

FOIA MARKER

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Folder Title:

DC [Deputies Committee Meeting] on AIDS [3]

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Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Kenneth Bernard to James Steinberg, re: Agenda and Discussion Paper for Deputies Committee Meeting (1 page)	05/18/2000	P1/b(1) K8H 10/21/2024
002. memo	Robert Bradtke to Leon Fuerth, et al., re: Deputies Committee Meeting (2 pages)	ca. 05/2000	P1/b(1) K8H 10/21/2024
003. agenda	NSC Deputies Committee Meeting Agenda (1 page)	05/19/2000	P1/b(1) K8H 10/21/2024
004. paper	Discussion Paper for NSC Deputies Committee Meeting (7 pages)	ca. 05/2000	P1/b(1) K8H 10/21/2024
005. paper	Re: [HIV/AIDS] (11 pages)	05/17/2000	P1/b(1) K8H 10/21/2024
006. list	Re: [Objectives] (3 pages)	ca. 05/2000	P1/b(1) K8H 10/21/2024
007. calendar	Annotated Calendar of Major International Events (6 pages)	ca. 05/2000	P1/b(1) K8H 10/21/2024
008a. agenda	NSC Deputies Committee Meeting Agenda (1 page)	05/04/2000	P1/b(1) K8H 10/21/2024
008b. paper	Discussion Paper for NSC Deputies Committee Meeting (6 pages)	ca. 05/2000	P1/b(1)
009. paper	Discussion Paper for NSC Deputies Committee Meeting (7 pages)	ca. 05/2000	P1/b(1)
010a. paper	Summary of Conclusions for Meeting of the NSC Deputies Committee (3 pages)	05/04/2000	P1/b(1)
010b. paper	Summary of Conclusions for Meeting of the NSC Deputies Committee (4 pages)	05/04/2000	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

DC [Deputies Committee Meeting] on AIDS [3]

2007-1550-F

ke2026

RESTRICTION CODES

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

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

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

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

RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. paper	Interagency Working Group Consensus Paper (13 pages)	04/28/2000	P1/b(1) KRM 10/21/2024

COLLECTION:

Clinton Presidential Records
National Security Council
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FINAL VERSION

EDITED BY

RXSEC

5/18/00

1

May 18, 2000

ACTION

MEMORANDUM FOR JAMES STEINBERG

FROM: KENNETH BERNARD

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

Attached is a package for the Deputies Committee meeting on May 19 on the global AIDS crisis.

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

RECOMMENDATION

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

Approve _____ 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 Objectives on AIDS for Mbeki Visit

Tab C Annotated Calendar for International
Events

Tab D International AIDS Legislative Goals and
Calendar

CONFIDENTIAL

Classified by: Kenneth Bernard

Reason: 1.5(d)

Declassify On: 05-18-10

DECLASSIFIED E.O. 13526
White House Guidelines,

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

By VL NARA, Date 7/16/2018

2017-0734-m

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Divider Title: _____ **i** _____

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)~~

~~CONFIDENTIAL~~

Classified by: Robert A. Bradtke
Reason: 1.5(d)
Declassify On: 05/18/10

DECLASSIFIED E.O. 13526

White House Guidelines,

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

By VZ NARA, Date 3/10/2017

7017-0739-M

Attached at Tab I is the agenda for the Deputies Committee meeting on Global AIDS Crisis scheduled for Friday, May 19, 2000, from 1:30 - 3:00 p.m. in the White House Situation Room. At Tabs A, B, C and D are a discussion paper "Mobilizing a Global War on HIV/AIDS," objectives on AIDS for the Mbeki visit, 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	Objectives on AIDS for Mbeki Visit
Tab C	Annotated Calendar of International Events
Tab D	International AIDS Legislative Goals and Calendar

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Divider Title: _____ **I** _____

NSC DEPUTIES COMMITTEE MEETING
ON GLOBAL AIDS CRISIS

DATE: May 19, 2000
LOCATION: Situation Room
TIME: 1:30-3:00 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

- Mbeki State visit - Objectives (Tab B) OVP/NSC
- International Meetings and Contacts (Tab C) All
 - Use of specific events and bilateral/multilateral contacts to leverage international buy-in
- Legislative Goals and Calendar (Tab D). WH Leg/OMB
 - Points for action to ensure maximum resource support for plan.

