

# FOIA MARKER

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**Folder Title:**

AIDS, 2 of 2 [Africa] [5]

**Staff Office-Individual:**

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

**Original OA/ID Number:**

2853

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# Withdrawal/Redaction Sheet

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Kenneth Bernard to Mona Sutphen, et al., re: AIDS (3 pages)	03/13/2000	P1/b(1)
002. list	AIDS Interagency Working Group Meeting - February 8, 2000 - Agency Representatives [partial] [10 U.S.C. 424] (1 page)	02/10/2000	P3/b(3)
003. email	Kenneth Bernard to Mona Sutphen, et al., re: AIDS (2 pages)	03/07/2000	P1/b(1)
004. email	Kenneth Bernard to Gayle Smith, et al., re: AIDS briefing (1 page)	02/08/2000	P1/b(1)
005. report	Re: [Impact of HIV/AIDS] (28 pages)	01/2000	P1/b(1)
006. report	Re: [AIDS in Africa] (13 pages)	01/05/2000	P1/b(1)
<del>007. email</del>	<del>Gayle Smith to Mona Sutphen, et al., re: [Fuerth/Holbrooke Meetings] (2 pages)</del>	<del>01/03/2000</del>	<del>P1/b(1)</del> KBH 10/21/2024
<del>008. email</del>	<del>Gayle Smith to Bathsheba Crocker, re: For Steinberg meeting on HIV/AIDS (2 pages)</del>	<del>01/05/2000</del>	<del>P1/b(1)</del> KBH 10/21/2024
<del>009. email</del>	<del>Jendayi Frazer to Mara Rudman and Gayle Smith, re: [meeting] (1 page)</del>	<del>12/22/1999</del>	<del>P1/b(1)</del> KBH 10/21/2024
<del>010. email</del>	<del>Kenneth Bernard to National Security Advisor, re: Holbrooke, Africa, and AIDS (1 page)</del>	<del>11/29/1999</del>	<del>P1/b(1)</del> KBH 10/21/2024
<del>011. briefing paper</del>	<del>Meeting with Haitian President Preval (1 page)</del>	<del>ca. 09/1999</del>	<del>P1/b(1)</del> 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.)  
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**FOLDER TITLE:**

AIDS, 2 of 2 [Africa] [5]

2007-1550-F  
 ke2013

**RESTRICTION CODES**

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

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

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DEBORAH VON ZINKERNAGEL	202 690-5560	202 690-7560
THOMAS NOVOTNY	301 443-1774	301 443-6288
JACK WHITESCARVER	301 496-0357	301 496-2119
CARMINE BOZZI	404 639-8004	404 639-8600
RICHARD KEENLYSIDE	404 639-8085	404 639-8060

**USAID:**

BARBARA TURNER	202 712-1190	202 216-3235
PAUL DELAY	202 712-0683	202 216-3046
VERNE NEWTON	202 712-0500	202 216-3008
ALEX ROSS	202 219-0476	202 219-0507

**EOP:**

LEON FUERTH, OVP	202 456-9501	202 456-9500
JAMES BABBITT, OVP	202 456-9501	202 456-9500
SHIRLEY SAGAWA, WH/OFL	202 456-6266	202 456-6244
JOANNA SLANEY, WH/LEG	202 456-7161	202 456-6468
ROBERT KYLE, OMB	202 395-4657	202 395-0345
JENNIFER FERGUSON, OMB	202 395-5178	202 395-5361
STEPHANIE PASHMAN, OMB	202 395-4929	202 395-7840
MELANY NAKAGIRI, OMB	202 395-3894	202 395-5648
CHERYL GRACZEWSKI, OMB	202 395-3948	202 395-5770
MIKE CASELLA, OMB	202 395-4594	202 395-5770
CLAUDE BURCKY, USTR	202 395-6864	202 395-3891
JOE PAPOVICH, USTR	202 395-4510	202 395-3891
SANDRA THURMAN, ONAP	202 456-2437	202-456-2439
MICHAEL ISKOWITZ, ONAP	202 456-2437	202 456-2439
MATT MCLEAN, NSC	202 456-9141	202 456-9140
GAYLE SMITH, NSC	202 456-9261	202 456-9260
KEN BERNARD, NSC	202 456-9391	202 456-9390
NORA DEMPSEY, NSC	202 456-9261	202 456-9260
DANIEL FELDMAN, NSC	202 456-9249	202 456-9240
LAURA EFROS, OSTP	202 456-0655	202 456-2068

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

---

**From:** Bernard, Kenneth W. (HEALTH)  
**Sent:** Saturday, February 26, 2000 3:48 PM  
**To:** @MULTILAT - Multilateral and Humanitarian Affairs; @AFRICA - African Affairs  
**Subject:** FW: AIDS [UNCLASSIFIED]

*Fyi. Apparently Leon and Holbrook sprung one of the "below the horizon" issues at a breakfast the other day and Sandy was annoyed that he hadn't been briefed. Jim Babbitt said Leon might raise these issues again, so I am covering my rear.... -Ken*

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

**From:** Bernard, Kenneth W. (HEALTH)  
**Sent:** Friday, February 25, 2000 8:08 PM  
**To:** @NSA - Natl Security Advisor  
**Subject:** AIDS (UNCLASSIFIED)

Pls pass to Jim and Sandy:

From Ken Bernard

Subject: some working AIDS issues

Both Leon Fuerth and Dick Holbrooke are quite "engaged" in the discussion of our international AIDS activities. Because you see both of them at various breakfasts and other meetings, I wanted to note a couple of working issues that they could possibly bring up. I would not ordinarily bother you with these details at this point, but I cannot predict what Dick or Leon might say unexpectedly.

1. Leon met with the French Ambassador. France wants to put together a high-level private/public sector group of AIDS experts to advise Kofi Annan on where the UN should go in battling the international epidemic. Generally not a bad idea, and we agreed to talk about a joint effort with the French to provide some form of high-level advisory group for Annan. Our engagement would help ensure that French exuberance does not undermine the ongoing efforts of other UN agencies that perceive they already have that role (UNAIDS, WHO, etc.).
2. In our recent interagency meetings on international security aspects of AIDS, one of Holbrooke's staff has suggested that interested countries designate a "Presidential Envoy for Coordination of AIDS Efforts" (PEAC). These envoys would comprise a high-level international "Forum" to intensify and coordinate international action to combat HIV/AIDS. (Note that this idea is similar, or at least compatible, with the French proposal). The PEACs idea is being vetted in the interagency, and a fuller description and recommendation will be forthcoming.
3. OVP and others have suggested changing the "organizational structure" coordinating the U.S. efforts to combat international HIV/AIDS. The most discussed option is to add several

people (detailees) to Sandy Thurman's office to coordinate our national plans and focus the interagency process. Her "deputy" for international affairs in one plan could have a "dotted line" relationship with NSC. Again, these issues are currently being debated, hopefully leading to a recommendation or options by mid-March.

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

---

**From:** Smith, Gayle E. (AF)  
**Sent:** Monday, February 28, 2000 12:02 PM  
**To:** @LEGISLAT - Legislative Affairs; Bernard, Kenneth W. (HEALTH)  
**Cc:** @HEALTH - International Health Affairs; @AFRICA - African Affairs; Dempsey, Nora B. (AF); @RUDMAN  
**Subject:** AIDS legislation [UNCLASSIFIED]

With regard to the Gephardt/SRB meeting ---

Based on his Africa trip, we have reason to believe that HIV/AIDS may be raised. There are several pieces of legislation pending on the Hill right now, related to HIV/AIDS (Boxer-Smith-Kennedy;Durbin;Kerry-Durbin;Moynohan-Feingold;Jackson;Leach;and Lee plus). Do not think we have, at this stage, a position on each of these -- some of them dovetail with the aims of GAVI, others with our budget request for HIV/AIDS. But we should include a point in SRB's TPs in case pending legislation is raised -- am I right?

We are faxing to @Legis Sandy Thurman's matrix on Global AIDS legislation - but we need to defer to you on how/what SRB ought to say on this specific point. Bear in mind that there is some consideration of including this in the Africa/CBI discussions, but, again, this is far from a done deal based on what I understood from Chuck last week.

Thanks, GS



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

---

**From:** Bernard, Kenneth W. (HEALTH)  
**Sent:** Wednesday, February 09, 2000 4:10 PM  
**To:** @AFRICA - African Affairs  
**Subject:** FW: AIDS/IWG [UNCLASSIFIED]

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

**From:** Bernard, Kenneth W. (HEALTH)  
**Sent:** Wednesday, February 09, 2000 3:10 PM  
**To:** @NSA - Natl Security Advisor  
**Subject:** FW: AIDS/IWG (UNCLASSIFIED)

Please pass to Sandy, Jim, Mara:

From: Ken Bernard

### IWG on HIV/AIDS and National Security

On Tuesday, February 8, Sandy Thurman and I co-chaired an IWG on the national security implications of the global HIV/AIDS epidemic, as a follow-up to the UN Security Council meeting on the subject.

The meeting was widely attended by senior staff from State, DoD, HHS, Treasury, Labor, Commerce, USAID, other NSC directorates, including Gayle and Nora from Africa, OVP, OMB, OSTP and the intel community (Cordell Hull was packed...I should have sold tickets - we couldn't keep people away.).

Leon Fuerth opened the meeting with a charge to develop a coordinated USG organizational structure, strategy and integrated response to the widening security threat of AIDS in Africa and elsewhere. Sandy Thurman summarized the current administration AIDS initiative ("LIFE"), noting the \$100 million FY 2000 plus-up will be used in 13 countries, mostly in Africa (but also including India), and will address prevention, treatment and care, support for AIDS orphans, and improved health services including disease surveillance to track progress.

The 2001 budget now includes another \$100 million, and will have moneys for defense (mil/mil training) and labor (international workplace training) as well. It was noted that even with the US providing nearly \$350 million overall in international prevention and care assistance, it was far below the \$1.0 billion needed for Africa prevention activities alone. AF noted the need for the USG to have developed a strong organizational position, complete with internationally understandable "deliverables" in time for the international HIV/AIDS summit in Durban, S. Africa in July, 2000. OMB (Bob Kyle) added that we will need a "long-view" multiyear plan to fund AIDS activities both with USG resources and with our bilateral and multilateral partners.

At our request, the each agency gave brief presentations of ongoing and proposed activities. This will be consolidated into a matrix, looking for opportunities and gaps.

Agreed Next Steps:

- Five IWG subgroups have been created to identify new initiatives to enhance our bilateral and multilateral efforts:
  - Budget and Legislative issues (chaired by Sandy Thurman and OMB)
  - Diplomacy, leadership, and public awareness (Chaired by State)
  - Security (chaired by Ken Bernard and DoD)
  - Economic/trade/finance issues (chaired by Commerce/Treasury)
  - Prevention/care/vaccine/S&T issues (chaired by USAID/HHS)
- Meeting of the whole IWG on March 6 to finalize a consensus set of recommendations for Principals on our national strategy to deal with the HIV/AIDS epidemic, in its context as a national security issue. Also will make recommendations for the best organizational structure within EOP to coordinate our efforts.
- A memo from you and Sandy Thurman to the President (package 344) is being drafted to outline both the steps taken following the UN Security Council meeting, and some high profile issues that are being worked at this time in parallel with the interagency process.

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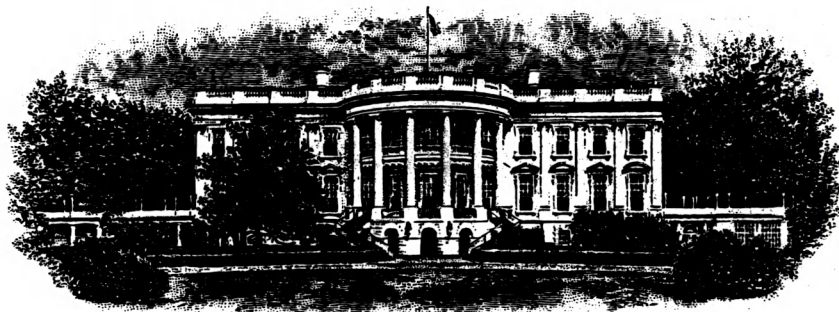
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UNCLASSIFIED

*HIV/AIDS*

**NATIONAL SECURITY COUNCIL**

Washington, D.C. 20504



**AFRICAN AFFAIRS DIRECTORATE**

phone: 202-456-9261; fax: 202-456-9260

Date: 1/5  
Pages to follow 2

FROM: X Gayle Smith                             Cathy Byrne  
       Jendayi Frazer                             Nora Dempsey

TO:    PHONE NUMBER                      FAX NUMBER

1. SUSAN RICE
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

MESSAGE:

UNCLASSIFIED

## SPECTRUM OF PROPOSALS

### PREVENTION

- **Announce [foreshadow?] additional funding to combat HIV/AIDS in FY 01 (\$100M)**
  - Enhancement of the LIFE Program
    - Enhance present prevention programs
    - Develop basic medical infrastructure
    - Enhance community-based care for those orphaned by AIDS
- Develop and fund mil-to-mil HIV/AIDS programs beginning with FY 00 – Initial focus on ACRI and PKO participants (Discussions initiated with DepSecDef)
- Announce the VP's business outreach effort to
  - Promote the establishment of mother-to-child transmission interventions as an international focus
  - Promote greater social responsibility on the part of U.S. business interests engaged in Africa
  - Foster a set of guiding principles for U.S. business interests active in Africa
- Complement the First Lady's initiative to forge greater public-private cooperative efforts to address the crisis
- Highlight Labor's HIV/AIDS outreach event to engage organized labor in the fight
- Establish specific proposals for dealing with HIV/AIDS within PKOs
- Address the transportation sector as a key vector for HIV/AIDS

### TREATMENT

- Review U.S. trade policy to assure we are not establishing inappropriate barriers to the provision of effective treatments
- Work with the IFIs to earmark additional funds to expand basic health care
  - WB assistance to finance ministries on planning for healthcare demands
  - Address HIV/AIDS as an element of the WB's civil service reform and post-conflict demobilization programs
- Identify incentives to enhance access for the developing world to effective pharmaceutical interventions
- Develop targeted education programs for women and community cooperatives to promote the effective utilization of available pharmaceuticals

### SEARCH FOR THE LONG-TERM ANSWER

- Advance the President's call to promote the development and delivery of vaccines for the developing world to include the search for an effective HIV vaccine
  - Foreshadow [announce?] \$50 M FY 01 U.S. donation to the Global Alliance for Vaccines and Immunizations (GAVI)
  - Increase funding for basic research on diseases affecting the developing world
  - Call for the creation of a Millennium Trust Fund – combining public and private

- funds to purchase pharmaceuticals, as they become available
- Investigate the possibility of tax incentives for new vaccines
- Highlight the President's meeting with industry – 2 Mar

## GENERAL

- **Establish a senior interagency review** to develop a series of options for new unilateral/multilateral initiatives and report to the President
  - Short suspense date – EOM Feb, State of the Union
  - Address possible range of considerations in the VP's address
  - Refer results back to UNSC
- Establish a periodic mechanism for senior review of Administration efforts to combat the global crisis
- Continue development of HIV/AIDS as a specific agenda topic for the G8
- Advance the President's call for social spending debt swaps made in Cologne – Identify debt swap options for nations not qualifying for HIPC
- **Challenge the international community** to follow the U.S. lead in bringing focused attention and additional resources to combat the crisis

NOTE: Items in bold are considered key for an effective message at the Security Council meeting.



**OFFICE OF THE UNITED STATES TRADE REPRESENTATIVE**

**Executive Office of the President**

600 17TH STREET, NW  
WASHINGTON, D.C. 20508

*Office of African Affairs*



Number of Pages excluding cover: 4

Date: 4 January 2000

To: Gayle Smith

Office/Agency: NSC

Fax Number: 6-9260

From: Rosa Whitaker

Phone: (202) 395-9514

FAX: (202) 395-4505

SUBJECT: \_\_\_\_\_

COMMENTS:

Please see attached.....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

South Africa  
IPR

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WASHINGTON, D.C.  
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FOR IMMEDIATE RELEASE  
December 1, 1999

99-97  
CONTACT: THOMAS TRIPP  
HELAIN KLASKY  
AMY STILWELL  
(202) 395-3230

**THE PROTECTION OF INTELLECTUAL PROPERTY AND HEALTH POLICY**

United States Trade Representative Charlene Barshefsky and Health and Human Services Secretary Donna E. Shalala today announced their intention to develop a cooperative approach on health-related intellectual property matters to ensure that the application of U.S. trade law related to intellectual property remains sufficiently flexible to respond to legitimate public health crisis. In addition, Ambassador Barshefsky announced the removal of the Republic of South Africa from the special 301 "watch list."

"Recent developments in AIDS treatments give us all hope for helping those already living with HIV and for preventing new infections by interrupting maternal to child transmission. The challenge of making treatments a viable option for those who need them is one that eludes simple answers" said Secretary Shalala. "The United States will continue to work with its partner nations, multilateral organizations, industry, and affected communities to improve access to treatment."

"A modern patent system helps promote the rapid innovation, development, and commercialization of effective and safe drug therapies - therapies such as those now being deployed in the war against HIV/AIDS" said Ambassador Barshefsky. "Secretary Shalala and I believe that sound public health policy and intellectual property protection are, and must continue to be, mutually supportive."

Recognizing that health emergencies may require special measures, USTR and HHS are working together to establish a process for analyzing and evaluating health issues that arise in the application of U.S. trade-related intellectual property law and policy. When a foreign government expresses concern that U.S. trade law related to intellectual property significantly impedes its ability to address a health crisis in that country, USTR will seek and give full weight to the advice of HHS regarding the health considerations involved. This process will permit the application of U.S. trade-related intellectual property law to remain sufficiently flexible to react to public health

# WTO

## **PRESIDENT CLINTON ANNOUNCES NEW COOPERATIVE EFFORT TO HELP POOR COUNTRIES GAIN ACCESS TO AFFORDABLE MEDICINES, INCLUDING FOR HIV/AIDS TREATMENT**

**December 1, 1999**

The President today announced that the Office of the United States Trade Representative (USTR) and the Department of Health and Human Services (HHS) will develop a cooperative approach on health-related intellectual property matters consistent with our goal of helping poor countries gain access to affordable medicines. Through this approach, we will ensure the application of U.S. trade law related to intellectual property, such as Special 301, remains sufficiently flexible to respond to legitimate public health crises. President Clinton also called upon our trading partners to join him in this effort. The United States will continue to work with its partner nations, multilateral organizations, industry, and affected communities to improve access to medical treatment.

