

# FOIA MARKER

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**Folder Title:**

AIDS, 2 of 2 [Africa] [2]

**Staff Office-Individual:**

African Affairs-Smith, Gayle/Barks-Ruggles, Erica/Sanders, Robin/Rice, Susan/Dempsey, Nora et al.

**Original OA/ID Number:**

2853

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# Withdrawal/Redaction Sheet

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Richard Wilcox to African Affairs, re: [For SRB/JS] (1 page)	06/26/2000	P1/b(1) KBH 10/21/2024
002. paper	Summary of Conclusions for Meeting of the Deputies Committee (3 pages)	05/24/2000	<del>P1/b(1)</del> ; P3/b(3) KBH 10/21/2024
003. report	Re: [AIDS Crisis] (22 pages)	05/2000	P1/b(1)
<del>004a. agenda</del>	<del>Deputies Committee Meeting Agenda (1 page)</del>	<del>05/18/2000</del>	<del>P1/b(1) KBH 10/21/2024</del>
<del>004b. paper</del>	<del>Discussion Paper for NSC Deputies Committee Meeting (5 pages)</del>	<del>ca. 05/2000</del>	<del>P1/b(1) KBH 10/21/2024</del>
<del>004c. paper</del>	<del>Re: [HIV/AIDS] (11 pages)</del>	<del>05/14/2000</del>	<del>P1/b(1) KBH 10/21/2024</del>
<del>004d. list</del>	<del>Re: [Objectives] (2 pages)</del>	<del>ca. 05/2000</del>	<del>P1/b(1) KBH 10/21/2024</del>
<del>004e. calendar</del>	<del>Annotated Calendar of Major International Events (6 pages)</del>	<del>ca. 05/2000</del>	<del>P1/b(1) KBH 10/21/2024</del>

**COLLECTION:**

Clinton Presidential Records  
 National Security Council  
 African Affairs (Smith, Gayle/Barks-Ruggles, Erica/Sanders, Robin/Rice, Susan/Dempsey, Nora et al.)  
 OA/Box Number: 2853

**FOLDER TITLE:**

AIDS, 2 of 2 [Africa] [2]

2007-1550-F

ke2010

**RESTRICTION CODES**

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

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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- PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
- RR. Document will be reviewed upon request.

AIDS

FACSIMILE COVER SHEET  
TIMOTHY F. GEITHNER  
UNDER SECRETARY  
INTERNATIONAL AFFAIRS  
DEPARTMENT OF THE TREASURY  
1500 PENNSYLVANIA AVENUE, NW ROOM 3432  
WASHINGTON, DC 20220

PAT: [Handwritten signature]  
COPY TO  
~~SENATOR~~  
KEN BERNARD  
NORA  
BABBITT  
7/18

DATE: July 17, 2000

PAGES TO FOLLOW

TO:

FAX NO.

PH. NO.

LAEL BRAINARD  
AL LARSON  
HATTIE BABBIT

456-2876  
647-9763  
216-3455

456-5353  
647-7575  
712-4070

FROM:

TIM GEITHNER [Handwritten signature]

SENDER'S FAX NUMBER: 202 622-0417

SENDER'S CONFIRMATION NUMBER: 202 622-0656

SPECIAL INSTRUCTIONS/MESSAGE:

ATTACHED IN DRAFT ARE TREASURY'S VIEWS ON WHAT WE KNOW OF THE EX-IM BANK AIDS/HIV PROPOSAL TO DATE.

ATTACHMENT

cc:

Kaera  
Effros

456-6028

From: ANNA GELPERN

**DRAFT**

### Ex-Im Bank AIDS/HIV Initiative

**Issue:** Ex-Im Bank proposes to spearhead the financing of a USG HIV/AIDS initiative in Sub Saharan Africa. Chairman Harmon has contacted the IMF directly seeking to lift country debt limits to give room to Ex-Im Bank to offer financing on five-year terms. It is not clear exactly what Ex-Im Bank is planning to finance, but it is likely to be the delivery infrastructure associated with anti-viral drugs. It is also not clear what form this financing would take. Any full assessment of an Ex-Im Bank financing proposal would require, of course, much more information (which has not been forthcoming to date).

#### Discussion:

We see several serious problems with this proposal, both substantive and procedural.

First, and most importantly, HIV/AIDS is a critically important humanitarian issue. A key factor in addressing the issue will be the overall policy credibility of the Administration. Therefore, any USG initiative in this area needs to be carefully designed and vetted within the Administration. In addition, any USG initiative should address the issue in a centralized and coordinated way to be credible and effective. A prerequisite of any strategy will be a careful USG assessment of the precise HIV/AIDS needs and how best to meet them. A comprehensive approach is likely to include anti-viral drugs, the infrastructure to deliver these drugs, and enhanced education and prevention programs. The Exim proposal is unlikely to include all of these elements.

Second, in addition to interagency coordination, any initiative in this area also requires coordination with other major donors. For instance, the World Bank already has an HIV/AIDS initiative under way and Congress has recently increased USAID appropriations to address this problem. The plans of other major bilateral donors also need to be considered. This should also include, for instance, several pharmaceutical companies that have announced their willingness to participate in such initiatives with reduced price drugs. And of course, careful coordination with the IMF is necessary because of the fragile macroeconomic environment of the affected Sub Saharan countries. Treasury is the agency mandated to address such issues.

Third, as a commercially-oriented export credit agency, Ex-Im Bank is ill-suited to take on this issue in isolation and should not be the primary delivery agent for a USG HIV/AIDS initiative. Such an initiative appears better spearheaded by USAID. State might also play a role with its ESF funds since the President has determined that AIDS is a destabilizing force in Africa. For this reason, a NEC meeting to devise a coordinated USG initiative would seem to be the correct first step in developing any comprehensive USG initiative.

Fourth, Ex-Im Bank resources are primarily priced on commercial terms (Treasury bond rate plus 100 bp). Such highly-priced terms would not seem to address the needs of poor, highly indebted countries suffering from an HIV/AIDS epidemic. Even if Ex-Im Bank sought to use the small amount of concessional money it has available - the tied aid War Chest - it could use the entire War Chest and not make a dent in the problem. Furthermore, tied aid is only 35 -50% concessional depending on whether the country is an LDC or an LLDC, (about 30-45% grant

- 2 -

element equivalent), so even utilizing Ex-Im Bank's most concessional resources, the USG would still be offering 55-70% hard financing for addressing HIV/AIDS. Thus, this proposal may appear to some to look more like export promotion than humanitarian-based aid and could backfire politically and publicly.

Finally, with its limited resources, a USG effort focused through Ex-Im Bank would look embarrassingly inadequate. And using concessional tied aid resources to finance U.S. exports under such an initiative would run counter to over 20 years of USG policy, which is the basis on which the U.S. successfully insists that others countries not distort trade with their own aid programs. The War Chest is needed as leverage to negotiate and to police international agreements to restrict the use of tied aid and to match offers by others that are considered an abuse of these agreements. These resources are also needed to extend trade distortion disciplines in other areas (e.g., to untied aid and market windows) per Treasury Secretary Summers' announced initiative in May.

In summary, for the reasons stated above, Ex-Im Bank is the wrong agency to lead the USG HIV/AIDS initiative.

- 3 -

Drafted by: SFTvardek ITF/7/1700

Reviewed by:

D. Burand  
A. Gelpern  
M. Kuhlow  
K. Lissakers  
C. Lowery  
D. Lucich  
M. Lundsager  
S. Radelet  
W. Schuerch  
M. Sobel  
L. Steadman

**THE WHITE HOUSE**

**Office of the Press Secretary  
(Camp David, Maryland)**

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**For Immediate Release**

**July 14, 2000**

**STATEMENT BY THE PRESIDENT**

Yesterday the House of Representatives passed a foreign operations bill which includes certain positive elements but is nonetheless deeply flawed. I am pleased that members of both parties joined together to support debt relief for the poorest of the poor nations, as illustrated by the vote on Representative Maxine Waters amendment. While this is an encouraging step, I urge Congress to build on this support by fully funding my request for debt reduction to fully implement the landmark Cologne debt initiative. I am also pleased that a majority in the House supports our efforts to halt the global spread of AIDS. In Africa, AIDS is a leading cause of death and is undermining decades of effort to reduce mortality, improve health, expand educational opportunities, and lift people out of poverty.

However, it is unfortunate and unacceptable that this bill fails to provide the resources necessary to support our efforts to keep building peace and stability around the world. The House bill imposes deep, untenable cuts to U.S. contributions to Multilateral Development Banks, including the International Development Association which provides loans for the world's neediest countries in areas like health, clean water supplies, education, and other infrastructure needed for lasting poverty reduction. It is counterproductive to slash development loans that are aimed at lifting the world's poorest nations from poverty, as they reform their social and economic policies, while providing debt relief to these same nations for the same purpose. To do so undermines efforts to lift these countries from deepest poverty and sends them in the wrong direction just when they are working to reverse the devastating spread of AIDS among their people. This bill also denies funding for other Multilateral Development Banks, including draining resources from efforts to encourage developing nations to promote sound environmental policy. We must support the efforts of Multilateral Development Banks and we must fully fund our obligation to debt relief for the world's poorest nations.

This bill includes deep cuts in military assistance for nations working with the United States to advance stability; in particular, it would drain essential funds necessary to support Mid-East peace. It also cuts funding from the Ex-Im bank which supports the export of American products overseas.

Support for combating terrorism and nuclear proliferation is inadequate. This bill fails to provide sufficient resources for work with scientists of other nations to reduce the threat of nuclear proliferation, and it denies funds to an Administration initiative for anti-terrorism security training. By significantly cutting my request for funds to support Eastern Europe and

voluntary peacekeeping, the bill also fails to provide the resources needed to implement a lasting peace in Kosovo and the Balkans and to bring our troops home from that region as quickly as possible.

In addition, Congress should not maintain the unnecessary restrictions on international family planning. We should not impose limitations on foreign non-governmental organizations' use of their own money or their ability to participate in the democratic process in their own country. The bill also fails to provide sufficient funding for international family planning and other USAID development activities, thereby inhibiting our efforts to increase development assistance to Africa and Latin America.

As this bill moves forward, I call on Congress to address the numerous and serious problems in it and to produce a foreign operations bill I can sign.

30-30-30

## **Battenfield, Pat A. (AF)**

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**From:** Harris, Grant T. (AF)  
**Sent:** Wednesday, July 19, 2000 8:15 AM  
**To:** Smith, Gayle E. (AF)  
**Cc:** @AFRICA - African Affairs  
**Subject:** ExIm, AIDS [UNCLASSIFIED]

U.S. to offer loans to fight AIDS in Africa

WASHINGTON, July 19 (UPI) -- In an effort to help nations in Africa fight the AIDS pandemic, the United States planned to announce \$1 billion a year in loans so affected countries could buy AIDS-fighting drugs from U.S. manufacturers.

The New York Times reported that the Export-Import Bank would announce the loan offer Wednesday, making 24 sub-Saharan countries eligible for the special financing.

Five drug companies said last May that they would discount the cost of drugs used against AIDS and HIV, the virus that causes AIDS. But even at discounts of 80 to 90 percent, the drugs are expensive and the proposed U.S. loans would be used to cover that cost, the New York Times said. Even with a 90-percent discount, AIDS treatments cost as much as \$2,000 per patient in Africa.

Bank officials told the newspaper the loans would not require Congressional approval and most would be offered at around a 7-percent interest rate.

The loans, the first the Export-Import Bank has made available to finance drug purchases, would be offered in 5-year terms, the Times reported.

The move by the Export-Import Bank could be seen as protectionist in nature, since by offering the loans contingent on their use for U.S.-manufactured drugs, generic versions of the pharmaceuticals made in Brazil and India would not find a ready market in Africa.

Some 50 million people in Africa are infected with the AIDS virus. The United Nations recently said that African nations will need some \$3 billion a year to fight the syndrome and AIDS-related illnesses.

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## **Battenfield, Pat A. (AF)**

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**From:** Dempsey, Nora B. (AF)  
**Sent:** Friday, July 07, 2000 7:38 PM  
**To:** Efos, Laura L. (OSTP)  
**Cc:** @AFRICA - African Affairs  
**Subject:** RE: revisions to talking points for Pickering/Africa trip -- for comments [UNCLASSIFIED]

you are a jewel. Thanks Laura

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

**From:** Efos, Laura L. (OSTP)  
**Sent:** Friday, July 07, 2000 7:36 PM  
**To:** Dempsey, Nora B. (AF); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF)  
**Cc:** @AFRICA - African Affairs; @HEALTH - International Health Affairs  
**Subject:** revisions to talking points for Pickering/Africa trip -- for comments [UNCLASSIFIED]

This is a proposed rewrite of the talking points on AIDS that were drafted independently by State and USAID (there's coordination for you!) I thought that the State points were too patronizing, and both the State and USAID points went into too much programmatic detail. Per Cathy, it sounds like Pickering is likely to say just a few words about AIDS, so I thought it would make sense for him to emphasize leadership.

### **General TPs for sub-Saharan Africa**

- We are all painfully aware of the magnitude of this terrible disease -- not only in terms of human suffering, but as a threat to your hard-fought gains in development, economic growth, and stability. This week's international AIDS conference in Durban brought to light the extent of the devastation.
- Clearly, more resources are needed for programs for AIDS prevention and care. That's why President Clinton doubled U.S. assistance for these programs over the past two years to \$225 million and called for an additional \$100 million in next year's budget.
- But this is just a start. We are also mobilizing other donors -- including the G-8, the multilateral development banks, and the private sector -- to increase their contributions to the fight against AIDS.
- Resources alone will not defeat the AIDS pandemic, however. The other equally important weapon is leadership. Leaders throughout the world need to make the fight against AIDS a priority now by launching education campaigns and destigmatizing the disease.
- We will continue to fight for more resources, but all the money in the world will not wipe out this epidemic unless countries make the necessary political commitment.
- [We strongly support President Obasanjo's call for an African heads-of-state summit on AIDS, which we see as an excellent opportunity to mobilize African leaders in this campaign.] *(Not sure if Obasanjo has publically proposed the summit yet.)*

### **TPs for Nigeria**

- We strongly support President Obasanjo's call for an African heads-of-state summit on AIDS. Leadership is critical to the fight against AIDS, and this summit is an excellent opportunity to engage leaders in the campaign to prevent, control and destigmatize this terrible disease.
- It is also an opportunity for leaders from Uganda and Senegal to share how they successfully turned around their HIV-infection rates and put AIDS prevention on the front of their agendas.
- We will do everything possible to help you make this summit a success.

**Consulate General of the United States of America**

2901 Durban Bay House  
333 Smith Street  
Durban, South Africa 4001  
Tel: (27)(31) 304-4737  
Fax: (27)(31) 301-8206

**DATE:** July 10, 2000  
**FAX:** (202) 456-9260  
**TO:** NORA DEMPSEY  
**FROM:** CG CRAIG KUEHL  
**RE:** Speech

⊕ HULLAOS.

