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001. email	Mona Sutphen to Gayle Smith, re: SRB AIDS in Africa Initiative (2 pages)	07/19/1999	P1/b(1) KBH 10/21/2024
002. email	Gayle Smith to National Security Advisor, re: SRB AIDS in Africa Initiative (2 pages)	07/15/1999	P1/b(1) KBH 10/21/2024
003. email	Gayle Smith to Pat Battenfield, re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (4 pages)	07/15/1999	P1/b(1) KBH 10/21/2024
004. email	Pat Battenfield to Gayle Smith, re: POTUS AIDS in Africa Initiative (1 page)	07/15/1999	P1/b(1) KBH 10/21/2024
005. email	Gayle Smith to Kenneth Bernard, re: Draft e-mail for SRB (1 page)	07/13/999	P1/b(1) KBH 10/21/2024
006. email	Donald Camp to Gayle Smith, et al., re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (3 pages)	07/14/1999	P1/b(1) KBH 10/21/2024
007. email	Alexander Arvizu to Gayle Smith, et al., re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (2 pages)	07/13/1999	P1/b(1) KBH 10/21/2024
008. email	Gayle Smith to National Security Advisor, re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (2 pages)	07/13/1999	P1/b(1) KBH 10/21/2024

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 National Security Council
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AIDS, 1 of 2 [Africa] [1]

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RESTRICTION CODES

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**Report on the Presidential Mission
on Children Orphaned by AIDS
in sub-Saharan Africa:**

Findings and Plan of Action

July 19, 1999

Sandra L. Thurman

Director
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503



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

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

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

South African President Thabo Mbeki

(Remarks delivered as Deputy President, October 1998)

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Summary

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



Background

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

The goals of the trip were to:

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

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

President Clinton, World AIDS Day 1998

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

Findings

The Problem:

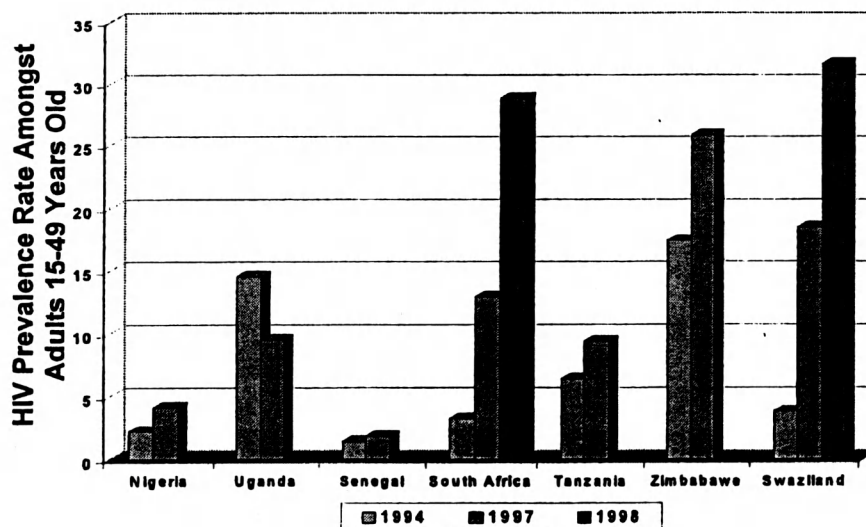
AIDS in sub-Saharan Africa is a plague of biblical proportions.

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

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

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

HIV Prevalence Trends in Selected Countries



And yet, the pandemic rages on:

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

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

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

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

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

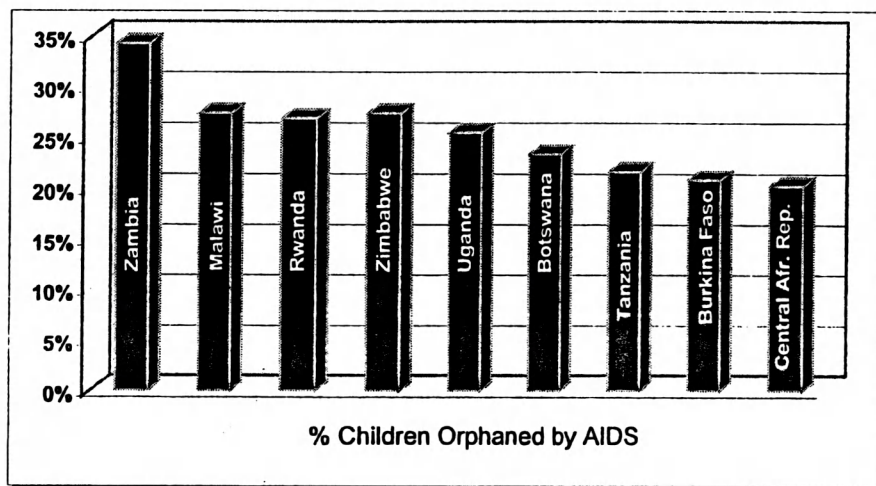
The low status of women in sub-Saharan Africa severely restricts their power to make informed and safe choices. As a result, more than half of all new HIV infections in sub-Saharan Africa are among women and 80% of the 14 million HIV-positive women of childbearing age worldwide reside in sub-Saharan Africa. In many areas throughout the region, pregnant women have astronomically high rates of HIV infection including 73% in Beit Bridge, Zimbabwe and 43% in Francistown, Botswana. Nine out of every ten infants

infected with HIV at birth and through breastfeeding live in sub-Saharan Africa – with nearly 600,000 new infections each year among African babies.

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

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

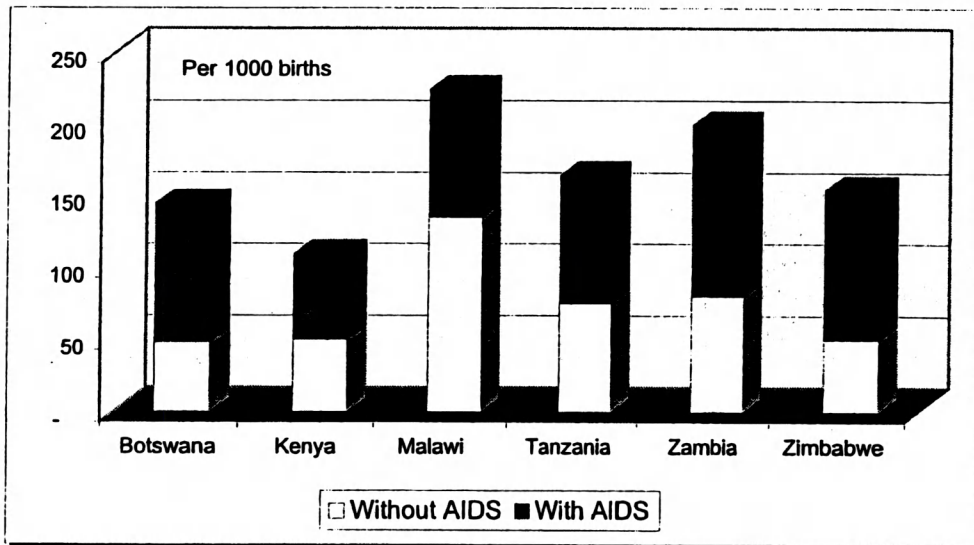
In 9 sub-Saharan African countries, one-fifth to one-third of all children under the age of 15 will be orphaned by the year 2000



Source: US Census Bureau

AIDS is wiping out decades of progress on a host of development objectives. After hundreds of millions of dollars of donor investment and well-documented results, AIDS is now turning back the development clock to the 1960s. In the coming decade in many areas of sub-Saharan Africa, infant¹ mortality will double and child² mortality will triple. In addition, despite steady advances in access to education, a rapidly increasing number of children (particularly girls) are now dropping out of school to act as substitute labor or as caregivers for their dying parents. Far too few are finding their way back to school. Finally, according to the US Census Bureau, AIDS has already reduced life expectancy in Zimbabwe by 25 years and in Zambia from 56 years old to 37. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 60 years old to 40.

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



Source: US Census Bureau

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

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

¹ Infants are defined as those less than 1 year old

² Children are defined as those ages 1 to 5

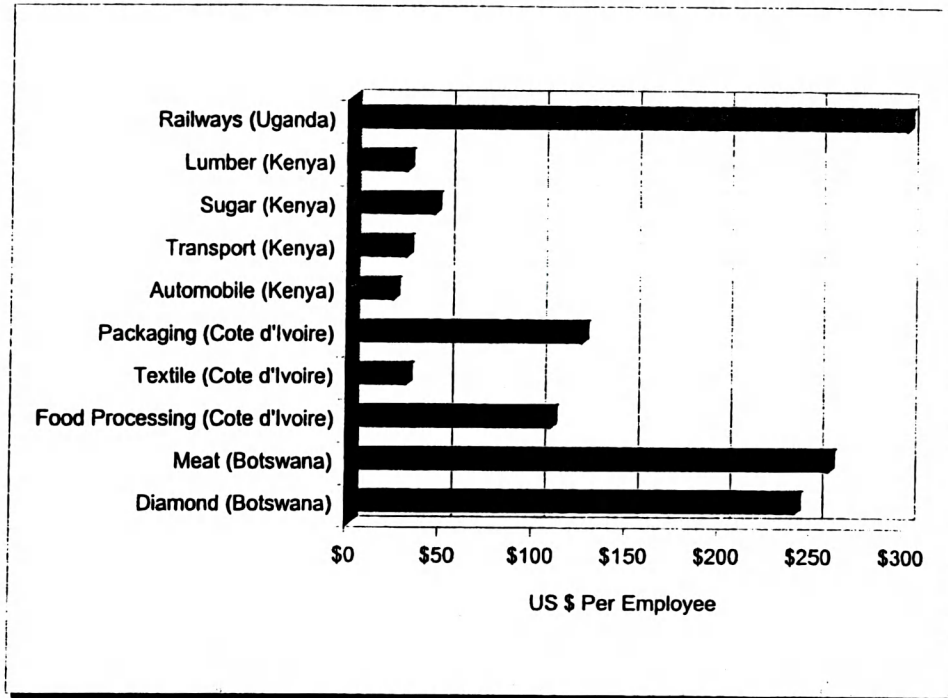
States as the Persian Gulf. On a balance of payments basis, American private investment consistently produces a higher rate of return in Africa than in any other region."

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

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

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

**Annual Costs of AIDS Per Employee in
Various Industries in Selected Sub-Saharan Africa**



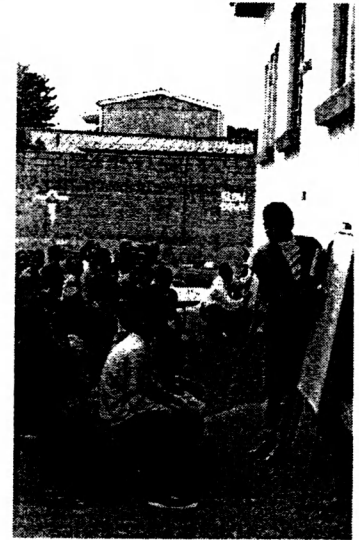
Source: Futures Group International. USAID Policy Project, 1999.

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

AIDS is a crime issue. The South African Institute for Security Studies has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. The assumption is that as the number of disaffected, troubled, and undereducated young people increases, many sub-Saharan African countries may face serious threats to their social stability. Without appropriate intervention, many of the 2 million children projected to be

orphaned by AIDS in South Africa alone will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs to survive. This seriously affects stability and promotes the spread of HIV among these highly vulnerable young people.

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



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

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

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

According to Surgeon General Satcher, "It was only a few years ago that epidemiologists offered projections of disease prevalence for sub-Saharan Africa that were met with disbelief. If the present warnings go unheeded,

South Asia, Southeast Asia, and, perhaps, China will follow the disastrous course of sub-Saharan Africa.”

The Newly Independent States have also registered astronomical growth in HIV infection rates over the past few years. In the last four years alone, Eastern Europe and Central Asia have seen six-fold increases in HIV infections. In the Russian Federation, HIV infections have increased 27-fold between 1994-1997. And in the Ukraine, HIV infections have increased 70-fold. Injection drug use now accounts for 80% of new infections in the Russian Federation and the increasing number of new users signals a growing dual epidemic of AIDS and drugs.

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

Source: UNAIDS

The Response:

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

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

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

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

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

care in a family setting. The problem is, only a very tiny fraction of those children in need actually receive even this modest level of support.

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



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

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

Helping keep parents alive assures a better future for their children. The number of children being orphaned by AIDS in Africa are staggering, and those children orphaned are at greater social, economic and health risk than

their non-orphaned peers. Parents, guardians, and extended families are best able to provide the nurturing environment for these children. Basic care and psychosocial support can make a huge difference. The delivery of low cost treatments for opportunistic infections (such as TB) helps people with HIV and AIDS live longer and better lives, and enables them to plan for the future of their children. In addition, the availability of care and support gives increased credibility to prevention efforts by demonstrating the merits of pursuing HIV testing and counseling.

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

Preventing Mother-to-Child Transmission

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

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



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

The lack of health care infrastructure is also a serious issue. At least 95% of pregnant women do not know they are HIV-positive and currently lack access to the testing and counseling

services needed to find out. In many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics unequipped for drug interventions. In the poorest parts of Africa, nearly 80% of women lack access to any kind of health care at all.

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

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

The Challenge

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



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

Archbishop Desmond Tutu

Plan of Action

The Background

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

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

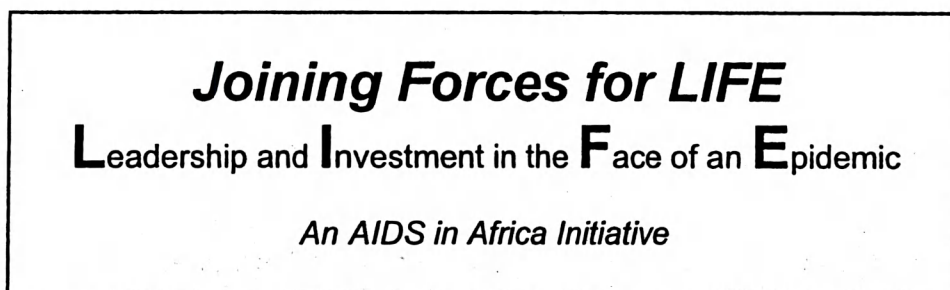
The Goals

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

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

- By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to \$300 million per year. (Currently, approximately \$150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

The Initiative



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

Making a difference in Africa requires broader political commitment, enhanced community mobilization, and, most urgently, increased resources. In 1998, bi-lateral and multi-lateral agencies contributed \$150 million of the \$165 million spent on AIDS in Africa. Compared to the ever-escalating need and other health programs, this amount is woefully inadequate. For example, in 1998, over \$500 million was spent for basic childhood immunization programs in Africa. Based on our experience in those countries that are starting to demonstrate success, such as Uganda and Senegal, UNAIDS and donors now agree that a minimum of \$600 million is needed in Africa per year for HIV prevention alone (\$2 per adult per year).

While we acknowledge the leadership role that the US plays globally and the urgent need to act, clearly an effort to combat AIDS must be driven by many actors including host countries, multi-lateral organizations, and bi-lateral donors, to be successful. In FY1999, the US Government spent \$74 million on AIDS in Africa through USAID and \$30 million through the Department of Health and Human Services. But more, much more remains to be done.

The Administration proposes a new multi-year initiative that will commit an additional \$100 million in FY2000 to the battle against AIDS in Africa. This initiative will more than double the existing US investment in HIV prevention and AIDS care related efforts in Africa in FY2000, and enable us to move forward on four critically important and interconnected fronts including:

- **Containing the AIDS Pandemic (\$48 million)** Implement a variety of prevention and stigma reduction strategies including: HIV education; engagement of political, religious and other leaders; voluntary counseling and testing; interventions to reduce mother-to-child transmission (MTCT); increased access to opportunity (education, income generation), especially for women and youth; and enhance training and technical assistance efforts.
- **Providing Home and Community-Based Care (\$23 million)** Deliver counseling, support palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections (OIs), and tuberculosis (TB) through community-based clinics and home-based care workers.
- **Caring for Children Orphaned by AIDS (\$10 million)** Assist families, extended families, and communities in caring for their children through a multi-sectoral response including micro-finance, child survival, education, training, health, counseling, and nutritional assistance.
- **Planning, Infrastructure, and Capacity Development (\$19 million)** Strengthen host country ability to plan and implement effective interventions. Strengthen the capacity for effective partnerships and the ability of community based organizations to deliver essential services. Strengthen surveillance systems to track and target HIV/AIDS programs.