Poor countries face special challenges providing adequate public health care and gaining access to affordable medicines, including those needed to treat diseases such as HIV/AIDS.

- Under this new arrangement, there will be a more direct interaction between USTR and HHS on health-related intellectual property issues.
- When a foreign government expresses concern that U.S. trade law related to intellectual property significantly impedes its ability to address a health crisis, USTR will seek substantive information from HHS on the health conditions prevailing in that country.
- This will enable USTR to ensure that the application of U.S. trade law related to intellectual property, consistent with international trade treaties, is sufficiently flexible to respond to public health crises.

The challenge of improving access to treatments without stifling innovation is one that eludes simple answers. A modern patent system helps promote the rapid innovation, development, and commercialization of effective and safe drug therapies for diseases such as HIV/AIDS. Sound public health policy and intellectual property protection are, and must continue to be, mutually supportive. The WTO Agreement on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) allows the flexibility for all WTO Members to respond to public health crises.

As a related policy objective, we continue to assist developing countries create the public health infrastructure that will allow treatments to be utilized effectively. Treating diseases effectively requires that developing countries not only make adequate investment in prevention efforts, clinics and medical equipment, but continuous monitoring of treatments to ensure that no contamination occurs and that medicines are administered at the time and with the appropriate dosage. Without such infrastructure, there is significant risk that pharmaceuticals, including antibiotics and HIV drugs, may not be administered to patients correctly.

OFFICE OF THE UNITED STATES REPRESENTATIVE  
 TO THE UNITED NATIONS  
 U.S. MISSION TO THE UNITED NATIONS  
 799 UNITED NATIONS PLAZA  
 NEW YORK, NEW YORK 10017

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FACSIMILE TRANSMITTAL SHEET

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TO: <b>Gayle Smith</b>	FROM: <b>Stephanie Syptak (Staff Assistant)</b>
ORGANIZATION:	DATE: <b>01/03/00</b>
FAX NUMBER: <b>(202) 456 9260</b>	TOTAL NO. OF PAGES INCLUDING COVER: <b>15</b>
PHONE NUMBER: <b>(202) 456 9261</b>	
RE: <b>Cable on AIDS in Africa</b>	

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

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NOTES/COMMENTS:

Gayle,

Amb. Holbrooke wanted you to see this.

Stephanie

*FILE:  
AIDS*

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Printed By: stephanie syptak 01/03/2000 08:08:10 PM

**HARARE 7542**From: AMEMBASSY HARARE  
Subject: OFFICIAL-INFORMALMRN: 7542  
ICNbr:Date/Time: 281401Z DEC 99  
Precedence: ROUTINE**Cable Text:**

UNCLAS HARARE 07542

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UNCLAS SECTION 01 OF 09 HARARE 007542

OFFICIAL INFORMAL

FOR AMBASSADOR RICHARD HOLBROOKE FROM AMBASSADOR TOM  
MCDONALDE.O. 12958: N/A  
TAGS: AMGT  
SUBJECT: OFFICIAL-INFORMAL

REF: (A) LUSAKA 05681 (B) LUSAKA 05223, (C) KAMPALA 01767

1. DEAR RICHARD: ON OCTOBER 21-23 SEVEN U.S. AMBASSADORS AND NINE USAID MISSION DIRECTORS MET IN HARARE TO DISCUSS SYNERGIES WE IN THE REGION COULD BRING TO COMBAT THE HIV/AIDS SCOURGE. IT IS DEPRIVING THE COUNTRIES IN WHICH WE WORK OF A GENERATION OF PRODUCTIVE CITIZENS. THE LEVEL OF THE DISCUSSION WAS TOP FLIGHT AND WE CAME UP WITH A NUMBER OF IDEAS AND ACTION ITEMS WHICH WE LISTED IN THE ATTACHED CABLE. I THOUGHT YOU MIGHT FIND IT USEFUL READING AS YOU PREPARE TO HOST THE MEETING ON AIDS IN AFRICA IN JANUARY AT THE U.N. BEST REGARDS, TOM.

AIDS IN SOUTHERN AFRICA: AMBASSADORS AND USAID  
MISSION DIRECTORS REAFFIRM OUR REGIONAL COMMITMENT

2. THIS IS BOTH A REPORTING AND AN ACTION CABLE.  
ACTION FOR WASHINGTON IS NOTED IN PARA 31.

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3. THIS CABLE HAS BEEN CLEARED BY EMBASSIES HARARE, PRETORIA, AND LUSAKA.

## SUMMARY

4. U.S. AMBASSADOR TO ZIMBABWE TOM MCDONALD HOSTED A "CHIEFS OF MISSION/USAID MISSION DIRECTORS' SOUTHERN AFRICA REGIONAL HIV/AIDS WORKSHOP," OCTOBER 22-23, 1999, IN HARARE. A TOTAL OF 33 USG OFFICIALS PARTICIPATED IN THE EVENT, INCLUDING SEVEN AMBASSADORS (TOM MCDONALD, DEAN CURRAN OF MOZAMBIQUE, DAVID DUNN OF ZAMBIA, ELLEN SHIPPY OF MALAWI, CHARLES STITH OF TANZANIA, ROBERT KRUEGER OF BOTSWANA, AND KATHERINE PETERSON OF LESOTHO), NINE USAID MISSION DIRECTORS, AND USAID TECHNICAL EXPERTS. THE PURPOSE OF THE MEETING WAS TO REVIEW THE HIV/AIDS CRISIS IN SOUTHERN AFRICA AND DEVELOP STRATEGIES TO DEEPEN THE RESPONSE TO THE EPIDEMIC IN THE REGION. THE WORKSHOP FOCUSED SPECIFICALLY ON GENERATING IDEAS TO HELP CHIEFS OF MISSION (COM) BETTER PROMOTE HIV/AIDS ACTIVELY AT THEIR POSTS AND ACROSS THE REGION. WORKSHOP PARTICIPANTS UNANIMOUSLY AGREED THAT REGIONAL DIALOGUE AND A COORDINATED USG APPROACH ARE INVALUABLE TO WAGING A SUCCESSFUL CAMPAIGN AGAINST HIV/AIDS IN SOUTHERN AFRICA. THEY DECIDED TO HOLD ANOTHER MEETING ON THE PERIPHERY OF THE U.S.-SADC FORUM, TO BE HELD AS EARLY AS THE FIRST QUARTER OF 2000.

5. THE GROUP PRODUCED A DETAILED LIST OF IDEAS AND ACTIVITIES BY WHICH COMS CAN ENGAGE HOST COUNTRIES, THE COUNTRY TEAM, THE PRIVATE SECTOR, AND THE MEDIA TO BETTER PROMOTE HIV/AIDS ACTIVISM IN SOUTHERN AFRICA (SEE PARAS 23-27). IN LIGHT OF THE IMPACT OF THE EPIDEMIC ON POST OPERATION, THEY NOTED THE NEED FOR A WASHINGTON REVIEW OF USG WORKPLACE POLICY, (SEE PARA 30) PARTICIPANTS ALSO PRODUCED A "CONFERENCE WRAP-UP" DOCUMENT THAT IDENTIFIES SUGGESTED ACTION ITEMS AND NEXT STEPS FOR SOUTHERN AFRICAN POSTS AND WASHINGTON AGENCIES (SEE PARAGRAPH 38). END SUMMARY.

## SCOPE OF THE EPIDEMIC

6. DR. KEN YAMASHITA, USAID/SOUTH AFRICA'S HEALTH OFFICER, SUMMARIZED THE STAGGERING HIV/AIDS EPIDEMIC IN SOUTHERN AFRICA AS 'BAD AND GETTING WORSE'. IN SOUTHERN AFRICA, IT IS ESTIMATED THAT OVER 2,000 NEW INFECTIONS OCCUR EVERY DAY, NEARLY 800,000 EVERY YEAR. THIS COMPARES TO APPROXIMATELY 40,000 NEW INFECTIONS WHICH OCCUR IN THE U.S. EVERY YEAR. SUB-SAHARAN AFRICA IS THE REGION WHICH HAS BEEN MOST SERIOUSLY AFFECTED BY THE EPIDEMIC. OF THE TOTAL WORLDWIDE NUMBER OF HIV/AIDS CASES, TWO THIRDS OCCUR IN SUB-SAHARAN AFRICA. EIGHT OUT OF TEN AIDS DEATHS WORLDWIDE OCCUR IN SUB-SAHARAN AFRICA, AND NINE OUT OF TEN AIDS ORPHANS WORLDWIDE LIVE IN SUB-SAHARAN AFRICA. RESEARCHERS HAVE FOUND NO EVIDENCE TO SUGGEST THAT THE EPIDEMIC WILL REACH A "NATURAL" PLATEAU AND LEVEL OFF IN THE NEAR FUTURE. INDEED, MANY EXPERTS PREDICT THAT THE EPIDEMIC WILL CONTINUE TO WORSEN OVER THE NEXT 15 TO 20 YEARS.

7. YAMASHITA DESCRIBED THE COMPLEX AND SERIOUS

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CONSEQUENCES THAT THE EPIDEMIC HAS ON ECONOMIES IN THE REGION. THE EFFECTS ARE SHOWING ACROSS INDUSTRIAL SECTORS AND AMONG INDIVIDUAL BUSINESSES IN THE FORM OF LOST SKILLED AND UNSKILLED LABOR, AND SKYROCKETING INSURANCE COSTS. THE EPIDEMIC'S IMPACT WAS THE MOST DRAMATIC ON HOUSEHOLDS WHERE THE MAIN WAGE EARNER IS NO LONGER ABLE TO GENERATE INCOME FOR THE FAMILY. THE SPOUSE MUST THEN TAKE TIME OFF FROM WORK, AND/OR CHILDREN AND FREQUENTLY THE GIRL CHILD MUST STAY HOME FROM SCHOOL, TO CARE FOR SICK FAMILY MEMBERS. GIVEN THE TREMENDOUS ECONOMIC AND SOCIAL IMPACT OF THE DISEASE AND ITS PREDICTED LONGEVITY IN THE REGION, THE GROUP AGREED THAT USG HIV/AIDS POLICIES IN THE REGION MUST BE WELL COORDINATED WITH ALL STAKEHOLDERS AND INCLUDE LONG-TERM, SUBSTANTIAL PROGRAMMING.

8. YAMASHITA PRESENTED SOME FUNDING NEEDS PROJECTIONS ISSUED BY UNAIDS, USAID, AND OTHER AGENCIES. IT HAS BEEN ESTIMATED THAT OVER US\$1.0 BILLION PER YEAR WOULD BE NEEDED TO SIGNIFICANTLY SLOW THE CURRENT EPIDEMIC. SUCH FUNDING LEVELS WILL REQUIRE STRONG COMMITMENT BY GOVERNMENTS AND DONORS. YET EVEN AT THE LEVEL OF REQUIRED FUNDING OF US\$1.0 BILLION, THE LEVEL OF INVESTMENT PALES IN COMPARISON WITH THE USG COMMITMENT TO DOMESTIC HIV/AIDS PROGRAMS, WHICH IN 1998 TOTALED NEARLY US\$7 BILLION. THE GROUP NOTED THIS STAGGERING DIFFERENCE, AND COMMENTED ON THE CHALLENGE AHEAD FOR GOVERNMENTS, PRIVATE SECTOR, AND DONORS TO PROVIDE THE FUNDING NEEDED.

**USG RESPONSE TO THE EPIDEMIC IN WASHINGTON**

9. MR. WILLIAM JEFFERS, DIRECTOR OF AFR/SA, USAID/WASHINGTON, BRIEFED PARTICIPANTS ON CURRENT FEDERAL INITIATIVES TO COMBAT HIV/AIDS IN AFRICA. JEFFERS DESCRIBED SEVERAL NEW WASHINGTON INITIATIVES:

- IN JULY 1999, THE WHITE HOUSE ANNOUNCED THE PRESIDENT'S "LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC" (LIFE) INITIATIVE, WHICH FEATURED A REQUESTED BUDGET INCREASE OF U.S. \$100 MILLION TO SUPPORT HIV/AIDS PROGRAMS IN SUB-SAHARAN AFRICA AND INDIA. THE INITIATIVE RELIES ON CLOSE COLLABORATION AMONG USAID, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE DEPARTMENT OF DEFENSE, WITH USAID TAKING THE LEAD AS THE COORDINATING AGENCY. THE INITIATIVE CONTAINS FOUR MAIN PROGRAM ELEMENTS: (1) PRIMARY PREVENTION OF HIV/AIDS; (2) COMMUNITY AND HOME-BASED CARE AND TREATMENT; (3) CARING FOR CHILDREN AFFECTED BY HIV/AIDS; AND (4) CAPACITY BUILDING AND INFRASTRUCTURE DEVELOPMENT. WHILE THE OUTCOME OF THE FY 2000 FOREIGN OPERATIONS FUNDING BILL WAS NOT CERTAIN AT THE TIME OF THE CONFERENCE, INDICATIONS WERE THAT NO INCREMENTAL USAID FUNDS WOULD BE AVAILABLE AND ITS BUDGET FOR HIV/AIDS WOULD BE INCREASED THROUGH OFF-SETTING REDUCTIONS IN UNEARMARKED ACCOUNTS. OTHER AGENCIES' COMPONENTS, E.G., DEPARTMENT OF DEFENSE (DOD) AND HEALTH AND HUMAN SERVICES (HHS), MAY BENEFIT FROM INCREMENTAL FUNDING.

--REPRESENTATIVE BARBARA LEE (D-CA) WILL SUBMIT A BILL TO CONGRESS IN EARLY 2000 THAT WOULD CALL FOR MATCHING PRIVATE SECTOR CONTRIBUTIONS AND USG FUNDS OF U.S.\$200

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MILLION ANNUALLY FOR INTERNATIONAL HIV/AIDS PROGRAMS. UNDER THE PROPOSED "AIDS MARSHALL PLAN," A NEW GOVERNMENT AGENCY WOULD BE CREATED TO ADMINISTER THE FUND.

--ORGANIZERS OF FUTURE U.S.-SADC FORUMS WILL INCLUDE AN HIV/AIDS COMPONENT IN CONFERENCE PROGRAMMING.

--AN INITIATIVE BY U.S. CONGLOMERATE BRISTOL MYERS-SQUIBB WILL OFFER TRAINING AND SERVICE DELIVERY TO COMPANIES IN SUB-SAHARAN AFRICA THAT ALREADY HAVE, OR WISH TO DEVELOP, HIV/AIDS PROGRAMS IN THE WORKPLACE.

10. CONFERENCE PARTICIPANTS RESPONDED WITH CONCERN TO THE NEWS THAT THE "LIFE" INITIATIVE IS NOT LIKELY TO RESULT IN INCREASED USAID FUNDING AND THAT IN PARTICULAR ECONOMIC GROWTH AND DEMOCRACY/GOVERNANCE FUNDS WERE LIKELY FY 2000 SOURCES FOR "LIFE." PARTICIPANTS AGREED THAT USAID NEEDS MORE FLEXIBILITY TO USE EXISTING FUNDING TO EXPAND HIV/AIDS PROGRAMS. ONE EXAMPLE CITED WAS THE CHILD SURVIVAL EARMARK WITHIN THE CHILD SURVIVAL AND DISEASE ACCOUNT, WHICH CURRENTLY ENTAILS A DEFINITION THAT LIMITS HIV/AIDS ACTIVITIES. PARTICIPANTS UNDERTOOK TO SEND A JOINT MEMO PRESENTING THEIR CONCERN TO THE DEPARTMENT OF STATE AND USAID/WASHINGTON. (SEE "CONFERENCE WRAP-UP" FOR AN ACTION ITEM REGARDING JOINT MEMO.)

**USG RESPONSE TO THE EPIDEMIC IN THE REGION**

11. WALTER NORTH, DIRECTOR OF USAID/ZAMBIA, DESCRIBED THE BACKGROUND OF THE HIV/AIDS SOUTHERN AFRICA PROGRAM, AN INITIATIVE INTRODUCED IN 1998 BY USAID REGIONAL TECHNICAL OFFICERS TO DEVELOP A COORDINATED USAID APPROACH TO COMBATING HIV/AIDS IN THE REGION. HE EXPLAINED THAT THE PROGRAM WAS, IN REALITY, VERY NEW, WITH ONLY US\$950,000 OF FY99 FUNDING (CONTRIBUTED BY AFR/SD) OBLIGATED ON 9/30/99. PARTICIPANTS HAVE CONVENED ON FIVE OCCASIONS.

12. ROBERT CLAY, PHN DIRECTOR, USAID/ZAMBIA REVIEWED THE PROGRESS OF THE FOUR COMPONENTS OF THE REGIONAL PROGRAM. 1) "CORRIDORS OF RISK, CORRIDORS OF HOPE," AN HIV/AIDS AWARENESS PROGRAM FOR TRUCKERS AND COMMERCIAL SEX WORKERS: ASSESSMENTS HAVE BEEN COMPLETED AT FOUR BORDER SITES AND DETAILED FINDINGS WERE SHARED WITH THE GROUP. IMPLEMENTATION ACTIVITIES BASED ON THE ASSESSMENTS WILL BEGIN IN JANUARY, 2000; (2) POLICY AND POLITICAL ADVOCACY: A POLICY-LEVEL WORKSHOP WAS HELD BEFORE THE ICASA CONFERENCE WITH OVER 25 PARTICIPANTS FROM 11 COUNTRIES FOCUSING ON KEY POLICY ISSUES IN VOLUNTARY COUNSELING AND TESTING (VCT), MOTHER-TO CHILD TRANSMISSION (MTCT), AND IMPLEMENTING A MULTISECTORAL APPROACH. FOLLOW-UP IDEAS ARE CURRENTLY BEING DISCUSSED BY THE TECHNICAL TEAM; (3) HIV/AIDS SURVEILLANCE: A GRANT HAS BEEN MADE TO WHO/AFR TO HELP COORDINATE SURVEILLANCE ACTIVITIES IN THE REGION; AND (4) INFORMATION SHARING ON HIV/AIDS: A REGIONAL ADVISOR IS BEING RECRUITED AND TECHNICAL SHARING BETWEEN COUNTRIES HAS INCREASED THROUGH THE REGIONAL WORK.