**MESSAGE:** French Minister of Health Gillot abused her role as co-chair by reading this speech - Chirac's attempt to take credit on G8 initiatives on AIDS.

**Mr President,  
Ministers,  
Ladies and Gentlemen,**

**I am very pleased to address all the participants in this 13th international AIDS conference. Whether you be researchers, doctors, government officials, representatives of non-governmental organisations or pharmaceutical companies, you have all come together to fight, fight for life. It is a battle in which you have had many victories, a battle which is still, however, far from being won and which sees inequalities growing, inequalities which are even more unacceptable because they are inequalities in the face of illness and death.**

**We cannot deny the facts: the AIDS epidemic is worsening, even though we have more and more effective means today to fight against it. Facts nobody can deny, facts nobody should forget.**

**In Abidjan in December 1997 during the 10th conference on AIDS in Africa, I expressed my indignation, my refusal to accept this situation. I quoted figures that already represented a challenge to the human conscience.**

**Since then, the situation has worsened : around 35 million people infected by the virus, more than 18 million deaths, approximately 3 million of which were in 1999 alone. Africa and Asia are still the hardest hit.**

**AIDS kills more people than war. It erases decades of development work. It is a human and medical catastrophe and the biggest cause of economic and social regression that the developing world has had to face in a long time.**

\*

**AIDS prevention is improving. Promising research into finding a vaccine for HIV continues. Despite their cost and constraints on daily life, combination therapies have given hope where before there was only suffering and death. They have enabled us to slow down the virus, to hold back the pain and to live despite it.**

**Since 1997, France has stated that there cannot be two ways of fighting against AIDS: Northern treatment and Southern prevention. When 90% of people infected with HIV live in the developing world, it would be entirely unthinkable to accept a two-speed epidemic. We have to do everything possible to ensure that new treatment be made available to those most in need of it, in Africa, Asia and the rest of the world. This is why French authorities are arguing for a truly universal Therapeutic Solidarity Fund.**

**It would be pointless to talk about ethics, it would be pointless to talk about universal rights, if we are not able to create world solidarity against AIDS. But the world is waking up to the problem. Together with the United Nations, developed countries are at last realising the serious threat that AIDS poses to the future of a large portion of humanity and on world stability.**

The agreement signed between UNAIDS and large pharmaceutical companies to radically reduce the cost of access to combination therapy for developing countries represents an important step forward. This agreement must urgently be put into action. We also have to explore other avenues, such as the manufacturing of new medicines by developing countries themselves.

We know that a price reduction will not solve all our problems. The difficulties we face are not only due to the cost of medication but also to the organisation of health systems, ways of life, family and social environments, the difficulties involved in taking treatment for a long period of time. From this perspective, treatment for pregnant women is, in my opinion, an absolute priority. These women, who are about to give life to new human beings, are all the more conscious of the importance of the treatment they are taking.

To carry out the promises made in the agreement on the price of medication, France would like to propose the organisation, with the United Nations, of a conference on access to treatment. It will bring together developing countries, bilateral and multilateral donors, NGO's and laboratories. It will set up a framework, mobilise action programmes, lift obstacles and initiate projects. At the G8 summit in Okinawa in a few days, I will ask our partners for support.

Ladies and gentlemen,

Your presence here should give hope to the millions of men and women affected by the pandemic. We cannot resign ourselves to the current situation. The epidemic is not the fate of humankind. Our responsibility is

therefore all the greater. Together, let us ensure that at our next meeting, we will have redoubled efforts and seen results that are sufficiently encouraging to at last announce a reversal of the situation over the last few years. It is possible. We have to do it! Your discussions have to show the way.

Thank you.

Jacques CHIRAC

8 HIV/AIDS

2901 Durban Bay House, 333 Smith Street, Durban 4001  
Tel 27-31-304-4737  
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**U.S. Consulate  
General  
Durban, South Africa**

# Fax

**To:** Laura Efros **From:** Craig Kuehl, Consul General

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**Fax:** 202 456-6028 **Pages:** 8

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**Phone:** **Date:** July 9, 2000

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**Re:** Mbeki Keynote at AIDS Conference **CC:** Nora Dempsey 202 456-9260  
Don Gatto 202-647-5007

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

Here is text of speech as provided by Mbeki staff.

Best regards,

Craig Kuehl

27-82-858-2372

27-82-858-1162 (ask for Linda Jackson)

Nothing New.



THE PRESIDENCY: REPUBLIC OF SOUTH AFRICA  
Private Bag X1000, Pretoria, 0001

*(Embargoed till 20h00 – check against delivery)*  
**SPEECH OF THE PRESIDENT OF SOUTH AFRICA, THABO MBEKI, AT THE  
OPENING SESSION OF THE 13<sup>TH</sup> INTERNATIONAL AIDS CONFERENCE:  
DURBAN, JULY 9, 2000.**

Chairperson,  
Participants at the 13<sup>th</sup> International AIDS Conference;  
Comrades, ladies and gentlemen:

On behalf of our government and the people of South Africa, I am happy to welcome you to Durban and to our country.

You are in Africa for the first time in the history of the International AIDS Conferences.

We are pleased that you are here because we count you as a critical component part of the global forces mobilised to engage in struggle against the AIDS epidemic confronting our Continent.

The peoples of our Continent will therefore be closely interested in your work. They expect that out of this extraordinary gathering will come a message and a programme of action that will assist them to disperse the menacing and frightening clouds that hang over all of us as a result of the AIDS epidemic.

You meet in a country to whose citizens freedom and democracy are but very new gifts. For us, freedom and democracy are only six years old.

The certainty that we will achieve a better life for all our people, whatever the difficulties, is only half-a-dozen years old.

Because the possibility to determine our own future together, both black and white, is such a fresh and vibrant reality, perhaps we often overestimate what can be achieved within each passing day.

Perhaps, in thinking that your Conference will help us to overcome our problems as Africans, we overestimate what the 13<sup>th</sup> International AIDS Conference can do.

Nevertheless, that overestimation must also convey a message to you. That message is that we are a country and a Continent driven by hope, and not despair and resignation to a cruel fate.

Those who have nothing would perish if the forces that govern our universe deprived them of the capacity to hope for a better tomorrow.

Once more I welcome you all, delegates at the 13<sup>th</sup> International AIDS Conference, to Durban, to South Africa and to Africa, convinced that you would not have come here, unless you were to us, messengers of hope, deployed against the spectre of the death of millions from disease.

You will spend a few days among a people that has a deep understanding of human and international solidarity.

I am certain that there are many among you who joined in the international struggle for the destruction of the anti-human apartheid system.

You are therefore as much midwives of the new, democratic, non-racial and non-sexist South Africa as are the millions of our people who fought for the emancipation of all humanity from the racist yoke of the apartheid crime against humanity.

We welcome you warmly to South Africa also for this reason.

Let me tell you a story that the World Health Organisation told the world in 1995. I will tell this story in the words used by the World Health Organisation.

This is the story:

"The world's biggest killer and the greatest cause of ill-health and suffering across the globe is listed almost at the end of the International Classification of Diseases. It is given the code Z59.5 - extreme poverty.

"Poverty is the main reason why babies are not vaccinated, why clean water and sanitation are not provided, why curative drugs and other treatments are unavailable and why mothers die in childbirth. It is the underlying cause of reduced life expectancy, handicap, disability and starvation. Poverty is a major contributor to mental illness, stress, suicide, family disintegration and substance abuse. Every year in the developing world 12.2 million children under 5 years die, most of them from causes which could be prevented for just a few US cents per

child. They die largely because of world indifference, but most of all they die because they are poor ..

"Beneath the heartening facts about decreased mortality and increasing life expectancy, and many other undoubted health advances, lie unacceptable disparities in wealth. The gaps between rich and poor, between one population group and another, between ages and between sexes, are widening. For most people in the world today every step of life, from infancy to old age, is taken under the twin shadows of poverty and inequity, and under the double burden of suffering and disease.

"For many, the prospect of longer life may seem more like a punishment than a gift. Yet by the end of the century we could be living in a world without poliomyelitis, a world without new cases of leprosy, a world without deaths from neonatal tetanus and measles. But today the money that some developing countries have to spend per person on health care over an entire year is just US \$4 – less than the amount of small change carried in the pockets and purses of many people in the developed countries.

"A person in one of the least developed countries in the world has a life expectancy of 43 years according to 1993 calculations. A person in one of the most developed countries has a life expectancy of 78 – a difference of more than a third of a century. This means a rich, healthy man can live twice as long as a poor, sick man.

"That inequity alone should stir the conscience of the world – but in some of the poorest countries the life expectancy picture is getting worse. In five countries life expectancy at birth is expected to decrease by the year 2000, whereas everywhere else it is increasing. In the richest countries life expectancy in the year 2000 will reach 79 years. In some of the poorest it will go backwards to 42 years. Thus the gap continues to widen between rich and poor, and by the year 2000 at least 45 countries are expected to have a life expectancy at birth of under 60 years.

"In the space of a day passengers flying from Japan to Uganda leave the country with the world's highest life expectancy – almost 79 years – and land in one with the world's lowest – barely 42 years. A day away by plane, but half a lifetime's difference on the ground. A flight between France and Cote d'Ivoire takes only a few hours, but it spans almost 26 years of life expectancy. A short air trip between Florida in the USA and Haiti represents a life expectancy gap of over 19 years...

"...HIV and AIDS are having a devastating effect on young people. In many countries in the developing world, up to two-thirds of all new infections are among people aged 15-24. Overall it is estimated that half the global HIV infections have been in people under 25 years – with 60% of infections of

females occurring by the age of 20. Thus the hopes and lives of a generation, the breadwinners, providers and parents of the future, are in jeopardy. Many of the most talented and industrious citizens, who could build a better world and shape the destinies of the countries they live in, face tragically early death as a result of HIV infection."

(World Health Report 1995: Executive Summary, WHO.)

This is part of the story that the World Health Organisation told in its World Health Report in 1995.

Five years later, the essential elements of this story have not changed. In some cases, the situation will have become worse.

You will have noticed that when the WHO used air travel to illustrate the import of the message of the story it told, it spoke of a journey from Japan to Uganda, another from France to the Cote d'Ivoire and yet another from the United States to Haiti.

From developed Asia, Europe and North America, two of these journeys were to Africa and the third to the African Diaspora.

Once again, I welcome you to Africa, recognising the fact that the majority of the delegates to the 13<sup>th</sup> International AIDS Conference come from outside our Continent.

Because of your heavy programme and the limited time you will spend with us, what you will see of this city, and therefore of our country, is the more developed world of which the WHO spoke when it told the story of world health in 1995.

You will not see the South African and African world of the poverty of which the WHO spoke, in which AIDS thrives - a partner with poverty, suffering, social disadvantage and inequity.

As an African, speaking at a Conference such as this, convened to discuss a grave human problem such as the acquired human deficiency syndrome, I believe that we should speak to one another honestly and frankly, with sufficient tolerance to respect everybody's point of view, with sufficient tolerance to allow all voices to be heard.

Had we, as a people, turned our backs on these basic civilised precepts, we would never have achieved the much-acclaimed South African miracle of which all humanity is justly proud.

Some in our common world consider the questions I and the rest of our government have raised around the HIV-AIDS issue, the subject of the



Ø HIV/AIDS

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

FACSIMILE TRANSMITTAL SHEET

TO: Nora Dempsey FROM: Sarah for S. Thurman  
COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

FAX NUMBER: 456-9260 TOTAL NO. OF PAGES INCLUDING COVER: 4

PHONE NUMBER: 456-9261

RE: SA Minister of Health

URGENT  FOR REVIEW  PLEASE COMMENT  PLEASE REPLY  PLEASE RECYCLE

NOTES/COMMENTS:  
  
Not as BAD as Mbeki's remarks  
But ...



PRESS BRIEFING BY MINISTER OF HEALTH - SA.

Yesterday, President Mbeki opened this Conference and reaffirmed our government's commitment to respond to the HIV/AIDS epidemic.

He also referred to our 5-year HIV/AIDS/STD Strategic Plan released on the 19<sup>th</sup> of June 2000 containing the key elements of our national response to the epidemic. It also represents the collective wisdom of many South Africans from across a wide range of sectors who participated in its formulation. It has the full endorsement of our government, as well as the South African National AIDS Council (SANAC) chaired by our Deputy President, Jacob Zuma. SANAC is the concrete manifestation of this country's partnership against AIDS and has representatives from an array of civil society structures.

This 5-year Strategic Plan is premised on the common understanding that there is a causal link between HIV and AIDS. The President of this country has never denied either the existence of AIDS nor this causal connection between HIV and AIDS. In this regard, we would like to quote the editorial of the Sunday Times of yesterday, 9 July 2000: "Neither he nor Tshabalala-Msimang have ever denied the link between HIV and AIDS, and nor have they ever denied that AIDS represents a public health crisis that demands a special response from the government. On the contrary, in a television insert that has been run repeatedly over the past year, Mbeki has pleaded with the youth to use condoms and take the Aids crisis seriously. He should not be begrudged this because he has overzealously demanded a re-examination of scientific orthodoxy."

It is precisely those who have decided to make this allegation and then cynically expect the President to respond to distortions of their own making, who should reflect on their own consciences.

In any event, the statement of President Mbeki during the opening ceremony was unequivocal on this matter.

A key element of our plan is the escalation of prevention efforts. This is focused particularly at the youth and includes the introduction of life skills programmes in schools as a compulsory part of our curriculum. It also includes peer education and broader social mobilisation.

This effort is linked to public awareness on the dominant heterosexual modality of transmission in our context and therefore puts emphasis on condom usage and adequate treatment of sexually transmitted infections. We are strengthening all of these programmes and the President is unequivocal about our commitment to escalate our response on these elements.

⌘ We are unapologetic about the fact that the focus on primary prevention remains the core of our response to this epidemic.

⌘ A related issue is that of mother-to-child HIV transmission (MTCT). Again we have supported ongoing research in South Africa both on AZT and Niverapine. We have indicated clearly some of the concerns that are well known about side effects of these drugs, including the development of resistance. We also recognise that Niverapine, if it were to be proven to have a positive benefit/risk profile, would present a better option for developing countries like ours. This is because of its ease of administration as well as a relatively more favourable cost profile.

As previously stated, we have therefore supported ongoing research on this. We look forward to the discussions in this Conference which will focus on the results of these trials and link them to the challenges of breastfeeding options given the evidence of reversal of benefits with continued breastfeeding. We have, in discussion with our scientists, agreed to discuss this matter once the relevant results are available. We also shall be looking at the recommendations from the WHO on this matter.

⌘ Meanwhile, early this year we released our guidelines on the obstetric care of those who are HIV positive.

It is important for us to remember that there are other basic interventions that are critical in preventing MTCT apart from the use of antiretrovirals.

