stigma and to make serious progress. Unfortunately, this has not occurred in South Africa. While the South African Government has developed a national AIDS plan, appointed a national AIDS council, and increased their AIDS budget, fear, denial, and stigma remain fierce and continue to plague efforts to slow the spread of HIV and to care for those with AIDS. As you may recall, on World AIDS Day, a South African woman disclosed her HIV status as part of a new education campaign, only to later that day be stoned to death by her neighbors. And she is not alone. It is in this context that President Mbeki's recent comments about HIV and AIDS have become so controversial.

President Mbeki is to be commended for his desire to do all he can to respond to the "specific threat that faces [them] as Africans". But for those engaged in the battle against AIDS in South Africa, including the NGOs funded by the USG, the protracted debate about whether or not HIV causes AIDS seems to be feeding long-standing denial and stigma about AIDS. Ads have run in the South African newspapers distorting the President's comments and discouraging people from pursuing HIV counseling and testing -- a primary goal of our LIFE initiative investment in South Africa. While we desperately need to use all media outlets to push a consistent HIV prevention message, the only message consistently getting to the South African public in the past month has been related to this controversy. This is clearly not the President's intent – but it is none the less where we are.

The reach of this debate extends far beyond the borders of South Africa. For the Congress and for our private sector, support for investing in the AIDS crisis in Africa is based not only on the magnitude of the crisis, but on the belief that there is a *real* opportunity to make a difference. The bipartisan Co-del that traveled to South Africa to look at AIDS, led by Reps. Gephardt and Houghton, was very disturbed by their conversations about HIV and AIDS with President Mbeki – but continue to be strong supporters of increased investment. For those who are more skeptical about our ability to slow the spread of HIV in Africa, this debate only heightens their anxiety. In addition, our colleagues in South Africa and across the continent have expressed concern that some African leaders, particularly those who have been more reluctant to acknowledge the full extent of their AIDS crisis, will wait to see how this debate plays out before taking much needed action. Unfortunately, the one luxury we do not have is time. Each day, 11,000 Africans become HIV+, and the rapid implementation of effective prevention efforts is essential. Nations with infection rates of less than 10% need to act now to keep their infection rates low. And the sixteen African nations with infection rates already above 10% (including South Africa where nearly 20% of adults are already infected) need to move aggressively to hold the line and reverse their growing tragedy. With your support and leadership, we have made great strides in the past year – and we need to do all we can to ensure that this effort continues to move forward.

In July, South Africa will host the International AIDS Conference. This is the first time that this conference will take place in the developing world and there is great interest. The organizers are expecting more than 10,000 participants and every major media outlet worldwide. While this recent controversy has led some activists to call for a boycott of the conference, it has only increased press interest. It is not clear if President Mbeki will address the gathering, and if so, what he would say. While protests are likely, we are all invested in helping to ensure that this conference is productive for both the battle against AIDS and for South Africa generally. But again, we are running out of time.

We have much in common with South Africa and together we can make a difference. In President Mbeki's letter to you, which you received from the NSC, he states that a "simple superimposition of Western experience on African reality would be absurd and illogical" and that, "contrary to the West, HIV/AIDS in Africa is heterosexually transmitted". While it is true that in the early 1980s in the US, AIDS was largely confined to gay white men. However, today HIV in the US is spreading most rapidly among women, young people, people of color, and the poor. In fact, the epidemic in the US increasingly parallels the epidemic in South Africa. A recent US study shows that of the 29 states that currently report HIV infections, girls account for 6 out of 10 new infections among teenagers. In addition, here as there, issues of race, gender, and poverty are inextricably linked to AIDS. And finally, while new treatments have brought health and hope to many here, only 1/3 of people with HIV currently benefit from these promising drugs. Certainly, there is much more we all need to do – together.

One lesson that is now clear from nearly two decades of painful experience with this epidemic is that one-size-fits-all solutions do not work. We are constantly challenged to target our own HIV prevention and AIDS care programs to keep pace with the changing face of the epidemic here at home. We know that our success, both here and abroad, depends on our ability to support locally controlled and culturally appropriate interventions, designed to meet the particular needs and circumstances of those most at risk. What works in Des Moines, Iowa is no more likely to work in the South Bronx or in South Central LA than it is to work in South Africa. And while the components of an effective HIV/AIDS strategy remain constant (ie. widespread education, voluntary counseling and testing, care and support), how these piece are implemented must be "home-grown" and uniquely tailored.

But there is much that we can learn from each other and much progress that we can make together. We have all learned a great deal from the world's most effective HIV prevention program – which was not implemented in the West but in Uganda. The US is justifiably proud to have been the major donor in the Uganda success story and we continue to have great hopes for an enhanced AIDS partnership throughout sub-Saharan Africa. As a result of our LIFE initiative, we will be able to double our HIV prevention and AIDS care efforts in Africa, and to nearly triple our investment in the battle against AIDS in South Africa. In addition, the nearly $2 billion per year we spend on

HIV/AIDS research, including vaccine development, will continue to bear fruit not just for the US but for our global community.

USG should continue to work closely with the SAG toward our shared goals. I have talked extensively with both the NSC and the State Department and we are all in agreement that the active engagement of our friends in South Africa is the most productive strategy for moving forward. The upcoming State visit provides an ideal opportunity for further dialogue. In the interim, we are all working to keep the lines of communication open and to lay the foundation for future progress. While your Office of National AIDS Policy (ONAP) is coordinating the flow of information specifically related to HIV/AIDS, our colleagues at the NSC are ensuring that this interaction fits within the broader framework of our ongoing relationship with the SAG. ONAP activities include:

- meeting with the South African Health Minister and Ambassador to the US to discuss our *common* challenges and shared desire to work in partnership;
- participating in an upcoming meeting with South African Health Officials in Mozambique next week where I will co-facilitate a workshop on HIV/AIDS at the US-Southern African Development Council (SADC) Forum with the South Africans;
- ensuring participation by noted American scientists including those from the NIH and the CDC in President Mbeki's scientific review panel scheduled to meet next week in Johannesburg; and,
- discouraging a boycott of the International AIDS Conference among US AIDS organizations and AIDS experts.

It is our hope that this process will assist President Mbeki in his quest to leave no stone unturned in responding to this growing tragedy. While the HIV/AIDS pandemic will continue to raise new and serious questions, we should continue to seek ways to use the knowledge we have gathered and the lessons we have learned for the benefit of the millions whose lives are caught in the crossfire.

Thank you.

United States Department of State

Washington, D.C. 20520

Fax -- April 20, 2000

From: EUR/ERA - Ray Walser - 647-1605

To: NSC - Kenneth W. Bernard - 456-9390
ONAP - Sandy Thurman - 456-2439
NSC - Hoyt Yee - 456-9150
NSC - Laura Efros - 456-6028
NSC - Nora Dempsey - 456-9260
AID - Alex Ross - 219-0507
AID - Mary Knox - 216-3394

Subject: Follow-up Meeting on U.S.-EU HIV/AIDS/Infectious Diseases in Africa Initiative

You are invited to attend an informal interagency meeting at 3PM on Tuesday, April 25 in Room 6519, Department of State. We will use this meeting to discuss next steps in the development of the Summit Deliverable for the Lisbon U.S.-EU Summit, which could take place as early as May 31.

Agenda:

- Review of 4/13 U.S.-EU Senior Level Group and 4/17 Deputies Meeting on Summit Deliverables
- Discussion of Draft U.S.-EU Statement (* I plan to circulate a first draft by Monday)
- Preparation for possible May 5 videoconference with EU.
- Elaboration/review of possible U.S.-EU cooperation and action steps.

Please let me know if you will not be able to attend. Also let me know if you need help with clearances. Thanks.

OFFICE OF THE VICE PRESIDENT

NATIONAL SECURITY COUNCIL

FAX COVER SHEET

NATIONAL SECURITY AFFAIRS	From: JIM BABBITT
	To: GAYLE SMITH/NORA DEMPSEY 6-9260
	SANDRA THURMAN 6-2438
	KEN BERNARD 6-9390
17th & Penn, N.W. Washington, D.C. 20504	No. of pages to follow: 3
Did you get a complete, clear transmission? If not, please call: (202) 456-9513	Message: FYI, transcripts from Mbeki's interview last Sunday. -- Jim

TRANSCRIPTION by Public Affairs Section, U.S. Embassy, Pretoria

South African President Mbeki interviewed by Joan Shenton for Channel 4. Aired by M-Net during "Carte-Blanche" program, broadcast on April 16, 2000.

(Program begins with an introductory snippet of President Mbeki:)

President Mbeki: Because all of us, as it were, have been brought up with an orthodox view. There are certain things that one thought one knows: HIV causes Aids, causes death. One thing that became clear and actually rather disturbing was the fact that there was a view that was being expressed by people whose scientific credentials you cannot question. I am not saying they are necessarily correct but it seems to me that there had been a determined effort to exclude their voice to silence it.

(The program continues with a historical overview of AIDS medication, especially AZT and claims about its toxicity.)

Lead-in by Carte Blanche presenter: The President himself articulated the highly controversial idea that the government should reopen the debate on the basic assumptions around HIV and AIDS. But he has never spoken to South African television audiences on the topic. Let's hear it from the man himself.

Joan Shenton: A sense that new information could bring real solutions to AIDS will be driving President Thabo Mbeki's international panel. High on the agenda will be the issue of AZT and pregnant women. Last year you were reported to say in Parliament you were concerned about the giving the AZT to pregnant mothers. Why were you concerned?

President Mbeki: Well, because a lot of questions had been raised around the question of the toxicity of the drug: that is serious. We have a responsibility as government to determine matters of public health, and therefore we have to take decisions that impact directly on human beings. It seemed to me that where doubts had been raised, questions had been raised about this toxicity question and the efficacy of AZT and other drugs, that it was necessary again to go into these matters because it wouldn't sit easily on one's conscience to discover that you had been warned that there could be danger and nevertheless you went ahead and said, 'despite the danger, let's dispense this drug.'

Joan Shenton: Some Aids doctors say that the evidence is overwhelming that HIV is the cause of AIDS and the AZT is of benefit. What is your comment on that?

President Mbeki: Well I say 'why don't we bring all points of view about those matters together, let them sit around the table, discuss all of this, produce such evidence as there may be and let's see what the outcome of that discussion is,' which is why that international panel we are talking about (is being formed). They may very well be correct. But I think if they are correct -- and are convinced about their correctness -- it

OFFICE OF THE VICE PRESIDENT

NATIONAL SECURITY COUNCIL

FAX COVER SHEET

NATIONAL SECURITY AFFAIRS

17th & Penn, N.W.
Washington, D.C.
20504

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(202) 456-9513

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To: GAYLE SMITH/NORA DEMPSEY 6-9260
SANDRA THURMAN 6-2438
KEN BERNARD 6-9390

No. of pages to follow: 3

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ought to be, it would be a good thing for them to demonstrate to those who are wrong that they are wrong.

Joan Shenton: People say that you are not keen on giving AZT to pregnant women, I am personalizing this of course, because it is too expensive and in some way you are seen as penny-pinching. What do you reply to that?

President Mbeki: That surely must be a consideration for anybody who decides that this drug must be given to stop the mother to child transmission. It's extremely costly; that's something that we would have to take into account.

But we also need, in that context, to answer questions, this particular question about the toxic effect of this drug. If you sit in a position where decisions that you take can have, would have, a hazardous impact on the health of people, you can't ignore a lot of experience around the world which says that this drug has these negative effects.

Joan Shenton: Why have you been so outspoken recently about greed and the pharmaceutical companies?

President Mbeki: I think a lot of the discussion that needs to take place and an approach to health and treatment of people, it does seem indeed to be driven by profit. We, you probably would know this, we had a long wrangle with the pharmaceutical industry internationally about issues of parallel imports and so on. What we are saying was that we want to make medicines and drugs as affordable as is possible to what is basically, largely, in South Africa a poor population. We needed to find these medicines where they were cheapest, properly controlled, properly tested, the genuine products, no counterfeits.

Joan Shenton: In the press you are exhorted to confine, and I quote, "confine yourself to the job to which you were elected and leave specialized subjects to the taking of best available advice." That was today: what's your response?

