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Folder Title:

AIDS, 2 of 2 [Africa] [3]

Staff Office-Individual:

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

Original OA/ID Number:

2853

Row:	Section:	Shelf:	Position:	Stack:
29	2	10	2	V

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Gayle Smith to National Security Advisor, re: For Jim AIDS meeting (2 pages)	05/19/2000	P1/b(1) KBH 10/21/2024
002a. fax	Fax cover sheet from Kenneth W. Bernard to Frank Loy, et al. [partial] [10 U.S.C. 424] (1 page)	05/02/2000	P3/b(3)
002b. memo	Kenneth Bernard and Sandra Thurman to Leon Fuerth, et al, re: Interagency Working Group on the Global AIDS Crisis [partial] [10 U.S.C. 424] (1 page)	05/01/2000	P3/b(3)
002c. paper	Interagency Working Group Consensus Paper (13 pages)	04/28/2000	P1/b(1) KBH 10/21/2024
003a. email	Kenneth Bernard to Gayle Smith, re: Jim's guidance for the DC (1 page)	05/04/2000	P1/b(1) KBH 10/21/2024
003b. memo	Kenneth Bernard to James Steinberg, re: Deputies Committee Meeting (5 pages)	05/03/2000	P1/b(1)
004a. fax	Fax cover sheet from Kenneth Bernard to Frank Loy, et al. [partial] [10 U.S.C. 424] (1 page)	05/02/2000	P3/b(3)
004b. memo	Kenneth Bernard and Sandra Thurman to Leon Fuerth, et al., re: Interagency Working Group on the Global AIDS Crisis [partial] [10 U.S.C. 424] (1 page)	05/01/2000	P3/b(3)
004c. paper	Interagency Working Group Consensus Paper (13 pages)	04/28/2000	P1/b(1) KBH 10/21/2024
005. email	Kenneth Bernard to Multilateral and Humanitarian Affairs, Asian Affairs, and African Affairs, re: [meeting] (2 pages)	04/24/2000	P1/b(1) KBH 10/21/2024
006. email	Gayle Smith to Kenneth Bernard, et al., re: for potus call (1 page)	05/11/2000	P1/b(1) KBH 10/21/2024

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] [3]

2007-1550-F

ke2011

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]

Battenfield, Pat A. (AF)

From: Bernard, Kenneth W. (HEALTH)
Sent: Monday, May 22, 2000 10:39 AM
To: @AFRICA - African Affairs; @PRESS - Public Affairs
Subject: Q and A's for Mbeki/AIDS [UNCLASSIFIED]

Importance: High

Too much, but includes a lot of the old TPs. Africa has not yet cleared, but since it is late, if anyone has comments or changes, get them directly to Press. Press, you may want to add a para on the EO on AIDS drugs for Africa from you previous points when the order was signed last week. ---Ken



AIDS QandAs2.doc

PRESIDENT MBEKI AND THE SOUTH AFRICAN 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.*

AIDS Statistics for South Africa:

- *South Africa has more people living with HIV/AIDS than any other country in Africa – 4.2 million (1 in 10 of the total population, and 1 in 5 adults.)*
- *1600 new infections each day*
- *1 in 4 pregnant women positive for HIV*
- *by 2003, more than 1 million South African children will be orphaned by AIDS.*

President Mbeki has some controversial views surrounding AIDS. He has embraced some scientific dissidents who even question whether AIDS is even caused by a virus. Will you discuss this with him?

- Yes, the issue of AIDS in Africa will be on the agenda for discussions with the President.
- There is no question that President Mbeki understands the depth of the health crisis facing much of Africa, including his own country. South Africa is doing a great deal, including appointing a senior government task force, an AIDS council between the public and private sector, and a country-wide education campaign.
- We intend to discuss ways to deal with AIDS in South Africa in the context of poverty – to assist in finding an African solution – but a solution based on the best science.

But what about his controversial statements that seem to question whether AIDS is caused by the HIV virus?

- You will have to ask him.
- But, President Mbeki has clearly engaged in the struggle to control AIDS in his country. He is questioning everything in an attempt to come to terms with a disease devastating his country. As part of his quest he is talking to a wide variety of people, including some with unorthodox views that don't reflect the broad international consensus about the science of the disease.
- Do we agree with the views of every expert he's consulted? No, we don't and we have communicated that to the South African government. But we do agree with his premise that more has to be done globally, and more needs to be done in Africa.

Is AIDS is different in Africa, as some claim?

- The virus that causes AIDS, HIV, has several strains. The strain mostly found in the U.S. is different from the one in Africa. However, the strain differences to not affect the severity of disease, how it is transmitted, or whether or not anti-AIDS drugs are effective.
- We recognize that the AIDS epidemic in Africa, including South Africa, is manifesting itself in different ways than it has in the United States – but not because the science of the disease is different. They don't have the same health care infrastructure that we do, for example, which means that in addition to what the South African government is already doing for prevention, education and care, they also need to look at additional approaches relevant to specific conditions in Africa.
- But there are also evolving similarities in the two epidemics - - In the U.S. the disease is now spreading most rapidly among heterosexuals, people of color, and the poor, just as in Africa.

How much are we assisting South Africa?

- In FY 2000, the USG has obligated about \$11 million, up from about 2 million in 1999. CDC and USAID are actively involved in a wide ranging set of prevention and care activities.

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.

What are we doing for controlling AIDS, especially in Africa?

- Since 1986, USAID has dedicated over \$1.2 billion to mitigate the epidemic. For FY 2000, Congress appropriated funding for our global AIDS prevention and care program of \$225 million – four times as much as the next largest donor. And nearly two thirds will go to Africa. The FY2001 budget request includes an additional \$100 million increase in our global AIDS effort (for a total of \$325 million, excluding research) which will be targeted to: prevention; basic care and treatment; support for orphans; and health infrastructure development, and implemented by USAID, HHS (CDC), DOL and DOD. In addition, NIH is spending over \$1.8 billion annually on AIDS research, with over \$200 million each year in the search for a vaccine.

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.
- At the US-EU Summit next month, we will be joining the EU in drafting new initiatives to increase activities to combat the epidemic, especially in Africa. The Japanese have indicated that HIV/AIDS will 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 efforts and leader-to-leader dialogue to raise awareness and priority.
- 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. 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.

Battenfield, Pat A. (AF)

From: Smith, Gayle E. (AF)
Sent: Monday, May 01, 2000 9:24 AM
To: Crowley, Philip J. (PRESS)
Cc: @PRESS - Public Affairs; Bernard, Kenneth W. (HEALTH); @AFRICA - African Affairs
Subject: CNN/AIDS [UNCLASSIFIED]

Importance: High



CNN.doc

PJ - as requested, this is what I did for my thing this morning, with your additions. Much drawn from the prep Ken did for SRB on Friday.

Ken Bernard - could you please take a look at the vaccines part to see if you'd change anything. Please respond direct to @press.

Thanks all

CNN/AIDS

Why has the White House decided that AIDS is a threat to national security?

- In addition to the classic threats to security, there are a number of trends which constitute a global threat – terrorism, drug-trafficking, disease, international crime - these move freely across borders and without prejudice. AIDS is one of these, and the scale and scope are such that the epidemic poses a threat to global security.
- We're seeing frightening statistics in Africa now, but anticipate similar trends in Asia and the former Soviet Union – indeed throughout the world.
- Ninety-five percent of all cases are in the developing world. In the case of Africa, for example, AIDS is the leading cause of death, and in some countries 20% of the population is infected. This level of prevalence directly affects military forces, and could lead to instability necessitating the involvement of the U.S. , either in terms of humanitarian response or for security reasons.
- Also threatens economic progress that is needed to counter instability. Two of the world's fastest-growing economies are in Africa – Botswana and Mozambique – but the gains these and other countries will be reversed if producers and policymakers are killed by the epidemic.
- Poverty also fuels the spread of AIDS. Where there is inadequate communication and health infrastructure, it is extremely difficult to counter the spread of this disease.

Why now?

- The U.S. has been supporting AIDS programs around the world for years – since 1986, US Agency for International Development has dedicated over \$1.2 billion to fighting this disease.
- But the numbers show that treating AIDS as a health issue alone is inadequate, that AIDS and poverty are a lethal combination, and that more resources and more leadership are needed to reverse a dangerous trend.
- AIDS is increasingly on the agenda of the President's meetings with other leaders, and in meetings between members of the cabinet and their counterparts – as an issue requiring a more concerted effort on the ground and the increased involvement of the international community.

What are you doing about it?

- We believe that defeating AIDS requires several things:
- First is the leadership in the international arena. This is why we put AIDS on the agenda of the UN Security Council in January, why it will be a key topic during the upcoming U.S.-EU Summit, and why we're pleased that Japan has identified AIDS as a priority issue for the G-8 meeting in Okinawa in July.
- Leadership at the national level is equally important. Uganda, for example, has reversed an upward trend in the spread of AIDS, and did so because from the President on down, the entire government engaged in educating the public, and

community groups were supported to take the message out to the villages. The U.S. is one of the leading donors to Uganda's AIDS program.

- Second is resources. For FY 2000, Congress appropriated funding for our global AIDS prevention and care programs of \$225 million – four times as much as the next largest donor. The FY2001 budget request includes an additional \$100 million increase. We intend to use our position as the world's leading donor to leverage similar commitments from other governments.
- Third is prevention – both through education at the ground level, but also through a more rigorous effort to find a cure for this and other devastating diseases like malaria. That's why the President has proposed a tax credit as an incentive to the pharmaceutical industry to do more, and quickly, to develop vaccines.

Senator Lott has said that AIDS is not a threat to national security, and that the White House is simply aiming to please some of the groups here in Washington over the weekend.

- We believe the evidence is in that AIDS is a global threat, and that it affects all people, without prejudice.
- Certainly, when we are seeing evidence that diseases like West Nile Fever that are carried by migratory birds, or other diseases that move freely as people travel throughout the world, it is clear that we must look at the spread of disease as a threat that affects all Americans.

Is the Administration concerned about the recent statements made by South African President Mbeki?

- President Mbeki is well aware of the threat posed to South Africa's future by AIDS, and the government and private organizations in South Africa are engaged in a vigorous campaign to educate the public, prevent and treat the disease.
- We believe that the scientific evidence of the link between HIV-AIDS is irrefutable.
- We also believe that President Mbeki is making another critically important point – not yet addressed by the media – that the combination of AIDS and poverty is indeed lethal, and that we've got to fight both if we want to win the war against AIDS.

5/1/00

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.

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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.
- At the US-EU Summit next month, we will be joining the EU in drafting new initiatives to increase activities to combat the epidemic, especially in Africa. The Japanese have indicated that HIV/AIDS will 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 efforts and leader-to-leader dialogue to raise awareness and priority.
- Deputy Secretary of State Strobe Talbot will be leading the US delegation to the U.S.-SADC Forum in Maputo May 10-11. The Southern African Development Community, including 14 nations, will be taking up the issue of HIV/AIDS at the meeting, the African response, and what further we can do together.
- 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. 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.

Did South African President Mbeki send a letter to the President regarding the AIDS epidemic in his country? What did he say? Do we think that he is espousing a dangerous course of action that has been scientifically discredited? Has the President responded?

- South African President Thabo Mbeki has written to the President. The President has not yet responded. This was a private communication between two leaders and I don't want to comment specifically on the contents of the letter.
- There is no question that President Mbeki understands the depth of the health crisis facing much of Africa, including his own country. South Africa is doing a great deal, including appointing a senior government task force, an AIDS council between the public and private sector, and a country-wide education campaign.
- We recognize that the AIDS epidemic in Africa, including South Africa, is manifesting itself in different ways than it has in the United States. They are doing everything within their capacity to deal with this crisis. They don't have the same health care infrastructure that we do, for example, which means that in addition to what the South African government is already doing, they also need to look at additional approaches relevant to specific conditions in Africa. Do we agree with the views of every expert he's consulted? No, we don't and we have communicated that to the South African government. But we do agree with his premise that more has to be done globally, and more needs to be done in Africa.
- We have to keep in mind the limited resources Africa has to deal with this. Our estimates are that in some African countries, like Uganda, treating every infected individual would cost more than ten times the national budget.
- There is no question that AIDS threatens the economic, political and social progress that Africa has made. That's the reason the Vice President and Ambassador Holbrooke put this issue front and center in the United Nations Security Council in January, and why we have an interagency working group studying how we can help Africa confront this major challenge.

Is Mbeki coming to the US on an official visit?

- Yes, though we have not yet made an official announcement.

Will HIV/AIDS be on the agenda?

- Of course, as will a number of other issues of common concern to the United States and South Africa.

Battenfield, Pat A. (AF)

From: Smith, Gayle E. (AF)
Sent: Friday, May 19, 2000 10:50 AM
To: @NSA - Natl Security Advisor
Cc: @AFRICA - African Affairs; Bernard, Kenneth W. (HEALTH); Efros, Laura L. (OSTP)
Subject: For Jim AIDS meeting[CONFIDENTIAL]

To Jim from Smith/Bernard on Mbeki/AIDS Small Group Meeting:

Jim - We recommend that you run this meeting as follows:

1. **Note that the issue will not be fully resolved during or by the State Visit, but that our general aim is to break down Mbeki's points so that we can moderate those that are problematic and build on those with which we agree.** You should first ask for a broad description of the AIDS strategy under development.
2. You should then **ask for a report on how we intend to break down the issues.** Specifically:

On the science front:

- Move Mbeki as far forward as possible on acceptance of the link between HIV and AIDS, and on his public comments on same (note, however, he will not make a declarative statement that HIV causes AIDS - only that "the scientists need to look at it." (Bernard and Smith should outline);
- Initiate discussion of Mbeki's other concerns (AZT and other drugs) (Efros/Bernard);

On his point that Africa needs specific solutions in addition to only what has been done in the West:

- Point out the commonalities - in terms of the spread of the disease and access to medicines - between the US and South Africa (Efros);
- Encourage that while Mbeki engages in search for Africa-specific responses, he also focus on what can be done now.

On his point that poverty and AIDS must be addressed at the same time:

- Agree on this point, but urge that: 1) Mbeki focus on specific measures; and 2) link this concern to broader discussions of global poverty during the visit; Our

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agenda with the donors at the US-EU summit, G-8, debt relief, etc are intended to address the link of AIDS with poverty. (Smith);

Enlist Mbeki's leadership in the global fight against AIDS:

- Lay out our comprehensive approach to the fight against AIDS, including leveraging more from developing world (Samans, Bernard);
- Encourage Mbeki to take the lead in urging developing countries to prioritize the fight against AIDS, and to put the issue on the agenda of developing country fora (Smith).