⌘ We reiterate our view that it is inappropriate to blame everything around this epidemic on the HI virus. Clearly the relationship between HIV and other social ills afflicting our society such as poverty and disease, particularly TB and STDs, is complex. We reaffirm unapologetically our view that a comprehensive response in our country needs to recognise this reality.

It is clear to us that this reality is part of the elements that define the striking differences in response to this epidemic in developing countries as compared to developed countries. President Mbeki articulated this comprehensively in his address yesterday.

We leave those who have the comfort to ignore this reality to continue deluding themselves. Our task is not to respond to narrow sectoral agendas and interests, but to intervene in a comprehensive, sustainable manner in the interests of our country, particularly those previously marginalised.

⌘ Flowing from this understanding, earlier this year we released guidelines for the treatment of opportunistic infections. We have also strengthened our STD and TB programmes. We are also strengthening our national response to other public health challenges such as poverty and the provision of adequate safe water and sanitation.

We do so because we believe that the presence of these infections accelerates viral replication and therefore increases the rate of transmission. It seems eminently evident to us that countries that are resource-constrained like ours, need to begin with these interventions both because this is good in itself but secondly because an effective response in this regard is an effective response against HIV and AIDS.

availability of all treatment of proven efficacy and benefit to deal with the epidemic of HIV and AIDS.

We are encouraged by the growing support for such interventions as parallel importing, compulsory licensing and local manufacturing, and we support these initiatives fully.

- ⌘ Our Strategic Plan also places a lot of emphasis on the need to prevent all forms of discrimination against those infected and affected. This is central to the realisation of the theme of this Conference, namely "Breaking the Silence".
- ⌘ We wish to reiterate our backing of this Conference and the robust debates it hosts.

**Battenfield, Pat A. (AF)**

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**From:** Efros, Laura L. (OSTP)  
**Sent:** Wednesday, June 28, 2000 10:09 AM  
**To:** Stockwell, David B. (PRESS); @PRESS - Public Affairs  
**Cc:** Bernard, Kenneth W. (HEALTH); @AFRICA - African Affairs; Samans, Richard (INTECON)  
**Subject:** suggested additional bullet for AIDS Q&A [UNCLASSIFIED]

Suggest adding the following bullet description of NIH spending: (Ken concurs)

- I have also proposed a \$1 billion tax credit to provide incentives for industry to develop critically needed vaccines for AIDS, malaria, and tuberculosis.

**Battenfield, Pat A. (AF)**

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**From:** Efros, Laura L. (OSTP)  
**Sent:** Wednesday, June 28, 2000 9:46 AM  
**To:** Bernard, Kenneth W. (HEALTH); Smith, Gayle E. (AF); Dempsey, Nora B. (AF)  
**Cc:** @AFRICA - African Affairs  
**Subject:** FW: AIDS [UNCLASSIFIED]

**Importance:** High

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Minor edits -- not critical.



AIDS potus Q A's1.doc

## International AIDS Epidemic

**"Mr. President, the UN released its devastating report yesterday on AIDS in Africa. Already if unchecked, the disease will kill 2 of every 3 Botswanan teenagers. Given your announcement Monday that the USG surplus is in the trillions of dollars, are you doing enough to help forestall disaster in Africa?"**

- No, the U.S. and all concerned countries should be doing more – much more. We have been pushing for increased international resources programs to fight this epidemic for over ten years – with USAID alone spending over \$1.2 billion in foreign assistance for AIDS.
- Two things are necessary to fight and win the war against AIDS. One is resources. But the other, and equally important weapon is leadership. Leaders throughout the world need to make the fight against AIDS a priority, now, and do all they can to alert and educate their people now. We will fight the fight to get more resources, but all the money in the world will not wipe out this epidemic unless we have the leadership we need.
- In the last two years I have more than doubled our investment in international prevention and care programs. This year I am asking Congress for \$325 million for international AIDS programs, more than 4 times more than the next largest donor. In addition, I have directed NIH is spending over to spend over \$1.8 billion on AIDS research, with over including more than \$220 million for to develop an AIDS vaccines – the best long-term best answersolution to this disease.
- Funding for international AIDS has strong bipartisan congressional support – we all realize the importance of this disease. We must secure full funding of my request this year, and continue to redouble our investments.
- In the Cologne Debt Initiative we promised to make resources freed up by debt relief to the poorest countries available for AIDS programs. Congress should must increase funding for debt relief, especially for the HIPC countries, to provide the levels of resources for neediest countries to fight the epidemic.
- I am going to Okinawa and will ask the G-8 to commit to dramatically increasing developed country support of assistance to combat AIDS. Canada

and Great Britain have already announced major increases in funding – but seven of the richest countries in the world can and must do more.

- Jim Wolfensohn at the World Bank, with our strong support and the encouragement of our allies, will be making substantial funds available for AIDS – and these are the levels of resources that can really ~~close the gap~~have an impact.

## Battenfield, Pat A. (AF)

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**From:** Smith, Gayle E. (AF)  
**Sent:** Wednesday, June 28, 2000 9:36 AM  
**To:** Bernard, Kenneth W. (HEALTH)  
**Cc:** Efros, Laura L. (OSTP); @AFRICA - African Affairs  
**Subject:** FW: AIDS [UNCLASSIFIED]

**Importance:** High

Ken - looks good to Nora and me, though we added one point (see new second bullet) on leadership. With that addition, we clear.

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

**From:** Bernard, Kenneth W. (HEALTH)  
**Sent:** Wednesday, June 28, 2000 9:27 AM  
**To:** Efros, Laura L. (OSTP); @AFRICA - African Affairs  
**Subject:** FW: AIDS [UNCLASSIFIED]  
**Importance:** High

I did this on a 20 minute turnaround for a 10:00 Potus pre-brief. Left out a bunch, but even Cuba only got a half page. Could use a q and an line or two about Peace Corps, Durban and leadership.... But probably won't be brought up.... Any comments, if they are to be useful needed in a few minutes. ---Ken

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

**From:** Bernard, Kenneth W. (HEALTH)  
**Sent:** Wednesday, June 28, 2000 9:13 AM  
**To:** Stockwell, David B. (PRESS); @PRESS - Public Affairs  
**Subject:** AIDS [UNCLASSIFIED]  
**Importance:** High

Here it is, not enough, but, .....



AIDS potus Q & A's.doc

## International AIDS Epidemic

**"Mr. President, the UN released its devastating report yesterday on AIDS in Africa. Already if unchecked, the disease will kill 2 of every 3 Botswanan teenagers. Given your announcement Monday that the USG surplus is in the trillions of dollars, are you doing enough to help forestall disaster in Africa?"**

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- Two things are necessary to fight and win the war against AIDS. One is resources. But the other, and equally important weapon is leadership. Leaders throughout the world need to make the fight against AIDS a priority, now, and do all they can to alert and educate their people now. We will fight the fight to get more resources, but all the money in the world will not wipe out this epidemic unless we have the leadership we need.
- In the last two years I have more than doubled our investment in international prevention and care programs. This year I am asking Congress for \$325 million for international AIDS programs, more than 4 times more than the next largest donor. In addition, NIH is spending over 1.8 billion on research, with over 220 million for vaccines – the long-term best answer to this disease.
- Funding for international AIDS has strong bipartisan congressional support – we all realize the importance of this disease. We must secure full funding of my request this year, and continue to redouble our investments.
- In the Cologne Debt Initiative we promised to make resources freed up by debt relief to the poorest countries available for AIDS programs. Congress should must increase funding for debt relief, especially for the HIPC countries, to provide the levels of resources for neediest countries to fight the epidemic.
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- Jim Wolfensohn at the World Bank, with our strong support and the encouragement of our allies, will be making substantial funds available for AIDS – and these are the levels of resources that can really close the gap.

**Battenfield, Pat A. (AF)**

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**From:** Efros, Laura L. (OSTP)  
**Sent:** Monday, June 26, 2000 7:44 PM  
**To:** Steinberg, James; @RUDMAN; @EXECSEC - Executive Secretary  
**Cc:** @AFRICA - African Affairs; @HEALTH - International Health Affairs; Bernard, Kenneth W. (HEALTH); Dempsey, Nora B. (AF); Smith, Gayle E. (AF)  
**Subject:** Durban AIDS Meeting with Sandy Thurman - background [UNCLASSIFIED]

**To:** Jim and Mara  
**From:** Laura Efros  
**Concurrence by:** Ken Bernard, Gayle Smith, Nora Dempsey

Sandy Thurman will convene a meeting tomorrow at 2 pm at her office on Jackson Place to discuss the upcoming International AIDS Conference in Durban, South Africa. Other participants in tomorrow's meeting include Leon Fuerth, Maria Echaveste (tentative), Mara Rudman, Gayle Smith, Nora Dempsey, Ken Bernard, Rick Samans, and OMB. Sandy sees tomorrow's meeting as an informational briefing only, not a forum to discuss the larger international AIDS picture beyond Durban. However, Leon and others may raise the question of how Durban could advance our international AIDS agenda.

Sandy has not provided any paper for tomorrow's meeting. The following background might be useful:

**Durban Conference.** The XIII International AIDS Conference is the largest international scientific meeting on AIDS, with more than 12,000 participants. It will be held in Durban, South Africa, from July 9-14, with numerous pre-meetings the week before. The USG is sending several hundred people, primarily researchers from NIH and CDC. The senior USG participants are Sandy Thurman, David Satcher, Tony Fauci (head of infectious diseases at NIH), Helene Gayle (head of AIDS programs at CDC), Paul DeLay (head of AIDS programs at USAID), and the US Ambassador to South Africa. It is likely, but as yet unconfirmed that Ron Dellums, currently head of the President's Advisory Council on HIV/AIDS, and Rep. Barbara Lee, member of the Congressional Black Caucus, will attend. Sandy has requested this meeting in part to solicit our support in keeping the focus of USG participation at Durban to technical issues -science and treatment - rather than on politics. We (OSTP, AF, and Health) agree. (Note that governments were not asked to send formal delegations; government representatives were invited as individuals.)

The USG presentations will focus on the latest scientific and medical advances. Sandy Thurman also plans to discuss the proposed USG budget increases and our efforts to mobilize resources from the international community. There will be a daily press briefing by USG officials on a range of research and public health topics, such as the demographic impact of AIDS, the role of voluntary counseling and testing, and the status of the LIFE initiative.

While Durban is primarily a scientific meeting, it is likely to become politicized for several reasons. First, the conference will be held for the first time in a developing country, where AIDS is truly an epidemic and few infected people have access to drugs. Second, Mbeki is planning to open the conference, and he has yet to settle the controversy surrounding his recent statements on AIDS. Sandy Thurman and others expect a large contingent of AIDS activists to protest Mbeki's address, as well as some USG and other Western government presentations. The conference organizers -- AIDS 2000 -- actually endorsed a march against pharmaceutical companies and governments, to coincide with the opening of the conference, according to a joint press statement by AIDS 2000 and march organizers.

**Status of Mbeki controversy.** Mbeki has yet to resolve the controversy surrounding his views on the relationship between HIV and AIDS and the safety of drugs to prevent mother-to-child transmission of the virus. While media attention has diminished in the US, AIDS activists worldwide remain deeply concerned by Mbeki's views. Mbeki's position does not, however, appear to have the backing of other African leaders. Mbeki has not given an indication of what he plans to say during his opening remarks at the Durban conference, but he is not expected to make a strong statement about the science behind AIDS. His international research panel will hold its second meeting just prior to the conference, but will not present a report as previously thought. During Secretary Summers' recent visit to Africa with Sandy Thurman, Summers spoke to Mbeki by phone and reiterated the message that it is critical that Mbeki resolve the AIDS controversy in a positive way.

**Proposed African Leaders Summit on AIDS.** Sandy does not plan to raise this issue tomorrow, but you should be aware that Nigerian President Obasanjo proposed to Sandy and Summers that he convene an African leaders summit on AIDS some time this year. This summit would be an important achievement in the campaign to mobilize African leaders to address the AIDS pandemic. Sandy has suggested internally that we consider possible POTUS participation in the summit. NSC AFRICA and State AF are looking into this and will come back with a recommendation.

**Battenfield, Pat A. (AF)**

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**From:** Wilcox, Richard M. (MULTI)  
**Sent:** Monday, June 26, 2000 7:33 PM  
**To:** @AFRICA - African Affairs  
**Subject:** FW: For SRB/JS on Sudan UNSC [CONFIDENTIAL]

Score for Chiques d'Afrique.

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

**From:** Wilcox, Richard M. (MULTI)  
**Sent:** Monday, June 26, 2000 7:32 PM  
**To:** Smith, Gayle E. (AF)  
**Cc:** @AFRICA - African Affairs; @MULTILAT - Multilateral and Humanitarian Affairs  
**Subject:** RE: For SRB/JS on Sudan UNSC [CONFIDENTIAL]

congratulations! good work.

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

**From:** Smith, Gayle E. (AF)  
**Sent:** Monday, June 26, 2000 7:18 PM  
**To:** @NSA - Natl Security Advisor  
**Cc:** Byrne, Catherine E. (AF); Dempsey, Nora B. (AF); Kurtz, Paul B. (TNT); Clarke, Richard A. (TNT); Wilcox, Richard M. (MULTI)  
**Subject:** For SRB/JS on Sudan UNSC [CONFIDENTIAL]

To Sandy and Jim from Gayle on **Sudan and the Security Council**  
Concurrence by Eric Schwartz

The Sudanese have told USUN that they intend to go to the NAM tomorrow and tell them that they do not want a confrontation with the US on lifting sanctions, and that they therefore want the resolution to be held in abeyance for reconsideration in six months (or, possibly, when Namibia assumes the UNSC Presidency in November). USUN has told them that we would not, in exchange, guarantee that we would support a future resolution calling for the sanctions to be lifted; instead, our position will be determined by both Sudan's compliance with the provisions of the sanctions resolution and on progress in our counter-terrorism dialogue.

We will confirm tomorrow whether, in fact, Sudan does take this action with the NAM, in which case we will move on to the next issue, Sudan's seat on the Council. If Sudan does not follow through, we will send up talking points for an SRB-Osama al Baz call tomorrow.

DECLASSIFIED E.O. 13526

White House Guidelines,

September 11, 2006 5/16/2017

By VZ NARA, Date 8/16/2014

2017-0739 u1

**Battenfield, Pat A. (AF)**

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**From:** Dempsey, Nora B. (AF)  
**Sent:** Thursday, June 22, 2000 10:28 AM  
**To:** Crocker, Bathsheba N. (NSA)  
**Cc:** @NSA - Natl Security Advisor; @AFRICA - African Affairs; Efos, Laura L. (OSTP)  
**Subject:** Points for JBS on AIDS [UNCLASSIFIED]

Sheba, here are points as requested from Nora and Laura Efos.  
Ken is still out of town.

N.B. Points on National Security aspect are at the outset.