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13. A REGIONAL USG ADVISOR ON HIV/AIDS, TO BE BASED IN PRETORIA, SHOULD BE SELECTED BY THE END OF NOVEMBER. THE ADVISOR'S DUTIES WILL BE TO RUN THE DAILY OPERATIONS OF THE PROGRAM; PROVIDE TECHNICAL BACKSTOPPING TO THE NON-PRESENCE COUNTRIES IN SOUTHERN AFRICA (BOTSWANA, LESOTHO, AND SWAZILAND); ACT AS A CONDUIT OF INFORMATION AMONG REGIONAL POSTS; AND HELP POSTS DEVELOP COORDINATED HIV/AIDS PROGRAMS.

14. AMBASSADOR DAVID DUNN FROM ZAMBIA BRIEFED PARTICIPANTS ON THE INTERNATIONAL CONFERENCE ON AIDS AND STDS IN AFRICA (ICASA) WHICH OCCURRED IN LUSAKA (REF A & B). AMBASSADOR DUNN NOTED THAT, ALTHOUGH THE CONFERENCE WAS WIDELY CONSIDERED TO BE A SUCCESS, THE ABSENCE OF HEADS OF STATE FROM ZAMBIA AND PARTICIPATING COUNTRIES SENT A POOR MESSAGE ABOUT THE REGIONAL GOVERNMENTS' COMMITMENT TO ADDRESSING THE HIV/AIDS EPIDEMIC. MUCH ATTENTION WAS FOCUSED ON COMMUNITY RESPONSES, AND THE ROLES OF PEOPLE LIVING WITH AIDS, YOUTH, WOMEN, AND ORPHANS WERE HIGHLIGHTED. THE NEXT HIV/AIDS CONFERENCE WILL BE THE BI-ANNUAL INTERNATIONAL HIV/AIDS CONFERENCE TO BE HELD IN DURBAN, JULY 9-14, 2000, WHILE THE NEXT ICASA WILL TAKE PLACE IN BURKINA FASO IN 2001. TENS OF THOUSANDS OF PEOPLE ARE EXPECTED TO ATTEND THE DURBAN CONFERENCE, INCLUDING A U.S. DELEGATION OF APPROXIMATELY 20 PEOPLE LED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES, DONNA SHALALA. FULL DETAILS OF THE ICASA ARE DESCRIBED IN REFTEL A AND B.

**CONFERENCE HIGHLIGHTS**

15. THE FOLLOWING SECTION HIGHLIGHTS SEVERAL OF THE CONFERENCE TOPICS, INCLUDING VOLUNTARY COUNSELING AND TESTING, PRIVATE SECTOR INVOLVEMENT, THE MEDIA AND ORPHANS.

**VOLUNTARY COUNSELING AND TESTING**

16. DRS. ELIZABETH MARUM AND PATRICK OSEWE, BOTH USAID TECHNICAL EXPERTS ON HIV/AIDS, BRIEFED PARTICIPANTS ON USAID-FUNDED VOLUNTARY COUNSELING AND TESTING (VCT) PROGRAMS NOW OPERATING IN UGANDA AND ZIMBABWE. PARTICIPANTS WERE ENCOURAGED TO TAKE HOME LESSONS LEARNED REGARDING THE IMPORTANCE OF VCT IN AN INTEGRATED HIV/AIDS PREVENTION PROGRAMS.

17. DR. MARUM, WHO CURRENTLY IS POSTED TO MALAWI BUT SERVED FOR MANY YEARS IN UGANDA, OFFERED THE HEARTENING FACT THAT, IN THE MIDST OF A CONTINENT-WIDE EPIDEMIC, THE HIV INFECTION RATE IN UGANDA HAS DECLINED STEADILY SINCE 1992 (SEE REF C). A KEY ELEMENT TO USAID'S SUCCESSFUL PROGRAM IN UGANDA HAS BEEN THE NATIONAL NETWORK OF VCT CENTERS. USAID/ZIMBABWE RECENTLY ESTABLISHED ITS VCT PROGRAM, WHICH ALREADY IS MEETING WITH STRONG LOCAL DEMAND. DR. OSEWE EXPLAINED THAT FIVE VCT CENTERS CURRENTLY ARE OPERATING IN ZIMBABWE, WITH FIVE MORE TO BE OPENED BY THE END OF 1999. THE "NEW START" CENTERS IN ZIMBABWE, LIKE THOSE IN UGANDA, PROVIDE COUNSELING AND TESTING TO CLIENTS THAT IS CONFIDENTIAL AND ANONYMOUS; ACCESSIBLE (WITH LATE CLINIC

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HOURS); AND AFFORDABLE (US\$1.32, PER CLIENT, WITH INDICENT CLIENTS BEING TESTED FOR FREE).

18. THE GOAL OF VCT PROGRAMS IS TO REDUCE HIGH RISK BEHAVIOR AMONG CLIENTS, AND TO REDUCE THE STIGMA ASSOCIATED WITH HIV/AIDS BY ENCOURAGING OPEN DISCUSSION. DRS. MARUM AND OSEWE NOTED THAT UGANDA'S VCT PROGRAM IS ENJOYING TREMENDOUS INTEREST AND SUSTAINED ATTENDANCE, TESTING AN AVERAGE OF 450,000 CLIENTS EACH YEAR, WHILE THE FIVE VCT CENTERS OPENED IN ZIMBABWE SINCE AUGUST 1998 ARE RECEIVING INCREASING NUMBERS OF CLIENTS EACH MONTH. DESPITE THESE SUCCESS STORIES, DR. MARUM NOTED SOME CHALLENGES FOR THE VCT PROGRAM IN THE FUTURE, INCLUDING THE RELATIVELY HIGH COSTS OF THE INTERVENTION, THE NEED TO INCREASE ITS AVAILABILITY IN RURAL AREAS, AND THE NEED TO ENSURE ITS SUSTAINABILITY.

**PRIVATE SECTOR INVOLVEMENT**

19. MR. TOM WALTER, MANAGING DIRECTOR OF MOBIL OIL IN ZIMBABWE, DESCRIBED THE DIFFICULTIES HIS COMPANY FACED IN EARLY 1998 WHEN, IMMEDIATELY AFTER HIS ARRIVAL IN COUNTRY, MOBIL LOST THREE OF ITS SENIOR MANAGERS TO AIDS. WALTER SAID THAT, AS HE WATCHED PROFITS DROP, HE BECAME ACUTELY AWARE OF THE IMPACT THAT THE VACUUM OF EXPERTISE AND EXPERIENCE HAD ON PRODUCTIVITY. IN THE WAKE OF THE PERSONNEL LOSSES, WALTER WORKED WITH A LOCAL NGO TO IMPLEMENT AN HIV/AIDS WORKPLACE PROGRAM. HE EMPHASIZED THAT TO ACHIEVE RESULTS COMPANIES AND NGOS MUST CLEARLY OUTLINE PROJECT GOALS, STRATEGIES, AND TIMETABLES BEFORE EMBARKING ON AN HIV/AIDS WORKPLACE PROGRAM. (SEE PARA 27 FOR OTHER PRIVATE SECTOR ACTIVITIES.)

**THE MEDIA**

20. MR. ANDREW MUTANDWA, A FREELANCE ZIMBABWEAN JOURNALIST AND FORMER DEPUTY DIRECTOR OF INFORMATION AT THE ZIMBABWEAN MINISTRY OF INFORMATION, POSTS, AND TELECOMMUNICATIONS, ADDRESSED THE GROUP AT LUNCH ON OCTOBER 22. HIS PERSUASIVE COMMENTS HELPED THE GROUP UNDERSTAND WHY ACCURATE AND SUSTAINED HIV/AIDS REPORTING IS SO SCARCE IN SOUTHERN AFRICA. MUTANDWA REFERRED TO THE COMPETITION AMONG NEWSPAPERS FOR READERSHIP AND ADVERTISING DOLLARS THAT OFTEN DRIVES EDITORS TO BUMP A GOOD HIV/AIDS STORY FROM THE FRONT PAGE -- OR EVEN FROM THE PAPER ALTOGETHER -- TO MAKE ROOM FOR MORE SENSATIONAL NEWS ABOUT POLITICIANS AND CELEBRITIES.

21. HE ALSO NOTED THAT THE MEDIA IN MANY AFRICAN COUNTRIES IS EMERGING FROM A TRADITION OF GOVERNMENT CONTROL. MUTANDWA ASSERTED THAT ZIMBABWEAN JOURNALISTS, PARTICULARLY THOSE EMPLOYED BY THE GOVERNMENT-INFLUENCED ZIMBABWE NEWSPAPERS AND THE ZIMBABWE BROADCASTING CORPORATION, FEEL PRESSURE FROM THE GOVERNMENT TO AVOID CERTAIN CONTROVERSIAL TOPICS, INCLUDING THE HIGHLY STIGMATIZED SUBJECT OF HIV/AIDS.

22. MUTANDWA SUGGESTED THAT COMS CAN MOTIVATE LOCAL JOURNALISTS AND ADVOCATE BETTER REPORTING BY INSTITUTING

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AWARDS PROGRAMS FOR REPORTERS, EDITORS AND NEWS ORGANIZATIONS. ACCORDING TO MUTANDWA, "THIS WOULD CREATE THAT COMPETITIVE ENVIRONMENT IN WHICH JOURNALISTS OFTEN THRIVE." HE ADDED THAT COMS SHOULD FACILITATE MORE EXCHANGE PROGRAMS FOR JOURNALISTS, AS THESE ARE EXTREMELY EFFECTIVE IN EDUCATING REPORTERS ON HIV/AIDS. AS A FORMER IV, MUTANDWA ACKNOWLEDGED THE POSITIVE IMPACT THAT THE EXCHANGE HAD ON HIS REPORTING.

**ORPHANS**

23. THE CONFERENCE DREW SPECIAL ATTENTION TO THE PLIGHT OF ORPHANS IN AFRICA WHOSE PARENTS DIED FROM HIV/AIDS-RELATED ILLNESSES AND THE NEED FOR THE USG TO ADDRESS THIS INCREASINGLY SERIOUS PROBLEM IN INNOVATIVE WAYS. PANELISTS FROM A USAID GRANTEE (FACT) AS WELL AS DR. GREGG POWELL OF THE ZIMBABWE CHILD PROTECTION SOCIETY, A LOCAL NGO, DESCRIBED THE INABILITY OF MOST AFRICAN GOVERNMENTS TO DEAL WITH THE PROBLEM AND OFFERED SUGGESTIONS FOR POSSIBLE USG INTERVENTION.

24. MOST AFRICAN AND INTERNATIONAL EXPERTS AGREE THAT KEEPING ORPHANS IN THEIR EXTENDED FAMILIES IS BY FAR THE PREFERABLE OPTION. INSTITUTIONAL CARE IS A LAST RESORT. ALTHOUGH MOST SOUTHERN AFRICAN GOVERNMENTS HAVE ORPHANS' AND CHILDREN'S PROGRAMS IN PLACE, MOST ARE NOT BEING IMPLEMENTED EFFECTIVELY DUE TO A LACK OF STAFF AND RESOURCES. CARE AND SUPPORT PROGRAMS FOR ORPHANS ARE PRIMARILY BEING IMPLEMENTED BY NGOS WITH VERY LIMITED FINANCIAL RESOURCES.

25. PANELISTS STRESSED THAT POVERTY ALLEVIATION AND INCOME GENERATION PROJECTS--WHICH ARE WELL MANAGED AT THE COMMUNITY LEVEL ARE THE MOST EFFECTIVE MEANS OF ADDRESSING THE ORPHAN ISSUE. STRENGTHENING THE CAPACITY OF HOUSEHOLDS TO SUPPORT ORPHANS BOTH FINANCIALLY, AND WITH PSYCHOSOCIAL SUPPORT IS CRITICAL. PANELISTS NOTED THAT EDUCATION IS ONE OF THE BEST ENTRY POINTS AND SUGGESTED THAT DONORS PROVIDE INFRASTRUCTURAL SUPPORT IN EXCHANGE FOR TUITION WAIVERS FOR "CHILDREN IN DIFFICULT CIRCUMSTANCES" RATHER THAN "AIDS ORPHANS."

USG RESPONSE TO THE EPIDEMIC IN EACH COUNTRY: WHAT CAN AMBASSADORS DO?

26. THE GROUP BRAINSTORMED THROUGHOUT THE TWO-DAY CONFERENCE TO IDENTIFY ACTIVITIES THAT COMS CAN DO TO ENHANCE THE USG RESPONSE TO THE HIV/AIDS EPIDEMIC. MOST OF THE SUGGESTED ACTIVITIES CAN BE UNDERTAKEN WITHOUT ADDITIONAL RESOURCES. THE LIST IS NOT INTENDED TO BE A GUIDE OF REQUIRED ACTIONS BUT RATHER AN ILLUSTRATIVE MENU OF ACTIONS THAT CAN BE UNDERTAKEN AS APPROPRIATE TO THE COUNTRY SETTING. THE FOUR BROAD CATEGORIES FOLLOW IN PARAGRAPHS 25-28 WITH SUGGESTED ACTIVITIES LISTED IN EACH.

27. AMBASSADORS CAN MAKE HIV/AIDS A COUNTRY TEAM PRIORITY, INVOLVING ALL MEMBERS IN STRATEGY DEVELOPMENT, BY :

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--PERSONALLY LEADING AND COORDINATING COUNTRY TEAM EFFORTS REGARDING HIV/AIDS;

--TALKING ABOUT THE EPIDEMIC IN THE MANAGEMENT TEAM;

--BEING THE POST'S SENIOR ADVOCATE FOR OBTAINING RESOURCES FROM WASHINGTON;

USING THE MISSION PROGRAM PLAN (MPP) TO FLAG THE IMPORTANCE OF HIV/AIDS AS A GLOBAL AND REGIONAL ISSUE AND ENSURE USG SUPPORT FOR HIV/AIDS PROGRAMS;

--INCORPORATING HIV/AIDS INTO PUBLIC AFFAIRS PROGRAMS BY: (1) BRINGING IN HIGH-LEVEL HIV/AIDS SPEAKERS; (2) ESTABLISHING A MEDIA AWARD PROGRAM FOR HIV/AIDS REPORTING TO ENCOURAGE RESPONSIBLE AND SUSTAINED LOCAL MEDIA COVERAGE; (3) INCORPORATING UNIVERSITY-BASED HIV/AIDS AWARENESS CAMPAIGNS INTO THE PROGRAMS OF FULBRIGHT PROFESSORS AND VISITING RESEARCHERS;

--DISCUSSING THE EPIDEMIC WITH THE DEFENSE ATTACHE OFFICE TO SEEK WAYS FOR THE MILITARY ASSISTANCE PROGRAMS TO ADDRESS HIV/AIDS WITHIN THE HOST COUNTRY SECURITY ESTABLISHMENT BY: (1) WORKING WITH DEFENSE COUNTERPARTS TO INCORPORATE HIV/AIDS MESSAGES INTO DEMINING TRAINING AND CONTRACTS; AND (2) ENCOURAGING HIV/AIDS EDUCATION AT MILITARY INSTALLATIONS;

--CONSIDERING WHETHER IT IS APPROPRIATE FOR PEACE CORPS VOLUNTEER TEACHERS TO PROMOTE HIV/AIDS AWARENESS IN RURAL SCHOOLS AND THROUGH ANTI-AIDS CLUBS, RECOGNIZING THE LIKELY SENSITIVITY OF LOCAL SCHOOL ADMINISTRATORS;

--INSTRUCTING THE POLITICAL SECTION TO CONSIDER USING DEMOCRACY AND HUMAN RIGHTS FUNDS TO SUPPORT HUMAN RIGHTS GROUPS THAT PERFORM HIV/AIDS ADVOCACY;

--INSTRUCTING THE ECONOMIC SECTION TO: (1) EMPHASIZE COMMUNITY-BASED HIV/AIDS ACTIVITIES IN THE AMBASSADOR'S SELF HELP PROGRAM; AND (2) INCLUDE HIV/AIDS ISSUES IN DISCUSSIONS WITH U.S. COMPANIES;

--INSTRUCTING THE RSO TO ASSIST LOCAL POLICE AND SECURITY GUARD COMPANIES TO DEVELOP HIV/AIDS AWARENESS PROGRAMS; AND

--INCLUDING HIV/AIDS ON THE AGENDAS OF VISITING CODELS AND STAFFDELS.

28. AMBASSADORS CAN USE THEIR PUBLIC POSITION TO PROMOTE HIV/AIDS ACTIVISM BY:

--BEING "OUT IN FRONT" AND NOT DELEGATING TO STAFF THE OPPORTUNITY TO PROMOTE HIV/AIDS ACTIVISM;

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--SEIZING THEIR POSITION AS THE "PRESIDENT'S REPRESENTATIVE" TO ENSURE THAT THEY PERSONALLY REPRESENT RESIDENTIAL INITIATIVES, COORDINATE ACCESS TO USG RESOURCES AND STRESS THAT THEY ARE ALSO REPRESENTATIVES OF THE AMERICAN PEOPLE;

--RAISING THE PROFILE OF THE ISSUE BY MENTIONING HIV/AIDS IN ALL MEETINGS WITH THE HOST COUNTRY PRESIDENT, CABINET MEMBERS, AND OTHER SENIOR GOVERNMENT OFFICIALS;

--BEING PROACTIVE IN CAPTURING MEDIA COVERAGE FOCUSING ATTENTION ON HIV/AIDS IN EVERY PUBLIC SPEECH, EVEN IF IT SEEMS UNRELATED;

--MOTIVATING AND MOBILIZING OTHER AMBASSADORS AND THE INTERNATIONAL COMMUNITY, FOR EXAMPLE, BY HOSTING FORUM TO DISCUSS HIV/AIDS CHALLENGES;

--USING THE MEDIA TO ADVERTISE THE AMBASSADORS' SUPPORT FOR PERSONS LIVING WITH AIDS IN HIV/AIDS AWARENESS BY ATTENDING EVENTS AND FUNCTIONS HOSTED BY OTHER ORGANIZATIONS, AND BY PERSONALLY VISITING AND HOLDING HANDS OF THOSE LIVING WITH AIDS;

URGING HOST GOVERNMENTS TO PROVIDE TAX INCENTIVES TO COMPANIES AND INDIVIDUALS WHO SUPPORT LOCAL NGO HIV/AIDS INITIATIVES; AND

--STRESSING TO LOCAL GOVERNMENT OFFICIALS THE IMPORTANCE OF FREE PUBLIC SERVICE ANNOUNCEMENTS, RATHER THAN USING SCARCE DONOR FUNDS TO PURCHASE MEDIA SPOTS.