~~CONFIDENTIAL~~

Classified by: Robert A. Bradtke
Reason: 1.5(d)
Declassify On: 05/18/10

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White House Guidelines,
~~September 11, 2006~~ 5/16/2007
By VZ NARA, Date 7/16/2018
7017-0739-11

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Divider Title: _____ **II** _____

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.

Additional resources are needed for four kinds of activities: prevention, care of those infected, care of orphans, and capacity building. Prevention measures include reducing mother to child transmission, voluntary testing and counseling, education, and public awareness. Care measures focus on providing antibiotics and other low-cost medical interventions, training of health workers, and, for children at risk, providing medical care, education, food and income generation activities. Capacity building includes support for national planning and management capabilities, strengthening surveillance, and building effective delivery systems for drugs and prevention services. Our targets are:

- Reducing the expected new HIV infections 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% of HIV-infected persons have access to basic care and support services.
- Ensuring that at least 30% of AIDS orphans will have access to basic community support services.

The key policy objectives for implementation of the plan are listed below for discussion and approval by the Deputies. Attached at **Tab B** is a list of objectives for the Mbeki State visit. Also included at **Tabs C and D** 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

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2017-0739-M (1.34)
KRM 10/2/2023

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."

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

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.
- 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) Mbeki State Visit - May 21-23

Issue for Decision: Whether to adopt the following plan for addressing HIV/AIDS with Mbeki:

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

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

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

Objectives and Plan for Mbeki Visit (Tab B):

I. *Establish common ground.*

- Identify challenges common to United States and South Africa.
- Establish need to share knowledge and experience.
- Emphasize link between AIDS and poverty.

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

- Commend Mbeki for desire to better understand epidemic.
- Emphasize need to agree that HIV causes AIDS
- Offer to share all US data

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

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

IV. *Lock in partnership between Clinton and Mbeki to lead developed/developing country war on AIDS.*

- Commend Mbeki's commitment and leadership in South Africa.
- Emphasize support from United States.
- Call for joint effort to lead developed/developing country war against AIDS.
- Use July 9-14 International AIDS Conference in Durban to call for global campaign against AIDS.

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

Issue for discussion: Whether to approve the diplomatic plan at Tab C 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

3) 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

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Divider Title: _____ **A** _____

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 Spending¹, 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.

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 work-place education and reduction economic impact.

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

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

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

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.*

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TAB B

Objectives on AIDS for Mbeki Visit

Key Objectives:

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

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

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

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

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

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Classified by: Kenneth Bernard

Reason: 1.5(d)

Declassify on: 5-18-10

Objectives on HIV/AIDS for Mbeki Visit

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

- Identify challenges common to U.S. and SA:
 - Trends -- in U.S., HIV is now spreading most rapidly among people of color, women, youth, heterosexuals, and the poor;
 - New infections -- in U.S., new infections have leveled off but not declined;
 - Access to drugs -- at least half of the people living with HIV in the U.S. currently do not have access to drugs.
- Establish need to share knowledge and experience. While the magnitude of the AIDS crisis in SA, and in sub-Saharan Africa generally, far exceeds the epidemic in the U.S., there is much that we can learn from each other and do together;
- Emphasize link between AIDS and poverty. Key issue is the connection between poverty and AIDS and the importance of linking HIV prevention and poverty reduction strategies.

