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Folder Title:

IWG [Interagency Working Group] on International AIDS [1]

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Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Kenneth Bernard to National Security Advisor, re: AIDS Deputies meeting (3 pages)	04/13/2000	P1/b(1) KBH 10/21/2024
002. fax	Re: [Requested change for the IWG AIDS document] (2 pages)	04/11/2000	P1/b(1)
003. paper	Revised draft of Interagency Working Group Consensus Paper (11 pages)	04/17/2000	P1/b(1) KBH 10/21/2024
004. memo	Mike Casella and Ron Silberman to Ken Bernard and Sandra Thurman, re: [IWG Consensus Paper] (4 pages)	ca. 04/2000	P1/b(1) KBH 10/21/2024
005. fax	Fax coversheet from Kenneth Bernard to Frank Loy, et al. [partial] [10 U.S.C. 424] (1 page)	05/02/2000	P3/b(3)
006. paper	Interagency Working Group Consensus Paper (13 pages)	04/28/2000	P1/b(1) KBH 10/21/2024
007. list	AIDS Interagency Working Group Principals & Participants [partial] [10 U.S.C. 424] (1 page)	ca. 2000	P3/b(3)
008. note	Handwritten notes from Interagency Working Group Meeting (6 pages)	ca. 2000	P1/b(1) KBH 10/21/2024
009. memo	Harriet Babbitt to James Steinberg, re: [AIDS Pandemic] (2 pages)	ca. 05/2000	P1/b(1) KBH 10/21/2024
010. note	Handwritten notes from Interagency Working Group meeting (5 pages)	ca. 2000	P1/b(1)
011. paper	Interagency Working Group Consensus Paper (10 pages)	03/13/2000	P1/b(1)
012. note	Handwritten notes from Interagency Working Group meeting (1 page)	ca. 2000	P1/b(1)

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IWG [Interagency Working Group] on International AIDS [1]

2007-1550-F
ke2027

RESTRICTION CODES

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

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

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

RR. Document will be reviewed upon request.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. memo	Sandra Thurman and Kenneth Bernard to Leon Fuerth, et al., re: IWG Meeting on International AIDS, March 6 [partial] [10 U.S.C. 424] (1 page)	02/28/2000	P3/b(3)
014. minutes	Minutes from International AIDS IWG - Subcommittee on Security Meeting (3 pages)	02/25/2000	P1/b(1)
015. email	Kenneth Bernard to James Babbitt and African Affairs, re: AIDS Deputies meeting (3 pages)	04/13/2000	P1/b(1) KBN 10/21/2024
016. memo	Kenneth Bernard and Sandra Thurman to Leon Fuerth, et al., re: IWG on International AIDS - Draft Consensus Paper [partial] [10 U.S.C. 424] (1 page)	03/20/2000	P3/b(3)
017. paper	Interagency Working Group Draft Consensus Paper (10 pages)	03/20/2000	P1/b(1)

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International HIV/AIDS Analytical Working Group Scope Paper

Deputies have requested that further analysis be undertaken to help inform consideration of international policy objectives with respect to HIV/AIDS. As a starting point, we would like to organize in a paper the best available information on a number of basic questions regarding the path of the pandemic and its potential sensitivity to various policy goals and resource input scenarios. Following is a draft outline of such a paper, which is intended to provide a baseline of information for participants in the interagency process as well as serve as a vehicle for identifying topics ripe for further research.

Goals and Targets

- What goals/targets would correspond to a halt in the expansion of the pandemic in hard-hit developing countries? A reversal (modest vs. substantial proportions)?
- To what extent do existing international targets (e.g., UNAIDS and USAID) correspond to these objectives? What level of (improvement in) health care infrastructure do they assume?
- What specific goals/targets with respect to aspects of prevention, treatment, and care have been employed in individual countries or regions that have succeeded in halting or reversing the expansion of the path of the disease? Is it appropriate to extrapolate from these to international goals and targets? To what extent do they correspond to existing international targets?
- What is the relative sensitivity of outcomes to the addition of resources in the following areas? How are outcomes influenced by the mix of resources among them?
 - Prevention, including mother-child transmission.
 - Health care intervention, including infrastructure.
 - Support for orphans.

Resources

- Estimate current annual levels of:
 - US assistance for prevention, care, treatment, orphan support, and research.
 - EU, Japan, and other OECD country assistance.
 - Developing country resources (assess range).
- Estimate global and regional resource gaps for different targets (e.g., halting the expansion of the pandemic vs. reversing it vs. making as much of an impact as is practicable given the constraints of culture, poverty, distance, etc.).

Bernard, Kenneth W. (HEALTH)

From: Bernard, Kenneth W. (HEALTH)
Sent: Thursday, April 13, 2000 5:58 PM
To: @NSA - Natl Security Advisor
Subject: FW: AIDS Deputies meeting [UNCLASSIFIED]

Pls pass to Jim and Mara (and Sandy if appropriate)

To: Jim Steinberg

From: Ken Bernard

(Concurrence: Jim Babbitt, Gayle Smith, Sandy Thurman)

SUBJECT: Deputies Committee Meeting: Enhanced USG Response to the Global AIDS Epidemic (Currently April 27, 2:00)

In February, Sandy Thurman and I convened an Interagency Working Group on expanding our role in the global HIV/AIDS crisis. The meetings included representation from State (including USUN), USAID, DOD, Joint Staff, Treasury, Commerce, CIA, DOL, DIA, HHS (including NIH and CDC), OVP, OMB, USTR, NEC, NSC and OSTP. (note: Peace Corps is now being added.) We have been working closely with Gayle and Nora on the IWG which has substantial Africa equities.

The IWG has prepared a Consensus Document, which summarizes the current context of the expanding epidemic, extent of USG HIV/AIDS activities, funding issues, and "next steps" for USG action which can be agreed at the A/S level (penultimate draft attached).

A number of issues and actions discussed by the IWG would benefit from the Deputies buy-in to help move implementation quickly. A few others would require decisions. We would like your comments on, and approval of, this outline before we draft the agenda.

1. Coordination and Leadership issues

--Structure and Coordination of USG HIV/AIDS Programs: We will propose that Deputies approve the IWG recommendation to expand staffing of Sandy Thurman's office.

--Enhanced International Leadership: Details of the "Presidential Envoys for AIDS Cooperation" (PEACs) initiative will be laid out for discussion and approval. Possible deliverable for the US-EU Summit, and or G-8.

--Cooperative HIV/AIDS efforts with other nations: - Next steps to ensure economic

burdensharing, especially in the planning for the US-EU Summit and G-7/G-8. We will be prepared to outline the macro-level costs of specific interventions, such as prevention and care, preventing mother-to-child transmission, provision of antibiotics in Africa, etc.

--**Competing budget initiatives for AIDS funding:** Gaining support for the Administration's additional \$100 million increase while dealing with Congressional interest in a variety of other, even larger, earmarked increases for AIDS. WH Legislative Affairs and ONAP are taking the lead on this, and will have recommendations in advance of the DC.

2. Security Issues:

--**DOD engagement:** South Africa, Nigeria, Rwanda, Zambia, Cambodia, Ghana and Eritrea are a few of the countries already requesting DOD assistance for mil-mil AIDS prevention activities. Funding of \$10 million is in the President's FY 2001 budget request, although reprogramming FY 2000 funding for this purpose is an option needing discussion by the Deputies. The future earmarking of DOD/State IMET funding for AIDS training Should also be discussed, and we believe that Deputies should task DoD to develop a comprehensive, global plan for tackling HIV-AIDS in our mil-mil relations.

--**Intelligence amplification:** Will propose that Deputies approve a specific mandate for intelligence community reporting on the extent and impact of the epidemic.

--**UN Peacekeeping:** Next steps for ensuring mandatory HIV/AIDS prevention efforts for all UN Peacekeepers.

3. Economic and Humanitarian Issues

--**Finance:** Consider how to increase speed of HIPC countries accessing debt relief funding for AIDS control activities. Ensuring increased World Bank (IDA) funding of the President's AIDS and vaccine initiatives. Consider the pros and cons of, and possible options for expanding targeted debt relief to non-HIPC countries, such as Nigeria, that have both significant debt and AIDS problems. There is considerable disagreement on this issue. The decision for the Deputies is whether the issue is important enough to explore new debt initiative or other financial instruments.

