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Folder Title:

DC [Deputies Committee Meeting] on AIDS [2]

Staff Office-Individual:

International Health Affairs

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Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Robert Bradtke to Leon Fuerth, et al., re: Deputies Committee Meeting (2 pages)	05/23/2000	P1/b(1) KBH 10/21/2024
002. agenda	NSC Deputies Committee Meeting Agenda (1 page)	05/24/2000	P1/b(1) KBH 10/21/2024
003. paper	Discussion Paper for NSC Deputies Committee Meeting (6 pages)	ca. 05/2000	P1/b(1) KBH 10/21/2024
004. paper	Re: [HIV/AIDS] (12 pages)	05/23/2000	P1/b(1) KBH 10/21/2024
005. calendar	Annotated Calendar of Major International Events (6 pages)	ca. 05/2000	P1/b(1) KBH 10/21/2024
006. memo	Robert Bradtke to Leon Fuerth, et al., re: Deputies Committee Meeting (2 pages)	ca. 05/2000	P1/b(1) KBH 10/21/2024
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009. paper	Re: [HIV/AIDS] (12 pages)	05/23/2000	P1/b(1) KBH 10/21/2024
010. calendar	Annotated Calendar of Major International Events (1 page)	ca. 05/2000	P1/b(1) KBH 10/21/2024
011a. diagram	Deputies Committee meeting seating chart [partial] (1 page)	05/24/2000	P3/b(3)
011b. list	Deputies Committee Meeting participants [partial] (1 page)	05/24/2000	P3/b(3)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

DC [Deputies Committee Meeting] on AIDS [2]

2007-1550-F

ke2025

RESTRICTION CODES

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

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

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- 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]

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012. paper	Discussion Paper for NSC Deputies Committee Meeting (6 pages)	ca. 05/2000	P1/b(1)
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NSC/RMO PROFILE

RECORD ID: 0003312
RECEIVED: 15 MAY 00 14

TO: AGENCIES

FROM: BRADTKE

DECLASSIFIED
E.O. 13526
White House Guidelines, September 11, 2006
By ~~COE~~ NARA, Date 05/16/2013
2007-1550-F

DOC DATE: 23 MAY 00
SOURCE REF:

KEYWORDS: AGENDA
INTL HEALTH

DC

PERSONS:

SUBJECT: NOTIFICATION / AGENDA / DISCUSSION PAPER FOR 24 MAY DC MTG ON
GLOBAL AIDS CRISIS

ACTION: BASH SGD MEMO TO AGENCIES

DUE DATE: 20 MAY 00 STATUS: C

STAFF OFFICER: BERNARD

LOGREF:

FILES: IFM

NSCP:

CODES:

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

FOR ACTION

FOR CONCURRENCE

FOR INFO

BARTLETT
BASH
BERNARD
CROCKER
NSC CHRON
RUDMAN
STEINBERG

COMMENTS: _____

DISPATCHED BY _____ DATE _____ BY HAND W/ATTCH

OPENED BY: NSTSM

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DOC 4 OF 4

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ACTION DATA SUMMARY REPORT

RECORD ID: 0003312

DOC ACTION OFFICER

CAO ASSIGNED ACTION REQUIRED

002 STEINBERG	Z	00051811	FOR SIGNATURE & DECISION
002	X	00051911	NFAR PER EXEC SEC
002	Z	00052318	REOPEN / FOR FURTHER ACTION
003 STEINBERG	Z	00052318	FOR DECISION
003	X	00052408	STEINBERG APPROVED RECOM
004	X	00052408	BASH SGD MEMO TO AGENCIES

DISPATCH DATA SUMMARY REPORT

DOC DATE DISPATCH FOR ACTION

DISPATCH FOR INFO

004	000523	FUERTH, L
004	000523	KENNEY, K
004	000523	COMSTOCK, N
004	000523	CRIBBS, M
004	000523	BURTON, L
004	000523	SYPTAK, S
004	000523	KYLE, R
004	000523	ECHAVESTE, M
004	000523	WOLFE, T
004	000523	BRAINARD, L
004	000523	CONROY, R
004	000523	WHITE, D
004	000523	SURO-BREDIE, C
004	000523	THRUMAN, S

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**NATIONAL SECURITY COUNCIL
THE WHITE HOUSE**

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LOG # 3312

URGENT NOT PROOFED: ✓

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BYPASSED WW DESK: _____

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	SEQUENCE TO	INITIAL/DATE	DISPOSITION
GIRE			
JACOBSON	<u>1</u>	<u>D 5/24</u>	
POWELL			
BASH	<u>4</u>	<u>Tab 5 please</u>	
BRADTKE			
RUDMAN	<u>2</u>	<u>M 5/24</u>	
STEINBERG	<u>3</u>		
BERGER			
SITUATION ROOM			
WEST WING DESK	<u>5</u>	<u>D 5/24</u>	<u>D</u>
RECORDS MGMT.			

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

CC: Steinberg / Walker / Aganices
DDJ
 MAY 23 1980

COMMENTS: Agenda / Discussion Paper
DC on 6 Global AIDS

EXEC SEC OFFICE HAS DISKETTE yes

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NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

3312

May 23, 2000

MEMORANDUM FOR

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

MS. KRISTIE A. KENNEY
Executive Secretary
Department of State

MR. NEAL COMSTOCK
Executive Secretary
Department of the Treasury

COL. MARIA I. CRIBBS
Executive Secretary
Department of Defense

MS. LAVARNE BURTON
Executive Secretary
Department of Health and
Human Services

MS. STEPHANIE SYPTAK
Staff Assistant to the
Representative of the U.S.
to the United Nations

MS. CARMEN SURO-BREDIE
Acting Assistant USTR for
Policy Coordination
U.S. Trade Representative

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

MS. MARIA ECHAVESTE
Deputy Chief of Staff
to the President

MR. THOMAS H. WOLFE
Executive Secretary
Central Intelligence Agency

MS. LAEL BRAINARD
Deputy Assistant to the
President for International
Economic Policy

MS. RYAN CONROY
Executive Secretary
Agency for International
Development

COL. DAVID C. WHITE, USA
Secretary, Joint Staff

MS. SANDRA THURMAN
Director
National AIDS Policy

SUBJECT: Deputies Committee Meeting on Global AIDS Crisis
(c)

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Classified by: Robert A. Bradtke
Reason: 1.5(d)
Declassify on: 05/23/10

DECLASSIFIED E.O. 13526
White House Guidelines,

~~September 11, 2008~~ 5/16/2017

By VZ NARA, Date 7/16/2018

207-0739-M

Attached at Tab I is the agenda and at Tab II the discussion paper for the Deputies Committee meeting on Global AIDS Crisis scheduled for Wednesday, May 24, 2000, from 3:00 - 4:30 p.m. in the White House Situation Room. At Tabs A, B, and C are a paper "Mobilizing a Global War on HIV/AIDS," an annotated calendar of major international events, and the international AIDS legislative goals and calendar. ~~(c)~~


For Robert A. Bradtke
Executive Secretary

Attachments

Tab I	Agenda
Tab II	Discussion Paper
	Tab A Mobilizing a Global War on HIV/AIDS
	Tab B Annotated Calendar of International Events
	Tab C International AIDS Legislative Goals and Calendar

NSC DEPUTIES COMMITTEE MEETING
ON GLOBAL AIDS CRISIS

DATE: May 24, 2000

LOCATION: Situation Room

TIME: 3:00-4:30 p.m.

AGENDA

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

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

II. U.S. International Policy Objectives

- Discussion/approval. All

III. Opportunities for Advancing the USG Plan

- International Meetings and Contacts (Tab B) All

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

- Legislative Goals and Calendar (Tab C). WH Leg/OMB

Points for action to ensure maximum resource support for plan.

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Classified by: Robert A. Bradtke

Reason: 1.5(d)

Declassify on: 5/23/10

DECLASSIFIED E.O. 13526

White House Guidelines,

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

By VR NARA, Date 7/16/2018

2017-0739-M

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

I. BACKGROUND

At the May 4, 2000 Deputies meeting on global AIDS, the Deputies called for an action-oriented strategic plan for U.S. leadership in combating the international AIDS crisis. The paper at **Tab A** proposes "Mobilizing a Global War on HIV/AIDS." The document presents a plan to begin closing the resource gap for AIDS prevention and care -- and to accelerate the development of new drugs and vaccines.