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

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

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

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

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

- Commend Mbeki's commitment and leadership in SA.
 - Established the SA national AIDS council, the SAG inter-ministerial AIDS commission and the SA partnership against AIDS;
 - Developed aggressive 5-year AIDS plan;
 - Increased SA AIDS budget.
- Emphasize support from U.S.
 - U.S. tripled its investment in the fight against AIDS in SA this year and agrees with SA national AIDS plan;
- Call for joint effort to lead developed/developing country war against AIDS.
 - Clinton to lead effort to mobilize developed countries through U.S.-E.U. Summit, G-8, other leader-to-leader dialogues.
 - Call on donor governments to double development assistance for prevention and care;
 - Call on MDBs to increase lending for HIV/AIDS;
 - Mobilize private donors;
 - Lead effort to accelerate R&D into new drugs and vaccines.
 - Mbeki to lead effort to mobilize developing countries through OAU, NAM, SADC, other leader-to-leader dialogues.
 - Call on leaders to launch national AIDS plans and create inter-ministerial commissions;
 - Call on leaders to increase national AIDS budgets for prevention and care;
 - Launch Africa-wide public awareness and education campaign.
- Use July 9-14 International AIDS Conference in Durban to call for global campaign against AIDS.

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TAB C

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

Proposed Tactics:

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

June 7-8

IDA Deputies Meeting, Lisbon

Objectives:

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



"Kuehl, Craig L" <KUEHLCL@durbanb.us-state.gov>
05/18/2000 04:20:48 AM

Record Type: Record

To: Kenneth W. Bernard/NSC/EOP

cc:

Subject: FW: Daily Mail&Guardian: What the president said

I believe the attached goes a long way toward clarifying this question.
If you get a message that says internet explorer can't open the attachment,
click on OK and the attachment should open.

If you have a problem, we'll fax the principal article.

Best regards,

>
Craig Kuehl
Consul General
United States Consulate General
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- att1.unk

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.

July 21-23 G-8 Summit, Okinawa

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

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

Proposed Tactics:

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

Sept. 6-8 UNGA Millennium Summit, New York

Objective:

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

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

Proposed tactics:

1. All of above.

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

Objectives:

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

Proposed Tactics:

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

Nov. 15-16 APEC Leaders Summit, Brunei

Objectives:

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

Proposed Tactics:

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

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

Dec. 1 World AIDS Day

Objectives:

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

Proposed Tactics:

1. All of above.

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Divider Title: _____ **D**

Tab D 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
18	House Defense Approps - Subcommittee
19	Senate Defense Approps - Full Committee (subcommittee date?)
24	House Agriculture Appropriations Bill - Floor Action
25	House Labor/H Approps Bill - Full Committee
29	House Defense Approps Bill - Full Committee
tbd	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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NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

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May 4, 2000

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E.O. 13526

White House Guidelines, September 11, 2006

By K92 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
TSL

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

Attached at Tab A is a REVISED agenda 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. At Tabs B, C and D is a discussion paper, cost estimate, and MDB Activities on AIDS background paper. ~~(S)~~


Robert A. Bradtke
Executive Secretary

Attachments

Tab A	Revised Agenda
Tab B	Discussion Paper
Tab C	Cost Estimate for Prevention, Care and Treatment of HIV/AIDS for Sub-Saharan Africa
Tab D	Multilateral Development Bank (MDB) Activities on AIDS

NSC DEPUTIES COMMITTEE MEETING
ON GLOBAL AIDS CRISIS

DATE: May 4, 2000
LOCATION: Situation Room
TIME: 2:00 - 3:30 p.m.

DECLASSIFIED
PER E.O. 13526
2017-0739-M (1.38)
KBN 10/1/2023

AGENDA -- REVISED

- I. Scope of the Problem ONAP, CIA
- II. Issues for Discussion and Decision:
 - A. Strategic Planning and Organization OVP
 - B. Presidential Envoy for AIDS Cooperation . . State, ONAP
 - C. Legislative Initiatives OMB
 - D. Enhancing Access to Medications USTR, HHS
 - E. Department of Defense Programs DOD
 - F. AIDS and UN Peacekeeping USUN
 - G. Intelligence Programs CIA
 - H. MDBs, Debt Relief and AIDS Treasury
 - I. AIDS/Infectious Diseases at U.S.-EU NEC
and G-8 Summits

~~CONFIDENTIAL~~

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

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008b. paper	Discussion Paper for NSC Deputies Committee Meeting (6 pages)	ca. 05/2000	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

DC [Deputies Committee Meeting] on AIDS [3]

2007-1550-F
ke2026

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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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

Multilateral Development Bank (MDB) Activities on AIDS

Lending Activities

The World Bank has been the major MDB supporter of activities to combat HIV/AIDS. Regional MDB engagement has generally been more modest through technical assistance and support for epidemiology and disease control in general.