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

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

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

- **Multi-lateral Partners Meeting** On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of donors, The World Bank, UNAIDS, international foundations, CEOs and others to discuss how we can best enhance and coordinate our AIDS efforts in Africa and around the world.
- **African Leaders Summit** The Administration will promote an AIDS summit for select African Heads of State... **[to be completed]**
- **UN Conference on Children Orphaned by AIDS** On December 1, 1999 (World AIDS Day), The United Nations in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference to focus attention on the growing number of children orphaned by AIDS worldwide. Special emphasis will be placed on assessing the needs of orphaned children in sub-Saharan Africa and the Americas. Participants will include noted experts on the priority issues identified by UNAIDS, UNICEF, and other UN agencies.
- **Business** The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts to rise to the AIDS challenge. The meeting will be co-chaired by the CEO of Ford Motor Company, currently a leader in providing a variety of AIDS programs in Africa. Given the impact that AIDS is having on businesses as well as the overall economic-impact on African countries, such a meeting will seek enhanced business commitment and involvement in AIDS programs.

The Department will work with America's Chamber of Commerce and other business organizations to publicize the successful AIDS efforts of US firms in Africa and to support others in taking similar action. In addition, the Department will direct that there be closer coordination in Africa between commerce service offices, US missions, and African NGOs in a united effort to promote corporate funding of AIDS programs.

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

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

- **[Diplomatic Initiatives** *ONAP and the Department of State will increase their efforts to focus on US and African ambassadors' efforts to increase attention to AIDS in the diplomatic community. Working with State, other nations' diplomatic communities, and with UNAIDS, ONAP will support the development of a multi-country diplomatic initiative that coordinates AIDS messages and action across multiple countries diplomatic corps. The outcome of such efforts will continue to educate our ambassadors, as well as to apply concerted pressure on governments via a common and unified diplomatic set of messages to act on AIDS.]*

Conclusion

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

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

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

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

As we seek to keep pace and perhaps even gain ground, the question of how best to "scale up" effective interventions to meet the magnitude of this challenge looms large. We heard calls for caution, caution not to move too fast, caution not to do too much, and caution not to overestimate available capacity. This caution is wise and well taken, but the faces of the children crying out for our help beckon us all to find ways to do better, to be smarter, to move faster, and to develop whatever capacity and partnerships we lack, as we gear up for the long haul.

Attachment A

Trip Manifest

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

MEMBERS OF CONGRESS

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

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

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

CONGRESSIONAL STAFF

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

NON-GOVERNMENTAL PARTICIPANTS

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

ADMINISTRATION OFFICIALS

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

Attachment B

Groups Visited

	Community Organizations	Government Officials
Zambia	<ul style="list-style-type: none">▪ Bwanfano▪ CHIN▪ Christian Council of Zambia▪ Evangelical Fellowship of Zambia▪ Family Health Trust▪ Fountain of Hope▪ McKinney Islamic Center▪ Mulenga Compound▪ National AIDS Network▪ Ndeke House▪ Project Concern International▪ Society of Women Against HIV/AIDS▪ St. Anthony's Compound▪ Twapia Windows Group	<ul style="list-style-type: none">▪ President Jacob Titus Chiluba▪ Dr. Nkandu Luao, Minister of Health▪ Peter McDermott, UNICEF Country Representative▪ Vincent Malambo, Minister of Legal Affairs▪ Edith Z. Nawakwi, Minister of Finance and Economic Development▪ Abel Chambeshi, Minister of Youth, Sports and Child Health▪ Keli Walubita, Minister of Foreign Affairs▪ Dawson Lupunga, Minister of Community Development▪ Dr. Moses Sichone, HIV/AIDS Coordinator, GRZ▪ GRZ public-private orphan task force▪ Ambassador Arlene Render
Uganda	<ul style="list-style-type: none">▪ AIDS Development Foundation▪ AIDS Information Center▪ The AIDS Support Organization (TASO)▪ Foundation for International Community Assistance (FINCA)▪ Joint Clinical Research Centre▪ Makerere University▪ National Community of Women Living with AIDS▪ Save the Children (UK)▪ Uganda AIDS Commission▪ Uganda Cancer Institute▪ Uganda Virus Research Institute▪ United Women's Effort to Save Orphans	<ul style="list-style-type: none">▪ President Yoweri Kaguta Museveni▪ First Lady Janet Museveni▪ Dr. Crispus Kiyonga, Minister of Health▪ Hajat Janat Mukwaya, Minister of Gender, Labor and Development▪ Dr. Elizabeth Madraa, AIDS/STD Control Program, Ministry of Health▪ Rafina Ochago, Commissioner for Child Care and Protection, Ministry of Gender, Labor and Development▪ Ambassador Nancy J. Powell

**Community
Organizations**

**Government
Officials**

South Africa

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

Attachment C

US Government Agencies Engaged

Office of National AIDS Policy

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

U.S. Department of State

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

*Bureau of Oceans and International Environmental and Scientific Affairs --
Emerging Infectious Diseases and HIV/AIDS Program*

Nancy Carter-Foster, Director
(202) 647-2435
Email: ncarterf@state.gov
Web: www.state.gov/www/global/oes/health

U.S. Agency for International Development

J. Brian Atwood, Administrator
(202) 712-4040
Web: www.info.usaid.gov

*Bureau for Global Programs, Field Support and Research -- Center for
Population, Health and Nutrition*

Duff Gillespie, Deputy Assistant Administrator
(202) 712-4120

HIV/AIDS Division

Paul DeLay, Division Chief
(202) 712-0683

U.S. Information Agency

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

U.S. Peace Corps

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

U.S. Department of Health and Human Services

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

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

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

Office of International and Refugee Health
Greg Pappas, Acting Director
(301) 443-1774

National Institutes of Health

Harold Varmus, Director
Web: www.nih.gov

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

Centers for Disease Control and Prevention

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

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

National Vaccine Program Office
Robert F. Breiman, Director
(404) 639-4452

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

Division of HIV/AIDS Prevention -- Surveillance and Epidemiology
Director Kevin DeCock
(404) 639-0900

Division of HIV/AIDS Prevention -- Intervention Research and Support
Director David Holtgrave
(404) 639-5200

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

Food and Drug Administration

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

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

U.S. Department of Commerce

William Daley, Secretary
Web: www.doc.gov

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

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

Bureau of Economic Analysis - Office of the Director
J. Steven Landefeld, Director
(202) 606-9602
Email: john.landefeld@bea.doc.gov

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

National Institute of Standards and Technology

Ray Kammer, Director

(301) 975-2300

Office of International and Academic Affairs

B. Stephen Carpenter, Director

(301) 975-4119

Patent and Trademark Office - Office of the Assistant Secretary

Todd Dickinson, Deputy Assistant Secretary and Acting Commissioner of Patents
& Trademarks

(703) 305-8600

Biotechnology Examining Groups

John J. Doll, Director

(703) 308-1123

U.S. Department of Defense

Office of the Deputy Assistant Secretary for Clinical and Program Policy

Lynn Pahland, Director of Health Promotion/ Health Affairs

(703) 681-1703

Walter Reed Army Institute of Research

Division of Preventive Medicine

Lt. Col. Patrick Kelley

(202) 782-1353

- **Religious Leaders Summit** The White House will facilitate a meeting of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS. In Uganda and Senegal, the involvement of religious communities and leaders had a dramatic impact on the ability of these two countries to reduce HIV incidence and to maintain it at low levels over time. The outcome of such a meeting would be to increase attention to the need for involving religious communities, to mobilize these organizations and leaders in the fight against AIDS, and to identify ways to support their efforts.
- **[Diplomatic Initiatives** *ONAP and the Department of State will increase their efforts to focus on US and African ambassadors' efforts to increase attention to AIDS in the diplomatic community. Working with State, other nations' diplomatic communities, and with UNAIDS, ONAP will support the development of a multi-country diplomatic initiative that coordinates AIDS messages and action across multiple countries diplomatic corps. The outcome of such efforts will continue to educate our ambassadors, as well as to apply concerted pressure on governments via a common and unified diplomatic set of messages to act on AIDS.]*

Battenfield, Pat A. (AF)

From: Sutphen, Mona K. (NSA)
Sent: Monday, July 19, 1999 11:51 AM
To: Smith, Gayle E. (AF); @NSA - Natl Security Advisor
Cc: @AFRICA - African Affairs; Bernard, Kenneth W. (HEALTH); @NESASIA - NE/South Asia; @ASIA - Asian Affairs
Subject: RE: SRB-AIDS in Africa Initiative [CONFIDENTIAL]

Gayle -

Sandy said "yes" to including India and Cambodia and also said he spoke to Leon on Sunday.

Mona

-----Original Message-----

From: Smith, Gayle E. (AF)
Sent: Thursday, July 15, 1999 4:55 PM
To: @NSA - Natl Security Advisor
Cc: @AFRICA - African Affairs; Bernard, Kenneth W. (HEALTH); @NESASIA - NE/South Asia; @ASIA - Asian Affairs
Subject: FW: SRB-AIDS in Africa Initiative [CONFIDENTIAL]

Mona -- Do not believe this is a controversial issue and given NESA and ASIA views, may be more of an FYI -- but would like to make sure we can pass an NSC OK on to Sandy Thurman. Thks, GS

For Sandy on AIDS Initiative

From Gayle and Ken

@NESA and @ASIA concurrence.

As we updated you earlier in the week, WH is considering including India and Cambodia in AIDS Initiative, which will be announced by the VP on Monday. Following are positive responses from NESA and ASIA which we would like to pass on to Sandy Thurman, assuming you concur.

- **India:** Incorporating India into the legislative package will increase the impact of the program by demonstrating that the administration is looking ahead to working with the country that will probably have the largest number of AIDS cases in the world in the coming years. It will attract the attention and support of the sizable India caucus on Capitol Hill. And it will set the stage for a cooperative Indo-U.S. effort that could be highlighted when the President travels to India in the year ahead. It will tie in well with the long-standing cooperation in health research between NIH and Indian scientists and give new impetus and prominence to an AID program in India that has been dwindling in recent years and was hit by nonproliferation sanctions a year ago. Cooperation on AIDS is one effective channel through which to begin re-engaging with India prior to a Presidential visit. We recommend including India in a high-end option initiative.
- **Cambodia:** We recommend that Cambodia be included in the President's initiative to combat AIDS, if the high end option is pursued and prospective funding is available. The HIV infection rate in Cambodia is high and growing at an alarming rate -- the highest in East Asia, and Cambodia has few resources of its own to fight the problem. Life expectancy in Cambodia is under 50 years, comparable to many of the African countries that are to be the beneficiaries of the President's initiative. We believe (and Legislative Affairs concurs) that we could

DECLASSIFIED E.O. 13526

White House Guidelines,

~~September 11, 2006~~

5/16/2017

By VZ NARA, Date 7/16/2017
2017-0735-M

enlist support on the Hill provided the assistance flows through Cambodian NGOs rather than the Hun Sen government.

The Vice President will announce the initiative on Monday, and OMB is putting the finishing touches on a \$100 million package. Do you want to include India and Cambodia in that announcement?

- Yes, include India
- Yes, include Cambodia
- No, make the announcement only Africa
- Let's discuss

Plan of Action

The Background:

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

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

The Goals:

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

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

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

The Initiative:

Joining Forces for LIFE:
Leadership and Investment in Fighting an Epidemic
A Global AIDS Initiative

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

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

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

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

- **Containing the AIDS Pandemic (\$48 million)** Implement a variety of prevention and stigma reduction strategies, especially for women and youth, including: HIV education, engagement of political, religious, and other leaders; voluntary counseling and testing; interventions to reduce mother-to-child transmission (MTCT); and enhance training and technical assistance efforts, including Department of Defense efforts with African militaries.
- **Providing Home and Community-Based Care (\$23 million)** Deliver counseling, support, palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections (OIs), and tuberculosis (TB) through community-based clinics and home-based care workers. Enhance training and technical assistance efforts.
- **Caring for Children Orphaned by AIDS (\$10 million)** Assist families, extended families, and communities in caring for their children through nutritional assistance, education, training, health, and counseling support, in coordination with micro-finance programs.
- **Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development (\$19 million)** Strengthen host country ability to plan and implement effective interventions. Strengthen the capacity for effective partnerships and the ability of community based organizations to deliver essential services. Strengthen surveillance systems to track the epidemic and target HIV/AIDS programs.

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

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

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

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

- **Leadership Meeting** On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of key US officials, The World Bank, UNAIDS, as well as heads of foundations, corporate CEOs, and others to discuss how best to enhance AIDS prevention and treatment efforts in Africa and around the world. The meeting will focus not only on leveraging additional resources, but also on establishing priorities, identifying effective public/private partnerships, and identifying targets for action to combat the crisis of HIV/AIDS.
- **African Leaders Summit** We propose hosting a high-level meeting with Africa government and community leaders within the next ten months. This meeting will highlight the critical role of leadership in arresting the epidemic and will work to encourage increased leadership efforts. Topics will include the economic impact of HIV/AIDS, examination of models of success in reducing the transmission of HIV, and addressing the need for increased investment in health programs. Additional topics will include AIDS care and treatment and support for children orphaned by AIDS.
- **UN Conference on Children Orphaned by AIDS** On December 1, 1999 (World AIDS Day), the United Nations in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference to focus attention on the growing number of children orphaned by AIDS worldwide. Special emphasis will be placed on assessing the needs of orphaned children in sub-Saharan Africa and the Americas. Participants will include noted experts on the priority issues identified by UNAIDS, UNICEF, and other UN agencies.
- **Business** The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts to rise to the AIDS challenge. Given the impact that AIDS is having on businesses as well as the overall economic-impact on African countries, such a meeting will seek enhanced business commitment and involvement in AIDS programs.

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

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

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

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

Conclusion

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

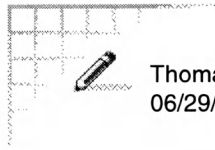
“Though the challenges of the present time for our country, our continent and the world are greater than those we have already overcome, we face the future with confidence. We do so because despite the difficulties and the tensions that confront us, there is in all of us the capacity to touch one another’s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

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

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

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

Hiv/mos



Thomas M. Rosshirt@OVP
06/29/99 01:05:17 PM

Record Type: Record

To: Erica J. Barks-Ruggles/NSC/EOP@EOP

cc:

Subject: gorembekiaids

----- Forwarded by Thomas M. Rosshirt/OVP on 06/29/99 01:04 PM -----



RMkhondo@aol.com
06/29/99 12:48:57 PM

Record Type: Record

To: Thomas M. Rosshirt/OVP

cc:

Subject: gorembekiaids

GOREMBEKIAIDS exwashington
By Rich Mkhondo, Washington Bureau, Independent Foreign Service
WASHINGTON, July 1, 1999 (IFS)
(URGENT FEATURE/OPED FOR DAILIES ONLY)

In their last joint press conference in Cape Town's Kirstenbosch Gardens five months ago, US Vice President Al Gore and President Thabo Mbeki wore lapel pins dedicated to the fight against AIDS. They spoke movingly about their countries' joint efforts to curb the dreaded disease.

Now Gore's political enemies and health, AIDS activists and groups such as Essential Action, ACT UP Philadelphia, Public Citizen's Health Research Group and Public Campaign, accuse him of favouring drug-makers' profits over the lives of millions of South Africans infected with the human immunodeficiency virus, which causes AIDS.

They say the 2000 Democratic Party presidential candidate has threatened trade sanctions against South Africa's aim to reproduce low-cost generic versions of patented drugs used to treat AIDS. The activists have pledged to disrupt Gore's campaign events until they have won a shift in the US administration's trade policy.

What gives? How could the US Vice President -- who recently called Mbeki and congratulated him on his inauguration as president, expressing confidence in the future of the South African-American friendship and adding that "America is fortunate to have such a partner and I am fortunate to have such a friend" -- play behind-the-scenes a role in a trade dispute over the

cost of drugs in South Africa.

His political enemies in the upcoming presidential elections accuse Gore of selling out for drug-makers' campaign contributions.

Gore's aides say his critics, political enemies and AIDS activists are ill-informed, adding he has actually proposed a framework to help make these drugs available "more affordably".

A closer look at the facts confirm that AIDS activists, who have heckled him during his campaign appearances and sought to drown him out with chants of "Gore's Greed Kills", have indeed manipulated and distorted the facts and the vice president's efforts to forge a compromise between protecting US patent law and addressing an AIDS crisis in southern Africa.