--**Enhancing Access to needed medicines:** Establish an IWG tasked with making recommendations to enhance the developing world's access to needed medicines. A group, chaired by HHS and USTR are already working to followup the announcement made by the President in Seattle. Next steps will be outlined.

--**Business Community outreach:** The VP has publicly committed to hosting a meeting of U.S. business leaders whose firms are active in Africa. The meeting will call for corporate resources and ideas to 1) protect the international workforce from HIV/AIDS, 2) joint efforts to stop the spread of global AIDS, especially from mother-to-child. Leon

will be prepared to provide further details.

--USG task force to focus on the challenges of delivering services (and drugs) to reduce mother-to-infant HIV transmission. In his recent speech to the African Summit the President emphasized his support of this initiative. Consider options and costs to move forward.



AIDS IWG Consensus
Concurrence...

FAX MESSAGE



**U.S. Agency for International Development
HIV-AIDS Division, Office of Health and Nutrition
Global Bureau**

Mailing address: G/PHN/HN/HIV-AIDS
3.07--075M, 3rd Flr, RRB
Washington, DC 20523-3700
U.S.A.

To: Dr. Ken Bernard
NSC

Phone: 202 456 9391
FAX: 202 456 9390

cc:

From: Paul DeLay, M.D., D.T.M. & H.
Chief, HIV/AIDS Division

Phone: 202 712 0683
FAX: 202 216 3046

Pages: 1
Date: 04/14/00

Subject: USAID Comments on the NSC Interagency Working Group Consensus Paper

We have reviewed the revised version of the above document and have the following comments. This version incorporates all our previously suggested revisions and represents an excellent summary of the input from the five subgroups. One minor comment on page 3 under **Strategic Framework for Action**, there is no mention of mobilizing/leveraging increased resources from the host countries themselves. This should probably be a fifth objective.

Our major concern is that the overall number of specific actions (over 50) is rather ambitious. The cover letter states that there will be another meeting of the IWG in June for reporting out of progress on each of these actions. It is not clear as to who has the lead responsibility for following through and reporting out on each of these actions. Some of the actions do not have a description of which Agencies are involved and it is not apparent if the first Agency mentioned in parentheses is indeed the lead Agency? It would be useful to clarify this, so that at the next IWG meeting there is no consternation or confusion as to who will report out progress.

[FAX page: 1]

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PEACE CORPS

MAKING A
WORLD OF DIFFERENCE



April 16, 2000

Memorandum for Kenneth W. Bernard
Special Advisor to the Assistant to the President for National Security Affairs

Subject: Interagency Working Group Consensus paper on HIV/AIDS

Please see the attached document. Peace Corps' input is underlined on pages 2 and 10. I look forward to playing an active role in this interagency process and to sharing the contributions that Peace Corps makes to HIV/AIDS prevention and control.

Sincerely,

Mark L. Schneider
Director

Attachment

REVISED DRAFT WITH ADDITION OF PEACE CORPS EFFORTS

4/17/2000

April 10, 2000

FOR 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 a 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."

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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, capacity and health infrastructure development, and multisectoral efforts from the grassroots to the international level that reduce the impact of AIDS.

In mobilizing human resources, the Peace Corps (PC) has developed information modules and begun training all new Volunteers, across sectors, in HIV/AIDS prevention and education strategies. There are currently over 6000 Volunteers working globally with more than 2,400 Volunteers in Africa alone, many of whom will have primary assignments in HIV/AIDS work. In addition, a cadre of experienced Crisis Corps Volunteers is being selected to work directly with HIV/AIDS issues in endemic regions on the African continent and in other countries with high HIV prevalence.

Since 1986, USAID has dedicated over \$1.2 billion to mitigate the epidemic. In FY 2000, we contributed four times as much as the next largest donor. But we will need to spend more -- much more.

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

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**

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4/17/2000

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.

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.
- 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.

Subgroup Reports were considered during the reconvened IWG on March 6, and major recommendations and options for action are presented below (lead agencies in parentheses will coordinate activity with all other appropriate agencies):

1. Budget and legislation

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

- Pending authorizing legislation should support or enhance the Administration's goal of securing an additional \$100 million for the expansion of our current global AIDS initiative. Outcomes and strategic USG goal's 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 does not undermine other vital antipoverty/AIDS priorities such as HIPC.
- ONAP, OMB 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, OMB)

2. Diplomacy and awareness

The Department of State has aggressively increased its diplomatic outreach and education, 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 naming Presidential Envoys for AIDS Control (PEACs). Each concerned country would name a senior envoy who would meet, debate, and help coordinate international efforts to deal with the thornier problems of the epidemic. For the U.S., this Envoy would be either the White House Director of National AIDS Policy, or a person reporting through that office.

While not formally representing their government for negotiating agreements, meetings of PEACs would form a forum for discussion of issues needing international

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- action, such as drug availability in poor countries, 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 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 affect 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 demarche 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 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)

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- 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)
- Make international health and scientific collaboration on HIV/AIDS a priority in science and technology programs facilitated by the State Department. (State, HHS)

3. Security

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

- In order to advance our operational goals regarding the public health and security aspects of the epidemic, the Director of Central Intelligence should instruct each component of the intelligence community to provide quarterly 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. He should, as a priority, also reinforce the need for comparable HIV/AIDS prevention, education and training in international defense forces, and, in cooperation with USUN, for UN peacekeeping forces. (DoD, State, NSC)
- In addition to supporting the Administration's \$10 million funding directly to DoD for this program in FY2001, DoD will work closely with DOS to identify FY2002-2007 International Military Education and Training (IMET) resource additions to fund professional education and training efforts in the U.S.A. to provide HIV/AIDS professional education and treatment and prevention of HIV infection.

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4/17/2000

- All UN peacekeeping operations should effectively deal with AIDS education as an active and required responsibility. USUN 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. (USAID, State)

- Actively seek support for the President's proposal that the multilateral development banks dedicate an addition \$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, Treasury and WHO 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 enhanced 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 Internet web sites containing workplace training manuals for HIV/AIDS to promote HIV/AIDS workplace education and prevention. (DOL, DOC)

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4/17/2000

- 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 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, 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. 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

REVISED DRAFT WITH ADDITION OF PEACE CORPS EFFORTS

4/17/2000

and other national governments. Emphasize real people in real situations. (State, USAID)

- Initiate an 'adopt-a-school' program with NGOs, religious groups and the private sector, providing funds to keep AIDS orphans in school. (ONAP)

5. Prevention and Care and Research

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

- Develop a working list of what governments and donors are spending in each country on HIV/AIDS prevention, treatment and care activities to focus new efforts on needs and gaps. (USAID)
- Restate the Administration commitment to develop a preventive HIV vaccine within the next 10 years. This should emphasize developing country (Africa, India, others) participation in the critical research. (HHS, USAID)
- Initiate regular meetings co-chaired by USAID and HHS to coordinate specific strategies focusing on the delivery of prevention, medical treatment and care services to impacted communities.
- 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 protocol.
- 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 Nevirepine and AZT, and concern that drug treatment may divert resources from other services. (HHS, USAID)

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- Fully implement a Peace Corps Initiative to train all 2,400 Volunteers in Africa in HIV/AIDS prevention and awareness techniques, and field teams of experienced former Peace Corps Volunteers to assist on AIDS projects. (Peace Corps)
- Highlight and actively implement in other at-risk countries the successful AIDS projects and activities in Malawi, Senegal and Thailand. (Peace Corps)
- Whenever possible, enhance community-based approaches to support children and their families affected by AIDS. (Peace Corps)
- NIH 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. Announce 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 rather than orphanages to support children affected by AIDS (ONAP, USAID)
- 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.

Recommendation for USG Coordination of International AIDS Activities

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4/17/2000

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 and 2-3 additional staff detailed from other agencies to cover the broad coordination of USG activities related to the global epidemic. One staff member would cover multilateral issues, another would coordinate prevention/care issues, and a third, if available, would deal with budget and legislative matters.

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

BUREAU OF AFRICAN AFFAIRS
UNITED STATES DEPARTMENT OF STATE
WASHINGTON, D.C.