Following are summaries of health sector interventions on AIDS in each of the MDBs, which encompass direct lending for HIV/AIDS prevention/treatment. This does not include multi-sector and other activities which substantially support AIDS prevention, e.g., girls education, womens microenterprise endeavors, and womens rural extension training.

The World Bank/IDA

Cumulative HIV/AIDS lending by the World Bank and IDA has been around \$986 million between FY85 to FY99, or 7 percent of total health/nutrition/population lending during this period. Recently, the World Bank has intensified its efforts to combat HIV/AIDS in Sub-Saharan Africa by making its containment a central development objective of its lending and on-lending programs in the countries of the region. It will use its policy dialogue with finance and planning ministers to encourage greater openness concerning HIV/AIDS and develop preventive interventions to assist in containing the disease. The Bank has done analysis on the economic/development impact of the disease and has supported the International AIDS Vaccine Initiative (IAVI). It has developed expertise within the Bank to assess the impact and growth of the disease and suggest "push" and "pull" mechanisms to provide incentives for the pharmaceutical industry to undertake the necessary R & D to discover and develop an AIDS vaccine.

As part of an international vaccine/health initiative, the World Bank is contemplating a \$1 billion increase of its funding in basic health/vaccines and medicines to be considered by the IDA Deputies. Although not as yet finalized, part of this amount would support efforts to prevent and control AIDS, and would probably be in addition to the \$400 million for HIV/AIDS activities for FY2000-FY02, a rough estimate by operations staff of the prospective pipeline of projects.

The African Development Bank/Fund

Cumulative lending by the African Development Bank/Fund for components and stand alone projects to combat HIV/AIDS has totaled \$183 million to date in 15 borrowing member countries, or 14 percent of cumulative lending to the health sector. Since 1990, these projects have been to Cote d'Ivoire, Togo, Mali, Malawi, Burundi, Gabon, Morocco, Mauritania, Tanzania, Uganda, and Burkina Faso. In addition, a permanent task force on HIV/AIDS has been established to develop a multi- sectoral policy to guide future assistance. Current operations in the southern region of borrowing countries are mainstreaming HIV/AIDS control activities in all

sector work and projects.

Asian Development Bank

The Asian Development Bank has not financed any stand alone HIV/AIDS projects to date. However, the ADB has financed several regional technical assistance for HIV/AIDS programs: (i) to support the Fourth International Congress on AIDS in Asia and the Pacific in 1997 (\$100,000); (ii) to develop cooperation in the prevention and control of HIV/AIDS in the Greater Mekong Subregion; and (iii) to help prevent HIV/AIDS among mobile populations in the Greater Mekong Subregion. A seminar on the current situation of HIV/AIDS in the region is being developed as an adjunct to the ADB Annual General Meeting in 2000 in Chiang Mai, Thailand. In the project pipeline 2000-2002, in 2000 the Bank is preparing a technical assistance to assist capacity building for the HIV/AIDS program in Cambodia (\$600,000).

Inter-American Development Bank

The Inter-American Development Bank has, also, not as yet, funded any stand-alone activities to constrain HIV/AIDS in the region, although, a regional technical cooperation for HIV/AIDS and sexually transmitted diseases is pending for approval in 2000 (\$126,000). In 1999, the Bank funded a epidemiological/health project in Bolivia (\$45 million) which will control the supply of blood and blood products which will help block the transmission of AIDS. Three other regional technical cooperations, one in 1999, and two pending for 2000 will support epidemiology and disease control, as well.