AIDS QandAs\_\_\_.doc

## GLOBAL AIDS CRISIS

**Background:** *The human toll of AIDS is staggering. Fifty million people worldwide have been infected with the HIV virus; 33.6 million are now living with HIV/AIDS, and annual AIDS-related fatalities hit a record 2.6 million last year. Ninety-five percent of all cases are in the developing world. AIDS is now the leading cause of death in Africa and fourth in the world. In at least five African countries, over 20 percent of adults are HIV-positive. And the highest rates of new infections are often among young women who will soon be mothers.*

*On January 10, the United Nations Security Council held a daylong session on the global threat posed by HIV/AIDS. This event was the first time the Security Council considered a health issue. The session reinforced what we have stated repeatedly, that AIDS is much more than a health or humanitarian issue -- it is a development issue, a trade issue, and a key stability and security issue.*

*The U.S. government remains a world leader in responding to the global pandemic of AIDS. Current USG activities emphasize enhanced financial and political commitment, primary prevention, improving community and home based care and treatment, caring for children affected by HIV/AIDS, health infrastructure development, biomedical and behavioral research and training, and multi-sectoral efforts from the grass roots to the international level that reduce the impact of AIDS.*

**The Washington Post announced that the Administration has formally designated the disease for the first time as a “National Security Threat.” Why now?**

- This has been an evolving process. We have recognized for a long time that the spread of AIDS is undermining the health, development, economics and potentially even the political stability of the hardest hit nations. And we have invested in combating the international AIDS epidemic since the early 1980s.
- Nearly two years ago, the NSC established an office of International Health Affairs, to expand the security community involvement with issues such as AIDS. The expansion of the epidemic has focused the broad national security community on the significant negative impact on growing economies and democracies.
- AIDS threatens to undermine progress towards democracy and reform, it weakens societies by decimating all classes of society, drags down economies, fuels corruption, and has a greater humanitarian impact than major regional wars.
- A recent National Intelligence Estimate (which is unclassified) laid out some of the security concerns for the U.S. and others, including demographic upheaval, (reduction in life-span by up to 20 years, doubling infant mortality, loss of workforce, increase in orphans), and possible political instability as state resources are drained and economic productivity vanishes. Not to mention the humanitarian tragedy of losing millions and millions of lives each year.

- By way of example – Treasury Secretary Summers was in Africa last week, and in every country he visited, in all of his meetings on economic reform, his African counterparts raised, as a matter of urgency, the threat posed by AIDS to economic growth and stability.

### **What are we doing to address the threat of AIDS, especially in Africa?**

- We launched the LIFE initiative (Leadership and Investment in Fighting an Epidemic), an enhanced global AIDS effort, in 1999. Of the \$225 million in our FY2000 budget for global AIDS prevention and care, two thirds will go to Africa.
- The LIFE initiative is focused on prevention, basic care and treatment, support for orphans, and health infrastructure.
- In the 2001 request to Congress, we are asking for an additional \$100 million for our global AIDS effort, a total of \$325 million.
- We are also committed to a concerted effort to accelerate the development and delivery of vaccines for malaria, TB, and AIDS – this is the Millennium Initiative announced in the State of the Union, January 27, 2000. This is an important addition to the USG's \$1.8 billion annual commitment to AIDS research.
- On May 10, 2000, the President issued an executive order to help make HIV/AIDS-related drugs more accessible and affordable in beneficiary sub-Saharan African countries while protecting intellectual property rights.

### **Should we be doing more?**

- Yes, we – and all concerned countries – should be doing more. Our response is focused on two key components: leadership and resources. The USG is now engaged in an interagency process to identify and refine a series of new initiatives and partnerships to deal with the critical issues of prevention, treatment and care.
- The President's joint statement with India on HIV/AIDS, and India's recent IDA loan to fund AIDS activities are good examples of the leadership needed.
- But the resources required – more than \$3 billion/year for prevention and care in Sub-Saharan Africa alone, will be a formidable obstacle. The average sub-Saharan African country has only \$5-20 million from all sources to spend on AIDS prevention and care – a ludicrously insufficient amount. No matter how much we spend as a nation, we cannot do it alone. To help solve that problem we are working on a four-point strategy: Increased bilateral assistance; multilateral coordination; debt forgiveness; and engaging the private sector.
- We must leverage an enhanced response from other bilateral donors and multilateral institutions through a U.S.-lead international cooperative effort. Our key partners include the G-8 and the E.U.
- At the US-EU Summit last month, we issued a joint statement with the EU calling for increased support for activities to combat the epidemic, especially in Africa. HIV/AIDS will also be a major agenda item on the G-8 meeting in Okinawa in July. The U.S. will be joining

our G-8 partners in pushing for increased international funding of AIDS prevention and care and an effort to mobilize leadership at the highest levels.

- Treasury Secretary Larry Summers, during his visit last week to five African countries, succeeded in communicating our concern about HIV/AIDS as a threat to global macro-economic stability and socio-economic development.
- Ongoing discussions with James Wolfensohn at the World Bank indicate that the multi-lateral development banks are willing to make substantial funds available to eligible countries to meet the prevention, treatment and care requirements of eligible countries.
- Earlier this month, international donors (IDA deputies) announced that they would make one billion dollars available through concessional lending, and presume to raise that level over time.
- This will complement the Cologne debt initiative agreement last year in which, for the first time, we agreed with our G-7 partners to fund debt relief for the HIPC countries with the thus-freed up resources to be used for social and health programs such as AIDS control.

TO: PRESIDENT

FROM: BERGER

DOC DATE: 31 MAY 00  
SOURCE REF:

KEYWORDS: AFRICA  
MEDIA

INTL HEALTH  
POTUS QUESTIONS

PERSONS:

SUBJECT: RESPONSE TO PRES COMMENT ON NEW YORK TIMES ARTICLE ON HIV/AIDS

ACTION: NOTED BY PRESIDENT

DUE DATE: 15 APR 00 STATUS: C

STAFF OFFICER: BERNARD

LOGREF:

FILES: PA

NSCP:

CODES:

DOCUMENT DISTRIBUTION

FOR ACTION

FOR CONCURRENCE

FOR INFO  
BERNARD  
DEMPSEY  
NSC CHRON

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COMMENTS: \_\_\_\_\_  
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OPENED BY: NSTCG CLOSED BY: NSGP DOC 5 OF 5

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ACTION DATA SUMMARY REPORT

RECORD ID: 0002575

DOC ACTION OFFICER

CAO ASSIGNED ACTION REQUIRED

001 SMITH, G	Z 00041318	PREPARE MEMO FOR BERGER
002 BERGER	Z 00042111	FWD TO PRESIDENT FOR INFORMATION
002 DEMPSEY	Z 00050108	FOR REDO
003 BERGER	Z 00050310	FWD TO PRESIDENT FOR INFORMATION
003 DEMPSEY	Z 00051114	FOR REDO
003	Z 00051513	ACTION TRANSFERRED
003 BERNARD	Z 00051513	FOR REDO
004 BERGER	Z 00051521	FWD TO PRESIDENT FOR INFORMATION
005 PRESIDENT	Z 00053110	FOR INFORMATION
005	X 00060809	NOTED BY PRESIDENT

DISPATCH DATA SUMMARY REPORT

<u>DOC</u>	<u>DATE</u>	<u>DISPATCH FOR ACTION</u>	<u>DISPATCH FOR INFO</u>
005	000531		VICE PRESIDENT
005	000531		WH CHIEF OF STAFF

UNCLASSIFIED

NATIONAL SECURITY COUNCIL  
THE WHITE HOUSE

5/4

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BRADTKE	_____	_____	_____
RUDMAN	<u>2</u>	<u>un 5/3</u>	_____
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BERGER	<u>4</u>	<u>J</u>	_____
SITUATION ROOM	_____	_____	_____
WEST WING DESK	<u>5</u>	<u>BD 5/3</u>	<u>D</u>
RECORDS MGMT.	_____	_____	_____
<u>Dempsey</u>	<u>6</u>	_____	<u>FFA</u>

A = ACTION I = INFORMATION D = DISPATCH R = RETAIN N = NO FURTHER ACTION

CC:

COMMENTS:

Response to POTUS Comment  
in NYT Article re HN/AIDS

00 MAY 3 am 9:33

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THE WHITE HOUSE

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<u>Africa - Dempsey</u>	<u>4</u>	_____	<u>See JBS' Note</u>

A = ACTION I = INFORMATION D = DISPATCH R = RETAIN N = NO FURTHER ACTION

CC: Response to POTUS comment  
on NYT article on HIV/AIDS

EXEC SEC OFFICE HAS DISKETTE yes

NATIONAL SECURITY COUNCIL

5/16

THE WHITE HOUSE

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BASH	<u>1</u>	<u>PR/5/15</u>	_____
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STEINBERG	<u>3</u>	<u>[Signature]</u>	_____
BERGER	<u>4</u>	<u>[Signature]</u>	_____
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RECORDS MGMT.	_____	_____	_____
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A = ACTION I = INFORMATION D = DISPATCH R = RETAIN N = NO FURTHER ACTION

CC: NOTE for WWD —  
 COMMI When this goes to staff secretary, we need a cover note or something that reflects that Sandy Thurman has no record ment on NYT  
 EXEC: -IOS

6-6-00

## THE WHITE HOUSE

WASHINGTON

May 31, 2000

*copied**Berger**Podesta**NSC WW Desk*

NO COPY 31-5-00

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL BERGER *Sam Berger*

SUBJECT: Response to Your Comment on New York Times  
Article on HIV/AIDS

On Nadine Gordimer's April 11 op-ed in the New York Times, you wrote "I hope we can do more to get the global effort off the ground."

We have made this a major priority. We are working to ensure funding of your request for another \$100 million for our bilateral AIDS efforts (for a total of \$325 million in FY2001). In cooperation with the Office of National AIDS Policy and NEC, we are completing a comprehensive policy agenda to expand our international HIV/AIDS engagement, accompanied by a diplomatic and legislative strategy to accomplish our goals.

Among other steps, we have called on our EU colleagues to substantially increase resources for AIDS prevention, treatment and care, especially in Africa. Although the UK, Denmark and Sweden, are major contributors to the global effort, other EU members can do much more. The U.S.-EU Summit will give us a joint platform to call for increased EU commitment.

Your recent conversation with Prime Minister Mori concerning health issues at the G-8 was very encouraging. Based on our engagement, the Japanese agreed to focus the G-8 health issues on four areas: (1) leader-to-leader dialogue and increased funding for AIDS; (2) a call for multilateral development banks to increase concessionary lending for health; (3) a commitment to support new partnerships (like the GAVI); and (4) a call for G-8 to foster increased access to drugs and vaccines for developing countries. We intend to make our strongest arguments ever in the G-8 forum to increase needed HIV/AIDS resources, especially in Africa. When France assumes the EU presidency in

cc: Vice President  
Chief of Staff

July, they have told us that HIV/AIDS will be prominent factors in their agenda with emphasis on providing drugs to Africans who need but cannot afford them.

We are developing a diplomatic strategy to address the issue at every opportunity, including the International AIDS Conference in Durban, the IDA Deputies meeting in Lisbon, the World Bank annual meeting in Prague, and hope to make the link between disease and poverty at the UN Millennium Assembly in September. We aim to build international cooperation and generate political and practical support for your initiatives on the global AIDS crisis, malaria, TB, and vaccines by highlighting HIV/AIDS, and pressing for specific proposals such as increased funding from our partners.

Attachment

Tab A New York Times Article

# Africa's Plague, and Everyone's

By Nadine Gordimer

**S**ixty-nine percent of the world's victims of H.I.V. and AIDS are in sub-Saharan Africa. This figure is not easy to take in. AIDS seems to have come upon everyone while we were looking the other way: it happened to some sex or color other than our own; it was endemic to some other country.

In South Africa it was quite some time before the realization that the disease was not the unfortunate problem of our poorer neighboring countries, but was our own. Now, out of South Africa's 43 million people, about 4 million have been infected by H.I.V. and a further 1,700 are infected daily. Recently, in a Johannesburg home caring for orphaned or abandoned babies born with AIDS, there was a service in memory of 40 who had died there not long before. While South Africa is the most highly developed country on the African continent, we are faced with this kind of future for the generations to come.

But every community, every affected country, has to decide how to approach what is no longer a problem but a catastrophe. There is prevention, and there is cure. The ideal is to seek both at once, but this is beyond the capacity of most countries where the disease is rampant.

Cure, and prevention by inoculation, are not within the capacity of lay people; these are in the hands of medical science, which implies money to be provided to advance research. Immediate prevention is in the hands and initiative of each population itself.

I believe we cannot emphasize bluntly enough that the cure and vaccine development depend on money. And until recently, the country that has the money, the United States, perhaps inevitably has concentrated on a vaccine for a subtype of AIDS prevalent in the Northern Hemisphere. It was only at the World Economic Forum's meeting this year that President Clinton announced that large-scale aid for vaccine development would be forthcoming from the United States. Only now has the International AIDS Vaccine Initiative announced a third international development project, based on those subtypes of the virus most prevalent in the direly affected regions of Southern and East Africa, the subtypes C and A.

It is encouraging that the project is being pursued in wide collaboration among researchers of the United States, South Africa, Kenya and Oxford University, and that the philosophy of the initiative is that of "social venture capital," meaning that in return for financing, it has secured rights to ensure that a successful vaccine, when it is achieved, will be distributed in developing countries "at a reasonable price." The formation of an International Partnership Against HIV/AIDS in Africa is to be welcomed as extremely important in the same context.

The question of money — price — is vital in terms of the palliatives available to arrest the disease and alleviate symptoms. It is another piercing ex-

ample of the gulf between the world's rich and the world's poor that the suffering from AIDS may be alleviated, and even the lives prolonged, of those victims who can afford expensive treatment. The same principle applies to prevention. Everywhere in Africa moral and humanitarian decisions are a common dilemma, with money the deciding factor.

At the level of international — global — responsibility, the total sum needed annually for AIDS prevention in Africa is on the order of \$2.3 billion. Africa currently receives only \$165 million a year in official assistance from the world community.

Other questions that rest with the world community become relevant:

## H.I.V thrives on a paucity of hope among the poor and of love among the rich.

debt relief for developing countries, for example. The director-general of the World Health Organization said last year that debt relief should be reviewed in light of the resources that governments with large debts need to confront H.I.V.

The role of governments in financing is another example. Where does the defense budget not far exceed the public health budget to combat AIDS? Nevertheless, what H.I.V. and AIDS mean to the capability to govern, ultimately, was revealed in South Africa by the minister of public service and administration in February. The public service is the largest employer in the country and the fundamental government structure. In 1999, one in eight South Africans was H.I.V.-positive. It is estimated that 270,000 out of 1.1 million public servants could be infected by 2004. This looming crisis in governance exists almost everywhere on the African continent. If, in developing countries, defense budgets continue to leave H.I.V. budgets relegated to a footnote, all we shall have left to defend in the end is a graveyard.

AIDS is not only a health catastrophe, a challenge to medical science. It is socially enmeshed in the conditions of life that obtain while it spreads, just as the medieval plague was in its time. Although AIDS is no respecter of class or caste, slum conditions, ignorance and superstition (it is a white man's disease; it is a black man's disease) make the

poor its greatest source of victims.