President Mbeki: Well I don't imagine that heads of government would have ever the possibility to say 'I am not specialized in economics, therefore I can't take economic decisions. I am not a soldier, therefore I can't take decisions about matters effecting the Department of Defense, or I am not an educationist, a pedagogue, therefore I can't take decisions about education.' I don't particularly see why health should be treated as this extremely specialized thing, about why the president of a country cannot take health decision. I think it would be a dereliction of duty to say 'well, as far as health policy is concerned, we shall leave that matter to the doctors and the scientists. As far as education is concerned, we leave that matter to educationists and pedagogues.' I think that would be absurd, actually.

Joan Shenton: How do you feel about the reaction of some of your country's leading virologists and intellectuals to your position?

President Mbeki: I get the sense, as I was saying earlier, that with all of us being educated into one school of thought, I am not surprised at all that you would find -- I am quite sure -- among the overwhelming majority of scientists in this field in this country, people who would hold a particular point of view because that is all that they were exposed to. There are other points of view, which I think is part of what is frightening, (that) this alternative point of view has in a sense been blocked out: it must not be heard; it must not be seen. I mean that is the demand now: 'why is Thabo Mbeki talking to discredited scientists, giving them legitimacy?' It's a very worrying thing that anybody can say today, in today's world, that there is a point of view that is prohibited; it's bad. That they are heretics who must be burnt at the stake. And it's all been said in the name of science and health. It can't be right

Joan Shenton: It has been said that the pharmaceutical industry is more powerful than governments. Are you actually going to go as far as taking this debate to other world leaders, like President Clinton, like Prime Minister Blair or perhaps the Prime Minister of India, who has expressed his support for an investigation into these issues, as you are?

President Mbeki: Certainly, yes, I do want to raise this matter with a number of political leaders around the world. At least to inform them about what we are doing; to get them to understand the truth about this issue, not what they might see on television or read in some newspaper. And indeed we were very encouraged to see the Indian Government getting itself involved in this issue. I think the concern around 'problem questions,' which, in a sense, have been hit, I think that concern will grow around the world, and the matter is critical because the reason we are doing all of this is to be able to respond correctly to what is reported to be a major catastrophe on the African continent. We have to respond correctly and urgently, and you can't say respond correctly by closing your eyes and ears to any point of view, any scientific evidence that is produced. A matter that seems to be very clear in terms of the alternative view that is being presented is: 'what do you expect to happen in Africa with regard to immune systems, where people are poor, subjected to repeated infections, and all of that?' Surely you would expect this immune system to collapse, and I have no doubt that that is happening. But then to attribute such immune deficiency to a virus produces a specific response. And what we are discussing here as the South African government is that it seems incorrect to respond to this AIDS challenge within a narrow band. If we only said 'there is a virus: safe sex, use a condom, end of story,' we won't stop the spread of AIDS in this country.

(end of President Mbeki portion of program)

NORA-
FYI-
GS SENT
TO SANDY
THURMAN
4/28
PAT

Sandy:

Good memo. Thanks for asking our views. Just a couple of proposed changes and additions:

Page 1, para 3, middle: Delete "Unfortunately, this has not occurred in South Africa." and replace with: *"Unfortunately, while Mbeki has shown considerable leadership (including by highlighting HIV-AIDS as one of the major challenges facing post-apartheid South Africa in his inaugural address), his recent statements, and interpretations of his positions, have meant that the public message has grown inconsistent and confusing.*

End of same para: Delete last line ("It is in this context..." and replace with new para:

The domestic and international focus on President Mbeki's views unfolds in this context, but also in the context of major economic challenges facing South Africa. Unfortunately, little attention is being given to some of the important points made by Mbeki, including the link between poverty and the scale and scope of the AIDS crisis in sub-Saharan Africa. At one level, the South African and other African governments are grappling with the challenge of addressing a major epidemic, for which current therapeutic treatments are costly, in economic environments which find the majority of their citizens unable to afford even aspirin, and without access to health care facilities. In post-apartheid South Africa, the needs and aspirations of the poor majority are paramount – but are as yet unmet. In part, we believe that Mbeki is wrestling with the fact that to do more than address the tip of the HIV-AIDS iceberg in South Africa could require not just increased health spending, but the fundamental re-orientation of national economic priorities. He is also, we believe, posing an important challenge to all of those engaged in the fight against HIV-AIDS, and particularly those of us from wealthier nations: that the international community and Africa must simultaneously fight HIV-AIDS ***and*** *poverty, or the two will combine to wipe out Africa's future. This point has been obscured by other, more controversial statements, but does reflect one of the real challenges we face.*

Page 2, para 1, middle: add sentence, in parens, after "...will wait to see how this debate plays out before taking much needed action.":

(You should be aware, however, that South Africa has not halted or suspended any of its ongoing HIV-AIDS education, prevention or treatment programs).

United States Department of State

Washington, D.C. 20520

Fax -- April 20, 2000

From: EUR/ERA - Ray Walser - 647-1605

To: NSC - Kenneth W. Bernard - 456-9390
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NSC - Nora Dempsey - 456-9260
AID - Alex Ross - 219-0507
AID - Mary Knox - 216-3394

Subject: Follow-up Meeting on U.S.-EU HIV/AIDS/Infectious Diseases in Africa Initiative

Attached is a draft Summit Statement for discussion at tomorrow's meeting at 3PM.

Ray Walser

U.S.-EU Statement on the Health Crisis in Africa and the Expanding Threat of HIV/AIDS and Infectious Diseases

Few challenges are more profoundly disturbing or more far-reaching than the threat posed by the HIV/AIDS, tuberculosis, malaria, polio, and other infectious diseases. The scope of the infectious disease threat is fundamentally global, yet, Africa today bears the disproportionate brunt. In Africa, HIV/AIDS alone annually claims more than 2.6 million victims, while more than a million lives are lost to malaria. The number of African families devastated by parental loss caused by HIV/AIDS runs into the millions. An unsustainable health crisis in Africa deepens the vicious cycle of disease and poverty, erodes security, creates states of national emergency, and robs an entire generation of the hope for future development.

At the start of the new millennium, the U.S. and the EU seek to mobilize international opinion, resources, and action that target HIV/AIDS and infectious diseases. During the January 2000 U.S. Presidency, the United Nations Security Council held its first-ever session devoted to HIV/AIDS in Africa. The U.S. committed in 2000 to provide additional resources, with much of its new money going to HIV/AIDS programs in Africa. In Cairo in April, leaders of the EU met with their African counterparts and committed to work cooperatively for solutions to the health crisis. The renewal of the Lome Convention in May likewise underscores the EU's enduring commitment to the future development of its African, Caribbean, and Pacific partners, including sounder economic underpinnings for the health sector.

We, the leaders of the United States and the EU, call upon the leaders in Africa and other threatened nations to redouble their commitment to fighting infectious diseases. We express our mutual commitment to work with these leaders and their national institutions to find ways to develop and sustain successful national prevention and health care strategies.

We agree that cooperation between the U.S. and the EU in the fight against HIV/AIDS shall become an integral and ongoing part of the global cooperation chapter of our New Transatlantic Agenda. At the Summit, we agreed on the importance of enhanced coordination and cooperation, and specifically to work together in four priority areas:

- To increase health and prevention awareness and to draw lessons from the progress of some developing countries in order to empower civil society and individual citizens to take measures of prevention and self-protection;

- To direct our representatives at the individual country level to work cooperatively and to share relevant information needed to strengthen local capacity for the delivery of necessary health services and cost-effective treatments;

- To cooperate to improve access to essential vaccines and drugs and to explore and implement measures and policies that speed research, field testing, and distribution. We will engage in a dialogue with pharmaceutical companies in order to encourage

investment and tax incentives and other measures designed to make HIV/AIDS drugs more accessible and affordable to countries in need. We will work together to support the Global Alliance for Vaccines and Immunization (GAVI);

- To promote in the United Nations, World Bank, and other multilateral organization the effective use of resources, concessionary loans, and debt relief for the fight against infectious diseases. We will support shifting multilateral bank lending to support the building of health care systems in Africa that improve basic health services, build health care infrastructure, and deliver medicines and prevention services. We will use our high-level assistance consultation to advance this donor coordination effort.

The G-8 Summit in Okinawa in July 2000 constitutes a unique opportunity to increase international cooperation and support for the global fight against infectious diseases. Our cooperation complements that of the G-8.

U:\PUBLIC FILES\EU\WalserR\4-24 Statement on HIV-AIDS (2).doc

Sandra Thurman 04/25/2000 08:38:38 AM

Record Type: Record

To: Gayle E. Smith/NSC/EOP@EOP, Nora B. Dempsey/NSC/EOP@EOP
cc:
Subject: FW: Ian Roberts' letter to panel members

This is the invitation letter and agenda for the scientific panel in South Africa. As you can see, the first meeting will begin on May 6th. I will forward the list of participants as soon as I get it.

Thanks.
---------------------- Forwarded by Sandra Thurman/OPD/EOP on 04/25/2000 08:36 AM ---------------------------

"Wertheimer, Wendy (OD)" <WERTHEIW@od31em1.od.nih.gov>
04/24/2000 01:59:37 PM

Record Type: Record

To: Sandra Thurman/OPD/EOP
cc:
Subject: FW: Ian Roberts' letter to panel members

> -----Original Message-----
> From: jmoore@adarc.org [SMTP:jmoore@adarc.org]
> Sent: Monday, April 24, 2000 1:24 PM
> To: Ammanndoc@aol.com; GGonsalves@msn.com; mdelaney@projectinform.org;
> lgrinberg@aol.com; trish@pedaids.org; carrie@pedaids.org;
> susie@pedaids.org; wilfe001@mc.duke.edu; r.weiss@ucl.ac.uk;
> mdwa@musica.mcgill.ca; robert.schooley@uchsc.edu; drichman@ucsd.edu;
> dnixon@adarc.org; Mario.Stevenson@ummed.edu; malim@hhmi.upenn.edu;
> doms@mail.med.upenn.edu; btk@t10.lanl.gov; smw006@anima.nums.nwu.edu;
> bhahn@cordelia.dom.uab.edu; goulder@helix.mgh.harvard.edu;
> BWALKER@HELIX.MGH.HARVARD.EDU; ronald_desrosiers@hms.harvard.edu;
> Nletvin@bidmc.harvard.edu; monte005@mc.duke.edu; burton@scripps.edu;
> andrew.mcmichael@ndm.ox.ac.uk; nmichael@pasteur.hjf.org
> Subject: Ian Roberts' letter to panel members
>
>
> I am NOT a member of this group. The email below was passed to me from
> someone
> who wishes to remain anonymous. It reveals the agenda for the South
> African
> commission on HIV/AIDS.

>
>
>
> ------- Forwarded Message Follows -------From:
> "Dr Ian Roberts" <irobmoh@icon.co.za> To: "AIDS EXPERT
> GROUP" <irobmoh@icon.co.za> Subject: AIDS in Africa -the way
> forward Date: Fri, 21 Apr 2000 15:25:16 +0200
>
>
>
> Dear Colleagues
>
> I hope you do not mind an initial contact by email but this was my most
> rapid option.
>
> As you may be aware it has been agreed by the President of South Africa
> and
> the Minster of Health in South Africa that an expert group should be
> convened to consider AIDS in Africa - the way forward.
>
> The purpose of this fax is to inform you that the Minister of Health
> should
> like to invite you to be a member of this expert group.
>
> The expert committee shall consist of about 20-30 persons from Europe,
> America and Africa and will meet twice in South Africa.
>
> The first meeting will be in South Africa on May 6th and May 7th 2000.
>
> The general terms of reference are:
>
>
> AIDS in Africa - the way forward.
>
> The expert group will discuss, contextulise, and (after the internet
> discussion) hopefully be able to reach consensus on the appropriate ways
> forward for South Africa in dealing with HIV/AIDS. This may, if
> appropriate,
> include direction of future research as well as therapeutic interventions
> (established or novel).
>
> The expert group will also inform the process of the internet discussion
> and
> nominate from its members chairpersons to lead and stimulate discussion on
> the topics outlined below.
>
> 1.. Evidence for the viral aetiology of AIDS and other concerns
> regarding
> the pathogenesis and diagnosis of HIV/AIDS in Africa.
>
> 2.. Therapeutic intervention for opportunistic infections in HIV/AIDS
> patients in Africa
>
> 3.. Therapeutic intervention to prevent the transmission of HIV/AIDS in