29. AMBASSADORS CAN ENGAGE U.S. AND LOCAL PRIVATE SECTORS COMPANIES ON HIV/AIDS ISSUES BY:

--PROVIDING LEADERSHIP IN THE AMERICAN BUSINESS COMMUNITY THROUGH AMCHAM OR THE LOCAL AMERICAN BUSINESS ASSOCIATIONS;

--DEMONSTRATING TO COMPANIES THAT HIV/AIDS HAS A DIRECT IMPACT ON BOTTOM LINE PROFITS, IN PART BY USING ANALYSES THAT SHOW THE COST OF PREVENTION PROGRAMS VERSUS THE COST OF COPING WITH HIV/AIDS IN THE WORKPLACE;

--HELPING TO ESTABLISH LINKS BETWEEN COMPANIES INTERESTED IN DEVELOPING HIV/AIDS WORKPLACE PROGRAMS AND HIV/AIDS NGOS THAT CAN ASSIST;

--CREATING A PRIVATE SECTOR FORUM TO SHARE HIV/AIDS PREVENTION BEST PRACTICES;

--PUBLICLY RECOGNIZING BUSINESSES THAT HAVE BEST PRACTICES, AND ENCOURAGING COMPANIES TO ADOPT SUCH PRACTICES WHEN MERGERS AND ACQUISITIONS OCCUR;

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--ENCOURAGING LOCAL ROTARY CLUBS TO PROMOTE HIV/AIDS AWARENESS AND WORKPLACE POLICIES;

--HELPING THE FOREIGN COMMERCIAL SERVICE AND DEPARTMENT OF COMMERCE PREPARE AND DELIVER APPROPRIATELY BALANCED MESSAGES TO POTENTIAL INVESTORS ABOUT THE IMPACT OF HIV/AIDS, INCLUDING ACCURATE RISK ASSESSMENTS; AND

--ENCOURAGING PRIVATE SECTOR SOCIAL RESPONSIBILITY IN THREE WAYS: (1) ADOPTING PROGRESSIVE INTERNAL WORKPLACE POLICIES; (2) EXTRAMURAL FUNDING OF LOCAL HIV/AIDS PREVENTION AND CARE ACTIVITIES; (3) PROMOTING A PUBLIC IMAGE OF A BUSINESS THAT CARES ABOUT ITS EMPLOYEES AND THE PUBLIC.

US WORK FORCE POLICY: WALKING THE TALK

30. THE FOURTH CATEGORY OF SUGGESTED ACTIVITIES RELATES TO HIV/AIDS POLICY IN THE U.S. MISSION. PARTICIPANTS NOTED THAT CURRENTLY THERE IS A DOUBLE STANDARD FOR AMERICAN EMPLOYEES AND FSNS. AMERICANS, FOR EXAMPLE, HAVE ACCESS TO ANTIRETROVIRAL DRUGS, BUT FSNS DO NOT. USDH CAN DONATE LEAVE TO OTHER USDH BUT NOT TO FSNS. THE GROUP CHALLENGED ITSELF AND WASHINGTON TO DETERMINE HOW A STANDARD FOR "BEST PRACTICES" COULD BE SET SO THAT THE USC, PROBABLY THE LARGEST US EMPLOYER IN AFRICA, COULD BE A MODEL FOR OTHER EMPLOYERS. THE GROUP DISCUSSED WHETHER CERTAIN FSN POLICIES SHOULD BE DECENTRALIZED AND DELEGATED TO THE FIELD, OR IF WORLDWIDE STANDARDS WOULD BE MORE APPROPRIATE. ALTHOUGH COGNIZANT OF THE POSSIBLE COST AND ETHICAL IMPLICATIONS, THE GROUP CONCLUDED THAT THE MAGNITUDE OF THE HIV/AIDS EPIDEMIC WARRANTED ATTENTION ON A WORLDWIDE BASIS. PARTICIPANTS AGREED THAT BOTH AMBASSADORS AND SENIOR OFFICIALS IN WASHINGTON SHOULD REVIEW HIV/AIDS WORKPLACE POLICIES, CONSIDERING IN PARTICULAR:

--LEAVE POLICIES FOR SICK EMPLOYEES WHO HAVE AN UNDERLYING HIV INFECTION;  
 --EMPLOYMENT POLICY FOR HIV POSITIVE APPLICANTS;  
 --HEALTH INSURANCE POLICIES;  
 --DEATH BENEFITS AND WILL PLANNING FOR HIV POSITIVE EMPLOYEES;  
 MEDICAL ATTENTION AND FOLLOW-UP CARE FOR RAPE VICTIMS;  
 --OFFICIAL TRANSPORTATION POLICIES IN AREAS WHERE RAPE IS PREVALENT; AND  
 --POLICIES FOR INDIRECT STAFF SUCH AS LOCAL SECURITY

GUARDS PROVIDED IN CONTRACTS;  
 --POLICIES IN DOUBLE ENCUMBERING POSITION CEILINGS AND DISABILITY.

31. ACTION REQUESTED: WASHINGTON IS REQUESTED TO INITIATE A REVIEW OF ITS PERSONNEL POLICIES IN THIS AREA AND IDENTIFY A TASK MANAGER FOR THE REVIEW. THE SOUTHERN AFRICAN MISSIONS WOULD BE GLAD TO ASSIST.

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31. PARTICIPANTS ALSO DISCUSSED WORKPLACE PROGRAMS BEING PROMOTED IN USG MISSION IN THE REGION. ACTIVITIES INCLUDED:

--HIV/AIDS EDUCATION AND PREVENTION PROGRAMS FOR ALL MISSION STAFF AND THEIR DEPENDENTS, INCLUDING CHILDREN;

--USE OF NGOS, PARTICULARLY THOSE REPRESENTING PEOPLE LIVING WITH AIDS, TO PROVIDE WORKPLACE EDUCATION;  
--CREATION OF FSN HIV/AIDS AWARENESS GROUPS;

--PROVISION OF FREE CONDOMS IN RESTROOMS AND CONSIDERATION FOR REIMBURSING PERSONNEL FOR VCT SERVICES;

--REVIEW OF LITERATURE SUCH AS THE UNAIDS AND OAU DOCUMENTS ON BEST PRACTICES IN THE WORKPLACE TO DETERMINE WHAT OTHER PROGRAMS ARE NEEDED; AND

--CROSS-TRAINING OF SENIOR FSNs TO FILL GAPS AS ILLNESS AND DEATH INCREASINGLY BECOME AN ISSUE.

OTHER ISSUES OF INTEREST AT THE CONFERENCE

33. PARTICIPANTS DISCUSSED THE OVERARCHING NEED FOR BEHAVIOR CHANGE. THEY AGREED THAT KNOWLEDGE OF HIV/AIDS IS HIGH IN MOST COUNTRIES AND NEARLY UNIVERSAL IN SOME. THE CHALLENGE OF ENGENDERING BEHAVIOR CHANGE, HOWEVER, HAS NOT YET BEEN MET. TECHNICAL OFFICERS ARGUED THAT EVIDENCE FROM COUNTRIES LIKE UGANDA SHOWS THAT VCT IS A COMPLEMENTARY SERVICE TO EXISTING PROGRAMS THAT OFFERS THE BEST OPTION IN HIGH PREVALENCE SETTINGS FOR LOWERING STIGMA AND PROMOTING BEHAVIOR CHANGE.

34. THE GROUP ALSO DISCUSSED WAYS TO COMBAT THE HIV/AIDS EPIDEMIC AT A STRATEGIC LEVEL. COM/DIRECTORS ASKED HOW THEY COULD USE A REGIONAL PLATFORM AND THEIR COLLECTIVE VOICE TO MAKE THE CASE THAT IMMEDIATE ACTION IS NEEDED. PARTICIPANTS DISCUSSED THE CONCEPT OF FORMING "STRATEGIC ALLIANCES" AMONG USG ENTITIES, HOST COUNTRY INSTITUTIONS, NGOS AND THE PRIVATE SECTOR TO HELP BRING ATTENTION TO AND FIND WAYS OF COMBATING THE EPIDEMIC.

35. USAID TECHNICAL STAFF AGREED THAT MANDATORY HIV TESTING NOT ONLY RAISES HUMAN RIGHTS ISSUES, BUT ALSO HAS NEGATIVE CONSEQUENCES BECAUSE OF THE STIGMA ASSOCIATED WITH THE DISEASE. IF ENFORCED, MANDATORY TESTING COULD NEGATE CURRENT SUCCESSSES MAKING BEHAVIOR CHANGE AN EVEN MORE PROBLEMATIC GOAL. VOLUNTARY AND ANONYMOUS COUNSELING AND TESTING IS PREFERABLE, ESPECIALLY IF VIEWED AS A MEANS OF MAINTAINING A HEALTHY POPULATION.

36. WITH RESPECT TO PRE-EMPLOYMENT SCREENING, MANDATORY TESTING DOES NOT GUARANTEE AN HIV/AIDS-FREE WORKPLACE, BUT ONLY SCREENS OUT THOSE ALREADY INFECTED. THE MORE

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APPROPRIATE FOCUS IS ON MAINTAINING A HEALTHY WORKFORCE.

37. A PANEL OF USAID TECHNICAL STAFF DISCUSSED SOME ISSUES RELATED TO HIV/AIDS. THESE INCLUDED:  
--AN UPDATE ON THE LATEST INFORMATION REGARDING DRUG THERAPIES AND SOME ONGOING RESEARCH. PRESENTORS STRESSED THAT CURRENT DRUG THERAPIES IN THE U.S. COST US\$1,000/MONTH AND OFFER NO MAGIC CURE FOR AIDS.

--MOTHER TO CHILD TRANSMISSION OF HIV/AIDS IS AN IMPORTANT AREA, BUT USG SHOULD MOVE FORWARD CAUTIOUSLY, AS THERE ARE STILL MANY ISSUES THAT NEED TO BE FURTHER RESEARCHED, ESPECIALLY WITH RESPECT TO SERVICE DELIVERY CAPACITY AND FINANCIAL SUSTAINABILITY.

--THE NEED TO BE COGNIZANT OF THE MANY ETHICAL CONSIDERATIONS SURROUNDING USG-SPONSORED RESEARCH. THERE WAS RECOGNITION THAT SOME RESEARCH ACTIVITIES HAVE THE POTENTIAL TO COMPROMISE RELATED ASSISTANCE PROGRAMS, PARTICULARLY IN THE AREA OF DRUG VACCINE RESEARCH. AS A RESULT, COMS SHOULD REQUIRE THAT APPROVAL FROM LOCAL ETHICAL AND RESEARCH COUNCILS SHOULD BE OBTAINED BEFORE ANY USG-FUNDED RESEARCH COMMENCES. USAID MISSION DIRECTOR JOHN GRAYZEL, REPRESENTING AMBASSADOR SWING, STRESSED THAT WHILE DROC IS SEEN AS THE "RESEARCH VENUE" FOR EVERY NEW DISEASE, NO HIV/AIDS PROGRAM ASSISTANCE IS BEING PROVIDED. THIS ISSUE OF NEGLECT WAS PRESENTED AS AN UNCONSCIONABLE POSITION.

CONFERENCE WRAP-UP

38.

THE GROUP PRODUCED A CONFERENCE SUMMARY DOCUMENT THAT LISTS THE CONFERENCE'S ACCOMPLISHMENTS AND IDENTIFIES SUGGESTED ACTION ITEMS FOR AFRICAN POSTS AND WASHINGTON AGENCIES.

BEGIN TEXT OF CONFERENCE SUMMARY DOCUMENT:

THE MEETING EXPRESSED THE STRONG SHARED CONCERN OF U.S. AMBASSADORS AND USAID MISSION DIRECTORS ABOUT THE DEVASTATING ECONOMIC AND POTENTIAL POLITICAL IMPACT OF THE HIV/AIDS PANDEMIC IN SOUTHERN AFRICA, AND ITS ADVERSE IMPACT ON THE REGION'S PEOPLE AND U.S. INTERESTS IN THE AREA.

THE MEETING ACHIEVED ITS OBJECTIVES OF DRAWING A COMPREHENSIVE PICTURE OF THE PROBLEM AND OF USG HIV/AIDS ASSISTANCE IN THE REGION; AND IDENTIFYING NEW IDEAS ABOUT HOW U.S. AMBASSADORS AND USAID MISSION DIRECTORS CAN ENHANCE THEIR JOINT EFFORTS TO ADDRESS HIV/AIDS IN THEIR DAILY WORK AND ESTABLISH COUNTRY TEAM-BASED ACTION PROGRAMS FOR THE FUTURE. THIS MEETING CAN SERVE AS A MODEL FOR HOW TO CONDUCT POSITIVE INTERAGENCY COOPERATION. PARTICIPANTS AGREED THAT THE GROUP WILL MEET AGAIN IN THE FIRST QUARTER OF 2000, PERHAPS AS PART OF THE U.S.-SADC FORUM MEETING.

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IT IS THE SENSE OF THIS MEETING THAT:

(1) THE USG SHOULD MAKE AVAILABLE ADDITIONAL RESOURCES AND PROVIDE GREATER FLEXIBILITY IN THE USE OF EXISTING FUNDS E.G. CHILD SURVIVAL EARMARKED/DISEASE) TO ADDRESS THE HIV/AIDS PANDEMIC IN SOUTHERN AFRICA. (LEAD: AMBASSADOR MCDONALD, AMBASSADOR CURRAN, AMBASSADOR DUNN AND CYNTHIA ROZELL)

--WASHINGTON TO PROVIDE MORE SPECIFIC AND TRANSPARENT INFORMATION ON THE PRESIDENT'S "LIFE" INITIATIVE, I.E., WHAT COUNTRIES WILL BE INCLUDED AND AT WHAT LEVEL. WE STRONGLY RECOMMEND THAT "LIFE" FUNDS BE ADDITIONAL TO THE CURRENT USAID OPERATIONAL YEARLY BUDGET (OYB). IT SHOULD NOT MEAN LESS ECONOMIC GROWTH OR DEMOCRACY FUNDS, WHICH ALREADY ARE TOO SCARCE.

--U.S. AMBASSADORS TO SEND A JOINT MEMO TO THE SECRETARY OF STATE AND THE USAID ADMINISTRATOR URGING EFFORTS WITH THE CONGRESS TO ALLOW USAID TO USE EXISTING RESOURCES MORE FLEXIBLY TO ADDRESS HIV/AIDS ISSUES.

(2) THERE ARE MANY IMPORTANT DIPLOMATIC INITIATIVES PRIMARILY ADDRESSED BY U.S. AMBASSADORS WHICH MAY NOT REQUIRE SIGNIFICANT FINANCIAL RESOURCES. AN ANNOTATED CHECKLIST OF POSSIBILITIES FOR U.S. AMBASSADORIAL INTERVENTIONS (BOTH INTERNAL AND EXTERNAL) SHOULD BE (SEE PARAS 25-28) DEVELOPED. (LEAD: AMBASSADOR CURRAN, AMBASSADOR STITH, AMBASSADOR SHIPPY AND WALTER NORTH)

--MEETING TO ADOPT POSSIBLE OPTIONS ESTABLISHED FOR U.S. AMBASSADORS AS DISCUSSED AT THE CONFERENCE AND TO CIRCULATE IT MORE BROADLY FOR COMMENT AND IMPROVEMENT.

--DEVELOP AND SHARE BEST PRACTICES ON DIPLOMATIC INITIATIVES ON EACH OF THESE OPTIONS IDENTIFIED.

(3) REGIONAL COOPERATION AND SYNERGIES AMONG THE U.S. POSTS IN SOUTHERN AFRICA ON HIV/AIDS ISSUES SHOULD BE EXPANDED, AS IT IS ESSENTIAL TO THE SUCCESSFUL IMPACT OF USG ASSISTANCE ACROSS THE REGION. (LEAD: AMBASSADOR KRUEGER, AMBASSADOR PETERSON, STACY RHODES AND EDWARD SPRIGGS)

--ESTABLISH SHARED VISION AMONG POSTS FOR CROSS-BORDER BILATERAL ACTIVITIES FROM CONGO TO CAPE TOWN.

--CONTINUE TO SHARE INFORMATION ON USG HIV/AIDS EFFORTS AMONG ALL SOUTHERN AFRICAN POSTS.

--HIRE REGIONAL ADVISOR BASED IN PRETORIA TO GET REGIONAL PROGRAM OPERATIONAL IN NON PRESENCE COUNTRIES AND KEEP AMBASSADORS IN THE LOOP.

--USAID TECHNICAL STAFF AT SOUTHERN AFRICAN POSTS TO HOLD REGULAR MEETINGS.

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(4) EXPAND AVAILABILITY OF U.S. INFORMATION TO FIELD PERSONNEL FOR USE IN HIV/AIDS PROGRAMS IN SOUTHERN AFRICA, PRIMARILY BY TAPPING THE KNOWLEDGE OF U.S. RESEARCH ORGANIZATIONS, RATHER THAN EMBARKING ON NEW USG RESEARCH PROGRAMS. (LEAD: USAID WASHINGTON TECHNICAL TEAM IS REQUESTED TO PROVIDE INFORMATION)

--ESTABLISH MORE RELIABLE STATISTICS ON THE PARAMETERS OF THE PANDEMIC AND THE CONTRIBUTIONS OF HOST COUNTRIES TO HIV/AIDS PROGRAM.

--EXPLORE AND ADVISE ON THE NATURE OF SUB-TYPE 'C' OF THE HIV/AIDS VIRUS (THE PREDOMINANT STRAIN IN SOUTHERN AFRICA), HOW IT RELATES TO VACCINE DEVELOPMENT, AND THE EFFICACY AND SAFETY OF NAVIRPINE FOR REDUCTION OF MOTHER-TO-CHILD TRANSMISSION.

--ASSESS BEST STRATEGIES FOR ALLOCATION OF USG RESOURCES VIS-A-VIS ALTERNATIVE INTERVENTIONS IN PREVENTION (INFORMATION AND EDUCATION); VOLUNTARY COUNSELING AND TESTING (VCT); LONG-TERM CARE AND SUPPORT; AND INNOVATIVE APPROACHES FOR CARE OF CHILDREN WHOSE PARENTS WHO HAVE DIED FROM AIDS.

5) ADDRESS WITH WASHINGTON THE NEED TO DEVELOP A COMPREHENSIVE WORLDWIDE POLICY ON HIV/AIDS PERSONNEL ISSUES AT OVERSEAS MISSIONS.  
END TEXT OF "WRAP-UP" DOCUMENT.