Our targets are:

- Reducing expected new HIV infections -- including infants -- over the next five years in Africa from 20 million to 10 million, and in other regions from 10 million to 7 million;
- Ensuring that at least 30 percent of HIV infected persons have access to basic care and support services;
- Ensuring that at least 30 percent of AIDS orphans will have access to basic community support services;
- Ensuring 50 percent of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission by 2005.

The key policy objectives for implementation of the plan are listed below for discussion and approval by the Deputies. Also included at **Tabs B and C** are annotated calendars of other upcoming diplomatic events and dates of Congressional committee meetings and other important events in the legislative calendar. We intend to use each venue as an opportunity to maximize funding of our HIV/AIDS and infectious disease initiatives and leverage increased commitment from other governments and the private sector.

II. PLAN OF ACTION

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

Issue for discussion: Whether we should set a goal of closing the resource gap within a specific timeframe.

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Classified by: Robert A. Bradtke

Reason: 1.5(d)

Declassify on: 5/23/10

**DECLASSIFIED
PER E.O. 13526**

2017-0739-M (2.20)

KBH 10/2/2023

USG program approach: Through the LIFE Initiative, the USG has identified four programmatic priorities for bilateral assistance: primary prevention, care for those infected, care of orphans, and capacity building. The primary focus will be sub-Saharan Africa and India, but USG efforts will also address Eastern Europe, the former Soviet Union, Latin America, and other parts of Asia. We seek to engage other partners in this effort by leveraging additional resources from other donor governments, private philanthropists, and lending institutions.

- **Primary prevention:** The goal of primary prevention is reducing the incidence of new HIV infections in the developing world, 80% of which derive from sexual transmission, 10% from mother to child transmission, and 5% from contaminated blood transfusions or infected needles. Measures include STD treatment; interventions to reduce mother to child transmission, such as nevirapine; voluntary testing and counseling; social marketing of barrier methods; and behavior change interventions; and blood safety.
- **Care of those infected:** Much can be done to improve the quality and duration of life for people suffering from AIDS while the infrastructure and capacity necessary for advanced treatments is established. Care measures will focus on providing basic medical, social, home and community-based care, including providing antibiotics and other low-cost medical interventions.
- **Care for orphans and vulnerable children:** By the end of this decade, more than 40 million children will have lost one or both parents to AIDS in Africa alone. Despite the magnitude of this crisis, services for children orphaned by AIDS are extremely limited in most countries. New initiatives will support community-based programs to assist children and families at risk to provide medical care, education, food, and income-generation activities.
- **Capacity and infrastructure development:** The capacity to implement essential interventions is critical to the fight against AIDS. Key activities to support governments, the private sector, NGOs, and research institutions are: training and technical assistance; increasing the use of accurate HIV surveillance data to target HIV/AIDS prevention and care interventions; measuring the impact of these interventions; and building effective delivery systems for treatment and support services.

Implementation and leverage: Key Policy Objectives

- 1) Official Bilateral Assistance. Call on donor governments to double bilateral assistance for HIV/AIDS prevention, treatment, and care in developing countries. *[Note, there has been a proposal to place a special focus on protecting the next generation by reducing mother-to-child transmission, providing care for orphans, and building the infrastructure necessary to support these activities.]*
- 2) Multilateral Development Bank Lending. Support an increase in concessional lending for HIV/AIDS by multilateral development banks on the order of \$400 million to \$900 million per year.
- 3) Private Philanthropy. Encourage private sources of philanthropy to increase by \$500 million to support HIV/AIDS prevention, treatment and care in developing countries, including through international public-private partnerships.
- 4) Providers of Drugs, Medical Supplies and Services. Encourage providers of drugs, medical supplies and services to make HIV/AIDS treatment and care more affordable and accessible in developing countries, including by flexible administration of intellectual property rights policy and facilitating efforts by providers of drugs, medical supplies, and training to offer their products and services on special terms.
- 5) Debt Relief. Implement the Cologne Debt Initiative through full funding of the HIPC Trust Fund and development of country Poverty Reduction Strategy Papers that translate debt relief savings into additional domestic resources for basic health care and education, including for HIV/AIDS, as part of an open, participatory process.
- 6) Education and Literacy. Increase bilateral, multilateral, and private sector funding for basic education in developing countries in order to expand access to school, especially for underserved girls, and increase literacy as a means to leverage HIV/AIDS public education, maternal and children's health, economic growth, and poverty reduction strategies. Also, expand other activities that contribute to public education about HIV/AIDS, such as military training and microfinance programs.

- 7) Developing Country Buy-In. Encourage at-risk developing countries to make HIV/AIDS prevention, treatment, and care a national priority by developing national inter-ministerial action plans based on "best practice" models, such as Uganda's and Senegal's.
- 8) Government Research. Call on other industrialized countries to double governmental funding for research into the basic science, prevention, and treatment of HIV/AIDS, as the U.S. has done in recent years.
- 9) Private Sector Research and Development (R&D). Enhance incentives provided by developed countries for privately funded R&D into vaccines and treatments for HIV/AIDS, for example through tax incentives and contributions to purchase funds like the Global Alliance for Vaccines and Immunizations (GAVI) initiative.
- 10) Public Diplomacy. Intensify public diplomacy about the challenge to global security posed by HIV/AIDS in order to leverage each of the preceding international policy objectives.

III. OPPORTUNITIES FOR ADVANCING USG PLAN

1) International meetings and contacts - leveraging international buy-ins

Issue for discussion: Whether to approve the diplomatic plan at Tab B or whether other events or previously planned bilateral high-level Agency contacts should be added.

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

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

2) Legislative Goals and Calendar

Issue for Decision: Whether to approve the following legislative goals. (See **Tab C** for expanded version.)

Goals:

I. Appropriations Process

- Secure full funding for the President's budget request on international AIDS (including HIPC&IDA money) in Appropriations process.
- Organize interagency briefings for above subcommittees.

II. Non-Appropriations Measures

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

Devise strategy for managing congressional initiatives.

III. General Education and Outreach to Members and Committee Education

- Draft and clear interagency talking points on the AIDS crisis and highlight the Administration's proposals.
- Design outreach (including specific talking points) for interested congressional groups (CBC, Women's, Asian, Military Committees, etc.).
- Develop and utilize existing core groups of interested members (for dear colleagues, floor debates, one minutes, "whipping"- internal lobbying, etc.).

Calendar:

May

4	Senate & House Ag Appropriations - Subcommittee
9	Senate Ag & Foreign Ops Appropriations - Full Committee
10	House Ag Appropriations - Full Committee
	House Labor/H Approps - Subcommittee &

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

June

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

July

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

August

House and Senate out all month

September

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

October

House and Senate Adjourn

MOBILIZING A GLOBAL WAR ON HIV/AIDS

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

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

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

Global Mobilization Against HIV/AIDS

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

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

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

INTERNATIONAL POLICY OBJECTIVES

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

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

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

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

	Amount needed	USG Spending	World Spending, including USG¹	Shortfall
Prevention	\$1.5 billion	\$133	\$425 million	\$1.075 billion
Care	\$1.5 billion	\$35	\$75 million	\$1.425 billion
Total	\$3.0 billion	\$168 million	\$500 million²	\$2.5 billion

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

²Of this amount, approximately \$415 million is provided by developed countries, and \$85 million is provided by host-country governments, primarily for in-patient care.

In Africa, \$1.5 billion will buy a basic package of prevention services consisting of behavior change communications, condom social marketing, STD services, and safe blood programs. For basic behavior change communications, nearly 100 percent of the population (620 million people) would be reached. For targeted

interventions, such as for truck drivers, commercial sex workers, etc., the percentage will be much less -- approximately 30 percent coverage to be expected.

For the \$1.5 billion for care and treatment in sub-Saharan Africa, 7 million of the 22 million Africans with HIV/AIDS would be covered with basic services (not including anti-retrovirals); testing and counseling services would reach 15 percent of the adult population (40 million people); 8 million vulnerable children would be cared for; and, using the least expensive option for preventing mother to child transmission, and assuming 8 percent HIV infection rates, 25 million pregnant women would receive testing and counseling, and the 400,000 who are HIV infected would receive anti-retrovirals and breast milk substitutes.