> Africa.
>
>   4.. Role of therapeutic intervention in patients with AIDS in Africa
>
>   5.. Role of therapeutic intervention in patients that are HIV positive
> in
> Africa
>
>   6.. Role of therapeutic intervention to prevent the transmission of HIV
> in
> vertical transmission in Africa
>
>   7.. Role of therapeutic intervention for post-exposure prophylaxis in
> Africa.
>
>   8.. Role of therapeutic intervention to prevent the transmission of HIV
> following Rape in Africa
>
> a.. In all cases consideration should be given to evaluation of the
> scientific merits of the intervention given the social reality and the
> poverty that exists in Africa.
>
> b.. In all cases considerations should be given to evaluation of the
> scientific merits of the intervention given the scientific knowledge that
> has arisen from studies performed or pathological conditions that exist in
> Africa
>
> c.. The safety and efficacy of any intervention should be considered in
> the
> context of the existing health and welfare structures in South Africa
>
> d.. Social and Economic considerations will be an essential part of the
> discussion.
>
> e.. Alternative therapeutic approaches should be considered
>
> f.. The internet think-tank should be operative for between six to eight
> weeks and participants will be invited to join but will otherwise be
> closed.
>
> g.. At the end of the internet think-tank session the expert committee
> will
> then meet in South Africa for its final consensus discussion.
>
> h.. The topics will be structured and limited by time. At the end of the
> discussion all documentation should be placed in the public domain.
>
> i.. The consensus report should be considered for publication in an
> international journal.
>
> This process is still open enough to take new ideas and I should be
> grateful
> to receive them.
>

> Let me conclude by saying that I am aware that this is short notice and I
> apologise.
>
> I will make the names of those who accept known to each other.
>
> The Government of South Africa will cover all transport and accommodation
> costs.
>
> I should be most grateful if you would acknowledge, by email, receipt of
> this email.
>
> Please inform me as soon as possible, should you be able to attend the
> meeting on the 6-7 May 2000.
>
> Should you be unable to attend the meeting but still be willing to be a
> member of the expert panel please inform me.
>
> Should it be impossible for you to be a member of the expert panel I
> should
> be grateful if you would inform me as I shall have to contact a
> substitute.
>
> Please feel free to contact me for further information.
>
> Regards
>
> Dr Ian Roberts
>
> irobmoh@icon.co.za
>
> Tel   +21 674 2473 (home)
>   +21 462 3002 (work - direct line)
>   +21 465 7407/8 (work - switchboard)
>   +21 465 15 75 (fax)
>   +82 557 9077 (cellular phone)
>
>
>
>

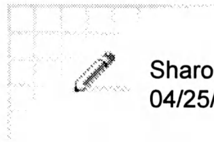
Brenda I. Hilliard
04/25/2000 08:36:41 AM

Record Type: Record

To: Gayle E. Smith/NSC/EOP@EOP, Nora B. Dempsey/NSC/EOP@EOP

cc: Patricia A. Battenfield/NSC/EOP@EOP, Robert A. Bradtke/NSC/EOP
Subject: vetting

Gayle and Nora - could you please respond to Sharon and cc Bob and me? Thanks.
---------------------- Forwarded by Brenda I. Hilliard/NSC/EOP on 04/25/2000 08:42 AM ---------------------------



Sharon Kennedy
04/25/2000 08:25:12 AM

Record Type: Record

To: Gayle E. Smith/NSC/EOP@EOP, Brenda I. Hilliard/NSC/EOP@EOP, Robert A. Bradtke/NSC/EOP@EOP

cc:
Subject: vetting

good morning. these names were sent to you sometime ago - any word on whether the nsc is ok to invite? we need to make determinations on extending invitations today. gayle, i apologize, i cannot locate the e-mail with the name of the other person in your shop working on this - please forward. many thanks

rian malan, author of my traitor's heart. he is a white south african who feld his country to avoid the draft - unable to carry a gun for apartheid, but also unable to carry a gun against it.

dave matthews, guitarist/band frontman

hugh masekela - trumphet artist. his 1987 hit "bring him back home" was the anthem for nelson mandela's world tour fowlloing his 1992 release.

Business Leaders:
- Philomena Desmond
- Duminsani Kuma
- Cecil Callahan

Other Invitees:
- Bishop John Ricard
- Right Reverend Desmond Tutu
- Mamphela Ramphele

Celebrities:

Charlize Theron
Alek Wek

April 19, 2000

INFORMATION

MEMORANDUM FOR THE VICE PRESIDENT

FROM: LEON FUERTH

SUBJECT: President Mbeki – HIV/AIDS Controversy

In recent weeks, South African President Mbeki has been challenged in the domestic and international press over a perception that he questions the prevailing scientific view on the causes of and effective interventions for HIV/AIDS. While Mbeki's open remarks on the subject of HIV/AIDS and interventions to prevent its spread have followed conventional thought, a statement made by him to the National Chamber of the Provinces brought the ire of AIDS activists down upon him. While under growing domestic pressure to supply the drug AZT to HIV infected individuals and thousands of rape victims, Mbeki chose to question the effectiveness of AZT and raise the specter of toxic side effects. The Health Minister subsequently endorsed his remarks.

More recently, the anger of activists was heightened and Mbeki came under harsher attack with a perception that he has given credence to the theories of a fringe group of scientists. This 'dissident' group denies that a causal relationship exists between HIV and AIDS. The furor started when one of the prominent dissidents announced that he had been in personal contact with Mbeki, and that the President assured him that the dissident viewpoint would be subject to scientific debate by a, soon to be appointed, South African select advisory panel on AIDS. Mbeki has not said publicly whether he accepts the dissident viewpoint. Rather, he has stoutly defended the right to open scientific debate to include those who hold a view differing with the majority. Last week, Mbeki sent a personal letter to President Clinton, UNSYG Annan, and others, explaining his views on the issue. The letter has become public and likely to lead to further coverage by the international press on the issue.

We are working with the South African Embassy to help them deal with this issue. I am concerned that it not come to overshadow the upcoming State Visit (May 22). (Note that the State Visit has not yet been announced.) In the meantime, we are also pursuing our broader AIDS in Africa initiatives.

Attachments

Tab A Suggested talking points

B President Mbeki's letter to President Clinton

MBEKI HIV/AIDS DISPUTE
April 19, 2000

In recent weeks, South African President Mbeki has been challenged in the domestic and international press over a perception that he questions prevailing scientific views on the causes of and effective interventions for HIV/AIDS. More recently, the anger of activists was heightened and Mbeki came under harsher attack with a perception that he has given credence to the theories of a fringe group of scientists. This 'dissident' group denies that a causal relationship exists between HIV and AIDS. Mbeki has not said publicly whether he accepts the dissident viewpoint. Rather, he has stoutly defended the right to open scientific debate to include those who hold a view differing with the majority. Last week, Mbeki sent a personal letter to President Clinton, UNSYG Annan, and others, explaining his views on the issue. The letter has become public and likely to lead to further coverage by the international press on the issue.

Did South African President Mbeki send a letter to the President regarding the AIDS epidemic in his country? What did he say? Has the President responded?

- I'm aware that President Mbeki wrote the President. The President has not yet responded. This was a private communication between the two of them and it would be inappropriate for me to comment on the specific contents of their exchange.

Do we think that Mbeki is set on a dangerous course by espousing theories that have been scientifically discredited?

- I'm not aware of any specific statement made by President Mbeki that indicate he personally holds with the theories put forth by a small minority of individuals who differ with the majority of the scientific community.

- President Mbeki and I have discussed the impact of the HIV/AIDS pandemic on South Africa, Africa, and the global community of nations on a number of occasions. There is no question in my mind that President Mbeki understands and appreciates the scale and scope of the crisis, nor of his personal commitment to mobilize all sectors of South African society to attack the problem head-on.

- South Africa has already done much to be recognized. South Africa's *Partnership Against AIDS* and its *National AIDS Council* bring together the private and public sectors in a combined effort to combat the disease. A vigorous campaign encouraging prevention through education and safe sex practices has been implemented. But most important, is the willingness of South Africa's leaders, starting with President Mbeki, to speak out on HIV/AIDS and take on the difficult task of identifying the appropriate response to the challenges poised to their people.

President Mbeki has called for a scientific advisory panel to be formed to address a number of questions, including what is the cause of AIDS. Do you see this as opening a diversionary dispute and a move backward as has been alleged by a number of AIDS activists and scientists?

- President Mbeki, as do we, recognizes that the AIDS epidemic in Africa, including South Africa, is manifesting itself in ways different than it has in the United States and other western nations. Yet, a common thread existing among those nations that have met with a greater degree of success in dealing with the challenges poised by HIV/AIDS is that national programs must be tailored to the specific circumstances found in each country.

- President Mbeki's call for a scientific review of HIV/AIDS' specific impact on South Africa and a search for the most appropriate responses in light of South Africa's own circumstances is but one example of the personal leadership he has shown in confronting the pandemic.

Do we agree with the views of every expert he's consulted?

- No, we don't and Administration officials have communicated that to their South African counterparts. But, it would be inappropriate for us to attempt to limit the inquiries of President Mbeki, or any other leader, as he seeks information and informed opinion leading to decisions having major impact on his nation and its people.

Is Mbeki coming to the US on an official visit?

- There has not yet been an official announcement of such a visit.

If there is a visit, will HIV/AIDS be on the agenda?

- There is no question that AIDS threatens the economic, political and social progress that Africa has made. While Africa bears the brunt of the pandemic today, the pandemic's continued spread will serve to challenge the progress made in other regions of the world tomorrow. That is one reason I was pleased to be invited to address the UN Security Council on the impact of AIDS on Africa last January -- to draw attention to the global security threat which HIV/AIDS represents.

- For that reason, I look forward to continuing my dialogue with President Mbeki on this topic and to engage other world leaders in a similar manner.

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Gayle Smith	FROM: Cheryl Bauerle for Sandy Thurman
COMPANY:	DATE: April 5, 2000
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	
RE:	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Sandy asked that I fax you the attached. She thinks that the language is similar to the letter you faxed to us from Pres. Mbeki. Sandy is traveling, but reachable by phone.

Many thanks.

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

BUILDING A MONUMENT TO INTOLERANCE

- Release from Mr. Parks Mankahlana
- Head of Communications
- Office of President Mbeki

The Presidency spent considerable time the past week searching frantically for a passage in the President's speeches, which said an HIV positive condition, does not lead to AIDS. Neither his private correspondence nor a reconstruction of all the discussions with either his Ministers or any other authority on the question of HIV and AIDS could produce any evidence of this. So the President has never said that HIV does not cause AIDS.

We then wondered why the President is said to have come to the conclusion that HIV does not lead to AIDS, leading to the South African government embarking on a 'bewildering change of policy' on this very critical matter.

It turns out the President's cardinal sin was making contact with someone by the name of David Rasnick who does not share the commonly held view that HIV leads to AIDS. It is said that it is wrong for him to talk to such people. They are even called dissidents. If he spoke to these people he would undermine the work done over the many years and he would cause South Africans and other people who live with HIV and AIDS to lower their guard.

Now many people have spoken to Dr Rasnick and other so-called dissidents and no one is saying that they believe that the causal connection between AIDS and HIV does not exist. Many journalists have even published the views of Rasnick and his companions but no such opprobrium has been visited upon them.

Assailants of the President therefore argue that the President must not question the accepted hypothesis on HIV / AIDS. He must then give AZT to HIV pregnant women and those who have been victims of rape. He must tell his people to use condoms and practice safe sex. He must not listen to anyone that disagrees with the accepted line of thinking and the problem of HIV and AIDS will come to an end.

A cursory examination of the President's public pronouncements will show the President is actively campaigning for the use of condoms and safe sex. In fact, it is policy in each government department, and more especially the Presidency, to make condoms easily available to all those who wish to use them. Each and every hallway or public amenity in the Union Buildings in Pretoria and Tuynhuys in Cape Town has a dispensary for condoms. This practice has been particularly promoted during the Presidency of Mbeki.

Having done all these things, reality still stares Mbeki in the face that the spread of AIDS continues unabated. Mbeki's dilemma is compounded by the fact that he does not have the option to dispense AZT to people because it is simply unaffordable. Not only isAZT not a cure for HIV/AIDS, but also it has been proven to be ineffective unless it is used together with other drugs. This regime costs at least R4 000,00 a month. Given that the government will not afford the cocktails that are prescribed for the treatment of HIV/AIDS, our response to the pandemic must be the distribution of condoms and an unwavering belief that HIV is the sole cause of AIDS. This approach says we must sit back and do nothing about HIV and AIDS. It says that the problem is beyond our comprehension and therefore impossible to resolve. We definitely cannot accept this approach.