Fax Transmittal Form

Date:

4/17/00

To:

Kenneth W Bernard

Fax:

Phone:

456-9390

From:

Susan Rice

Fax: (202) 647-6301

Phone:

Number of Pages:

Subject:

3 + cover

Memo:

GLOBAL AIDS



United States Department of State

Washington, D.C. 20520

April 17, 2000

UNCLASSIFIED
MEMORANDUM

TO: NSC – Kenneth W. Bernard
ONAP - Sandra Thurman

FROM: AF - Susan E. Rice

SUBJECT: Global AIDS Crisis IWG Consensus Paper

Thank you for sharing with me the revised version of the IWG Consensus Paper on expanding the USG role in controlling the international HIV/AIDS epidemic. The document provides a useful roadmap to our actions in the months ahead. I am pleased that you also view it as a work in progress. Indeed, I believe that it will grow and evolve considerably as we begin to give this issue the attention it warrants -- both here in Washington and at our posts overseas. You should be aware already of the tremendous response we have received from our Ambassadors in Africa in response to my request to each of them to draft a country specific HIV/AIDS strategy that they will oversee.

In reviewing the Consensus Paper, I have some concerns on both substance and process that I would like you to factor into this initiative as we move forward.

- **Decision Making:** It is not clear to me from the paper how decisions on outstanding issues will be made. I believe that this should be explicit so that everyone involved understands the process.
- **Private Sector Mobilization:** I believe that we need to add a concept for motivating the private sector to make substantial investment in HIV/AIDS prevention. Organizing a roundtable series with U.S. companies and encouraging them to concert their efforts to invest in combating HIV/AIDS would be a useful further step. In this regard, I want to call your attention to the excellent plan that Chevron produced for the U.S.-Angola Bilateral Consultative Commission to be held in Luanda on May 4-5.
- **Options Papers:** I feel very strongly that we can do much more in the areas of pharmaceutical availability and Debt for AIDS swaps. My staff will be working on options papers on these two issues to feed into the IWG process.

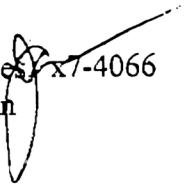
UNCLASSIFIED

-2-

- Presidential Envoys: I believe that the PEACs idea has great merit and would like to see us overcome the bureaucratic hurdles and move ahead as quickly as possible with this proposal, certainly by the time of the G8 summit in July. If we miss that deadline, we would lose a tremendous opportunity provided by the final G8 summit of the Administration.

-3-

Drafted: AF/EPs:JAHolmes x7-4066
Cleared: AF:WSchneidman

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal stroke, is written over the text "AF/EPs:JAHolmes x7-4066" and "AF:WSchneidman".

COMMENTS TO IWG CONSENSUS PAPER



Ronald L. Silberman

04/27/2000 05:27:34 PM

Record Type: Record

To: Sandra Thurman/OPD/EOP@EOP, Kenneth W. Bernard/NSC/EOP@EOP
cc: Robert D. Kyle/OMB/EOP@EOP, Michael Casella/OMB/EOP@EOP, Christopher S.
Johns/OMB/EOP@EOP, Rodney G. Bent/OMB/EOP@EOP
Subject: AIDS Initiatives Draft

Per my phone conversation with Ken earlier today, our sincere apologies for the late arrival of this. Please consider this as points to consider in drafting issues paper for Deputies rather than as recommended changes to the initiatives paper. Note also that Bob Kyle is still reviewing our (Casella/Silberman) memo and the incoming and may have separate reactions for the Deputies meeting next week.



aids strategy2a.wp

MEMORANDUM FOR KEN BERNARD AND SANDRA THURMAN

FROM: Mike Casella and Ron Silberman

SUBJECT: IWG Consensus Paper on Expanded US Role in the Global HIV/AIDS Crisis

Overall Effort

You indicate that an issue specific discussion/decision paper is in preparation and provide several topic areas. Our comments on the paper are, in several instances, probably in areas that you plan to include in this future paper. They represent areas where we are unsure of what the proposed expansion entails. On broader issues, a couple of thoughts:

- We question whether a staff of 2-3 people working for an international deputy would be productive. A Deputy we feel would be useful for broad budget/legislative issues and as an envoy to other donors; however, a staff for coordinating programming might add additional bureaucracy without substantial additional benefit. That is, the bulk of overseas activities are concentrated in AID and HHS and coordination between them is vital; but, a supervisory White House role will add substantial time demands on AID's and HHS's management. Bringing other agencies such as DOL and DOD into the overseas picture is important, but this might be better achieved by having AID and HHS inviting other agencies to participate in regular strategy meetings on broad objectives and goals as well as country programming.
- The proposal to add new debt forgiveness proposals to current efforts may be problematic. Over the past several years the number of debt forgiveness proposals have proliferated and the Administration's record of making good on these commitments, many of which the President has championed, has been poor. In addition, proliferation of "no cost" debt swap proposals for HIV/AIDS and other purposes are likely to increase the overall cost of future lending to these countries, since it presents a "moral hazard" concern that we would have to take account of in future risk calculations. Rather than adding new forgiveness layers to past efforts, it might be better to address how existing HIPC and other debt efforts might be better tied to AIDS policies/programs of recipient countries. In addition, new grant and soft loan programming, both bilateral and multilateral, might be focused on countries that have developed effective programs and won HIPC or other regular debt concessions.
- We wonder whether the multiple sub-interagency working groups was particularly effective. Our experience has been that there was little advancement of understanding or much ability to penetrate issues given the brief time available and the pressure for often the same individuals to run from group to group. Another approach might be to have one central working group that can discuss basic strategies and concepts, and assign small

temporary subgroups to draft specific strategy papers for consideration by the working group.

- We also note that several of the suggested initiatives appear to involve new projects that may have significant USG cost implications. Given the serious discretionary non-defense spending shortfalls in the congressional 302b process for FY 2001, which is impacting our ability to get appropriation committee support for debt reduction funding and other FY 2001 proposals, careful analysis is needed of whether some of these proposals can be done within FY 2001 budget requests or through reprogramming of less immediate priorities.
- Finally, several suggestions on how to proceed with multilateral initiatives and whether to support Leach type proposals.
 - * Engage Jan Piercy, the USED at the World Bank, to sound out the ED's from the other key donors on their views of using the World Bank as the sight of an AIDS Trust versus other venues.
 - * Engage in a systematic way assistance agencies of other major donors on how to develop an effective multilateral mechanism to attract additional official and private sector donor assistance for HIV/AIDS programs.
 - * Have the Economic Summit sherpas engage on the issue.
 - * Seek wording changes in the Leach and/or Helms bills that place the focus on a multilateral effort without specifying specific institutional homes.

Comments on "Consensus Paper"

Page 3: Reducing transmission and caring for those who are sick. We wonder whether these two items should be a single category. They appear to be quite distinct activities with dramatically different cost implications and possibly different institutional requirements. As Nadine Gordimer noted in her recent op-ed piece in the NYT: "There is prevention, and there is cure. The ideal is to seek both at once, but this is beyond the capacity of most countries where the disease is rampant." To go one step further, given limited financial and human/management resources, will sincere efforts to ameliorate suffering through minimal care come at the expense of greater prevention success?

Page 4: Budget and legislation: First bullet - On outcomes and goals defining bills supported: more effort is needed to define multilateral strategy and set inter-donor strategy in motion.

On third bullet - OMB generally does not actively engage directly with the Hill in early appropriations markup; this is usually an agency effort. OMB does engage during the end game when final tradeoffs and Administration requirements need to be established.

Page 5: Diplomacy and awareness:

First check “Target US efforts...”: does the second clause, “target leadership in countries already heavily infected” imply that leadership will not be targeted in countries most at risk for rapid increases in infection? If so, this seems strange as those already most heavily infected would seem to need the least convincing.

Third check “Highlight...”: How will the at-risk countries for implementing successful models be selected? How many will be? Will the US be active everywhere or focus on some while other donors focus on others? Will there be self-selection by countries? The tough questions have not been discussed here.

Fifth check “Develop at each Embassy...”: Why are comprehensive HIV/AIDS action plans developed in Embassies with State leadership rather than AID missions under AID’s leadership where the programming and funds are? What will be the basis for developing models? Have “model” programs been developed, printed and distributed?

