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Folder Title:

FLOTUS [First Lady of the United States] Meeting on AIDS, September 7, 1999

Staff Office-Individual:

International Health Affairs-Bernard, Kenneth

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	[Personally Identifiable Information] [partial] (2 pages)	08/00/1999	b(6)
002. list	[Personally Identifiable Information] [partial] (3 pages)	08/20/1999	b(6)
003. email	Mona Sutphen to Gayle Smith, re: SRB-AIDS in Africa Initiative (2 pages)	07/19/1999	P1/b(1) K8H 10/21/2024

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs (Bernard, Kenneth)
OA/Box Number: 3646

FOLDER TITLE:

FLOTUS [First Lady of the United States] Meeting on AIDS, September 7, 1999

2007-1550-F
ke2033

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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RR. Document will be reviewed upon request.

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FIRST LADY HILLARY RODHAM CLINTON
TALKING POINTS FOR MEETING ON AIDS IN AFRICA
THE WHITE HOUSE
SEPTEMBER 7, 1999

- Welcome -- and thank you all for coming to what I hope will be a very interesting and productive discussion. We are very pleased to be joined this morning by many leaders from the Administration, international organizations, foundations, businesses, and the AIDS community. [Their presence is a testament to the impact the AIDS pandemic has on every sector of society – and to the responsibility we all have to end it.]
- It is my hope that this meeting will lead to new initiatives, new resources, new thinking, and new partnerships to fight – and ultimately win – the war against HIV/AIDS in Africa and around the world.
- Every day, we are reminded of the breakthroughs we've had in this fight—from drug therapies that are improving life to education campaigns that are empowering people to prevent the disease. We know what works. But, we also know that far too many people are still being left behind.
- Just a week ago in Atlanta, we heard that the rate of HIV infections is no longer declining in the U.S. And, each and every day, AIDS claims the lives of more than 5,500 men, women, and children in Africa. In the next few years, that number will more than double. The AIDS epidemic in Africa is a crisis of biblical proportions. We are facing an emergency. And what we see in Africa today, we will likely see one day in India, in Southeast Asia, and the Newly Independent States if we don't act now.
- In Uganda, I saw firsthand what can be accomplished when the governments and citizens join forces to beat this disease. I went to the AIDS Information Center and saw countless billboards educating people to protect themselves against AIDS. I remember a song some of them sang: Ugandans are fighting to ensure that AIDS cannot win. And, it's working. From 1992 to 1998, the percentage of sexually active teenage girls who were HIV positive declined by almost two thirds.
- That example was on the minds of the African health ministers who came together last week at a W.H.O. meeting in Namibia. They declared war on HIV/AIDS and made a commitment to stop the devastation plaguing their citizens and countries. And we must work hand in hand with them.

- AIDS is not somebody else's problem. Our work against this deadly disease must be part of all our development efforts – especially those affecting women and children. Because, as we speak, the AIDS epidemic is turning back the clock on the development we've seen in Africa. It is undermining entire economies, trade, civil society, and stability. It is decreasing life expectancy by up to 20 years in some countries and turning millions of children into orphans.
- I know that the people in this room have worked tirelessly to make great progress in the battle against AIDS. But, as you know better than anyone, the challenge before us is far greater than the collective actions taken so far. And that's why your continuing leadership is so important.
- We are pleased to be joined this morning by many leaders of our Administration, who have worked on this problem from every perspective -- health, financial, international, and development. They include the Secretary of Health and Human Services, Donna Shalala; the Secretary of the Treasury Larry Summers; USAID Administrator Brady Anderson; our Surgeon General, Dr. David Satcher; Undersecretary of State, Frank Loy; Leon Fuerth, the Assistant to the Vice President for National Security Affairs; and Sandy Thurman, the Director of the White House Office of National AIDS Policy.
- As many of you know, the Administration has asked for an additional \$100 million next year to fight the global battle against AIDS. This new initiative represents the largest increase ever in the international AIDS budget. And it would allow us to more than double our efforts in sub-Saharan Africa.
- We can also take heart in the recent Cologne Agreement, which will more than double the debt relief provided to countries that need it most. This means that eligible nations such as Uganda and Tanzania will now be allowed to use their freed up resources on social sector spending – including, for the first time, activities to prevent HIV/AIDS. We will work with the International Monetary Fund, the World Bank, and UNAIDS to encourage Uganda, Tanzania, and other eligible countries to develop HIV/AIDS pilot projects – and provide an example to other indebted nations struggling against this disease.