In working to prevent the spread of the virus, we must accept the idea that promiscuity is difficult to condemn when sex is the cheapest or only available satisfaction for people society leaves to live on the street. On another socioeconomic level, casual sex thrives among young people who are materially privileged yet whom society has failed to endow with the real values of human sexuality, the knowledge that fulfillment involves contact with the other's personality, that the sexual act is not some mere bodily function like evacuation — which is what some campaigners seem to reduce it to.

There are subtleties, important ones, connected with any campaign against H.I.V. and AIDS, if it is to succeed in changing attitudes toward sexual mores. For there will be a cure discovered, there will be a vaccine — and after that? How shall we restore the quality of human relations that have been debased, shamed, reduced to the source of a fatal disease? The free condom dispenser is not the panacea. Neither, alone, is sex education restricted to anatomical diagrams and dire warnings in schools. The entire meaningfulness of personal sexual relations will need to be restored. That is what social health means, along with inoculation and survival.

**S**elf-interest cannot be discounted. So, to the developed world, a pragmatic word from the stricken African continent: Call not to ask for whom the stock exchange bell tolls and the figures on the computer sound the alarm — the toll is for Europe, for the United States, even for those countries where H.I.V. and AIDS victims are few. For if the markets and vast potential markets for the developed world's goods fail — if decimated populations mean there is no one left economically active with money to spend — that bell tolls for thee, globally.

H.I.V./AIDS is everyone's disaster. It has, finally, something to do with our whole manner of existence. It confronts us with questions that must be answered historically: What have we done with the world, politically? What are we doing with the world? What do we mean by development? Some Ugandans who had been in the audience of an AIDS information play were asked what message it had brought them. One said, "Don't go out with bar girls." Another said, "Stick to one partner." Then an older woman said: "AIDS has come to haunt a world that thought it was incomplete. Some wanted children, some wanted money, some wanted property, and all we ended up with is AIDS."

Maybe she spoke for Africa. □

*Nadine Gordimer, who was awarded the Nobel Prize for Literature in 1991, is a goodwill ambassador for the Race Against Poverty project of the United Nations Development Program.*

NATIONAL SECURITY COUNCIL  
WASHINGTON, D.C. 20504

2575 redo

May 15, 2000

*Redo done  
5/24*

ACTION

MEMORANDUM FOR SAMUEL R. BERGER

FROM:

KENNETH BERNARD

*Ken Bernard*

SUBJECT:

Response to POTUS Comment on New York Times  
Article on HIV/AIDS

On a recent New York Times article on HIV/AIDS, the President wrote "... I hope we can do more to get the global effort off the ground." You asked for an update on our efforts generally, and including the U.S.-EU Summit, and within the G-8.

**The NSC received the incoming correspondence on April 13.**

Concurrences by: Gayle Smith, Hoyt Yee, Richard Wilcox, Rick Samans, Sandy Thurman

*3* *[Signature]*

RECOMMENDATION

That you sign the memorandum to the President at Tab I.

Attachments

Tab I Memorandum to the President  
Tab A New York Times Article

## THE WHITE HOUSE

WASHINGTON

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL BERGER

SUBJECT: Response to Your Comment on New York Times  
Article on HIV/AIDS

On Nadine Gordimer's April 11 op-ed in the New York Times, you wrote "I hope we can do more to get the global effort off the ground."

*We have made this a major priority.*

^ We are ~~leading by example~~ working to ensure funding of your request for another \$100 million for our bilateral AIDS efforts (for a total of \$325 million in FY2001). In cooperation with the Office of National AIDS Policy and NEC, we are completing a comprehensive policy agenda to expand our international HIV/AIDS engagement, accompanied by a diplomatic and legislative strategy to accomplish our goals.

Among other steps, we have called on our EU colleagues to substantially increase resources for AIDS prevention, treatment and care, especially in Africa. Although the UK, Denmark and Sweden, are major contributors to the global effort, other EU members can do much more. The U.S.-EU Summit will give us a joint platform to call for increased EU commitment.

Your recent conversation with Prime Minister Mori concerning health issues at the G-8 was very encouraging. Based on our engagement, the Japanese agreed to focus the G-8 health issues on four areas: (1) leader-to-leader dialogue and increased funding for AIDS; (2) a call for multilateral development banks to increase concessionary lending for health; (3) a commitment to support new partnerships (like the GAVI); and (4) a call for G-8 to foster increased access to drugs and vaccines for developing countries. We intend to make our strongest arguments ever in the G-8 forum to increase needed HIV/AIDS resources, especially in Africa. When France assumes the EU presidency in

cc: Vice President  
Chief of Staff

July, they have told us that HIV/AIDS will be prominent factors in their agenda with emphasis on providing drugs to Africans who need but cannot afford them.

We are developing a diplomatic strategy to address the issue at every opportunity, including the International AIDS Conference in Durban, the IDA Deputies meeting in Lisbon, the World Bank annual meeting in Prague, and hope to make the link between disease and poverty at the UN Millennium Assembly in September. We aim to build international cooperation and generate political and practical support for your initiatives on the global AIDS crisis, malaria, TB, and vaccines by highlighting HIV/AIDS, and pressing for specific proposals such as increased funding from our partners.

Attachment

Tab A New York Times Article

NATIONAL SECURITY COUNCIL  
THE WHITE HOUSE

5/4

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A = ACTION I = INFORMATION D = DISPATCH R = RETAIN N = NO FURTHER ACTION

CC:

COMMENTS: Response to POTUS Comment  
in NYT Article re HN/AIDS

00 MAY 3 AM 9:33

EXEC SEC OFFICE HAS DISKETTE yes

4/21

NATIONAL SECURITY COUNCIL

THE WHITE HOUSE

2575

~~2775~~

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LOG # 2575

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<u>Africa - Dempsey</u>	<u>4</u>	_____	<u>See JBS' NOTE</u>

A = ACTION I = INFORMATION D = DISPATCH R = RETAIN N = NO FURTHER ACTION

CC:

Response to POTUS comment

COMMENTS: 00 APR 21 AM 11:22 on NYT article on HIV/AIDS

EXEC SEC OFFICE HAS DISKETTE yes

NATIONAL SECURITY COUNCIL  
WASHINGTON, D.C. 20504

2575 redo

May 2, 2000

ACTION

MEMORANDUM FOR SAMUEL R. BERGER

THROUGH: GAYLE E. SMITH *GES*

FROM: NORA B. DEMPSEY *NBD*

SUBJECT: Response to POTUS Comment on New York Times  
Article on HIV/AIDS

*(redo)*

On a recent New York Times article on HIV/AIDS, the President wrote ". . . I hope we can do more to get the global effort off the ground." You asked for an update on our efforts generally, and including the U.S.-EU Summit, and within the G-8.

**The NSC received the incoming correspondence on April 13.**

Concurrences by: Hoyt Yee (email), Matt McLean (email), Ken Bernard (email), Richard Wilcox (email)

RECOMMENDATION

That you sign the memorandum to the President at Tab I.

Attachments

Tab I Memo to the President

Tab A New York Times Article

## THE WHITE HOUSE

WASHINGTON

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL BERGER

SUBJECT: Response to Your Comment on New York Times  
Article on HIV/AIDS

On Nadine Gordimer's April 11 op-ed in the New York Times, you wrote "I hope we can do more to get the global effort off the ground."

The United States is taking the lead in mobilizing the international community to fight the HIV/AIDS pandemic, including through the G-8 and U.S.-EU Summit. We are stepping up efforts to combat the pandemic by providing strong leadership, increased resources and, in the context of improving health services, an accelerated effort to develop and deliver vaccines for the deadliest infectious diseases, including HIV/AIDS. The United States is providing nearly half of all international funding allocated to AIDS prevention and treatment in Africa, but it is far too little. We need our allies to increase dramatically their investment to prevent and treat HIV/AIDS.

*Facts,  
not  
assertions/  
conclusions/  
statements*

We have found the EU and the G-8 generally supportive of our proposals, and we plan to address the issue at the UN Millennium Assembly in September. By highlighting HIV/AIDS, and pressing for consideration of specific proposals -- especially for increased funding from our partners -- we aim to build international cooperation and generate political and practical support for your initiatives on the global AIDS crisis, malaria, TB, and vaccines.

When France assumes the EU presidency in July, we expect HIV/AIDS will feature prominently in their Presidency agenda, and the EU will place particular emphasis on getting drugs to Africans who need but cannot afford them.

Attachment

Tab A New York Times Articlecc: Vice President  
Chief of Staff

2575

4-12-00

Sandy 4/9  
 This is a wonderful  
 piece - I hope you can  
 find a good spot for  
 it

Copied  
 Berger  
 Podesta  
 N. C. W. Dek  
 Sandy Thurman

---

APR 12 15:11

# Africa's Plague, and Everyone's

By Nadine Gordimer

**S**ixty-nine percent of the world's victims of H.I.V. and AIDS are in sub-Saharan Africa. This figure is not easy to take in. AIDS seems to have come upon everyone while we were looking the other way: it happened to some sex or color other than our own; it was endemic to some other country.

In South Africa it was quite some time before the realization that the disease was not the unfortunate problem of our poorer neighboring countries, but was our own. Now, out of South Africa's 43 million people, about 4 million have been infected by H.I.V. and a further 1,700 are infected daily. Recently, in a Johannesburg home caring for orphaned or abandoned babies born with AIDS, there was a service in memory of 40 who had died there not long before. While South Africa is the most highly developed country on the African continent, we are faced with this kind of future for the generations to come.

But every community, every affected country, has to decide how to approach what is no longer a problem but a catastrophe. There is prevention, and there is cure. The ideal is to seek both at once, but this is beyond the capacity of most countries where the disease is rampant.

Cure, and prevention by inoculation, are not within the capacity of lay people; these are in the hands of medical science, which implies money to be provided to advance research. Immediate prevention is in the hands and initiative of each population itself.

I believe we cannot emphasize bluntly enough that the cure and vaccine development depend on money. And until recently, the country that has the money, the United States, perhaps inevitably has concentrated on a vaccine for a subtype of AIDS prevalent in the Northern Hemisphere. It was only at the World Economic Forum's meeting this year that President Clinton announced that large-scale aid for vaccine development would be forthcoming from the United States. Only now has the International AIDS Vaccine Initiative announced a third international development project, based on those subtypes of the virus most prevalent in the direly affected regions of Southern and East Africa, the subtypes C and A.

It is encouraging that the project is being pursued in wide collaboration among researchers of the United States, South Africa, Kenya and Oxford University, and that the philosophy of the initiative is that of "social venture capital," meaning that in return for financing, it has secured rights to ensure that a successful vaccine, when it is achieved, will be distributed in developing countries "at a reasonable price." The formation of an International Partnership Against HIV/AIDS in Africa is to be welcomed as extremely important in the same context.

The question of money — price — is vital in terms of the palliatives available to arrest the disease and alleviate symptoms. It is another piercing ex-

ample of the gulf between the world's rich and the world's poor that the suffering from AIDS may be alleviated, and even the lives prolonged, of those victims who can afford expensive treatment. The same principle applies to prevention. Everywhere in Africa moral and humanitarian decisions are a common dilemma, with money the deciding factor.

At the level of international — global — responsibility, the total sum needed annually for AIDS prevention in Africa is on the order of \$2.3 billion. Africa currently receives only \$165 million a year in official assistance from the world community.

Other questions that rest with the world community become relevant:

H.I.V thrives on a paucity of hope among the poor and of love among the rich.

debt relief for developing countries, for example. The director-general of the World Health Organization said last year that debt relief should be reviewed in light of the resources that governments with large debts need to confront H.I.V.

The role of governments in financing is another example. Where does the defense budget not far exceed the public health budget to combat AIDS? Nevertheless, what H.I.V. and AIDS mean to the capability to govern, ultimately, was revealed in South Africa by the minister of public service and administration in February. The public service is the largest employer in the country and the fundamental government structure. In 1999, one in eight South Africans was H.I.V.-positive. It is estimated that 270,000 out of 1.1 million public servants could be infected by 2004. This looming crisis in governance exists almost everywhere on the African continent. If, in developing countries, defense budgets continue to leave H.I.V. budgets relegated to a footnote, all we shall have left to defend in the end is a graveyard.

AIDS is not only a health catastrophe, a challenge to medical science. It is socially enmeshed in the conditions of life that obtain while it spreads, just as the medieval plague was in its time. Although AIDS is no respecter of class or caste, slum conditions, ignorance and superstition (it is a white man's disease, it is a black man's disease) make the

poor its greatest source of victims.

In working to prevent the spread of the virus, we must accept the idea that promiscuity is difficult to condemn when sex is the cheapest or only available satisfaction for people society leaves to live on the street. On another socioeconomic level, casual sex thrives among young people who are materially privileged yet whom society has failed to endow with the real values of human sexuality, the knowledge that fulfillment involves contact with the other's personality, that the sexual act is not some mere bodily function like evacuation — which is what some campaigners seem to reduce it to.

There are subtleties, important ones, connected with any campaign against H.I.V. and AIDS, if it is to succeed in changing attitudes toward sexual mores. For there will be a cure discovered, there will be a vaccine — and after that? How shall we restore the quality of human relations that have been debased, shamed, reduced to the source of a fatal disease? The free condom dispenser is not the panacea. Neither, alone, is sex education restricted to anatomical diagrams and dire warnings in schools. The entire meaningfulness of personal sexual relations will need to be restored. That is what social health means, along with inoculation and survival.

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H.I.V./AIDS is everyone's disaster. It has, finally, something to do with our whole manner of existence. It confronts us with questions that must be answered historically: What have we done with the world, politically? What are we doing with the world? What do we mean by development? Some Ugandans who had been in the audience of an AIDS information play were asked what message it had brought them. One said, "Don't go out with bar girls." Another said, "Stick to one partner." Then an older woman said: "AIDS has come to haunt a world that thought it was incomplete. Some wanted children, some wanted money, some wanted property, and all we ended up with is AIDS."

Maybe she spoke for Africa. □

Nadine Gordimer, who was awarded the Nobel Prize for Literature in 1991, is a goodwill ambassador for the Race Against Poverty project of the United Nations Development Program.

The New York Times

TUESDAY, APRIL 11, 2000

**Battenfield, Pat A. (AF)**

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**From:** Sutphen, Mona K. (NSA)  
**Sent:** Monday, April 17, 2000 4:17 PM  
**To:** @HEALTH - International Health Affairs; @AFRICA - African Affairs  
**Cc:** @EXECSEC - Executive Secretary; @NSA - Natl Security Advisor; @RECORDS & ACCESS MGMT  
**Subject:** NYT Piece - Action on POTUS Comment [UNCLASSIFIED]

Ken/Gayle -

On Nadine Gordimer's recent oped in the NYT, POTUS wrote: "this is a wonderful piece -- I hope we can do more and get the global effort off the ground." In response, SRB would like a report on where we are generally on this initiative, including on U.S.-EU step and G8 step. I'll send this item to you.