HIPC Initiative

Support for HIV/AIDS activities may result from the use of savings of debt service by each country which is eligible for debt relief under the Highly Indebted Poor Countries (HIPC) debt initiative. Priorities for allocation of savings to reduce poverty will be made by each country in the drafting of its "Poverty Reduction Strategy", which will then be reviewed by the World Bank and IMF. Bilateral donors, including USAID, will be consulted by the HIPC countries as they develop this strategy. This would be an opportunity to urge these countries to include expanded programs for immunization, prevention and treatment of infectious diseases, and support for effective basic health service delivery, including AIDS, in each country's "Poverty Reduction Strategy". (Bolivia, Uganda and Mauritania have been found eligible for HIPC debt relief; Mozambique, Benin, Burkina Faso, Tanzania and Mali are expected to be considered before the World Bank/IMF Development Committee Meeting, April 17, 2000.)

OASIA/IDB 2/8/00

Bilateral Agency Resources Directly and Indirectly Committed to International HIV/AIDS (Millions of USD in FY2000 excluding FTE)

	USAID	CDC	NIH	TOTAL
Primary Prevention	154	13		167
Community and Home Based Care and Treatment	14	9		23
Capacity Building and Infrastructure Development	24	13		37
Research				
Vaccine			25	25
Non-Vaccine Prevention			35	35
Research Capacity Bldg			10	10
Other			20	20
Other Programs	8	11		19
TOTAL	200	46	80	336

**Multilateral Development Bank Lending for Health and HIV/AIDS 1995-1999
(Billions USD)**

	Total Health	Basic Health	HIV/AIDS	TOTAL
World Bank/IDA	7.502	5.233	0.52	13.255
African Development Bank	0.251		0.063	0.314
Asian Development Bank	1.226	1.061	0.0001	2.2871
Inter-American Development Bank/FSO	1.106		0.045	1.151
TOTAL	10.085	6.294	0.6281	17.0071

US Contribution to UNAIDS FY2000 (Millions USD)

	USAID	TOTAL
UNAIDS	15	15

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009. paper	Discussion Paper for NSC Deputies Committee Meeting (7 pages)	ca. 05/2000	P1/b(1)

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International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

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2007-1550-F
ke2026

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NSC/RMO PROFILE

RECORD ID: 0003054
RECEIVED: 04 MAY 00 17

TO: AGENCIES

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E.O. 13526

FROM: BRADTKE

White House Guidelines, September 11, 2006
By ~~VDENARA~~, Date 05/16/2013
2001-1550-F

DOC DATE: 25 MAY 00
SOURCE REF:

KEYWORDS: INTL HEALTH
DC

SOC

PERSONS:

SUBJECT: SOC FOR DC MTG RE GLOBAL AIDS CRISIS ON 4 MAY

ACTION: BASH SGD MEMO TO AGENCIES

DUE DATE: 10 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

BAKER
BARTLETT
BASH
BERNARD
NSC CHRON
POWELL
RUDMAN

COMMENTS: _____

DISPATCHED BY _____ DATE _____ BY HAND W/ATTCH

OPENED BY: NSDBG

CLOSED BY: NSDBG

DOC 3 OF 3

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ACTION DATA SUMMARY REPORT

RECORD ID: 0003054

DOC ACTION OFFICER

CAO ASSIGNED ACTION REQUIRED

002 STEINBERG
002
003

Z 00050917 FOR DECISION
X 00052510 STEINBERG APPROVED RECOM
X 00052510 BASH SGD MEMO TO AGENCIES

DISPATCH DATA SUMMARY REPORT

DOC DATE DISPATCH FOR ACTION

DISPATCH FOR INFO

003 000525 FUERTH, L
003 000525 KENNEY, K
003 000525 COMSTOCK, N
003 000525 CRIBBS, M
003 000525 BURTON, L
003 000525 SYPTAK, S
003 000525 SURO-BREDIE, C
003 000525 KYLE, R
003 000525 ECHAVESTE, M
003 000525 WOLFE, T
003 000525 BRAINARD, L
003 000525 CONROY, R
003 000525 WHITE, D
003 000525 THURMAN, S