Mbeki says this approach is inadequate. We cannot be content with knowing what the cause of the illness is. We must eradicate the sickness from the face of the earth. Because there is no cure for HIV/ AIDS and because people continue to die from AIDS the search for a solution must continue. This is all President Thabo Mbeki is advocating.

Humanity is faced with a difficult problem that in the remarkable advances that have been made in science and technology notwithstanding, we are faced with a complex disease that is threatening to destroy the whole of humanity. The propensity to self-destruct and search for non-existent adversaries is common when people find themselves under siege.

In any case why are we told a lie that AZT is a panacea to the problem of AIDS. It simply is not. And why are critics of Mbeki creating the impression that it is when they know it isn't?

In fact it is Mbeki's critics that are in denial about HIV/AIDS because they advocate a false sense of hope that a certain drug will intervene in the problem. This is not the case.

There is a raging debate in scientific circles that antibiotics are harmful to health. We have been using these wonder drugs for decades. Many can rightfully claim their livelihood to these drugs. And yet no one is accusing those who initiated these questions about antibiotics of being 'scientifically naïve and foolish'.

But then why is it that what we know about HIV and AIDS should not be questioned, the glaring inadequacies in humanity's response to the problem notwithstanding?

In the effort to find a solution to the perennial problem of poverty and inequality, all of humankind is revising the conventionally accepted theories about development and economic policies that need to be implemented to make the world a better place to live in.

Suddenly there is talk of adopting a 'third way'. The World Bank and many other institutions are revising their prescriptions about how the difficulties that confront us should be tackled. And no one is accusing them of being 'scientifically naïve and foolish'.

The search for an answer to the problem of HIV / AIDS must be re-invigorated. That is why we are putting an international panel together to re-evaluate what we know and which is clearly not complete and therefore not the answer. Someone must explain the different strains of the virus and why it seems to take different forms depending on one's geographic location on the map of the globe. Frankly we cannot satisfy ourselves with the definition that the foreskins of the Zulu are the explanation for the rapid spread of the disease in one section of the country.

Government is strong in its resolve that we cannot confine our response to the problem of HIV/AIDS to an injunction not to speak to David Rasnick or telling people how to think. Whether we speak to Rasnick or not, whether there are thought police to monitor what others think, human beings will continue to die from AIDS.

A disturbing trend in the response to the current debate has been the rabid intolerance to different viewpoints that has been displayed in the South African media. One prominent commentator even brandished the President a criminal because he spoke to Rasnick and also because he dared think beyond what is accepted wisdom. Surely we do not want to return to the days of Stoffel Botha and the total onslaught. As far as we know all efforts to prescribe how other people should think have failed all over the world, both under capitalism and erstwhile socialism. Even dictatorships and fascism failed to suppress the freedom of the human mind to wonder in search of solutions to the intractable problems that face us.

Government advocates safe sex and the use of condoms as one of the elementary responses to the problem of HIV / AIDS. The President is going to continue to mobilise public awareness about the dreadful nature of the disease.

Furthermore President Mbeki is going to intensify the fight for the end of discrimination against and exploitation of people who live with HIV/AIDS, both by insurance and medical schemes and the pharmaceutical giants who are the sole beneficiaries in the dogged defence of AZT by large sections of the media. Yes they buy a lot of advertising space and are therefore a strong ally of publishing and broadcasting houses, to the detriment of the millions that live with HIV and AIDS

lets manage how it is highlighted .

97. Work for the achievement of education for all, prioritising the attainment of the International Development Target of universal primary education by 2015 and gender equality in schooling by 2005. We are committed to strengthening our co-operation to ensure that sound, costed strategies for the achievement of these key objectives are in place and receive strongly co-ordinated support.

98. Support African governments in their efforts to give high priority to the building of national and regional capacities in the area of science and technology, through the formulation of sound and effective national policies for education and training in science and technology for development, as well as in networking of regional and national institutions and centres of excellence. In this regard, we call upon African governments to devote at least 1% of their GDP to the development of these areas.

99. Support the effort of African countries in the creation of a suitable environment for the retention of African experts within the continent, and agree on the need for action to reverse the brain drain.

Health

We agree to:

100. Work towards the eradication of endemic, parasitic and infectious diseases such as malaria, tuberculosis, polio and river blindness, which have retarded the quality, and productivity of Africa's human resources.

101. Increase support to meeting basic needs and to greater protection and priority access for the most vulnerable and disadvantaged. In particular, greater account shall be taken in matters regarding women's health and family planning. Support for the development of systems of social protection and security will be increased.

102. Continue to work towards:

a) greater access to safe water and sanitation;
b) the reduction of maternal mortality;
c) the reduction of the mortality rates of infants and children under the age of five

years;

d) the reduction of the number of malnourished persons.

103. Call on pharmaceutical companies to re-examine their commercial and intellectual property rights in order to reduce the costs of drugs and to allow access to the poorest, in particular for those suffering from HIV/AIDS.

104. Promote formulation of national drug policies and strategies with a view to improve the access to and affordability of essential drugs.

105. Also co-operate in the provision of adequate financial and technical assistance to African countries geared towards the eradication of endemic diseases, such as malaria, tuberculosis, polio and river blindness.

106. Reiterate the devastating nature of the HIV/AIDS pandemic as a ~~(international) emergency in many African countries, security and~~ global issue of strategic concern.

107 Recognise the growing burden of HIV on individuals and are committed to reducing the stigma of people with HIV, promoting local solutions such as home-based care, developing programmes to help AIDS orphans to become and remain valued productive members of society, improving health services, promoting and improving access to essential drugs.

108. Promote co-operation in research into new treatment regimes and their registration, as well as in the use of anti-retrovirals in the prevention of mother to child transmission of HIV/AIDS, as contained in the Dakar (1992) and Tunis (1994) Heads of State and Government Declarations on HIV/AIDS.

109. Work together to focus national HIV/AIDS programmes on well known and effective strategies for reducing the spread of the disease. We call on African Governments, EU Partners and external agencies to work with UNAIDS Africa Partnership and civil society to mitigate the devastating impact of the HIV/AIDS pandemic.

Call Laura, Ophuvos, EFROS (?) / MDB

400 - 900 mn annually to be moved out of health systems

WB suggested $1 billion → to be replenished every 3 yrs → ...

22-03-00 11:30

IDA Deputy Mtg - in Lisbon in June :

3/5 of developmental assistance re AIDs in Africa comes from U.S.

indiv. support for Development Banks.

PUBLIC DIPLOMACY

110 In this respect, call upon governments and other donors to make more resources available for assisting these countries in their fight against the pandemic.

Drugs Abuse and Trafficking

We agree to:

111. Continue to work closely with African partners in combating vigorously drugs trafficking and money laundering, both on a multilateral and bilateral basis. We also agree to combat the demand and supply of illicit drugs, narcotics and psychotropic substances in conformity with the pertinent recommendations of the 20th UNGASS and aim at offering the populations lawful alternatives to the growth of illicit crops.

112. Strengthen our co-operation in developing strategies and capacity building measures to this effect.

113. Assist African countries and organisations in strengthening their capacities to control illicit drugs and trafficking and money laundering.

The Environment

We agree to:

114. Strengthen our co-operation in the field of prevention of natural disasters and set up disaster prevention and preparedness mechanisms, including reduction and early warning systems, taking into account particularly the work accomplished on the International Decade for Natural Disaster Reduction. We also agree to strengthen our co-operation on humanitarian assistance, rehabilitation and reconstruction related to the consequences of such disasters.

115. Co-operate in environmental issues as a basis for ensuring sustainable development.

DRAFT

Brussels, 3 April 2000

Dear Mr Pickering,

We are writing to you to follow up one of the themes Secretary Albright raised in her recent discussions in Lisbon and Brussels with Prime Minister Guterres, President Prodi and Foreign Minister Gama.

In those discussions, Ms Albright flagged the idea of EU-US co-operation on AIDS/communicable diseases in Africa as a potential issue for the EU-US Summit in June. Given the huge human suffering and the effect of this problem on the socio-economic stability of the continent, we consider this a valuable idea and have asked our officials to investigate possibilities for a joint message. The importance of this issue is also recognised by the Africa-Europe Summit, which will take place in Cairo on 3-4 April.

As already indicated by President Prodi in the discussions, the EU proposes to extend the discussion to also include other major poverty diseases, such as

Our proposal would be to draft a Summit statement, which should made clear that the impact these diseases have on life and society in Africa puts heavy responsibilities on the (inter) national community. African leaders, as well as the international community of donors, the pharmaceutical industry and civil society will need to redouble efforts to control diseases such as tuberculosis and malaria and join forces to combat HIV/AIDS. The problem of HIV/AIDS is clearly not only a health, education or development issue, but as was shown in the January debates of the UN Security Council is affecting peace and security in Africa.

At the moment we are contemplating the following elements for the draft: strengthening of support of national HIV/AIDS interventions, the notion of recipient country ownership and leadership, priority for effective prevention strategies and awareness campaigns, improvement of health services and the development /strengthening of local capacity, improved access to essential drugs, the promotion of research and development cooperation for HIV/AIDS, malaria and tuberculosis (some promising EU-US high level contacts in this field are taking place). Of course we are open to suggestions from your side.

We suggest that in the context of this draft, we could also highlight the EC-USAID

co-operation on infectious diseases, which is taking place in Africa (and elsewhere).

In short, we want to give visibility to the fact that Africa plays - or should play- an important role in our EU-US relations. There are of course many other important aspects to our respective Africa policies, such as conflict prevention and resolution or trade and development issues, which we should refer to and which we may wish to revert to in the future. But we do think that this time we should focus on communicable diseases. We hope that our joint message will raise the visibility of our co-operation and will contribute to the resolution of these global problems.

We would welcome an early discussion of these initial thoughts in the context of the 12 April Task-Force and the Senior Level Group on 13 April.

Yours sincerely,

Signed by

Joao SALVEIRO
Director General
Political Affairs
[illegible] Affairs

Guy LEGRAS
Director General for
External Affairs
[illegible]

UNCLASSIFIED
PROG 04/06/00
ECON:ADERSE
ECON:CHELMER
POL:SSWANSON
ECON

USEU BRUSSELS
SECSTATE WASHDC PRIORITY
INFO WHITE HOUSE WASHDC PRIORITY
ALL EUROPEAN UNION POST COLLECTIVE

STATE FOR G-J.CHOW, OES/EID-N.CARTER-FOSTER, EUR/ERA-R.WALSER, AF/EPS-T.HOLMES AND PRM/POP
STATE PASS USAID/AF/SD - ALEX ROSS
WHITE HOUSE FOR NSC KEN BERNARD AND ONAP SANDRA THURMAN

E.O. 12958: N/A
TAGS: TBIO, PREL, PREF, EUN
SUBJECT: HIV/AIDS: COMMISSION IS ON BOARD

REF: A) BRUSSELS 0327; B) STATE 61180; C) LISBON 1223

1. SUMMARY: THE EU COMMISSION IS ON BOARD WITH THE IDEA OF LAUNCHING AN HIV/AIDS INITIATIVE AT THE SUMMIT. COMMISSION SERVICES ARE STILL STUDYING THE U.S. PAPER (REF B) AND FORMULATING THEIR RESPONSE, BUT AGREE WITH ITS GENERAL THRUST. A LETTER THAT THE COMMISSION HAS [illegible] ON SUMMIT IDEAS TAKES A SIMILAR LINE TO OUR PROPOSED APPROACH. EVEN WITH ENTHUSIASM ON BOTH SIDES, WE WILL HAVE TO WORK QUICKLY TO PRODUCE A SUBSTANTIVE PACKAGE IN TIME FOR THE SUMMIT. THE U.S. SHOULD BE PREPARED TO LAY OUT OUR PROPOSAL IN EVEN GREATER DETAIL AT NEXT WEEK'S SLG MEETING, PARTICULARLY WITH REGARD TO THE PUBLIC DIPLOMACY AND IPR ASPECTS WHERE THE COMMISSION APPEARS TO HAVE THE MOST QUESTIONS. END SUMMARY.