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

	Amount needed	USG Spending	World Spending ¹ , including USG	Shortfall
Prevention	\$2.0 billion	\$61	\$1 billion	\$1.0 billion
Care	\$1.0 billion	\$6	\$0.5 billion	\$0.5 billion
Total	\$3.0 billion	\$67 million	\$1.5 million	\$1.5 billion

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

USG programmatic approach: Through the LIFE Initiative, the USG has identified four programmatic priorities for bilateral assistance: primary prevention, care for those infected, care of orphans, and capacity building. The primary focus will be sub-Saharan Africa and India, but USG efforts will also address Eastern Europe, the former Soviet Union, Latin America, and other parts of Asia. We seek to engage other partners in this effort by leveraging additional resources from other donor governments, private philanthropists, and multilateral lending institutions.

- **Primary prevention:** The goal of primary prevention is reducing the incidence of new HIV infections in the developing world, 80% of which derive from sexual transmission, 10% from mother to child transmission, and 5% from contaminated blood transfusions or infected needles. Measures include STD

treatment; voluntary testing and counseling; social marketing of barrier methods; and behavior change interventions; and blood safety.

In a special effort to protect the next generation in Africa, we should expand efforts to prevent mother-to-child transmission of HIV/AIDS through administration of Nevirapine and other anti-HIV drugs and development of the health infrastructure necessary to support this activity.

- **Care of those infected:** Much can be done to improve the quality and duration of life for people suffering from AIDS while the infrastructure and capacity necessary for advanced treatments is established. Care measures will focus on providing basic medical, social, home and community-based care, including providing antibiotics and other low-cost medical interventions.
- **Care for orphans and vulnerable children:** By the end of this decade, more than 40 million children will have lost one or both parents to AIDS in Africa alone. Despite the magnitude of this crisis, services for children orphaned by AIDS are extremely limited in most countries. New initiatives will support community-based programs to assist children and families at risk to provide medical care, education, food and income-generation activities.
- **Capacity and infrastructure development:** The capacity to implement essential interventions is critical to the fight against AIDS. Key activities to support governments, the private sector, NGOs and research institutions are: training and technical assistance; increasing the use of accurate HIV surveillance data to target HIV/AIDS prevention and care interventions; measuring the impact of these interventions; and building effective delivery systems for treatment and support services.

Implementation:

1) Expand official bilateral assistance for HIV/AIDS programs.

For a decade, USAID has played a leading role in the fight against the global AIDS pandemic, providing assistance to 46 developing countries, 22 in Africa. The USG has been the largest AIDS donor, with USAID spending over \$1.2 billion to date, 60% of which went to Africa. However, from 1993-1999, USAID's global AIDS budget remained flat funded at \$125 million, during which time there was a 300% increase in the annual

incidence of HIV and an explosion of the pandemic in sub-Saharan Africa. In FY2000, as part of the "LIFE Initiative" (Leadership and Investment in Fighting an Epidemic), the President proposed and the Congress appropriated a \$100 million increase for the USG's global AIDS effort. For FY2001, the President has requested an additional \$100 million increase. This initiative has not only enabled the USG to more than double its global HIV prevention and AIDS care programs but to expand participation in this effort to include HHS, DOL, DOD, and Ag in the funding, and a host of other strategic players in the overall implementation of the USG's program.

- *The USG should call on donor governments to double bilateral assistance for HIV/AIDS prevention, treatment, and care in developing countries.*

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

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

3) Encourage expansion of private philanthropy for HIV/AIDS activities in developing countries. The Bill and Melinda Gates Foundation has contributed over \$100 million for AIDS efforts, 750 million to the Global Alliance for Vaccines and Immunizations, and tens of millions more for diseases of poverty such as TB and malaria. The Kaiser Family Foundation and UN Foundations have made substantial investments in AIDS. Other

large Foundations, such as Ford and Rockefeller, while working in Africa, have not engaged in AIDS prevention/care programs.

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

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

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

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

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

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

As part of the initiative, the President announced in September that the U.S. would seek to write off 100% of the \$5.7 billion it is owed by as many as 36 heavily indebted poor countries. Last fall, Congress passed part of the funding and authority necessary for the United States' full participation in the initiative; the President is seeking an advance appropriation of the remaining \$810 million over the next three fiscal years. Since most HIPCs are located in Sub-Saharan Africa, the Cologne Initiative has the potential to make a major contribution to HIV/AIDS treatment and prevention in the region. For this

reason, the international community must fully fund the program and follow through on its commitment to the additional domestic resources free up by debt relief are channeled into health care and education, including with respect to HIV/AIDS.

- *The U.S. should continue to seek full funding of its share of the Cologne Initiative, encourage other donor countries to fully fund their commitments, and support realization of a reformed framework of economic conditionality that emphasizes poverty reduction and investment in health and education, including with respect to HIV/AIDS.*

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

The Dakar Framework for Action calls on developing countries to develop strong national "Education for All" action plans to increase access to quality basic education and achieve gender equality in such access. At the same time, it establishes the principle that no country seriously committed to education for all will be thwarted in its achievement of this goal by a lack of resources and calls on bilateral, multilateral, and private donors to respond appropriately. The extent to which the international community makes good on this promise has important implications for the fight against HIV/AIDS. President Clinton has proposed in his budget request this year an increase in U.S. bilateral support for basic education in poor countries on the order of 50%. In his speech at the World Economic Forum earlier

this year, he urged other donor nations to take similar steps and encouraged the multilateral development banks and private sector philanthropists to take comparable steps. For example, if the World Bank were to increase overall education lending by 50 percent and devoted this entire increase to basic education, then lending for basic education could be doubled -- a step that could galvanize all parties toward action in support of the Dakar Education For All Goals.

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

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

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

- Leaders should speak out frequently about HIV/AIDS with clear and consistently reinforced messages, and in highly impacted countries, should direct all government officials to talk about HIV/AIDS in every public appearance (President Museveni called this the government's "big noise" on AIDS);

- Leaders should acknowledge that AIDS is much more than a health issue by creating an inter-ministerial commission on AIDS to coordinate inter-governmental action (which includes finance and defense);
- Leaders should develop a national AIDS plans with tangible long term and short term goals and objectives. All ministers should be charged to assess long and short term impacts of AIDS in their sector (military, education, agriculture, transportation, mining, trade, democracy/governance), and to develop an action agenda;
- Leaders should encourage non-governmental organizations, faith based organizations, private businesses, universities, and other segments of society to join in the fight, and should find opportunities for their active participation;
- Leaders should help to reduce stigma and discrimination by actively supporting people living with AIDS and by empowering them to be an integral part of decision making on AIDS; this should include making it safe for government officials to be open about their status;
- Leaders should form a partnership with donors to create an "enabling environment" for investment in the HIV prevention and AIDS care and treatment;
- Leaders should translate their political commitment into action through resource mobilization by creating a national AIDS budget [UNAIDS urges a 5% contribution for HIPC countries and 10% for mid-income countries] and by redirecting debt relief funding into HIV and AIDS activities, not only as a health goal, but as an across-the-board supra goal;
- UNAIDS had urged leaders to declare HIV and AIDS a "national disaster" or a "national security threat;"
- Leaders should undertake efforts to improve drug procurement and distribution systems in ways that are transparent, efficient, and accountable;
- Leaders should mobilize the necessary human resources needed to address HIV/AIDS in country by establishing training programs in multiple disciplines;
- Leaders should encourage and support a community-based response that includes traditional leaders and villages.

- *The U.S. should urge developing countries to implement national action plans to improve prevention, treatment, and care of HIV/AIDS and leverage expansion in the availability of international assistance.*

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

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

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

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

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

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

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

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

Strengthening Public Diplomacy

10) Intensify public diplomacy about the challenge to global security posed by HIV/AIDS in order to leverage each of the preceding international policy objectives, including perhaps through the appointment of a Presidential Envoy for AIDS Cooperation.

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

TAB B Annotated Calendar of Major International Events

May 31 U.S.-E.U. Summit, Lisbon

Objectives:

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

Proposed Tactics:

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

June 7-8 IDA Deputies Meeting, Lisbon

Objectives:

1. Reach agreement with IDA Deputies to support an increase in concessional lending of \$400-\$900 million per year by the World Bank for health programs, particularly related to HIV/AIDS.
2. Call on World Bank to provide necessary technical assistance to ensure that developing countries have access to existing resources.