Mona  
cc: EXEC to track

NATIONAL SECURITY COUNCIL  
WASHINGTON, D.C. 20504

2575

April 20, 2000

ACTION

MEMORANDUM FOR SAMUEL R. BERGER

THROUGH: GAYLE E. SMITH *GES*

FROM: NORA B. DEMPSEY *NBD*

SUBJECT: Response to POTUS Comment on New York Times  
Article on HIV/AIDS

*Too much  
process*

*Too much  
praise*

On a recent New York Times article on HIV/AIDS, the President wrote ". . . I hope we can do more to get the global effort off the ground." You asked for an update on our efforts generally, and including the U.S.-EU Summit, and within the G-8. The Africa Directorate is responding to your query because Ken Bernard is at the Health experts meeting this week in Tokyo in preparation for the G-8 meeting in July in Okinawa.

**The NSC received the incoming correspondence on April 13.**

Concurrence by: Hoyt Yee (email), Matt McLean (email), Ken Bernard (email), Richard Wilcox (email)

RECOMMENDATION

That you sign the memorandum to the President at Tab I.

Attachments

Tab I Memo to the President

Tab A New York Times Article

THE WHITE HOUSE  
WASHINGTON

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL BERGER

SUBJECT: Response to Your Comment on New York Times  
Article on HIV/AIDS

On Nadine Gordimer's April 11 op-ed in the New York Times, you wrote "I hope we can do more to get the global effort off the ground."

The United States is taking the lead in mobilizing the international community to fight the HIV/AIDS pandemic, including through the G-8 and U.S.-EU Summit. U.S. and other health experts are now meeting in Tokyo to craft a collaborative diplomatic strategy and agree on specific proposals, to be adopted at the G-8 meeting in Okinawa in July, for combating HIV/AIDS and other infectious diseases. Our ~~paper, distributed in advance of the April 6-7 Sherpa meeting,~~ <sup>paper</sup> calls on the G-8 to step up efforts to combat the HIV/AIDS pandemic by providing strong leadership, increased resources and, in the context of improving health services, an accelerated effort to develop and deliver vaccines for the deadliest infectious diseases, including HIV/AIDS.

At the U.S.-EU Senior Level Group in Washington in advance of the May 31 U.S.-EU summit in Lisbon, we found the EU generally supportive of our proposals. Because we want to ensure that progress made at the Summit complements our approach in the G-8, we will convene a teleconference to refine the details of possible joint initiatives with the Europeans. We will also work to further the issue in deliberations on HIV/AIDS and other diseases at the Millennium Assembly being convened by the UN in September. By highlighting this issue, and pressing for consideration of specific proposals, we aim to build international cooperation and generate political and practical support for your initiatives on the global AIDS crisis, malaria, TB, and vaccines. In order to allow announcement of the most

cc: Vice President  
Chief of Staff

important deliverables at the G-8, the U.S.-EU Summit will focus on Africa, albeit framed in the global context.

We hope to reach agreement with the EU in advance of the U.S.-EU Summit on a comprehensive strategy to combat HIV/AIDS, as well as tuberculosis and malaria, that would include:

- increasing national government attention and funding;
- scaling up prevention and care, and particularly increasing access to essential drugs;
- integrating HIV/AIDS response into poverty reduction strategies;
- supporting research, especially for new vaccines;
- supporting the development and implementation of surveillance systems;
- encouraging policy changes to mitigate the public and private impact of these diseases;
- supporting multi-sectoral strategies;
- increasing support for multilateral development bank concessional lending for health programs.

France will assume the EU presidency in July, and we expect that HIV/AIDS will feature prominently in their Presidency agenda.

Parallel to our global efforts, over 20 U.S. government agencies are working together to craft proposals for expanding our bilateral response to the HIV/AIDS crisis and for assuming greater international leadership. Sandy Thurman and I have sent you a memo outlining the interagency's progress, and we will convene the Deputies the first week of May to take decisions on new proposals.

Attachment

Tab A New York Times Article

**Wasserman, Elaine P. (EXSEC)**

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**From:** Wasserman, Elaine P. (EXSEC)  
**Sent:** Saturday, April 29, 2000 4:38 PM  
**To:** Dempsey, Nora B. (AF)  
**Cc:** @AFRICA - African Affairs; @EXECSEC - Executive Secretary  
**Subject:** Package 2575 Response to POTUS Comment on NYT Article on HIV/AIDS  
[UNCLASSIFIED]

Nora - Package was returned from Jim Steinberg with the following note: too much process. Attached is the current version for your convenience. Package including diskette will be returned in first a.m. mail run on Monday. Thank you.



2575srb.doc



2575prs.doc

TO: BERGER

FROM: PRESIDENT

DOC DATE: 12 APR 00  
SOURCE REF:

KEYWORDS: AFRICA  
MEDIA

INTL HEALTH  
POTUS QUESTIONS

PERSONS:

SUBJECT: POTUS QUESTION RE 11 APRIL NEW YORK TIMES ARTICLE ON AFRICAS PLAGUE

ACTION: PREPARE MEMO FOR BERGER

DUE DATE: 15 APR 00 STATUS: S

STAFF OFFICER: SMITH, G

LOGREF:

FILES: PA

NSCP:

CODES:

D O C U M E N T   D I S T R I B U T I O N

FOR ACTION  
SMITH, G

FOR CONCURRENCE  
BERNARD  
CROWLEY

FOR INFO  
BRADTKE

*Dempsey*

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISPATCHED BY \_\_\_\_\_ DATE \_\_\_\_\_ BY HAND W/ATTCH

OPENED BY: NSTCG      CLOSED BY:      DOC 1 OF 1

## Cooper, Colby J. (ADMIN)

---

**From:** Dempsey, Nora B. (AF)  
**Sent:** Thursday, April 20, 2000 12:29 PM  
**To:** Cooper, Colby J. (ADMIN)  
**Subject:** FW: Response to NYT Article on HIV/AIDS [UNCLASSIFIED]

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

**From:** Wilcox, Richard M. (MULTI)  
**Sent:** Thursday, April 20, 2000 11:18 AM  
**To:** Dempsey, Nora B. (AF)  
**Cc:** @AFRICA - African Affairs; @MULTILAT - Multilateral and Humanitarian Affairs  
**Subject:** RE: Response to NYT Article on HIV/AIDS [UNCLASSIFIED]

Clear for Multi on UN side.

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

**From:** Vaccaro, Jonathan M. (Matt) (MULTI)  
**Sent:** Thursday, April 20, 2000 11:13 AM  
**To:** Wilcox, Richard M. (MULTI)  
**Subject:** FW: Response to NYT Article on HIV/AIDS [UNCLASSIFIED]

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

**From:** Vaccaro, Jonathan M. (Matt) (MULTI)  
**Sent:** Thursday, April 20, 2000 8:55 AM  
**To:** Mclean, Matthew K. (MULTI)  
**Cc:** Dempsey, Nora B. (AF); Bernard, Kenneth W. (HEALTH); @MULTILAT - Multilateral and Humanitarian Affairs  
**Subject:** FW: Response to NYT Article on HIV/AIDS [UNCLASSIFIED]

Matt M., this is yours I think

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

**From:** Dempsey, Nora B. (AF)  
**Sent:** Wednesday, April 19, 2000 7:04 PM  
**To:** Yee, Hoyt B. (EUR); Vaccaro, Jonathan M. (Matt) (MULTI)  
**Cc:** @AFRICA - African Affairs  
**Subject:** FW: Response to NYT Article on HIV/AIDS [UNCLASSIFIED]

Hi,

I need your concurrence on the following response to a POTUS comment. Thanks.

**Subject:** FW: Response to NYT Article on HIV/AIDS [UNCLASSIFIED]

<< File: 2575prs.doc >> << File: 2575srb.doc >>

THE WHITE HOUSE

Office of the Press Secretary  
(Lisbon, Portugal)

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For Immediate Release

May 31, 2000

FACT SHEET

The U.S. - EU Summit: Joint Efforts on HIV/AIDS, Malaria,  
Tuberculosis and Other Infectious Diseases

The U.S. and the EU today announced a joint response to the critical global infectious disease threats of HIV/AIDS, malaria and tuberculosis (TB), especially as they impact Africa.

Infectious diseases are the leading cause of death worldwide, causing nearly half of all deaths among people under age 45. The developing world, especially Africa, bears an enormous burden from these diseases, which not only destroy lives, but also perpetuate the cycle of sickness and poverty, HIV/AIDS, malaria, and TB, together killing over 5 million people worldwide each year, are threatening recent gains in economic growth, education and life expectancy.

In Africa where HIV/AIDS is now the leading cause of death, the disease claimed 2.3 million lives last year alone - more than ten times the number who died in armed conflict. TB and malaria claim millions more, with malaria causing one in five childhood deaths in Africa.

U.S.-EU Joint Response on HIV/AIDS, Malaria and TB

The U.S. and EU today agreed to:

- Seek increased government and private sector resources dedicated to combating HIV/AIDS, TB, and malaria;
- Support an increase in World Bank and regional development bank resources devoted to health care system development;
- Encourage Highly Indebted Poor Countries (HIPC) to use funds made available under the Cologne Debt Relief Initiative to build health systems, combat AIDS and fight other diseases;
- Develop new financial investment incentives and public/private partnerships to make drugs and vaccines more available and affordable following the models of the Global Alliance for Vaccines and Immunization and the proposal for a tax incentive

to companies who develop new vaccines for AIDS, malaria and TB;

- Accelerate disease information and education campaigns in cooperation with political leaders in Africa;
- Increase diplomatic engagement with national leaders to intensify joint action and encourage attention at the highest levels in the battle against HIV/AIDS, malaria and TB; and
- Encourage the G-8 nations to address these issues as a priority at the upcoming summit in Okinawa.

#### U.S. Initiatives

Today's announcement builds on the Administration's aggressive response to these global disease challenges. In his State of the Union address, President Clinton announced a significant multi-part proposal to accelerate the development of malaria, TB and AIDS vaccines - vaccines for which there is huge need, but little market incentive for industry to develop. This included:

- \$50 million to the Global Alliance for Vaccines and Immunization to purchase existing state-of-the-art vaccines for developing countries;
- a sharp increase in NIH vaccine research;
- a \$1 billion tax credit for sales of vaccines for malaria, TB and AIDS when they are developed; and
- a call to the World Bank to dedicate an additional \$400-900 million in concessionary loans for health; and
- a campaign to mobilize the EU, G-8, and other countries to increase funding and provide leadership on these issues.

President Clinton is also asking Congress for \$325 million to fight international AIDS - more than doubling the nation's commitment in two years. Investment in AIDS research to find a cure exceeds \$1.8 billion this year, including over \$200 million to find a vaccine - the most effective long-term solution for Africa.

This year, the Administration has committed over \$70 million for TB prevention, control and research, and over \$100 million for malaria.

On January 10, Vice President Gore opened a first-ever meeting of the UN Security Council on a health issue - HIV/AIDS as an international security threat.

# # #

## Battenfield, Pat A. (AF)

---

**From:** Smith, Gayle E. (AF)  
**Sent:** Friday, June 02, 2000 3:29 PM  
**To:** Keenan, Josefine (Chris) (HEALTH)  
**Cc:** @AFRICA - African Affairs  
**Subject:** FW: SOC AIDS DC [UNCLASSIFIED]

Sorry for delay, clear with addition

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

**From:** Keenan, Josefine (Chris) (HEALTH)  
**Sent:** Friday, June 02, 2000 2:35 PM  
**To:** Smith, Gayle E. (AF)  
**Cc:** @AFRICA - African Affairs  
**Subject:** FW: SOC AIDS DC [UNCLASSIFIED]

A very gentle reminder - we will appreciate your comments/concurrence for the attached document. If you have already responded to Ken, please ignore this message. Thanks, Chris

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

**From:** Bernard, Kenneth W. (HEALTH)  
**Sent:** Thursday, June 01, 2000 4:36 PM  
**To:** @HEALTH - International Health Affairs  
**Subject:** FW: SOC AIDS DC [UNCLASSIFIED]

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

**From:** Bernard, Kenneth W. (HEALTH)  
**Sent:** Thursday, June 01, 2000 3:22 PM  
**To:** Samans, Richard (NEC); Smith, Gayle E. (AF); Dempsey, Nora B. (AF)  
**Subject:** SOC AIDS DC [UNCLASSIFIED]

See attached for comments/changes/clearance.



3535 AIDS DC - Summary  
of Conc...

# Withdrawal/Redaction Marker

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. paper	Summary of Conclusions for Meeting of the Deputies Committee [partial] (1 page)	05/24/2000	P3/b(3)

### COLLECTION:

Clinton Presidential Records  
National Security Council  
African Affairs (Smith, Gayle/Barks-Ruggles, Erica/Sanders, Robin/Rice, Susan/Dempsey, Nora et al.)  
OA/Box Number: 2853

### FOLDER TITLE:

AIDS, 2 of 2 [Africa] [2]

2007-1550-F  
ke2010

### RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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

**DECLASSIFIED  
PER E.O. 13526**  
2017-0739-M (1.04)  
KBH 8/19/2022

Summary of Conclusions for  
Meeting of the Deputies Committee  
May 24, 2000  
3:00 - 4:30 p.m.  
Situation Room

SUBJECT: Summary of Conclusions of the Deputies Committee Meeting  
on the Global AIDS Crisis.