Second Bullet, first check “Provide leaders with...”: There seems overlap here with the fourth category proposals. Whether here or later, where there are numerous proposals for developing materials, videos, rockstar and other advocates, etc., materials should emphasize the explosive growth/inflection potential of the pandemics once they are allowed to establish themselves.

Page 7: third check “Actively..HIPC...”: Two points: (1) Treasury doesn’t have the staff to help countries develop poverty reduction strategies; however, (2) Treasury can push the idea of focusing on AIDS in the Bank HIPC implementation strategies and push to associate new soft loans or grants with them.

Page 8: bilateral bullet, first check “Expand DOL...”: Does DOL have in place a good model for involving country labor unions in AIDS prevention? Are there preceding steps that need to be followed if this activity is to be successful?

Third check, “Establish...Malawi...”: Why Malawi? It has both a small manufacturing sector and low urban population relative to a number of other SSA countries.

Private Sector bullet, first check “Convene...”: Do we have concrete suggestions to increase public/private cooperation, or more, a well thought out strategy for how to integrate private industry into our overseas programs? Is this proposal for a conference or a p/p working group to develop modus operandi?

Second check “Expand...intellectual property rights...”: Why no mention of soliciting input from IPR industry as well as NGOs? Needless to say, this is going to be a very difficult tradeoff, made worse by (1) what will probably remain a weak institutional infrastructure for delivering complex drug regimens to largely rural populations; and (2) the difficult tradeoffs between prevention and care mentioned earlier.

Page 9: first check “Increase outreach...”: This again may be premature since a strategy and structure do not yet exist for using funds raised. Unless donors and their decision makers are confident that their donations are being used effectively, efficiently, and in a timely manner, the well can go dry quickly. For example, we are running into problems on the Hill on disaster supplementals because of the slow spending rates on the Mitch supplemental last year.

Second check “Work with industry...”: Two points: (1) does a unified approach to showcase exist, and (2) are we aiming for unity, complementarity, or something else?

Last check “Initiate an ‘adopt-a-school...’: SubSaharan Africa enrollment ratios are very low generally. Are there implications, therefore, for overall system designs? With high incidence rates among teachers, administrators, etc., the real challenge may soon be keeping education systems in place.

Page 10: third bullet “USAID should be...”: This does not seem to be an initiative but a turf issue; it also conflicts with State embassy lead on page 5.

Fifth bullet: “NIH and others...”: Are we proposing “establishing” centers or identifying, supporting, and strengthening existing ones? The budget and personnel requirements may be very different. Further, how many are contemplated and at what level of support (\$s and FTE) over what time period?

Page 11: first bullet “Call for the Administration...”: In calling for a statement to more fully involve faith communities, are we proposing US grant support of their activities overseas and/or of their administrative apparatus in the States or overseas? If so, what level and from what resources is this contemplated?

Third bullet “Endorse community-based...”: What is the thinking behind this recommendation? Are there, again, programmatic support implications of this proposal? If so, what, when, where, how much, etc.?

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From: Kenneth W. Bernard
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Date: May 2, 2000

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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 FY2000 global AIDS prevention and care program to \$225 million -- nearly two thirds of which will go to Africa. The FY2001 budget includes an additional \$100 million increase in our global AIDS effort (for a total of \$325 million, excluding research) which will be targeted to: prevention; basic care and treatment; support for orphans; and health infrastructure development, and implemented by USAID, HHS (CDC), DOL and DOD.

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

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

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

The Interagency Process

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

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

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

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

Strategic framework for action

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

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

Issues and Actions

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

1. Budget and legislation

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

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

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

2. Diplomacy and awareness

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

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

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

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

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

3. Security

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

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

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

4. Economics, Trade and Finance

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

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

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

5. Prevention and Care and Research

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

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

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

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

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

USG Coordination of International AIDS Activities

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

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

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

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

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. list	AIDS Interagency Working Group Principals & Participants [partial] [10 U.S.C. 424] (1 page)	ca. 2000	P3/b(3)

COLLECTION:

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

FOLDER TITLE:

IWG [Interagency Working Group] on International AIDS [1]

2007-1550-F
ke2027

RESTRICTION CODES

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

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RR. Document will be reviewed upon request.

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

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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LAURA EFROS, OSTP*

202 456-0655

202 456-2068

Keenan, Josefine (Chris) (HEALTH)

From: Bernard, Kenneth W. (HEALTH)
Sent: Tuesday, April 04, 2000 6:40 PM
To: Sutphen, Mona K. (NSA)
Cc: @HEALTH - International Health Affairs
Subject: FW: [UNCLASSIFIED]

As promised.

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

From: Bernard, Kenneth W. (HEALTH)
Sent: Wednesday, March 29, 2000 2:40 PM
To: @NSA - Natl Security Advisor
Cc: @AFRICA - African Affairs; @MULTILAT - Multilateral and Humanitarian Affairs; @EUROPE - European Affairs; @VP - VP Natl Security Affairs
Subject: [UNCLASSIFIED]

For Sandy

From: Ken Bernard

Subject: AIDS (4/5/00 Foreign Policy Breakfast)

The IWG has just completed its initial AIDS Consensus document, which is now receiving final agency clearance. It contains many new ideas and action steps which can be implemented under the oversight of the IWG. I will forward a final copy.

There are several that will need some higher-level approval or discussion. I am preparing a memo for you on this now. However, one of the issues may not wait for the memo. I understand that Dick Holbrooke may raise the "Presidential Envoys for AIDS Cooperation (PEACs)" idea at the Wednesday morning breakfast. The following is a summary and a few pros and cons.

Brief description of proposal:

The USG would promote the "Presidential Envoys for AIDS Cooperation" (PEACs) initiative to intensify and coordinate the global response to HIV. The President would appoint a U.S. Envoy for AIDS Cooperation (the U.S. PEAC), as the USG began a diplomatic effort to encourage other concerned nations to follow suit. Regional or issue-specific sub-groups of a high-level body - the "Forum of International PEACs" - could then meet regularly to help coordinate and intensify wide-ranging international anti-HIV efforts.

The Envoys could initiate discussions on important issues needing international action such as prevention strategies, access to medications in poor countries, and development of a high-profile communications strategy for public diplomacy on HIV/AIDS control. The PEACs forum would publicly announce a set of ambitious global goals the world would commit to working together to meet, and then serve as the high-level motivating body that works to see they are met (e.g., goal: raise the total level of public/private international anti-HIV spending to \$1 billion; goal: reduce the incidence (rate of new cases) of HIV infection by 25%; goal: ensure 75% of infected persons will have access to basic care and support services).

Pros:

- It would be a strong new U.S.-driven initiative which would highlight a primary intervention -- leadership in the fight against AIDS at the highest level of government.
- The PEACs would be a good deliverable for the U.S.-EU Summit Agenda, in addition to specific EU commitments to complement the President's AIDS and vaccines initiatives.
- Meetings of the PEACs could take up the really hard issues (like trade, drug access and destigmatization) in a high-level forum without having to deal with UN bureaucracies or governance.
- The PEACs forum could be managed by the UN AIDS program in Geneva, to avoid new organizational structures.
- The PEACs would set international aspirational goals for AIDS control.

Cons:

- We don't need a new group to talk about AIDS. We have the UNAIDS program and other organizations. It would be expensive and complex to support.
- The Envoy, if not tightly controlled and instructed, could make contributions to the international debate that are in conflict with USG positions.
- PEACs could reach conclusions that are contrary to U.S. foreign policy.
- The "Presidential Envoy," either Sandy Thurman or someone reporting through her, may not be acceptable to the Department of State, which could feel that this impinges on its authorities and mandate. (note: Susan Rice likes the idea. It is being vetted by Frank Loy internally for these "institutional" issues.).

TWG

1) Security

2) Budget - 1st priority \$100 million request

House Banking - Leach Wed.

Party line - leveraging resource.
- not wedded to World Bank
trust fund piece

Biden - rolled global "ATD package"
markup after Easter recess.

African Trade Conference appointed
Feinstein Feingold amendment.

(? stay in final Bill)

Legislative swirling around.

- Leg/ONAP/African → more forward

Cassella - separate out goals + mechanisms

- ? trust fund/fundation ? better mechanism

- Cannot come to consensus on mech.

? which bill

Mechanism of ~~inter~~

working - other govt's
increase individual efforts
but collaborating.