Proposed Tactics:

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

July - 1st wk OAU Summit, Togo

Objectives:

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

Proposed Tactics:

1. Use Mbeki State Visit to urge President Mbeki to lead African efforts;
2. Identify other key African leaders, such as Museveni, and use diplomatic channels (POTUS or VPOTUS letters?) to discuss USG strategy;

3. Use June trip to Africa of Summers, Thurman and Smith to advance USG strategy to key African leaders.

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

Objectives:

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

Proposed Tactics:

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

July 21-23 G-8 Summit, Okinawa

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

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

Proposed Tactics:

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

Sept. 6-8 UNGA Millennium Summit, New York

Objective:

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

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

Proposed tactics:

1. All of above.

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

Objectives:

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

Proposed Tactics:

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

Nov. 15-16 APEC Leaders Summit, Brunei

Objectives:

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

Proposed Tactics:

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

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

Dec. 1 World AIDS Day

Objectives:

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

Proposed Tactics:

1. All of above.

TAB C

Tab C International AIDS Legislative Goals and Calendar

Part I: Appropriations Process

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

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

Part II: Non-Appropriations Measures

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

2) **Devise strategy for managing congressional initiatives.** Leach/Lee (H.R. 3519) passed in the House by voice vote on May 15. Need to fine-tune administration position and prepare for Senate strategy. Currently OMB, Treasury, and USAID are reviewing H.R. 3519's language and devising coordinated strategy for future negotiations with members.

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

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

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

3) **Develop and utilize existing core groups of interested members (for dear colleagues, floor debates, one minutes, "whipping" -- internal lobbying, etc.).**

Legislative Calendar

May

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

June

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

July

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

August

House and Senate out all month

September

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

October House and Senate Adjourn

May 23, 2000

ACTION

MEMORANDUM FOR JAMES STEINBERG

FROM: KENNETH BERNARD *KB*

SUBJECT: Agenda and Discussion Paper for Deputies
Committee Meeting on Global AIDS Crisis

Attached is a package for the Deputies Committee meeting on
May 24 on the global AIDS crisis.

Concurrence by: Gayle Smith, Jim Babbitt, Rick Samans,
Laura Efros */K3a*

RECOMMENDATION

That you approve the agenda and discussion paper and authorize
Robert Bradtke to sign the attached memorandum to agencies at
Tab i.

Approve

[Signature]

Disapprove

Attachments

Tab i Memorandum to Agencies

Tab I Agenda

Tab II Discussion Paper

Tab A Mobilizing a Global War on HIV/AIDS

Tab B Annotated Calendar for International
Events

Tab C International AIDS Legislative Goals and
Calendar

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FROM: NSC West Wing Desk
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(PHONE NUMBER)WH Situation Room
(ROOM NO.)

MESSAGE DESCRIPTION:

DC Mtg. on Global AIDS Crisison 24 May, 3-4:30 pm NSC LOG # 3312

TO (AGENCY)	DELIVER TO	DEPT/ROOM NO.	PHONE NUMBER
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<u>State / USUN</u>	<u>Syptak / William Wood</u>	_____	_____
<u>Treasury</u>	<u>Comstock / Execsec</u>	_____	_____
<u>Defense</u>	<u>Cribbs / Execsec</u>	_____	_____
<u>CIA</u>	<u>Wolfe / ExecSec</u>	_____	_____
<u>AID</u>	<u>Conroy / ExecSec</u>	_____	_____
<u>Joint Staff</u>	<u>White / sec.</u>	_____	_____
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REMARKS:

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By DOE NARA, Date 05/16/2013

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NSC # 3312

DATE 5/24/00

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24 May, 3-4:30 pm

ADDRESSEE	DATE	TIME	LAST NAME	SIGNATURE
Leon Fuertu	5/24			
Kristie Kenney	5/24			
Lavarne Burton	5/24			
Carmen Suro-Bredie	5/24			
Bob Kyle	5/24			
Maria Echaveste	5/24			
Lael Brainard	5/24			
Sandra Thurman	5/24			

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3312

MEMORANDUM FOR

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

MS. KRISTIE A. KENNEY
Executive Secretary
Department of State

MR. NEAL COMSTOCK
Executive Secretary
Department of the Treasury

COL. MARIA I. CRIBBS
Executive Secretary
Department of Defense

MS. LAVARNE BURTON
Executive Secretary
Department of Health and
Human Services

MS. STEPHANIE SYPTAK
Staff Assistant to the
Representative of the U.S.
to the United Nations

MS. CARMEN SURO-BREDIE
Acting Assistant USTR for
Policy Coordination
U.S. Trade Representative

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

MS. MARIA ECHAVESTE
Deputy Chief of Staff
to the President

MR. THOMAS H. WOLFE
Executive Secretary
Central Intelligence Agency

MS. LAEL BRAINARD
Deputy Assistant to the
President for International
Economic Policy

MS. RYAN CONROY
Executive Secretary
Agency for International
Development

COL. DAVID C. WHITE, USA
Secretary, Joint Staff

MS. SANDRA THURMAN
Director,
National AIDS Policy

SUBJECT: Deputies Committee Meeting on Global AIDS Crisis
(C)

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White House Guidelines,

September 11, 2006 5/16/2017

By 12 NARA, Date 7/16/2018

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Reason: 1.5(d)
Declassify on: 05/23/14

Attached at Tab I is the agenda and at Tab II the discussion paper for the Deputies Committee meeting on Global AIDS Crisis scheduled for Wednesday, May 24, 2000, from 3:00 - 4:30 p.m. in the White House Situation Room. At Tabs A, B, and C are a paper "Mobilizing a Global War on HIV/AIDS," an annotated calendar of major international events, and the international AIDS legislative goals and calendar. ~~(C)~~

Robert A. Bradtke
Executive Secretary

Attachments

Tab I	Agenda
Tab II	Discussion Paper
	Tab A Mobilizing a Global War on HIV/AIDS
	Tab B Annotated Calendar of International Events
	Tab C International AIDS Legislative Goals and Calendar

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NSC DEPUTIES COMMITTEE MEETING
ON GLOBAL AIDS CRISIS

DATE: May 24, 2000
LOCATION: Situation Room
TIME: 3:00-4:30 p.m.

AGENDA

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

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

II. U.S. International Policy Objectives

- Discussion/approval. All

III. Opportunities for Advancing the USG Plan

- International Meetings and Contacts (Tab B) All

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

- Legislative Goals and Calendar (Tab C) WH Leg/OMB

Points for action to ensure maximum resource support for plan.

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White House Guidelines,

~~September 11, 2006~~ 5/10/2017

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

I. BACKGROUND

At the May 4, 2000, *Q.* Deputies meeting on global AIDS, the Deputies called for an action-oriented strategic plan for U.S. leadership in combating the international AIDS crisis. The paper at **Tab A** proposes "Mobilizing a Global War on HIV/AIDS." The document presents a plan to begin closing the resource gap for AIDS prevention and care -- and to accelerate the development of new drugs and vaccines.

Our targets are:

- Reducing expected new HIV infections -- including infants - *7* over the next five years in Africa from 20 million to 10 million, and in other regions from 10 million to 7 million;
- Ensuring that at least 30 percent of HIV infected persons have access to basic care and support services;
- Ensuring that at least 30 percent of AIDS orphans will have access to basic community support services;
- Ensuring 50 percent of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission by 2005.

The key policy objectives for implementation of the plan are listed below for discussion and approval by the Deputies. Also included at **Tabs B and C** are annotated calendars of other upcoming diplomatic events and dates of Congressional committee meetings and other important events in the legislative calendar. We intend to use each venue as an opportunity to maximize funding of our HIV/AIDS and infectious disease initiatives and leverage increased commitment from other governments and the private sector.

II. PLAN OF ACTION

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

Issue for discussion: Whether we should set a goal of closing the resource gap within a specific timeframe.

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USG program approach: Through the LIFE Initiative, the USG has identified four programmatic priorities for bilateral assistance: primary prevention, care for those infected, care of orphans, and capacity building. The primary focus will be sub-Saharan Africa and India, but USG efforts will also address Eastern Europe, the former Soviet Union, Latin America, and other parts of Asia. We seek to engage other partners in this effort by leveraging additional resources from other donor governments, private philanthropists, and lending institutions.

- **Primary prevention:** The goal of primary prevention is reducing the incidence of new HIV infections in the developing world, 80% of which derive from sexual transmission, 10% from mother to child transmission, and 5% from contaminated blood transfusions or infected needles. Measures include STD treatment; interventions to reduce mother to child transmission, such as nevirapine; voluntary testing and counseling; social marketing of barrier methods; and behavior change interventions; and blood safety.
- **Care of those infected:** Much can be done to improve the quality and duration of life for people suffering from AIDS while the infrastructure and capacity necessary for advanced treatments is established. Care measures will focus on providing basic medical, social, home and community-based care, including providing antibiotics and other low-cost medical interventions.
- **Care for orphans and vulnerable children:** By the end of this decade, more than 40 million children will have lost one or both parents to AIDS in Africa alone. Despite the magnitude of this crisis, services for children orphaned by AIDS are extremely limited in most countries. New initiatives will support community-based programs to assist children and families at risk to provide medical care, education, food and income-generation activities.
- **Capacity and infrastructure development:** The capacity to implement essential interventions is critical to the fight against AIDS. Key activities to support governments, the private sector, NGOs, and research institutions are: training and technical assistance; increasing the use of accurate HIV surveillance data to target HIV/AIDS prevention and care interventions; measuring the impact of these interventions; and building effective delivery systems for treatment and support services.