Participants:

CO-CHAIR

James Steinberg  
Lael Brainard

USTR

Richard Fisher  
Joe Papovich

OVP

Leon Fuerth  
James Babbitt

COS

Maria Echaveste

STATE

Frank Loy  
Jack Chow

CIA

(b)(3)

[002]

TREASURY

Timothy Geithner  
Helen Walsh

NEC

Rick Samans

DEFENSE

James Bodner  
Bernd McConnell

OSTP

Laura Efros

HHS

Peggy Hamburg  
Eric Goosby

AID

Harriet Babbitt

OMB

Rodney Bent  
Mike Casella

JCS

Timothy Kinnan

USUN

R.P. Eddy (via SVTS fm NY)  
Jordan Dey

WHITE HOUSE

Mara Rudman

NSC

Ken Bernard  
Gayle Smith  
Rebecca Walldorff

~~CONFIDENTIAL~~

Classified by: Kenneth W. Bernard

Reason: 1.5(d)

Declassify on: 5/26/00

## Summary of Conclusions

It was agreed that:

- The Strategic plan of action, "Mobilizing a Global War on HIV/AIDS" will be redrafted to reflect Deputies' concerns that the targets and goals should have a more comprehensive rationale, intermediate targets should be listed, to include reference to reversing infection rates, distinction should be made between what can be done within existing resources and what requires additional funding, and a clear basis for dividing investments between care and prevention activities should be outlined. (Action: ONAP, NSC, NEC) (U)
- NEC will chair a working group to prepare a more detailed economic analysis of specific HIV/AIDS prevention and care needs as they relate to actual and projected resources, with a view to identifying where specific marginal investments would have the most impact. In doing the analysis, careful consideration will be made of the successful programs in Uganda and Thailand, and the lessons learned for directing investments. (Action: NEC) (U)
- Because the gap between need and resources is so great, we should maintain pressure on both Congress and other governments to significantly increase funding of HIV/AIDS prevention and care programs. Focusing on the bilateral "Life" initiative, as well as HIPC and IDA funding remain the highest Administration priorities for increasing our financial commitment for international AIDS. (U)
- Burdensharing for AIDS programs and the President's vaccine initiative will be a high priority at the G-8 and other developed country fora; upcoming meetings such as the OAU Summit and the Durban AIDS Conference will be opportunities to press for developing country leaders to promote political will engage more fully in HIV/AIDS control activities. (U)
- The Deputies will meet before the July 6 International AIDS Conference in Durban to outline USG policy objectives for the meeting and to review the political opportunities for engagement of other countries. (Action: ONAP, HHS) (U)

~~CONFIDENTIAL~~

Classified by: Kenneth W. Bernard

Reason: 1.5(d)

Declassify On: 5/26/00



# Withdrawal/Redaction Marker

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. report	Re: [AIDS Crisis] (22 pages)	05/2000	P1/b(1)

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**COLLECTION:**

Clinton Presidential Records  
National Security Council  
African Affairs (Smith, Gayle/Barks-Ruggles, Erica/Sanders, Robin/Rice, Susan/Dempsey, Nora et al.)  
OA/Box Number: 2853

---

**FOLDER TITLE:**

AIDS, 2 of 2 [Africa] [2]

2007-1550-F  
ke2010

---

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

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- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

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RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
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- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

<u>NAME</u>	<u>AGENCY</u>	<u>PHONE</u>	<u>FAX</u>
Alex Ross	USAID	219-0476	219-0507
Mary Knox	USAID	712-0978	216-3394
Sandy Thurman	ONAP	456-2959	456-2439
Nora Dempsey	NSC	456-9261	456-9260
Ken Bernard	NSC	456-9298	456-9390
Laura Efros	NSC	456-6065	456-6028
Joyce Holfeld	USAID	712-4727	216-3394
Hal Shapiro	NEC	456-5905	456-2223
Hoyt Yee	NSC	456-9156	456-9150
Alicia Robinson	DOC	482-5418	482-5198
Jason Buntin	STR	395-9564	395-3974
Donna DiPaola	STR	395-6864	395-3891
Barbara Holloway	TREAS	622-0098	622-0218
Amar Bhat	NIH	301-496-4784	301-480-3414
Sharon Hyrnkow	NIH	301-496-1415	301-402-2173

NORA  
GALE

Thanks!  
please  
file

Total pages - 4

Attached is the latest negotiated version of the text of the joint statement. It was shared with the EU on May 23. The EU has now posted this draft for comment with its member states and has given them until May 25, 5 PM Brussels time, to make comments. We have proposed that there will be a telephone conference at 10 AM on Friday to try to close any differences on text. Ken Bernard, Laura Efros, and Dick Morford will be in the chair. (This time works for the EU but has not been confirmed.)

I must have any comments and final suggestions by 5PM on Thursday. We can then raise them with the EU in the audio conference.

If you are interested in attending please me know. Thanks

Ray Walser  
Tel-202- 647-1605  
Fax - 202-647-9959

**U.S.-EU Statement on the Expanding Threat of HIV/AIDS,  
Malaria and Tuberculosis in Africa  
May 24, 2000 (Please discard previous texts)**

Few challenges are more profoundly disturbing or more far-reaching than the collective threat posed to the citizens of Africa by three major infectious diseases: HIV/AIDS, tuberculosis and malaria. While the scope of the threat is global, Africa bears a disproportionate share of the suffering caused by these diseases. This year alone, HIV/AIDS will claim more than two million victims in Africa while more than a million lives will be lost to malaria and tuberculosis. The devastating effect of these diseases reverses decades of development and robs an entire generation, especially those caught in the trap of poverty, of hope for a better future. This health crisis in much of Africa deepens the vicious cycle of disease and despair, erodes security and undermines social and economic development and poverty reduction.

We, the U.S. and EU, reiterate our commitment to combat HIV/AIDS, tuberculosis and malaria. Together with other countries and international organizations, we are already making a major effort. But the scale of the problem requires new mechanisms to mobilize international opinion and resources and to take appropriate actions to assist African countries. We welcome the work done in the UN Security Council during the January 2000 U.S. Presidency. In the Cairo Declaration and Action Plan of April 2000, the EU and African leaders pledged their commitment to pursue further action in this field. The renewal of the ACP-EU Partnership Agreement in June 2000 also highlights the need to work with African, Caribbean and Pacific Partners on a comprehensive approach in the context of poverty reduction. We are looking forward to G-8 initiatives on infectious diseases and poverty at the upcoming Summit in Okinawa.

Today, at the EU-US Summit, we agreed to join forces and look at new mechanisms and partnerships in response to the threats posed by HIV/AIDS, malaria and tuberculosis. These will become part of our global agenda. We will work together to advance the following objectives:

International partnerships

- The EU and the US call for commitment and leadership to control malaria and tuberculosis and to combat HIV/AIDS in Africa.
- We welcome initiatives aimed at developing international partnerships with the WHO, UNAIDS and other UN agencies, the donor community, governments in developed as well as developing countries, the pharmaceutical industry and civil society in order to find ways to encourage new international responses and sustain successful national health strategies and improve access to drugs.
- We recognize the central role and responsibilities of governments in Africa in setting priorities and coordinating country efforts and call upon our partners to support such national ownership.
- We will mobilize our diplomats and other representatives in each concerned country to work with national leaders and others to intensify cooperative actions, to share relevant information needed to strengthen local capacity and to deliver necessary health services and cost-effective treatments for HIV/AIDS and other infectious diseases.

#### Public awareness

- We will cooperate to increase public awareness of the scope of the crisis and to propagate effective health and prevention measures. The roles of primary health care services and basic education are crucial, as are information and other disease-targeted campaigns.
- We call upon political leaders in Africa and elsewhere to encourage information and education campaigns, including on how to prevent mother to child transmission of HIV/AIDS. We welcome the success in some countries where strong leadership, openness to issues and flexible responses come together.

#### Drugs and vaccines

- Together with developing country partners and with industry, we will strengthen our research and development cooperation in the fight against

these poverty-related diseases. In this respect, we call for enlarged partnerships aimed at speeding up research and development. We will explore new methods of evaluating needed drugs and vaccines, including strengthening capacity and training in those countries most impacted by these diseases.

- In order to make new drugs, vaccines and other public health intervention methods available faster, we will stimulate increased links between our respective research activities and coordinate research tasks. We will support the introduction of new financial, legal and investment incentives designed to make safe and effective drugs and vaccines more accessible and affordable to countries in need.
- We will support international coordination initiatives, such as the Global Alliance for Vaccines and Immunization (GAVI), the Multilateral Initiative on Malaria and the EU-ACP West African Vaccine Independence Initiative, which encourage partnerships and international collaboration in the development of affordable drugs and vaccines.

### Resources

- The EU and US will seek increased governmental and private resources dedicated to the fight against HIV/AIDS and other diseases, including through multilateral organizations and institutions. We acknowledge and encourage the important role of industry, NGOs and civil society.
- In the World Bank and other relevant organizations, we will support the setting up of mechanisms such as concessionary loans and debt relief.
- We will support governments that undertake to improve their health systems with resources made available under the HIPC debt relief initiative and through the implementation of the Poverty Reduction Strategies developed in consultation with civil society and international donors.
- We will seek to augment multilateral bank lending for healthcare systems.

DEPUTIES COMMITTEE MEETING  
ON GLOBAL AIDS CRISIS

DATE: May 18, 2000  
LOCATION: Situation Room  
TIME: 2:00 - 3:30 p.m.

POSTPONED

AGENDA

I. Introduction and Overview of a Plan of Action . . . . . NSC

A draft document, "Mobilizing a Global War on HIV/AIDS," is attached at Tab A. For discussion.

II. U.S. International Policy objectives

-- Discussion/approval. . . . . All

III. Opportunities for advancing the USG plan

-- Mbeki State visit - objectives (Tab B) . . . . . OVP/NSC

-- International meetings and contacts (Tab C) . . . . . All

Use of specific events and  
bilateral/multilateral contacts to leverage  
international buy-in.

-- Legislative calendar (Tab D). . . . . WH Leg

Points for action to ensure maximum resource  
support for plan.

DECLASSIFIED E.O. 13526  
White House Guidelines,  
~~September 11, 2006~~ 5/16/2017  
By VR NARA, Date 7/16/2018  
2017-0739-M

DISCUSSION PAPER FOR  
NSC DEPUTIES COMMITTEE MEETING ON  
THE GLOBAL AIDS CRISIS - PLAN OF ACTION

I. BACKGROUND

At the May 4 Deputies meeting on the global AIDS crisis, the Deputies called for an action-oriented strategic plan for U.S. leadership in combating the international AIDS crisis. The paper at **Tab A** proposes "Mobilizing a Global War on HIV/AIDS." The document is a multi-faceted plan of attack to begin closing the gap between available and required resources for AIDS prevention and care - a funding gap of 2.5 billion per year in Africa, and \$1.5 billion for other developing countries.

Abstracted from the paper are international policy objectives which are listed for discussion, modification and approval by the Deputies. Attached at **Tab B** is a list of objectives for the Mbeki State visit. Also included at **Tab C and Tab D** are annotated calendars of other upcoming diplomatic events and dates of Congressional committee meetings and other important dates in the legislative process. We intend to use each venue as an opportunity to maximize funding of our HIV/AIDS and infectious disease initiatives and leverage increased commitment from other governments and the private sector.

II. PLAN OF ACTION

**Issue for decision:** Whether to approve the plan, "Mobilizing a Global War on HIV/AIDS."

*Summary of International Policy Objectives*

- 1) Government Research. Call on other governments to fund research into the basic science, prevention, and treatment of HIV/AIDS by at least 100%, as the U.S. has done in recent years.
- 2) Private Sector Research. Enhance incentives provided by developed countries for privately funded research into the basic science, prevention, and treatment of HIV/AIDS, for example through tax incentives and contributions to purchase

~~CONFIDENTIAL~~

Classified by: Robert A. Bradke  
Reason: 1.5(d)  
Declassify On: 4-28-05

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2017-0739-M (1.08)  
KBH 8/19/2022

funds like the Global Alliance for Vaccines and Immunizations (GAVI) initiative.

- 3) Official Bilateral Assistance. Increase bilateral assistance from developed countries for HIV/AIDS prevention, treatment, and care in developing countries by at least 100%, as the U.S. is seeking to do over the course of FY 2000 - 01.
- 4) Multilateral Development Bank Lending. Support an increase in concessional lending for HIV/AIDS by multilateral development banks on the order of \$400 million to \$900 million per year.
- 5) Private Philanthropy. Encourage private sources of philanthropy to increase by \$500 million support HIV/AIDS prevention, treatment and care in developing countries, including through international public-private partnerships.
- 6) Private Health Care Product and Service Providers. Encourage private sector health care providers to make HIV/AIDS treatment and care more affordable and accessible in developing countries, including by exercising restraint in the administration of intellectual property rights policy and facilitating efforts by providers of drugs, medical supplies, and training to offer their products and services on special terms.
- 7) Debt Relief. Implement the Cologne Debt Initiative through full funding of the HIPC Trust Fund and development of country Poverty Reduction Strategy Papers that translate debt relief savings into additional domestic resources for basic health care and education, including for HIV/AIDS, as part of an open, participatory process.
- 8) Education and Literacy. Substantially increase bilateral (e.g., by 50%), multilateral (e.g., by 100%), and private sector funding for basic education in developing countries in order to expand access to school, especially for underserved girls, and increase literacy as a means to leverage HIV/AIDS public education, maternal and children's health, economic growth, and poverty reduction strategies. Also, expand other activities that contribute to public education about HIV/AIDS, such as military training and microfinance programs.
- 9) Developing Country Buy-In. Encourage at-risk developing countries to make HIV/AIDS prevention, treatment, and care a national priority by developing National inter-ministerial action plans based on "best practice" models, such as Uganda's and Senegal's.

- 10) Public Diplomacy. Intensify public diplomacy about the challenge to global security posed by HIV/AIDS in order to leverage each of the preceding international policy objectives.

### III. OPPORTUNITIES FOR ADVANCING USG PLAN

#### 1. Mbeki State Visit - May 21-23

**Issue for Decision:** Whether to adopt this plan for addressing HIV/AIDS with Mbeki:

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

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

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

#### **Objectives and Plan for Mbeki Visit (Tab D):**

##### *I. Establish common ground.*

- Identify challenges common to US and SA:
- Establish need to share knowledge and experience.
- Emphasize link between AIDS and poverty;

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

- Commend Mbeki for desire to better understand epidemic.

- Emphasize need to agree that HIV causes AIDS
- Offer to share all US data

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

- Acknowledge special needs and circumstances in African setting;
- Point to two African success stories, Uganda and Senegal.

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

- Commend Mbeki's commitment and leadership in SA.
- Emphasize support from US.
- Call for joint effort to lead North/South war against AIDS.
- Use July 9-14 International AIDS Conference in Durban to call for global campaign against AIDS.

**2) International meetings and contacts - leveraging international buy-ins**

**Issue for discussion:** Are there other events or previously planned bilateral high-level Agency contacts that should be added?

Key international diplomatic opportunities are listed below. See Tab B for proposed objectives and tactics for each event.

May 15-20	World Health Assembly, Geneva
May 31	U.S.-E.U. Summit, Lisbon
June 7-8	IDA Deputies Meeting, Lisbon
July - 1 <sup>st</sup> wk	OAU Summit, Togo
July 9-14	International AIDS Conference, Durban, S.A.
July 21-23	G-8 Summit, Okinawa
Sept. 6-8	UNGA Millennium Summit, New York
Sept. 24-28	World Bank/IMF Annual Meeting, Prague
Nov. 15-16	APEC, Brunei
Dec. 1	World AIDS Day

3) Legislative Agenda - Ensuring appropriations for international HIV/AIDS programs

**Issue for Discussion:** Pending Congressional meetings and events - critical White House Legislative Affairs and OMB actions. Legislative calendar listed below. See **Tab C** for annotated version.