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NATIONAL SECURITY COUNCIL
THE WHITE HOUSE

5/19
5/20

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LOG # 3054

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	SEQUENCE TO	INITIAL/DATE	DISPOSITION
h GIRE	_____	_____	_____
JACOBSON	_____	_____	_____
POWELL	<u>1</u>	<u>5/9</u>	<u>see edk</u>
BASH	<u>6</u>	<u>5/25</u>	<u>A-Tab I</u>
BRADTKE	_____	_____	_____
RUDMAN	<u>2/4</u>	<u>MA 5/17</u>	<u>w/edk</u>
STEINBERG	<u>3/5</u>	_____	<u>MA 5/19</u>
BERGER	_____	_____	<u>w/edk</u>
SITUATION ROOM	_____	_____	_____
WEST WING DESK	<u>7</u>	_____	<u>D</u>
RECORDS MGMT.	_____	_____	_____
_____	_____	_____	_____

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

'00 MAY 30 4:26

CC:

COMMENTS:

SOC: DC on AIDs

EXEC SEC OFFICE HAS DISKETTE yes

CONFIDENTIAL

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

3054

May 25, 2000

DECLASSIFIED
E.O. 13526
White House Guidelines, September 11, 2006
By ~~DE~~ 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

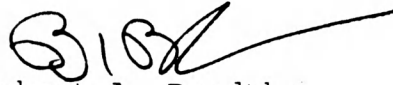
MS. SANDRA THURMAN
Director
National AIDS Policy

SUBJECT: Summary of Conclusions for Deputies Committee
Meeting on Global AIDS Crisis (S)

CONFIDENTIAL

Classified by: Robert A. Bradtke
Reason: 1.5(d)
Declassify On: 05/09/10

Attached at Tab A is the summary of conclusions for the Deputies Committee meeting on the global AIDS crisis scheduled on Thursday, May 4, 2000. Please pass to deputies. ~~10~~


For Robert A. Bradtke
Executive Secretary

Attachment
Tab A Summary of Conclusions

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010a. paper	Summary of Conclusions for Meeting of the NSC Deputies Committee (3 pages)	05/04/2000	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

DC [Deputies Committee Meeting] on AIDS [3]

2007-1550-F
ke2026

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WASHINGTON, D.C. 20504

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E.O. 13526

White House Guidelines, September 11, 2006

By ~~DOE~~ NARA, Date 05/16/2013
2007-1550-F

May 9, 2000

Done
edits/questions

ACTION

MEMORANDUM FOR JAMES STEINBERG

FROM: KENNETH BERNARD *Kenn Bernard*

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

This memorandum requests that you approve the summary of conclusions for the Deputies Committee meeting on the global Aids crisis held on May 4.

RECOMMENDATION

That you approve the summary of conclusions and authorize Robert Bradtke to sign the memorandum to the agencies at Tab I.

Approve *[Signature]* Disapprove _____

Attachments

Tab I Memorandum to Agencies

Tab A Summary of Conclusions

~~CONFIDENTIAL~~

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Reason: 1.5(d)

Declassify On: 5/9/10

TIME OF TRANSMISSION:

TIME OF RECEIPT:

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Initials: YDE Date: 05/16/2013
2007-1550-F

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PRECEDENCE:

X

IMMEDIATE
PRIORITY
ROUTINE

RELEASER: DTG: MESSAGE NO: CLASSIFICATION: ~~CONFIDENTIAL~~PAGES: 6

(Including Cover)

FROM: NSC West Wing Desk
(NAME)

(202) 456-9425
(PHONE NUMBER)

WH Situation Room
(ROOM NO.)

MESSAGE DESCRIPTION: Soc for 5/4 DC Mtg on the Global
AIDS Crisis

NSC LOG # 3054

TO (AGENCY)	DELIVER TO	DEPT/ROOM NO.	PHONE NUMBER
<u>State</u>	<u>Kenney / ExecSec</u>	_____	_____
<u>USUN / State</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 Joint Staff</u>	_____	_____
_____	_____	_____	_____

REMARKS:

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White House Guidelines, September 11, 2006

By DC NARA, Date 05/16/2013

2007-1560-F

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DOCUMENT CLASSIFICATION: ~~CONFIDENTIAL~~