The real culprits are pharmaceutical companies and enemies of free trade and ultra protectionists led by conservative Congressman Rodney Frelinghuysen.

US pharmaceutical companies see the Medicines and Related Substances Control Amendments Act -- which allows South Africa's health minister to bring in less-expensive imported AIDS drugs or locally produced generics -- as an infringement of their patent protections.

Two of the main companies producing the drugs -- Bristol-Myers Squibb and Glaxo Wellcome -- have given the bulk of their corporate contributions to the Republican Party in recent years.

The South African law angered the U.S. pharmaceuticals industry, which fears that widespread licensing of its products will lead to a global "gray market" in low-priced drugs and undermine its profits and incentive to spend on costly research. "It is a form of patent piracy," said Thomas Bombelles, of the Pharmaceutical Research and Manufacturers Association (Pharma), the industry trade group. "It's stealing." It is this sentiment that has prompted dozens of American and European pharmaceuticals giants to challenge the law in a South African court, where they recently won a temporary injunction.

Here, the pharmaceutical companies, led by Pharma, wrote to United States Trade Representative Charlene Barshefsky and Gore, urging them that in their annual review of foreign trade barriers, they should label South Africa a "priority foreign country," which would set a deadline for it to change its disputed policy before trade sanctions would take effect.

But under pressure from Gore's office, Barshefsky refused to do so. "The vice president took the position that the health crisis in South Africa really needed to be taken into account," said Assistant Secretary of State for African Affairs, Susan Rice.

But the AIDS activists are bending the facts. They say Gore authorised Barshefsky to conduct "a sweeping new review of South Africa policies" on April 30.

In fact, the April 30 report was the U.S. trade representative's annual report on intellectual property rights that looked at more than 70 countries. Gore had nothing to do with it. To confirm Rice's view, South Africa was one of 37 countries placed on the trade representative's "watch list," the lowest-priority category.

In another distortion of facts to damage Gore's bid for the presidency, it was not Gore as the AIDS activists claim, but Frelinghuysen, who under pressure from his heavy pharmaceutical constituency in New Jersey, demanded that the US government stop development aid to South Africa until Pretoria has repealed its Medicines Act.

When Frelinghuysen, whose state of New Jersey is home to many

pharmaceutical giants, could not get his wishes, he forced the State Department to insert a rider or clause in a report to the US Congress saying the US administration was "making use of the full panoply of leverage in our arsenal, including the vice president, to gut the South African law. The report said during his meeting with then Deputy President Mbeki last August, Gore made the issue a "central focus of an assiduous, concerted campaign" by top US officials to persuade South Africa to change the law.

However, to the AIDS activists, this document was the smoking gun to prove Gore's underhand tactics and insensitivity toward the scourge of AIDS.

The transcript of the Mbeki-Gore meeting contained no threats by Gore. Actually Gore assured Mbeki and his colleagues that he realises that the disease "is a major threat to the welfare and even the future stability" of South Africa. Gore has pledged his support for South Africa's Partnership Against AIDS Campaign, launched by Mbeki on October 9 last year.

The US will support the South African Government's HIV/Aids programme by providing R59,2 million over five years, through the US Agency for International Development (USAid).

In fact Gore and Mbeki agreed to work on an import agreement to let South Africa shop for the best price for AIDS drugs worldwide and then import them in bulk, something which will be controversial with drug companies. The two leaders committed themselves to a mutually acceptable solution.

Their discussion to resolve the impasse is being delayed by the lawsuit the drug companies have launched against South Africa.

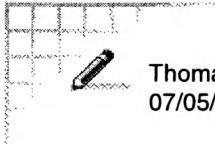
Given that an estimated 6 million South Africans are infected with HIV, compared with about 1 million in the United States, medicines in South Africa are indeed among the most expensive in the world, ranking in the top five, and accounted for 30 percent of medical costs in the private sector. More than R2-billion, or 11 percent, of South Africa's health budget is spent on medicines.

On the other hand, many patients in the US use a "cocktail" of three AIDS drugs often costing more than \$1,000 a month. Sure, South African patients may buy the cocktail for about \$800 a month, but the new law -- which has yet to take effect because of a court challenge -- would pave the way for far lower prices.

For example, AZT, a drug made by Glaxo-Wellcome that has been proven effective in inhibiting transmission of HIV from pregnant women to their fetuses, costs about \$240 a month in South Africa. Indian drug firms manufacture a generic version of the drug that costs \$48 a month. Jamie Love, director of the Washington-based Consumer Project on Technology, estimates the price of most AIDS-related drugs could be reduced 50 percent to 90 percent if local firms were allowed to produce generic versions to counter national health emergencies.

Gore's political rivals and AIDS activists have manipulated the facts in what is actually a much more complicated but interesting debate. The patent matter is a complicated issue with no easy solutions. But to single out Gore is unfair.

END 99-07-01 independent foreign service
NNNN



Thomas M. Rosshirt@OVP
07/05/99 09:50:05 PM

Record Type: Record

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

cc:

Subject: a helpful column from clarence page on AIDS/Drugs/Africa -- Sunday's Chicago Tribune

**DON'T BLAME GORE FOR
AFRICA'S AIDS CRISIS**

July 4, 1999

WASHINGTON As if Al Gore didn't have enough to worry about in his budding presidential bid, protesters have been interrupting his speeches by chanting and waving crude banners. Their cause is good, but, like dogs barking up the wrong tree, they are attacking the wrong politician.

The activists are affiliated with the militant group ACT UP, which has a reputation for loud and disruptive impatience with anyone who fails to move quick as a bunny to let ACT UP have its way.

Vice President Al Gore also co-chairs the U.S.-South African Binational Commission. The AIDS activists are inflamed by a State Department report to Congress that says the commission led a "campaign" to stop South Africa from making low-cost generic AIDS drugs available to its 3.2 million AIDS-infected people.

South Africa's problem is economic. HIV drugs can cost \$500 a week, which is about what the average worker in sub-Saharan Africa makes in a year. As a result, sub-Saharan Africa has 70 percent of the new HIV cases worldwide, but less than 1 percent of the AIDS drugs produced in the world.

The cost of drugs in South Africa could be greatly reduced if South African companies were licensed to produce generic versions of the drugs for domestic use. In that spirit, former President Nelson Mandela's government passed the nation's 1997 Medicines Act, which responded to the crisis

by calling for "compulsory licensing" and "parallel importing" of AIDS drugs.

The act would enable South African pharmaceutical companies to ignore overseas patents and make lower-cost generic versions of AIDS drugs.

That's why pharmaceutical companies sued the South African government, claiming the Medicines Act violates American and World Trade Organization laws that protect drug companies from having their patents violated abroad.

ACT UP protesters claim Gore has sided with the drug companies. But there's another side to that story. Internal memos between Gore and U.S. Trade Representative Charlene Barshefsky in April show that Gore actually opposed efforts by American drug companies to pressure the Clinton administration to escalate threats of trade sanctions against South Africa for possible violations of intellectual property rights.

The vice president "understands the urgency of South Africa's AIDS plight and supports efforts to make health care more affordable," a Gore spokesman told me. Gore also has no objection to South Africa's call for the compulsory licensing and parallel importing of AIDS drugs provided that it is in alignment with the WTO's trade and intellectual property agreements.

Gore also met with Thabo Mbeki, who is now president of South Africa, in August to get clarifications of the law and to iron out differences with international trade policies.

Gore charged that the South African law is too vague in its attempt to answer public health needs and protect drug companies at the same time. That's a valid concern that's shared even by South African drug companies, who joined the foreign companies' suit against their government out of fear for their own patent protections. Drug manufacturers say they need patent protection to make more research worthwhile. Critics accuse the drug firms of exploiting a tragedy. Still, many of them defend Gore. "Drug overpricing is the real culprit, not Gore," says Daniel Zingale, executive director of AIDS Action, a lobbying organization. "Gore's overall record has been good and we hope he will do more on the global AIDS crisis."

AIDS activists also have criticized Gore for

supporting the African Growth and Opportunity Act, sponsored by Rep. Philip M. Crane (R-Ill.), which encourages more trade with sub-Saharan Africa, but makes no mention of the AIDS crisis.

Rep. Jesse Jackson Jr. (D-Ill.), has denounced the Crane bill as "NAFTA for Africa," which he does not say as a compliment to either the bill or to NAFTA. He also offered an alternative bill that would, among other major moves, prevent America from applying sanctions to any sub-Saharan African nations trying to make AIDS drugs widely available.

Unfortunately for Jackson there is almost no chance that today's conservative Republican Congress is going to vote for a trade bill as liberal as his, which, among other features, calls for broad job protections for African workers and debt forgiveness for African governments.

That's why the Crane bill is being backed by a bipartisan coalition that includes key African leaders, Rep. Charles Rangel (D-N.Y.), ranking Democrat on the House Ways and Means Committee, and, not insignificantly, Rev. Jesse Jackson Sr., Clinton's special envoy to Africa and father of Rep. Jackson.

So I applaud AIDS activists for bringing some long-overdue attention to Africa's AIDS crisis. But in their pursuit of Al Gore, they're barking at the wrong politician. At least he has tried to be part of the solution, while too many others only make the problem worse or pay no attention to it at all.

Message Sent To:

Laura M. Quinn/OVP@OVP
Ron Klain/OVP@OVP
Christopher S. Lehane/OVP@OVP
Alejandro G. Cabrera/OVP@OVP
Melissa B. Ratcliff/OVP@OVP
Sandra Thurman/OPD/EOP@EOP
Erica J. Barks-Ruggles/NSC/EOP@EOP
Sarah A. Bianchi/OVP@OVP
Richard Socarides/WHO/EOP@EOP

FRETORIA NEWS - JULY 01, 1999

RICH MKHONDO REPORTS FROM WASHINGTON

Vendetta against Gore is based on lies

Aids activists distort facts when accusing US Vice President of bullying SA over drugs law

DK/PR
HIV/AIDS

In their ~~and~~ joint Press conference in Cape Town's Knoxsloosh Gardens five months ago, US Vice President Al Gore and President Thabo Mbeki were Aids ribbons made of unbleached African bantwani and spoke movingly about their countries' joint efforts to curb the dreaded disease. But if the protesters targeting his presidential campaign trail are to be believed, that show of solidarity was just an act.

The protesters, health and Aids activist groups, accuse him of favouring drug-makers' profits over the lives of millions of South Africans infected with HIV, which causes Aids.

They say the 2000 Democratic Party presidential candidate has threatened President Mbeki, and has said the US would impose sanctions if South Africa proceeds with its aim to manufacture low-cost generic versions of patented drugs used to treat Aids.

His political enemies have accused Mr Gore of selling out for drug-makers' cash contributions to his presidential campaign.

Mr Gore's aides say his critics and Aids activists are ill-informed. A closer look at the facts confirms that Aids activists have ignored or distorted the facts. The real culprits are protectionist pharmaceutical companies and enemies of free-trade led by Congressman Rodney Frelinghuysen.

US pharmaceutical companies are the Medicines and Related Substances Control Amendments Act - which allows SA's Health Minister to import less-expensive Aids drugs or use locally produced generics - as an infringement of their patent protections.

The SA law angered the US pharmaceutical industry, which fears that widespread licensing of its products will lead to a global "gray market" in low-priced drugs and undermine its profits and incentive to spend on costly research. It is this sentiment that has prompted dozens of American and European pharmaceutical giants to challenge the law in an SA court, where they recently won a temporary injunction.

Even the pharmaceutical companies wrote to US Trade Representative Charles Baccusky and Mr Gore, urging them to label SA a "priority foreign country" in their annual review of foreign trade barriers which would set a deadline for it to change its disputed policy before trade sanctions would take effect.

But Mr Gore urged Mr Baccusky to reject the drug company recommendations. The Vice President took the position that the health crisis in South Africa really needed to be taken into account, said Assistant Secretary of State for African Affairs Susan Rice.

Denying the facts, the activists say Mr Gore authorized Ms Baccusky to conduct "a sweeping new review of SA policies" - actually Ms Baccusky's annual review that kept SA on the watch list, the lowest-priority category of foreign trade barriers where it had been the year before. Mr Gore had nothing to do with it.

In another distortion of facts to damage Mr Gore's bid for the presidency it was not Mr Gore as the Aids activists claim, but Mr Frelinghuysen, who under pressure from his heavy pharmaceutical constituency in New Jersey demanded that the US Government stop development aid to SA until Pretoria has repealed its Medicines Act.

When Mr Frelinghuysen could not get his wishes, he forced the State Department to issue a rider or clause in a report to the US Congress saying the US administration was "making use of the full panoply of leverage in our arsenal, including the Vice President, to get the South African law." The report said during his meeting with then Deputy President Mbeki last August, Mr Gore made the issue a "central focus of a concerted campaign" by top US officials to persuade South Africa to change the law.

To the Aids activists, this department was the "smoking gun" to prove Mr Gore's underhand tactics and insensitivity toward the scourge of Aids. American and South African officials who attended the Mbeki-Gore meeting said Mr Gore made no threats to Mr Mbeki. Actually Mr Gore assured Mr Mbeki that he realises the disease "is a major threat to the welfare and even the future stability" of South Africa and pledged his support for South Africa's Partnership Against Aids Campaign, launched by Mr Mbeki on October 9 last year.

According to Leon Furaha, Mr Gore's national security adviser, the US leader has proposed to President Mbeki a framework that would provide South Africans with lower-cost medicines, in a way consistent with international agreements.

Their discussion to resolve the impasse is being delayed by the lawsuit the drug companies have launched against South Africa. In addition, the US will support the South African Government's HIV/Aids programme by providing \$10 million over five years, through the US Agency for International Development (USAID).

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BUSINESS DAY - JULY 05, 1999

US presses for clarity on intellectual property

Simon Barber

WASHINGTON — The US government has released several hostages it took last year to press Pretoria to clarify that it will not use a vaguely worded clause of its medicines law to violate its obligations under the World Trade Organisation agreement on trade-related intellectual property.

The concessions include waiving duties on certain vanadium compounds, a food preservative and satellites like Sunsat, the Stellenbosch University project launched by Boeing from Vandenberg airforce base in California in February.

A year ago US Trade Representative Charlene Barshefsky said that SA vanadium oxide, vanadates and tertiary butylhydroquinone, an oxidant that stops fats from turning rancid, would be exempt from duties under the US generalised system of preferences.

In the same breath, however, Barshefsky withheld the benefits and others until the SA government made "substantial progress" on resolving US concerns about the SA medicines and related substances act, even though the offending language was, and remains, unimplemented pending the outcome of a court challenge.

The benefits Barshefsky has now decided to release, according to a document prepared by her office, were granted under a "de minimis" waiver; that is, the value of goods shipped is so small that even though the products are not on the list of products automatically qualifying for generalised system of preferences treatment, they are eligible to receive it nonetheless.

The generalised system of preferences system is a programme operated in various forms by developed countries to encourage the nonthreatening exports of developing ones.

The concessions come as Vice-President Al Gore is being pilloried by US AIDS

activists as a stooge of the pharmaceutical industry. According to his attackers, he is denying South Africans access to affordable AIDS treatment by insisting that the SA medicines act be consistent with the agreement on intellectual property.

SA shipped vanadium oxides worth \$11m to the US last year, garnering a 99.7% share of US imports, even though importers had to pay an 11.8% duty. SA vanadates worth \$647 000, dutied at 5.9%, accounted for 62% of US imports.

As for the food additive, found to reduce heart enlargement in copper deficient rats, the US obtained amounts of the chemical worth \$132 000 from SA. 57% of its imports, and charged a 5.8% tariff.

Not only has Barshefsky relented on these items, she has agreed to extend generalised system of preferences treatment, not previously sought or given, to SA spacecraft. The value of the benefit is questionable. Last year, when Sunsat was delivered to the US for launch with a customs value of \$328 000, the duty on such items was 0.7%. Now it is zero.

Meanwhile, Barshefsky continues to hold hostages. She is refusing to implement duty waivers she granted under the generalised system of preferences last year to SA unwrought and semifabricated gold, vanadium nitrocarbide and articulated dump trucks used in mining.

It is too late for Bell Equipment, maker of the dump trucks in question, to gain any advantage. The US tariff on its products has fallen to zero. SA exports of electronic and dental gold and basic jewellery to the US continue to be hampered by a 4% duty that would have been lifted if not for the drug patent row.

Strategic Mineral Corporation, principal US importer of vanadium nitrocarbide, a steel hardening agent, has had to pay about \$1m extra to import the product from SA subsidiary Vameteo and may have to reconsider its SA investment plans.