2. MISSIONOFFS MET APRIL 6 WITH DG RELEX OFFICER NORA STEHOUWER TO DISCUSS THE U.S. PROPOSAL FOR A U.S.-EU INITIATIVE ON HIV/AIDS IN AFRICA (REF B). STEHOUWER EMPHASIZED THAT SHE COULD ONLY PROVIDE A PRELIMINARY REACTION AS SHE WAS STILL WAITING FOR FEEDBACK ON THE U.S. PAPER FROM OTHER ELEMENTS OF THE COMMISSION, BUT IN PRINCIPLE SHE WAS VERY POSITIVE ABOUT THE PROPOSAL. SHE COMPLIMENTED THE DRAFTING OF THE PAPER AND THE STRATEGY IT LAID OUT FOR ATTACKING THE PROBLEM ON SEVERAL FRONTS.

3. STEHOUWER SAID THAT HER PRELIMINARY SOUNDINGS WITH OTHER COMMISSION SERVICES FOUND GENERAL SUPPORT FOR THE IDEA OF LAUNCHING A HIV/AIDS INITIATIVE AT THE SUMMIT. SPECIFICALLY: DG RESEARCH IS VERY ENTHUSIASTIC; DG

DEVELOPMENT IS SUPPORTIVE TO THE DEGREE THAT IT WOULD COMPLEMENT INITIATIVES BEING TAKEN IN THE G-8 CONTEXT; AND DG TRADE IS NOT OPPOSED, BUT NEEDS TO KNOW MORE ABOUT WHAT THE U.S. WANTS TO DO ON THE TRIPS/IPR FRONT. STEHOUWER PROVIDED MISSIONOFFS WITH A DRAFT LETTER (COPY FAXED TO EUR/ERA) ON SUMMIT IDEAS THAT THE COMMISSION HAD PREPARED PRIOR TO THE RECEIPT OF THE U.S. PAPER. THE SECTION ON HIV/AIDS TAKES A SIMILAR LINE TO OUR PROPOSED APPROACH.

4. FROM HER OWN PERSPECTIVE AT DG RELEX, STEHOUWER SAID SHE PARTICULARLY APPRECIATED THE STEPS PROPOSED IN THE U.S. PAPER WITH REGARD TO "REINFORCING POLITICAL WILL". WHILE SHE SEEMED TO HAVE IN MIND AN EFFORT THAT FOCUSED ON AFRICAN LEADERS, IN RESPONSE TO FURTHER EXPLANATIONS FROM MISSIONOFFS SHE RECOGNIZED THE VALUE OF WORKING WITH ALL SECTORS OF SOCIETY. SHE ASKED IF IT WOULD BE POSSIBLE TO SEE ANY GUIDANCE THAT THE U.S. HAS SENT TO ITS MISSIONS IN AFRICA ON LAUNCHING A PUBLIC DIPLOMACY CAMPAIGN ON HIV/AIDS.

5. LOOKING AT POSSIBLE STUMBLING BLOCKS, STEHOUWER POINTED OUT THE IMPORTANCE OF CRAFTING THE CAMPAIGN SO THAT IT WOULD NOT BE PATRONIZING TO AFRICAN COUNTRIES. SHE ALSO OBSERVED THAT THE IPR ASPECTS OF PROVIDING HIV/AIDS TREATMENTS TO AFRICAN COUNTRIES AT A REASONABLE PRICE WILL BE DIFFICULT TO RESOLVE. IN DEALING WITH THE COMMISSION, SHE URGED THE U.S. TO AVOID LANGUAGE WHICH COULD IMPLY AN OVERLY-RIGID FRAMEWORK FOR COLLABORATION. SHE REMARKED THAT THE ONE WRONG NOTE STRUCK IN THE U.S. PAPER WAS THE USE OF THE TERM "JOINT PROJECT", WHICH SOME COMMISSION OFFICIALS FELT IMPLIED A TIGHTER RELATIONSHIP THAN THEY WOULD BE COMFORTABLE WITH.

6. STEHOUWER OBSERVED THAT, WITH TALK OF MOVING THE SUMMIT DATE UP TO MAY 31, THERE WAS LITTLE TIME LEFT TO PREPARE THIS INITIATIVE. AT THE LATEST, IT WOULD NEED TO BE READY BY MID-MAY TO BE BLESSED BY THE LAST SLG MEETING PRIOR TO THE SUMMIT. SHE AND MISSIONOFFS TENTATIVELY AGREED TO MEET, HOPEFULLY WITH OTHER COMMISSION SERVICES PRESENT, IN MID-APRIL AFTER NEXT WEEK'S SLG MEETING AND AGAIN IN EARLY MAY TO HAMMER OUT THE DETAILS. MISSIONOFFS EMPHASIZED THAT THE U.S. WANTS TO DO MORE THAN READ A STATEMENT AT THE SUMMIT. WE WANT TO LAY OUT A PLAN OF ACTION FOR HOW THE U.S. AND THE EU WILL WORK TOGETHER TO FIGHT HIV/AIDS IN THE MOST AFFECTED REGION OF THE WORLD.

7. COMMENT: STEHOUWER'S POINT ABOUT THE SHORTNESS OF TIME REMAINING IS WELL TAKEN. EVEN WITH THE ENTHUSIASM THAT NOW EXISTS ON BOTH SIDES, WE WILL HAVE TO WORK

QUICKLY IF WE ARE TO PULL TOGETHER A SUBSTANTIVE INITIATIVE IN TIME FOR THE SUMMIT. POST RECOMMENDS THAT U.S. REPRESENTATIVES IN NEXT WEEK'S SLG MEETING BE PREPARED TO LAY OUT OUR PROPOSAL IN EVEN GREATER DETAIL, PLACING PARTICULAR EMPHASIS ON THE PUBLIC DIPLOMACY AND IPR ASPECTS, WHERE THE COMMISSION APPEARS TO HAVE THE MOST QUESTIONS. END COMMENT. (DRAFTED:ECON:CHELMER)

MORNINGSTAR

Sandra Thurman 04/20/2000 08:25:56 AM

Record Type: Record

To: Nora B. Dempsey/NSC/EOP@EOP

cc:

Subject: FW: South Afirica -- J ZUMA: STATEMENT IN PARLIAMENT ON HIV/AIDS

Ooops!

---------------------- Forwarded by Sandra Thurman/OPD/EOP on 04/20/2000 08:25 AM ---------------------------

"Wertheimer, Wendy (OD)" <WERTHEIW@od31em1.od.nih.gov>
04/19/2000 11:57:23 AM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:

Subject: FW: South Afirica -- J ZUMA: STATEMENT IN PARLIAMENT ON HIV/AIDS

> -----Original Message-----
> From: Greg Folkers [SMTP:GFOLKERS@niaid.nih.gov]
> Sent: Wednesday, April 19, 2000 11:40 AM
> Subject: South Afirica -- J ZUMA: STATEMENT IN PARLIAMENT ON HIV/AIDS
>
> http://www.gov.za
>
> Date: 19/04/2000
> Source: OFFICE OF THE PRESIDENCY
> Title: J ZUMA: STATEMENT IN PARLIAMENT ON HIV/AIDS
> ----------------------------
>
> STATEMENT IN PARLIAMENT BY DEPUTY PRESIDENT JACOB
> ZUMA, 19 April 2000
>
> "The President's apparent refusal to accept the
> mainstream scientific view that HIV causes AIDS" -
> Mr Ellis
>
>
> Madam Speaker
> Honourable Members
>

> As you are aware, there are reports that indicate
> that
> Sub-Saharan Africa accounts for two thirds of
> the world incident of HIV/AIDS. It has also been
> reported that millions of Africans have died of
> AIDS with even larger numbers destined to die. It is
> within this context that we consider today's
> debate to be very important.
>
> This indeed reflects the seriousness with which we
> regard this topic. It is however regretful that the
> manner in which the topic is phrased is based on
> wrong
> assumptions and not on 'fact'.
>
> Neither the President nor the rest of our government
> has made any determination whatsoever that
> would pre-judge the conclusions of whatever
> scientific
> investigation is happening on HIV/AIDS.
> Accordingly, at no point has the President said that
> he challenges the view that HIV causes AIDS,
> or the contrary.
>
> All he has said is that there are many issues that
> are
> in contention with regard to the matter and that
> we need to hear what all the scientists say to
> ensure
> that we respond correctly to the frightening and
> pressing challenge of HIV/AIDS.
>
> The President, as the head of state, needs to take
> informed decisions on all questions that affect the
> lives of all our people. He is adopting this
> position
> with respect to the matter of HIV/AIDS. During
> the last decade and a half and more, a heated debate
> amongst scientists and others relating to this
> question, has been going on.
>
> As the President said in his address to the NCOP
> last
> year, a lot of literature has been generated by
> this debate.
>
> We re-iterate his challenge to the Honourable
> Members
> to acquaint themselves with that literature.
>
> As part of government's effort to respond to this
> catastrophe correctly, we decided to familiarise
> ourselves, as extensively as possible, with all
> matters relating to this pandemic. We came to the

> conclusion that no scientist or group of scientists
> can claim a monopoly on all knowledge regarding
> this particular matter.
>
> Our view is that it is fundamentally wrong to accept
> the notion that established mainstream scientific
> truths must not be questioned. All views on HIV/AIDS
> should be interrogated as part of the process
> of scientific inquiry and as an attempt to find
> answers that will enable us to prevail over this disease.
>
> We should not, and we will not leave any stone
> unturned, even if this means including the views of
> the so-called 'dissidents'. It should be remembered
> that throughout the years, alternative arguments
> were defined as dissident views, sometimes even as
> heresy- but in the fullness of time, those views
> were often proven to be scientifically correct.
>
> In Europe in the Seventeenth Century, the main
> stream
> scientific view was that the sun moved
> around the earth. An Italian scientist Galilei
> Galileo
> had a different view and believed that the earth
> moved around the sun. However his views were
> considered to be so threatening to the scientific
> establishment that he was forced to publicly recant.
> As we all know today, he was right and they
> were wrong.
>
> In the history of science and in particular the
> history of medical science, there are other examples
> where solutions were found to difficult challenges
> as
> a result of robust scientific debate between
> conventional and alternative views.
>
> This House, which is based on the fundamental
> principle of the right to differ and to express a
> different opinion, ought not to balk at the idea
> that
> the President is asking scientists to behave as
> scientists.
>
> I would like to refer to a letter written to the
> President by ACTUP San Francisco, one of the
> HIV/AIDS NGO's in the United States. They state that
> their organisation has been denied the
> opportunity to exhibit at the 13th International
> Aids
> Conference hosted by South Africa.
>
> In their letter to the President they say, "For the

> past decade in San Francisco, we have witnesses
> the distraction of human life caused by Aids drugs.
> We
> hoped, by exhibiting at the conference we
> would warn participants to prevent a similar
> catastrophe from occurring in their countries.
> Unfortunately, our voice has been silenced by
> organisers who have ironically chosen the theme of
> "BREAK THE SILENCE".
>
> What they are saying is that they are committed to
> open scientific debate and the free exchange of
> ideas.
>
> Madam speaker, the ANC's political programme is the
> main stream political view in this country.
> However, it would be wrong in the extreme to brand
> and
> therefore shut out all other political
> programmes as 'dissident views'.
>
> The Democratic Party is a minority party that
> represents less than 10% of the voters of our country.
> But this party, like all other minority parties in
> this House, has a programme that appeals to some
> South Africans. They have a right to have their
> views
> represented and heard that is enshrined in our
> constitution.
>
> Broadening the debate on HIV/AIDS has not stopped
> government from addressing the pandemic in
> accordance with the mainstream scientific view. All
> existing programmes are continuing and new
> ones are being developed.
>
> A Ministerial Task Force against HIV/AIDS chaired by
> the Deputy President has been established
> and meets monthly. We have also established the
> South
> African National Aids Council (SANAC),
> which also meets monthly and is chaired by the
> Deputy
> President. This forum brings together the
> government and civil society.
>
> Sectors that are represented in SANAC include;
> youth,
> women, business, labour unions, religious
> communities, traditional leaders, traditional
> healers,
> people living with HIV, NGO's, the hospitality
> sector, sports, local government, national
> government