## CONCLUSION

39. THE GROUP AGREED ON THE EFFECTIVENESS OF COORDINATED DIALOGUE TO ADDRESS THE ISSUE OF HIV/AIDS, AS THIS GLOBAL EPIDEMIC DOES NOT RESPECT COUNTRY BORDERS. A LARGE NUMBER OF INNOVATIVE INITIATIVES WERE RECOMMENDED TO BE UNDERTAKEN BY COMS, MANY OF WHICH DONOT REQUIRE ADDITIONAL RESOURCES. ALL STATISTICS POINT TO THE FACT THAT THE HIV/AIDS EPIDEMIC WILL GET WORSE AND THAT NO FORMULA EXISTS TO SOLVE THE CRISIS. PARTICIPANTS UNANIMOUSLY AGREED THAT THE USG MUST BE CREATIVE ABOUT HOW BEST TO USE ITS SCARCE FOREIGN ASSISTANCE RESOURCES TO EFFECTIVELY COMBAT THE EPIDEMIC. THE MEETING WAS A UNIQUE OPPORTUNITY THAT BROUGHT TOGETHER CHIEFS OF MISSION, USAID DIRECTORS AND USAID TECHNICAL OFFICERS TO DISCUSS A COMMON REGIONAL PROBLEM. PARTICIPANTS SUGGEST THAT THIS MODEL HAS APPLICABILITY FOR OTHER HIGH PRIORITY FOREIGN POLICY ISSUES THAT CUT ACROSS FOREIGN AFFAIRS AGENCIES.

40. COMMENT BY AMBASSADOR MCDONALD: "NONE OF US LIVING IN THIS REGION CAN REMAIN STUENT IN THE FACE OF THE OVERWHELMING IMPACT THIS EPIDEMIC IS HAVING ON OUR OWN STAFFS, PROGRAMS, US FOREIGN POLICY OBJECTIVES AND THE SOCIAL FABRIC OF THE COUNTRIES WE ARE LIVING IN. THIS MEETING HIGHLIGHTED THE IMPRESSIVE CONCERN AND COMMITMENT OF USG PERSONNEL IN THE REGION. THIS ISSUE WILL BE WITH US FOR SOME TIME TO COME. SUSTAINED ENGAGEMENT IS CRITICAL TO SUCCESS IN CONTROLLING AND EVENTUALLY STOPPING THE EPIDEMIC. U.S. LEADERSHIP CAN MAKE A DIFFERENCE."

MCDONALD

BT

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# Withdrawal/Redaction Marker

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. report	Re: [Impact of HIV/AIDS] (28 pages)	01/2000	P1/b(1)

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**COLLECTION:**

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

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**FOLDER TITLE:**

AIDS, 2 of 2 [Africa] [5]

2007-1550-F  
ke2013

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**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]

THE WHITE HOUSE

WASHINGTON

MEMORANDUM TO GAYLE SMITH

**From:** Sandy Thurman   
Director  
Office of National AIDS Policy

**Date:** January 5, 2000

**Subject:** Update on Africa Trip

*Free AIDS*

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I wanted to take this opportunity to update you on my upcoming AIDS trip to Africa, scheduled to take place from January 8<sup>th</sup> to January 23<sup>rd</sup>. As you know, President Mbeki talked at length about HIV/AIDS in his New Year's address, calling it an urgent priority, inextricably linked to poverty and economic development, and challenging other leaders to respond accordingly. This was reiterated by the World Bank which referred to AIDS as the "single greatest threat to future economic development in Africa". In addition, President Obasanjo from Nigeria, has raised serious concerns about the high rate of HIV infection among peace keeping troops returning from Sierra Leone, and it is estimated that among the seven armies embroiled in the DROC, HIV infection rates range from 40 to 80%. It is increasingly clear that AIDS is much more than a humanitarian crisis, it is a vitally important economic and security issue. In fact, the UN has referred to AIDS as "the greatest undeclared war in human history".

During this trip, we will visit four countries:

- Uganda, the global success story;
- Rwanda, an example of how armed conflict exacerbates HIV/AIDS; and
- Tanzania and Kenya, two countries with serious and growing HIV/AIDS emergencies, and where increased leadership is greatly needed.

The purpose of this trip is to work with host governments on the implementation of the LIFE Initiative, the additional \$100 million appropriated for our global AIDS effort. As part of this trip, the new FY2000 country allotments will be announced and model community-based programs will be visited and promoted. In addition, our Ambassadors have scheduled meetings with the President and other high level government officials in each country, to ensure that host governments are fully engaged in their AIDS programs and know of the strong interest of the USG in the battle against AIDS. Meetings with military personnel will be included in Uganda and Rwanda.

I will be joined on this trip by:

- Senator Durbin, a Defense Appropriator with a keen interest in AIDS (Uganda)
- Former Rep. Ron Dellums (likely in Kenya);

- Kate Carr, CEO, Elizabeth Glaser Pediatric AIDS Foundation;
- Mary Fisher, President, Family AIDS Network;
- Ron Johnson, Member, Presidential Advisory Council on HIV/AIDS;
- Tom Niblock, DOS; and
- Michael Iskowitz, ONAP consultant.
- A Nightline producer has asked to meet us on the ground in Africa, and I will hear later today whether or not that is happening.

During this trip, special attention will be given to a family package which includes: preventing HIV transmission from mother-to-child; providing basic care and treatment, especially to mothers; and supporting children orphaned by AIDS.

As always, thank you so much for your continued support. Please let me know if there is any additional information I might be able to provide to help us move forward in our shared efforts.

# Withdrawal/Redaction Marker

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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006. report	Re: [AIDS in Africa] [partial] (13 pages)	01/05/2000	P1/b(1)
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### COLLECTION:

Clinton Presidential Records  
National Security Council  
African Affairs (Smith, Gayle/Barks-Ruggles, Erica/Sanders, Robin/Rice, Susan/Dempsey, Nora et al.)  
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AIDS, 2 of 2 [Africa] [5]

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FILE:  
AIDS

## Intelligence Report

Office of Transnational Issues

05 January 2000

### Sub-Saharan Africa: AIDS Now the Leading Cause of Mortality (U)

*Sub-Saharan Africa is experiencing calamitous societal ramifications from the rising prevalence of HIV/AIDS infection, with particular damages wrought to the structure of family life. The region is trapped in a vicious cycle of insecurity, poverty, and AIDS deaths that contributes to the further spread of the disease:*

- *AIDS kills more people in Sub-Saharan Africa annually—more than 2.2 million last year alone—than all of the continent's armed conflicts combined.*
- *With 70 percent of the global HIV-infected population, more than 13 million people in Sub-Saharan Africa have already perished from the disease.* 6.2(d)

*Although we find no ostensible statistical link between HIV infection and cases of instability, AIDS deaths will harm the efforts of African states to modernize and professionalize their militaries and endanger the competitiveness of firms that require skilled labor.* 6.2(d)

*Despite preventative efforts, high-risk sexual behaviors in most states remain unchanged, and we project that HIV will continue to grow and to make inroads into West Africa, where the disease has had a relatively low prevalence. The US Census Bureau projects increasing HIV prevalence for nearly all African states over the next ten years, based on observed infection rates and epidemiological models.* 6.2(d)

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PER E. O. 13526

2017-0739-M [1.57}

KBH 8/19/2022

6.2(d)

Secret

Sub-Saharan Africa is by far the region hardest-hit by HIV/AIDS and is home to almost 70 percent of all HIV-positive people worldwide. In 1999, AIDS became the leading cause of death in Africa, according to the World Health Organization:

- Some 13.7 million have already died from the disease—2.2 million in 1999 alone—and another 23.3 million are infected with HIV/AIDS (see figure 1) [redacted] 6.2(d) [redacted]
- By 2010, AIDS mortality will reduce the national average life expectancy in hard-hit countries like South Africa, Rwanda, Zimbabwe, and Botswana to nearly half of the expected rate when AIDS is factored out (see figure 2).
- [redacted] 6.2(d) [redacted] US Census Bureau study on South Africa shows that, by 2002, AIDS will kill more people there than all other causes of death combined (see figure 3). (U)

Rates of increase in HIV prevalence vary widely across the continent. Countries with low infection rates like Gabon, Ghana, and Benin have seen the biggest annual percentage jumps—from 18 to nearly 30 percent—over the last five years (see figure 4). This, however, generally represents absolute increases of only two or three percentage points of HIV prevalence. The epidemiological curves used to project future prevalence are much flatter for these countries, which are not now predicted to reach the high levels found, for example, in Africa's southeast:

- Other countries, such as Botswana, South Africa, and Lesotho, are recording substantial yearly percentage increases of 10 to 20 percent from already-high levels of infection.
- Still other countries, which, like Zimbabwe, Kenya and Tanzania, have moderate infection levels, show a rate of increase of roughly 4 percent per year. (U)

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This report was prepared by analysts in the Office of Transnational Issues. Comments and queries are welcome and may be directed to the Societal Issues Manager [redacted] 6.2(d) [redacted]

### **Estimating and Projecting HIV Prevalence (U)**

Widely differentiated behavioral, epidemiological, demographic, and even political factors affecting the course of the AIDS epidemic make projecting the future course of HIV/AIDS in each specific African country particularly complicated. The US Census Bureau model this paper draws from is a complex mathematical construct that extrapolates from "observed HIV infection rates and allows for country-specific variance based on the estimated dates that the disease was introduced into populations. These values are then fitted to an epidemiological curve to project them into the future.

- Alternative epidemic scenario curves take into account the average duration of incubation periods in different countries; the frequency of sexual contact—premarital, marital, and extramarital—factors that enhance vulnerability to infection (such as the incidence of venereal diseases, which facilitates HIV transmission); and the probability of at-birth or blood transfusion-related transmission, as well as varieties of behavior change, such as increased condom use. Such assumptions correspond to actual changes in behavior that are now beginning to occur in some countries.
- The US Census Bureau has made implicit assumptions about the capacity of different governments' to implement aggressive public information campaigns. For example, they have assumed that Uganda will sustain its relatively affective public health program and that the programs of countries such as Botswana and Zimbabwe will not succeed in changing key sexual behaviors. (U)

These projections are under continual review and revision as more and better prevalence data become available. Sustained measurements of decreasing prevalence in a country would lead to a revision of its projection, as would a faster-than-expected increase. (U)

### **Family Life Hardest Hit (U)**

E.O. 12958 1.4(c) AIDS' greatest impact is at the individual and household level, driving poor families deeper into poverty and undermining local family structure and the education process:

- E.O. 12958 1.4(c)  
AIDS-related illness and death of parents reduce family income sharply.
- 1.4(c) AIDS orphans are, like children orphaned by other causes, less liable to attend school. Older children are forced to become breadwinners and usually cannot afford school costs for their siblings.
- AIDS also is detrimental to the welfare of the elderly. Those whose adult children die of AIDS are often forced to support both themselves and their grandchildren on limited pensions. 6.2(d)

AIDS deaths and poverty lead to a vicious circle of spreading infection and still-greater poverty. 1.4(c)

AIDS deaths by male breadwinners abets the spread of HIV as female heads of household—also probably infected—are more likely to engage in limited or regular sex work to make ends meet:

- The same holds true for households headed by children. Increased population mobility after the breakup of a household from AIDS deaths may also contribute to risky sexual behavior.
- Customs in many parts of Africa that require a deceased man's brother to marry his widow may also facilitate the virus' spread. 6.2(d)

A growing population of orphans contributes to rising crime, particularly as extended families are unable to take in additional orphaned kin:

- South African authorities and others have raised the concern that increasing numbers of AIDS orphans will grow up on the street and turn to crime, as they have in Nairobi. More than 300,000 AIDS orphans are in Kenya alone. Many have migrated to the capital, engaging in drug abuse and violent street crime, which 1.4(c)  
1.4(c) have increased significantly in the past five years.
- Other observers worry that a profusion of orphans will swell the ranks of "child armies" in Africa's wars.

That said, numbers of orphans may be mitigated somewhat by the reduced fertility of HIV-positive women and the usual death within five years of HIV-positive babies.

6.2(d)

**No Signs Yet of Influence on Stability . . .** 6.2(d)

Although HIV/AIDS places societies under unusual stress in terms of social services, healthcare, and the like, widespread infection levels or a corresponding government mishandling of rising infection rates are playing no ostensible role in instances of societal or political instability:

- Because of the stigma surrounding the disease, many HIV-positive people remain ignorant of or otherwise seek to hide their own malady. They also may be reluctant to advertise their condition by staging demonstrations or riots. Moreover, once sick, they may be too weak or resigned to take political action.
- CIA quantitative modelers' attempts to establish a statistical correlation between HIV infection and cases of instability in Africa have drawn blanks. 6.2(d)

Although we see little direct linkage between AIDS and instability, the converse is true—instability in the form of wars, refugee camps, and population displacements provide ideal conditions for the HIV virus to spread. Such dislocation is usually attendant with an increase in untreated sexually transmitted diseases and an increase in rape of women and girls, both of which promote HIV. 6.2(d)

As the epidemic worsens over the longer term, however, populations that perceive their governments to be ignoring the AIDS crisis or refusing to take specific ameliorative actions may take to the streets. This could also affect employers who scale back or refuse to pay for AIDS-related health costs or death benefits:

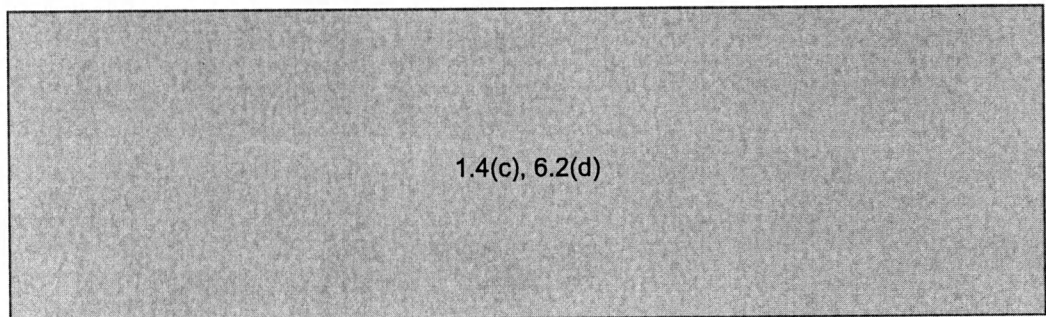
- South Africa's refusal to pay for expensive AIDS drugs has become a hotly-criticized political issue, though no violent demonstrations have erupted in response as yet.
- Unions in Zimbabwe are planning a massive strike for mid-January to protest a proposed new tax to pay for AIDS programs, according to press 6.2(d)

That said, the only HIV/AIDS-related violence we have detected consists of anecdotal reports of South African mobs beating or killing individuals revealed to be HIV-positive. Although this has created few repercussions for stability, such acts perpetuate stigma and impede efforts to fight the disease. 6.2(d)

Other populations, by contrast, may not view AIDS as a government responsibility, or may receive information from government or NGO campaigns and refuse to change their behaviors. Countries like Botswana and Zambia have had high HIV-rates for years without discernible political consequences. 6.2(d)

**... But Some Militaries Are Impaired** 6.2(d)

HIV infection is generally higher among young males serving in military forces, who are often stationed away from their families and have ready access to casual sexual encounters. AIDS has consequently had the well-documented effect in Africa of reducing military effectiveness:



The loss of large numbers of mid-level and senior military careerists to AIDS will be a key stumbling block for nations attempting to modernize and professionalize their armed forces:

- Predictably, deaths among experienced commanders and highly-trained personnel, such as pilots, impair readiness and take a toll on morale. The loss of senior military leaders necessitates promoting officers unprepared to fill higher leadership billets.
- Although basic infantrymen are fairly easy to replace high rates of turnover can lead to a disproportionately younger and less disciplined force 6.2(d)

Militaries incorporating higher levels of technology—thus requiring more intensive training and greater accumulated experience— but lacking a comprehensive HIV-prevention program, such as Zimbabwe, Tanzania, and Rwanda, will see the greatest degradation of military capabilities 1.4(c)

1.4(c) The actual battlefield impact, however, will mostly likely be mitigated because prospective adversaries—whether another state's or insurgent forces—will also face the same debilitating circumstances. Alternatively, states may increasingly rely on foreign mercenaries to replace lost manpower. 6.2(d)

### Uncertain Effects on Economic Security (U)

The effects of HIV/AIDS on African macroeconomies remain controversial and are still being studied. Scholarly, official, and NGO observers differ widely in their findings. [REDACTED] 1.4(c) [REDACTED] although the effect of HIV/AIDS is often severe on households and individual firms, macroeconomic repercussions are hard to measure. For example, AIDS may take a heavy toll on subsistence agriculture and the informal economy without the effects being captured in macroeconomic data.