BUSINESS DAY - JULY 06, 1999



Activists protest outside the US consulate in Johannesburg yesterday against Washington's efforts to derail SA government plans to obtain cheaper AIDS treatment drugs.

Activists demand US changes its stance on drugs

James Eedes

LOCAL AIDS activists descended on the US consulate yesterday to protest that country's "bully-boy tactics" in trying to stop the SA government's plans to source cheaper AIDS treatment drugs such as AZT.

The increase in pressure by activists from the HIV and AIDS Treatment Action Campaign (TAC) follows a long running wrangle between the two countries to prevent SA from manufacturing generic forms of expensive AIDS drugs or importing the drugs from cheaper sources than the US.

In an open letter to US Vice-President Al Gore, which was handed to a consular staff member, the TAC demanded that the US drop its objections to the SA Medicines and Related Substances Act.

No one from the consulate was available for comment as the consulate was closed for a US public holiday.

SA's contentious legislation allows for compulsory licensing — the practice of licensing the manufacture of

generic drugs, despite patent rights being held by another company, if the availability of such drugs is in the national interest of the country.

The act also allows for parallel importing whereby drugs are imported from the cheapest sources.

The TAC says a strong pharmaceutical lobby in the US is pushing for the protection of intellectual property rights, thus urging the US government to threaten trade sanctions if SA goes ahead with plans for cheaper drugs.

However, the TAC argues that there is moral and legal justification for SA's drive for cheaper drugs.

"With 3.5-million HIV-infected cases and between 1 500 and 2 000 new infections each day, SA represents the most explosive country epidemic in the world," says Norma Cornell, a director of the AIDS Consortium, which is part of the TAC. She says cheaper drugs would save lives.

Mark Heywood of the AIDS Law Project says there is also legal justification for the act, saying it does not contravene World Trade Organisation rules.



About six hundred supporters of the HIV-Aids Treatment Action Campaign picketed the American Consulate in Johannesburg against US interference in South Africa's Health Policy.

PICTURE BY CLEMENT LERANYANA

Aids drugs protests

By Khangelani Mhlangane
Health Reporter

A nationwide campaign by Aids organisations to challenge the United States government to allow its support for the provision of cheaper drugs to HIV positive people began in Johannesburg yesterday.

More than 100 supporters from Aids organisations, churches, Bethanys, Sants, Cosatu, the Transport and General Workers Union and gays demonstrated in Johannesburg's US consulate offices.

Other protests took place at the US embassies

in Cape Town and Durban.

The HIV Aids Treatment Action Campaign (TAC) called for an end to the US government's efforts to block access to essential medicines including AZT, needed by people with HIV-Aids. TAC also called for an end to the support that is being given by the US to drug manufacturers who continue to demand huge profits from their drug sales.

At least 30 drug manufacturing companies, allegedly backed by the US government, are challenging the national health minister in the Pretoria High Court over the Medicines and Related Substances Amendment Act which

allows for compulsory licensing and parallel import of HIV-Aids drugs.

Dr Lydia Mhlangane, chairwoman of the HIV-Aids Consortium, said the US government must stop threatening the South African Government with sanctions if the latter wants to manufacture its own drugs or buy them cheaper from countries such as Brazil.

Mr Khangelani Mhlangane, spokesman for Health Minister Manto Tshabalala-Msimang said: "South Africa has no intention of breaking any international law and the US government is fully aware of our position."

"The ball is in the drug companies' court to

demonstrate that they are committed to providing affordable drugs."

TAC demands that the US government:

- tackles the socio-economic problems that put people at great risk of HIV infection.
- offers affordable and effective treatment to people already living with HIV-Aids and
- dramatically steps up the search for an effective vaccine against HIV.

Mr Frederick Kaptein, Labour Attaché at the Johannesburg US Consulate, accepted the demonstration and promised to meet with TAC representatives in two weeks.

© See page 2.

CAPE TIMES 07.06.99

Aids protesters lash US

YAKKED KAMALDIEN

ABOUT 35 protesters, including trade unionists, church representatives and Aids victims, gathered outside the US consulate in Hertzog Boulevard yesterday.

Although the group was small their message was strong.

"Health before profit. US government stop bullying," their posters read. The demonstration, organised by the Treatment Action Campaign (TAC), was to show the United States that they had their Independence Day, so they should respect South Africa's Independence.

TAC was formed on December 10, 1998, when members fasted at a gathering outside St George's Cathedral. A petition, which has gathered 100 000 signatures in support of their plight so far, was also launched.

TAC has since opened branches

in KwaZulu-Natal and Gauteng.

"We want the government to give free AZT treatment to pregnant women," said Anriette Meerkotte, a TAC spokesperson.

The main demand for AZT is from rape victims, some of whom are currently being treated free at Grootte Schuur Hospital.

Pregnant women though, are unable to get the free treatment, which costs R400 a time, but the South African government has launched a pilot project offering free AZT treatment to Aids victims in Khayelitsha.

(Former Health Minister Nkosazana Zuma agreed last year that it's a basic human right to get treatment, but the South African government and drug companies need to consider an affordable price of the treatment for patients," commented Meerkotte.

There are currently 3,5 million

people who are HIV positive in the country and more than 100 000 people die of Aids-related illnesses annually.

In 1997, Parliament passed the Medicines and Related Substances Amendment Act, and clause 15(c) of this act permits the government to authorise the manufacture of low-cost generic versions of high-priced essential medicines patented by major Western drug companies.

In a capitalistic move, the US association for pharmaceutical companies, PHARMA, joined forces with the US government to place trade sanctions on South Africa should the country produce the generic drugs.

"Health should be for people and not for profits," said Meerkotte.

TAC's plight was further highlighted by members of the organisation who protested outside the US consulate in Johannesburg at the same time yesterday.

DIE BURGER 07.06.99

Vigs-aktiviste betoog in Kaap

KAAPSTAD. - 'n Handjie vol lede van die MIV/vigsbehandelingsveldtog (TAC) het gister, onbewus daarvan dat die Amerikaanse konsulaat gesluit is, voor die gebou betoog teen Amerikaanse beperkings op medisyne vir Suid-Afrikaanse lyers wat met die MIV-virus besmet is.

Die konsulaat was gesluit ter viering van Amerika se onafhanklikheidsdag Sondag.

"Die Amerikaanse regering dreig Suid-Afrika met handelaanketes as ons goedkoper medisyne probeer bekom as dié van Amerikaanse maatskappye soos Bristol-Myers Squibb, Glaxo Wellcome en Johnson & Johnson." Iul 'n eisverklaring wat die TAC wou oerhandig.

Die TAC beywer hom onder meer vir die bekostigbare en doeltreffende behandeling vir lyers; gratis beskikbaarstelling van AZT aan swanger lyers; 'n verbeterde gesondheidsdiens; agting en respek vir lyers in hospitale en klinieke en ook die weerhouding van buitelandse inmenging in Suid-Afrikaanse medisynebeleid. - (Hoffie Hoffman)

Translation from *Die Burger* 07.06.99

AIDS ACTIVISTS DEMONSTRATE IN CAPE TOWN

CAPE TOWN. - A handful of members Treatment Action Campaign (TAC), unaware that the American Consulate was closed for the day, demonstrated against American restrictions on medicines for South Africans suffering from HIV/AIDS.

The Consulate was closed yesterday for celebration of American Independence Day on Sunday.

"The Americans threaten us with trade boycotts if we try to obtain cheaper medicines than distributed by the American companies like Bristol-Myers Squibb, Glaxo Wellcome and Johnson & Johnson," according to a document that TAC wanted to hand over.

TAC works amongst other things for the affordable treatment of sufferers; free availability of AZT to pregnant women; an improved health care system; respect for those in hospitals and clinics suffering from the disease and that there should be no foreign interference from abroad on SA medicine policy. - (Hoffie Hoffman).

SUNDAY INDEPENDENT - JULY 04, 1999

Trade dispute with US bedevils anti-Aids fight

Presidential hopeful Gore accused of putting patents before patients

BY ABILE SULCAS

The government's access to cheaper, potentially life-prolonging drugs for HIV-positive people remains blocked by a long-running trade dispute with the United States while growing numbers of South Africa's HIV-positive population of 3.5 million are dying.

The dispute, which has become the object of protests dogging vice-president Al Gore's presidential campaign over the past two weeks, concerns a section of South Africa's new health legislation.

Section 15(c) of the Medicines and Related Substances Control Amendment Act of 1997 would enable the department of health to get drugs more cheaply than from the licensor by manufacturing them here or importing them from a country where the manufacturer prices them more cheaply in the case of a public health emergency.

This is known as "compulsory licensing" and "parallel importing".

Cheaper access to anti-retroviral drugs such as zidovudine (AZT) would help prolong the lives of HIV-positive South Africans.

The government has said it cannot afford AZT even at the 75 percent reduction on the world price offered by patent-holder Glaxo-Wellcome.

AZT has been proven to reduce mother-to-child transmission of the Aids virus by up to 50 percent. It might also help reduce the growing burden on public hospitals. Some doctors say a majority of their beds are already filled with patients suffering from Aids-related illnesses.

A consortium of over 40 international drug companies is suing the

South African government on the basis that the legislation, which they say is vaguely worded, could be used to violate their patent rights.

The case is expected to be heard in the constitutional court later this year and until then the law cannot be enacted.

Dr Ian Roberts, a special adviser to the minister of health, calls the act "one of the checks and balances to the abuse of the power that a patent gives an individual or a company". He says the passing of the act was "a necessary part of the transformation of South Africa to a democratic state".

"Patents effectively create a monopoly," Roberts says, "and that's okay, providing they're not abused."

"We are very upset that some people are saying parallel importing [and compulsory licensing] is illegal, and it's not," says Dr Clarence Mnisi, an Aids activist and former chairman of the National Aids Convention of South Africa. "The only thing we're interested in is that the government has got to offer treatment to patients."

Gore, anxious to protect the rights - and profits, opponents say - of US pharmaceutical companies has stated that section 15(c)'s "broad, but unspecified authority to provide more affordable drugs to [South Africa's] people" is being opposed on the basis of protecting intellectual property rights.

Gore said he supported efforts to "enhance health-care" for South Africans, "including efforts to engage in compulsory licensing and parallel importation ... so long as they are done in a way consistent with international agreements".

"I don't think the dispute is about intellectual property at all," Roberts said. "I think it's about us wanting to change the marketplace for pharmaceutical products."

The US government's greater fear analysts say extends beyond the pharmaceutical arena.

"They're frightened of the principle of compulsory licensing regarding things besides drugs", says Tim France of *Fondation du Present*, a Geneva-based Aids-activist organisation.

According to US media reports, some US government officials have suggested that section 15(c) specify that its provisions apply only to Aids drugs, while others want it eradicated altogether.

Roberts said the way the South African government has structured its parallel importing policy is "very specific".

"The position of the government of South Africa has always been very clear: we will not abrogate patents but we'll do what's necessary to ensure we get affordable medicines," Roberts said.

● About 9 percent of South Africa's total population (3.5 million out of 38 million) is infected with HIV, with much higher infection rates in certain parts such as KwaZulu-Natal. A recent Medical Research Council study shows an HIV-positive rate of around 35 percent to 40 percent among antenatal clinic attendees in KwaZulu-Natal.

The Aids Treatment Action Campaign will hold a public protest on the AZT issue in Johannesburg tomorrow between 12.30 and 2pm at the US consulate, opposite Kijikonye mall.

- Mbeki's vision of African Renaissance
- SADC - initiative to take more active role in regional affairs
 - Lesotho
 - DRDC

- Pharma issues
 - restrictive language
 - linear EPC

- VNGA: ~~NAM~~ South Africa's vision of UNSC ~~is their leadership~~ of NAM
- Angola conflict

USIS

facsimile transmittal

To: Tom Rosshirt

Fax: (202) 456-9500, (202) 456-2685,
(202) 237-1684

From: Dick Custin, Asst. Information Officer Date: 07/06/99

Re: AIDS protest articles, letter from TAC Pages: 12

Urgent For Review Please Comment Please Reply Please Recycle

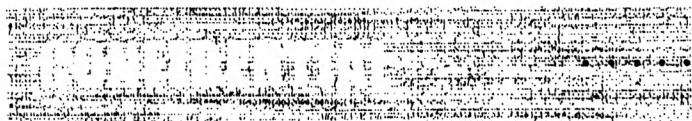
Tom:

Here are the articles covering yesterday's protests at the consulates in Johannesburg and Cape Town. In addition, there was similar coverage on the nationwide radio network SAFM (operated by the South African Broadcasting Corporation) and on SABC TV newscasts.

I am also including a copy of the letter handed over to Labor Attache Fred Kaplan at yesterday's demonstration in Johannesburg.

Let me know if you have any questions or comments. Thanks.

*File
AIDS*





About six hundred supporters of the HIV-Aids Treatment Action Campaign picket the American Consulate in Johannesburg against US Interference In South Africa's Health Policy.

PICTURE BY CLEMENT LEKANYANA

Aids drugs protests

By Bhungani Mzolo
Health Reporter

A NATIONWIDE campaign by Aids organisations to challenge the United States government to show its support for the provision of cheaper drugs to HIV positive people began in Johannesburg yesterday.

More than 600 supporters from Aids organisations, churches, Nchawu, Sadu, Cosatu, the Transport and General Workers Union and gays demonstrated at Killarney's US consulate offices.

Other protests took place at the US embassies

in Cape Town and Durban.

The HIV-Aids Treatment Action Campaign (TAC) called for an end to the US government's efforts to block access to essential medicines including AZT, needed by people with HIV-Aids.

TAC also called for an end to the support that is being given by the US to drug manufacturers who continue to demand huge profits from their drug sales.

At least 40 drug manufacturing companies, allegedly backed by the US government, are challenging the national health minister in the Pretoria High Court over the Medicines and Related Substances Amendment Act which

allows for compulsory licensing and parallel import of HIV-Aids drugs.

Dr Lydia Maximola, chairwoman of the HIV-Aids Consortium, said the US government must stop threatening the South African Government with sanctions if the latter wants to manufacture its own drugs or buy them cheaper from countries such as Brazil.

Mr Khangelani Hlongwane, spokesman for Health Minister Manto Tshabalala-Msimang said: "South Africa has no intention of breaking any international law and the US government is fully aware of our position."

"The ball is in the drug companies' court to

demonstrate that they are committed to providing affordable drugs."

TAC demands that the US government:

- tackles the socio-economic problems that put people at great risk of HIV infection.
- offers affordable and effective treatment to people already living with HIV-Aids and
- dramatically steps up the search for an effective vaccine against HIV.

Mr Frederick Kaplan, Labour Attache at the Johannesburg US Consulate, accepted the memorandum and promised to meet with TAC representatives in two weeks.

● See page 9.

BUSINESS DAY - JULY 06, 1999



Activists protest outside the US consulate in Johannesburg yesterday against Washington's efforts to derail SA government plans to obtain cheaper AIDS treatment drugs. Picture: ROBERT BOTHA

Activists demand US changes its stance on drugs

James Eedes

LOCAL AIDS activists descended on the US consulate yesterday to protest that country's "bullyboy tactics" in trying to stop the SA government's plans to source cheaper AIDS treatment drugs such as AZT.

The increase in pressure by activists from the HIV and AIDS Treatment Action Campaign (TAC) follows a long running wrangle between the two countries to prevent SA from manufacturing generic forms of expensive AIDS drugs or importing the drugs from cheaper sources than the US.

In an open letter to US Vice-President Al Gore, which was handed to a consular staff member, the TAC demanded that the US drop its objections to the SA Medicines and Related Substances Act.

No one from the consulate was available for comment as the consulate was closed for a US public holiday.

SA's contentious legislation allows for compulsory licensing — the practice of licensing the manufacture of

generic drugs, despite patent rights being held by another company, if the availability of such drugs is in the national interest of the country.

The act also allows for parallel importing whereby drugs are imported from the cheapest source.