> ministers and the media.
>
> SANAC Technical Task Teams have been appointed to
> address the following priority areas: (i)
> Prevention, (ii) Treatment, Care and Support, (iii)
> Research, Monitoring and Surveillance, (iv) Legal
> and Human Rights, and (v) Social Mobilisation,
> Information, Education and Communication.
>
> We are doing everything we can to increase the level
> of public awareness about the importance of
> safe sex and the use of condoms. Whatever the
> outcome
> of the search by scientists for answers to
> the pandemic, clearly, sexually transmitted diseases
> are an important part of the element, which
> results in the acquisition in immune deficiency, and
> therefore the inability of the human body to cope
> with various infections. Work is also being done on
> the development of a vaccine.
>
> As members will recall, we presented to Parliament
> this year a dedicated budget to fight HIV/AIDS
> and trust that this house will support the
> allocation
> of these funds to fight this pandemic. Indeed we
> are doing all we can in the fight against AIDS.
>
> But suppose we discover, as Galileo did, that the
> so-called main stream scientific view is incorrect.
> Suppose there was even a one percent chance that the
> solution lay elsewhere. Surely the
> consequences for all of us would be catastrophic.
>
> As a country, we cannot afford to overlook this
> possibility. In the light of this, an international panel
> of scientists will be convened next month and will
> be
> expected to openly and candidly, discuss all
> the matters in contention. This panel includes all
> points of view in the debate and is constituted of the
> most eminent world scientists who can help to ensure
> that we understand HIV/AIDS correctly and
> therefore respond to it correctly.
>
> Unfortunately, this has earned us the anger of some,
> including scientists, who argue that through this
> process we seek to give legitimacy to 'dangerous and
> discredited' scientists. They say that all
> scientific questions relating to HIV/AIDS were
> resolved by 1984.
>
> Needless to say, we do not agree with a view that
> seeks to freeze science at a particular point in

> time. Unlike Galileo, we are not in anyway
> suggesting
> that it is 'fact' that the prevailing mainstream
> scientific view is wrong. All we are saying is that
> the issues must be debated and all views
> considered. Our ultimate goal is to save the lives
> of
> the many men, women and children who are
> dying daily. We hope that the honourable members,
> regardless of political affiliation will understand
> the need for them to support the work that we are
> doing in this important matter.
>
> This is not an issue that we should be party
> politicking about. Finally, as members of this House and
> Parliament, we should consider ourselves as
> activists
> against HIV/AIDS and accordingly ensure that
> in our activities among the people, we further
> promote
> the campaign against HIV/AIDS for the
> benefit of our country and its entire people.
>
> I thank you
>
>
> Issued by the Office of the Presidency, 19 April
> 2000

Message Sent To:

Bob Eisinger <EISINGEB@od31em1.od.nih.gov>
Bonnie Mathieson <MathiesB@od31em1.od.nih.gov>
Christina McLauchlan <McLauchC@OD.NIH.GOV>
Debra Kraut <KRAUTD@od31em1.od.nih.gov>
Don Luckett <LUCKETTD@od31em1.od.nih.gov>
Donna Adderly <ADDERLYD@od1em1.od.nih.gov>
Elaine Ellis <EllisE@OD.NIH.GOV>
Fulvia Veronese <VeronesF@od31em1.od.nih.gov>
Jahna Stanton <StantonJ@OD.NIH.GOV>
Linda Reck <ReckL@OD.NIH.GOV>
Marta Leon-Monzon <LEONM@od31em1.od.nih.gov>
Richard Billingsley <BillingR@OD.NIH.GOV>
Roz Gray <GRAYR@od1tm1.od.nih.gov>
Susan Wise <WiseS@OD.NIH.GOV>
Victoria Cargill <CargillV@OD.NIH.GOV>

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Nora

FROM: Sarah for S. Thurman

COMPANY:

FAX NUMBER: 69260

PAGES: 1 [# of Pages (including cover)]

COMMENTS:

Jim Cherry fax ——

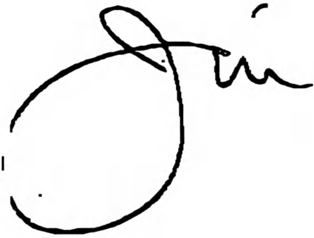
DP means Director Piot

FYI memo from Piot - M Seki
VERY interesting: worth
thorough READ

Sandy...

A thousand pardons that this is so late. Hope it can still be helpful. Call if you want any further elaboration. I'll let you know what I hear from the Caribbean.

Keep at it champ!



Fax - (202) 456-2439

Please confirm receipt with Cheryl @ (202) 456-2959

The "Non - Meeting"

The meeting went for about 3 hours – 2 hours one-on-one, the third joined by PM spouse. The first hour was mostly PM speaking -- not friendly, sometimes angry, mostly unloading. The discussion warmed from the second hour to some common ground points. Part of the time was spent working together on a speech for an unrelated matter.

1. PM made no assertion that HIV did not cause AIDS – and distanced himself from any suggestion that he had – or that he had made any public statements on it – but that he had "a right to his opinions".

2. PM entertained the notion that their was a grouping of etiologies for what is "called" AIDS – including malnutrition and TB – leaving enough room for a plausible "clarification" in two directions:
   - All that looks like AIDS is not necessarily AIDS (true)
   - TB, malnutrition and poverty exacerbate the impact of the virus (also true)
   - TB, malnutrition, poverty and AIDS must be addressed in an integrated way through community social actions – not simply through drugs and condom distribution (enlightened).

3. PM was feeling very much under attack by the local activist community (and no doubt on the WEB as well). They "opposed us under apartheid and now …". (There is clearly a sore spot here. The national coalition on HIV -- I'm not sure of its actual name -- is almost all white. However, given their strongly progressive views, it's a bit of a stretch to categorize them as "pro apartheid". Its possible some old foes are also joining in the attacks for reasons of their own.)

4. PM was extremely hostile to the pharmaceutical companies : manipulative, extracting resources from the poor, buying influence, everyone is on their payroll, directly attacking him, etc. Believed their solutions were not affordable – and would not make a difference in this environment.

5. Went on at length about all that they had done to address the epidemic. "Your solutions are not working here". Particularly anxious that the solutions being advocated (seen mostly and medical based) we not remotely affordable.

6. PM was extremely aware of and very anxious about the very technical aspects of drug reactions (to the level of mitochondrial dysfunction from AZT).

7. Dismissive and distrustful of his own technical staff including at the senior most level -- to the point of being dismissive.

8. Claimed to be completely unaware of upcoming global conference. (!)

9. Everybody was against us on apartheid as well, and eventually they came to see our position.

Common Ground Points

1. Seemed to accept from discussion that his expression of his "private views" was having the net effect of bringing national efforts to a complete halt.

2. Accepted that he had a major communication problem – that they were blundering on the issues and not getting out the story on the very positive things that they were doing. DP offered assistance in this area – provided thereafter locally – I'm unclear of caliber. PM's own communications person is reportedly extremely difficult/tough – not clear how close with PM.

3. PM promised to do some additional reading on affordable approaches drug and reactions (provided). Asserts he is completely open to changing his mind – to being convinced -- just want his questions answered to his satisfaction (apparently not yet achieved).

4. Follow-up discussion in Caribbean was planned – personal e-mails exchanged and follow-up was welcomed. Open door for other follow-up opportunities, but no specifics proposed or agreed to.

Steps DP Can Do

1. They will continue to talk – emphasis on the common ground

2. Could do a public letter, joint press conference or complementary op-ed if current PM views can be further "re-engineered" as part of a "policy clarification" of some sort. Someone senior person here could be made available to PM to help write/sharpen the clarification. None of this was discussed.

3. Could provide some senior "policy sharpening/communications strategy" damage control assistance for the international conference – with a commitment to articulate the policy clarification. This was not discussed either.

4. Can assist supporting a broader policy dialogue within the country – which is almost totally absent except around these "hot button" issues.

Suggestions for Written Points

1. Acknowledge major contributions to date (they have really been significant) in providing leadership, resources, etc

2. Complement and agree with emphasis on underlying causes of the epidemic – poverty, stigma, marginalisation, discrimination, etc. – addressing these root causes is the "expanded response to the epidemic"

3. Appreciate his concerns on the costs and side reactions of drugs. Note administration actions to address the former.

4. Appreciate his concerns about and side reactions of drugs. Use this as a take-off point to make his comfortable and give him a "backstop" on this issue. For example;

"I appreciate the concern you have on the possible side-reactions and misuse of drugs to treat AIDS, including the effective drugs we now have for stopping the virus from passing from a mother to her child. As a non-medical person, I have been very fortunate to draw on the broad technical and research capacities of the NIH, CDC, FDA...... As you are aware, the USPHS and the XXX have (an agreement, a collaboration, talked to each other one..). We would be pleased to intensify this collaboration in order to assist you and your colleagues in making sure that the technical resources required to support these programmes is adequate and so that you have the necessary monitoring information to inform your policy making and guard against unexpected problems."

Spoken Points

1. You are doing a great job on the difficult and important issues (focus on poverty, community mobilization, new budget) why jeopardize this on something which is an important contribution to hope (MtCT) ?

2. We will be sure you get what you need for the MtCT so that it doesn't break the budget

3. Why not clarify your views in an op-ed for one of the major papers before your visit to get the heat off well before the international conference. Otherwise, the whole media will be focussing on that and missing the major story in the leadership and success you are having.

4. Offer some media/communications staff assistance familiar with the issue and the US media to be of some assistance.

5. Don't get caught up in a pissing contest between the scientists. Let them do their thing in their forum and be careful about being drawn in. Send your questions into these arenas through a "sherpa" who is smart enough not to advertise where the questions came from.

My Personal View

PM isn't the only senior guy out their harboring views that we wouldn't want to have discussed around our dinner tables – just more stubborn and outspoken than others. The fact that he is under such pressure is one of the untoward consequences of the "political mobilization" approach we are taking. The more the approach succeeds, the more heat is going to be generated, and the more political leadership is going to feel backed against the wall – that's the plan, and its beginning to succeed.

I'm not sure we all thought this through to the end – the intensity of passions and desperation which is going to be focused on fragile governments with little capacity to respond. Are we capable of getting them the support they will need to respond? The e-mail traffic reporting on the public forums are a bit scary – PM's ministers running for cover from an angry community. I think we may just be seeing the tip of the iceberg now. Five percent know their status – what happens when that is fifty percent? I'm not sure anyone has thought about what happens to minimize the casualties when some of the good guys get caught in the crossfire. But you can bet that other political leaders – good guys and bad guys alike -- are going to be watching what happens here. If this issue becomes a political loser for PM, the others will run for cover and we're screwed. I think we all have a very big stake in making this a "win-win".

Internal for
Lael to guide [illegible] only.

Infectious Diseases/Vaccines
Background for April 6-7, 2000 G-8 Sherpa Meeting

Issue

To urge our G-8 counterparts to join together in the fight against the major infectious diseases that afflict the developing world and endorse the measures outlined in the U.S. position paper on infectious diseases. The U.S. paper calls for the G-8 to step up efforts to combat the HIV/AIDS pandemic through strong leadership and increased resources and, in the context of improving health services, accelerate the development and delivery of vaccines for the deadliest infectious diseases, including HIV/AIDS.

Key Points

Scope of Problem

- Infectious diseases pose a mounting social and economic burden on developing countries, causing almost half of all deaths worldwide of people under age 45.

- The HIV/AIDS pandemic is particularly devastating. AIDS is now the single leading cause of death in Africa, and HIV infection rates are soaring in Africa, Asia, and Eastern Europe. As a result, life expectancy is declining sharply in many African countries, and the epidemic is jeopardizing the economic stability of sub-Saharan Africa and parts of Asia.

- Other infectious diseases such as malaria and tuberculosis (TB) continue to exact a deadly toll. We are particularly concerned about new drug-resistant strains of TB, especially in the former Soviet Union.

Critical Role for Vaccines

- Vaccination is one of the most cost-effective ways to improve the wellbeing and productivity of the poorest countries – and the developed nations have the scientific and technological capacity to make new vaccines possible. Existing vaccines for hepatitis B, meningitis, and other diseases do not yet reach many of the world's children. More than 3 million children die needlessly each year from diseases that could be prevented by currently available vaccines.

- Effective vaccines do not yet exist for some of the leading killers, including malaria, TB and HIV/AIDS, which take nearly 5 million lives each year. Because developing countries often cannot afford to buy vaccines, the market does not provide incentives for pharmaceutical companies to develop vaccines for diseases that disproportionately affect those countries.

Why a G-8 initiative now?

- The G-8 now has a unique opportunity to make significant contributions to the fight against these diseases by (1) catalyzing the pharmaceutical industry to develop new drugs and vaccines; (2) increasing bilateral assistance for disease prevention, mitigation and control;

and (3) calling upon the MDBs to shift resources towards basic health services, including immunization, prevention, and treatment of diseases.