(No one thinks we need a new structure.)

* ATDS - in development Committee

Finance/development minister

3) Diplomacy & Awareness

PEACS.

Target efforts at most at risk countries

see

New cable HIV/AIDS strategy

M.P.P.

Bus. Outreach - Business & Africa

- FSN's - Benefits FSO's/FSN's

*

Local law considerations

Practical examples - management level
review. Major implications
financial

Instit. DPKO
core

Egypt/Pak/India

PEACS - new vision for int. AIDS

- state working forward in

final

"Money by itself not enough.
need country psych adjustment

~~money~~

forum to share

Need purposes to drive the request.

UK, Sweden, Norway, Canada, growing contributions.

Japan - ↑ HIV AIDS Vice Min-Foreign Affairs/Sherpa

Need public education

• TPS - other donors - what should they do?

India +

4) Preventive Care

- expand ONAP assoc. =

- PEACs

- empowering women Beijing + 5

- Factor Community.

- integrate = STOP TB.

? ↑ access to critical drugs / test kits

- incentive

- need structure

needs to be in context of broader care agenda.

Comprehensive plan - component.
notwithstanding language

* mother/child - stalled - ethical reasons
bogged down - ~~kick~~ - start.
profound issues.
new subgroups.

5) Treasury/Commerce

Not just Africa
Business roundtable

Foreign Commercial Service.
International awareness project
Adopt a minefield
inferences on AIDS orphans.

Controversial - prominent by U.S. corps.

Treasury - ?

Joe Papowitch - Balance of Payments program.

"Buy American" could be a problem
- carve out for AIDS

Susan Rice - debt relief & "debt swaps"

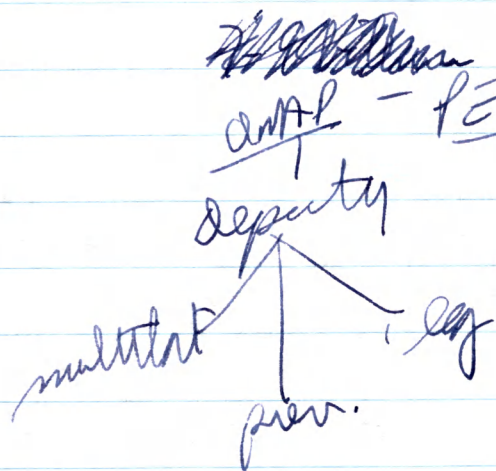
↑ debt relief. Nigeria
1/4 Sub-Saharan Africa. Look then primarily HIV/AIDS
L authority not ~~useful~~ useful

Portman -

- What we lack:
- 1) Pro & Cons for PEACs
 - 2) mother/child
 - 3) self relief / swaps
pro/cons
 - 4) FSN / Policy / employees
 - 5) Other donors.
 - 6) Access to drugs

Recommendation to DC/PC → ~~the~~ ~~Recommendation~~

IWA - pricing/areas ++



standing IWGs

Keep ball rolling
ratchet up activities - interagency
activities

Relationships ∈ National Security.
- linked ∈ NSC.

? joint battle.



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

*Office of
the Administrator*

MEMORANDUM FOR JAMES B. STEINBERG
Deputy Assistant, National Security Affairs
National Security Council

SUBJECT: Improving Systematic Reporting and Analysis of
the AIDS Pandemic, with emphasis on Security
Issues. (Agenda Item 6 from May 4th Deputies
Committee Meeting)

The International Programs Center at the U.S. Bureau of
Census is considered the preeminent global resource for the
collection and analysis of HIV/AIDS surveillance data. USAID
has supported the Center since 1987 to provide the core data
and analysis for multiple national and international
organizations, including the UNAIDS' annual updates.

Over the past ten years, the U.S. intelligence community
has produced a series of analyses on the impact of the exploding
AIDS pandemic on military capacity and readiness and political
stability. However, they are not prepared to undertake a
regular ongoing review of all global HIV/AIDS surveillance
information.

Identifying credible, representative HIV/AIDS data in the
developing world is extremely difficult. Most developing
countries' HIV and AIDS prevalence data are never published.
The Bureau of Census conducts a continuous, aggressive search
for data from what is termed the "gray" literature: ongoing
research studies, national AIDS program reports, presentations
at conferences, and personal communications with in-country
personnel. These data are maintained in the HIV/AIDS
Surveillance Data Base, which now includes nearly 53,500
individual data points from over 5,000 sources, of which only
20 percent are published articles. It is considered the most
complete source of HIV prevalence information in the world.

This unit has worked closely with the intelligence community in the past on population estimates and projections at the national and sub-national level. USAID could easily expand its scope of work to facilitate increased collaboration with the intelligence community for tracking the AIDS pandemic. The Center could provide semi-annual or annual updates by region and could also provide country or topic specific reports or briefing papers on an ad-hoc basis. This collaboration could provide U.S. policy-makers the accurate and up-to-date information needed for assessing the military, political and economic impacts of the AIDS pandemic.

In preliminary discussions with Kenneth Bernard at the NSC, this proposal seemed to be reviewed favorably. USAID looks forward to discussing this further in the Inter-Agency deliberations.



Harriet C. Babbitt
Acting Administrator

cc: Leon Fuerth, Assistant to the Vice President,
National Security Council
Sandra L. Thurman, Director, White House Office
for National AIDS Policy
Kenneth Bernard, Health Attaché, National Security Council ✓

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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010. note	Handwritten notes from Interagency Working Group meeting (5 pages)	ca. 2000	P1/b(1)
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COLLECTION:

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

FOLDER TITLE:

IWG [Interagency Working Group] on International AIDS [1]

2007-1550-F
ke2027

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RR. Document will be reviewed upon request.

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**UNITED STATES MISSION TO THE UNITED NATIONS**

799 UNITED NATIONS PLAZA
NEW YORK, N. Y. 10017-3505

MEMORANDUM

22 March 2000

TO: NSC - Dr. Ken Bernard

FROM: USUN - Ken Thomas

SUBJECT: General Comments on Draft International HIV/AIDS Paper

BY TELECOPY 202-456-9390

Thanks for the draft. Based upon our conversation this week, I am aware that this draft is not intended to be the core of a final product, but is a vehicle for moving beyond the initial interagency process. Therefore, I will not (with one exception) make specific language suggestions, but rather confine myself to some strategic and tactical points that I believe will be relevant at the next stage of preparation. R.P. Eddy will provide other input as well.

INSIGHTS FROM THE IWG

The draft is reflective of the group reports, and is a good collection of background data. The next product should however, include a section on the major insights that can be drawn from the broad review and collection exercise of the IWG. Some of those insights are obvious and generated Leon Fuerth's interest in the first place, but I believe they bear repeating:

1. **Global Scope.** The scope of the problem (current and potential) is truly global. No country or region is free of the disease. To focus on any one region at this time is a strategic mistake, both politically and medically.

2. Role of Globalization. This pandemic is a byproduct of globalization, i.e., the rapid and relatively free flow of humans among all countries and regions of the earth, and this free flow of people will only increase in the future.

3. Need for Global Response. The pathology of the disease is such that, in the context of globalization, its effective prevention can, ultimately, only be done on a global basis, since untreated pockets of infection will always have the potential to re-infect improving or stabilized areas. In this respect, the disease is almost unique, the only other modern historical analogy being the influenza pandemics at the end of World War I.

4. Lack of International Coordination. Given the fact that a global response is critical to combating the pandemic, the most glaring deficiency in the campaign against HIV/AIDS is that there is no unified international structure/program to focus the efforts of all countries.

5. Relative Importance of New Resources. While much more money, etc., is clearly required for the international effort, at this time it is probably more important that existing international efforts be coordinated, and thus made more efficient. Ironically, simply establishing a formal, international coordinating mechanism will immediately increase the likelihood of getting new private sector resources for this issue.

6. Role of National Political Will. More important than new international resources is the need to obtain true commitments to fighting the pandemic from the national governments of affected countries. More money will be ineffective if national governments are not willing to aggressively and publicly confront the cultural issues related to any successful prevention campaign.

7. Prevention vs. Cure. While research for treatments and a vaccine will and must continue, at this point, the medical reality is that the international community must emphasize prevention as the only available means of combating the pandemic. Failing to publicly articulate this reality at this time actually contributes to the growth of the pandemic by encouraging countries to avoid tough decisions on prevention through chasing the false hope of a near-term treatment/cure/vaccine.