3. **Public Affairs Strategy.** You should then note that there is not/not a joint press conference during the State Visit, but that the issue will be raised - to us and to the South Africans. You should ask Smith to report on our efforts to work this angle with the South Africans, and ask Leon to comment on the VP's role.

Sutphen, Mona K. (NSA)

From: Sutphen, Mona K. (NSA)
Sent: Thursday, April 20, 2000 4:32 PM
To: @AFRICA - African Affairs
Cc: @NSA - Natl Security Advisor; @EXECSEC - Executive Secretary; @RECORDS & ACCESS MGMT
Subject: Action on POTUS comment [UNCLASSIFIED]

Gayle: On a 4/20 WPost article on Mbeki and AIDS, POTUS wrote, "Where is the letter?" (referring to Mbeki's letter reportedly pouched to the President) Please send a copy of the letter to me for delivery to POTUS.

--mona

APR 20 18:01

+20.00

January
Where is
the letter?

Copied
Berger
Podesta
Wwdes K

Sandy: Where is the letter?

4-20-00

S. African President Escalates AIDS Feud

Mbeki Challenges Western Remedies

By BARTON GELLMAN
Washington Post Staff Writer

A1

South African President Thabo Mbeki has stepped up an emotional controversy over his country's response to AIDS, saying Africans should chart their own course on the disease with help from, among others, scientists who dispute the prevailing views in the West on the causes and treatment of the disease.

At loggerheads for months with his own medical establishment over the pandemic that is killing millions of South Africans, Mbeki has now raised the dispute to the international arena with a passionate defense of his approach to the crisis in a letter dispatched this month by diplomatic pouch to President Clinton and other heads of state.

Avowing skepticism about the relevance of Western medical models to the "uniquely African catastrophe" of AIDS, Mbeki wrote in the hand-addressed letters that it "would constitute a criminal betrayal of our responsibility to our own people" to mimic foreign approaches to treating the disease. He insisted on South Africa's right to consult dissident scientists who deny that the human immunodeficiency virus, or HIV, causes AIDS. And he accused unnamed foreign critics of launching a "campaign of intellectual intimidation and terrorism" akin to medieval book-burnings and "the racist apartheid tyranny we opposed."

The African continent, where AIDS continues to spread exponentially, faces an unprecedented demographic upheaval caused by the disease. Recent estimates project that several sub-Saharan nations, including South Africa, will lose a quarter of their populations to AIDS by 2010. An estimated 4.2 million South Africans are infected with HIV, with 1,700 people newly infected every day.

Several Clinton administration officials and foreign diplomats expressed dismay at Mbeki's decision to intensify what they see as a diversionary dispute and to bring it to a potentially volatile international forum. One official made a copy of the letter available to The Washington Post, and South Africa's U.N. ambassador, Dumisani Kumalo, confirmed its authenticity. Kumalo said it had been sent to Clinton and U.N. Secretary General Kofi Annan, among others.

Mbeki's words resonate widely because his nation's new democracy and advanced industry make it a natural leader on the continent, a status acknowledged in its selection as host of this year's international conference on AIDS. So stunned were some officials by the letter's tone and timing—during final preparations for July's conference in Durban—that at least two of them, according to diplomatic sources, felt obliged to check whether it was genuine.

"There has never been a significant international political controversy over AIDS," said one top-level multinational official. "This could be the seed of one."

Fearing just that, the Clinton administration restricted distribution of the five-page letter, dated April 3, in an effort to prevent it from becoming public. Asked for official comment, senior managers of U.S. policy toward Africa concentrated their remarks on areas of agreement with Mbeki.

"It was clearly impassioned in parts, but I thought much of its substance was quite logical and quite compelling," said Assistant Secretary of State Susan Rice, reached by phone in London. "I mean, he clearly acknowledges the severity of the HIV/AIDS problem in Africa and in South Africa in particular, and he goes through a persuasive description of the efforts that have been undertaken by his administration. . . . I don't read Mbeki's intent as trying to pit south versus north on the issue. He's making a pretty simple point, which is, 'This is a hell of a serious problem for Africa, and we don't want to be constrained in the universe of solutions that are available to us.'"

Behind the scenes, the administration—along with allies in foreign capitals and at the World Health Organization and U.N. AIDS program in Geneva—is trying to tamp down the rhetoric and ensure that Mbeki does not perceive fresh insults from abroad, officials said.

Sandra Thurman, director of the White House office of national AIDS policy, met Friday in Atlanta with South African Health Minister Manto Tshabalala-Msimang and Ambassador Makate Sisulu. Thurman would not comment on "any specific correspondence between the president and any other president," but she made clear that the substance of Mbeki's letter had been their focus.

"We did talk about how important it is to make sure we're spending most of our time and energy focused on doing the things we know how to do to stop this epidemic," she said. "We need to make sure the conversations we're having move us forward rather than polarizing us."

Mbeki's letter to foreign leaders begins with much the same point. He describes former president Nelson Mandela's decision in 1998 to mobilize national efforts against AIDS, creating a ministerial task force and a national education campaign on the use of condoms and practice of safer sex. "Similarly," he said, "we are doing everything we can, within our very limited possibilities, to provide the necessary medicaments and care."

Medicine is at the heart of the problem for South Africa, as for all developing nations. In the wealthy nations of the West, "cocktails" of anti-retroviral drugs have made it possible—at a cost per patient exceeding \$10,000 a year—to live indefinitely with HIV. "In the rural parts of South Africa, where they can't even afford dinner, they're not going to buy cocktail drugs," Kumalo said.

Nor is the government planning to buy the expensive drugs. But activists at home are putting growing pressure on Mbeki to provide AZT or Nevirapine, two drugs that have been effective in preventing mother-to-child transmission, to rape victims and pregnant women without charge. More than one in five pregnant South Africans has HIV, and there is at present no effort to block infection of their children.

Perhaps because the Western treatments are budget-breakers, Mbeki is said by officials who know him well to have spent a great deal of time browsing the Internet for information on AIDS. Late last year he came across Web sites that popularize the theories of Berkeley biochemist Peter Duesberg, the best-known proponent of the view that HIV does not cause AIDS and that treatment with drugs such as AZT does more harm than good. Last month, Mbeki placed a call to Duesberg's ally, David Rasnick. Among virtually all public health professionals, Duesberg's and Rasnick's views are seen as discredited.

Even so, their work formed part of the basis for a speech Mbeki made to Parliament late last year and for more recent statements by his health minister blaming Nevirapine—against the judgment of most South African scientists—for a series of recent deaths in clinical trials. Those remarks came under harsh public attack from South African doctors and clergymen, and some foreign AIDS experts have begun to talk of boycotting the Durban conference.

Mbeki's letter, turning to this controversy, shifted abruptly in tone. "In an earlier period in human history," he wrote, speaking of the dissident scientists, "these would be the heretics that would be burnt at the stake! . . . The day may not be far off when we will, once again, see books burnt and their authors immolated by fire by those who believe that they have a duty to conduct a holy crusade against the infidels."

A trained economist who sprinkles speeches with poetry, Mbeki is widely seen by South Africans—black and white—as an intellectual with a mastery of policy detail. Unlike his predecessor, however, Mbeki is wary of all but his closest advisors, and some foreign officials say that frame of mind is central to the present dispute.

"It may be that these comments are extravagant," Mbeki writes near the close of the letter. "If they are, it is because in the very recent past, we had to fix our own eyes on the very face of tyranny."

Correspondent Jon Jeter in Johannesburg contributed to this report.

Battenfield, Pat A. (AF)

From: Smith, Gayle E. (AF)
Sent: Monday, May 01, 2000 6:25 PM
To: Bernard, Kenneth W. (HEALTH)
Cc: @AFRICA - African Affairs
Subject: FW: Facts [UNCLASSIFIED]

Just got back from Hill, think the framework helps, actually, and your facts are also good. Corrected a couple typos if it has not gone up to SRB yet.

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

From: Bernard, Kenneth W. (HEALTH)
Sent: Monday, May 01, 2000 4:44 PM
To: @AFRICA - African Affairs
Subject: FW: Facts [UNCLASSIFIED]

Thanks. needed a theoretical framework. This is what i sent to PJ. Longer than one page... Open for modification.

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

From: Bernard, Kenneth W. (HEALTH)
Sent: Monday, May 01, 2000 4:35 PM
To: Crowley, Philip J. (PRESS)
Subject: FW: Facts [UNCLASSIFIED]



AIDS FACT SHEET.doc

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

From: Crowley, Philip J. (PRESS)
Sent: Monday, May 01, 2000 3:57 PM
To: @HEALTH - International Health Affairs
Subject: FW: Facts [UNCLASSIFIED]

Ken, would love to be able to give SRB a draft of your fact sheet of this at 5 pm meeting today.

PJ

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

From: Smith, Gayle E. (AF)
Sent: Monday, May 01, 2000 3:26 PM
To: Bernard, Kenneth W. (HEALTH)
Cc: Crowley, Philip J. (PRESS); Anderson, Brooke D. (NSCCOMM)
Subject: Facts [UNCLASSIFIED]

I am going to the Hill in about 10 minutes but gleaned what we've got to come up with some facts. Don't know if you want to inject these (you are a doctor after all) into the fact sheet, but thought I'd pass them on. Sources are WH docs and unclass materials, though I would note the sensitivity of too much focus on a single country.

AIDS FACTS

Thirty (30) previously unknown disease agents have been identified since 1973, including HIV, Ebola, Hepatitis C, and others.

95% of those now living with AIDS world-wide are in the developing world.

The global infection rate is expected to triple to over 100m by 2005.

AIDS is now the leading cause of death in Africa.

It is estimated that 10% of new infections world-wide are in South Africa.

AIDS is wiping out economic progress: experts assume that at present rates, we will see a 20% reduction in GDP in Africa by 2010; by this year, it is estimated that the annual cost to the government of India is 11b, or 5% of GDP.

In Malawi and Zambia, as many as 30% of all teachers are infected.

It is estimated that in South Africa, the cost of benefits (worker) will increase from 7% to 19% by 2005.

Deaths and illness will generate demographic upheaval given, for example, millions of orphans.

Infection rates among African militaries are thought to range from 10-60%.

Life expectancy in the worst-affected Sub-Saharan countries could fall by half by the year 2010, dropping to the mid-30s (years).

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

May 1, 2000

FACT SHEET

The Global AIDS Crisis as a National Security Threat

Extent of the Problem: 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. Other parts of the world are going down the same road as Africa. Infection rates in Asia are climbing rapidly, with several countries, especially India, on the brink of a large-scale expansion of the epidemic, and Asia could surpass Africa in total cases by 2010. ~~And the~~ the countries of the former Soviet Union ~~countries~~ and Eastern Europe are vulnerable as well, with Russia experiencing the highest increase in infection rates in the world last year.

Consequences:

- In addition to the classic threats to national security, globalization means that we are facing a range of new threats that know no borders and move without prejudice - international crime, terrorism, drug-trafficking, and diseases - like AIDS.
- We're seeing a rise in the number of previously unknown disease agents identified since 1973, including AIDS, the Ebola virus and hepatitis C, and West Nile Virus. These diseases can affect all of us, including American citizens.
- The demographic upheaval and direct threat to military forces caused by this epidemic could lead to instability necessitating some kind of US response in the future, either humanitarian or for security reasons.
 - The epidemic is now more devastating than most wars: In 1998 in Africa, 200,000 died from conflict, but 2.2 million died from AIDS - more than 5,000 each day.
 - Human capital is being lost from all walks of life - teachers, farmers, doctors, soldiers, farm workers - the most productive members of society - and their loss generates millions of orphans that further stress social support systems. In Malawi and Zambia, as many as 30 percent of teachers are infected.

- Militaries, especially in Africa, have very high HIV rates - some exceeding 40 percent. Ill and dying soldiers can destabilize military forces and infect others as they move across borders in regional conflicts and peacekeeping operations.
- Exploitation of the 40 million AIDS orphans predicted by 2010 is evolving, and worrisome. Poor and parentless children are easy targets for exploitation as child soldiers by rogue militias and narcotics and other criminal organizations.
- The AIDS epidemic is undermining the economic growth needed for both prosperity and stability: in Mozambique and Botswana, for example, we have two of the world's fastest-growing economies, but economic growth cannot be maintained if producers and policymakers are killed by AIDS.
 - Economic impact is severe: AIDS cost Namibia almost 8 percent of its GDP in 1996, and by 2005 Kenya's GDP will be 14.5 percent smaller than it would have been without AIDS. And AIDS consumes over 50 percent of already meager health budgets – a direct threat on evolving democratic development and transition.
 - Development of the last 20 years is being reversed in the hardest hit countries – by 2010 life expectancy will drop by over 20 years in at least 8 African countries, and infant and child mortality rates will double. And high infant mortality is closely associated with instability of political and social structures.

###

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002a. fax	Fax cover sheet from Kenneth W. Bernard to Frank Loy, et al. [partial] [10 U.S.C. 424] (1 page)	05/02/2000	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] [3]

2007-1550-F
ke2011

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]

NATIONAL SECURITY COUNCIL

File - AIDS

**NATIONAL
SECURITY
COUNCIL**

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

Did you get a complete,
clear transmission? If not,
please call:

Chris Keenan at
(202) 456-9394

From: Kenneth W. Bernard
International Health Affairs
Phone: 202 456-9391, Fax: 202 456-9390

Date: May 2, 2000 **Pages to follow: 15**

ADDRESSEES:

Frank Loy, State	202 647-0753
Susan Rice, State	202 647-6301
R.P. Eddy, USUN	212 415-4303
Timothy Geithner, Treasury	202 622-0417
Alan Bowser, Commerce	202 482-5666
Mac DeShazer, Labor	202 693-4780
David Satcher, HHS	202 690-6960
Sue Bailey, DOD	703 697-4197

P3/(b)(3)

P3/(b)(3)

[002a]

Barbara Turner, USAID	202 216-3235
Mark Scheider, Peace Corps	202 692-2101
Leon Fuerth, OVP	6-9500 delivered
Robert Kyle, OMB	5-0345
Joseph Papovich, USTR	5-3891
Laura Efros, OSTP	6-6028 delivered
Eric Schwartz, NSC	6-9140 delivered
Gayle Smith, Nora Dempsey, NSC	6-9260 delivered

PLEASE SEE ATTACHED DOCUMENTS!