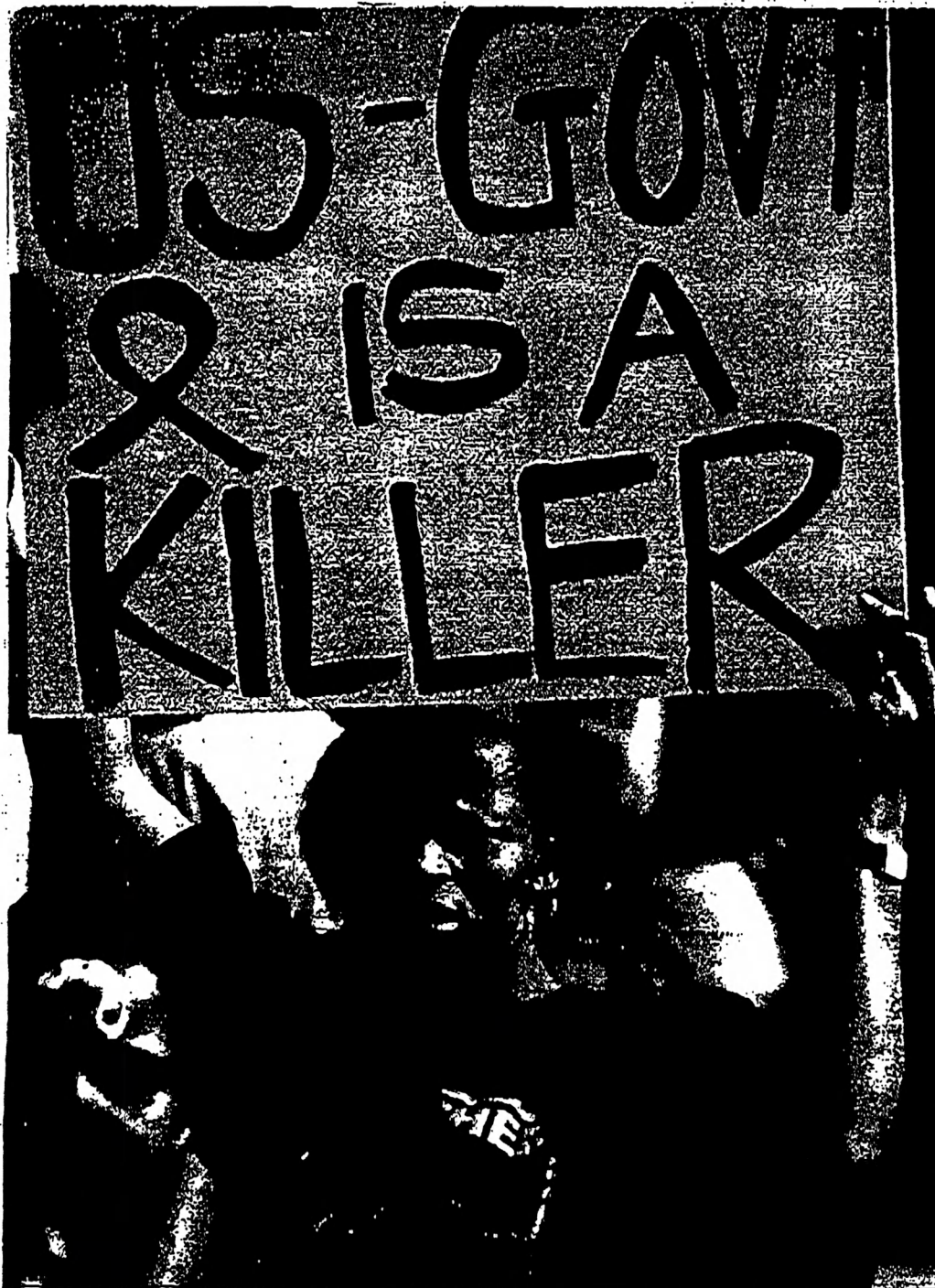
The TAC says a strong pharmaceuticals lobby in the US is pushing for the protection of intellectual property rights. It is urging the US government to threaten trade sanctions if SA goes ahead with plans for cheaper drugs.

However, the TAC argues that there is moral and legal justification for SA's drive for cheaper drugs.

"With 3,5-million HIV-infected cases and between 1 500 and 2 000 new infections each day, SA represents the most explosive country epidemic in the world," says Morna Cornell, a director of the AIDS Consortium which is part of the TAC. She says cheaper drugs would save lives.

Mark Heywood of the AIDS Law Project says there is also legal justification for the act, saying it does not contravene World Trade Organisation rules.

THE MERCURY - JULY 06, 1999



A demonstrator protests outside the U.S. Consulate in Johannesburg yesterday against that country's 'bully-boy tactics' in trying to stop SA's plans to source cheaper Aids treatment drugs. The increase in pressure by activists from the HIV and Aids Treatment Action Campaign (TAC) follows a long-running wrangle between the two countries to prevent SA from manufacturing generic forms of expensive Aids drugs or importing the drugs from cheaper sources. In a letter which was handed to a consular staff member, the TAC demands the U.S. drop its objections to the SA Medicines and Related Substances Act. TAC says a strong pharmaceuticals lobby in the U.S. is pushing for the protection of intellectual property rights and is urging the U.S. government to threaten trade sanctions. However, TAC argues it has a moral and legal case.

DIE BURGER 07.06.99

Vigs-aktiviste betoog in Kaap

KAAPSTAD. - 'n Handjie vol lede van die MIV/vigsbehandelingsveldtog (TAC) het gister, onbewus daarvan dat die Amerikaanse konsulaat gesluit is, voor dié gebou betoog teen Amerikaanse beperkings op medisyne vir Suid-Afrikaanse lyers wat met die MI-virus besmet is.

Dié konsulaat was gesluit ter viering van Amerikaanse onafhanklikheidsdag Sondag.

"Die Amerikaanse regering dreig Suid-Afrika met handelsanksies as ons goedkoper medisyne probeer bekom as dié van Amerikaanse maatskappye soos Bristol-Myers Squibb, Glaxo Welcome en Johnson & Johnson," lui 'n eisverklaring wat die TAC wou oorhandig.

Die TAC beywer hom onder meer vir die bekostigbare en doeltreffende behandeling vir lyers; gratis beskikbaarstelling van AZT aan swanger lyers; 'n verbeterde gesondheidstelsel; agting en respek vir lyers in hospitale en klinieke en ook die weerhouding van buitelandse inmenging in Suid-Afrikaanse medisynebeleid. - (Hoffie Hoffman)

Translation from *Die Burger* 07.06.99

AIDS ACTIVISTS DEMONSTRATE IN CAPE TOWN

CAPE TOWN. - A handful of members Treatment Action Campaign (TAC), unaware that the American Consulate was closed for the day, demonstrated against American restrictions on medicines for South Africans suffering from HIV/AIDS.

The Consulate was closed yesterday for celebration of American Independence Day on Sunday.

"The Americans threaten us with trade boycotts if we try to obtain cheaper medicines than distributed by the American companies like Bristol-Myers Squibb, Glaxo Welcome and Johnson & Johnson," according to a document that TAC wanted to hand over.

TAC works amongst other things for the affordable treatment of sufferers; free availability of AZT to pregnant women; an improved health care system; respect for those in hospitals and clinics suffering from the disease and that there should be no foreign interference from abroad on SA medicine policy. - (Hoffie Hoffman).

CAPE TIMES 07.06.99

Aids protesters lash US

YAZEED KAMALDIEN

ABOUT 35 protesters, including trade unionists, church representatives and Aids victims, gathered outside the US consulate in Hertzog Boulevard yesterday.

Although the group was small their message was strong.

"Health before profit. US government stop bullying," their posters read. The demonstration, organised by the Treatment Action Campaign (TAC), was to show the United States "that they had their Independence Day, so they should respect South Africa's independence".

TAC was formed on December 10, 1998, when members fasted at a gathering outside St George's Cathedral. A petition, which has gathered 100 000 signatures in support of their plight so far, was also launched.

TAC has since opened branches

in KwaZulu-Natal and Gauteng.

"We want the government to give free AZT treatment to pregnant women," said Anriek Meerkotter, a TAC spokesperson.

The main demand for AZT is from rape victims, some of whom are currently being treated free at Groote Schuur Hospital.

Pregnant women though, are unable to get the free treatment, which costs R400 a time, but the South African government has launched a pilot project offering free AZT treatment to Aids victims in Khayelitsha.

"(Former Health Minister Nkosazana) Zuma agreed last year that it's a basic human right to get treatment, but the South African government and drug companies need to consider an affordable price of the treatment for patients," commented Meerkotter.

There are currently 3,5 million

people who are HIV positive in the country and more than 100 000 people die of Aids-related illnesses annually.

In 1997, Parliament passed the Medicines and Related Substances Amendment Act, and clause 15(c) of this act permits the government to authorise the manufacture of low-cost generic versions of high-priced essential medicines patented by major Western drug companies.

In a capitalistic move, the US association for pharmaceutical companies, PHARMA, joined forces with the US government to place trade sanctions on South Africa should the country produce the generic drugs.

"Health should be for people and not for profits," said Meerkotter.

TAC's plight was further highlighted by members of the organisation who protested outside the US consulate in Johannesburg at the same time yesterday.

SUNDAY INDEPENDENT - JULY 04, 1999

Trade dispute with US bedevils anti-Aids fight

Presidential hopeful Gore accused of putting patents before patients

BY ADELE SULCAS

The government's access to cheaper, potentially life-prolonging drugs for HIV-positive people remains blocked by a long-running trade dispute with the United States while growing numbers of South Africa's HIV-positive population of 3,5 million are dying.

The dispute, which has become the object of protests dogging vice-president Al Gore's presidential campaign over the past two weeks, concerns a section of South Africa's new health legislation.

Section 15(c) of the Medicines and Related Substances Control Amendment Act of 1997 would enable the department of health to get drugs more cheaply than from the licensor by manufacturing them here or importing them from a country where the manufacturer prices them more cheaply, in the case of a public health emergency.

This is known as "compulsory licensing" and "parallel importing".

Cheaper access to anti-retroviral drugs such as zidovudine (AZT) would help prolong the lives of HIV-positive South Africans.

The government has said it cannot afford AZT even at the 75 percent reduction on the world price offered by patent-holder Glaxo-Wellcome.

AZT has been proven to reduce mother-to-child transmission of the Aids virus by up to 50 percent. It might also help reduce the growing burden on public hospitals. Some doctors say a majority of their beds are already filled with patients suffering from Aids-related illnesses.

A consortium of over 40 international drug companies is suing the

South African government on the basis that the legislation, which they say is vaguely worded, could be used to violate their patent rights.

The case is expected to be heard in the constitutional court later this year and until then the law cannot be enacted.

Dr Ian Roberts, a special adviser to the minister of health, calls the act "one of the checks and balances to the abuse of the power that a patent gives an individual or a company". He says the passing of the act was "a necessary part of the transformation of South Africa to a democratic state".

"Patents effectively create a monopoly," Roberts says, "and that's okay, providing they're not abused."

"We are very upset that some people are saying parallel importing [and compulsory licensing] is illegal, and it's not," says Dr Clarence Mnisi, an Aids activist and former chairman of the National Aids Convention of South Africa. "The only thing we're interested in is that the government has got to offer treatment to patients."

Gore, anxious to protect the rights - and profits, opponents say - of US pharmaceutical companies has stated that section 15(c)'s "broad, but unspecified authority to provide more affordable drugs to [South Africa's] people" is being opposed on the basis of protecting intellectual property rights.

Gore said he supported efforts to "enhance health-care" for South Africans, "including efforts to engage in compulsory licensing and parallel importation ... so long as they are done in a way consistent with international agreements".

"I don't think the dispute is about intellectual property at all," Roberts said. "I think it's about us wanting to change the marketplace for pharmaceutical products."

The US government's greater fear, analysts say, extends beyond the pharmaceutical arena.

"They're frightened of the principle of compulsory licensing regarding things besides drugs", says Tim France of *Fondation du Présent*, a Geneva-based Aids-activist organisation.

According to US media reports, some US government officials have suggested that section 15(c) specify that its provisions apply only to Aids drugs, while others want it eradicated altogether.

Roberts said the way the South African government has structured its parallel importing policy is "very specific".

"The position of the government of South Africa has always been very clear: we will not abrogate patents but we'll do what's necessary to ensure we get affordable medicines," Roberts said.

● About 9 percent of South Africa's total population (3,6 million out of 38 million) is infected with HIV, with much higher infection rates in certain parts such as KwaZulu-Natal. A recent Medical Research Council study shows an HIV-positive rate of around 35 percent to 40 percent among antenatal clinic attendees in KwaZulu-Natal.

The Aids Treatment Action Campaign will hold a public protest on the AZT issue in Johannesburg tomorrow between 12.30 and 2pm at the US consulate, opposite Killarney mall.

BUSINESS DAY - JULY 05, 1999

US presses for clarity on intellectual property

Simon Barber

WASHINGTON — The US government has released several hostages it took last year to press Pretoria to clarify that it will not use a vaguely worded clause of its medicines law to violate its obligations under the World Trade Organisation agreement on trade-related intellectual property.

The concessions include waiving duties on certain vanadium compounds, a food preservative and satellites like Sunsat, the Stellenbosch University project launched by Boeing from Vandenberg airforce base in California in February.

A year ago US Trade Representative Charlene Barshefsky said that SA vanadium oxide, vanadates and tertiary butylhydroquinone, an oxidant that stops fats from turning rancid, would be exempt from duties under the US generalised system of preferences.

In the same breath, however, Barshefsky withheld the benefits and others until the SA government made "substantial progress" on resolving US concerns about the SA medicines and related substances act, even though the offending language was, and remains, unimplemented pending the outcome of a court challenge.

The benefits Barshefsky has now decided to release, according to a document prepared by her office, were granted under a "de minimis" waiver; that is, the value of goods shipped is so small that even though the products are not on the list of products automatically qualifying for generalised system of preferences treatment, they are eligible to receive it nonetheless.

The generalised system of preferences system is a programme operated in various forms by developed countries to encourage the nonthreatening exports of developing ones.

The concessions come as Vice-President Al Gore is being pilloried by US AIDS

activists as a stooge of the pharmaceutical industry. According to his attackers, he is denying South Africans access to affordable AIDS treatment by insisting that the SA medicines act be consistent with the agreement on intellectual property.

SA shipped vanadium oxides worth \$11m to the US last year, garnering a 99.7% share of US imports, even though importers had to pay an 11.8% duty. SA vanadates worth \$647 000, dutied at 8.9%, accounted for 62% of US imports.

As for the food additive, found to reduce heart enlargement in copper deficient rats, the US obtained amounts of tyhe chemical worth \$132 000 from SA, 57% of its imports, and charged a 5.8% tariff.

Not only has Barshefsky relented on these items, she has agreed to extend generalised system of preferences treatment, not previously sought or given, to SA spacecraft. The value of the benefit is questionable. Last year, when Sunsat was delivered to the US for launch with a customs value of \$328 000, the duty on such items was 0.7%. Now it is zero.

Meanwhile, Barshefsky continues to hold hostages. She is refusing to implement duty waivers she granted under the generalised system of preferences last year to SA unwrought and semimanufactured gold, vanadium nitrocarbide and articulated dump trucks used in mining.

It is too late for Bell Equipment, maker of the dump trucks in question, to gain any advantage. The US tariff on its products has fallen to zero. SA exports of electronic and dental gold and basic jewellery to the US continue to be hampered by a 4% duty that would have been lifted if not for the drug patent row.

Strategic Mineral Corporation, principal US importer of vanadium nitrocarbide, a steel hardening agent, has had to pay about \$1m extra to import the product from SA subsidiary Vametco and may have to reconsider its SA investment plans.

via Fax

(011) 646-6914 fax
(011) 646-6900, ext. 102 phone
kaplanfj@state.gov



THE UNITED STATES OF AMERICA
CONSULATE GENERAL
P O BOX 1762, HOUGHTON 2041
JOHANNESBURG, SOUTH AFRICA

from: Frederick Kaplan, Labor Attaché *AK*

JULY 6, 1999

to: Dick Custin
Ann Berry/Atim Ogunba
Caroline Connelly
Rich Kligenmaier

fax number: 012 342-2092
012 342-6163
012 328-4412
012 342-7086

subject: *Draft Cable on HIV/AIDS Drugs Protest*

number of pages including cover: 4

Attached is a draft cable on yesterday's demonstration for clearance. Please let me know about any special tags, routing, captions, etc. so it goes to the right people.