May

4 Senate & House Ag Appropriations - Subcommittee  
9 Senate Ag & Foreign Ops Appropriations - Full Committee  
10 House Ag Appropriations - Full Committee, House Labor/H Approps - Subcommittee & Senate Labor/H Approps - Subcommittee  
11 Senate Labor/H Approps - Full Committee House Defense Approps - Subcommittee  
18 Senate Defense Approps - Full Committee (subcommittee date?)  
19 House Agriculture Appropriations Bill - Floor Action  
24 House Labor/H Approps Bill - Full Committee  
25 House Defense Approps Bill - Full Committee  
29 Begin House and Senate Recess (May 29 - June 4)  
tbd Senate Agriculture Appropriations Bill - Floor Action  
tbd Senate Defense Approps bill - Floor Action  
tbd Senate Foreign Ops bill - Floor Action  
tbd Senate Labor/H Approps bill - Floor Action

June

5 House and Senate Return from Recess  
7 House Defense Approps Bill - Floor Action  
8 House Labor/H Approps Bill - Floor Action  
12 House Foreign Ops Approps Bill - Subcommittee  
20 House Foreign Ops Approps Bill - Full Committee & House Foreign Ops Approps Bill - Floor Action

July

2-9 Projected House and Senate Recess  
29 Projected House and Senate Recess (July 29 - Sept 5)

August

House and Senate out all month

September

6 House and Senate return from Recess  
13-16 CBC Week, DC

**October** House and Senate Adjourn

**MOBILIZING A GLOBAL WAR ON HIV/AIDS**

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

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

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

**Global Mobilization Against HIV/AIDS**

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

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

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

#### **INTERNATIONAL POLICY OBJECTIVES**

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

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

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

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

2) Enhance market incentives for private sector research and development into vaccines and treatments for HIV/AIDS and other priority diseases. Pharmaceutical companies may be reluctant to invest in research for vaccines for diseases that primarily afflict people in poor countries because of their limited capacity to purchase them. For this reason, the President has proposed in his FY 2001 budget a tax credit to provide a specific and credible incentive for the development of future vaccines for HIV/AIDS, malaria, tuberculosis or any infectious disease that causes over 1 million deaths per year.

Specifically, the seller of a qualified vaccine could claim a tax credit equal to 100 percent of the amount paid by a qualifying organization that received a "credit allocation" by the U.S. Agency for International Development (AID). The tax credit would match the qualified organizations' expenditures dollar-for-dollar, thereby doubling their purchasing power and providing a significant market incentive for pharmaceuticals to view vaccines for HIV/AIDS, malaria, and other diseases primarily afflicting poor countries as viable commercial opportunity. For 2002 through 2010, AID could designate up to \$1 billion of vaccine sales as eligible for the credit.

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

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

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

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

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

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

	<b>Amount needed</b>	<b>USG Spending</b>	<b>World Spending, including USG</b>	<b>Shortfall</b>
Prevention	\$1 billion	\$	\$300 million	\$700 million
Care	\$2 billion	\$	\$200 million	\$1.8 billion
<b>Total</b>	<b>\$3.0 billion</b>	<b>\$168 million</b>	<b>\$500 million</b>	<b>\$2.5 billion</b>

<sup>1</sup>Includes all donors and country public sector. Does not include foundations or personal out-of-pocket expenditures.

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

	<b>Amount needed</b>	<b>USG Spending</b>	<b>World Spending<sup>1</sup>, including USG</b>	<b>Shortfall</b>
Prevention	\$2.0 billion	\$	\$1 billion	\$1.0 billion
Care	\$1.0 billion	\$	\$0.5 billion	\$0.5 billion
<b>Total</b>	<b>\$3.0 billion</b>	<b>\$67 million</b>	<b>\$1.5 million</b>	<b>\$1.5 billion</b>

<sup>1</sup>Host country resources are more substantial in these regions. Thus the anticipated shortfalls are less.

3) Expand official bilateral assistance for HIV/AIDS programs. For a decade, USAID has played a leading role in the fight against the global AIDS pandemic, providing assistance to 46 developing countries, 22 in Africa. The USG has been the largest AIDS donor, with USAID spending over \$1.2 billion to date, 60% of which went to Africa. However, from 1993-1999, USAID's global AIDS budget remained flat funded at \$125 million, during which time there was a 300% increase in the annual incidence of HIV and an explosion of the pandemic in sub-Saharan Africa. In FY2000, as part of the "LIFE Initiative" (Leadership and Investment in Fighting an Epidemic), the President proposed and the Congress appropriated a \$100 million increase for the USG's global AIDS effort. For FY2001, the President has requested an additional \$100 million increase. This initiative has not only enabled the USG to more than double its global HIV prevention and AIDS care programs but to expand participation in this effort to include HHS, DOL, DOD, and Ag in the funding, and a host of other strategic players in the overall implementation of the USG's program.

- *The USG should urge other developed countries to increase bilateral assistance for HIV/AIDS prevention, treatment, and care in developing countries by at least 100%, as the U.S. is seeking to do over the course of FY 2000 - 01.*

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

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

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

- *The philanthropic community, currently sporadically engaged, should be actively encouraged to increase by \$500 million support for HIV/AIDS prevention, treatment and care in developing countries, including through international public-private partnerships.*

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

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

The Vice President, and Departments of Commerce and Labor, are engaging with the business and labor communities, which are increasingly providing outreach to African Trade Unions and business communities to incorporate AIDS prevention/care activities into work-place education and reduction economic impact.

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

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

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

- *The U.S. should continue to seek full funding of its share of the Cologne Initiative, encourage other donor countries to fully fund their commitments, and support*

*realization of a reformed framework of economic conditionality that emphasizes poverty reduction and investment in health and education with respect to HIV/AIDS.*

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

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

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

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

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

- Leaders should speak out frequently about HIV/AIDS with clear and consistently reinforced messages, and in highly impacted countries, should direct all government officials to talk about HIV/AIDS in every public appearance (President Museveni called this the government's "big noise" on AIDS);
- Leaders should acknowledge that AIDS is much more than a health issue by creating an inter-ministerial commission on AIDS to coordinate inter-governmental action (which includes finance and defense);
- Leaders should develop a national AIDS plans with tangible long term and short term goals and objectives. All ministers should be charged to assess long and short term impacts of

AIDS in their sector (military, education, agriculture, transportation, mining, trade, democracy/governance), and to develop an action agenda;

- Leaders should encourage non-governmental organizations, faith based organizations, private businesses, universities, and other segments of society to join in the fight, and should find opportunities for their active participation;
- Leaders should help to reduce stigma and discrimination by actively supporting people living with AIDS and by empowering them to be an integral part of decision making on AIDS; this should include making it safe for government officials to be open about their status;
- Leaders should form a partnership with donors to create an "enabling environment" for investment in the HIV prevention and AIDS care and treatment;
- Leaders should translate their political commitment into action through resource mobilization by creating a national AIDS budget [UNAIDS urges a 5% contribution for HIPC countries and 10% for mid-income countries] and by re-directing debt relief funding into HIV and AIDS activities, not only as a health goal, but as an across-the-board supra goal;
- UNAIDS had urged leaders to declare HIV and AIDS a "national disaster" or a "national security threat".
- Leaders should undertake efforts to improve drug procurement and distribution systems in ways that are transparent, efficient, and accountable;
- Leaders should mobilize the necessary human resources needed to address HIV/AIDS in country by establishing training programs in multiple disciplines;
- Leaders should encourage and support a community-based response that includes traditional leaders and villages.
  - *The U.S. should urge developing countries to implement national action plans to improve prevention, treatment, and care of HIV/AIDS and leverage expansion in the availability of international assistance.*

10) Intensify public diplomacy about the challenge to global security posed by HIV/AIDS in order to leverage each of the

preceding international policy objectives, including perhaps through the appointment of a Presidential Envoy for AIDS Cooperation.

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

**TAB B.**

**Objectives on AIDS for Mbeki Visit  
DRAFT**

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

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

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

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

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

**Objectives on HIV/AIDS for Mbeki Visit**

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

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

- Establish need to share knowledge and experience. While the magnitude of the AIDS crisis in SA, and in sub-Saharan Africa generally, far exceeds the epidemic in the US, there is much that we can learn from each other and do together;
- Emphasize link between AIDS and poverty. Key issue is the connection between poverty and AIDS and the importance of linking HIV prevention and poverty reduction strategies.

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

- Commend Mbeki for desire to better understand epidemic.
- Emphasize need to agree that HIV causes AIDS in order to move forward, but that we must also remain vigilant in our efforts to ask and answer new questions as we seek to *apply and refine* what we know in the face of ever new and challenging circumstances;
- Offer to share all US data

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

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

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

- Commend Mbeki's commitment and leadership in SA.
  - Established the SA national AIDS council, the SAG inter-ministerial AIDS commission and the SA partnership against AIDS;
  - Developed aggressive 5-year AIDS plan;
  - Increased SA AIDS budget.
- Emphasize support from US.
  - US tripled its investment in the fight against AIDS in SA this year and agrees with SA national AIDS plan;
- Call for joint effort to lead North/South war against AIDS.
  - Clinton to lead effort to mobilize "North" through U.S.-E.U. Summit, G-8, other leader-to-leader dialogues;
  - Mbeki to lead effort to mobilize OAU, NAM, SADC, other leader-to-leader dialogues.
- Use July 9-14 International AIDS Conference in Durban to call for global campaign against AIDS.

**TAB C**

**Annotated Calendar of Major International Events  
DRAFT**

**May 31**

**U.S.-E.U. Summit, Lisbon**

Objectives:

1. Issue a joint statement calling for increased resources and strong leadership to combat HIV/AIDS and other infectious diseases in Africa.
2. Reach agreement with E.U. to double its bilateral assistance to Africa for HIV/AIDS prevention, treatment and care within two (three?) years, and to urge its member states to do the same. (*should we say EC rather than EU here?*)
3. Reach agreement with E.U. to double its research budget for HIV/AIDS, and urge its member state to do the same.
4. Reach agreement on a joint public diplomacy strategy.
5. Obtain commitment from E.U. to support Global Alliance for Vaccines and Immunization (GAVI) or other innovative new partnerships, such as WHO's Stop TB or Roll Back Malaria.
6. Obtain agreement with E.U. to call on its member states to support U.S. proposal to increase MDB concessional lending for health programs at June 7-8 IDA Deputies Meeting.

Proposed Tactics:

1. Continue using State Dept. diplomatic channels.
2. POTUS letter to Prodi/Guterres.

**June 7-8**

**IDA Deputies Meeting, Lisbon**

Objectives:

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

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

Proposed Tactics:

1. Use Health, Finance, Development Assistance, and Foreign Ministry channels to push USG proposal.
2. Use U.S-E.U. Summit and G-8 Sherpa process to urge key IDA members to support USG proposal.
3. Treasury continue to work with the World Bank to shape its proposal to the IDA Deputies.
4. Circulate USG proposal to all IDA members by demarche.

**July - 1<sup>st</sup> wk OAU Summit, Togo**

Objectives:

1. Leaders demonstrate serious and visible commitment to combating HIV/AIDS. Commitments should include:
  - Speaking out frequently about HIV/AIDS and directing all government officials to do the same;
  - Creating national AIDS plans;
  - Creating inter-ministerial commissions on AIDS, to include ministries of finance and defense;
  - Increasing national AIDS budgets for prevention and care and redirecting debt-relief funding into HIV and AIDS activities;
  - Launching major AIDS public awareness/education campaigns.
2. Leaders demonstrate commitment to programs to empower women and girls, including basic education and microfinance.
3. Possible resolution from African leaders to give fight against AIDS highest priority - *to present to Durban conference?*

Proposed Tactics:

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

2. Identify other key African leaders, such as Museveni, and use diplomatic channels (POTUS or VPOTUS letters?) to discuss USG strategy;
3. Use June trip to Africa of Summers, Thurman and Smith to advance USG strategy to key African leaders.

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

Objectives:

1. Resolve controversy surrounding Mbeki concerning his questioning of whether HIV causes AIDS in advance of conference.
2. Establish Mbeki as African leader in fight against AIDS.
3. Develop consensus statement on basic care and treatment in resource-poor countries, especially in sub-Saharan Africa.
4. Launch global campaign to close resource gap (?) *Could potentially preempt G-8 announcements.*

Proposed Tactics:

1. Use Mbeki meetings with POTUS and VPOTUS to resolve controversy and urge Mbeki to lead African efforts;
2. Use June visit to South Africa of Summers, Thurman and Smith to advance USG strategy to key African leaders and propose new HIV-prevention/poverty-reduction measures, such as a microfinance initiative that includes an HIV component.
3. Use May 25-26 UNAIDS Board Meeting to begin developing consensus statement on basic care and treatment, in advance of special UNAIDS/US-led meeting on care and treatment in Durban.
4. Determine whether to launch USG strategy for closing resource gap in advance of G-8 Summit.

**July 21-23            G-8 Summit, Okinawa**

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

2. Announce G-8 commitment to doubling bilateral assistance for HIV/AIDS prevention, treatment and care within two (three?) years.
3. Announce G-8 commitment to doubling research budgets for HIV/AIDS and other diseases of the poor.
4. Announce G-8 commitment to enhance incentives for privately funded research into HIV/AIDS, for example through incentives and contributions to purchase funds, including the Global Alliance for Vaccines and Immunization (GAVI).
5. Announce G-8 support for an increase in concessional lending for HIV/AIDS and other priority diseases by the MDBs on the order of \$400-\$900 million per year.

Proposed Tactics:

1. Use G-8 Sherpa, Sous-Sherpa, and Health Experts channels to push USG proposals.
2. Raise USG G-8 proposals at all high-level health, finance, foreign ministry, and development assistance bilaterals prior to Okinawa.
3. Engage high-level non-governmental and industry leaders in efforts, such as WHO Director-General Brundtland and Bill Gates in effort to raise visibility of issues with other G-8 leaders.
4. Use U.S.-E.U. Summit to push USG proposals with European members of G-8.
5. Use Clinton-Putin discussions to engage Russia in global AIDS campaign.
6. Write POTUS letters to key G-8 leaders to push USG proposal, particularly doubling of bilateral assistance. (*POTUS already indicated willingness to write G-8 letters re: vaccines.*)

**Sept. 6-8            UNGA Millennium Summit, New York**

Objective:

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

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

Proposed tactics:

1. All of above.

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

Objectives:

1. If not already agreed, call on World Bank to support an increase in concessional lending of \$400-\$900 million per year by the World Bank for health programs, particularly related to HIV/AIDS.
2. Call on World Bank to provide necessary technical assistance to ensure that developing countries have access to existing resources.

Proposed Tactics:

1. Use Health, Finance, Development Assistance, and Foreign Ministry channels to push USG proposal.
2. Use UNGA Millennium Summit to highlight call to World Bank.

**Nov. 15-16 APEC Leaders Summit, Brunei**

Objectives:

1. Include call for political and resources commitments to global AIDS in APEC agenda.
2. Develop special AIDS initiative for APEC members, focusing on southeast Asia.
3. Create APEC Health Working Group of Experts Group as a means of obtaining APEC funds for HIV/AIDS programs.

Proposed Tactics:

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

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

**Dec. 1                      World AIDS Day**

Objectives:

1. Leaders from North and South demonstrate commitment to fighting AIDS.
2. Announce significant progress and commitments in effort to close the resource gap.

Proposed Tactics:

1. All of above.