619 3669

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002b. memo	Kenneth Bernard and Sandra Thurman to Leon Fuerth, et al, re: Interagency Working Group on the Global AIDS Crisis [partial] [10 U.S.C. 424] (1 page)	05/01/2000	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] [3]

2007-1550-F
ke2011

RESTRICTION CODES

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

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RR. Document will be reviewed upon request.

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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]

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

May 1, 2000

MEMORANDUM FOR

MR. LEON FUERTH
Assistant to the Vice
President for National
Security Affairs

MR. FRANK E. LOY
Under Secretary for Global
Affairs
Department of State

DR. SUSAN E. RICE
Assistant Secretary for
African Affairs
Department of State

RANDOLPH P. EDDY
Senior Policy Advisor to the
U.S. Representative to the
United Nations

MR. TIMOTHY GEITHNER
Under Secretary for
International Affairs
Department of the Treasury

DR. SUE BAILEY
Assistant Secretary of Defense
for Health Affairs
Department of Defense

P3/(b)(3)

MR. ALAN BOWSER
Deputy Assistant Secretary for
Basic Industries
Department of Commerce

MR. MARK L. SCHNEIDER
Director
Peace Corps

MR. MACARTHUR DESHAZER
Associate Deputy Under
Secretary, Bureau of
International Labor Affairs
Department of Labor

DR. DAVID SATCHER
Assistant Secretary for Health
and Surgeon General
Department of Health and Human
Services

MS. BARBARA TURNER
Assistant Administrator
Bureau for Global Programs,
Field Support and Research
Agency for International
Development

P3/(b)(3)

MR. JOSEPH PAPOVICH
Assistant USTR for Services,
Investments and Intellectual
Property Rights
U.S. Trade Representative

MR. ROBERT D. KYLE
Associate Director for
National Security and
International Affairs
Office of Management and
Budget

FROM: Kenneth W. Bernard, National Security Council
Sandra Thurman, Office of National AIDS Policy

[0000]

[Handwritten signature]

SUBJECT: Interagency Working Group on the Global AIDS Crisis

Attached please find the final IWG document on expanding the U.S. role in controlling the international HIV/AIDS epidemic. It includes a summary list of "next steps," and is the result of two large interagency meetings in February and March, and five smaller issue-oriented subgroup sessions. The first two drafts of the document were circulated and attempts have been made to incorporate all suggested changes.

Note that many of the suggestions are aspirational (therefore, some may require additional resources). While the IWG reached consensus that the ideas are good ones, agencies should be careful to adhere to departmental and Administration budget priorities and processes.

The consensus document is not intended to be static, but rather an ongoing attempt to ramp up the USG response to the HIV/AIDS crisis. A number of issues and actions raised by the IWG will be further discussed in the Deputies and Principals Committee process.

The IWG will meet again in June, prior to the International AIDS Conference in Durban, to document progress on each of the action items outlined in the consensus document. The lead agencies will coordinate input into this process.

Please note that designation of agency "leads" (in parentheses after action items) is not intended to be exclusive. Those listed are requested to inform and coordinate with all relevant agencies. They will be asked to report to the IWG on USG agency-wide follow-up on progress on each action item.

Attachment

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

April 28, 2000

U.S. GOVERNMENT USE ONLY

INTERAGENCY WORKING GROUP CONSENSUS PAPER

SUBJECT: Expanded United States Role in the Global HIV/AIDS Crisis

Background

Extent of the Problem: 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.

Other parts of the world are going down the same road as Africa. Infection rates in Asia are climbing rapidly, with several countries, especially India, on the brink of a large-scale expansion of the epidemic and needing to take action immediately to forestall the disaster that Africa has suffered. Parts of Latin America and the Caribbean also show high and rising rates of infection. And the former Soviet Union countries and Eastern Europe are vulnerable as well, with Russia experiencing the highest increase in infection rates in the world last year.

AIDS as an economic and security issue: On January 10, under the leadership of Vice President Gore, 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.

At the Security Council meeting, Secretary General Kofi Annan said that the "high rate of infection among police and armed

forces has left many African countries ill-equipped to face security threats." World Bank President James Wolfensohn added: "We're losing teachers faster than we can replace them. We're losing judges, lawyers, government officials, and persons in the military. Unless we act, there will surely be continued instability on the continent."

USG International HIV/AIDS programs: The U.S. Government remains the 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 multisectoral efforts from the grass roots to the international level that reduce the impact of AIDS. Since 1986, USAID has dedicated over \$1.2 billion to mitigate the epidemic. In FY 2000, we contributed four times as much as the next largest donor. But we will need to spend more -- much more.

During the Security Council meeting, the Vice President outlined Phase II of our LIFE Initiative (Leadership and Investment in Fighting an Epidemic), the enhanced global AIDS effort which was launched last year with a budget amendment for a \$100 million increase in our global AIDS program. Congress appropriated the funding; bringing our FY2000 global AIDS prevention and care program to \$225 million -- nearly two thirds of which will go to Africa. The FY2001 budget includes an additional \$100 million increase in our global AIDS effort (for a total of \$325 million, excluding research) which will be targeted to: prevention; basic care and treatment; support for orphans; and health infrastructure development, and implemented by USAID, HHS (CDC), DOL and DOD.

Many other agencies are contributing to the USG efforts. For example, in mobilizing human resources, the Peace Corps is training all new volunteers in HIV/AIDS prevention and education strategies. There are currently over 6000 Peace Corps volunteers globally, and more than 2,400 in Africa alone, many having primary assignments in HIV/AIDS work. In addition, a cadre of experienced "Crisis Corps Volunteers" is now being selected to work directly with HIV/AIDS in countries with high HIV/AIDS prevalence.

And NIH is spending over \$1.8 billion annually on AIDS research, with over \$200 million each year in the search for a vaccine.

Extent of financial needs -- the example of Africa: UNAIDS estimates that it will take at least a \$1 billion HIV prevention program in Africa to stem the rising tide of infection, including mother-to-child transmission. In 1999, all host governments and donors spent less than one third that amount on prevention, and very little in the military context. In addition, UNAIDS believes that it would cost an additional \$1 billion to begin to bring basic medical care and treatment to the 24 million people in Africa already living with AIDS. At present, spending is less than one tenth that amount, with only 1-5 percent of those who are sick receiving even the most basic antibiotics and treatment for opportunistic infections. The total expenditure from all sources for HIV/AIDS prevention and care in the average sub-Saharan African country is only \$5-20 million per year.

The Interagency Process

With the growing concern that the U.S. Government needed to further increase its efforts to deal with the AIDS crisis, an interagency working group (IWG) was convened under the co-chair of Sandra Thurman, Director, Office of National AIDS Policy (ONAP), and Kenneth Bernard, Special Advisor, National Security Council. The first meeting was held on February 8, 2000, and included representation from State (including USUN), USAID, Defense, Joint Staff, Treasury, Commerce, CIA, DOL, DIA, HHS (including NIH and CDC), Office of the Vice President, OMB, USTR, NEC, NSC and OSTP. Issue oriented IWG subgroups were formed to develop recommendations for enhanced USG action. They included 1) budget and legislation, 2) diplomacy and public awareness, 3) security, 4) economics, trade and finance, and 5) prevention and care.

An ongoing process: This consensus document, drafted with input from all listed agencies and IWG subgroups (with the addition of Peace Corps), is not intended to be static, but rather an ongoing attempt to ramp up the USG response to the HIV/AIDS crisis. A number of the following issues and actions raised by the IWG will require further discussion at the departmental level as well as in the Deputies and Principals Committee process.

The IWG, co-chaired by NSC and ONAP, will meet again in June, prior to the International AIDS Conference in Durban, to document progress on each of the action items outlined in the consensus document. It will then reconvene periodically

thereafter. Decisions on outstanding issues will be referred to Deputies or Principals as needed.

Strategic framework for action

To ensure that the United States continues its leadership role in combating HIV/AIDS, the IWG recommended that new USG activities be considered in the context of four overall objectives:

- Mobilizing an enhanced and coordinated United States Government response, and maximizing its leadership and effectiveness in the international battle to reduce HIV transmission and care for those who are sick.
- Enhancing political commitment by national governments to combat HIV/AIDS as a national and international priority, including mobilizing and leveraging increased internal national budget resources.
- Leveraging an enhanced response from other bilateral donors and multilateral institutions through a U.S.-lead international cooperative effort.
- Leveraging an enhanced response from the private sector in the United States, including corporations, foundations, religious institutions and non-governmental organizations.

Issues and Actions

(Note: Agencies in parentheses below are not the only agencies to be involved in listed issues or initiatives. They are, however, tasked with responsibility for convening discussion or planning groups as necessary and acting as rapporteurs for the specified issues at IWG meetings.)

1. Budget and legislation

During this session of Congress, more than ten global AIDS initiatives have been introduced. Committees of jurisdiction in both chambers have favorably reported global AIDS legislation ranging from \$510 million for FY2001 in the Senate to \$1 billion over 5 years in the House. Ideas vary from enhancing existing bilateral efforts through USAID to creating a new multilateral AIDS Trust Fund at the World Bank. Currently, there seems to be considerable momentum on the Hill for moving a global AIDS

initiative either freestanding or as part of the Foreign Assistance or African Trade bills.

- Pending authorizing legislation should support or enhance the Administration's goal of securing an additional \$100 million for the expansion of our current global AIDS initiative. Outcomes and strategic USG goals should define which legislative mechanisms and pending bills we should support.
- The Administration would proactively work with Congress to craft HIV/AIDS legislation that bolsters and helps launch international leadership initiatives and do not undermine other vital antipoverty/AIDS priorities such as HIPC.
- ONAP and WH legislative affairs will coordinate Administration response to the authorization bills, and take a proactive approach to the appropriations debate so as to maximize FY2001 funding of global AIDS activities. (ONAP)

2. Diplomacy and awareness

The Department of State has aggressively increased its diplomatic outreach and education efforts, including the Secretary's 1999 International Response to HIV/AIDS and recent cables (State 34645, State 58033) to diplomatic posts calling for a dramatic increase in Embassy engagement with host countries.

- Strengthen U.S. diplomatic efforts
 - ✓ Advance the concept, suggested by USUN, of having countries name Presidential Envoys for AIDS Control (PEACs). Each concerned country would name a senior envoy that would meet, debate, and help coordinate international efforts to deal with the thornier problems of the epidemic. Meetings of PEACs would provide a forum for discussion of issues needing international action, such as drug availability in poor countries, and making recommendations for innovative actions. (ONAP, State)
 - ✓ Target USG efforts at the countries most at risk and target leadership in countries already heavily infected. (State, USAID)

- ✓ Broaden diplomatic efforts to include regions other than Africa, including Asia and the Newly Independent States. (State)
- ✓ Highlight and actively implement in other at-risk countries the successful national AIDS programs in Uganda, Thailand and Senegal. (USAID, State)
- ✓ Develop a high-profile communications strategy for public diplomacy on HIV/AIDS control. (State)
- ✓ Develop at each Embassy a comprehensive HIV/AIDS action plan and integrate it into work and reporting requirements and resource allocation. (State)
- ✓ Establish required HIV/AIDS briefings for appropriate DOS Bureau personnel, including new Chiefs of Mission, Ambassadors, DCMs and others in Washington or in regional meetings. (State)
- ✓ Provide diplomatic posts with sufficient epidemiological and best-practices information through a dedicated DOS AIDS information officer, or through USAID missions. (State, USAID)
- Persuade foreign leaders of the profound effect of AIDS on their national security in terms of impact on political stability, economic growth, and civil society (NSC, State).
 - ✓ Provide leaders with briefs and analyses on AIDS in their regions. (State, USAID, DOC)
 - ✓ Issue new demarches on the security and health aspects of AIDS to be carried by the Ambassador to the head of state. (State)
- Develop innovative sustainable policies in partnership with other U.S. agencies, international organizations and entities. (State)
 - ✓ Increase involvement with the U.S. and foreign business communities on HIV/AIDS, including information dissemination and worker education. (DOC, USTR, USAID)
 - ✓ Work with the G-8, multilateral development banks and others to move basic health care, including AIDS prevention

and control, to the top of the finance and debt reduction agendas. (Treasury)

- ✓ Collaborate with WHO, UNAIDS and other UN agencies to develop more effective prevention, awareness and treatment programs. (HHS, USAID, State)
- Make international health and scientific collaboration on HIV/AIDS a priority in science and technology programs facilitated by the State Department. (State, HHS)

3. Security

This year, the NIC, CIA and DIA have all produced excellent intelligence products on the impact of AIDS on the security, stability and economies of the hardest hit nations. DoD has prepared U.S. military education and training materials for HIV/AIDS prevention, some of which have been adapted for UN peacekeeping forces and given to USAID for review in FY2000. These materials could be adapted for African militaries in FY2001. Funding for expanding military-to-military training for HIV/AIDS prevention is in the President's FY 2001 budget request.