Ann - I didn't put in an action request for guidance on your upcoming meeting with the TAC since you are already meeting with them today. If you think something along those lines needs to be added, please pencil it in, and I will make the necessary changes. Perhaps you want a sentence or two noting that you are meeting with the TAC today. -- Fred

UNCLASSIFIED
PROG 07/06/1999
CG:SFPATRICK
LAB:FKAPLAN
POL:VZWANE

AMCONSUL JOHANNESBURG
SECSTATE WASHDC - IMMEDIATE
INFO AMEMBASSY PRETORIA
AMCONSUL CAPE TOWN
AMCONSUL DURBAN

STATE FOR AF/S, AF/RA, DRL/IL

E.O. 12958: N/A
TAGS: SOCI, ASEC, SF
SUBJECT: DEMONSTRATION AGAINST U.S. PHARMACEUTICALS
POLICY AS IT AFFECTS SOUTH AFRICAN HIV/AIDS PATIENTS

SUMMARY

1. ABOUT 200 PEOPLE PARTICIPATED IN A DEMONSTRATION JULY 5 IN FRONT OF THE U.S. CONSULATE GENERAL IN JOHANNESBURG TO PROTEST WHAT THEY CLAIMED WAS U.S. PRESSURE TO STOP THE SAG FROM USING COMPULSORY LICENSING AND PARALLEL IMPORTS WITH RESPECT TO HIV/AIDS DRUGS. THE PROTEST ORGANIZERS -- CALLED THE HIV/AIDS TREATMENT ACTION CAMPAIGN (TAC) -- HANDED OVER AN OPEN LETTER ADDRESSED TO VICE PRESIDENT GORE DEMANDING THAT THE USG MEET WITH THE TAC AND SUPPORT THE SAG'S EFFORTS TO ACCESS CHEAPER DRUGS FOR THE TREATMENT OF AIDS. END SUMMARY.

PEACEFUL DEMONSTRATION

2. THE HIV/AIDS TREATMENT ACTION CAMPAIGN (TAC) ADVISED U.S. CONSULATE GENERAL JOHANNESBURG ON JUNE 28 THAT IT WAS PLANNING A DEMONSTRATION IN FRONT OF THE CONSULATE FOR JULY 5 AND WOULD THEN TURN OVER A MEMORANDUM TO A CONSULATE REPRESENTATIVE AT THAT TIME. THE SOUTH AFRICAN COUNCIL OF CHURCHES, THE CONGRESS OF SOUTH AFRICAN TRADE UNIONS (COSATU), THE AIDS LAW PROJECT, THE NATIONAL COALITION FOR GAY AND LESBIAN EQUALITY, AND THE AIDS CONSORTIUM SUPPORT THE TAC. AFTER BEING ASSURED THAT THE TAC WAS ACQUIRING THE PROPER PERMIT AND COOPERATING WITH THE POLICE, WE AGREED THAT A CONSULATE OFFICER WOULD BE PRESENT TO RECEIVE ANY DOCUMENTS THEY WISHED TO HAND OVER.

3. DEMONSTRATORS BEGAN TO GATHER IN FRONT OF THE CONSULATE AT ABOUT NOON JULY 5, AND BY 1:00 P.M. THERE

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WERE ABOUT 200 OF THEM. THE POLICE CLOSED OFF THE STREET WHILE THE DEMONSTRATION, WHICH INCLUDED SONGS, SPEECHES, AND SIREN SOUNDS, PROCEEDED. PLACARDS HELD UP BY DEMONSTRATORS READ, "STOP U.S. BULLIES" AND "AN END TO U.S. INTERFERENCE IN SOUTH AFRICAN HEALTH POLICY." AT 1:30 P.M. A CONSULATE OFFICER STEPPED OUTSIDE THE GATE TO MEET THE LEADERS AND RECEIVE THEIR MEMORANDUM. TAC REGIONAL COORDINATOR MAZIBUKO JARA AND GAUTENG COORDINATOR SHARON EKAMBARAM ASKED TO MEET WITH APPROPRIATE USG OFFICIALS TO DISCUSS THE ISSUE OF ACCESS TO CHEAPER HIV/AIDS DRUGS. WE PROVIDED THE NAMES OF EMBASSY CONTACTS. AN ANGLICAN PRIEST GAVE THE CONSULATE OFFICER A SEPARATE STATEMENT SIGNED BY THE ANGLICAN BISHOP OF JOHANNESBURG DUNCAN BUCHANAN. THE DEMONSTRATION WAS PEACEFUL AND ORDERLY.

OPEN LETTER TO VICE PRESIDENT GORE

4. THE OPEN LETTER TO VICE PRESIDENT GORE, SIGNED BY JARA ON BEHALF OF THE TAC, CLAIMS THAT VICE PRESIDENT GORE AUTHORIZED "A WIDE RANGE OF TRADE PRESSURES" AGAINST SOUTH AFRICA TO STOP THE SAG FROM USING COMPULSORY LICENSING AND PARALLEL IMPORTS WITH RESPECT TO HIV/AIDS DRUGS. THE LETTER GOES ON TO SAY: "THE APRIL 30, 1999 ANNOUNCEMENT OF A SPECIAL 301 OUT-OF-CYCLE REVIEW OF TRADE PRESSURES AGAINST SOUTH AFRICA IGNORED ALL INFORMATION THAT HAS BEEN PROVIDED TO YOUR OFFICE BY U.S. PUBLIC HEALTH GROUPS AND PEOPLE CONCERNED ABOUT THE AIDS EPIDEMIC IN AFRICA." LATER IT SAYS: "THE U.S. GOVERNMENT APPEARS TO BE AGGRESSIVELY SEEKING THE REPEAL OF LEGISLATION IN SOUTH AFRICA THAT WOULD PERMIT US TO USE PARALLEL IMPORTS TO BUY DRUGS AT THE BEST WORLD PRICE. YOUR ACTIONS APPEAR TO BE PROTECTING PHARMACEUTICAL COMPANIES FROM GLOBAL COMPETITION - AT THE EXPENSE OF OUR LIVES."

5. THE LETTER CONTAINS A NUMBER OF QUESTIONS SUCH AS: "IF THE ACT DOES NOT VIOLATE WTO RULES, WILL THE U.S. GOVERNMENT SUPPORT THE SOUTH AFRICAN GOVERNMENT'S ATTEMPTS TO INTRODUCE COMPULSORY LICENSING AND PARALLEL IMPORTS IN RESPECT OF HIV/AIDS DRUGS?"

6. THE TAC IN ITS LETTER CALLS ON THE USG BY JULY 31 TO MEET WITH THE TAC, PUBLICLY ANSWER ALL QUESTIONS PUT TO IT BY THE TAC, AND PUBLICLY "WITHDRAW ITS OPPOSITION" TO THE SOUTH AFRICAN MEDICINES ACT. FINALLY, THE TAC STATES: "IF WE DO NOT GET SATISFACTORY RESPONSES TO ALL OF THE ABOVE, THE TAC WILL CONTINUE TO ORGANIZE PROTESTS OUTSIDE THE U.S. EMBASSY IN SOUTH AFRICA. WE WILL ALSO ISSUE A CALL FOR CONCERNED CITIZENS IN THE UNITED STATES

UNCLASSIFIED

UNCLASSIFIED

3

TO RAISE THIS ISSUE WITH YOU AND YOUR GOVERNMENT AS LOUDLY AND AS URGENTLY AS POSSIBLE."

STATEMENT OF THE ANGLICAN BISHOP OF JOHANNESBURG

7. BISHOP BUCHANAN NOTES THAT IN LIGHT OF A SITUATION WHICH "MILLIONS OF LIVES ARE BEING LOST AS A RESULT OF NON-AFFORDABILITY OF MEDICATION" AND IN WHICH "THE PRICE OF LIFE-SAVING MEDICATION IS KEPT ARTIFICIALLY HIGH", THE CHURCH MUST RAISE ITS VOICE IN PROTEST. HE CONCLUDES: "I LEND BY SUPPORT TO THE TREATMENT ACTION CAMPAIGN IN THEIR CALL TO THE GOVERNMENT OF THE UNITED STATES OF AMERICA TO STOP RESISTING OUR SOUTH AFRICAN GOVERNMENT FROM PRODUCING OR IMPORTING CHEAPER DRUGS TO SAVE THE LIVES OF OUR PEOPLE."

8. THE PRIEST WHO HANDED THE CONSULATE OFFICER THE SIGNED STATEMENT SAID THAT THE SOUTH AFRICAN ANGLICANS WERE COORDINATING THEIR PROTEST WITH AMERICAN EPISCOPALIANS.

9. COPIES OF THE FOUR-PAGE OPEN LETTER TO VICE PRESIDENT GORE AND THE ONE-PAGE STATEMENT OF THE ANGLICAN BISHOP OF JOHANNESBURG HAVE BEEN SENT BY FAX TO OVP, USTR, AND AF/S.

PATRICK##

UNCLASSIFIED

Battenfield, Pat A. (AF)

From: Smith, Gayle E. (AF)
Sent: Thursday, July 15, 1999 4:55 PM
To: @NSA - Natl Security Advisor
Cc: @AFRICA - African Affairs; Bernard, Kenneth W. (HEALTH); @NESASIA - NE/South Asia;
@ASIA - Asian Affairs
Subject: FW: SRB-AIDS in Africa Initiative ~~(CONFIDENTIAL)~~

Mona -- Do not believe this is a controversial issue and given NESA and ASIA views, may be more of an FYI -- but would like to make sure we can pass an NSC OK on to Sandy Thurman. Thks, GS

For Sandy on AIDS Initiative

From Gayle and Ken

@NESA and @ASIA concurrence.

As we updated you earlier in the week, WH is considering including India and Cambodia in AIDS Initiative, which will be announced by the VP on Monday. Following are positive responses from NESA and ASIA which we would like to pass on to Sandy Thurman, assuming you concur.

- **India:** Incorporating India into the legislative package will increase the impact of the program by demonstrating that the administration is looking ahead to working with the country that will probably have the largest number of AIDS cases in the world in the coming years. It will attract the attention and support of the sizable India caucus on Capitol Hill. And it will set the stage for a cooperative Indo-U.S. effort that could be highlighted when the President travels to India in the year ahead. It will tie in well with the long-standing cooperation in health research between NIH and Indian scientists and give new impetus and prominence to an AID program in India that has been dwindling in recent years and was hit by nonproliferation sanctions a year ago. Cooperation on AIDS is one effective channel through which to begin re-engaging with India prior to a Presidential visit. We recommend including India in a high-end option initiative.
- **Cambodia:** We recommend that Cambodia be included in the President's initiative to combat AIDS, if the high end option is pursued and prospective funding is available. The HIV infection rate in Cambodia is high and growing at an alarming rate -- the highest in East Asia, and Cambodia has few resources of its own to fight the problem. Life expectancy in Cambodia is under 50 years, comparable to many of the African countries that are to be the beneficiaries of the President's initiative. We believe (and Legislative Affairs concurs) that we could enlist support on the Hill provided the assistance flows through Cambodian NGOs rather than the Hun Sen government.

The Vice President will announce the initiative on Monday, and OMB is putting the finishing touches on a \$100 million package. Do you want to include India and Cambodia in that announcement?

DECLASSIFIED E.O. 13526

White House Guidelines,

~~September 11, 2000~~ 5/16/2017

By *JK* NARA, Date 7/16/2018

207-0739-M

- Yes, include India
- Yes, include Cambodia
- No, make the announcement only Africa
- Let's discuss

Battenfield, Pat A. (AF)

KBH 8/19/2022

From: Smith, Gayle E. (AF)
Sent: Thursday, July 15, 1999 7:37 AM
To: Battenfield, Pat A. (AF)
Subject: FW: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative [CONFIDENTIAL]

Pat - can you put this and the one yesterday from Arzivu or however you spell that in Asia, on Cambodia (same subject hearing) into one email and send back to me, thanks

-----Original Message-----

From: Camp, Donald A. (NESA)
Sent: Wednesday, July 14, 1999 5:03 PM
To: Smith, Gayle E. (AF)
Cc: @NESASIA - NE/South Asia; @HEALTH - International Health Affairs; @ASIA - Asian Affairs; @AFRICA - African Affairs; @LEGISLAT - Legislative Affairs
Subject: RE: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative [CONFIDENTIAL]

Here's the India justification for your memo to SRB and then Podesta:

Incorporating India into the legislative package will increase the impact of the program by demonstrating that the administration is looking ahead to working with the country that will probably have the largest number of AIDS cases in the world in the coming years. It will attract the attention and support of the sizable India caucus on Capitol Hill. And it will set the stage for a cooperative Indo-U.S. effort that could be highlighted when the President travels to India in the year ahead. It will tie in well with the long-standing cooperation in health research between NIH and Indian scientists and give new impetus and prominence to an AID program in India that has been dwindling in recent years and was hit by nonproliferation sanctions a year ago. Cooperation on AIDS is one effective channel through which to begin re-engaging with India prior to a Presidential visit.

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From: Smith, Gayle E. (AF)
Sent: Tuesday, July 13, 1999 8:04 PM
To: Arzivu, Alexander A. (ASIA); @ASIA - Asian Affairs; @NESASIA - NE/South Asia
Cc: Bernard, Kenneth W. (HEALTH); @AFRICA - African Affairs; @LEGISLAT - Legislative Affairs
Subject: RE: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative [CONFIDENTIAL]

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From: Arzivu, Alexander A. (ASIA)
Sent: Tuesday, July 13, 1999 7:50 PM
To: Smith, Gayle E. (AF); @ASIA - Asian Affairs; @NESASIA - NE/South Asia
Cc: Bernard, Kenneth W. (HEALTH); @AFRICA - African Affairs; @LEGISLAT - Legislative Affairs
Subject: RE: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative [CONFIDENTIAL]

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Alex

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Gayle/Ken:

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Importance: High

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Thanks, GS

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Cc: @AFRICA - African Affairs; Bernard, Kenneth W. (HEALTH); Rudman, Mara E. (CNSLR)
Subject: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative [CONFIDENTIAL]

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- Increased U.S. resources in 2000 and 2001;
- leveraging additional resources from other donors (such as the UK and Nordics);
- engaging corporate investors in Africa, foundations, the World Bank etc., including through a FLOTUS event in September;
- a possible VP meeting with African leaders at UNGA;
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- increased DOD investment in HIV/AIDS prevention among African militaries.

Jack Lew presented three options: low (50m), middle (75m) and high (100m) aimed at reducing the infection rate by 25%. (NAACP, CBC and domestic AIDS activists have called on the administration to commit an additional \$100m to fight the global AIDS epidemic). In each case, "new" money would come from outside of the 150 account, i.e. from HHS offsets and other sources not currently allocated for Africa or health related assistance activities. Shalala is reportedly enthusiastic and willing. USAID would also reshuffle existing Africa and global resources to invest more in AIDS prevention. Lew believes that DoD will commit an additional \$10m, and that we might be able to generate some of the proposed resources by de-obligating and re-obligating unspent AID resources from FY99.

Leon made a strong pitch -- as did Ben Johnson -- that we need to find additional new money, as reshuffling existing Africa resources within USAID will be seen as only that, and added that the VP is prepared to "break eggs" to find non-Africa resources if need be. Lew said that USAID will resist the high option on the grounds that it is already stretched too thin.

Lew/Thurman noted that if we go with the high option, the Initiative could include India and Cambodia. *This is a new proposal.* Thurman supports India/Cambodia under the high end option, presented as investing in the future, i.e. making the primary investment in Africa, where the rate of infection is now highest, while beginning to invest in India, where the infection rate will surpass that of Africa in the next decade (though the overall percentage of the population infected will remain highest in Africa).

OMB is going back to work the numbers and see if there are AID funds that can be de-obligated, and will then present a final recommendation to Podesta. Thurman will then prepare a final memo for POTUS, including both the additional funding and the other recommendations, which we will review and forward to you. It has not yet been decided whether the Initiative will be announced by POTUS or VPOTUS.

Action: We're sending this summary to ASIA and NESA so that they can weigh in on India/Cambodia, and we can then provide an NSC position. Please let us know if you have questions/concerns that you

want addressed.

Battenfield, Pat A. (AF)

From: Battenfield, Pat A. (AF)
Sent: Thursday, July 15, 1999 10:18 AM
To: Smith, Gayle E. (AF)
Subject: POTUS-AIDS in Africa Initiative [UNCLASSIFIED]

from Donald Camp (NESA)

Here's the India justification for your memo to SRB and then Podesta:

Incorporating India into the legislative package will increase the impact of the program by demonstrating that the administration is looking ahead to working with the country that will probably have the largest number of AIDS cases in the world in the coming years. It will attract the attention and support of the sizable India caucus on Capitol Hill. And it will set the stage for a cooperative Indo-U.S. effort that could be highlighted when the President travels to India in the year ahead. It will tie in well with the long-standing cooperation in health research between NIH and Indian scientists and give new impetus and prominence to an AID program in India that has been dwindling in recent years and was hit by nonproliferation sanctions a year ago. Cooperation on AIDS is one effective channel through which to begin re-engaging with India prior to a Presidential visit.

from Alex Arvizu (ASIA)

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from Dan Shapiro (Legislat)

Very late response, perhaps too late to be useful. Sorry. In response to Alex's question, my sense is that an increased HIV/AIDS initiative for Cambodia could be sold (and would find backers) on the Hill, provided it was NGO-focused. A separate complication is that it may raise the question of why not Thailand (and a few others), which could lead toward attempts to spread these dollars rather too thin to be of much use.