- One key variable is the degree to which HIV/AIDS strikes highly-skilled workers. Illness and deaths among the relatively small pools of skilled workers and professionals damage African economies due to the great expense of training replacements. [REDACTED] 1.4(c) [REDACTED] 1.4(c)
- On the other hand, the same study claims the loss of unskilled workers has little economic impact because such workers are easily replaced in these high-unemployment countries. Uganda, for example—one of the hardest-hit by HIV/AIDS in the early 1990s—still has recorded near-record economic growth throughout much of the decade.
- For those businesses that provide health benefits, costs will increase as more employees become sick, and some businesses—30 percent of South African firms, according to a local survey—are choosing to remain solvent by reducing benefits. [REDACTED] 6.2(d)

Paradoxically, trade, development, and infrastructure improvements can encourage the spread of the disease by exposing truck drivers and other travelers to greater numbers of casual sexual encounters. Southern Africa's relatively advanced infrastructure is one factor behind the rapid growth of HIV infection there. [REDACTED] 6.2(d)

**Uganda Leads, But Few Follow**

6.2(d)

Uganda is the only African country to make gains in fighting the disease, recording a steady decline in HIV infection rates since 1992. Most African states have yet to emulate the “best practices” employed by Kampala:

- President Museveni has staged a dynamic public relations campaign advertising the danger of HIV/AIDS and enlisting the population to fight the disease as a national duty.
- Uganda has a vigorous voluntary testing, counseling and prevention program instituted in cooperation with donor organizations and governments.
- Kampala has effectively used radio, print journalism and other media to persuade people to change their behavior. These efforts have been particularly effective among those most at risk—the young.
- Despite Museveni’s initial reluctance, Uganda’s has emphasized condom use and ensured their availability—a step undertaken by Kenya’s Moi only in December 1999. 6.2(d)

**Outlook: Without Behavioral Change, a Worsening Pandemic (U)**

*“It is up to individuals to change their attitudes and protect themselves against AIDS. Government and other stakeholders give advice and information on the disease, but it really depends on the individual to make use of it. Infection rate[s] are falling down in Uganda because people are responding positively to AIDS awareness campaigns.”*

—Permanent Secretary of the Ministry of Health, Botswana, October 1999

With the exception of Uganda, which has implemented an aggressive effort to fight the disease (see inset), immediate prospects for progress against the disease in Sub-Saharan Africa are dim. The most disturbing trend is that infection levels remain high even in African countries that have instituted HIV/AIDS education and prevention efforts, such as South Africa and Botswana. Despite widespread efforts to disseminate information about HIV/AIDS and how to prevent it, sexual behaviors remain unchanged. 1.4(c) suggest that the taboo of discussing sexual issues, a cultural aversion to condom use, and a human proclivity to pursue short-term gratification in the face of long-term risks—witness tobacco use in developed countries—contribute to high-risk behaviors. 1.4(c) studies have found such risk-taking behaviors to be particularly true among the extremely

poor. In addition, some governments remain variously in denial, apathetic, or overwhelmed in the face of the HIV/AIDS crisis. 6.2(d)

As a result, both HIV prevalence and its geographic spread through Africa continue to increase:

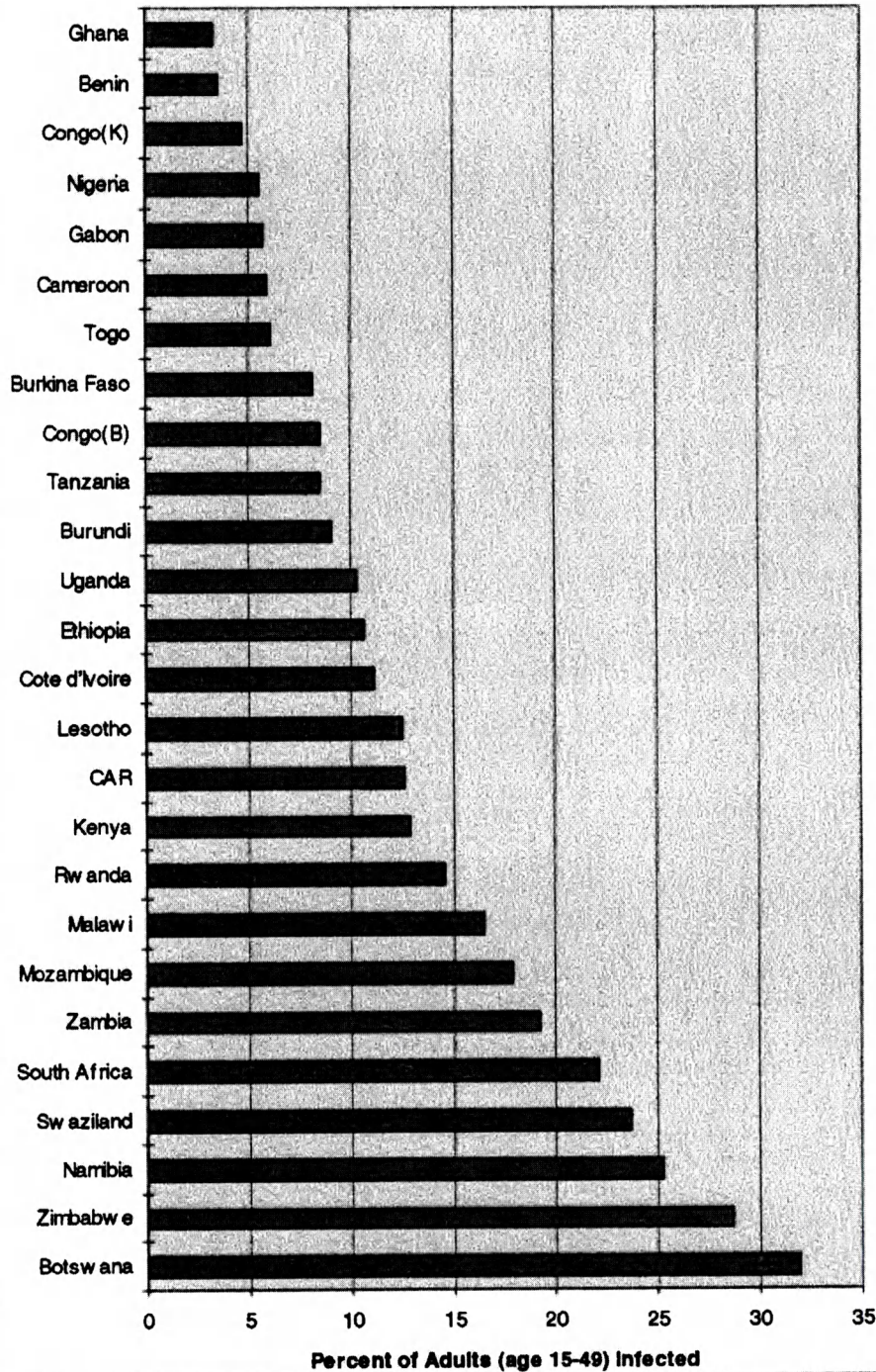
- The US Census Bureau projects increasing HIV prevalence for nearly all African states over the next ten years. According to the recently-updated projection for South Africa, for example, HIV will infect nearly 40 percent of the adult population (age 15-49) by 2010.
- Recent 1.4(c) information from Ghana, Nigeria, and Cote d'Ivoire suggest the disease is beginning to emerge as a serious health threat in West Africa, where it has not been a significant issue for most of the decade.
- In particular, Cote d'Ivoire's status as a regional transportation hub with the highest HIV prevalence in West Africa could serve as a transmission point for the spread of the virus to neighboring countries.

6.2(d)

Absent a medical breakthrough, the ability of governments and NGOs to dissuade individual Africans from high-risk behavior will be the chief variable affecting the spread of the disease:

- Uganda and Thailand—alone so far in the developing world—have shown that government intervention can succeed, and we cannot rule out that programs now in existence simply need more time or resources to obtain similar results. 6.2(d)

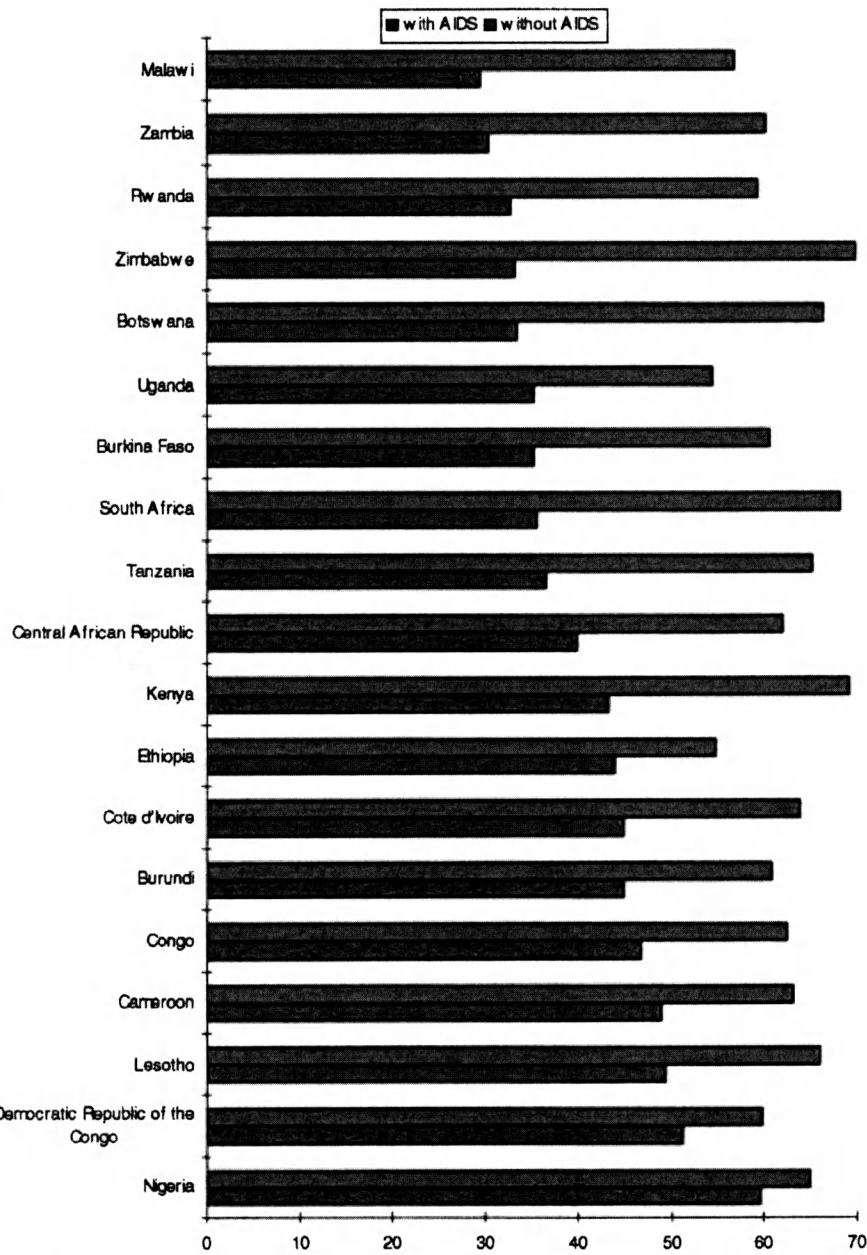
Figure 1: Sub-Saharan Africa: Estimated HIV Prevalence Rates, 2000



Source: US Census Bureau. These are preliminary results from a revision effort in progress. (U)

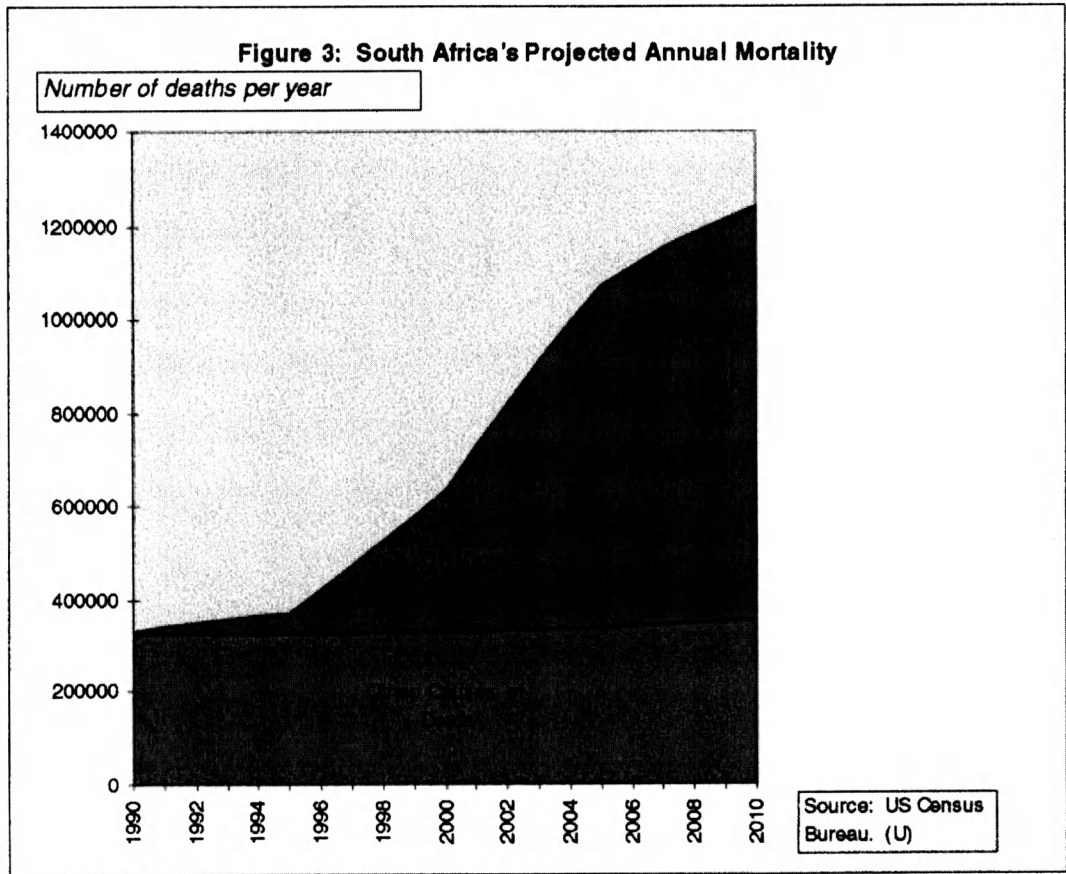
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**Figure 2: Africa: Life Expectancy in 2010 With and Without AIDS**



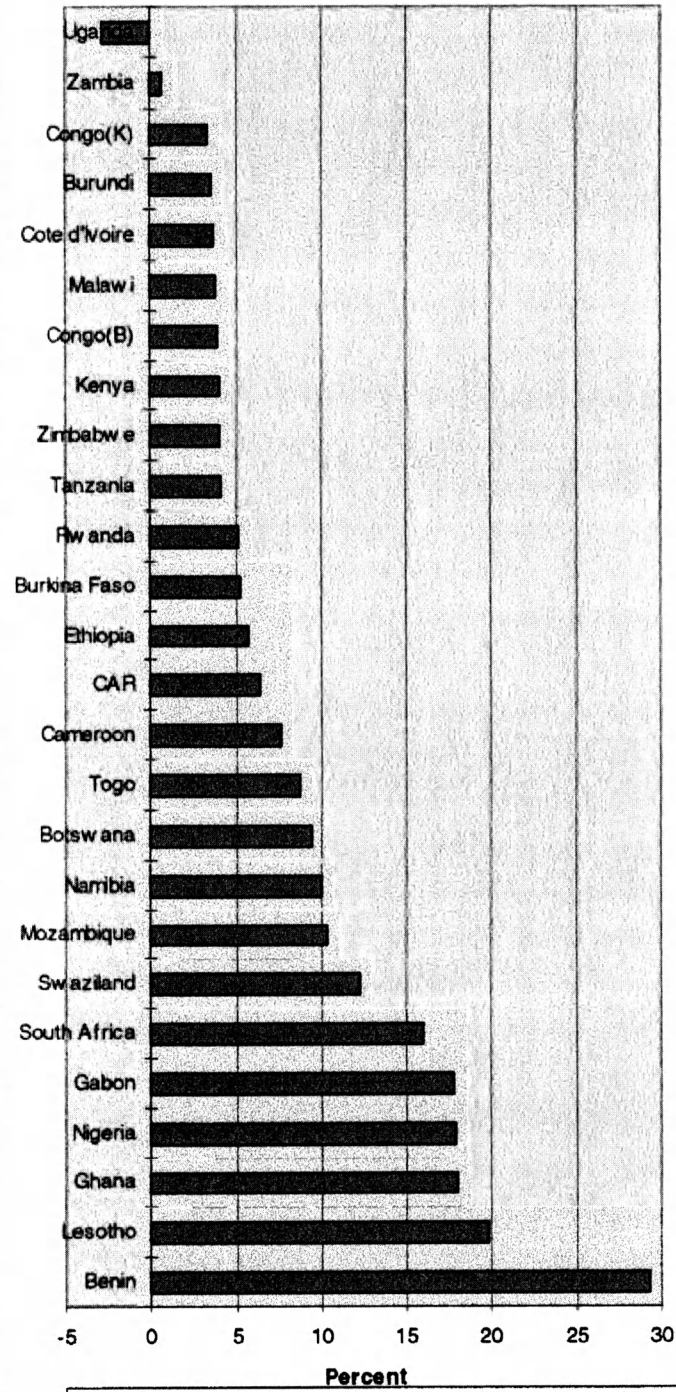
Source: US Bureau of the Census, January 1998, except South Africa, revised January 1999. Note: US Bureau of the Census is revising these estimates based on new HIV prevalence information. These figures—with the exception of South Africa's—understate future reductions in life expectancy. (U)

Unclassified



Unclassified

Figure 4: Sub-Saharan Africa: Average Annual Rate of Increase In HIV Prevalence, 1996-2000



Source: US Census Bureau. These are preliminary results from a revision effort in progress.

Unclassified

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

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**From:** Smith, Gayle E. (AF)  
**Sent:** Monday, January 03, 2000 7:47 PM  
**To:** @NSA - Natl Security Advisor  
**Cc:** Sutphen, Mona K. (NSA); Crocker, Bathsheba N. (NSA); Bernard, Kenneth W. (HEALTH); Lackey, Miles M. (LEGIS); Malinowski, Tomasz P. (SPCHW); Leavy, David C. (PRESS); Vaccaro, Jonathan M. (Matt) (MULTI); Stromseth, Jane E. (MULTI); @AFRICA - African Affairs; Dempsey, Nora B. (AF); Hammonds, D. Holly (INTECON)  
**Subject:** ~~[CONFIDENTIAL]~~

TO: Sandy/Jim/Mara:

RE: Fuerth/Holbrooke Meetings on VP Speech at HIV-AIDS Event for Africa Month at UNSC

CC (See points below indicated in parenthesis): Bernard (all), Lackey (5), Hammonds (4), Malinowski (3), Leavy (1), Vaccaro/Stromsteth (all)

Mona: Note incoming memo from Leon to SRB/Podesta.

Sheba: Note Leon will raise DoD funding at deputies' lunch tomorrow (Tuesday)

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**Background:** Leon chaired an internal meeting and then a SVTS with Holbrooke on the first "Africa Month" event, an open session on HIV-AIDS on January 10, over which the VP will preside. (There will be another meeting tomorrow, January 4).

1. USUN will make a general press announcement tomorrow (January 4), with OVP concurrence, that the VP will preside over and give a speech during this session.
2. Leon is sending a memo to Berger and Podesta as early as tonight requesting:
  - guidance on how to craft a "division of labor" between what the VP says and what the President might announce in the SOU about funding for HIV-AIDS. Richetti attended the meeting and said he would work this issue, including with OMB; and
  - a "policy mechanism" (assume DC or PC) to get interagency approval for the VP to mention specific initiatives that the administration intends to explore (see below).
3. The VP's opening comments will reference a new class of global security issues (transnational threats) facing the UN and international community in the 21st century. Kofi will then speak, and then the VP will speak specifically to the issue of HIV-AIDS in Africa as one of these threats. The head of UN-AIDS will speak at some point during the program. The aim is to demonstrate U.S. leadership, and urge increased action on

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the part of other UNSC members as well as African governments. Leon plans to have the major elements of the VP's speech pinned down by COB Wednesday/OOB Thursday.