- In order to advance our operational goals regarding the public health and security aspects of the epidemic, each component of the intelligence community should work to increase collection of relevant data and provide periodic updates on the extent and impact of AIDS in their specific areas of responsibility. (CIA, NSC)
- DoD has shared U.S. military specific educational modules with USAID. These education modules will be adapted for specific cultural needs. DoD has begun limited, active involvement with HIV/AIDS prevention education and training with certain African militaries and should expand these efforts as soon as possible. (DoD)
- Secretary Cohen ensures appropriate and adequate HIV/AIDS prevention, education and training for the U.S. military. It is recommended that he should, as a priority, also reinforce the need for comparable HIV/AIDS prevention, education and training in international defense forces, and for UN peacekeeping forces. (DoD, State, USUN, NSC)

- In addition to supporting the Administration's \$10 million funding directly to DoD for this program in FY2001, DoD will work closely with DOS to identify FY2002-2007 International Military Education and Training (IMET) resource additions to fund (in the U.S.) HIV/AIDS professional education and prevention efforts. (DoD, State)
- All UN peacekeeping operations should effectively deal with AIDS education as an active and required responsibility. The U.S. should pursue negotiation of a UN Security Council Resolution on HIV/AIDS as a security issue, mandating HIV/AIDS prevention efforts for UN Peacekeepers. (State)

4. Economics, Trade and Finance

- Multilateral
 - ✓ Support UNAIDS International Partnership Against AIDS in Africa and its efforts to dramatically increase political will and action by African governments. (USAID, State)
 - ✓ Actively seek support for the President's proposal that the multilateral development banks dedicate an additional \$400-\$900 million in concessionary loans for basic health care and systems needed to expand immunization and prevent and treat infectious diseases, including AIDS. Actively encourage the EU and the G-7 to join in this request, and request all OECD donors to increase AIDS funding at each meeting and opportunity. (Treasury, NSC, OSTP)
 - ✓ Actively encourage Highly Indebted Poor Countries (HIPC) to use, as a priority, their debt service savings for poverty reduction, including HIV/AIDS prevention and care activities. USAID and Treasury should help countries prepare Poverty Reduction Strategies to include AIDS control. High priority countries either approved or being considered include, Uganda, Mauritania, Mozambique, Benin, Tanzania, and Senegal. (Treasury)
 - ✓ Follow-up the DOL/AFL-CIO Trade Unionist Summit to advance HIV prevention issues at the April meeting of the ICFTU in Durban, the SADC meeting and the 13th International AIDS Conference in Durban in July. (DOL)

- ✓ Collaborate with the International Labor Organization to establish and enhance multisectoral framework for HIV/AIDS workplace education. (DOL)
- Bilateral
 - ✓ Expand DOL involvement with AIDS prevention activities with other country labor unions, using \$10 million FY 2001 funds. (DOL)
 - ✓ Develop web sites containing workplace training manuals for HIV/AIDS to promote HIV/AIDS workplace education and prevention. (DOL, DOC)
 - ✓ Establish a workplace HIV/AIDS education/training pilot project in Malawi during current fiscal year. (DOL)
- Private Sector
 - ✓ Convene representatives from different industry sectors with government officials to discuss concrete suggestions to increase public/private cooperation in the battle against AIDS. Add NGOs as discussions progress. Do not limit to Africa. (OVP, DOC, HHS, Treasury)
 - ✓ Expand the current USTR/HHS working group on trade and access to essential medicines. In discussions among health and trade agencies, generate a rational and forward-leaning approach to improving infrastructure and access to needed medications, while ensuring protection of intellectual property rights. Solicit input from NGOs and affected industries. Aim for mid-May delivery date for "next steps" in advance of the State visit of President Mbeki from South Africa. (ONAP, HHS, USTR, DOC, Treasury)
 - ✓ Work with Congress to approve the Presidential initiative to provide a \$1 billion tax credit for the sales of vaccines developed for HIV/AIDS (and other diseases such as TB and malaria that kill over 1 million annually). (Treasury, NSC, OMB)
 - ✓ Increase outreach activities to foundations to raise funding of international AIDS activities. (USAID, ONAP, HHS)

- ✓ Work with industry to develop multimedia commercials showcasing a unified public, private, NGO, international AIDS effort. Will motivate industry participation and raise public awareness. (DOC)
- ✓ Implement an outreach to industry for donations of multimedia equipment for communities and grass roots organizations to promote HIV/AIDS prevention and awareness. (DOC)
- ✓ Select a group of high-profile U.S. and foreign personalities for public service announcements related to global AIDS issues. (ONAP)
- ✓ Construct a Global AIDS Internet site, "Millennium Networking Against the Global HIV/AIDS Epidemic." (USAID, HHS)
- ✓ Sponsor video productions, in cooperation with U.S. national filmmakers, and with the partnership of African and other national governments. Emphasize real people in real situations. (State, USAID)
- ✓ Initiate an "adopt-a-school" program with NGOs, religious groups and the private sector, providing funds to keep AIDS orphans in school. (ONAP)

5. Prevention and Care and Research

The U.S. Government is spending, in FY 2000, over \$225 million overseas for HIV/AIDS prevention and care programs alone (excluding research funding). Current USG activities emphasize primary prevention, biomedical and behavior research and training, improving community and home based care. The following recommendations are for additional emphasis and action.

- Develop a working list of what governments and donors are spending in each country on HIV/AIDS prevention, treatment and care activities to focus new efforts on needs and gaps. (USAID)
- Restate the Administration commitment to develop a preventive HIV vaccine within the next 10 years. This should emphasize developing country (Africa, India, others) participation in the critical research. (HHS, USAID)

- Initiate regular meetings co-chaired by USAID and HHS to coordinate specific strategies focusing on the delivery of prevention, medical treatment and care services to impacted communities. Expand activities and funding for treatment of opportunistic infections (such as TB and pneumonia), including increased availability of appropriate antibiotics and other medications. (USAID, HHS)
- USAID should be the lead agency for coordinating USG input into country-level HIV/AIDS activities, and will collaborate with HHS and the Department of State to develop a clear protocol to facilitate the entry of new USG partners into collaboration with individual country programs. Country-level coordination, especially where USAID or HHS do not have permanent staffs, should be part of the developed protocol. In situations where HHS/NIH are doing collaborative biomedical research, arrangements for adequate coordination with other USG agencies working in country must also be assured. (USAID, HHS)
- Quickly establish a Working Group, under the joint chair of HHS and USAID, to focus on the challenges of delivering services to reduce mother-to-infant HIV transmission. Issues include: increased access to accurate HIV testing and confidential counseling; the risk of breast feeding and safety of infant formula in low resource situations; efficacy and safety of short course anti-retroviral drugs such as Nevirapine and AZT, and concern that drug treatment may divert resources form other services. (HHS, USAID)
- Fully implement an initiative to train all 2,400 Peace Corps Volunteers in Africa in HIV/AIDS prevention and awareness techniques, and field teams of experienced former Peace Corps Volunteers to assist on critical AIDS projects. (Peace Corps).
- Highlight and actively implement in other countries the successful Peace Corps AIDS projects in Malawi, Thailand and Senegal. (Peace Corps).
- NIH, CDC and others should establish centers of excellence in international settings that will support basic research and long-term cohort studies; serve as locations for studies of efficacy of biomedical and behavioral prevention interventions, including Phase I, II, and III vaccine trials as well as trials of topical microbicides; function as training centers for investigators from throughout the region;

and provide bridges to services. The centers should provide an environment for the development of true and equal partnerships between the U.S. and foreign investigators. (HHS)

- Call for consistent Administration messages on the need to empower women to reduce their vulnerability. Consider a major initiative to accelerate microbicide development. (HHS, USAID, State)
- Call for the Administration to make a statement to more fully involve the faith communities, both here and abroad, with prevention efforts and patient care. (ONAP)
- Because global TB, now exacerbated by HIV/AIDS, is the leading cause of death in the developing world, pledge increasing support to the international "Stop TB" initiative. (HHS, USAID)
- Endorse community-based approaches to support children and their families affected by AID (especially avoiding dependence on orphanages). (ONAP, USAID, Peace Corps).
- Consult with Congress on extending the "notwithstanding" provisions of the Foreign Assistance Act, Section 522, (Child Survival, AIDS and other activities) to include an exemption from the "Buy America Act" (Section 604) to allow procurement of critical HIV/AIDS pharmaceuticals and other selected commodities. (OMB, USAID)

USG Coordination of International AIDS Activities

Commending the work of the Office of National AIDS Policy (ONAP) in our global efforts, the Interagency Working Group recommended that ONAP retain the USG focus for international HIV/AIDS coordination. However, that office currently has insufficient personnel resources to fully staff its international as well as domestic responsibilities.

Therefore it is recommended that ONAP be expanded to include a Deputy for International Affairs to cover the broad coordination of USG activities related to the global epidemic.

The Deputy Director for International Affairs, to complement ONAP's interagency responsibilities, would be designated to coordinate USG international activities for that office, and, in

doing so, maintain a close working relationship with National Security Council senior staff, especially the senior health advisor to the Assistant to the President for National Security Affairs.

Battenfield, Pat A. (AF)

From: Bernard, Kenneth W. (HEALTH)
Sent: Thursday, May 04, 2000 12:26 PM
To: Smith, Gayle E. (AF)
Cc: @AFRICA - African Affairs
Subject: Jim's guidance for the dC ~~(CONFIDENTIAL)~~

This is what went forward before adding the MDB bit this am.



2873

AIDSmemoSteinberg.doc

DECLASSIFIED E.O. 13526

White House Guidelines,

~~September 11, 2000~~

5/16/2017

By VL NARA, Date 7/16/2018

2017-0739-M

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003b. memo	Kenneth Bernard to James Steinberg, re: Deputies Committee Meeting (5 pages)	05/03/2000	P1/b(1)

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] [3]

2007-1550-F
ke2011

RESTRICTION CODES

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

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

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

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

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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- b(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]

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004a. fax	Fax cover sheet from Kenneth Bernard to Frank Loy, et al. [partial] [10 U.S.C. 424] (1 page)	05/02/2000	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] [3]

2007-1550-F
ke2011

RESTRICTION CODES

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NATIONAL SECURITY COUNCIL

HIV/AIDS

**NATIONAL
SECURITY
COUNCIL**

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

Did you get a complete,
clear transmission? If not,
please call:

Chris Keenan at
(202) 456-9394

From: Kenneth W. Bernard
International Health Affairs
Phone: 202 456-9391, Fax: 202 456-9390

Date: May 2, 2000 **Pages to follow: 15**

ADDRESSEES:

Frank Loy, State	202 647-0753
Susan Rice, State	202 647-6301
R.P. Eddy, USUN	212 415-4303
Timothy Geithner, Treasury	202 622-0417
Alan Bowser, Commerce	202 482-5666
Mac DeShazer, Labor	202 693-4780
David Satcher, HHS	202 690-6960
Sue Bailey, DOD	703 697-4197

P3/(b)(3)

Barbara Turner, USAID	202 216-3235
Mark Scheider, Peace Corps	202 692-2101
Leon Fuerth, OVP	6-9500 delivered
Robert Kyle, OMB	5-0345
Joseph Papovich, USTR	5-3891
Laura Efros, OSTP	6-6028 delivered
Eric Schwartz, NSC	6-9140 delivered
Gayle Smith/Nora Dempsey, NSC	6-9260 delivered

[004a]

PLEASE SEE ATTACHED DOCUMENTS!

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004b. memo	Kenneth Bernard and Sandra Thurman to Leon Fuerth, et al., re: Interagency Working Group on the Global AIDS Crisis [partial] [10 U.S.C. 424] (1 page)	05/01/2000	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] [3]

2007-1550-F
ke2011

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NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

May 1, 2000

MEMORANDUM FOR

MR. LEON FUERTH
Assistant to the Vice
President for National
Security Affairs

MR. FRANK E. LOY
Under Secretary for Global
Affairs
Department of State

DR. SUSAN E. RICE
Assistant Secretary for
African Affairs
Department of State

RANDOLPH P. EDDY
Senior Policy Advisor to the
U.S. Representative to the
United Nations

MR. TIMOTHY GEITHNER
Under Secretary for
International Affairs
Department of the Treasury

DR. SUE BAILEY
Assistant Secretary of Defense
for Health Affairs
Department of Defense

P3/(b)(3)

MR. ALAN BOWSER
Deputy Assistant Secretary for
Basic Industries
Department of Commerce

MR. MARK L. SCHNEIDER
Director
Peace Corps

MR. MACARTHUR DESHAZER
Associate Deputy Under
Secretary, Bureau of
International Labor Affairs
Department of Labor

DR. DAVID SATCHER
Assistant Secretary for Health
and Surgeon General
Department of Health and Human
Services

MS. BARBARA TURNER
Assistant Administrator
Bureau for Global Programs,
Field Support and Research
Agency for International
Development

P3/(b)(3)

MR. JOSEPH PAPOVICH
Assistant USTR for Services,
Investments and Intellectual
Property Rights
U.S. Trade Representative

MR. ROBERT D. KYLE
Associate Director for
National Security and
International Affairs
Office of Management and
Budget

FROM: Kenneth W. Bernard, National Security Council
Sandra Thurman, Office of National AIDS Policy

[00416]

SUBJECT: Interagency Working Group on the Global AIDS Crisis

Attached please find the final IWG document on expanding the U.S. role in controlling the international HIV/AIDS epidemic. It includes a summary list of "next steps," and is the result of two large interagency meetings in February and March, and five smaller issue-oriented subgroup sessions. The first two drafts of the document were circulated and attempts have been made to incorporate all suggested changes.

Note that many of the suggestions are aspirational (therefore, some may require additional resources). While the IWG reached consensus that the ideas are good ones, agencies should be careful to adhere to departmental and Administration budget priorities and processes.

The consensus document is not intended to be static, but rather an ongoing attempt to ramp up the USG response to the HIV/AIDS crisis. A number of issues and actions raised by the IWG will be further discussed in the Deputies and Principals Committee process.

The IWG will meet again in June, prior to the International AIDS Conference in Durban, to document progress on each of the action items outlined in the consensus document. The lead agencies will coordinate input into this process.

Please note that designation of agency "leads" (in parentheses after action items) is not intended to be exclusive. Those listed are requested to inform and coordinate with all relevant agencies. They will be asked to report to the IWG on USG agency-wide follow-up on progress on each action item.

Attachment

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

April 28, 2000

U.S. GOVERNMENT USE ONLY

INTERAGENCY WORKING GROUP CONSENSUS PAPER

**SUBJECT: Expanded United States Role in the Global HIV/AIDS
Crisis**

Background

Extent of the Problem: 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.

Other parts of the world are going down the same road as Africa. Infection rates in Asia are climbing rapidly, with several countries, especially India, on the brink of a large-scale expansion of the epidemic and needing to take action immediately to forestall the disaster that Africa has suffered. Parts of Latin America and the Caribbean also show high and rising rates of infection. And the former Soviet Union countries and Eastern Europe are vulnerable as well, with Russia experiencing the highest increase in infection rates in the world last year.

AIDS as an economic and security issue: On January 10, under the leadership of Vice President Gore, 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.

At the Security Council meeting, Secretary General Kofi Annan said that the "high rate of infection among police and armed

forces has left many African countries ill-equipped to face security threats." World Bank President James Wolfensohn added: "We're losing teachers faster than we can replace them. We're losing judges, lawyers, government officials, and persons in the military. Unless we act, there will surely be continued instability on the continent."

USG International HIV/AIDS programs: The U.S. Government remains the 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 multisectoral efforts from the grass roots to the international level that reduce the impact of AIDS. Since 1986, USAID has dedicated over \$1.2 billion to mitigate the epidemic. In FY 2000, we contributed four times as much as the next largest donor. But we will need to spend more -- much more.