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MR. NEAL COMSTOCK ROOM 3408, MAIN TREASURY BLDG 1500 PENNSYLVANIA AVE, NW WASHINGTON, DC 20220 DEPARTMENT OF THE TREASURY	_____	_____	_____ PRINT LAST NAME: _____ COPY: <u>VIA FAX</u>
COL MARIA I. CRIBBS ROOM 3E880 PENTAGON WASHINGTON, DC 20301-1000 DEPARTMENT OF DEFENSE	_____	_____	_____ PRINT LAST NAME: _____ COPY: <u>VIA FAX</u>
MS. LAVARNE BURTON C/O HHS SECURITY ROOM 523B HHH BLDG 200 INDEPENDENCE AVE., SW WASHINGTON, D.C. 20201 DEPARTMENT OF HEALTH & HUMAN SERVICES	_____	_____	_____ PRINT LAST NAME: _____ COPY: <u>1</u>
MS. STEPHANIE SYPTAK USUN/W ROOM 6333, DEPARTMENT OF STATE 2201 C STREET, NW WASHINGTON D.C. 20520-6319 U.S. MISSION TO THE UNITED NATIONS	_____	_____	_____ PRINT LAST NAME: _____ COPY: <u>VIA FAX</u>

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ECHAVESTE, M 1ST FLOOR WEST WING DEPUTY CHIEF OF STAFF	_____	_____	_____ PRINT LAST NAME: _____ COPY: <u>1</u> _____
MR. THOMAS H. WOLFE EXECUTIVE SECRETARIAT ROOM 7E12, HEADQUARTERS WASHINGTON, DC 20505 CENTRAL INTELLIGENCE AGENCY	_____	_____	_____ PRINT LAST NAME: _____ COPY: <u>VIA FAX</u> _____
MS LAEL BRAINARD 2ND FLOOR WEST WING NATL ECONOMIC COUNCIL	_____	_____	_____ PRINT LAST NAME: _____ COPY: <u>1</u> _____
MS. RYAN CONROY 1300 PENNSYLVANIA AVENUE ROOM 6.08 WASHINGTON, DC 20523-6801 AGENCY FOR INTL DEVELOPMENT	_____	_____	_____ PRINT LAST NAME: _____ COPY: <u>VIA FAX</u> _____

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SECRETARY			
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WASHINGTON, DC 20318-0001			COPY: <u>VIA FAX</u>
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THURMAN, S	_____	_____	_____
736 JACKSON PLACE			PRINT LAST NAME: _____
NATIONAL AIDS POLICY OFFICE			
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PAGE 03 OF 03 PAGES

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RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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April 28, 2000

U.S. GOVERNMENT USE ONLY

INTERAGENCY WORKING GROUP CONSENSUS PAPER

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

Background

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

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

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

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

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

USG International HIV/AIDS programs: The U.S. Government remains the world leader in responding to the global pandemic of AIDS. Current USG activities emphasize enhanced financial and political commitment, primary prevention, improving community and home based care and treatment, caring for children affected by HIV/AIDS, health infrastructure development, biomedical and behavioral research and training, and multisectoral efforts from the grass roots to the international level that reduce the impact of AIDS. Since 1986, USAID has dedicated over \$1.2 billion to mitigate the epidemic. In FY 2000, we contributed four times as much as the next largest donor. But we will need to spend more -- much more.

During the Security Council meeting, the Vice President outlined Phase II of our LIFE Initiative (Leadership and Investment in Fighting an Epidemic), the enhanced global AIDS effort which was launched last year with a budget amendment for a \$100 million increase in our global AIDS program. Congress appropriated the funding; bringing our FY 2000 global AIDS prevention and care program to \$225 million -- nearly two thirds of which will go to Africa. The FY 2001 budget includes an additional \$100 million increase in our global AIDS effort (for a total of \$325 million, excluding research) which will be targeted to: prevention; basic care and treatment; support for orphans; and health infrastructure development, and implemented by USAID, HHS (CDC), DOL and DOD.