Battenfield, Pat A. (AF)

From: Smith, Gayle E. (AF)
Sent: Tuesday, July 13, 1999 3:21 PM
To: Bernard, Kenneth W. (HEALTH)
Cc: @AFRICA - African Affairs
Subject: Draft e-mail for SRB [CONFIDENTIAL]

**DECLASSIFIED
PER E.O. 13526**
2017-0739-M (2.01)
KBH 8/19/2022

Ken - please make any changes and send back. Thanks

FOR SRB FROM GAYLE AND KEN

John Podesta convened a meeting today (OMB, WH AIDS, OVP, NSC) on funding for the Africa AIDS Initiative that POTUS has asked Sandy Thurman to put together. The WH wants to announce the Initiative within the next several days. As per our previous updates on the Initiative, it includes U.S. resources, our leveraging additional resources from other donors, corporate investors in Africa, foundations, etc., including through a FLOTUS event in September, a possible VP meeting with African leaders at UNGA, and a WH meeting with U.S. and African religious leaders.

NAACP, CBC and domestic AIDS activists have called on the administration to commit an additional \$100m to fight the global AIDS epidemic. Jack Lew presented three options: low (50m), middle (75m) and high (100m) aimed at reducing the infection rate by 25%. In each case, "new" money would come from outside of the 150 account, i.e. from HHS offsets. Shalala is reportedly enthusiastic and willing. USAID would also reshuffle existing Africa and global resources to invest more in AIDS prevention. Lew was not able to confirm but believes that DoD will commit an additional \$10m, and added that we might be able to generate some of the proposed resources by de-obligating and re-obligating unspent AID resources from FY99.

Leon made a strong pitch -- as did Ben Johnson -- that we need to find additional new money, as reshuffling existing Africa resources within USAID will be seen as only that, and added that the VP is prepared to "break eggs" if need be. Lew pointed out that USAID will resist the high option on the grounds that it is already stretched too thin. NSC pointed out that the Initiative also includes leveraging other donor assistance (i.e. if we double our existing AIDS assistance through HHS offsets, USAID reshuffling and DoD, we will call on other major donors to make equivalent increases), and that we are considering some actions (i.e. incorporating AIDS prevention seminars into ACRI training and other mil-mil activities) that are of minimal cost.

Lew/Thurman noted that if we go with the high option, the Initiative could include India and Cambodia. Podesta questioned the utility of thus presenting this as a global rather than African initiative. Thurman said that we should present it as investing in the future, i.e. making the primary investment in Africa, where the rate of infection is now the highest, but also begin investing in India, where the infection rate will surpass that of Africa in the next decade (though the overall percentage of the population infected will remain highest in Africa).

OMB is going to go back and work the numbers again, to see if there are AID funds that can be de-obligated, and will then present a final recommendation to Podesta. Thurman will then prepare final memo for POTUS, which we will review and share with you. It has not yet been decided whether the Initiative will be announced by POTUS or VPOTUS.

Action:

We will send this summary to ASIA and NESAs so that they can weigh in on India/Cambodia, and we can then provide Podesta with an NSC position.

Battenfield, Pat A. (AF)

2017-0739-M (2.02)

KBH 8/19/2022

From: Camp, Donald A. (NESA)
Sent: Wednesday, July 14, 1999 8:12 AM
To: Smith, Gayle E. (AF); Arvizu, Alexander A. (ASIA); @ASIA - Asian Affairs; @NESASIA - NE/South Asia
Cc: Bernard, Kenneth W. (HEALTH); @AFRICA - African Affairs; @LEGISLAT - Legislative Affairs
Subject: RE: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative [CONFIDENTIAL]

On India, let me throw into the mix the likelihood that there will be a POTUS visit to South Asia within the next year, very possibly in the first three months of 2000. Given the growing awareness of AIDS in India (though I don't think the statistics suggesting India will be a world leader in a few years has sunk in there) this would be one very good focus of the trip (and the AID money a good deliverable). We can make an excellent objective case for helping India stave off the worst of its AIDS crisis. We have had long and useful cooperation in the health sector with India (as much through NIH and scientific cooperation as through AID) so it seems to me this project is a natural. We will also, as you request for Cambodia, draft a formal statement for your SRB msg. Don C.

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KBH 8/19/2022

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OMB is going back to work the numbers and see if there are AID funds that can be de-obligated, and will then present a final recommendation to Podesta. Thurman will then prepare a final memo for POTUS, including both the additional funding and the other recommendations, which we will review and forward to you. It has not yet been decided whether the Initiative will be announced by POTUS or VPOTUS.

Action: We're sending this summary to ASIA and NESAs so that they can weigh in on India/Cambodia, and we can then provide an NSC position. Please let us know if you have questions/concerns that you want addressed.

Battenfield, Pat A. (AF)

From: Smith, Gayle E. (AF)
Sent: Tuesday, July 13, 1999 6:58 PM
To: @NSA - Natl Security Advisor
Cc: @AFRICA - African Affairs; Bernard, Kenneth W. (HEALTH); Rudman, Mara E. (CNSLR)
Subject: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative ~~CONFIDENTIAL~~

FOR SRB FROM GAYLE AND KEN
RE: FUNDING FOR AIDS INITIATIVE

John Podesta convened a meeting today (OMB, WH AIDS, OVP, NSC) on funding for the Africa AIDS Initiative that POTUS has asked Sandy Thurman to put together. The WH wants to announce the Initiative within the next several days. As per our previous updates on the Initiative, it will include:

- Increased U.S. resources in 2000 and 2001;
- leveraging additional resources from other donors (such as the UK and Nordics);
- engaging corporate investors in Africa, foundations, the World Bank etc., including through a FLOTUS event in September;
- a possible VP meeting with African leaders at UNGA;
- a WH meeting with U.S. and African religious leaders; and
- increased DOD investment in HIV/AIDS prevention among African militaries.

Jack Lew presented three options: low (50m), middle (75m) and high (100m) aimed at reducing the infection rate by 25%. (NAACP, CBC and domestic AIDS activists have called on the administration to commit an additional \$100m to fight the global AIDS epidemic). In each case, "new" money would come from outside of the 150 account, i.e. from HHS offsets and other sources not currently allocated for Africa or health related assistance activities. Shalala is reportedly enthusiastic and willing. USAID would also reshuffle existing Africa and global resources to invest more in AIDS prevention. Lew believes that DoD will commit an additional \$10m, and that we might be able to generate some of the proposed resources by de-obligating and re-obligating unspent AID resources from FY99.

Leon made a strong pitch -- as did Ben Johnson -- that we need to find additional new money, as reshuffling existing Africa resources within USAID will be seen as only that, and added that the VP is prepared to "break eggs" to find non-Africa resources if need be. Lew said that USAID will resist the high option on the grounds that it is already stretched too thin.

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Battenfield, Pat A. (AF)

From: Barks-Ruggles, Erica (AF)
Sent: Saturday, June 26, 1999 4:19 PM
To: Frazer, Jendayi E. (AF)
Cc: @AFRICA - African Affairs
Subject: RE: DOD Aids material [UNCLASSIFIED]

Great - Very helpful info that will help us move this ball forward. Thank you. Any other suggestions, ideas, that you have on this as we progress, please pitch in as I think the military is going to be one of the hardest pieces to insert into this - in part because of huge reluctance in OSD to think about this. I believe that we can use their "shaping the environment" argument to great effect against them. You cannot train and build relationships to professionalize and democratize Africa's military institutions if 1/2 the people you are working with die within 10 years. In order to shape the environment, you have to keep people alive.

-----Original Message-----

From: Frazer, Jendayi E. (AF)
Sent: Friday, June 25, 1999 8:16 PM
To: Barks-Ruggles, Erica (AF)
Cc: @AFRICA - African Affairs
Subject: DOD Aids material [UNCLASSIFIED]

Erika I failed in my mission to get the Air Force HIV/AIDS brief from the SSA Ambassadors conference. No one could find it. Instead, I got a slides brief on the Walter Reed U.S. Military HIV Research Program and a Dec '98 USAID document on HIV/AIDS in Africa. Probably most useful to you will be a page from the DOD phone directory that lists the positions, names and numbers of the OSD ASD for Health Affairs. Apparently the point on African HIV/AIDS issues in ASD Sue Bailey's office is Lynn Pahland at (703) 681-1703 and fax (703) 681-3658. Her unclass e-mail is Lynn.Pahland@HA.OSD.MIL. Hope this helps. I will put the material in your in box.

I was told by J-5 that Walter Reed hospital has a project in Uganda. Their research program apparently includes: working with the UN to develop long-term behavioral modification courses; working with the Ford Foundation civil-military alliance to combat HIV/AIDS; working on a vaccination; categorizing different strains of HIV/AIDS from blood samples.

You are invited to an OMB-White House AIDS Office Interagency Meeting on June 22, 1999, Old Executive Office Building, #248, 1:00-2:00pm. Please fax your clearance information to: 202-395-0345 by Monday afternoon. Questions, call: 202-395-4657. This meeting is strictly Principals plus 1.

INVITEE

WH AIDS Office
Sandy Thurman - 456-2438 ✓

WH
Maria Echaveste - 456-2883 ✓

STATE

Ann Richard - 647-1681
Susan Rice - 647-6301
Frank Loy - 647-0753

USAID

Duff Gillespie - 216-3404
Terry Brown - 216-3393

HHS

John Callahan - 690-5405

OMB

Richard Turman - 395-5684
Dan Mendelson
Rodney Bent
Mike Casella
Bob Kyle
Keri Eisenbeis

NSC

Gayle Smith - 456-9290

Treasury

Dan Zelikow - 622-2536

DOD

Dr. John Mazzuchi - 703-697-2111
Colonel Rick Riddle

Commerce

Sally Miller, 482- 5198

OSTP

Laura Efros, 456-6028

**OMB-White House AIDS Office
Interagency Meeting
June 22, 1999, 1:00-2:00pm, #248
Old Executive Office Building**

AIDS INITIATIVE AGENDA

- I. Content of AIDS Programs
 - A. Prevention vs. Treatment
 - B. Country Focus
 - C. Relation to other Infectious Disease Funding
 - D. Multilateral Participation

- II. Funding and Relevant Authorities
 - A. USAID
 - B. HHS
 - C. Treasury
 - D. Other Agencies

PARTICIPANTS:

**OMB, White House AIDS Office, NSC, OSTP, State, USAID,
HHS, Treasury, DOD, and Commerce**

Battenfield, Pat A. (AF)

From: Bernard, Kenneth W. (HEALTH)
Sent: Tuesday, June 29, 1999 9:54 AM
To: @AFRICA - African Affairs
Subject: FW: AIDS [UNCLASSIFIED]

-----Original Message-----

From: Baker, James E. (LEGAL)
Sent: Tuesday, June 29, 1999 8:59 AM
To: Bernard, Kenneth W. (HEALTH); @NSA - Natl Security Advisor
Cc: Sutphen, Mona K. (NSA); @EXECSEC - Executive Secretary; @LEGAL - Legal Advisor
Subject: RE: AIDS [UNCLASSIFIED]

We concur; however, we caution that the organizers will need to be cognizant of the Federal Advisory Committee Act in setting up this meeting.

The FACA, as it is known, establishes various open government rules with respect to formal as well as ad hoc groups of other than full time government employees that meet to provide advice to the government. In general, a one-time meeting that is not intended to result in a group recommendation does not implicate the FACA. Nonetheless, I recommend that you put the First Lady's Office in touch with White House Counsel's Office (probably Meredith Cabe) as they proceed with organizing this event.

If this is intended to be more than a one-time meeting or event, then additional legal review and facts will be required before proceeding.

-----Original Message-----

From: Bernard, Kenneth W. (HEALTH)
Sent: Monday, June 28, 1999 6:56 PM
To: Baker, James E. (LEGAL)
Subject: FW: AIDS [UNCLASSIFIED]

Comments, Jamie??

-----Original Message-----

From: Sutphen, Mona K. (NSA)
Sent: Monday, June 28, 1999 5:32 PM
To: Bernard, Kenneth W. (HEALTH); @NSA - Natl Security Advisor
Cc: @LEGAL - Legal Advisor; @EXECSEC - Executive Secretary
Subject: RE: AIDS [UNCLASSIFIED]

Ken-

Sandy said this sounds fine, but you should check w/Jamie Baker to make sure it's ok.

Mona

-----Original Message-----

From: Bernard, Kenneth W. (HEALTH)
Sent: Friday, June 25, 1999 9:47 AM
To: @NSA - Natl Security Advisor
Subject: AIDS [UNCLASSIFIED]

Pls. Pass to Sandy/Jim:

Melanne Verveer called today to say she and the First Lady are increasingly concerned about the AIDS crisis in Africa (see our memo to you, sent 23 June). As a result, they want to convene in July a smallish group of senior gov't, UN, private sector, and foundation people to talk about next steps in dealing with the crisis. (Shalala, Lew, Summers, Gates and Turner Foundations, Exec. Dir. of UN AIDS program, Wolfensohn, etc.).

Good idea. A similar FLOTUS-chaired meeting worked well for the international TB efforts, especially in Russia.

Melanne sees this as a FLOTUS-NSC-Thurman coordinated event. Could be a nice follow-up to the recent Presidential AIDS Mission to Africa, and Cologne Debt Initiative opportunity. Unless we hear otherwise from you, we will move forward.

Ken Bernard
Gayle Smith

Battenfield, Pat A. (AF)

From: Barks-Ruggles, Erica (AF)
Sent: Monday, June 28, 1999 7:33 PM
To: Smith, Gayle E. (AF)
Cc: @AFRICA - African Affairs
Subject: RE: SRB Meting w/Brady Anderson [UNCLASSIFIED]

Here is my suggestion - fiddle with it and send on to Eric as you see fit.

HIV/AIDS Initiative for Africa

Background: Sandy Thurman is putting the finishing touches on her proposal - in response to a request from the President - for an HIV/AIDS initiative in Africa. One of the elements of this initiative will be a proposal to expand the resources that USAID expends on HIV/AIDS in Africa: through a possible supplemental, as well as through lifting/modifying some of the child survival earmarks in USAID's budget, and through increasing DOD, HHS and other agencies' spending on HIV/AIDS.

You should raise with Brady our sense of urgency to do more quickly to address the HIV/AIDS crisis in Africa. With over 5,000 people a day dying in Africa from the epidemic, radical and forceful realignment of resources is called for. You should outline our thoughts above and solicit Brady's ideas about what more we can and should be doing in the AID context. - Erica

-----Original Message-----

From: Smith, Gayle E. (AF)
Sent: Monday, June 28, 1999 7:02 PM
To: Barks-Ruggles, Erica (AF)
Cc: @AFRICA - African Affairs
Subject: RE: SRB Meting w/Brady Anderson [UNCLASSIFIED]

I think we should do a short thingie on this and get it to Eric to include in his overall piece

-----Original Message-----

From: Barks-Ruggles, Erica (AF)
Sent: Monday, June 28, 1999 6:38 PM
To: Smith, Gayle E. (AF)
Cc: @AFRICA - African Affairs
Subject: FW: SRB Meting w/Brady Anderson [UNCLASSIFIED]

Gayle - do you want me to do something up on HIV/AIDS? I think we should....

-----Original Message-----

From: Bernard, Kenneth W. (HEALTH)
Sent: Monday, June 28, 1999 4:57 PM
To: @AFRICA - African Affairs
Subject: FW: SRB Meting w/Brady Anderson [UNCLASSIFIED]

Looks like an opportunity.....