4. The specific 'announcements' discussed, pending interagency approval, included:
  - Holbrooke wants to emphasize de-stigmatizing the disease, which the VP will address in terms of prevention, and what the administration is doing through the LIFE initiative (FY2001 budget request would be mentioned, or not, pending outcome of CoS/NSC/NEC discussions on SOU);
  - In terms of specific, actionable objectives, he will also reference efforts to stem maternal-child transmission and efforts on research and development, including vaccines (Treasury reported on the status of that initiative);
  - In the middle is the tricky ground of treatment, including drug pricing (and our statements in Seattle) and other economic measures (tax incentives, debt swaps for investments in HIV-AIDS, etc.) which we cannot pin down between now and the 10th. However, both meetings recommended that the VP could announce what Leon described as "open season on new ideas" to deal with the epidemic, and that the administration will explore a range of options (tax incentives, debt swaps, recommendations to the IFIs on incentives for health care infrastructure, etc.) to present to the President, perhaps by as early as the end of the month; and
  - We are working on possible options on the peacekeeping side, to include possibly out using some of the DoD funds to trigger UN-DPKO's building preventative education into PKOs. (DoD had \$10m for FY2000, which has disappeared, and now appears in FY2001. Leon intends to raise this with Slocombe tomorrow, and to ask DoD to 'reinstate' the FY 2000 funds. We strongly support DoD coming up with the money, given that African militaries are one of the best "points of entry" to dealing with the HIV-AIDS crisis, and DoD's proposed share of \$10m is minimal, compared to that being provided by other agencies and the scale of the epidemic).
5. There are six seats available behind the VP at the UNSC. Leon suggests that Ron Dellums get one seat, and all agencies agree that appropriate members of Congress should be considered for some of the seats (names mentioned include Feingold, Feinstein, Lee, Payne, Frist). We flagged to Leon that Rev. Jackson, as the President's Special Envoy for Africa, has been active on the HIV-AIDS issue, and that we should also consider offering him a seat.

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

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**From:** Smith, Gayle E. (AF)  
**Sent:** Wednesday, January 05, 2000 10:05 AM  
**To:** Crocker, Bathsheba N. (NSA)  
**Cc:** @NSA - Natl Security Advisor; Bernard, Kenneth W. (HEALTH); @AFRICA - African Affairs; Vaccaro, Jonathan M. (Matt) (MULTI)  
**Subject:** For Steinberg meeting on HIV-AIDS [CONFIDENTIAL]  
**Importance:** High

To: Jim from Gayle and Ken  
Re: Meeting on UNSC HIV-AIDS Event

We understand from Sheba that you want to schedule an internal meeting today.

**Proposed participants:**

Steinberg  
Rudman  
Fuerth (plus Saunders and Babbitt)  
Sperling or designated rep  
Richetti  
Sandy Thurman  
OMB (Mendelsohn has been most involved on the issue but Mara may recommend other/additional)  
DPC - invite to Chris Jennings, they may send Devora Adler who works the issue  
NSC staff: Bernard, Smith, Lackey, possibly Hammonds

**Proposed agenda:**

**Issue 1:** Decision on what VP announces in NY and what POTUS announces in SOU regarding the FY2001 budget. Richetti was supposed to have seen POTUS last night but we do not yet have a report. Will let you know before the meeting.

**Issue 2: General vs. specific announcements by VP of other administration commitments**

- The concept under discussion is that the VP will declare "open season on creative ideas" for addressing HIV-AIDS (Leon's phrase), and say that a senior administration review panel will review a range of options by a date certain (either by SOU or end of February). The issue is whether the VP makes general reference to the kinds of options, or details a laundry list. Our view is that general is best, so long as he can categorize the kinds of options (i.e. reference to G7 language on HIV-AIDS spending as an element of debt relief initiatives,

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use language to build on POTUS/Barhsefsky/Shalala comments at WTO about drug availability, mention need to address HIV-AIDS prevention in peacekeeping forces/operations, etc.). We should also, however, maintain an internal "laundry list" which the senior administration review panel can work through during the course of the month. (OVP has developed a master list, which we are faxing to you).

- There should also be some discussion of the structure of this "senior administration review panel." We propose that it be NSC/NEC led, the aim being that we work through the laundry list over the next several weeks and agree to some of the options.
- You should also note that the VP will make specific references to what can/will be done to address mother-child transmission, which Leon is working with Ron Dellums.

### **Issue 3: Who sits in the big chairs**

There are at most 6 prominent seats available behind/near the VP (with many others on the side). Leon wants to offer one to Ron Dellums (no objections). Dick and Leon are agreed that others should be offered to members of Congress. This meeting needs to decide - given Africa, health, budgetary and other equities - who those seats go to. Names thus far mentioned include Feingold, Feinstein, Lee, Frist and Payne. We have also told Dick that he should consider offering one of the seats to Rev. Jackson, both as the President's Special Envoy and also because Jesse has actively drawn attention to HIV-AIDS in Africa for the last two years. Dick has not acted on this, as far as we know.

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

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**From:** Frazer, Jendayi E. (AF)  
**Sent:** Wednesday, December 22, 1999 6:16 PM  
**To:** Rudman, Mara E. (NSA); Smith, Gayle E. (AF)  
**Cc:** @RUDMAN; @AFRICA - African Affairs  
**Subject:** HIV/AIDS & Vaccine meeting ~~[CONFIDENTIAL]~~

The meeting moved toward the following consensus positions:

1. Global Aids Initiative - The mix of activities given increase in funding should be: 70% prevention; 30% treatment/care; 0% research (funded out of existing CDC and NIH accounts). Sandy Thurman also argued that DOD's HIV/AIDS program should be raised from \$10M to \$20M.
2. Global Alliance for Vaccines & Immunization - Treasury & USAID believe the new funding should go toward purchasing vaccines moreso than delivering vaccines and developing vaccines (R&D).
3. OMB declared that it will decide whether or not the funding comes from the 150 account.

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

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**From:** Bernard, Kenneth W. (HEALTH)  
**Sent:** Monday, November 29, 1999 11:34 AM  
**To:** @NSA - Natl Security Advisor  
**Cc:** @AFRICA - African Affairs; @MULTILAT - Multilateral and Humanitarian Affairs; @HEALTH - International Health Affairs  
**Subject:** Holbrooke, Africa, and AIDS [CONFIDENTIAL]

Pls Pass to Jim/Sandy:

Jim/Sandy: Ambassador Holbrooke is going on a 10-nation Africa tour and will be briefed this afternoon on AIDS, a topic he wants to be discussing with leaders on his trip. I will be going to NY this afternoon (Monday) to participate in his rather large briefing, and will focus on the "security aspects" of the epidemic.

In essence 40-60 percent of most African military and security forces are infected, leading to a wide variety of concerns about destabilized (and depopulated) militaries, and soldiers spreading infection back to families and girlfriends at home as well as between countries during peacekeeping operations (Nigeria and Zambia are particularly affected by the latter). Mil/mil education programs would be the best way to deal with this problem.

DOD did not get the \$10 million for mil/mil education and training for HIV/AIDS it requested in the 2000 budget. DOD Health Affairs has a program to do the work, but no funds. UN Peacekeeping is doing little.

After Holbrooke returns, I expect the pressure to build to reprogram some DOD moneys to fund this critical project. Perhaps a discussion with Cohen or Hamre would be in order at some point. I have discussed with Gayle and with Sandy Thurman who agree.

Ken Bernard

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

By VR NARA, Date 7/16/2018

2017 - 0739 - 02

THE WHITE HOUSE  
WASHINGTON

9-20-99

September 18, 1999

'99 SEP 18 PM 5:21

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM:

SAMUEL BERGER *S*

SUBJECT:

Foreign Policy Issues That May Come Up at the  
Congressional Black Caucus Dinner

You may be asked about several foreign policy issues that are of interest to members of the Congressional Black Caucus at their dinner Saturday night. In addition, Haitian President Preval will be in attendance at the invitation of Representative John Conyers. My new Senior Director for Inter-American Affairs, Arturo Valenzuela, will be standing by should a unscheduled greeting occur.

Other issues that may come up include: assistance to victims of the embassy bombings; hurricane assistance to the Bahamas, where Representative Maxine Waters' husband used to serve as U.S. Ambassador; Liberians in the U.S., whose Temporary Protected Status is about to expire; HIV-AIDS in Africa; and African Peace and African Peacekeeping.

Attachments

- Tab A Background Paper on Haiti/Preval
- Tab B Background Paper on Embassy Bombings
- Tab C Background Paper on Hurricane Relief for the Bahamas
- Tab D Background Paper on Liberians in the U.S.
- Tab E Background Paper on HIV-AIDS in Africa
- Tab F Background Paper on African Peace and African Peacekeeping

*copy of  
Berger  
Podesta*

MEETING WITH  
HAITIAN PRESIDENT PREVAL

Key Objectives

- Press Preval to hold Parliamentary elections in January.
- Reassure him on reconfiguration of U.S. forces in Haiti.

Issues

**Elections.** Missteps by Haiti's Provisional Electoral Council (CEP) have strengthened Preval's arguments for delaying Parliamentary elections originally planned for November. Representative Conyers and other CBC members reportedly are sympathetic to Preval's push for postponement until March-April. The long delay may be intended to benefit former President Aristide's run for a second term in late 2000. The CEP has proposed a compromise date of January 16, which is adequate for CEP and international contractors to fix the mistakes and arrange credible contests. The absence of a Parliament since last January has harmed the credibility of Haitian democratization, delayed disbursement of international assistance, and raised questions about Preval and Aristide's real motives. *You should stress the need to accept the CEP's proposal for January elections.*

**U.S. Military Presence.** Preval approves of our plan to reconfigure our military presence next January from the current "Support Group" to the deployment of expeditionary units conducting humanitarian projects outside Port-au-Prince. He has asked that his government be consulted as the change approaches.

Points

- Value work of CEP; maybe not perfect, but very positive contribution. Welcome resolution of disputed seats from 1997 elections.
- CEP's proposal for elections in January is good compromise. International experts say it's doable. Urge you to accept it, as soon as possible. Credibility of Haitian democracy and disbursement of aid depends on seating new Parliament.
- Glad you approve of reconfiguration of U.S. military presence early next year. Will work with you as transition approaches.

9-20-99

## Compensation of Families of Victims of the East Africa Bombings

**Background:** Several families have asked USG to pay substantial amounts -- on the order of millions of dollars -- as compensation for the death of family members in the East Africa bombings. This effort has been led by Mary Bartley and her daughter Edith. In the attack in Nairobi, Mrs. Bartley lost both her husband, Julian Bartley Sr., the Consul General; and her son, Julian Bartley Jr., who was a 20-year-old summer hire in the embassy. The Bartleys unsuccessfully sought legislation to secure \$2 million compensation payments for lost family members. They are currently suing USG, alleging negligence regarding the protective measures at the embassies. They have written you very recently to request a meeting to discuss this issue. No reply has yet been sent.

**Issue:** Aside from customary benefits such as Workmen's Compensation, life insurance, and pay annuities, there is no special Federal benefit for U.S. citizens killed or injured in terrorist attacks abroad. Payments to families and victims under the Victims of Crime Act (VOCA) are distributed at the state level and are intended to assist victims with crime-related expenses rather than provide compensatory damages. Some of the East Africa victims and families have received such payments, but they are small compared to the kind of compensation being sought.

A terrorism compensation program has been discussed since 1990. In the aftermath of the embassy bombings, you asked the Attorney General to see if such a program could be established. DoJ has led an interagency effort and hopes to present a plan and legislation in November. The core of the effort would be to provide payments comparable to the group life insurance coverage (\$200,000), available to U.S. military personnel (this is not a "free" benefit, service members pay for the insurance). These funds would be paid out of the Terrorism Victims Reserve Fund, which was established by the 1996 Anti-Terrorism Act and currently provides limited assistance to victims of terrorism and mass violence.

### Points:

- Share your concern about the families of victims. They have suffered enormous losses.

Good  
idea  
should  
be  
strongly

- Want to ensure that we do something appropriate to help. Asked the Attorney General to work on the issue. Her people have worked hard on this, and they should have a plan this fall.
- May need legislative support, so I hope you can help.
- Obviously, I cannot comment on a pending lawsuit.

*(If pressed.)*

- I do not want to go into the level of compensation before the Attorney General has had a chance to finish her work.

## Hurricane Floyd in the Bahamas

**Background:** Hurricane Floyd blew through the Bahamas on September 13-14, bringing 150 mph winds, torrential rains, and a storm surge resulting in tides up to 15 feet above normal. It caused widespread damage to several of the central and northwestern islands, with Eluthera, Abaco, Cat Island, San Salvador and Grand Bahama most severely affected. Nassau sustained little damage. Following a helicopter tour of several islands, U.S. Ambassador Schechter declared a disaster on September 16, requesting \$25,000 in emergency assistance from USAID's Office of Foreign Disaster Assistance (OFDA). OFDA also put one disaster expert in place before the storm and deployed three additional specialists on September 15 to assess needs and recommend further assistance. USAID has pre-positioned food, medicine, and other relief supplies in Homestead, Florida, for deployment to the Bahamas or future disaster sites. The U.S. Coast Guard has placed three helicopters in the Bahamas to support disaster assessments and SOUTHCOM is standing by to provide assistance, if needed.

### Points:

- We closely monitored Hurricane Floyd's movement through the Caribbean, in addition to its entry into the U.S. USAID deployed a disaster expert to the Bahamas before Hurricane Floyd to facilitate quick assessments. Three additional experts arrived Wednesday.
- Our Ambassador joined the disaster experts and Bahamian officials yesterday in overflying islands damaged by the hurricane. Three U.S. Coast Guard helicopters assisted with the overflights.
- Damage was most significant in several northwestern and central islands. Nassau only sustained minor damage.
- Our Ambassador declared a disaster on September 16 and USAID provided \$25,000 to meet immediate needs. USAID has pre-positioned food and relief supplies in Florida for deployment to Bahamas, or elsewhere, if needed. The U.S. is also airlifting bottled water to Eleuthera.
- Our disaster experts on the ground are working closely with Bahamian officials to determine if further U.S. assistance is needed.

## **Immigration Status of Liberians**

**Background:** For the past eight years, roughly 9,000 Liberians in the United States have benefited from Temporary Protected Status (TPS), a stay of deportation granted by the Attorney General when she deems it unsafe for people to return to their home country.

**End of TPS:** The civil war in Liberia ended in late 1996. Although the political and economic situation continues to be fragile, State has concluded that Liberians who return would not be at risk of harm. Indeed, we have financially supported the voluntary repatriation of approximately 200,000 Liberians from neighboring countries over the past several years. Based on State's recommendation, the Attorney General announced in July that conditions in Liberia did not justify a further extension of TPS. Thus, TPS for Liberians will expire on September 28.

**Legislation:** Legislation has been introduced that would grant permanent status to this group, but the near-term prospects for passage are dim. The Senate has also passed a provision as part of the Commerce, State, and Justice Appropriations bill that by statute would extend TPS for another year. The House, however, did not adopt this provision in its version of the bill, so the issue will be decided in Conference.

**DED:** Given the uncertain outcome of the legislation, the CBC is urging you to grant Deferred Enforced Departure (DED) for two years to Liberians who now have TPS. DED is an extraordinary stay of deportation which rests on your foreign affairs authority. We believe there are solid foreign policy arguments in favor of your granting DED, including the fact that a U.S. decision to begin forcibly returning Liberians could cause other countries (e.g., Guinea, Ivory Coast) with thousands of Liberians on their soil to do the same. This could have significant destabilizing effects on Liberia.

If you agree with our recommendation to authorize DED for Liberians, we think it would be appropriate for you to indicate your intentions to Members of the CBC at the dinner tonight. We will be developing a recommendation on the terms of implementation in the next several days.

### **Points:**

- Recognize the difficult circumstances of Liberians here in the United States given the imminent expiration of TPS.

- In light of the foreign policy factors at play, intend to authorize Deferred Enforced Departure for this group. Will make decision on terms of implementation (including duration) in the next several days.

## HIV-AIDS in Africa

**Background:** AIDS is now the leading cause of death among all age groups in Africa, and threatens development, efforts to increase trade, democratization and, given the high rate of infection in African militaries, the continent's security. The U.S. provides more assistance to fight HIV-AIDS in African than any other bilateral donor, but international resources remain woefully inadequate. The AIDS Initiative launched by the White House in July includes a requested \$100 million increase in the FY 2000 budget to support HIV-AIDS prevention, basic care and treatment and children orphaned by AIDS, and the development of the infrastructure needed to accomplish these goals. We are also increasing our dialogue with African leaders. Ugandan President Museveni's leadership has led to an actual decline in the infection rate in Uganda, and at his inauguration, South African President Mbeki accurately highlighted fighting AIDS as a necessary priority. Under the Initiative, we will challenge our G7 partners to match our increased commitment, and coordinate with NGOs, the private sectors, and multilateral institutions to maximize their contributions. The First Lady hosted a meeting with leaders of these groups on the global AIDS epidemic at the White House this month.

**Issue:** The CBC strongly supports our doing more to fight AIDS in Africa. Maxine Waters has been among the most forceful of the CBC's advocates on this issue. Some criticized the African Growth and Opportunity Act on the grounds that it did not include the provision of assistance to fight AIDS.

### Points:

- Fighting AIDS in Africa is a top priority. Hope that you will fight hard for the \$100 million we're requesting as part of my new AIDS Initiative.
- We're also using U.S. leadership to generate increased commitments from our G7 partners, the multilateral institutions, and the private sector.
- Hillary met with leaders from these communities at the White House earlier this month, and all agreed that we need to increase international public attention, and support, for the fight against AIDS in Africa.

African governments need to provide more leadership, which we're urging them to do. Want to work with Museveni, Mbeki, and other leaders who've taken on the issue to generate increased leadership across the continent.

- Know many of you were concerned that the Africa trade bill, which we're committed to getting passed this year, did not include a provision on AIDS. This budget request we're making does address those concerns, and we count on you to work with us to get the resources we need and raise the profile of this life and death issue.

## **African Peace and African Peacekeeping**

**Background:** Three of Africa's major conflicts, Sierra Leone, the Democratic Republic of the Congo, and Eritrea-Ethiopia, moved significantly closer to resolution in July.