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

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

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

The Interagency Process

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

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

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

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

Strategic framework for action

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

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

Issues and Actions

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

1. Budget and legislation

During this session of Congress, more than ten global AIDS initiatives have been introduced. Committees of jurisdiction in both chambers have favorably reported global AIDS legislation ranging from \$510 million for FY 2001 in the Senate to \$1 billion over 5 years in the House. Ideas vary from enhancing existing bilateral efforts through USAID to creating a new multilateral AIDS Trust Fund at the World Bank. Currently, there seems to be considerable momentum on the Hill for moving a

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

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

2. Diplomacy and awareness

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

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

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

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

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

3. Security

This year, the NIC, CIA and DIA have all produced excellent intelligence products on the impact of AIDS on the security, stability and economies of the hardest hit nations. DoD has prepared U.S. military education and training materials for HIV/AIDS prevention, some of which have been adapted for UN peacekeeping forces and given to USAID for review in FY 2000. These materials could be adapted for African militaries in FY 2001. Funding for expanding military-to-military training for HIV/AIDS prevention is in the President's FY 2001 budget request.

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

- In addition to supporting the Administration's \$10 million funding directly to DoD for this program in FY 2001, DoD will work closely with DOS to identify FY 2002-2007 International Military Education and Training (IMET) resource additions to fund (in the U.S.) HIV/AIDS professional education and prevention efforts. (DoD, State)
- All UN peacekeeping operations should effectively deal with AIDS education as an active and required responsibility. The U.S. should pursue negotiation of a UN Security Council Resolution on HIV/AIDS as a security issue, mandating HIV/AIDS prevention efforts for UN Peacekeepers. (State)

4. Economics, Trade and Finance

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

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

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

5. Prevention and Care and Research

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

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

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

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

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

USG Coordination of International AIDS Activities

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

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

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

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

Bernard, Kenneth W. (HEALTH)

From: Crocker, Bathsheba N. (NSA)
Sent: Wednesday, May 10, 2000 11:19 AM
To: Bernard, Kenneth W. (HEALTH); Samans, Richard (NEC); Smith, Gayle E. (AF); Efros, Laura L. (OSTP); Walldorff, Rebecca L. (LEGIS)
Cc: @RUDMAN; Lackey, Miles M. (LEGIS); @NSCComm
Subject: HIV/AIDS Strategy Taskings [UNCLASSIFIED]

TO: Ken Bernard. Rick Samans, Gayle Smith, Laura Efros, Rebecca Walldorff
FROM: Mara Rudman & Sheba Crocker
RE: Summary of Taskings from Internal Meeting on HIV/AIDS Strategy

By oob Friday, May 12 (no later than 9am) we need the following elements of a document which will ultimately become a plan for DC approval:

Section 1:

- One-page summary of the comprehensive approach already underway. **Action:** Samans does first cut; others add/clear.
- Calendar of major international, African/Southern and Congressional key events between now and end 2000 that could be used to push goals, below. **Action:** Bernard and Efros do first cut; others fill in/clear.
- Clear international "leverage" goals (**Action:** Bernard/Samans/Efros; clear African/southern "leverage" goals (**Action:** Smith); clear legislative goals/targets (**Action:** Walldorff).

Section 2:

- Identification of a few priority areas where the administration could do more on HIV/AIDS by the end of 2000. (These would emerge out of the IWG consensus document and last DC paper.) **Action:** Bernard, working with key IWG members.

Section 3:

- Proposal for a possible roll-out/communications strategy for The Plan. **Action:** Smith to work with Anderson.

Section 4:

- Specific goals for Mbeki visit, connected to Plan. **Action:** Smith.

Thanks, Mara and Sheba

International AIDS Conference July 9-14

Mbeke May 22

Summit July 21-23

VNGA Mill. Summit Sept 6-8

US-EU Summit 31st

W.H.O. W.H.A May 15-20

DAU Summit - Togo 1st w/2 July

S.A.D.C. May 10-11

World Bank - Sept 24-28

~~FAF~~
IDA

apex / ~~separates~~ ? Brunei 1st to now

Dec 1 World AIDS Day

NAM Summit - Dec 2001

Ready For
Archives