-----Original Message-----

From: Storey, Sharon V. (NSA)
Sent: Monday, June 28, 1999 4:56 PM
To: Schwartz, Eric P. (MULTI)
Cc: @MULTILAT - Multilateral and Humanitarian Affairs; @NSA - Natl Security Advisor
Subject: SRB Meting w/Brady Anderson [UNCLASSIFIED]

Eric, on July 16th at 11:30am, SRB will have a courtesy call with USAID Administrator-designate Brady Anderson. In prep for that meeting please forward by e-mail points which SRB may want to raise with him. Thanks

Battenfield, Pat A. (AF)

From: Barks-Ruggles, Erica (AF)
Sent: Monday, June 28, 1999 2:55 PM
To: Bernard, Kenneth W. (HEALTH); @HEALTH - International Health Affairs
Cc: @AFRICA - African Affairs
Subject: HIV/AIDS fact sheet [UNCLASSIFIED]

Ken -
This is an amalgamation of what you and Sandy gave me on HIV/AIDS. If OK with you, I would like to give this, plus two pieces from AID and the fact sheet from POTUS 12/1/98 announcement that you gave to me, to Gayle to give to Maxine tomorrow. Let me know if this is OK with you. Thanks - Erica



HIV-AIDS fact sheet.doc

FACT SHEET: HIV/AIDS IN AFRICA

Scope of Crisis

Of the 33 million people living with HIV/AIDS worldwide, 22 million – or 2/3 – live in sub-Saharan Africa. AIDS is now the number one cause of death in Africa, killing approximately 5,000 people per day, 175,000 per month – 1.9 million per year.

According to UNAIDS, one in five adults in Botswana, Namibia, Swaziland and Zimbabwe are infected. In South Africa alone, 3 million are HIV positive, and it is estimated that 1,500 new infections occur daily.

In some countries in Africa, it is predicted that life expectancy will fall by up to 1/3 in the next 10 years due to AIDS. And by the year 2010, USAID estimates that there will be 40 million AIDS orphans worldwide – more than 1/2 of them in Africa.

In a recent article, The Economist estimated that South Africa – the most robust economy in sub-Saharan Africa – has a reduction in its GDP by nearly 1% per year due to AIDS.

What the U.S. is doing to respond

The U.S. is the world's leading donor (CHECK) for the prevention and control of HIV/AIDS in the developing world. In FY99 USAID will spend \$125 million worldwide on HIV/AIDS prevention and control, \$74 million of that in Africa.

Since 1986, USAID has committed nearly \$1 billion worldwide on programs aimed at prevention of HIV/AIDS and other sexually transmitted diseases. In FY98 USAID also launched a new \$50 million initiative against infectious diseases, including HIV/AIDS, laying a foundation in Africa, Asia and Latin America for a global effort to combat infectious diseases.

Our international programs primarily are aimed at combating heterosexual transmission (the most common means of transmission in the developing world). Programs focus on education, changing high risk behavior, promoting condom use, controlling other sexually transmitted diseases, improving the policy environment to reduce transmission of HIV, conducting research and promoting advocacy, monitoring and evaluation, care and support activities, including community-based orphan care and voluntary counseling and testing programs.

Although the U.S. is spending \$200 million this year alone on the development of a vaccine, we are a long way from having an effective product. And while new anti-HIV drugs dramatically improve and extend life, they are not a cure. Prevention based on behavior change remains the primary intervention at this time.

HIV/AIDS

Partnership for Life: An AIDS in Africa Initiative

Background: Since 1993, while the annual incidence of HIV has increased by more than 300% and AIDS has exploded in sub-Saharan Africa, US funding has remained stagnant. Currently, the USAID global AIDS budget is \$125 million, \$74 million of which goes to Africa. While this makes the US, the largest per dollar donor, the US ranks 9th in per capita contribution.

Recommendations

1. We recommend that the Administration propose doubling the global USAID budget over the next two years with a \$50 million increase in FY2000, followed by an additional \$75 million increase in FY2001:

USAID (\$50 million in FY2000)

\$25 million: to match amount put forward by Republican Senate with \$2 billion less in their 150 account

\$25 million: in new funds with offsets (including \$10 million in continuation funding for the President's AIDS Orphans Initiative)

Funds will enable the USG, in partnership with other donors and host countries, to help promote a four pronged strategy to include:

- *Caring for Children Orphaned by AIDS*
Assist families, extended families, and communities in caring for their children through a multi-sectoral response including micro-finance, child survival, education/training, health, mental health, and nutrition assistance.
- *Providing Home and Community-Based Care*
Deliver counseling, support and basic AIDS care (treatment for STDs, TB, and malaria) through community-based clinics and home-based care workers, enabling parents with AIDS to continue to care for their children, and to plan for their future.
- *Containing the AIDS Pandemic*
Implement a variety of prevention and stigma reduction strategies including: HIV education; engagement of political, religious and other leaders; voluntary counseling and testing; mother-to-child transmission (MTCT) intervention

research/demonstrations; and, increased access to opportunity (education, income generation), especially for women and youth.

- *Infrastructure and Capacity Development*
Strengthen the capacity of government agencies, the private sector, non-governmental organizations, and local research institutions to plan and implement the expansion of effective interventions to scale through appropriate training, technical assistance, and other support.

1. We recommend that each of the following agencies identify funding within their FY2000 budgets (\$50-75 million total) that can be dedicated to the global AIDS fight.

HHS

\$30 million: CDC/NIH, in cooperation with host countries, will develop strategic centers to focus on HIV, STD and TB surveillance, epidemiology, technical assistance and training for public health workers. Activities would include:

- Comprehensive on-site technical assistance programs focusing on prevention and control of HIV, other STDs, tuberculosis, and other priority infectious diseases.
- Prevention of mother-to-child HIV transmission.
- Surveillance to focus on how the virus moves through the population.
- Evaluation and implementation of new prevention methods and tools (e.g. HIV rapid tests, vaginal microbicides, HIV vaccines)
- Prevention of HIV transmission (e.g. intervention linked research including behavior change)
- Expanded management of TB, including TB prophylaxis for HIV infected persons and other opportunistic infections, and STD diagnosis and treatment
- HIV counseling and testing
- Blood safety

DoD

\$8 million: training/joint medical operations

- Programs will developed to train foreign military personnel in AIDS prevention and education
- Joint medical operations will be expanded to include the training of foreign military medical personnel in HIV/AIDS counseling, diagnosis and treatment.

Commerce/Labor

\$2 million: workplace education

- Commerce Department will develop programs to provide AIDS in the Workplace training to assist businesses in coping with the impact of AIDS in the workplace (e.g., basic AIDS education, health care, leave policies, anti discrimination policies)
- The Department of Labor will develop programs to work with organized labor to provide AIDS in the workplace training to assist unions in coping with the impact of AIDS in the workplace (e.g., basic AIDS education, health care, leave policies, anti discrimination policies)

3. Building partnerships with other donors to maximize our impact on the rapidly expanding pandemic

African leaders summit (perhaps tied to BNC executive committee meeting in September)

The Administration will promote an AIDS summit for African Presidents. For example, President and Mrs. Museveni of Uganda certainly have much they could share with their colleagues from other countries in the region. President Chiluba from Zambia, President Rawlings of Ghana, and Deputy President Mbeki have all demonstrated a growing interest in enhancing their response to AIDS. Support from the US in an Africa leaders summit would ensure a major turnout and would reinforce our high level partnership with Africa.

UN conference on children orphaned by AIDS (first lady)

State Department leadership forum

Speaking with one voice

Using all USG contacts as opportunities: The Administration will adopt its own multi-sectoral response and instruct all of its agents in dialogue with African leaders to include a discussion about the importance of leadership on AIDS to the full range of other development objectives.

4. Partnerships with other donors including multi-lateral institutions

G8

The Administration will continue to raise the need for an enhanced global response to AIDS among the G-8 nations. We will also look for other opportunities to partner with other developed nations in areas of prevention, care, and research.

Donor Meeting

The White House will convene a donors meeting including The World Bank, WHO, UNICEF and private foundations to discuss how best to enhance our collective response to the AIDS pandemic.

5. Partnerships with private sector

Corporate Involvement

(Levi, Ford, Southwestern Bell, Dow, Enrons, etc.)

Foundation Involvement (Kaiser, Ford, Kellogg, MacArthur, COMIC RELIEF)

Incentives ?

6. Partnerships with the religious community

White House religious summit (World AIDS Day 1999)

Battenfield, Pat A. (AF)

From: Barks-Ruggles, Erica (AF)
Sent: Friday, June 25, 1999 8:29 AM
To: Smith, Gayle E. (AF)
Cc: @AFRICA - African Affairs
Subject: Sandy Thurman and HIV/AIDS planning [UNCLASSIFIED]

Gayle -

I spoke with Sandy about Rep. Water's request for information and she is getting together a fact sheet combining two off the shelf products: 1) what the HIV/AIDS situation is in Africa and 2) what the USG is doing about it.

She sounded a bit frustrated by the lack of traction she is getting with the military and with Treasury on pulling new resources and thoughts into a larger initiative to tackle AIDS in Africa. She also asked to speak to you further on the good meeting you had with OMB on the idea of new funding for HIV/AIDS.

Her planning right now is running along the lines of the "launch" type events. As I said in my last email (about 2 weeks ago) on this, she is looking at doing a big launch with the VPOTUS and hopefully Mbeki in September around the UNGA. This might work, but I cautioned her that the SAG has told us that Mbeki will be in NYC for only 2 1/2 days and then will go on a small "trade tour" around the U.S. Clearly his focus will not be HIV/AIDS and, therefore, we may have problems getting him. That said, I noted that the VP remains under pressure on the HIV/AIDS and Africa issue, so we may very well be able to get him.

She is also looking to do a conference/one-day event with numerous religious leaders sometime in August/Sept./Oct. timeframe. She has already spoken to Andy Young and Leon Sullivan (who are both very positive) and to the Episcopal Bishop and Bishop Tutu's people (also a positive response). She is looking to pull in a few more religions (she is unsure about the Catholics, but is going to talk to the Dalai Lama (!), and is looking to pull in a prominent Muslim leader and a prominent Jewish leader at a minimum).

As I mentioned, she has also talked to FLOTUS office, who are willing to help, but need some direction of how they can weigh in.

That's the update on this front. I will get to everyone a copy of the stuff she prepares for Maxine so we can all have as a ready reference. WH Leg is happy if we can get it to them today. I will let NSC leg know we are doing this.

- Erica

Battenfield, Pat A.

From: Barks-Ruggles, Erica
Sent: Wednesday, June 16, 1999 2:20 PM
To: @EXECSEC - Executive Secretary
Cc: @AFRICA - African Affairs
Subject: SRB update - Important, but not immediate [UNCLASSIFIED]

HIV/AIDS Hecklers:

At the VP's announcement today in Tennessee, a group of HIV/AIDS activists heckled the VP. This group has been running a campaign on the internet in recent weeks, charging that the VP has, through the BNC, been working to prohibit South African's access to low-cost HIV/AIDS drug therapies. This charge is simply untrue. As you know, the VP has worked diligently over the past 18 months with (now) President Mbeki to solve an IPR dispute surrounding a new (and as yet unimplemented) law in South Africa that would allow the health minister to abrogate certain intellectual property rights in an effort to lower drug costs. We have worked closely with State, USTR, Commerce, and OVP, as well as the pharmaceutical industry in the U.S. and the South Africa government to try and resolve this issue so that badly needed medicines are affordable to South Africans, while U.S. firms' rights are protected. We continue to make slow progress. OVP has done guidance on this issue, we have provided it to @press.

Battenfield, Pat A.

From: Smith, Gayle E.
Sent: Friday, June 11, 1999 2:15 PM
To: Hachigian, Nina L.
Cc: Bernard, Kenneth W.; @AFRICA - African Affairs
Subject: Draft e-mail for Sandy and Jim [UNCLASSIFIED]

Nina - for Jim. Thks.

For JS from Africa & Health on possible request to insert AIDS language into G-8 communique:

At the request of POTUS, Sandy Thurman has been developing an initiative for addressing HIV-AIDS in Africa. NSC/Africa and Health are working closely with Thurman on this, and Leon Fuerth has engaged, as well. This issue is generating increasing public attention (Ron Dellums, Jesse Jackson, the NGO community, etc.) including in a letter to the editor of USA Today from Sen. Leahy today, in which he sharply criticizes the Administration and the Hill for flat-rate spending on HIV/AIDS in Africa despite a commensurate 300% increase in infection levels.

Among other options being considered by the Thurman/NSC IWG, and now under review by Treasury, is debt swaps or targeted debt relief for HIV/AIDs spending. **You may get a call from Sec. Shalala with the recommendation that we insert a short phrase into paragraph 26 of the G-8 communique** so that it would read (insert is highlighted):

- "To this end we welcome the 1999 Köln Debt Initiative, which is designed to provide deeper, broader and faster debt relief through major changes to the HIPC framework. The central objective of this initiative is to provide a greater focus on poverty reduction by releasing resources for investment in health, **including HIV/AIDS prevention and treatment**, education and social needs."

We understand from Treasury that while they would *consider* tentative language, the fact that our debt proposal is emerging as the G-8 proposal means that we may have to hang back in terms of the communique. That said, and if the change is possible, we believe it would boost the AIDs in Africa initiative, position us to leverage other international action on HIV/AIDS, and deflect growing criticism that we are not sufficiently forward-leaning in responding to this crisis.

Handwritten:
p. 10
AIDS



Handwritten:
~~copy gone to
Sondy
Thurman.~~

May 25, 1999

President William Clinton
The White House
Washington, D.C. 20500

via fax: 202-456-2604

Dear Mr. President:

I write this letter to request a meeting with you to discuss the global threat of HIV/AIDS and the AIDS Marshall Plan for Africa (AMPFA). I have become very active in the effort to provide treatment and care to HIV/AIDS victims throughout the world. I now chair the Constituency for Africa (CFA), and serve on the board of directors for AIDS Action.

As you know, since my retirement from Congress I have been very active in seeking solutions and answers to combat the growing pandemic of HIV/AIDS. I have tried repeatedly to meet and share information with members of your Administration regarding the worsening situation caused by HIV/AIDS in Africa. Needless to say, I am both frustrated and surprised by the lack of follow through and access to key members of your Administration.

I am certain that you are aware of the problems caused by the global spread of HIV/AIDS and how its exponential growth threatens the security of the world. According to UNAIDS, there are currently 7.8 million orphans on the continent of Africa because of HIV/AIDS. That number could expand to 40 million by 2010. Additionally, 11.5 million people have died in sub-Saharan Africa, and 22.5 million will die in the next decade if measures are not developed to slow the spread of the virus.

The above statistics only begin to give you an idea of the extent of the problem caused by HIV/AIDS throughout the developing world. Since October of last year, I have met with several ministers of health from various African countries regarding the problems and solutions for the HIV pandemic. I have shared with them my intention to bring this matter to the attention of the American government. As a result, I have met with the Congressional Black Caucus (CBC) and they have endorsed the concept of the AMPFA. The CBC has tasked Congresswoman Barbara Lee to draft and introduce legislation that will embody the concept of AMPFA.

1629 K Street, N.W. - Suite 1010 - Washington, D.C. 20006
(202) 371-0588 • Fax (202) 371-9017
<http://www.cfanet.com>
E-mail: cfanet@cfanet.org

President William Clinton
May 25, 1999
Page 2

You should also know that there is considerable interest in the AMPFA in Africa and throughout the world. I am certain that our discussion is vital and that you will agree that we are pursuing a solution that is worthy of your support. Ms. Sandra Thurman, Director of National AIDS Policy, is familiar with the AMPFA and has provided me with valuable insight and information

Mr. President, the problems caused by HIV/AIDS throughout the world deserves and need the attention of America. We cannot be witnesses to a situation that will kill more people than all world wars combined and will cause severe devastation to the human family. We have a responsibility to prevent another holocaust and therefore, I seek your prompt attention and reply to my request for a meeting.

Please call me directly or contact Charles Stephenson or Ann Brown, of my staff, at 202-857-3290 to arrange for a meeting at your earliest convenience.

Sincerely,



Ronald V. Dellums
Chair

THE WHITE HOUSE

OFFICE OF LEGISLATIVE AFFAIRS
HOUSE LIAISON
--FAX COVER SHEET--

DATE: 5/26

TO: OPL

FAX: _____

FROM: _____ CHUCK BRAIN
_____ AL MALDON
_____ DARIO GOMEZ
_____ LISA KOUNTOUPES

_____ BRODERICK JOHNSON
h JANELLE ERICKSON
_____ JADE RILEY

(202)456-6620 (TELEPHONE)
(202)456-2604 (FAX)

SUBJECT: _____



Fax

To: President William Clinton **From:** Ronald V. Dellums, Chair

Fax: 202-456-2604 **Pages:** 3 (including this cover sheet)

Phone: 202-456-6620 **Date:** May 25, 1999

Re: Meeting Request **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

• **Comments:**

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(202) 371-0588 • Fax (202) 371-9017
<http://www.efanet.com>
E-mail: efanet@efanet.org