- The G-8 is also uniquely positioned to engage leaders and mobilize political commitment in the countries hardest hit by HIV/AIDS.

- The Okinawa Summit falls at a critical time, coinciding not only with a rapid acceleration in HIV infection, but heightened international attention and unprecedented private donations for global health.

<u>USG Actions</u>

- President Clinton has made global health a top priority of his foreign policy agenda. Last week in India, he called upon top government officials to greatly expand efforts to prevent and destigmatize HIV/AIDS.

- President Clinton's budget request to Congress also calls for significant increases in global disease prevention, control, and research efforts, including:

  - an additional $100 million investment in AIDS prevention and treatment in Africa, Asia, and other regions of the world -- doubling last year's funding;
  - $50 million for the purchase of existing vaccines through the Global Alliance for Vaccines and Immunizations (GAVI);
  - sharply increased funding for disease research at the National Institutes of Health;
  - a $1 billion tax credit for the sales of vaccines for AIDS, malaria, TB, and other major killers;
  - a call to the MDBs to dedicate an additional $400 to $900 million annually of their low interest rate lending to expand immunization, prevention and treatment of infectious diseases.

<u>Link to Cologne Debt Initiative</u>

- A G-8 health initiative would expand upon our effort through the Cologne Debt Initiative to make resources available for health, child survival, and AIDS-related prevention and care.

<u>U.S. Position on G-8 Health and Development Experts Meeting proposed by Japan</u>

- The U.S. will participate in the April 19-20 G-8 health and development experts meeting in Tokyo. We will identify the appropriate representatives once we receive additional information about the meeting.

Contingency Talking Points

<u>UK call for broad G-8 health agenda</u>

The UK supports the U.S. positions on infectious diseases, but wants to broaden the G-8 agenda to include polio, maternal health and other malaria and TB control and treatment programs.

- We all agree that these issues are important, we must be careful to avoid diluting the focus and minimizing the added-value of the G-8. This problem can be handled by making a broad

statement about infectious diseases in the Communiqué, but committing to take action in only a few key areas. We suggest those areas be: addressing the market failure for vaccines to HIV/AIDS, TB and malaria (we might have to accept the UK's call to include drugs and vaccines), G-8 leadership on HIV/AIDS, and possibly G-8 action on drug-resistant TB in the former Soviet Union.

International Therapeutic Solidarity Fund (ITSF)
France is likely to continue to push for G-8 endorsement of its proposed International Therapeutic Solidarity Fund (ITSF), which the U.S. and others have resisted.

- The U.S. will not support direct funding to the ITSF, and we continue to see the U.N. Joint Program on AIDS (UNAIDS) as the best vehicle for coordination of international AIDS prevention and treatment programs, especially those related to prevention of mother-to –child transmission. However, we welcome the opportunity to cooperate with the ITSF.

Drug accessibility
France might raise the question of accessibility of anti-AIDS drugs to developing countries.

- President Clinton said last December in Seattle that we must be flexible in our approach to health-related intellectual property matters consistent with our goal of helping poor countries gain access to affordable medicines. Through this approach, we will ensure the application of U.S. trade law related to intellectual property, such as Special 301, remains sufficiently flexible to respond to legitimate public health crises.

- The USG is in the process of developing concrete options for implementation of the President's Seattle statement.

G-8 Support for the World Bank proposal to create $1 billion IDA replenishing fund
The World Bank is developing a preliminary proposal for a $1 billion replenishing fund for programs to combat infectious diseases, which it will present to the IDA Deputies in June. Although the proposal has not been formally submitted to the IDA Deputies or the G-8, the UK Sherpa might call on the G-8 Sherpas to support it in principle. While endorsing its overarching goals, Treasury has some problems with the fact that the proposed fund constitutes a hard earmark.

- We agree that the MDBs should strengthen their efforts to support basic health services, including immunization, prevention and treatment of infectious diseases.

- We would encourage the G-8 to support increased IDA funding for this purpose.

Background

Global Alliance for Vaccines and Immunization (GAVI)

The Global Alliance for Vaccines and Immunization (GAVI) -- a partnership of UNICEF, WHO, the World Bank, private industry, foundations, and donor nations, and country

representatives (including the U.S.) – is strengthening global efforts to deliver existing vaccines and stimulate development of new ones. The U.S. has announced that the FY 2001 budget request will include a $50 million investment in the Global Fund for Children's Vaccines associated with GAVI for the purchase of existing vaccines. The Bill and Melinda Gates Foundation announced a $750 million contribution over 5 years to this fund at Davos, and Canada, Japan, the UK, Norway, and the Netherlands are considering making contributions.

AIDS Therapeutic Fund

In 1997, French President Jacques Chirac proposed the creation of an "International Therapeutic Solidarity Fund (ITSF)" for the purchase of anti-retroviral drugs and treatment of HIV-infected persons in developing countries. France has unsuccessfully sought G-8 endorsement of the ITSF at the previous two Summits. The international HIV/AIDS community saw the French proposal as wildly unrealistic, given the extremely high costs, limited resources and inadequate health care infrastructures of developing countries. In 1999, France agreed to limit the ITSF to reducing mother-to-child transmission of HIV and committed $4.5 million over two years. The U.S. position is to support the goals of the ITSF but not to provide funding directly. The U.S. has increased its resources for preventing mother-to-child transmission through the LIFE initiative and through the U.N. Joint Program on AIDS (UNAIDS).

Other Countries' Positions

France. France continues to seek G-8 endorsement of the ITSF. G-8 members are not very likely to agree to contribute to it, because they would prefer to fund AIDS treatment through UNAIDS or their own bilateral assistant programs. France might not support GAVI or other international infectious disease initiatives that they likely consider too U.S.-oriented or in competition with the ITSF.

Canada. Canada has expressed enthusiasm for the U.S. proposal to emphasize vaccines and HIV/AIDS prevention. Canada is likely to contribute $20 million to GAVI annually, pending the outcome of its budget process in April

UK. The UK supports a broad range of proposals to combat infectious diseases in developing countries, including increased resources for HIV/AIDS, maternal health, polio, TB, and malaria. The UK has called for increased resources for immunization programs, especially for polio, but has not yet bought into GAVI. The UK has also expressed tentative support for the IDA replenishing fund proposal.

Japan. Japan circulated a proposal last month covering a broad range of infectious disease and public health needs of developing countries – similar to the UK proposal. Like UK, Japan supports a broad G-8 health agenda, which we see as likely to dilute the resources and potential political impact of the G-8. However, Japan is open to discussing the G-8 health agenda and is strongly considering making a contribution to GAVI.

U.S. support for Global Health

The U.S. is the leading international contributor to global health programs, particularly for AIDS and polio, and eclipses all other countries in funding for biomedical research.

<u>HIV/AIDS</u>

- $325 million per year on international HIV/AIDS prevention and treatment;
- $1.8 billion on AIDS research, including $200 million on AIDS vaccine research.

<u>Tuberculosis</u>

- ~$20 million per year for TB prevention and control, in coordination with WHO's Stop TB initiative;
- ~$50 million per year for research at NIH, including $10 million for TB vaccine research.

<u>Malaria</u>

- ~$70 million per year for malaria research;
- $30 million for malaria prevention and control through bilateral assistance, in addition to $4 million specifically for WHO's Roll Back Malaria initiative

<u>Polio</u>

- ~$120 million per year for polio eradication.

was distributed to all our partners

G-8 PROPOSAL:

COMBATING INFECTIOUS DISEASES IN THE DEVELOPING WORLD

A key building block for economic growth is a healthy and educated labor force. Unfortunately, devastating infectious diseases, like HIV/AIDS, malaria, and tuberculosis, are threatening recent gains in economic growth, education, and life expectancy in many developing countries. The G-8 has the opportunity to reverse this trend by taking concrete steps to combat infectious diseases and ensure that health plays a central role in the development agenda. As a result, the G-8 could help break the vicious cycle of disease and poverty and strengthen economic growth in many of the poorest nations.

I. SCOPE OF THE PROBLEM

Health, Economics, and Security. Infectious diseases are the leading cause of death worldwide, causing nearly half of all deaths among people under age 45. The developing world bears a disproportionate burden of these diseases, which not only destroy lives, but perpetuate the cycle of sickness and poverty. The human toll of AIDS is particularly devastating. AIDS is now the single leading cause of death in Africa, and HIV infection rates are soaring in Africa, Asia, and Eastern Europe. An estimated 33 million people are currently infected with HIV worldwide, and this year, India may become the country with the largest number of new infections. In addition, during the next decade, more than 40 million children in Africa will have been orphaned as a result of AIDS.

At the same time, centuries-old diseases like tuberculosis (TB) and malaria continue to exact a deadly toll worldwide. TB accounts for 2.3 million deaths annually, and drug-resistant strains are spreading, particularly in the former Soviet Union. TB is now the leading cause of death among people infected with HIV. Malaria kills more than one million people each year, mostly children in sub-Saharan Africa. Diarrheal diseases and respiratory infections are even more devastating, taking nearly 6 million lives annually in developing countries.

These diseases take an enormous social and economic toll on the regions they hit hardest. Life expectancy is declining sharply in many African countries, primarily as a result of HIV/AIDS. In southern Africa, life expectancy is expected to drop from a high of 59 in the early 1990s to 45 within the next 5-10 years – a level not seen since the 1950s. Infectious diseases also impose huge economic burdens on families and governments through lost productivity and high health care costs. These costs can overwhelm already impoverished families, sending them into a deeper spiral of poverty. The AIDS epidemic, in particular, is jeopardizing the economic stability of sub-Saharan Africa and parts of Asia. According to a recent World Bank study of 30 sub-Saharan African countries, AIDS is likely to subtract 0.8 -1.4 percent a year from GDP growth in these countries.

The infectious disease burden can also add to political instability, slowing democratic development while increasing regional political tension. The severe social and economic impact of infectious diseases can intensify the struggle for political power to control scarce resources. The G-8 would, by investing in health, help promote political as well as economic security.

Clear Need for Strong Leadership on HIV/AIDS from Hardest Hit Nations and Donors. Advances in the fight against AIDS have been made in Uganda, Senegal and Thailand, whose governments have demonstrated commitment at the highest levels. These countries have shown that leadership is crucial to implementing effective prevention and education programs and reducing the stigma associated with the disease.
Donor support is currently inadequate to address the enormity of the AIDS pandemic. The United Nations Joint Program on AIDS (UNAIDS) estimates that $1 billion is required annually to establish effective HIV prevention programs in sub-Saharan Africa alone, while an addition $1 billion is required to deliver the most basic treatment and care. Currently, all donors combined are contributing less than $350 million to this end.

Critical Role for Vaccines. Vaccines are one of the most cost-effective health interventions and contribute significantly to the global public good of reduced disease transmission. However, millions die each year of diseases that could be prevented by existing vaccines, and effective vaccines do not yet exist for some of the most devastating diseases, including HIV/AIDS, malaria, and TB. The key obstacles to the widespread use of existing vaccines are a lack of resources, a lack of effective delivery systems, and a lack of commitment of developing-country governments. These obstacles also hinder the development of new vaccines. The market provides little incentive for pharmaceutical companies to develop new vaccines for diseases that disproportionately **affect** poor countries because of their current inability to pay for and deliver existing vaccines. As a result of this market failure, there is gross underinvestment in research and development for the new vaccines that are needed most. Currently, only 2 percent of all global biomedical research is devoted to the major killers in the developing world.

II. PROPOSED G-8 RESPONSE

The Okinawa Summit presents a unique opportunity for the G-8 to make significant contributions to the fight against devastating infectious diseases. The G-8 is singularly capable of catalyzing pharmaceutical companies to develop new drugs and vaccines, increasing bilateral assistance for disease prevention and control, and calling upon the multilateral development banks to shift resources towards immunization, prevention, and treatment of infectious diseases. The Okinawa Summit also coincides with heightened international attention to and unprecedented private donations for global health, creating an opportunity for the G-8 to build upon new momentum and leverage new resources from the international community. Therefore, we propose that the G-8 take the following actions:

1. *Call for political leadership to combat HIV/AIDS*. Building on the January 2000 U.N. Security Council session on AIDS in Africa, the G-8 should use leader-to-leader dialogue with the hardest hit countries to encourage high-level political commitment in the fight against AIDS. The G-8 should stress the lessons from Uganda, Senegal and Thailand, where commitments by leaders reduced the HIV infection rate.