During the Security Council meeting, the Vice President outlined Phase II of our LIFE Initiative (Leadership and Investment in Fighting an Epidemic), the enhanced global AIDS effort which was launched last year with a budget amendment for a \$100 million increase in our global AIDS program. Congress appropriated the funding; bringing our FY2000 global AIDS prevention and care program to \$225 million -- nearly two thirds of which will go to Africa. The FY2001 budget includes an additional \$100 million increase in our global AIDS effort (for a total of \$325 million, excluding research) which will be targeted to: prevention; basic care and treatment; support for orphans; and health infrastructure development, and implemented by USAID, HHS (CDC), DOL and DOD.

Many other agencies are contributing to the USG efforts. For example, in mobilizing human resources, the Peace Corps is training all new volunteers in HIV/AIDS prevention and education strategies. There are currently over 6000 Peace Corps volunteers globally, and more than 2,400 in Africa alone, many having primary assignments in HIV/AIDS work. In addition, a cadre of experienced "Crisis Corps Volunteers" is now being selected to work directly with HIV/AIDS in countries with high HIV/AIDS prevalence.

And NIH is spending over \$1.8 billion annually on AIDS research, with over \$200 million each year in the search for a vaccine.

Extent of financial needs -- the example of Africa: UNAIDS estimates that it will take at least a \$1 billion HIV prevention program in Africa to stem the rising tide of infection, including mother-to-child transmission. In 1999, all host governments and donors spent less than one third that amount on prevention, and very little in the military context. In addition, UNAIDS believes that it would cost an additional \$1 billion to begin to bring basic medical care and treatment to the 24 million people in Africa already living with AIDS. At present, spending is less than one tenth that amount, with only 1-5 percent of those who are sick receiving even the most basic antibiotics and treatment for opportunistic infections. The total expenditure from all sources for HIV/AIDS prevention and care in the average sub-Saharan African country is only \$5-20 million per year.

The Interagency Process

With the growing concern that the U.S. Government needed to further increase its efforts to deal with the AIDS crisis, an interagency working group (IWG) was convened under the co-chair of Sandra Thurman, Director, Office of National AIDS Policy (ONAP), and Kenneth Bernard, Special Advisor, National Security Council. The first meeting was held on February 8, 2000, and included representation from State (including USUN), USAID, Defense, Joint Staff, Treasury, Commerce, CIA, DOL, DIA, HHS (including NIH and CDC), Office of the Vice President, OMB, USTR, NEC, NSC and OSTP. Issue oriented IWG subgroups were formed to develop recommendations for enhanced USG action. They included 1) budget and legislation, 2) diplomacy and public awareness, 3) security, 4) economics, trade and finance, and 5) prevention and care.

An ongoing process: This consensus document, drafted with input from all listed agencies and IWG subgroups (with the addition of Peace Corps), is not intended to be static, but rather an ongoing attempt to ramp up the USG response to the HIV/AIDS crisis. A number of the following issues and actions raised by the IWG will require further discussion at the departmental level as well as in the Deputies and Principals Committee process.

The IWG, co-chaired by NSC and ONAP, will meet again in June, prior to the International AIDS Conference in Durban, to document progress on each of the action items outlined in the consensus document. It will then reconvene periodically

thereafter. Decisions on outstanding issues will be referred to Deputies or Principals as needed.

Strategic framework for action

To ensure that the United States continues its leadership role in combating HIV/AIDS, the IWG recommended that new USG activities be considered in the context of four overall objectives:

- Mobilizing an enhanced and coordinated United States Government response, and maximizing its leadership and effectiveness in the international battle to reduce HIV transmission and care for those who are sick.
- Enhancing political commitment by national governments to combat HIV/AIDS as a national and international priority, including mobilizing and leveraging increased internal national budget resources.
- Leveraging an enhanced response from other bilateral donors and multilateral institutions through a U.S.-lead international cooperative effort.
- Leveraging an enhanced response from the private sector in the United States, including corporations, foundations, religious institutions and non-governmental organizations.

Issues and Actions

(Note: Agencies in parentheses below are not the only agencies to be involved in listed issues or initiatives. They are, however, tasked with responsibility for convening discussion or planning groups as necessary and acting as rapporteurs for the specified issues at IWG meetings.)

1. Budget and legislation

During this session of Congress, more than ten global AIDS initiatives have been introduced. Committees of jurisdiction in both chambers have favorably reported global AIDS legislation ranging from \$510 million for FY2001 in the Senate to \$1 billion over 5 years in the House. Ideas vary from enhancing existing bilateral efforts through USAID to creating a new multilateral AIDS Trust Fund at the World Bank. Currently, there seems to be considerable momentum on the Hill for moving a global AIDS

initiative either freestanding or as part of the Foreign Assistance or African Trade bills.

- Pending authorizing legislation should support or enhance the Administration's goal of securing an additional \$100 million for the expansion of our current global AIDS initiative. Outcomes and strategic USG goals should define which legislative mechanisms and pending bills we should support.
- The Administration would proactively work with Congress to craft HIV/AIDS legislation that bolsters and helps launch international leadership initiatives and do not undermine other vital antipoverty/AIDS priorities such as HIPC.
- ONAP and WH legislative affairs will coordinate Administration response to the authorization bills, and take a proactive approach to the appropriations debate so as to maximize FY2001 funding of global AIDS activities. (ONAP)

2. Diplomacy and awareness

The Department of State has aggressively increased its diplomatic outreach and education efforts, including the Secretary's 1999 International Response to HIV/AIDS and recent cables (State 34645, State 58033) to diplomatic posts calling for a dramatic increase in Embassy engagement with host countries.

- Strengthen U.S. diplomatic efforts
 - ✓ Advance the concept, suggested by USUN, of having countries name Presidential Envoys for AIDS Control (PEACs). Each concerned country would name a senior envoy that would meet, debate, and help coordinate international efforts to deal with the thornier problems of the epidemic. Meetings of PEACs would provide a forum for discussion of issues needing international action, such as drug availability in poor countries, and making recommendations for innovative actions. (ONAP, State)
 - ✓ Target USG efforts at the countries most at risk and target leadership in countries already heavily infected. (State, USAID)

- ✓ Broaden diplomatic efforts to include regions other than Africa, including Asia and the Newly Independent States. (State)
- ✓ Highlight and actively implement in other at-risk countries the successful national AIDS programs in Uganda, Thailand and Senegal. (USAID, State)
- ✓ Develop a high-profile communications strategy for public diplomacy on HIV/AIDS control. (State)
- ✓ Develop at each Embassy a comprehensive HIV/AIDS action plan and integrate it into work and reporting requirements and resource allocation. (State)
- ✓ Establish required HIV/AIDS briefings for appropriate DOS Bureau personnel, including new Chiefs of Mission, Ambassadors, DCMs and others in Washington or in regional meetings. (State)
- ✓ Provide diplomatic posts with sufficient epidemiological and best-practices information through a dedicated DOS AIDS information officer, or through USAID missions. (State, USAID)
- Persuade foreign leaders of the profound effect of AIDS on their national security in terms of impact on political stability, economic growth, and civil society (NSC, State).
 - ✓ Provide leaders with briefs and analyses on AIDS in their regions. (State, USAID, DOC)
 - ✓ Issue new demarches on the security and health aspects of AIDS to be carried by the Ambassador to the head of state. (State)
- Develop innovative sustainable policies in partnership with other U.S. agencies, international organizations and entities. (State)
 - ✓ Increase involvement with the U.S. and foreign business communities on HIV/AIDS, including information dissemination and worker education. (DOC, USTR, USAID)
 - ✓ Work with the G-8, multilateral development banks and others to move basic health care, including AIDS prevention

and control, to the top of the finance and debt reduction agendas. (Treasury)

- ✓ Collaborate with WHO, UNAIDS and other UN agencies to develop more effective prevention, awareness and treatment programs. (HHS, USAID, State)
- Make international health and scientific collaboration on HIV/AIDS a priority in science and technology programs facilitated by the State Department. (State, HHS)

3. Security

This year, the NIC, CIA and DIA have all produced excellent intelligence products on the impact of AIDS on the security, stability and economies of the hardest hit nations. DoD has prepared U.S. military education and training materials for HIV/AIDS prevention, some of which have been adapted for UN peacekeeping forces and given to USAID for review in FY2000. These materials could be adapted for African militaries in FY2001. Funding for expanding military-to-military training for HIV/AIDS prevention is in the President's FY 2001 budget request.

- In order to advance our operational goals regarding the public health and security aspects of the epidemic, each component of the intelligence community should work to increase collection of relevant data and provide periodic updates on the extent and impact of AIDS in their specific areas of responsibility. (CIA, NSC)
- DoD has shared U.S. military specific educational modules with USAID. These education modules will be adapted for specific cultural needs. DoD has begun limited, active involvement with HIV/AIDS prevention education and training with certain African militaries and should expand these efforts as soon as possible. (DoD)
- Secretary Cohen ensures appropriate and adequate HIV/AIDS prevention, education and training for the U.S. military. It is recommended that he should, as a priority, also reinforce the need for comparable HIV/AIDS prevention, education and training in international defense forces, and for UN peacekeeping forces. (DoD, State, USUN, NSC)

- In addition to supporting the Administration's \$10 million funding directly to DoD for this program in FY2001, DoD will work closely with DOS to identify FY2002-2007 International Military Education and Training (IMET) resource additions to fund (in the U.S.) HIV/AIDS professional education and prevention efforts. (DoD, State)
- All UN peacekeeping operations should effectively deal with AIDS education as an active and required responsibility. The U.S. should pursue negotiation of a UN Security Council Resolution on HIV/AIDS as a security issue, mandating HIV/AIDS prevention efforts for UN Peacekeepers. (State)

4. Economics, Trade and Finance

- Multilateral
 - ✓ Support UNAIDS International Partnership Against AIDS in Africa and its efforts to dramatically increase political will and action by African governments. (USAID, State)
 - ✓ Actively seek support for the President's proposal that the multilateral development banks dedicate an additional \$400-\$900 million in concessionary loans for basic health care and systems needed to expand immunization and prevent and treat infectious diseases, including AIDS. Actively encourage the EU and the G-7 to join in this request, and request all OECD donors to increase AIDS funding at each meeting and opportunity. (Treasury, NSC, OSTP)
 - ✓ Actively encourage Highly Indebted Poor Countries (HIPC) to use, as a priority, their debt service savings for poverty reduction, including HIV/AIDS prevention and care activities. USAID and Treasury should help countries prepare Poverty Reduction Strategies to include AIDS control. High priority countries either approved or being considered include, Uganda, Mauritania, Mozambique, Benin, Tanzania, and Senegal. (Treasury)
 - ✓ Follow-up the DOL/AFL-CIO Trade Unionist Summit to advance HIV prevention issues at the April meeting of the ICFTU in Durban, the SADC meeting and the 13th International AIDS Conference in Durban in July. (DOL)

- ✓ Collaborate with the International Labor Organization to establish and enhance multisectoral framework for HIV/AIDS workplace education. (DOL)
- Bilateral
 - ✓ Expand DOL involvement with AIDS prevention activities with other country labor unions, using \$10 million FY 2001 funds. (DOL)
 - ✓ Develop web sites containing workplace training manuals for HIV/AIDS to promote HIV/AIDS workplace education and prevention. (DOL, DOC)
 - ✓ Establish a workplace HIV/AIDS education/training pilot project in Malawi during current fiscal year. (DOL)
- Private Sector
 - ✓ Convene representatives from different industry sectors with government officials to discuss concrete suggestions to increase public/private cooperation in the battle against AIDS. Add NGOs as discussions progress. Do not limit to Africa. (OVP, DOC, HHS, Treasury)
 - ✓ Expand the current USTR/HHS working group on trade and access to essential medicines. In discussions among health and trade agencies, generate a rational and forward-leaning approach to improving infrastructure and access to needed medications, while ensuring protection of intellectual property rights. Solicit input from NGOs and affected industries. Aim for mid-May delivery date for "next steps" in advance of the State visit of President Mbeki from South Africa. (ONAP, HHS, USTR, DOC, Treasury)
 - ✓ Work with Congress to approve the Presidential initiative to provide a \$1 billion tax credit for the sales of vaccines developed for HIV/AIDS (and other diseases such as TB and malaria that kill over 1 million annually). (Treasury, NSC, OMB)
 - ✓ Increase outreach activities to foundations to raise funding of international AIDS activities. (USAID, ONAP, HHS)

- ✓ Work with industry to develop multimedia commercials showcasing a unified public, private, NGO, international AIDS effort. Will motivate industry participation and raise public awareness. (DOC)
- ✓ Implement an outreach to industry for donations of multimedia equipment for communities and grass roots organizations to promote HIV/AIDS prevention and awareness. (DOC)
- ✓ Select a group of high-profile U.S. and foreign personalities for public service announcements related to global AIDS issues. (ONAP)
- ✓ Construct a Global AIDS Internet site, "Millennium Networking Against the Global HIV/AIDS Epidemic." (USAID, HHS)
- ✓ Sponsor video productions, in cooperation with U.S. national filmmakers, and with the partnership of African and other national governments. Emphasize real people in real situations. (State, USAID)
- ✓ Initiate an "adopt-a-school" program with NGOs, religious groups and the private sector, providing funds to keep AIDS orphans in school. (ONAP)

5. Prevention and Care and Research

The U.S. Government is spending, in FY 2000, over \$225 million overseas for HIV/AIDS prevention and care programs alone (excluding research funding). Current USG activities emphasize primary prevention, biomedical and behavior research and training, improving community and home based care. The following recommendations are for additional emphasis and action.