8. Competing Health Priorities. Another dangerous fallacy that can exacerbate the pandemic, is the argument that other diseases kill more people, are of more immediate concern to developing countries and should, therefore, be given equal or greater precedence than HIV/AIDS. The international community needs to publicly and forcefully refute this, based on the fact that HIV is unique, in that it alone remains 100% fatal, and it alone is truly global in its reach.

PRINCIPAL IMPLICATIONS OF INSIGHTS

If these insights are correct, they imply some fundamental aspects of what tactical actions need to be taken as part of the international response:

First, there needs to be a i) new, ii) high-level and iii) multilateral, coordinating mechanism for both donors and affected countries that both coordinates internationally and mobilizes political support at the national level.

Second, after establishment of such a mechanism, the donor countries should initiate a broad solicitation of resources from governments, the private sector and NGO's. Such a coordinated solicitation will be fully effective only after the coordinating mechanism is established, because that mechanism will provide a focal point from which to leverage all potential donors against each other.

INITIAL TACTICAL STEPS

This type of initiative needs leadership and some "quick victories". The U.S. can provide both. Our efforts should be directed to getting the "presidential envoys" off the ground and engaging as soon as possible in mil-mil assistance to Africa. The \$10 million piece of the LIFE initiative (whether in new money or through reprogramming) seems to me to be the assistance package that is the most likely to be obtained, in the shortest time and with the maximum, immediate impact in the field. These two tactical steps fit the profile of what is needed strategically, would grab headlines and are "doable".

Footnote: On page one of the draft, AIDS is stated to be the number one killer in Africa, and fourth in the world. However, on page nine, it is stated that TB is the leading cause of death in the developing world. This is the sort of

mixed message that I think is highly counterproductive if we are launching an anti-HIV/AIDS campaign.



United States Department of State

Washington, D.C. 20520

March 23, 2000

MEMORANDUM

To: NSC – Kenneth W. Barnard
ONAP – Sandra Thurman

From: AF – Susan E. Rice

Subject: IWG Draft Paper on International HIV/AIDS

Thank you for the opportunity to respond to the draft HIV/AIDS paper. I want to applaud the work you have been doing with minimal staff resources and pledge to you that the Africa Bureau will continue to support you as you undertake the difficult challenge of bringing this effort together. To further this effort, however, I think the IWG paper must identify more succinctly the specific issues that require higher-level attention. A number of the items enumerated in this draft are either already being implemented, or could be implemented at the Assistant Secretary level without requiring action by the DC/PC process. The initial draft reflects an interagency process that is only just getting organized.

I understand that you may have received similar comments from others and that a revised draft is in preparation. At this time, let me highlight three issues of special concern to the Africa Bureau. Over the past several months, we have seen the level and intensity of focus on HIV/AIDS increase dramatically. A strategic triad is emerging with the United States, African leaders, and our donor partners each more aware and more active in this area than was the case even a year ago. HIV/AIDS is now recognized as a security issue and as posing a threat to many of our other policy objectives in Africa and beyond. It is clear that the need for intense international consultations with both donors and our African partners has increased. Ambassador Holbrooke's proposal to establish a diplomatic framework to systematize these discussions has merit. His suggestion to designate Presidential Envoys, or PEACs, for international HIV/AIDS coordination has merit and could, if properly set forth, help catalyze the international response. To avoid creating a new institution, it seems reasonable that our ONAP Director be designated the U.S. PEAC. This should occur within the context of expanding ONAP to manage these additional responsibilities. I support the recommendations outlined in this paper to augment ONAP staff.

Second, the idea of debt-swaps for HIV/AIDS relief has not been adequately developed. This notion has been kicked about for some time but I am not satisfied that it has been addressed systematically. At a time when we are working intensively with African countries to increase their expenditures on social programs and poverty reduction, I am convinced that this debt-related idea

has a place in our program. Our commitment at the highest levels to work more closely with the new government of Nigeria, for example, provides an excellent opportunity for us to engage in creative and constructive thinking in this regard.

Finally, on the important question of pharmaceuticals and access to appropriate drug therapies, it is not clear from this draft exactly what additional high-level action is required or contemplated. The existing IWG is the appropriate venue for putting together specific recommendations and analysis for consideration by Principals and, ultimately, POTUS.

I look forward to reading the revised draft and want to thank you again for your leadership.



Washington, D.C. 20520

BUREAU OF AFRICAN AFFAIRS
OFFICE OF ECONOMIC POLICY
AF/EPS

F A X C O V E R S H E E T

NUMBER PAGES _____ (Including Cover Sheet) Date: _____

TO: Ken Barnard-456-9390 / Sandra Thurman 456-2439

Office: _____

Phone #: _____ Fax #: _____

FROM: Susan Rice

Office: BUREAU OF AFRICAN AFFAIRS, (AF) -
ECONOMIC POLICY STAFF, (EPS) (AF/EPS)

Phone #: 202-647-3503 Fax #: 202-736-4583

SUBJECT: _____

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. paper	Interagency Working Group Consensus Paper (10 pages)	03/13/2000	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

IWG [Interagency Working Group] on International AIDS [1]

2007-1550-F
ke2027

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

RR. Document will be reviewed upon request.

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

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

NATIONAL SECURITY COUNCIL

FAX COVER SHEET

NATIONAL
SECURITY
COUNCIL

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

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

(202) 456-9394

From: Dr. Kenneth W. Bernard
International Health Affairs

To:
Agency:

Sandy / Michael / Cheryl

Fax Number:

6 2 4 3 9

Date/Time:

No. of pages to follow:

Message:

*1st draft. Charges pls.
Like to get out to agencies
in the next day or so. Deputies
memo will be much briefer with
this as Tab A. - Ken*



Kenneth W. Bernard
Sandra Thurman

March 22, 2000

Dear Ken and Sandy:

1600 East Gude Drive
Rockville, Maryland
20850

Tel: 301-251-5000

Fax: 301-762-7460

I want to express my sincere gratitude for your kind invitation to the IWG. I have learned a great deal about U.S. policymaking during the sessions. It was very helpful to be present during the discussions to hear how U.S. policy is being developed to help the international HIV/AIDS crisis and how the U.S. Military HIV Research Program can be involved.

Dr. Susan Bailey will be sending forward the formal DoD response. I just wanted to thank each of you personally. As a follow up to the discussions, the U.S. Military HIV Research Program has already given USAID information on military specific educational modules. These are our furthest advanced in development, although we do not have definitive efficacy as of yet. We will be in contact with USAID to see how these are adopted and hopefully we can apply the knowledge they are gaining to FY01 when DoD funding is available.

Two of our staff are attending the DoD fact finding mission in South Africa this week. Both are there as experts on the Program's education component. They will be involved in the discussions and both have supporting materials to distribute.

Deborah L. Birx, M.D.
COL, MC, U.S. Army
Director

John Wohlhieter, Ph.D.
DAC, U.S. Army
Deputy Director

John McNeil, M.D.
COL, MC, U.S. Army
Chief, Department of Vaccine Development

Merlin Rohli, M.D.
LTC, MC, U.S. Army
Chief, Department of Vaccine Research

Nelson Michael, M.D.
LTC, MC, U.S. Army
Chief, Department of Molecular Diagnosis and Pathogenesis

John Mascola M.D.
CDR, MC, U.S. Navy
Chief, Department of Threat Assessment and Prevention Research

Scott Wegner M.D.
Maj, MC, U.S. Air Force
Chief, Department of Clinical Studies and Interventions

To the issue at hand, the background is excellent. You may want to note that the substantial decline in the average life expectancy of more than a decade in Africa is evidence of the mature nature of the two-decade epidemic and all the countries with rising pandemics are headed that same direction, if you do not intervene now. For some reason those life expectancy tables seem to bring home the message to lay individuals. It is important to emphasize the leadership of the U.S., as well as noting the on-ground U.S. government agencies working closely with NGOs and other large contributors like EU (but this needs to be implied with enhanced coordination to avoid duplication not only between donors but among the U.S. agencies). This lays the groundwork for the last page – page 10. I can't personally emphasize enough how critical page 10 is both for the leveraging of U.S. government dollars, but taking a leadership role in fostering interaction between other countries.