Implementation and leverage: Key Policy Objectives

- 1) Official Bilateral Assistance. Call on donor governments to double bilateral assistance for HIV/AIDS prevention, treatment, and care in developing countries. *[Note, there has been a proposal to place a special focus on protecting the next generation by reducing mother-to-child transmission, providing care for orphans, and building the infrastructure necessary to support these activities.]*
- 2) Multilateral Development Bank Lending. Support an increase in concessional lending for HIV/AIDS by multilateral development banks on the order of \$400 million to \$900 million per year.
- 3) Private Philanthropy. Encourage private sources of philanthropy to increase by \$500 million to support HIV/AIDS prevention, treatment and care in developing countries, including through international public-private partnerships.
- 4) Providers of Drugs, Medical Supplies and Services. Encourage providers of drugs, medical supplies and services to make HIV/AIDS treatment and care more affordable and accessible in developing countries, including by flexible administration of intellectual property rights policy and facilitating efforts by providers of drugs, medical supplies, and training to offer their products and services on special terms.
- 5) Debt Relief. Implement the Cologne Debt Initiative through full funding of the HIPC Trust Fund and development of country Poverty Reduction Strategy Papers that translate debt relief savings into additional domestic resources for basic health care and education, including for HIV/AIDS, as part of an open, participatory process.
- 6) Education and Literacy. Increase bilateral, multilateral, and private sector funding for basic education in developing countries in order to expand access to school, especially for underserved girls, and increase literacy as a means to leverage HIV/AIDS public education, maternal and children's health, economic growth, and poverty reduction strategies. Also, expand other activities that contribute to public education about HIV/AIDS, such as military training and microfinance programs.

- 7) Developing Country Buy-In. Encourage at-risk developing countries to make HIV/AIDS prevention, treatment, and care a national priority by developing national inter-ministerial action plans based on "best practice" models, such as Uganda's and Senegal's.
- 8) Government Research. Call on other industrialized countries to double governmental funding for research into the basic science, prevention, and treatment of HIV/AIDS, as the U.S. has done in recent years..
- 9) Private Sector Research and Development (R&D). Enhance incentives provided by developed countries for privately funded R&D into vaccines and treatments for HIV/AIDS, for example through tax incentives and contributions to purchase funds like the Global Alliance for Vaccines and Immunizations (GAVI) initiative.
- 10) Public Diplomacy. Intensify public diplomacy about the challenge to global security posed by HIV/AIDS in order to leverage each of the preceding international policy objectives.

III. OPPORTUNITIES FOR ADVANCING USG PLAN

1) International meetings and contacts - leveraging international buy-ins

Issue for discussion: Whether to approve the diplomatic plan at Tab B or whether other events or previously planned bilateral high-level Agency contacts should be added.

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

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

2) Legislative Goals and Calendar

Issue for Decision: Whether to approve the following legislative goals. (See **Tab C** for expanded version.)

Goals:

I. Appropriations Process

- Secure full funding for the President's budget request on international AIDS (including HIPC&IDA money) in Appropriations process.
- Organize interagency briefings for above subcommittees.

II. Non-Appropriations Measures

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

Devise strategy for managing congressional initiatives.

III. General Education and Outreach to Members and Committee Education

- Draft and clear interagency talking points on the AIDS crisis and highlight the Administration's proposals.
- Design outreach (including specific talking points) for interested congressional groups (CBC, Women's, Asian, Military Committees etc).
- Develop and utilize existing core groups of interested members (for dear colleagues, floor debates, one minutes, "whipping"- internal lobbying, etc).

Calendar:

May

4	Senate & House Ag Appropriations - Subcommittee
9	Senate Ag & Foreign Ops Appropriations - Full Committee
10	House Ag Appropriations - Full Committee, House Labor/H Approps - Subcommittee &

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

June

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

July

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

August

House and Senate out all month

September

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

October

House and Senate Adjourn

MOBILIZING A GLOBAL WAR ON HIV/AIDS

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

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

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

Global Mobilization Against HIV/AIDS

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

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

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

INTERNATIONAL POLICY OBJECTIVES

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

The AIDS pandemic is the largest public health catastrophe since the bubonic plague of the Middle Ages with serious global development, economic, and security ramifications.

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

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

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

	Amount needed	USG Spending	World Spending, including USG¹	Shortfall
Prevention	\$1.5 billion	\$133	\$425 million	\$1.075 billion
Care	\$1.5 billion	\$35	\$75 million	\$1.425 billion
Total	\$3.0 billion	\$168 million	\$500 million²	\$2.5 billion

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

²Of this amount, approximately \$415 million is provided by developed countries, and \$85 million is provided by host-country governments, primarily for in-patient care.

In Africa, \$1.5 billion will buy a basic package of prevention services consisting of behavior change communications, condom social marketing, STD services, and safe blood programs. For basic behavior change communications, nearly 100 percent of the population (620 million people) would be reached. For targeted

interventions, such as for truck drivers, commercial sex workers, etc., the percentage will be much less - approximately 30 percent coverage to be expected.

For the \$1.5 billion for care and treatment in sub-Saharan Africa, 7 million of the 22 million Africans with HIV/AIDS would be covered with basic services (not including anti-retrovirals); testing and counseling services would reach 15 percent of the adult population (40 million people); 8 million vulnerable children would be cared for; and, using the least expensive option for preventing mother to child transmission, and assuming 8 percent HIV infection rates, 25 million pregnant women would receive testing and counseling, and the 400,000 who are HIV infected would receive anti-retrovirals and breast milk substitutes.

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

	Amount needed	USG Spending	World Spending ¹ , including USG	Shortfall
Prevention	\$2.0 billion	\$61	\$1 billion	\$1.0 billion
Care	\$1.0 billion	\$6	\$0.5 billion	\$0.5 billion
Total	\$3.0 billion	\$67 million	\$1.5 million	\$1.5 billion

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

USG programmatic approach: Through the LIFE Initiative, the USG has identified four programmatic priorities for bilateral assistance: primary prevention, care for those infected, care of orphans, and capacity building. The primary focus will be sub-Saharan Africa and India, but USG efforts will also address Eastern Europe, the former Soviet Union, Latin America, and other parts of Asia. We seek to engage other partners in this effort by leveraging additional resources from other donor governments, private philanthropists, and multilateral lending institutions.

- **Primary prevention:** The goal of primary prevention is reducing the incidence of new HIV infections in the developing world, 80% of which derive from sexual transmission, 10% from mother to child transmission, and 5% from contaminated blood transfusions or infected needles. Measures include STD

treatment; voluntary testing and counseling; social marketing of barrier methods; and behavior change interventions; and blood safety.

In a special effort to protect the next generation in Africa, we should expand efforts to prevent mother-to-child transmission of HIV/AIDS through administration of Nevirapine and other anti-HIV drugs and development of the health infrastructure necessary to support this activity.

- **Care of those infected:** Much can be done to improve the quality and duration of life for people suffering from AIDS while the infrastructure and capacity necessary for advanced treatments is established. Care measures will focus on providing basic medical, social, home and community-based care, including providing antibiotics and other low-cost medical interventions.
- **Care for orphans and vulnerable children:** By the end of this decade, more than 40 million children will have lost one or both parents to AIDS in Africa alone. Despite the magnitude of this crisis, services for children orphaned by AIDS are extremely limited in most countries. New initiatives will support community-based programs to assist children and families at risk to provide medical care, education, food and income-generation activities.
- **Capacity and infrastructure development:** The capacity to implement essential interventions is critical to the fight against AIDS. Key activities to support governments, the private sector, NGOs and research institutions are: training and technical assistance; increasing the use of accurate HIV surveillance data to target HIV/AIDS prevention and care interventions; measuring the impact of these interventions; and building effective delivery systems for treatment and support services.