- Develop a working list of what governments and donors are spending in each country on HIV/AIDS prevention, treatment and care activities to focus new efforts on needs and gaps. (USAID)
- Restate the Administration commitment to develop a preventive HIV vaccine within the next 10 years. This should emphasize developing country (Africa, India, others) participation in the critical research. (HHS, USAID)

- Initiate regular meetings co-chaired by USAID and HHS to coordinate specific strategies focusing on the delivery of prevention, medical treatment and care services to impacted communities. Expand activities and funding for treatment of opportunistic infections (such as TB and pneumonia), including increased availability of appropriate antibiotics and other medications. (USAID, HHS)
- USAID should be the lead agency for coordinating USG input into country-level HIV/AIDS activities, and will collaborate with HHS and the Department of State to develop a clear protocol to facilitate the entry of new USG partners into collaboration with individual country programs. Country-level coordination, especially where USAID or HHS do not have permanent staffs, should be part of the developed protocol. In situations where HHS/NIH are doing collaborative biomedical research, arrangements for adequate coordination with other USG agencies working in country must also be assured. (USAID, HHS)
- Quickly establish a Working Group, under the joint chair of HHS and USAID, to focus on the challenges of delivering services to reduce mother-to-infant HIV transmission. Issues include: increased access to accurate HIV testing and confidential counseling; the risk of breast feeding and safety of infant formula in low resource situations; efficacy and safety of short course anti-retroviral drugs such as Nevirapine and AZT, and concern that drug treatment may divert resources from other services. (HHS, USAID)
- Fully implement an initiative to train all 2,400 Peace Corps Volunteers in Africa in HIV/AIDS prevention and awareness techniques, and field teams of experienced former Peace Corps Volunteers to assist on critical AIDS projects. (Peace Corps).
- Highlight and actively implement in other countries the successful Peace Corps AIDS projects in Malawi, Thailand and Senegal. (Peace Corps).
- NIH, CDC and others should establish centers of excellence in international settings that will support basic research and long-term cohort studies; serve as locations for studies of efficacy of biomedical and behavioral prevention interventions, including Phase I, II, and III vaccine trials as well as trials of topical microbicides; function as training centers for investigators from throughout the region;

and provide bridges to services. The centers should provide an environment for the development of true and equal partnerships between the U.S. and foreign investigators. (HHS)

- Call for consistent Administration messages on the need to empower women to reduce their vulnerability. Consider a major initiative to accelerate microbicide development. (HHS, USAID, State)
- Call for the Administration to make a statement to more fully involve the faith communities, both here and abroad, with prevention efforts and patient care. (ONAP)
- Because global TB, now exacerbated by HIV/AIDS, is the leading cause of death in the developing world, pledge increasing support to the international "Stop TB" initiative. (HHS, USAID)
- Endorse community-based approaches to support children and their families affected by AID (especially avoiding dependence on orphanages). (ONAP, USAID, Peace Corps).
- Consult with Congress on extending the "notwithstanding" provisions of the Foreign Assistance Act, Section 522, (Child Survival, AIDS and other activities) to include an exemption from the "Buy America Act" (Section 604) to allow procurement of critical HIV/AIDS pharmaceuticals and other selected commodities. (OMB, USAID)

USG Coordination of International AIDS Activities

Commending the work of the Office of National AIDS Policy (ONAP) in our global efforts, the Interagency Working Group recommended that ONAP retain the USG focus for international HIV/AIDS coordination. However, that office currently has insufficient personnel resources to fully staff its international as well as domestic responsibilities.

Therefore it is recommended that ONAP be expanded to include a Deputy for International Affairs to cover the broad coordination of USG activities related to the global epidemic.

The Deputy Director for International Affairs, to complement ONAP's interagency responsibilities, would be designated to coordinate USG international activities for that office, and, in

doing so, maintain a close working relationship with National Security Council senior staff, especially the senior health advisor to the Assistant to the President for National Security Affairs.

Battenfield, Pat A. (AF)

From: Bernard, Kenneth W. (HEALTH)
Sent: Monday, May 01, 2000 9:48 AM
To: Hammer, Michael A. (PRESS); Smith, Gayle E. (AF)
Cc: @AFRICA - African Affairs; @HEALTH - International Health Affairs; @PRESS - Public Affairs
Subject: press AIDS [UNCLASSIFIED]

Hear is my take on things. Too much, but cut at will. It has the details, not just the "big picture"



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.

What are we doing for controlling AIDS, especially in Africa?

- Since 1986, USAID has dedicated over \$1.2 billion to mitigate the epidemic. For FY 2000, Congress appropriated funding for our global AIDS prevention and care program of \$225 million – four times as much as the next largest donor. And nearly two thirds will go to Africa. The FY2001 budget request includes an additional \$100 million increase in our global AIDS effort (for a total of \$325 million, excluding research) which will be targeted to: prevention; basic care and treatment; support for orphans; and health infrastructure development, and implemented by USAID, HHS (CDC), DOL and DOD. In addition, NIH is spending over \$1.8 billion annually on AIDS research, with over \$200 million each year in the search for a vaccine.

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.
- At the US-EU Summit next month, we will be joining the EU in drafting new initiatives to increase activities to combat the epidemic, especially in Africa. The Japanese have indicated that HIV/AIDS will 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 efforts and leader-to-leader dialogue to raise awareness and priority.
- Deputy Secretary of State Strobe Talbot will be leading the US delegation to the U.S.-SADC Forum in Maputo May 10-11. The Southern African Development Community, including 14 nations, will be taking up the issue of HIV/AIDS at the meeting, the African response, and what further we can do together.
- 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. 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.

Did South African President Mbeki send a letter to the President regarding the AIDS epidemic in his country? What did he say? Do we think that he is espousing a dangerous course of action that has been scientifically discredited? Has the President responded?

- South African President Thabo Mbeki has written to the President. The President has not yet responded. This was a private communication between two leaders and I don't want to comment specifically on the contents of the letter.
- There is no question that President Mbeki understands the depth of the health crisis facing much of Africa, including his own country. South Africa is doing a great deal, including appointing a senior government task force, an AIDS council between the public and private sector, and a country-wide education campaign.
- We recognize that the AIDS epidemic in Africa, including South Africa, is manifesting itself in different ways than it has in the United States. They are doing everything within their capacity to deal with this crisis. They don't have the same health care infrastructure that we do, for example, which means that in addition to what the South African government is already doing, they also need to look at additional approaches relevant to specific conditions in Africa. Do we agree with the views of every expert he's consulted? No, we don't and we have communicated that to the South African government. But we do agree with his premise that more has to be done globally, and more needs to be done in Africa.
- We have to keep in mind the limited resources Africa has to deal with this. Our estimates are that in some African countries, like Uganda, treating every infected individual would cost more than ten times the national budget.
- There is no question that AIDS threatens the economic, political and social progress that Africa has made. That's the reason the Vice President and Ambassador Holbrooke put this issue front and center in the United Nations Security Council in January, and why we have an interagency working group studying how we can help Africa confront this major challenge.

Is Mbeki coming to the US on an official visit?

- Yes, though we have not yet made an official announcement.

Will HIV/AIDS be on the agenda?

- Of course, as will a number of other issues of common concern to the United States and South Africa.

GB
ND

To: NSC - Ken Bernard - 456-9390
NSC - Hoyt Yee - 456-9150
NSC - Nora Dempsey -456-9260
NSC - Laura Efros -456-6023
ONAP - Sandy Thurman - 456-2439
AID - Mary Knox - 216-3394
AID - Alex Ross - 219-0507
AID - Joyce Holfeld - 216-6077

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

Subject: Draft Statement on HIV/AIDS/Infectious Diseases for U.S.-EU Summit

Attached is a revised version of the proposed U.S.-EU statement. I have shared it with my State colleagues and they have made a number of suggestions. If you have comments, suggestions, please provide them by 1 PM on Friday, April 28. I will then share this with the EU. This is of course just a draft. I have reserved the EUR video facility for a possible conference on May 5 from 10AM until 12PM. Please keep this time open. We do not however have a confirmation from the EU on the day or time.

I still need to do the paper on concrete steps and urgently welcome input on specific measures we will propose.

Thanks.

Ray Walser

~~Pat
Can you please
call them w/ my
changes + pass to
Nora so she
can see
it Mon?
(due today)~~

4/27/00 5:21 PM

U.S.-EU Statement on the Expanding Threat of HIV/AIDS And Other Infectious Diseases, Especially in Africa

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

delete
↓
"state of emergency"
is a
specific
legal (or
extra-
legal)
move

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

We, the leaders of the United States and the EU, call upon the leaders of threatened nations around the world to redouble their political and financial commitment to fight the spread of infectious diseases. We reiterate our commitment to work with these leaders, their national institutions, and citizens, in Africa and elsewhere, to find ways to develop and sustain successful national prevention and health care strategies.

We agree that cooperation between the U.S. and the EU in the fight against HIV/AIDS and other infectious diseases will become an integral and ongoing part of our global cooperative agenda. At the U.S.-EU Summit, we agreed on the importance of working in tandem to address the challenges of HIV/AIDS and other infectious diseases, particularly in Africa, and to cooperate as partners to advance the following priority objectives:

- To increase public awareness of effective health and prevention measures among at-risk populations and to draw upon the lessons of progress made by a number of developing countries in order to empower civil society and individual citizens with the knowledge needed for improved disease prevention and self-protection, and
To direct our representatives at the individual country level to work cooperatively and to share relevant information needed to strengthen local capacity for the delivery of necessary health services and cost-effective treatments.
- To explore and implement measures and policies that speed research, development, and ~~field~~ testing of needed drugs and vaccines;
To support the introduction of new financial and investment incentives designed to make drugs and vaccines more accessible and affordable to countries in need, and,
To support the Global Alliance for Vaccines and Immunization (GAVI).
- To seek increased governmental and private resources dedicated to supporting the international fight against infectious diseases.
- To maximize our donor coordination efforts in the United Nations, World Bank, and other multilateral organizations to encourage the effective use of resources, concessionary loans, and debt relief as weapons in the fight against infectious diseases; and
To augment multilateral bank lending for health care systems in Africa and elsewhere to promote improved basic health services, build health care infrastructure, and deliver enhanced medicines and prevention services.

The G-8 Summit in Okinawa in July 2000 constitutes a unique opportunity to increase international cooperation and support for the global fight against infectious diseases. U.S.-EU cooperation against HIV/AIDS and infectious diseases is

designed to complement the work of the G-8 and to contribute to a successful outcome at the Okinawa G-8 Summit.

U:\PUBLIC FILES\EU\Portugal\Summit\HIV-AIDS-Infectious Diseases

Initiative\4-24 Statement on HIV-AIDS (2).doc

Battenfield, Pat A. (AF)

From: Bernard, Kenneth W. (HEALTH)
Sent: Monday, April 24, 2000 4:05 PM
To: @BLINKEN; @MULTILAT - Multilateral and Humanitarian Affairs; @ASIA - Asian Affairs; @AFRICA - African Affairs
Subject: FW: Health experts meeting - G-8 [CONFIDENTIAL]

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

**DECLASSIFIED
PER E.O. 13526
2017-0739-M (1.23)
KBH 8/19/2022**

FYI. --Ken

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

From: Bernard, Kenneth W. (HEALTH)
Sent: Monday, April 24, 2000 3:51 PM
To: @NSA - Natl Security Advisor
Cc: Efros, Laura L. (OSTP)
Subject: Health experts meeting - G-8 [CONFIDENTIAL]
Importance: High

Pls. Pass to Sandy, Jim , Mara.

Subject: G-8 Health Experts Meeting, Tokyo

From: Ken Bernard and Laura Efros (ostp)

Japanese held a health experts meeting in Tokyo (April 19-20) to prepare for Okinawa Summit health deliverables. Japanese sous-Sherpa Ishikawa was present the entire time and clearly controlled the meeting. Reps from all G-8 countries were present, in addition to the EU and WHO.

Japan agreed that the health focus at the G-8 will be AIDS, malaria, and TB -- thanks, for the most part, to our draft health paper sent to the Sherpa's several weeks ago. Although the Japanese were not well prepared, they anxiously accepted suggestions from attendees. Canada, the UK, and the EU enthusiastically supported the proposals put forward by the U.S., including the elements of the President's Vaccine initiative and increased support for AIDS actions. (even France was non-obstructive....)

At the end of the meeting the Japanese presented a somewhat disorganized 5-page summary of the meeting, but it included all the specific elements the USG wanted. We all agreed to send in comments and changes to Japan by the end of April, in time to submit to the next Sherpa's meeting in mid-May. Clearly Japan now sees the health initiative as "theirs." This is good.

At the last hour, we pushed strongly for a one-page summary of health "main

messages" (below), to unambiguously guide the Japanese final re-drafting of the longer health paper, and act as a stand-alone summary of principles:

Main Messages from the G-8 Health Experts Meeting

The G8 health and development experts recognize the critical role of health in alleviating poverty and promoting economic growth. The experts recognize the leadership of WHO in global health and the importance of involving civil society in these issues.

Based on the discussion reflected in the report we would like to send the following four messages to the G8 Sherpas as the immediate actions to be taken by the G8 in order to prevent, control and roll back major infectious and parasitic diseases, notably HIV/AIDS, TB and malaria, and to report on the progress in one year's time.

- Calls on the IFIs to increase low interest rate resources to build effective health delivery systems and to assist countries in accessing those resources. [note: this will include a specific and strong consensus call on IDA and MDBs]
- Commits G8 to foster innovative partnerships and mechanisms to make existing key drugs, vaccines and health commodities more available and affordable to developing countries. [note: this will include specific mention of support for GAVI, and a call for specific action to increase drug accessibility in Africa]
- Commits G8 to foster innovative partnerships and mechanisms to develop new global public health goods including vaccines, drugs and technologies. [note: this will include support for incentives such as purchase funds and tax credits for development of new vaccines]
- Commits the G8 to use leader-to-leader dialogue to encourage high-level political commitment in the fight against HIV/AIDS. [note: this will include a call for leadership initiatives as well as dramatically increased funding from all sources, including ODA.]

Battenfield, Pat A. (AF)

From: Bernard, Kenneth W. (HEALTH)
Sent: Thursday, April 27, 2000 12:32 PM
To: @AFRICA - African Affairs
Subject: FW: AIDS, brief [UNCLASSIFIED]

Had to send.

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

From: Bernard, Kenneth W. (HEALTH)
Sent: Thursday, April 27, 2000 12:31 PM
To: Crowley, Philip J. (PRESS)
Cc: Stockwell, David B. (PRESS); @PRESS - Public Affairs
Subject: AIDS, brief [UNCLASSIFIED]

For what it is worth. Cut drastically if you want. The Mbeki stuff is unchanged from what you have and is fine, but not enough.



AIDS SRB brief.doc

April 27, 2000

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 multisectoral efforts from the grass roots to the international level that reduce the impact of AIDS.

Challenges for the next ten Months:

- Dramatically increase international spending for HIV/AIDS prevention and patient care and treatment. 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.
 - We intend to push for new initiatives to increase the accessibility of drugs to those in Africa who need them most, and to find a way to help countries decrease mother-to-child transmission of AIDS.
- Enhance political commitment by national governments to combat HIV/AIDS as a national and international priority, including

mobilizing and leveraging increased internal national budget resources.