**Sierra Leone:** With broad participation from the region, and particularly Nigerian President Obasanjo, the Government of Sierra Leone and rebels of the Revolutionary United Front reached a peace agreement earlier this summer. As your Special Envoy, Reverend Jackson has been instrumental in securing the agreement and in maintaining the commitment of regional governments to support its implementation. We supported the deployment of additional observers to Sierra Leone last month, and are urging the UN to speed up its planning process for a peacekeeping mission, trying to ensure that the concerns of regional peacekeepers, particularly Nigeria, which has borne the brunt of the cost of preventing the collapse of the Sierra Leone government, are adequately addressed.

**DROC:** State parties to the conflict, but not Congolese rebel factions, signed a ceasefire agreement in July which includes two main elements: the implementation of a regional plan, through a Joint Military Commission, to coordinate withdrawal and collectively address outstanding security problems in the region, and an internal process leading to a new political dispensation within the Congo. When forces of allies Uganda and Rwanda engaged each other inside Congo over the issue of rebel participation in the agreement, we successfully facilitated both a ceasefire agreement between Uganda and Rwanda and an agreement on rebel signatures. Both rebel factions signed the agreement on August 31, and the region is now engaged in organizing the JMC for implementation. The UN has dispatched planners to Nairobi to coordinate with the region. You have stated that the U.S. would positively consider support for a UN peacekeeping mission in the Congo when and if the region reaches an agreement. The UN is still in the process of planning a mission to address implementation of this complex agreement.

**Eritrea-Ethiopia:** Eritrea has accepted the complete OAU peace plan. Ethiopia, which has accepted the first two elements of the package, continues to seek clarifications from the OAU on the technical arrangements and to consider, internally, its acceptance of the entire plan. We are closer to peace today than at any time since the conflict began in May 1998. We continue to work hand-in-hand with the OAU Secretariat and with Algeria as the OAU Chair. Tony Lake, Assistant Secretary Susan Rice and NSC Senior Director Gayle Smith just returned from Addis Ababa, where they were working with the OAU on clarifications to the agreement. When both parties have agreed to and signed the OAU agreement, we will notify Congress of our intention to support an OAU/UN observer mission to oversee implementation of the agreement.

**Issue:** Some members of the CBC believe that the U.S. has not been sufficiently and visibly engaged in achieving resolution of these conflicts. If raised, you should underscore that in each case, we have worked closely with regional organizations to secure solutions. By so doing, we have not only come closer to peace, but also strengthened the institutions required for Africa to build the capacity to address its own security. There is also sensitivity to the scope of our intervention in Kosovo, and now East Timor, as compared to lesser engagement in Africa.

**Points:**

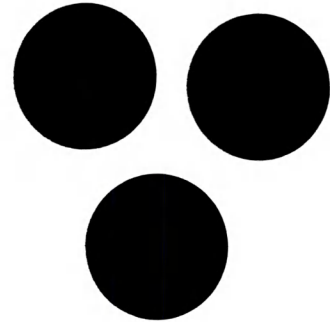
- We've seen enormous progress this summer in resolving three of Africa's major conflicts -- we have agreements in Sierra Leone and DROC, and are closer to agreement between Eritrea and Ethiopia than ever before.
- My administration has worked hard, and with regional institutions and leaders, in pursuing these agreements.
- Important to note here that it is African leaders, with our support and often using some of our ideas, who have stepped up to the plate to bring about an end to these dangerous conflicts.
- We're also working with Africa and the UN to make sure we help consolidate these fragile agreements.
- At same time, we're trying to build Africa's capacity. Have developed strong relations with OAU and regional organizations like ECOWAS (ECHO-WASS) and SADC (SAD-ECK) and continuing to train African peacekeepers under ACRI.

- Need to hold until get  
more input from Gayle Smith,  
who also should be on  
Cancer line

- Pls email package to  
Gayle & send to Dan S. - noting  
Gayle will be working on it in am &  
noting issues that have been left at...

**THE WHITE HOUSE**  
**WASHINGTON**

September 17, 1999



INFORMATION

MEMORANDUM FOR SAMUEL R. BERGER

THROUGH: MILES LACKEY *no longer*

FROM: DAN SHAPIRO *no longer*

SUBJECT: Foreign Policy Issues that may come up at the  
Congressional Black Caucus Dinner

We have identified a number of foreign policy issues the President may be asked about at the Congressional Black Caucus dinner Saturday night. In addition, Haitian President Preval will be in attendance.

Attached are background papers with points prepared by the relevant directorates for POTUS on: Haiti; assistance to victims of the embassy bombings; hurricane relief for the Bahamas; Liberians in the U.S., whose Temporary Protected Status is about to expire; HIV-AIDS in Africa; and African Peace and African Peacekeeping.

*ALL ON DECK*

Concurrences by: Fulton Armstrong; Scott Busby; Valerie Guarnieri; Dan Benjamin; Joe Bouchard; Gayle Smith

Attachments

- Tab I Memo to the President
- Tab A Background Paper on Haiti/Preval
- Tab B Background Paper on Embassy Bombings
- Tab C Background Paper on Hurricane Relief for the Bahamas
- Tab D Background Paper on Liberians in the U.S.
- Tab E Background Paper on HIV-AIDS in Africa
- Tab F Background Paper on African Piece and African Peacekeeping

## Battenfield, Pat A. (AF)

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**From:** Battenfield, Pat A. (AF)  
**Sent:** Friday, September 10, 1999 5:12 PM  
**To:** Gray, Wendy E. (NSA)  
**Cc:** @CROSS - Cross Hatches; @AFRICA - African Affairs  
**Subject:** Message for AIDS conference [UNCLASSIFIED]



6698.doc

Wendy -- here's memo to Burkhardt -- Nora Dempsey clears off on the message as redone by Paul -- however, there is a typo in the last paragraph -- second line -- Lusaka is misspelled.... should be Lusaka not Losaka

MEMORANDUM FOR DAN BURKHARDT

FROM: ROBERT A. BRADTKE

SUBJECT: Message for International Conference on AIDS in  
Africa

AID has requested a Presidential message to be read at the 11<sup>th</sup> International Conference on AIDS in Africa on September 12 in Lusaka.

The NSC staff has rewritten the draft you forwarded to us. We recommend that you use the rewritten version attached at Tab A.

Attachments

Tab A Draft Message

Tab B Incoming Request

Warm greetings to all of you gathered in Lusaka for the 11<sup>th</sup> Annual International Conference on AIDS. This meeting – and the upcoming international conference on AIDS in Durban – will provide critical opportunities to unite in the fight against AIDS.

It was a little more than a year ago that I set out on a journey across Africa. For all of us who took that trip, it was an unforgettable and profoundly moving experience. It's hard not to marvel at the pace of change in Africa, or to see in Africa a shared vision of hope and a determination to make the next century better than the last. It is a vision we all share. As Africa's partners in the global community, we are all excited about what it means for our common future.

But the remarkable progress is threatened by the AIDS pandemic. There are few infectious disease catastrophes in human history that can rival the scope or scale of the AIDS crisis in Africa. More than twelve million Africans have already died of AIDS – one quarter of them children. More than twenty million men, women and children are now infected, and 11,000 become HIV positive every day -- more than half of them under the age of 25. If we made a city of all the African children who are expected to lose one or more parents to HIV/AIDS over the next decade if nothing is done, it would be nearly 30 times the size of Lusaka.

This is not just a continental crisis, but a generational calamity. At stake are not just businesses that are being lost or economies that are being strained – the health and well-being of Africa's future workforce is being threatened. Imagine 40 million children without a parent to help them with their homework, teach them right from wrong, or read them bedtime stories. That is one possible future Africa faces today.

Yet, amid this tragedy, there is hope. In cities and villages across Africa, efforts are being made to stem the rising tide of infection, to prolong the lives of those who are sick, and to stitch together a tapestry of family support systems for the growing millions who are affected by AIDS. From the young people doing street theater in Lusaka to educate their peers about HIV to the

support groups in Soweto providing home and community-based care for people living with AIDS, communities are coming together to fight this terrible disease.

My Administration recently announced a new initiative called LIFE: Leadership and Investment in Fighting an Epidemic. This initiative proposes a \$100 million increase in our financial commitment to the global fight against AIDS. If this increase is approved by Congress, it will more than double our support for AIDS awareness and prevention; for home and community-based care; for the care of children orphaned by AIDS; and for development of the infrastructure necessary to assist all three efforts. We invite other G-8 nations to join us in this effort – and urge other foreign governments, corporate leaders, NGOs, faith communities, AIDS organizations, and citizens across the world to leverage much needed funds, and maximize their impact in the battle against AIDS.

I have also given high priority to the development of a vaccine for AIDS, and our scientists and researchers – together with their partners in Africa – will not stop working until we find a vaccine that works for all who need it. Until that day, all of us can play a role: to break the silence and increase the dialogue; to fight stigmatization and protect the rights of those living with HIV and AIDS; to help those infected find the care and treatment they need.

I wish you every success in this conference. The extraordinary group that has gathered in Losaka represents your faith in Africa's future and will be a meaningful step that this future will meet its great promise. I pledge that the United States will do all we can to be a good partner. Together, I believe we can create an Africa and a world free at last from the shadow of AIDS. For the next generation, we must do no less.

## EXECUTIVE OFFICE OF THE PRESIDENT



## FACSIMILE TRANSMITTAL SHEET

Number of pages including cover 7

Date 9/10/99

To NSC Exec. Sec.

FAX Number 69460

Comments Sorry for the short notice, but USAID needs this for a conference this weekend. Sean Maloney has OK'd our providing a message. We'll need NSC edit/approval by 5:00 today. THANK YOU!

From Maureen Hudson *SMH* Phone: 202/456-5902  
Fax: 202/456-2993

OFFICE OF THE DIRECTOR  
 Presidential Correspondence  
 The White House  
 Washington, DC 20500  
 Phone: 202-456-7610  
 Fax: 202-456-2993

## DRAFT OF BC MESSAGE

~~TO: BC~~  
 INITIALS: BC / ~~MSH~~ / TSummers / mah  
 DRAFT DATE / LETTER DATE: Sep 10 1999 /

DOCUMENT TITLE: /slr/pm/edit/lusaka2.ma

CORRESPONDENCE #: 4481851

CLEAR WITH:

WHCC:

CC:

ENCLOSURES AND SPECIAL INSTRUCTIONS:  
 edited Todd Summers' draft

*NSC is clearing*

Warm greetings to all those gathered in Lusaka for the 11th International Conference on AIDS in Africa. This meeting and the upcoming international conference on AIDS in Durban provide critical opportunities to unite in the fight against AIDS.

I have worked diligently to help our nation and many others see the great promise of Africa, to move beyond old stereotypes and policies of paternalism, to join in a shared vision of hope and empowerment, of democracy and freedom. It is a vision born of more than just compassion. It is a vision born of the realization that we are a global community with a shared destiny. And in this global community, both crisis and opportunity have no borders.

But the remarkable promise of Africa is threatened by the AIDS pandemic. Across the continent -- indeed, across the world -- individuals, families, communities, and at times entire nations are staggering under the weight of this plague. And the threat goes far beyond the realm of public health. Entire generations are in jeopardy, including many young people on whom Africa depends for its continued economic progress and who are being taken in the prime of their lives.

Yet amid this tragedy there is hope and opportunity: the opportunity to empower women and men, to protect children, and to support

families and communities in our battle against AIDS. In cities and villages across Africa, efforts are being made to stem the rising tide of HIV infection, to prolong the lives of those who are sick, and to stitch together a tapestry of family support systems for the growing millions of children orphaned by AIDS. From the young people doing street theater in Lusaka to educate their peers about HIV to the support groups in Soweto providing home and community-based care for people living with AIDS, communities are mobilizing and creating ripples of hope. Their spirit, their determination, and their resilience lead us on.

My Administration recently announced a new initiative called LIFE: Leadership and Investment in Fighting an Epidemic. This initiative proposes a \$100 million increase in our financial commitment to the global fight against AIDS, an increase that, if approved by Congress, will enable us to more than double our support for AIDS programs in sub-Saharan Africa. This initiative is a challenge to other G-8 nations to join in the struggle with similarly increased resources. And finally, it is an effort to impel leadership by example, to invite governments, labor organizations, private industry, foundations, international organizations, and political leaders to dramatically increase their commitment to stopping AIDS and caring for those already affected.

I have also given high priority to the development of a vaccine for AIDS. Our researchers, often in partnership with scientists and volunteers across Africa, are working to find a tool that will help us protect the millions across the globe that are now in danger. We will find a vaccine that works for all those who need it, but we cannot wait while that search is underway.

All of us -- whether as leaders of nations, community representatives, advocates, or people living with and affected by

AIDS -- must join together to stop this pandemic. We must break the silence and increase the dialogue; we must fight stigmatization and protect the rights and dignity of those who are living with HIV and AIDS; we must build or enhance public health and healthcare systems so critical to helping people know if they are infected and obtain treatment if necessary.

During this conference, I hope that you will forge new alliances to challenge this disease. My pledge to you on behalf of our nation is to do all that we can do as your partner. While much remains to be done, we want to walk with you, side by side, toward that bright and shining vision of an Africa and a world free at last from the shadow of AIDS.


**CORRESPONDENCE SENT TO:**

International Conference On AIDS In Africa  
C/o The Honorable Vivian Derryck  
Under Secretary of the U.S. Agency For International Development  
Department of State  
Washington, D.C.,


.....  
**Sean P. Maloney**  
.....

**09/09/99 06:33:36 PM**  
.....

**Record Type: Record**

**To: Todd A. Summers/OPD/EOP@EOP**  
**cc: sandra thurman/opd/eop@eop, Maureen A. Hudson/WHO/EOP@EOP**  
**bcc:**  
**Subject: Re: POTUS Statement for Lusaka Conference** 

i can't say i'm thrilled with the amount of notice -- we can try to do it for, but you'll need to get a draft to maureen hudson asap  
Todd A. Summers

 **Todd A. Summers**  
**09/09/99 02:59:52 PM**  
.....

**Record Type: Record**

**To: Sean P. Maloney/WHO/EOP@EOP**  
**cc: Sandra Thurman/OPD/EOP@EOP**  
**Subject: POTUS Statement for Lusaka Conference**

We have been asked to prepare a statement by the President to be read at an international AIDS conference in Lusaka, Zambia this Sunday by Vivian Derrick, Undersecretary at Dept. of State (head of the US delegation). She's going to read it as part of her speech, and will be a fairly generic piece. Can you tell me what we need to do for veting? If I get it to you tomorrow at 1:00 pm, is that enough time?

Thanks,

Todd



**Todd A. Summers**  
09/10/99 11:15:12 AM

.....

Record Type: Record

To: Maureen A. Hudson/WHO/EOP@EOP

cc:

Subject: Re: POTUS Statement for Lusaka Conference

Here is draft text per below. I'm very sorry about the short notice, but we just got the request from USAID last night. If you need background on the conference, let me know. They expect approx. 5 heads of state and 15 finance or health ministers. The statement will be read by Vivian Derryck, Undersecretary at USAID (not State, as I was told earlier). She's head of the delegation. Muchas gracias!

Todd

I would like to extend my warm greetings to all of you gathered in Lusaka for the 11th International Conference on AIDS in Africa. This meeting, and the upcoming international conference on AIDS in Durban, South Africa, provide critical opportunities to unite in the fight against AIDS.

I have worked diligently to help our nation and many others to see the great promise of Africa, to move beyond old stereotypes and policies of paternalism, to join in a shared vision of hope and empowerment, of democracy and freedom. It is a vision born of more than just compassion. It is a vision born of the realization that we are a global community with a shared destiny. And in this global community, both crisis and opportunity have no borders.

Yet the remarkable promise of Africa is threatened by the AIDS pandemic. Across the continent—indeed, across the world—individuals, families, communities and at times entire nations are staggering under the weight of this plague.

And the threat goes far beyond the realm of public health. Entire generations are in jeopardy, including many young people on whom Africa depends for its continued economic progress. Factory workers, engineers, miners, nurses, doctors, teachers, soldiers—the sustaining force for growing nations—are being taken in the prime of their lives.

Yet amidst this tragedy there is hope. Amidst this crisis is opportunity; the opportunity to empower women and men, to protect children, and to support families and communities in our battle against AIDS. In cities and villages across Africa, efforts are being made to stem the rising tide of HIV infection, to prolong the lives of those who are sick, and to stitch together a tapestry of family support systems for the growing millions of children orphaned by AIDS.

From the young people doing street theater in Lusaka to educate their peers about HIV to the support groups in Soweto providing home and community based care for people living with

**AIDS. Communities are mobilizing and creating ripples of hope. Their spirit, their determination, and their resilience lead us on.**

**But we must remember, the tragedy of AIDS is not slowly nearing its end, it is just beginning to unfold. So as we struggle to move forward together, the futures of these children and families compel us all to find ways to do better, to be smarter, to move faster, and to develop whatever capacity we lack, so we can gear up for the long haul.**

**My Administration recently announced a new initiative called LIFE: Leadership and Investment in Fighting an Epidemic. This initiative proposes a \$100 million increase in our financial commitment to the global fight against AIDS, an increase that if approved by Congress will enable us to more than double our support for AIDS programs in sub-Saharan Africa. In addition, this initiative is a challenge to other G-8 nations to join in that struggle with similarly increased \_\_\_\_\_. And finally, it is an effort to impel leadership by example, to invite governments, labor organizations, private industry, foundations, international organizations, and political leaders to dramatically increase their commitments to stopping AIDS and caring for those already affected.**

**We have already taken important steps. Just last week, my wife Hilary hosted a meeting in the White House of the heads of several major businesses, foundations, and advocacy organizations to build new alliances in this struggle. We will also be hosting meetings of religious leaders, business executives, and key diplomats to mobilize their resources and to build on the energy and determination of those already engaged in the fight against AIDS.**

**I have also given high priority to the development of a vaccine for AIDS. Our researchers, often in partnership with scientists and volunteers across this continent, are working feverishly to find a tool that will help us protect the millions across the globe that are now in danger. We will find a vaccine that works for all those who need it, but we cannot wait while that search is underway.**

**Each of us, as leaders of nations, as community representatives, as advocates, and as people living with and affected by AIDS, all of us must join together to stop this pandemic. We must break the silence and increase the dialogue; we must fight stigmatization and protect the rights and dignity of those who are living with HIV and AIDS; we must build or enhance the public health and healthcare systems so critical to helping people know if they are infected and obtain treatment if necessary.**

**During your time here in Lusaka, I hope that you will forge new alliances to challenge this disease. My pledge to you on behalf of our nation is to do all that we can do as your partner. While much remains to be done, we want to walk with you, side by side, toward that bright and shining horizon of an Africa free at last from the shadow of AIDS.**