Implementation:

1) Expand official bilateral assistance for HIV/AIDS programs. For a decade, USAID has played a leading role in the fight against the global AIDS pandemic, providing assistance to 46 developing countries, 22 in Africa. The USG has been the largest AIDS donor, with USAID spending over \$1.2 billion to date, 60% of which went to Africa. However, from 1993-1999, USAID's global AIDS budget remained flat funded at \$125 million, during which time there was a 300% increase in the annual

incidence of HIV and an explosion of the pandemic in sub-Saharan Africa. In FY2000, as part of the "LIFE Initiative" (Leadership and Investment in Fighting an Epidemic), the President proposed and the Congress appropriated a \$100 million increase for the USG's global AIDS effort. For FY2001, the President has requested an additional \$100 million increase. This initiative has not only enabled the USG to more than double its global HIV prevention and AIDS care programs but to expand participation in this effort to include HHS, DOL, DOD, and Ag in the funding, and a host of other strategic players in the overall implementation of the USG's program.

- *The USG should call on donor governments to double bilateral assistance for HIV/AIDS prevention, treatment, and care in developing countries.*

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

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

3) Encourage expansion of private philanthropy for HIV/AIDS activities in developing countries. The Bill and Melinda Gates Foundation has contributed over \$100 million for AIDS efforts, 750 million to the Global Alliance for Vaccines and Immunizations, and tens of millions more for diseases of poverty such as TB and malaria. The Kaiser Family Foundation and UN Foundations have made substantial investments in AIDS. Other

large Foundations, such as Ford and Rockefeller, while working in Africa, have not engaged in AIDS prevention/care programs.

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

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

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

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

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

5) Increase domestic resources available for HIV/AIDS prevention and treatment in developing countries by fully implementing the Cologne Debt Initiative. At their Summit last June, G-7 leaders endorsed a new initiative to enable Heavily Indebted Poor Countries (HIPC) to receive deeper, broader and faster debt relief. Under the so-called Cologne Initiative, international financial institutions are working with HIPC to develop a new framework for linking debt relief with poverty reduction in the form of so-called Poverty Reduction Strategy Papers. The goal is translate expanded debt relief into additional domestic resources for priority social expenditures, including health, child survival, AIDS prevention and education, and improve citizen participation in the design and implementation of these programs. In many countries, foreign debt service is larger than national expenditures on health. Together with earlier debt relief commitments, the Cologne Initiative provides for reduction of up to 75 percent of the total debts for these countries, and is expected to decrease the stock of debt from about \$127 billion today to as low as \$37 billion with the cancellation of official development assistance (ODA) debt by G-7 and other bilateral creditors.

As part of the initiative, the President announced in September that the US would seek to write off 100% of the \$5.7 billion it is owed by as many as 36 heavily indebted poor countries. Last fall, Congress passed part of the funding and authority necessary for the United States' full participation in the initiative; the President is seeking an advance appropriation of the remaining \$810 million over the next three fiscal years. Since most HIPC are located in Sub-Saharan Africa, the Cologne Initiative has the potential to make a major contribution to HIV/AIDS treatment and prevention in the region. For this

reason, the international community must fully fund the program and follow through on its commitment to the additional domestic resources free up by debt relief are channeled into health care and education, including with respect to HIV/AIDS.

- *The U.S. should continue to seek full funding of its share of the Cologne Initiative, encourage other donor countries to fully fund their commitments, and support realization of a reformed framework of economic conditionality that emphasizes poverty reduction and investment in health and education, including with respect to HIV/AIDS.*

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

The Dakar Framework for Action calls on developing countries to develop strong national "Education for All" action plans to increase access to quality basic education and achieve gender equality in such access. At the same time, it establishes the principle that no country seriously committed to education for all will be thwarted in its achievement of this goal by a lack of resources and calls on bilateral, multilateral, and private donors to respond appropriately. The extent to which the international community makes good on this promise has important implications for the fight against HIV/AIDS. President Clinton has proposed in his budget request this year an increase in U.S. bilateral support for basic education in poor countries on the order of 50%. In his speech at the World Economic Forum earlier

this year, he urged other donor nations to take similar steps and encouraged the multilateral development banks and private sector philanthropists to take comparable steps. For example, if the World Bank were to increase overall education lending by 50 percent and devoted this entire increase to basic education, then lending for basic education could be doubled -- a step that could galvanize all parties toward action in support of the Dakar Education For All Goals.

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

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

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

- Leaders should speak out frequently about HIV/AIDS with clear and consistently reinforced messages, and in highly impacted countries, should direct all government officials to talk about HIV/AIDS in every public appearance (President Museveni called this the government's "big noise" on AIDS);

- Leaders should acknowledge that AIDS is much more than a health issue by creating an inter-ministerial commission on AIDS to coordinate inter-governmental action (which includes finance and defense);
- Leaders should develop a national AIDS plans with tangible long term and short term goals and objectives. All ministers should be charged to assess long and short term impacts of AIDS in their sector (military, education, agriculture, transportation, mining, trade, democracy/governance), and to develop an action agenda;
- Leaders should encourage non-governmental organizations, faith based organizations, private businesses, universities, and other segments of society to join in the fight, and should find opportunities for their active participation;
- Leaders should help to reduce stigma and discrimination by actively supporting people living with AIDS and by empowering them to be an integral part of decision making on AIDS; this should include making it safe for government officials to be open about their status;
- Leaders should form a partnership with donors to create an "enabling environment" for investment in the HIV prevention and AIDS care and treatment;
- Leaders should translate their political commitment into action through resource mobilization by creating a national AIDS budget [UNAIDS urges a 5% contribution for HIPC countries and 10% for mid-income countries] and by re-directing debt relief funding into HIV and AIDS activities, not only as a health goal, but as an across-the-board supra goal;
- UNAIDS had urged leaders to declare HIV and AIDS a "national disaster" or a "national security threat";
- Leaders should undertake efforts to improve drug procurement and distribution systems in ways that are transparent, efficient, and accountable;
- Leaders should mobilize the necessary human resources needed to address HIV/AIDS in country by establishing training programs in multiple disciplines;
- Leaders should encourage and support a community-based response that includes traditional leaders and villages.

- The U.S. should urge developing countries to implement national action plans to improve prevention, treatment, and care of HIV/AIDS and leverage expansion in the availability of international assistance.

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

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

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

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

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

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

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

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

Strengthening Public Diplomacy

10) Intensify public diplomacy about the challenge to global security posed by HIV/AIDS in order to leverage each of the preceding international policy objectives, including perhaps through the appointment of a Presidential Envoy for AIDS Cooperation

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

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

Proposed Tactics: *W. B. L. D.*

1. Use G-8 Sherpa, Sous-Sherpa, and Health Experts channels to push USG proposals.
2. Raise USG G-8 proposals at all high-level health, finance, foreign ministry, and development assistance bilaterals prior to Okinawa.
3. Engage high-level non-governmental and industry leaders in efforts, such as WHO Director-General Brundtland and Bill Gates in effort to raise visibility of issues with other G-8 leaders.
4. Use U.S.-E.U. Summit to push USG proposals with European members of G-8.
5. Use Clinton-Putin discussions to engage Russia in global AIDS campaign.
6. Write POTUS letters to key G-8 leaders to push USG proposal, particularly doubling of bilateral assistance. *4* (POTUS already indicated willingness to write G-8 letters re: vaccines.) *13 Aug 98*

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

Objective:

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

Tab C

International AIDS Legislative Goals and Calendar

Part I: Appropriations Process

1) Secure full funding for the President's budget request on international AIDS (including HIPC&IDA money) in Appropriations process. Key Appropriations subcommittees are Agriculture, Foreign Operations, Defense and Labor/HHS (to be reviewed by Martha Foley (WH Legislative Affairs), OMB, USAID first). Attached Appropriations calendar to follow.

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

Part II: Non-Appropriations Measures

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

2) Devise strategy for managing congressional initiatives. Leach/Lee (H.R. 3519) passed in the House by voice vote on May 15th. Need to fine-tune administration position and prepare for Senate strategy. Currently OMB, Treasury and USAID are reviewing H.R. 3519's language and devising coordinated strategy for future negotiations with members.