2. *Increase resources for prevention, care, and cost-effective treatment of HIV/AIDS in developing countries*. In particular, focus on reducing new HIV infections through education, behavioral change, blood screening, use of condoms, and prevention of mother-to-child transmission. Donors should increase bilateral assistance and call upon the multilateral development banks to shift resources, while governments of affected countries should mobilize internal resources to combat HIV/AIDS.

3. *In addition to ensuring basic childhood immunization, provide developing countries with other currently available vaccines like Hepatitis B, Haemophilus influenzae type-b, and yellow fever*. Contributions through mechanisms such as the Global Alliance for Vaccines and Immunization (GAVI) would save lives now and build confidence with industry that new vaccines would be purchased once developed.

4. *Shift existing international resources toward building health care systems in poor countries to deliver vaccines and medicines and provide basic health services*. Call on multilateral development banks to increase low interest rate resources to build effective health delivery systems and expand immunization programs. Also, support use of HIPC debt relief to make additional resources available for poverty reduction programs, including basic health care.

5. *Place emphasis on controlling global tuberculosis, and especially work to ensure access to effective TB treatment in the states of the former Soviet Union and other countries with high rates of multi-drug resistant TB.*

6. *Increase public sector investment in research and development of vaccines for HIV/AIDS, malaria, TB, and other diseases that disproportionately affect poor countries*.

7. *Create financial incentives for private sector investment in vaccine development for diseases affecting the poorest countries*. Specific and credible commitments to vaccine purchase funds, tax incentives, or other financial mechanisms could ensure a future market for critically needed vaccines without tying up scarce development funds.

· joint deliverables
YAP. Ray Walzer
EUR/RA.

April 15, 2000

TO: Brooke Anderson, Cynthia Gire, Hoyt Yee, Tom Malinowski, PJ Crowley

FROM: Ken Bernard

SUBJECT: U.S.-EU Summit -- AIDS/TB/malaria

An interagency group, chaired by State/EUR, is considering next steps for the joint U.S.-EU commitment on HIV/AIDS and other health issues at the Summit. On Monday, USAID/State will meet with Poul Nielson, EC commissioner for Development and Humanitarian AID. There will also be expert level meetings next week (by teleconference) to work out details of possible joint initiatives.

Our goal is to emphasize the Summit outcomes as the next step (on the way to the G-8 and then the Millennium Assembly at the UN in September) in building international cooperation and burdensharing for the President's initiatives in controlling global AIDS, malaria and TB. In order not to undercut announcements or deliverables for the G-8, AIDS/Africa is particularly emphasized for the U.S.-EU Summit.

The EU wants a Summit Statement as well as specific Joint U.S.-EU activities. However, all recognize time is short. Although the EC wants to emphasize Africa, we believe the issues should be framed in the global context, with a specific focus on Africa.

The Statement and any specific deliverables would focus on:

A Comprehensive Response to AIDS, malaria and TB

The U.S. and the EU would agree that a comprehensive strategy to combat HIV/AID, as well as tuberculosis and malaria, should include the following elements:

- Increasing affected national government attention, commitment and funding for HIV/AIDS, TB and malaria
- Scaling up prevention and care activities, especially increasing access to essential drugs
- Integrating HIV/AIDS into Poverty Reduction Strategies
- Supporting research, especially for new vaccines

- Supporting development and implementation of surveillance systems
- Encouraging policy changes to mitigate public and private impact, especially emphasizing prevention awareness campaigns
- Supporting multisectoral strategies to fight HIV/AIDS, tuberculosis, and malaria
- Increasing support for multilateral development bank concessionary lending for health programs, especially for HIV/AIDS and vaccines

Specific activities could be supported at each of the following levels:

Diplomatic: Sharing experiences, tools and strategies, building commitment and advocacy (e.g. Southern Africa/U.S. Chief of Post Initiative).

Regional: Programming to ensure complementarities of on-going regional activities (e.g. surveillance, drug access etc.).

Country: Complementary planning and programming of country-level activities with our partners per the International Partnership for HIV/AIDS in Africa (IPAA).

Possible specific deliverables:

Political Leadership and Commitment

Advances in the fight against AIDS have been made in Uganda, Senegal and Thailand, whose governments have demonstrated commitment at the highest levels. These countries have shown that leadership is crucial to implementing effective prevention and education programs and reducing the stigma associated with the disease.

- The U.S. and the EU would agree that, building on the January 2000 UN Security council session on AIDS in Africa, each will use leader-to-leader dialogue with the hardest hit countries to encourage high-level political commitment in the fight against AIDS. The U.S. and EU will encourage all segments of civil society to become involved in the fight against HIV/AIDS, tuberculosis and malaria.

- Possible discussion of the "Presidential Envoy for AIDS Cooperation" concept as a way of increasing visibility of the

leadership issues. [note: This will depend on IWG Deputies Committee first approving the proposal.]

Resource Mobilization

The U.S. and EU recognize that winning the fight against HIV/AIDS and other infectious diseases will require substantial resources. UNAIDS estimates that at least USD 1 billion is required annually for HIV/AIDS prevention in Africa, and that at least another USD 1 billion is required annually for HIV/AIDS care and support. Currently, all donors combined are contributing less than $350 million to these ends.

The U.S. has placed increased importance on funding for international HIV/AIDS prevention and care efforts, increasing its budget for HIV/AIDS by USD 100 million this fiscal year and proposing another increase of USD 100 million next fiscal year. And these figures do not even include our research funding. **The EU must be encouraged to contribute much more for HIV/AIDS.**

The U.S. and the EU would agree to:

- Increase resources for prevention, care, and cost-effective treatment of HIV/AIDS in developing countries. In particular, focus on reducing new HIV infections through education, behavioral change, blood screening, use of condoms, voluntary counseling and testing, and prevention of mother-to-child transmission. Enhanced support for multisectoral HIV/AIDS intervention as well as health care system capacity building to support HIV/AIDS and infectious diseases are also important goals.

- Support the shifting of existing multilateral bank resources toward building health care systems in poor countries to provide basic health services, build health care system infrastructure, as well as to deliver medicines and prevention services. Special attention to HIV/AIDS, tuberculosis and malaria programs is required. Call on multilateral development banks to increase low interest rate resources to build effective health delivery systems. Also, support use of HIPC debt relief to make additional resources available for poverty reduction programs, including HIV/AIDS and basic health care.

- Encourage governments of most affected countries to mobilize internal resources to combat HIV/AIDS, tuberculosis and malaria.

Donor Coordination

- The International Partnership Against AIDS in Africa (IPAA) has laid the groundwork for a common framework to improve donor coordination at the country level. The U.S. and the EU would agree to increase their country, regional, and headquarter collaboration to ensure that respective agency resources are most efficiently mobilized and deployed.

Public Diplomacy

- The U.S. and EU would agree that the threat from infectious diseases, notably from HIV/AIDS, TB and malaria, is growing and that the current health crisis threatens to undermine many of our long-term policy objectives in Africa.

- The U.S. and EU would agree to coordinate and collaborate in the area of public diplomacy in an effort to catalyze the international response to the global threat of these infectious diseases. Such collaboration will extend to high level fora, including the G-8 summit meeting, and be manifest in all appropriate bilateral and multilateral discussions. Within Africa, U.S. and EU diplomatic missions would share information, undertake parallel demarches to host governments, coordinate their media strategies, and seek other appropriate means to enhance the benefit of each partner's particular expertise.

Vaccine and Drug Development

Vaccines are one of the most cost-effective health interventions and contribute significantly to the global public good of reducing disease transmission. However, 3 million children die each year of diseases that could be prevented by existing vaccines, and effective vaccines do not yet exist for some of the most devastating diseases, including HIV/AIDS, malaria and TB which together kill over 5 million more.

Currently, only 2 percent of all global biomedical research are devoted to the major infectious killers in the developing world. The market provides little incentive for pharmaceutical companies to develop new vaccines and drugs for diseases that disproportionately affect poor countries because of their current inability to pay for and deliver existing vaccines. As a result of this market failure, there is gross under-investment in research and development for the new vaccines that are needed most, especially for TB and malaria.

- We would, therefore, encourage the EU to support the components of the President's Millennium vaccine initiative, including increasing research on vaccines for AIDS, TB and malaria; joining the Global Alliance for Vaccines and Immunizations (GAVI) to purchase existing vaccines; support substantially increased multilateral development bank loans for health services delivery; and develop purchase funds or purchase guarantees for as-yet undeveloped, but needed, vaccines to provide an incentive for private sector research.

Next Steps:

- Meetings with Poul Nielson, EC Minister for Development (April 17)
- Vetting of above ideas with EC Experts (week of April 17)
- Drafting of Joint Summit Statement
- Calls, as needed, from USG senior officials to EC member government counterparts to ensure USG priorities are included in joint announcements and follow-up activities

In addition:
April 17 communiqués from the ~~two~~ Development Committee of the ~~Ministers @ World~~ Bank ~~Mtg.~~ ~~released~~

first 3 paras were on HIV/AIDS. not specific but forthcoming.
we gotta do more.
accelerated program of HIV assistance
including capacity bldg.

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Nora Dempsey	FROM: Cheryl
COMPANY:	DATE:
FAX NUMBER: 6-9260	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	
RE:	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

From Sandy - thanks!

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

- ~~Ref~~ refugees (Zim) - hold
- peace corps - no - this will not be at same time
- OPIC - OK

International Panel of Experts (confirmed as of 4/24)

	NAME	E-MAIL ADDRESS
	Andrew Herxheimer Ctr for Evidence-Based Pharmacotherapy - UK (Cochrane Collaboration)	
	Ann Duerr Depo-Provera researcher (CDC)	
D	Christian Fiala	
	Dave Scondras Search for the Cure	Patients/devel countries
D	Etienne de Harven	Pitou.Deharven@wanadoo.fr
D	Gordon Stewart	g.stewart@gifford.co.uk
	Jose M Zuniga Intl Assoc of Phys for AIDS Care	
D	Joseph Sonnabend (nyc doc/S. African)	
D	Claus Koehnlein	
*	Luc Montagnier	
	Roy Mugerwa Uganda	
D	Sam Mhlongo	Smmhlong@iafrica.com "informed consent is light years away for Africa"
	Stepano Bertozzi UNAIDS	
	Zena Stein works in S. Africa	
	George Perez works in S. Africa	
	Helena Gayle	
	Souleymane M'Boup Senegal	
	William Makgoba S. African Medical Res. Council	
	W Prozensky S. African AIDS Vaccine Initiative - MRC	
D	Eleni Papadopulos-Eleopulos	Vturner@cyllene.uwa.edu.au
	Sanger	
D	Harvey Bialy	h.bialy@natureny.com
D	Kary Mullis	Karymullis@bigfoot.com
D	Robert Root-Bernstein	Root-bernstein@psl.msu.edu
D	Roberto Giraldo	Rgiraldo@cdiusa.com "Everyone tests + for HIV"
D	Peter Duesberg	Duesberg@uclink4.berkeley.edu
D	David Rasnick	Rasnick@mindspring.com
	Slim Karim works in S. Africa w/ Zena	
*	Stefano Vella	
D	Manu Kothari Cancer is unresearchable and untreatable	
	Valeri Mizrahi	
	Sinonssi	
*	Robert Gallo	
	D.A Gradkari works in India w/ Tom Quinn	
	Praphan Phanuphak Thailand	

* Cliff Lane (NIH)

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. report	Re: [Impact of HIV/AIDS] (30 pages)	02/2000	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
African Affairs (Byrne, Cathy/Dempsey, Nora/Battenfield, Patricia)
OA/Box Number: 3078

FOLDER TITLE:

Dempsey - AIDS [2]

2007-1550-F
ke2006

RESTRICTION CODES

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P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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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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RR. Document will be reviewed upon request.

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005. report	Re: [HIV/AIDS Epidemic] (2 pages)	05/05/1998	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
African Affairs (Byrne, Cathy/Dempsey, Nora/Battenfield, Patricia)
OA/Box Number: 3078

FOLDER TITLE:

Dempsey - AIDS [2]

2007-1550-F
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006. report	RE: [HIV Program] (2 pages)	10/08/1999	P1/b(1)

COLLECTION:
Clinton Presidential Records
National Security Council
African Affairs (Byrne, Cathy/Dempsey, Nora/Battenfield, Patricia)
OA/Box Number: 3078

FOLDER TITLE:
Dempsey - AIDS [2]

2007-1550-F
ke2006

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