It always amazes me how little people talk and coordinate unless brought together by a respected leadership group. This is also so true at the country level. It seems to me every visit to Africa the in country principals haven't really spoken to each other between my visits.

The document is well prepared and articulate, but the long-term success will require the leadership proposed on page 10 to continue to encourage and coordinate critical activities around the world.

Sincerely,

Deborah L. Birx, M.D.
301-251-5093
dbirx@hivresearch.org

U.S. Military HIV Research Program

13 Taft Court
Suite 200
Rockville, Maryland 20850
301-251-5000
Fax: 301-762-4177

Fax Cover Sheet

Date: 22 March, 2000

To: Kenneth W. Bernard
Sandra Thurman

Fax Number: 202-456-9390 - ✓
202-456-2438

From: Debbi Birx
Phone Number: 301-251-5093

Subject: IWG Draft Consensus Paper

Total number of pages 2 **including this sheet**

Comments: Enclosed you will find my comments to the IWG draft consensus paper. It is my understanding that you will be receiving the formal DoD response from Sue Bailey's office.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. note	Handwritten notes from Interagency Working Group meeting (1 page)	ca. 2000	P1/b(1)

COLLECTION:

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IWG [Interagency Working Group] on International AIDS [1]

2007-1550-F
ke2027

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. memo	Sandra Thurman and Kenneth Bernard to Leon Fuerth, et al., re: IWG Meeting on International AIDS, March 6 [partial] [10 U.S.C. 424] (1 page)	02/28/2000	P3/b(3)

COLLECTION:

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International Health Affairs
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INVITATION TO MAR 6 AIDS IWG MTG

February 28, 2000

MEMORANDUM FOR

LEON FUERTH (info)
FRANK LOY, State (info)
SUSAN RICE, State
DAVID SANDALOW, State
JACK CHOW, State
NANCY CARTER-FOSTER, State
ERICA BARKS-RUGGLES, State
TIMOTHY GEITHNER, Treasury
ROBERT MALLET, Commerce (info)
ALAN BOWSER, Commerce
MAC DESHAZER, Labor
SUE BAILEY, DOD
DEBORAH BIRX, DOD
NANCY WALKER, DOD
KEN THOMAS, USUN
R. P. EDDY, USUN

P3(b)(3)

VIVIAN DERRYCK, AID

PAUL DELAY, AID
BARBARA TURNER, AID
ERIC GOOSBY, HHS
THOMAS NOVOTNY, HHS
HELENE GAYLE, HHS/CDC
NEAL NATHANSON, HHS/NIH
JIM BABBITT, OVP
TOM ROSSHIRT, OVP
MELANNE VERVEER, WH/OFL
CHUCK BRAIN, WH/LEG
ROBERT KYLE, OMB
DANIEL MENDELSON, OMB
ROBERT WESCOTT, NEC
JOSEPH PAPOVICH, USTR
MICHAEL ISKOWITZ, ONAP
LAURA EFROS, OSTP
DANIEL SHAPIRO, NSC
NORA DEMPSEY, NSC

[013]

FROM: KENNETH W. BERNARD
SANDRA THURMAN

SUBJECT: IWG Meeting on International AIDS, March 6

You are invited to the second Interagency Working Group meeting on the Administration's response to the global HIV/AIDS crisis, co-chaired by Sandy Thurman, Director, Office of National AIDS Policy, and Ken Bernard, Special Advisor to the Assistant to the President for National Security Affairs, NSC, from 1:00-2:30 PM in Room 208 OEOP.

Since the last IWG meeting, subcommittees have been working to develop their respective plans of action. As discussed, we would like the subcommittee chairs to be prepared with a 1-2 page summary of recommended next steps and, when necessary, options for their implementation.

Attendees must be pre-cleared to enter the building. Please phone Cheryl Bauerle at 202-456-2959 with your name, date of birth and social security number.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
014. minutes	Minutes from International AIDS IWG - Subcommittee on Security Meeting (3 pages)	02/25/2000	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

IWG [Interagency Working Group] on International AIDS [1]

2007-1550-F
ke2027

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**SUMMARY OF THE RECOMMENDATIONS OF THE
BUDGET AND LEGISLATION SUB-COMMITTEE
OF THE INTERAGENCY WORKING GROUP
ON INTERNATIONAL AIDS**

Recommendations

(1). Pending authorizing legislation should not distract from the Administration's goal of securing an additional \$100 million in the FY2001 appropriations for LIFE – the global AIDS initiative. Strategies for working with both the Full Committees and the relevant sub-committees should begin immediately.

(2). Pending legislation should be managed and maximized in accordance with the Administration's agenda. Given the interest of a variety of agencies in the legislative proposals, the White House Offices of AIDS Policy and Legislative Affairs will act as conveners and coordinators of Administration policy and strategy. Additional conversations are needed to deal with the following upcoming activities.

- House Banking Committee: ONAP, Treasury, and USUN will testify at the House Banking Committee hearing on March 8th. Administration's position will be that of "support for exploring mechanisms for leveraging additional resources for the global battle against AIDS" while registering concerns about offsets as well as the rapid response ability of trust fund. Banking Committee plans to mark-up on March 15th and Representatives Lee and Leach are working on a compromise deal for that time.
- Senate Foreign Relations Committee: Senators Boxer, Durbin, and Kerry all have bills referred to the Senate Foreign Relations Committee. Senator Biden has merged these three bills together into one "global AIDS package" that he would like included in the Foreign Assistance Authorization bill. The mark-up has been postponed until after the recess but Senators Frist and Smith have indicated that they will push hard for something to be included at that time.
- Africa Trade Conference: As the Africa Trade Conference moves toward completion, it appears that the Republicans are interested in including something about AIDS in the final report.

The sub-committee met twice to review pending legislation.

- Appendix A: pending legislation
- Appendix B: sub-committee attendees

Global AIDS Legislation

Member	Bill	Purpose	Committee
Boxer – Smith – Kennedy	S. 2026 “Global AIDS Prevention (GAP) Act of 2000”	Authorizes \$2 billion over 5 years for the Global AIDS program at USAID (\$300, 350, 400, 450, 500 million). Not less than 50% for Africa. Funds are available until expended.	Senate Committee on Foreign Relations
Durbin	S. 2030 “AIDS Orphans Relief Act of 2000”	Permanently authorizes \$50 million above funds currently authorized for AIDS or microfinance for microenterprise programs linked to AIDS programs in areas heavily impacted by AIDS; and \$50 million for food assistance to individuals, households and communities affected by AIDS.	Senate Committee on Foreign Relations
Kerry – Durbin	S. 2033 (H.R. 3519 companion) “World Bank AIDS Prevention Trust Fund Act”	Directs the Secretary of Treasury to negotiate the creation of an AIDS Trust Fund at The World Bank with the Bank, member nations and other interested parties. Authorizes \$100 million annually above funds currently authorized for multilaterals. (See Leach below)	Senate Committee on Foreign Relations
Moynihan – Feingold	S. 2032 “Mother-to-Child Prevention Act of 2000”	Authorizes \$25 million annually for 5 years above current spending on reducing mother-to-child transmission to increase coordination and scale up effective programs. Funds are available until expended.	Senate Committee on Foreign Relations
Jackson	H.R. 2700 “Highly Essential Lifesaving Pharmaceuticals (HELP) for Africa Act”	No funds can be used to conduct clinical research in sub-Saharan Africa unless done in accordance with ethical standards and, if treatments are found safe and effective, would be made accessible to those in need. No funds for the revocation of intellectual property policies that comply with TRIPS.	House Committee on International Relations
Leach	H.R. 3519 “World Bank AIDS Prevention Trust Fund Act”	Directs the Secretary of Treasury to negotiate the creation of an AIDS Trust Fund at The World Bank with the Bank, member nations and other interested parties. Authorizes \$100 million annually above funds currently authorized for multilaterals. (See Kerry above)	House Committee on Banking and Financial Services
Lee (+76)	H.R. 2765 “AIDS Marshall Plan Fund for Africa Act”	Create a new AIDS Marshall Plan Fund for Africa Corporation to provide grants for AIDS research, prevention and treatment and to solicit contributions from other nations and the private sector. Authorizes \$200 million + 25% of contributions of others annually for 5 years. Appointments by the POTUS with Senate confirmation.	House Committee on International Relations