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

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

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

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

Legislative Calendar

May

4 Senate & House Ag Appropriations - Subcommittee

9 Senate Ag & Foreign Ops Appropriations - Full Committee

10 House Ag Appropriations - Full Committee,
House Labor/H Approps - Subcommittee &
Senate Labor/H Approps - Subcommittee

11 Senate Labor/H Approps - Full Committee
House Defense Approps - Subcommittee

18 Senate Defense Approps - Full Committee
(subcommittee date?)

19 House Agriculture Appropriations Bill - Floor Action

24 House Labor/H Approps Bill - Full Committee

25 House Defense Approps Bill - Full Committee

29 Begin House and Senate Recess (May 29 - June 4)

tbd Senate Agriculture Appropriations Bill - Floor Action

tbd Senate Defense Approps bill - Floor Action

tbd Senate Foreign Ops bill - Floor Action

tbd Senate Labor/H Approps bill - Floor Action

June

5 House and Senate Return from Recess

7 House Defense Approps Bill - Floor Action

8 House Labor/H Approps Bill - Floor Action

12 House Foreign Ops Approps Bill - Subcommittee

20 House Foreign Ops Approps Bill - Full Committee &
House Foreign Ops Approps Bill - Floor Action

July

2-9 Projected House and Senate Recess

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

August

House and Senate out all month

September

6 House and Senate return from Recess

13-16 CBC Week, DC

October House and Senate Adjourn

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011a. diagram	Deputies Committee meeting seating chart [partial] (1 page)	05/24/2000	P3/b(3)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

DC [Deputies Committee Meeting] on AIDS [2]

2007-1550-F
ke2025

RESTRICTION CODES

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

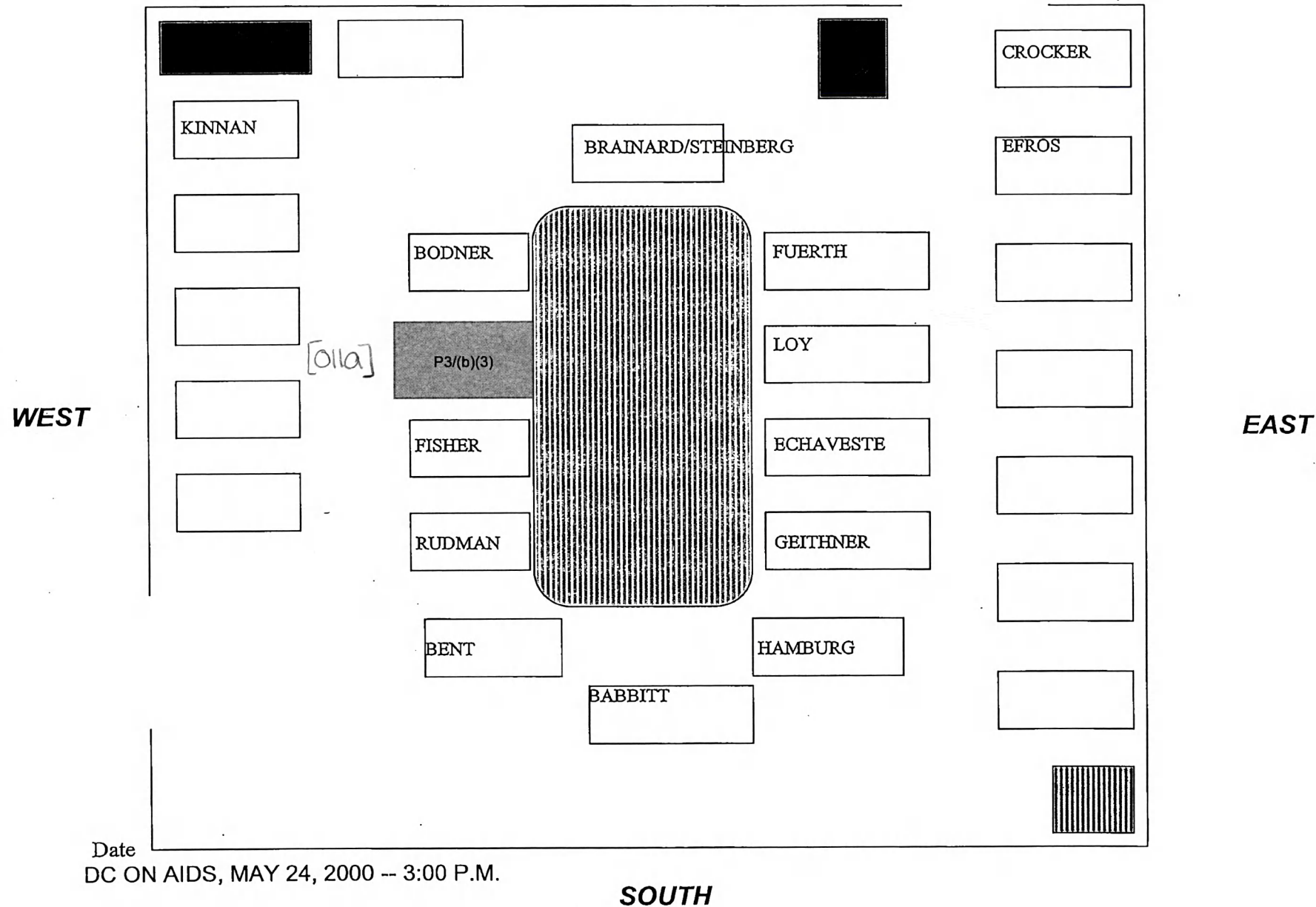
RR. Document will be reviewed upon request.

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

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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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SITUATION ROOM

NORTH



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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011b. list	Deputies Committee Meeting participants [partial] (1 page)	05/24/2000	P3/b(3)

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National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

DC [Deputies Committee Meeting] on AIDS [2]

2007-1550-F
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DEPUTIES COMMITTEE MEETING

May 24, 2000
3:00 - 4:30 p.m.
Situation Room

CO-CHAIR

James Steinberg **
Lael Brainard **

P3/(b)(3)

[0116]

OVP

Leon Fuerth **
James Babbitt

NEC

Rick Samans

STATE

Frank Loy **
Jack Chow

OSTP

Laura Efros

TREASURY

Timothy Geithner **
Helen Walsh

AID

Harriet Babbitt **

JCS

Timothy Kinnan

DEFENSE

James Bodner **
Bernd McConnell

National Aids Policy

No representative

HHS

Peggy Hamburg **
Eric Goosby

WHITE HOUSE

Mara Rudman **

OMB

Rodney Bent **
Mike Casella

NSC

Ken Bernard
Gayle Smith
Rebecca Walldorff

USUN

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

USTR

Richard Fisher **
Joe Papovich

COS

Maria Echaveste **
(1/2 hour late)

** Designated Table Seating

Keenan, Josefine (Chris) (HEALTH)

From: Bartlett, L. June (EXSEC)
Sent: Tuesday, May 23, 2000 12:40 PM
To: @HEALTH - International Health Affairs
Cc: @EXECSEC - Executive Secretary; @INTEL - Intelligence Programs; @LEGAL - Legal Advisor; @LEGISLAT - Legislative Affairs; @PRESS - Public Affairs; @RUDMAN; @SENIORS - Senior Directors; @UP - APNSA Special Assistants; @VP - VP Natl Security Affairs; @WHSR - WH Situation Room; Marsh, Thomas S (RECORDS); @INTECON - Economic Affairs
Subject: Deputies Committee Meeting on AIDS, May 24 ~~(CONFIDENTIAL)~~

The NSC/NEC DC Meeting on AIDS is rescheduled to Wednesday, May 24, 3:00 - 4:30 p.m. in the Situation Room.

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

From: Bartlett, L. June (EXSEC)
Sent: Thursday, May 18, 2000 6:45 PM
To: Bartlett, L. June (EXSEC); @HEALTH - International Health Affairs
Cc: @EXECSEC - Executive Secretary; @INTEL - Intelligence Programs; @LEGAL - Legal Advisor; @LEGISLAT - Legislative Affairs; @PRESS - Public Affairs; @RUDMAN; @SENIORS - Senior Directors; @UP - APNSA Special Assistants; @VP - VP Natl Security Affairs; @WHSR - WH Situation Room; Marsh, Thomas S (RECORDS); @INTECON - Economic Affairs
Subject: CANCELLED:: Deputies Committee Meeting on AIDS, May 19 ~~(CONFIDENTIAL)~~

The DC meeting on AIDS is cancelled.