- 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.
- Deputy Secretary of State Strobe Talbot will be leading the US delegation to the U.S.-SADC Forum in Maputo May 10-11. The Southern African Development Community, including 14 nations, will be taking up the issue of HIV/AIDS at the meeting, the African response, and what further we can do together.
- Leveraging an enhanced response from other bilateral donors and multilateral institutions through a U.S.-lead international cooperative effort.
 - At the US-EU Summit next month, we will be joining the EU in drafting new initiatives to increase activities to combat the epidemic, especially in Africa.
 - The Japanese have indicated that HIV/AIDS will 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 efforts and leader-to-leader dialogue to raise awareness and priority.
- Leveraging an enhanced response from the private sector in the United States, including corporations, foundations, religious institutions and non-governmental organizations.

Questions and Answers

Did South African President Mbeki send a letter to the President regarding the AIDS epidemic in his country? What did he say? Do we think that he is espousing a dangerous course of action that has been scientifically discredited? Has the President responded?

- South African President Thabo Mbeki has written to the President. The President has not yet responded. This was a private communication between two leaders and I don't want to comment specifically on the contents of the letter.
- There is no question that President Mbeki understands the depth of the health crisis facing much of Africa, including his own country. South Africa is doing a great deal, including

appointing a senior government task force, an AIDS council between the public and private sector, and a country-wide education campaign.

- We recognize that the AIDS epidemic in Africa, including South Africa, is manifesting itself in different ways than it has in the United States. They are doing everything within their capacity to deal with this crisis. They don't have the same health care infrastructure that we do, for example, which means that in addition to what the South African government is already doing, they also need to look at additional approaches relevant to specific conditions in Africa. Do we agree with the views of every expert he's consulted? No, we don't and we have communicated that to the South African government. But we do agree with his premise that more has to be done globally, and more needs to be done in Africa.
- We have to keep in mind the limited resources Africa has to deal with this. Our estimates are that in some African countries, like Uganda, treating every infected individual would cost more than ten times the national budget.
- There is no question that AIDS threatens the economic, political and social progress that Africa has made. That's the reason the Vice President and Ambassador Holbrooke put this issue front and center in the United Nations Security Council in January, and why we have an interagency working group studying how we can help Africa confront this major challenge.

Is Mbeki coming to the US on an official visit?

- We have not yet made an official announcement.

Will HIV/AIDS be on the agenda?

- Of course, as will a number of other issues of common concern to the United States and South Africa.

How much is the USG spending on AIDS, especially in Africa? Should we be doing more?

- Since 1986, USAID has dedicated over \$1.2 billion to mitigate the epidemic. For FY 2000, Congress appropriated funding for our global AIDS prevention and care program of \$225 million – four times as much as the next largest donor. And nearly two thirds will go to Africa. The FY2001 budget request includes an additional \$100 million increase in our global AIDS effort (for a total of \$325 million, excluding research) which will be targeted to: prevention; basic care and treatment; support for orphans; and health infrastructure development, and implemented by USAID, HHS (CDC), DOL and DOD. In addition, NIH is spending over \$1.8 billion annually on AIDS research, with over \$200 million each year in the search for a vaccine.
- Yes, we – and all concerned countries – should be doing more. 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, especially leadership, public awareness, increasing accessibility to drugs in poor countries, and prevention of mother/child transmission.

- The President plans to discuss what more the international community can do on this critical issue at the U.S.-EU Summit next month in Lisbon, and with the G-8 in Okinawa. Ongoing discussions with James Wolfensohn at the World Bank indicate that the multilateral development banks are willing to make substantial funds available to eligible countries to meet the prevention, treatment and care requirements of eligible countries. 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.

Battenfield, Pat A. (AF)

From: Dempsey, Nora B. (AF)
Sent: Sunday, May 14, 2000 5:42 PM
To: Bernard, Kenneth W. (HEALTH)
Cc: @AFRICA - African Affairs
Subject: FW: Package 1367 - very late!! [UNCLASSIFIED]

Hi Ken,

Thanks for keeping me in the AIDS link while I was stuck inside the rovuma hotel in mozambique for a week (you don't want to remember this hotel as a travel destination).

I've just gotten off a 17 hour flight but the fact that my two colleagues are in here YET AGAIN has convinced me into coming in here on a sunday as well.. so, here's a concurrence for you.

Minor changes which you are free to debate.

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

From: Smith, Gayle E. (AF)
Sent: Sunday, May 14, 2000 2:48 PM
To: Dempsey, Nora B. (AF)
Cc: @AFRICA - African Affairs
Subject: FW: Package 1367 - very late!! [UNCLASSIFIED]

Welcome back - all yours!

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

From: Bernard, Kenneth W. (HEALTH)
Sent: Sunday, May 14, 2000 12:52 PM
To: Smith, Gayle E. (AF); Dempsey, Nora B. (AF); Samans, Richard (NEC); Schwartz, Eric P. (MULTI)
Cc: @MULTILAT - Multilateral and Humanitarian Affairs
Subject: Package 1367 - very late!! [UNCLASSIFIED]

Please clear or change by noon Monday May 15. VERY LATE!!!! (and totally my fault....)

Multi: Don't know who now does UN agency clearances. Pls. assign as appropriate.



1367 SRB Memo.doc



13 67SRB to POTUS.doc



1367 POTUS response.doc

May 13, 2000

ACTION

MEMORANDUM FOR SAMUEL R. BERGER

FROM: KENNETH BERNARD

SUBJECT: Letter from Peter Piot, Executive Director,
UNAIDS Program

Dr. Peter Piot, Executive Director of the Joint United Nations Program on HIV/AIDS (UNAIDS) wrote a letter to the President praising his leadership on international AIDS and his support for debt relief for AIDS initiatives. Attached at Tab I is a memorandum to the President and at Tab A the response to Dr. Piot.

The response is very late. Peter is an old personal friend of mine, and I talk with him frequently. He wrote the letter as a statement of support for the President, and expects no specific answers to his questions or comments.

Concurrence by: Gayle Smith, Rick Samans, Eric Schwartz

RECOMMENDATION

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

Attachments

Tab I Memorandum to the President

Tab A Proposed Response

Tab B Incoming Correspondence

ACTION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL R. BERGER

SUBJECT: Letter from Dr. Peter Piot, Executive Director,
Joint United Nations Program on HIV/AIDS (UNAIDS)Purpose

To respond to Dr. Piot's letter complimenting you on your personal leadership and commitment towards combating AIDS, especially in Africa.

Background

Dr. Peter Piot (Belgium), is the head of UNAIDS Program in Geneva. UNAIDS was set up in 1995 to coordinate the seven UN agencies doing AIDS work. We provide UNAIDS \$15 million/year, about 25 percent of its budget. As the senior UN AIDS official, he joined the Vice President in January to speak at the Security Council session on AIDS.

Dr. Piot compliments the Administration's leadership in the international AIDS response. He also expresses his support for linking expanded debt relief to HIV/AIDS control efforts.

You express your thanks for his leadership in the UN; ~~and ask that he work with other nations to gain help leverage support for the use of debt relief to leverage funds for AIDS programs;~~ and continue his discussions with the pharmaceutical companies with the goal of ~~to develop partnerships to help make~~ ing AIDS drugs more accessible in Africa.

RECOMMENDATION

That you sign the letter at Tab A.

Attachments

Tab A Proposed Response

Tab B Incoming Correspondence

cc: Vice President
Chief of Staff

Dear Dr. Piot:

Thank you for your kind letter concerning our response to the HIV/AIDS pandemic. Together, we face an immense and complex problem in combating a disease that is destroying lives, families and social structures at an unprecedented rate. The United Nations Security Council daylong session on the global threat posed by HIV/AIDS 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. Your participation in that session was critical, and helped focus the discussion on the global partnerships necessary to deal with HIV/AIDS.

I have asked Congress to increase funding of international AIDS prevention, treatment and care programs by \$100 million for a total of \$325 million. But this is not nearly enough. We must encourage all countries to find the resources so badly needed to deal with the disease, especially in Africa. I will be raising the issue of HIV/AIDS with the European Union leaders at the U.S-EU Summit this month and with the G-8 in Japan in July. We can all do more to stem the spread of AIDS and improve the care of those already affected.

Thank you for your support of our debt relief initiative. I am seeking to write off all of the \$5.7 billion owed to us by the most heavily indebted poor countries. This money would go a long way to helping the poorest countries deal with the pandemic. Your advocacy with African governments, the multilateral development banks and donor governments can help build the necessary commitment for using these new moneys for HIV/AIDS.

I also understand that you were involved in discussions with the pharmaceutical companies that recently announced they would work to make HIV/AIDS drugs more affordable in Africa. I commend your efforts. ~~with industry in this area and ask that you work with Mmy~~

~~Administration that is committed to develop the partnerships
necessary to get drugs to those who need them most.~~

Again, thank you for writing and, most importantly, for your leadership in our joint efforts to combat the international HIV/AIDS pandemic.

Sincerely,

Dr. Peter Piot
Executive Director,
UNAIDS
20, avenue Appia
CH-1211
Geneva 27, Switzerland

Battenfield, Pat A. (AF)

From: Bernard, Kenneth W. (HEALTH)
Sent: Friday, May 12, 2000 11:17 AM
To: Dempsey, Nora B. (AF)
Cc: @AFRICA - African Affairs; Efros, Laura L. (OSTP)
Subject: FW: Draft AIDS plan [UNCLASSIFIED]

Welcome back! Hope you are fit (and not abusing your body more than necessary.)

While you were gone, we were tasked by the front office to do a congealed strategic plan (actually a tactical plan) to move forward with our international AIDs agenda. Deputies meeting will be next Thurs. Gayle wanted you involved when you returned. Other players are Laura Efros, Rick Samans, Rebecca Walldorf, Michael Iskowitz and yours truly. Will be doing deputies papers over weekend. Have a read of these working papers. --Ken

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

From: Efros, Laura L. (OSTP)
Sent: Friday, May 12, 2000 9:23 AM
To: Gray, Wendy E. (NSA); Crocker, Bathsheba N. (NSA); Bernard, Kenneth W. (HEALTH); Smith, Gayle E. (AF); Walldorf, Rebecca L. (LEGIS); Samans, Richard (NEC)
Subject: Draft AIDS plan [UNCLASSIFIED]



AIDS plan May12 dft.doc overview may 12 dft.doc

Mobilizing a World 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:

I. Plan of Attack

A. Accelerate 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. will urge other industrialized countries to take comparable steps to increase funding for HIV/AIDS-related research.*

- 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. will 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.*

B. Leverage Developing Countries' Efforts to Educate About Prevention and Provide Cost-Effective Treatment and Care

1) 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 US government has been the largest AIDS donor, with USAID has spending over \$1.2 billion, 60% of which went to sub-Saharan Africa. For most of the 1990s, USAID's annual HIV/AIDS funding remained at about \$120 million. However, in FY 2000, pursuant to the President's Leadership and Investment in Fighting an Epidemic (LIFE) initiative and additional funding from Congress, its budget for this purpose increased by 60%. In addition, the Centers for Disease Control (CDC) spends \$35 million on international HIV/AIDS.

- *The U.S. will urge other countries to increase their bilateral HIV/AIDS assistance for developing countries.*

2) 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. will urge other countries to support increased lending by the World Bank and other multilateral development banks for HIV/AIDS.*

3) Encourage expansion of private philanthropy for HIV/AIDS activities in developing countries. In his State of the Union Address, the President said, "I ask the private sector and our partners around the world to join us in embracing this cause. We can save millions of lives together, and we ought to do it." Major corporate donations over the past year include \$100 million over five years from Bristol-Myers Squibb for training, building of clinics, and other infrastructure needs in sub-Saharan Africa. The Bill and Melinda Gates Foundation have contributed nearly \$100 million for AIDS-related programs, in addition to the \$750 million contribution to GAVI.

At a meeting in March, key leaders of pharmaceutical and biotechnology companies, international organizations, foundations, and the public health community endorsed the President's Millennium Vaccine Initiative and announced new commitments to develop and deliver vaccines to developing countries. CEOs of the four largest

vaccines 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.

- *The US will encourage its private sector and philanthropic community to increase their support for the fight against HIV/AIDS in poor countries and will urge other countries to do the same.*

4) Administer intellectual property rules flexibly and encourage pharmaceutical companies to sell HIV/AIDS drugs at affordable prices in developing countries. 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. On May 11, a number of leading pharmaceutical companies announced a plan to sell HIV/AIDS medicines to developing countries at discounted prices.

- *The U.S. will encourage other countries to show restraint in the enforcement of intellectual property rules. It also will support the new initiative undertaken by pharmaceutical companies and encourage consideration of similar steps in other appropriate circumstances.*

5) 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 (HIPC) to receive deeper, broader and faster debt relief. Under the so-called Cologne Initiative, international financial institutions are working with HIPC) 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 HIPC's 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. will work to fund its share of the Cologne Initiative, encourage other donor countries to make full contributions, and support a reformed framework of economic conditionality that emphasis poverty reduction and investment in health and education with respect to HIV/AIDS.*

6) Expand international assistance for basic education in order to increase literacy.

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.

- *The U.S. will 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.*

C. Mobilizing Leadership in Developed and Developing Countries

1) Call upon developing country leaders to make HIV/AIDS a national priority. Advances in the fight against AIDS have been made in Uganda, Senegal, and Thailand, whose governments have demonstrated commitment at the highest levels. These countries have shown that leadership is crucial to implementing effective prevention and education programs and reducing the stigma associated with the disease.

- *The U.S. will use high-level leader-to-leader dialogues with the hardest hit countries to urge leaders to make the fight against HIV/AIDS a national priority and use fora such as the OAU Summit and the NAM Summit to engage their southern partners in this campaign.*

2) Call upon developed country leaders to make political and resource commitments to combating HIV/AIDS worldwide.

- *The U.S. will use high-level international dialogues, such as the US-EU Summit, the G-8, and the UNGA Millennium Summit, to mobilize other donor governments.*

Calendar of Key International and Congressional Events

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
- 15-20 World Health Assembly, Geneva**
- 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)
- 31 U.S.-E.U. Summit, Lisbon**
- 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
- 7-8 IDA Deputies Meeting Lisbon**
- 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

- 1st wk OAU Summit, Togo**
- 2-9 Projected House and Senate Recess
- 9-14 International AIDS Conference, Durban, S.A.**
- 21-23 G-8 Summit, Okinawa**
- 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
6-8 **UNGA Millennium Summit, New York**
13-16 CBC Week, DC
24-28 **World Bank/IMF Annual Meeting, Prague**

October

1 House and Senate Adjourn

November

15-16 **APEC, Brunei**

December

1st **World AIDS Day**

International Leverage Goals

- Call on donor governments to double their current levels of international assistance for HIV/AIDS prevention, treatment, and care by 2003 (2004?)
- Call on donor governments to double their research investments for the five leading infectious killers of the developing world: HIV/AIDS, malaria, TB, acute respiratory infections, and diarrheal diseases.
- Call on donor governments to match foundation contributions to the Global Alliance for Vaccines and Immunization, which will provide incentives for industry to develop vaccines for HIV/AIDS and other infectious diseases (current foundation contributions - \$150M/year from Gates)
- Call on the MDBs to shift an additional \$400-\$900 million of low interest rate lending toward health delivery systems and immunization programs.