Legislative schedule: **Hearings:** **Feb. 23 – Africa Subcommittee; Senate Committee on Foreign Relations**
March 8 – House Committee on Banking and Financial Services

Markups: **March 15 – House Committee on Banking and Financial Services**
March 22 – Senate Committee on Foreign Relations

Legislative & Budget Subcommittee

Barbara Bennett	USAID	712-4041
Mike Casella	OMB	395-4594
Jack Chow	State	647-8309
MacArthur Deshazer	DOL	693-4770
Laura Efros	OSTP	456-6065
Teresa Hobgood	State	647-3550
Michael Iskowitz	ONAP	456-2959
Marsha Martin	HHS	690-5400
Leslie Platt	DOL	693-4600
Anne Richard	State	647-4427
Tom Reilley	OMB	395-4926
Karen Robb	WHLA	456-6493
Alex Ross	USAID	219-0476
Ron Silberman	OMB	395-4595
Sandra Thurman	ONAP	456-2437
Michael Williams	WHLA	456-2088
Lisa Zwerg	OMB	395-4790

Keenan, Josefine (Chris) (HEALTH)

From: Bernard, Kenneth W. (HEALTH)
Sent: Thursday, April 13, 2000 6:00 PM
To: Babbitt, James F. (VP); @AFRICA - African Affairs
Cc: @HEALTH - International Health Affairs
Subject: FW: AIDS Deputies meeting [UNCLASSIFIED]

As sent to Jim.

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

From: Bernard, Kenneth W. (HEALTH)
Sent: Thursday, April 13, 2000 5:58 PM
To: @NSA - Natl Security Advisor
Subject: FW: AIDS Deputies meeting [UNCLASSIFIED]

Pls pass to Jim and Mara (and Sandy if appropriate)

To: Jim Steinberg

From: Ken Bernard

(Concurrence: Jim Babbitt, Gayle Smith, Sandy Thurman)

SUBJECT: Deputies Committee Meeting: Enhanced USG Response to the Global AIDS Epidemic (Currently April 27, 2:00)

In February, Sandy Thurman and I convened an Interagency Working Group on expanding our role in the global HIV/AIDS crisis. The meetings included representation from State (including USUN), USAID, DOD, Joint Staff, Treasury, Commerce, CIA, DOL, DIA, HHS (including NIH and CDC), OVP, OMB, USTR, NEC, NSC and OSTP. (note: Peace Corps is now being added.) We have been working closely with Gayle and Nora on the IWG which has substantial Africa equities.

The IWG has prepared a Consensus Document, which summarizes the current context of the expanding epidemic, extent of USG HIV/AIDS activities, funding issues, and "next steps" for USG action which can be agreed at the A/S level (penultimate draft attached).

A number of issues and actions discussed by the IWG would benefit from the Deputies buy-in to help move implementation quickly. A few others would require decisions. We would like your comments on, and approval of, this outline before we draft the agenda.

1. Coordination and Leadership issues

--Structure and Coordination of USG HIV/AIDS Programs: We will propose that Deputies approve the IWG recommendation to expand staffing of Sandy Thurman's office.

--Enhanced International Leadership: Details of the "Presidential Envoys for AIDS Cooperation" (PEACs) initiative will be laid out for discussion and approval. Possible deliverable for the US-EU Summit, and or G-8.

--**Cooperative HIV/AIDS efforts with other nations:** - Next steps to ensure economic burdensharing, especially in the planning for the US-EU Summit and G-7/G-8. We will be prepared to outline the macro-level costs of specific interventions, such as prevention and care, preventing mother-to-child transmission, provision of antibiotics in Africa, etc.

--**Competing budget initiatives for AIDS funding:** Gaining support for the Administration's additional \$100 million increase while dealing with Congressional interest in a variety of other, even larger, earmarked increases for AIDS. WH Legislative Affairs and ONAP are taking the lead on this, and will have recommendations in advance of the DC.

2. Security Issues:

--**DOD engagement:** South Africa, Nigeria, Rwanda, Zambia, Cambodia, Ghana and Eritrea are a few of the countries already requesting DOD assistance for mil-mil AIDS prevention activities. Funding of \$10 million is in the President's FY 2001 budget request, although reprogramming FY 2000 funding for this purpose is an option needing discussion by the Deputies. The future earmarking of DOD/State IMET funding for AIDS training Should also be discussed, and we believe that Deputies should task DoD to develop a comprehensive, global plan for tackling HIV-AIDS in our mil-mil relations.

--**Intelligence amplification:** Will propose that Deputies approve a specific mandate for intelligence community reporting on the extent and impact of the epidemic.

--**UN Peacekeeping:** Next steps for ensuring mandatory HIV/AIDS prevention efforts for all UN Peacekeepers.

3. Economic and Humanitarian Issues

--**Finance:** Consider how to increase speed of HIPC countries accessing debt relief funding for AIDS control activities. Ensuring increased World Bank (IDA) funding of the President's AIDS and vaccine initiatives. Consider the pros and cons of, and possible options for expanding targeted debt relief to non-HIPC countries, such as Nigeria, that have both significant debt and AIDS problems. There is considerable disagreement on this issue. The decision for the Deputies is whether the issue is important enough to explore new debt initiative or other financial instruments.

--**Enhancing Access to needed medicines:** Establish an IWG tasked with making recommendations to enhance the developing world's access to needed medicines. A group, chaired by HHS and USTR are already working to followup the announcement made by the President in Seattle. Next steps will be outlined.

--**Business Community outreach:** The VP has publicly committed to hosting a meeting of U.S. business leaders whose firms are active in Africa. The meeting will call for corporate resources and ideas to 1) protect the international workforce from HIV/AIDS, 2) joint efforts to stop the spread of global AIDS, especially from mother-to-child. Leon will be prepared to provide further details.

--**USG task force to focus on the challenges of delivering services (and drugs) to reduce mother-to-infant HIV transmission.** In his recent speech to the African Summit

the President emphasized his support of this initiative. Consider options and costs to move forward.



AIDS IWG Consensus
Concurrence...

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
016. memo	Kenneth Bernard and Sandra Thurman to Leon Fuerth, et al., re: IWG on Internationa AIDS - Draft Consensus Paper [partial] [10 U.S.C. 424] (1 page)	03/20/2000	P3/b(3)

COLLECTION:

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

FOLDER TITLE:

IWG [Interagency Working Group] on International AIDS [1]

2007-1550-F
ke2027

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]
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b(1) National security classified information [(b)(1) 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]

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

March 20, 2000

MEMORANDUM FOR

LEON FUERTH (info)
FRANK LOY, State (info)
SUSAN RICE, State
DAVID SANDALOW, State
JACK CHOW, State
NANCY CARTER-FOSTER, State
ERICA BARKS-RUGGLES, State
TIMOTHY GEITHNER, Treasury
ROBERT MALLETT, Commerce (info)
ALAN BOWSER, Commerce
MAC DESHAZER, Labor
SUE BAILEY, DOD
DEBORAH BRIK, DOD
NANCY WALKER, DOD
KEN THOMAS, USUN
R. P. EDDY, USUN
ROBERT ORR, USUN

P3/(b)(3)

[016]

VIVIAN DERRYCK, AID

PAUL DELAY, AID
BARBARA TURNER, AID
ERIC GOOSBY, HHS
THOMAS NOVOTNY, HHS
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MICHAEL ISKOWITZ, ONAP
LAURA EFROS, OSTP
NORA DEMPSEY, NSC
DANIEL SHAPIRO, NSC

FROM: KENNETH W. BERNARD
SANDRA THURMAN



SUBJECT: IWG on International HIV/AIDS - Draft Consensus Paper

Attached is the Interagency Working Group paper on the global HIV/AIDS crisis. This draft reflects the submitted reports of the subgroups and the discussion at the March 6 meeting.

We will appreciate receiving any comments, changes, and important additions by COB Thursday, March 23.

If you share this document with others in your agency, please advise them that this is an internal USG working document, not for distribution at this time.

Attachment

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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017. paper	Interagency Working Group Draft Consensus Paper (10 pages)	03/20/2000	P1/b(1)
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