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

From: Bartlett, L. June (EXSEC)
Sent: Thursday, May 18, 2000 3:13 PM
To: @HEALTH - International Health Affairs
Cc: @EXECSEC - Executive Secretary; @INTEL - Intelligence Programs; @LEGAL - Legal Advisor; @LEGISLAT - Legislative Affairs; @PRESS - Public Affairs; @RUDMAN; @SENIORS - Senior Directors; @UP - APNSA Special Assistants; @VP - VP Natl Security Affairs; @WHSR - WH Situation Room; Marsh, Thomas S (RECORDS); @INTECON - Economic Affairs
Subject: Deputies Committee Meeting on AIDS, May 19 ~~(CONFIDENTIAL)~~

Jim Steinberg and Lael Brainard will co-chair a Deputies Committee meeting on AIDS tomorrow, May 19, from 1:30 - 3:00 p.m., in the Situation Room. Agency attendance is principal only, unless otherwise indicated:

OVP
State (plus one)
Treasury (plus one)
Defense (plus one)
HHS (plus one)
OMB (plus one)
USUN
USTR (plus one)
Dep. Chief of Staff
CIA
NEC (plus one)
AID
JCS
National Aids Policy

White House
Mara Rudman

NSC
Ken Bernard
Gayle Smith
Miles Lackey

OSTP
Laura Efras

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E.O. 13526
White House Guidelines, September 11, 2006
By KDE NARA, Date 05/16/2013
2007-1580-F

If you have any questions, please let this office know as soon as possible.

aross@usaid.gov (Alex (INTERNET) Ross)
ksecord@usaid.gov (Kenneth (INTERNET) Secord)
jvaillancourt@usaid.gov (Julianne (INTERNET) Vaillancourt)
linda.vogel@ties.itu.int (Linda (INTERNET) Vogel)
pamelawolf@usaid.gov (Pamela (INTERNET) Wolf)

Keenan, Josefine (Chris) (HEALTH)

From: Bartlett, L. June (EXSEC)
Sent: Wednesday, May 03, 2000 11:25 PM
To: Bernard, Kenneth W. (HEALTH)
Cc: @EXECSEC - Executive Secretary; @UP - APNSA Special Assistants; @HEALTH - International Health Affairs
Subject: PCKG 3023 -- AIDS DC MTG Discussion Paper -- CURRENT VERSION [~~CONFIDENTIAL~~]

Re: Memorandum to Agencies -- Discussion Paper/Cost Estimates

Ken,

I found a few more things in the discussion paper -- formatting/spacing, etc. Reference to Tab A (cost estimate) changed to Tab B on page one of the discussion paper.

Attached is the current version -- will be forwarded upstairs for Jim first a.m. tomorrow.

Note: I substituted this version of discussion paper/cost estimate in Jim's briefing package 3024.

June



3023 DC Discussion
Paper.doc



3023 RAB DC Invitation
Memo.do...



3023costsTAB .doc

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White House Guidelines, September 11, 2006
By VDENARA, Date 05/16/2013
2007-1550-F

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OA/Box Number: 3456

FOLDER TITLE:

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E.O. 13526
White House Guidelines, September 11, 2006
By ~~10E~~ NARA, Date ~~05/16/2013~~
2007-1550-F

MEMORANDUM FOR

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

MS. KRISTIE A. KENNEY
Executive Secretary
Department of State

MR. NEAL COMSTOCK
Executive Secretary
Department of the Treasury

COL. MARIA I. CRIBBS
Executive Secretary
Department of Defense

MS. LAVARNE BURTON
Executive Secretary
Department of Health and
Human Services

MS. STEPHANIE SYPTAK
Staff Assistant to the
Representative of the U.S.
to the United Nations

MS. CARMEN SURO-BREDIE
Acting Assistant USTR for
Policy Coordination
U.S. Trade Representative

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

MS. MARIA ECHAVESTE
Deputy Chief of Staff
to the President

MR. THOMAS H. WOLFE
Executive Secretary
Central Intelligence Agency

MS. LAEL BRAINARD
Deputy Assistant to the
President for International
Economic Policy

MS. RYAN CONROY
Executive Secretary
Agency for International
Development

COL. DAVID C. WHITE, USA
Secretary, Joint Staff

MS. SANDRA THURMAN
Director
National AIDS Policy

SUBJECT: Deputies Committee Meeting on Global AIDS Crisis
(S)

~~CONFIDENTIAL~~

Classified by: Robert A. Bradtke
Reason: 1.5(d)
Declassify On: 05/04/10

Attached at Tab A is the discussion paper for the Deputies Committee meeting on Global AIDS Crisis scheduled for Thursday, May 4, 2000 from 2:00 - 3:30 p.m. in the White House Situation Room. Also, a cost estimate is attached at Tab B. (S)

Robert A. Bradtke
Executive Secretary

Attachments

Tab A	Discussion Paper
Tab B	Cost Estimate for Prevention, Care and Treatment of HIV/AIDS for Sub-Saharan Africa

Cost Estimates for Prevention, Care, and Treatment of HIV/AIDS for Sub-Saharan Africa

UNAIDS and USAID have estimated the costs, as outlined below, of prevention, treatment, and orphan care in Sub-Saharan Africa. There are substantial needs in Asia and Eastern Europe as well. It must be noted that most of these activities are inter-related and funding one category requires concomitant funding of others. The rough estimates are the annual bare minimum costs in year 2000 dollars:

- **Treatment and Care** **\$1.3 billion**
Assumes reaching 30 percent of those in need at \$194/yr/person. Includes treatment of HIV-related illness such as TB, but excludes treatment with anti-retrovirals. Providing Cotrimoxazole (Bactrim/Septra) would add only \$14 million, assuming treating 1.1 million per year - only those with moderately advanced disease.
- **Prevention Activities** **\$1.03 billion**
Including behavior change communications, condom social marketing, STD services, and safe blood programs.
- **HIV Testing and Counseling** **\$470 million**
Assumes reaching 15 percent of all adults (15-49) at \$12/person.
- **Care for Orphans and Vulnerable Children** **\$390 million**
Assumes reaching 30 percent of affected children at \$50/yr/child. Excludes orphanage care.
- **Prevention of Mother-Child Transmission** **\$120 million**
Based on \$4 Nevirapine, not \$80 (other) drugs. Includes administration of drugs and breast milk substitutes for 400,000 infected women/yr at \$55/person (about \$70/each if you include HIV testing). Could cost 20 times that amount.

Total needed for sub-Saharan Africa: at least \$3.0 billion/year

Total currently available from all sources: \$0.5 billion/year

~~CONFIDENTIAL~~

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

3023

May 3, 2000

ACTION

MEMORANDUM FOR JAMES STEINBERG

FROM: KENNETH BERNARD

SUBJECT: DC on Global AIDS Crisis

DECLASSIFIED

E.O. 13526

White House Guidelines, September 11, 2006

By DC NARA, Date 05/16/2013

2007-1550-F

Attached is a package for the DC on the global AIDS crisis.

Concurrence by: Gayle Smith, Jim Babbitt, Matt Vaccaro
Miles Lackey, Brian Peterman, Mary McCarthy

RECOMMENDATION

That you authorize Robert Bradtke to sign the attached memorandum to agencies.

Attachment

Tab I Memorandum to Agencies

Tab A Discussion Paper

Tab B Cost Estimate

~~CONFIDENTIAL~~

Classified by: Kenneth Bernard

Reason: 1.5(d)

Declassify On: 05-04-00

~~CONFIDENTIAL~~

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

3023

DECLASSIFIED

E.O. 13526

White House Guidelines, September 11, 2006

By YDC NARA, Date 06/11/2013

2007-1550-F

MEMORANDUM FOR

MR. LEON FUERTH
Assistant to the Vice
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Security Affairs

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Department of State

MR. NEAL COMSTOCK
Executive Secretary
Department of the Treasury

COL. MARIA I. CRIBBS
Executive Secretary
Department of Defense

MS. LAVARNE BURTON
Executive Secretary
Department of Health and
Human Services

MS. STEPHANIE SYPTAK
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to the United Nations

MS. CARMEN SURO-BREDIE
Acting Assistant USTR for
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U.S. Trade Representative

MR. ROBERT D. KYLE
Associate Director for
National Security and
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Central Intelligence Agency

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Economic Policy

MS. RYAN CONROY
Executive Secretary
Agency for International
Development

COL. DAVID C. WHITE, USA
Secretary, Joint Staff

MS. SANDRA THURMAN
Director,
National AIDS Policy

SUBJECT: Deputies Committee Meeting on Global AIDS Crisis

(C)

~~CONFIDENTIAL~~

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Declassify On: 05/04/10

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Robert A. Bradtke
Executive Secretary

Attachment

Tab A	Discussion Paper
Tab B	Cost Estimate

A

Withdrawal/Redaction Marker

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