African/Southern Leverage Goals - TBD

International AIDS Legislative Goals

Part I: Appropriations Process (*Get what we've asked for*)

Secure full funding for the President's budget request on international AIDS (including HIPC&IDA money) in Appropriations process. Key subcommittees are Ag, Foreign Ops, Defense and Labor/HHS. (to be reviewed by Martha Foley, OMB, USAID **first**)

Organize interagency briefings for above subcommittees (if necessary). Also target and work with friends on the Committee (Pelosi, Leahy, Durbin, Jackson (II), Feinstein etc).

Part II: Non-Appropriations Measures (*What we'd like*)

1) Secure passage of Administration proposals. Seek legislative vehicle for our vaccine tax credit proposal (Ways & Means, Finance, Health Care revenue bills)

2) Devise strategy for managing congressional initiatives.

The Leach/Lee could be considered by the House shortly. Need to fine-tune administration position and prepare for possible Senate strategy.

Part III: General Education and Outreach to Members and Committee Education

Draft and clear interagency talking points on the AIDS crisis and highlight the Administration's proposals.

Design outreach (including specific talking points) for interested congressional groups (CBC, Women's, Asian, Military Committees etc)

Develop and utilize existing core groups of interested members (for dear colleagues, floor debates, one minutes, whipping, etc).

II. PRIORITY ACTION ITEMS FOR 2000

1. Leadership.

- At each international venue (the US-EU Summit, G-8, World Bank Annual Meeting, IDA Deputies meeting, World Health Assembly, International AIDS Conference, etc.), we should push our action plan, and urge our Southern partners to use the OAU Summit, NAM Summit, and others, to push for similar aggressive new leadership activities.
- Institutionalize the Presidential Envoys for AIDS Cooperation concept within the USG and gain acceptance among other developed and developing countries.
- Call for a Summit of religious leaders and encourage them to reach out into communities to reduce stigmatization

2. Reducing HIV infection in African Militaries. Ensure congressional funding of mil-mil training for prevention of HIV/AIDS transmission by soldiers in Africa. The President's request for \$10 million to OSD is in the 050, not 150 account. The training materials have been completed, and at least 6 countries have requested assistance. This is a critical activity requiring decisive action.

3. Increasing Access to pharmaceuticals for HIV/AIDS. In signing the Executive Order on "Access to HIV/AIDS Pharmaceuticals and Medical Technologies," the Administration made strong statement that we would give sub-Saharan African countries the flexibility they need to bring life-saving HIV/AIDS drugs to affected populations while maintaining intellectual property rights under WTO agreements. We can do more to help needed pharmaceuticals get to those who need them most. This issue will be raised first by African leaders at every opportunity.

- We should actively engage with the pharmaceutical industry in their recently announced new partnership to deeply cut HIV drug prices for Africans, and assist in building the infrastructure needed to administer them.
- Specifically target increased support for voluntary HIV testing and counseling programs as a necessary step in defining specific care and treatment needs, especially related to increased availability of drugs.
- Within the context of the IWG:
 - Develop a proposed USG position on tiered drug pricing.
 - Evaluate possible exemptions in the "Buy America Act" to allow USAID to procure HIV/AIDS drugs and other selected commodities at the lowest price.
 - Develop a plan for a revolving purchase fund (similar to PAHO vaccine fund) to ensure sustainable access to HIV/AIDS drugs and other therapeutics.

4. Women's empowerment.

- Apply micro-finance programs to include HIV/AIDS activities, giving women the power to control their lives and health.
- Develop a major initiative to accelerate microbicide development.

5. Public Diplomacy. In cooperation with the EU, develop a high-profile communication strategy for HIV/AIDS public diplomacy and awareness.

Overview of Plan of Attack

A. Accelerate Development of Vaccines and New Treatments for HIV/AIDS and Other Opportunistic Diseases

- Expand government-funded research into vaccines and treatments for HIV/AIDS.
- Enhance market incentives for private sector research and development into vaccines and treatments for HIV/AIDS and other priority diseases.

B. Leverage Developing Countries' Efforts to Educate About Prevention and Provide Cost-Effective Treatment and Care

- Expand official bilateral assistance for HIV/AIDS programs.
- Expand assistance by international organizations for HIV/AIDS and other priority disease programs, including through substantial increases in multilateral development bank lending.
- Encourage expansion of private philanthropy for HIV/AIDS activities in developing countries.
- Administer intellectual property rules flexibly and encourage pharmaceutical companies to sell HIV/AIDS drugs at affordable prices in developing countries.
- Increase domestic resources available for HIV/AIDS prevention and treatment in developing countries by fully implementing the Cologne Debt Initiative.
- Expand international assistance for basic education in order to increase literacy.

C. Mobilizing Leadership in Developed and Developing Countries

- Call upon developing country leaders to make HIV/AIDS a national priority.
- Call upon developed country leaders to make political and resource commitments to combating HIV/AIDS worldwide.

Battenfield, Pat A. (AF)

From: Smith, Gayle E. (AF)
Sent: Thursday, May 11, 2000 10:34 AM
To: Schwartz, Eric P. (MULTI)
Cc: @AFRICA - African Affairs; Bernard, Kenneth W. (HEALTH); @MULTILAT - Multilateral and Humanitarian Affairs
Subject: for potus call ~~CONFIDENTIAL~~
Importance: High

Eric - for package. Outstanding question is whether or not Kofi has intention of addressing AIDS as part of the Millenium Assembly. If so, from our perspective, we would support. But do not know UN intentions on this. Does Multi?

Annan-POTUS call: AIDS in Africa Points

- Want to work with you to leverage increased engagement and assistance from donor countries and increased leadership from Africa to tackle this crisis.
- Plan to discuss this with President Mbeki when he comes for state visit on May 22. Think he sparked a controversy without meaning to. Scientific questions he raises pose problems but point he makes about need to fight AIDS and poverty at the same time is important.

DECLASSIFIED E.O. 13526

White House Guidelines,

~~September 11, 2006~~ 5/16/2017

By VZ NARA, Date 7/16/2018

2017-0739-M

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

May 10, 2000

EXECUTIVE ORDER

- - - - -

ACCESS TO HIV/AIDS PHARMACEUTICALS
AND MEDICAL TECHNOLOGIES

By the authority vested in me as President by the Constitution and the laws of the United States of America, including sections 141 and chapter 1 of title III of the Trade Act of 1974, as amended (19 U.S.C. 2171, 2411-2420), section 307 of the Public Health Service Act (42 U.S.C. 2421), and section 104 of the Foreign Assistance Act of 1961, as amended (22 U.S.C. 2151b), and in accordance with executive branch policy on health-related intellectual property matters to promote access to essential medicines, it is hereby ordered as follows:

Section 1. Policy. (a) In administering sections 301-310 of the Trade Act of 1974, the United States shall not seek, through negotiation or otherwise, the revocation or revision of any intellectual property law or policy of a beneficiary sub-Saharan African country, as determined by the President, that regulates HIV/AIDS pharmaceuticals or medical technologies if the law or policy of the country:

(1) promotes access to HIV/AIDS pharmaceuticals or medical technologies for affected populations in that country; and

(2) provides adequate and effective intellectual property protection consistent with the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) referred to in section 101(d)(15) of the Uruguay Round Agreements Act (19 U.S.C. 3511(d)(15)).

(b) The United States shall encourage all beneficiary sub-Saharan African countries to implement policies designed to address the underlying causes of the HIV/AIDS crisis by, among other things, making efforts to encourage practices that will

prevent further transmission and infection and to stimulate development of the infrastructure necessary to deliver adequate health services, and by encouraging policies that provide an incentive for public and private research on, and development of, vaccines and other medical innovations that will combat the HIV/AIDS epidemic in Africa.

Sec. 2. Rationale: (a) This order finds that:

(1) since the onset of the worldwide HIV/AIDS epidemic, approximately 34 million people living in sub-Saharan Africa have been infected with the disease;

(2) of those infected, approximately 11.5 million have died;

(3) the deaths represent 83 percent of the total HIV/AIDS-related deaths worldwide; and

(4) access to effective therapeutics for HIV/AIDS is determined by issues of price, health system infrastructure for delivery, and sustainable financing.

(b) In light of these findings, this order recognizes that:

(1) it is in the interest of the United States to take all reasonable steps to prevent further spread of infectious disease, particularly HIV/AIDS;

(2) there is critical need for effective incentives to develop new pharmaceuticals, vaccines, and therapies to combat the HIV/AIDS crisis, including effective global intellectual property standards designed to foster pharmaceutical and medical innovation;

(3) the overriding priority for responding to the crisis of HIV/AIDS in sub-Saharan Africa should be to improve public education and to encourage practices that will prevent further transmission and infection, and to stimulate development of the infrastructure necessary to deliver adequate health care services;

(4) the United States should work with individual countries in sub-Saharan Africa to assist them in development of effective public education campaigns aimed at the prevention of HIV/AIDS transmission and infection, and to improve their health care infrastructure to promote improved access to quality

health care for their citizens in general, and particularly with respect to the HIV/AIDS epidemic;

(5) an effective United States response to the crisis in sub-Saharan Africa must focus in the short term on preventive programs designed to reduce the frequency of new infections and remove the stigma of the disease, and should place a priority on basic health services that can be used to treat opportunistic infections, sexually transmitted infections, and complications associated with HIV/AIDS so as to prolong the duration and improve the quality of life of those with the disease;

(6) an effective United States response to the crisis must also focus on the development of HIV/AIDS vaccines to prevent the spread of the disease;

(7) the innovative capacity of the United States in the commercial and public pharmaceutical research sectors is unmatched in the world, and the participation of both these sectors will be a critical element in any successful program to respond to the HIV/AIDS crisis in sub-Saharan Africa;

(8) the TRIPS Agreement recognizes the importance of promoting effective and adequate protection of intellectual property rights and the right of countries to adopt measures necessary to protect public health;

(9) individual countries should have the ability to take measures to address the HIV/AIDS epidemic, provided that such measures are consistent with their international obligations; and

(10) successful initiatives will require effective partnerships and cooperation among governments, inter-national organizations, nongovernmental organizations, and the private sector, and greater consideration should be given to financial, legal, and other incentives that will promote improved prevention and treatment actions.

Sec. 3. Scope. (a) This order prohibits the United States Government from taking action pursuant to section 301(b) of the Trade Act of 1974 with respect to any law or policy in beneficiary sub-Saharan African countries that promotes access to HIV/AIDS pharmaceuticals or medical technologies and that provides adequate and effective intellectual property protection consistent with the TRIPS Agreement. However, this order does not prohibit United States Government officials from evaluating, determining, or expressing concern about whether such a law or

policy promotes access to HIV/AIDS pharmaceuticals or medical technologies or provides adequate and effective intellectual property protection consistent with the TRIPS Agreement. In addition, this order does not prohibit United States Government officials from consulting with or otherwise discussing with sub-Saharan African governments whether such law or policy meets the conditions set forth in section 1(a) of this order. Moreover, this order does not prohibit the United States Government from invoking the dispute settlement procedures of the World Trade Organization to examine whether any such law or policy is consistent with the Uruguay Round Agreements, referred to in section 101(d) of the Uruguay Round Agreements Act.

(b) This order is intended only to improve the internal management of the executive branch and is not intended to, and does not create, any right or benefit, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies or instrumentalities, its officers or employees, or any other person.

WILLIAM J. CLINTON

THE WHITE HOUSE,
May 10, 2000.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

May 10, 2000

TEXT OF A LETTER FROM THE PRESIDENT
TO SENATOR DIANE FEINSTEIN

May 10, 2000

Dear Senator Feinstein:

I am pleased to inform you that today I will sign an Executive Order that is intended to help make HIV/AIDS-related drugs and medical technologies more accessible and affordable in beneficiary sub-Saharan African countries. The Executive Order, which is based in large part on your work in connection with the proposed Trade and Development Act of 2000, formalizes U.S. government policy in this area. It also directs other steps to be taken to address the spread of HIV and AIDS in Africa, one of the worst health crises the world faces.

As you know, the worldwide HIV/AIDS epidemic has taken a terrible toll in terms of human suffering. Nowhere has the suffering been as great as in Africa, where over 5,500 people per day are dying from AIDS. Approximately 34 million people in sub-Saharan Africa have been infected and, of those infected, approximately 11.5 million have died. These deaths represent more than 80 percent of the total HIV/AIDS-related deaths worldwide.

To help those countries most affected by HIV/AIDS fight this terrible disease, the Executive Order directs the U.S. Government to refrain from seeking, through negotiation or otherwise, the revocation or revision of any law or policy imposed by a beneficiary sub-Saharan government that promotes access to HIV/AIDS pharmaceuticals and medical technologies. This order will give sub-Saharan governments the flexibility to bring life saving drugs and medical technologies to affected populations. At the same time, the order ensures that fundamental intellectual property rights of U.S. businesses and inventors are protected by requiring sub-Saharan governments to provide adequate and effective intellectual property protection consistent with World

Trade Organization rules. In this way, the order strikes a proper balance between the need to enable sub-Saharan governments to increase access to HIV/AIDS pharmaceuticals and medical technologies and the need to ensure that intellectual property is protected.

I know that you preferred that this policy be included in the Conference Report on the Trade and Development Act of 2000, as did I. However, through this Executive Order, the policy this Administration has pursued with your support will be implemented by the U.S. Government. The Executive Order will encourage beneficiary sub-Saharan African countries to build a better infrastructure to fight diseases like HIV/AIDS as they build better lives for their people. At the same time, the Trade and Development Act of 2000 will strengthen African economies, enhance African democracy, and expand U.S.-African trade. Together, these steps will enable the United States to forge closer ties with our African allies, broaden export opportunities for our workers and businesses, and promote our values around the world.

Thank you for your leadership on this critically important issue.

Sincerely,

WILLIAM J. CLINTON

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