- And I am very pleased that we are joined here by key representatives of our multilateral organizations, including Jim Wolfenson and Jan Piercy from the World Bank and Peter Piot from UNAIDS. [When we hear Dr. Piot talk about the work that UN agencies are doing to combat AIDS around the world, we are reminded of yet one more reason why we must support the United Nations and pay our dues.]
- We are also very fortunate to have with us the National Association of People with AIDS and the Global AIDS Action Network – two non-governmental organizations that serve on the frontlines of this battle.
- We are also joined this morning by representatives of foundations that have provided great leadership in the fight against HIV/AIDS. I want to thank the Rockefeller Foundation, the Gates Foundation, and the Open Society Institute for their generous contributions. I also want to thank the Kaiser Family Foundation, which comes here with a new commitment to match funding dedicated to preventing AIDS among adolescents in South Africa. And I want to thank the MacArthur Foundation, which will be bringing foundations together at the end of this year to discuss even more ways they came meet this challenge.
- I am also very pleased to be joined by Black Entertainment Television and Bristol Myers Squibb, who are not only making great contributions – but also reminding us of critical role that all businesses can play.
- Because just imagine what we could accomplish if, over the next few years, we could bring to this table every business, government leader, foundation, NGO, multilateral organization, and citizen. Think of the millions of people in Africa and all over the world whose lives and futures we could save – if we could find the will and the way.
- We will never give up until the day when we meet our ultimate goal – and find a cure that reaches every single man, woman, and child on this planet. But, until then, we must do everything in our power to prevent HIV and heal those it strikes in Africa and all over the world.
- And I hope that over the next hour or so we will think creatively about the ways that we can work together to do just that.

GUIDANCE FOR DISCUSSION

Introduce Dr. Peter Piot, Executive Director, Joint UN program on HIV/AIDS in Geneva: For brief overview of epidemic and the specific challenges we face as we move into the next century.

Call on Donna Shalala for her thoughts on where we need to go in the health sector

Call on Lawrence Summers for his thoughts on where we need to go in the international financial sector

Call on James Wolfensohn for his thoughts on directions for the International Financial Institutions

Follow on with open discussion with foundations and corporations and others

Issues -- Incorporating AIDS into specific sector portfolios:

Prevention activities: Engagement of leadership. Stigma reduction. Education.
Mother to child transmission prevention.

Care and treatment: Provision of basic medical care, including treatment of TB
and other opportunistic infections.

Infrastructure development: including financing and debt relief

Next Steps

- Foundation meeting called by MacArthur Foundation. Could they take a leadership role with other foundations?
- Business Leader's meeting coordinated by VP and Commerce. Could Bristol Myers have a role in helping with pharmaceutical companies?
- Could BET help organize a communications forum to discuss increased AIDS activities internationally?
- Follow on the Cologne Initiative: Demonstration project in Africa on Debt for AIDS prevention activities.
- New UN activities
- Other (as come up in the open discussion).



Bristol-Myers Squibb Company

345 Park Avenue New York, NY 10154-0037 212 546-4310

Charles A. Heimbold, Jr.
Chairman and
Chief Executive Officer

September 22, 1999

Dr. Kenneth Bernard
Special Advisor to the Assistant to the President
For National Security Affairs
National Security Council
17th Street and Pennsylvania Avenue, N.W.
Washington, DC 20504

Dear Dr. Bernard,

It was a pleasure to meet you during the First Lady's HIV/AIDS Leader's Summit on September 7. We appreciated the opportunity to meet with others of goodwill who hope to curb the HIV/AIDS epidemic in the developing world.

After a careful study of the pandemic, Bristol-Myers Squibb Company, in May 1999, launched *Secure the Future*, a public-private partnership which addresses HIV/AIDS in women and children in South Africa, Botswana, Lesotho, Namibia and Swaziland. Additional program materials are attached for your information.

Through *Secure the Future* and other Bristol-Myers Squibb initiatives, we have learned many valuable lessons about HIV/AIDS programs in the developing world. These guiding principles include creating meaningful public-private partnerships with the local and international community, ensuring that all programs are measurable and answer important questions which contribute to the body of healthcare knowledge, engendering equity, and enabling African healthcare professionals to find sustainable and practical solutions for their own settings.

We look forward to participating in future discussions as the United States Government mobilizes a multi-sector response to one of the largest healthcare and socio-economic development challenges facing the world.

Sincerely yours,

Charles Heimbold

Kenneth E. Weg

VIA FACSIMILE



August 19, 1999

DREW E. ALTMAN, Ph.D.
PRESIDENT AND CHIEF EXECUTIVE OFFICERMs. Melanne Verveer
Office of the First Lady
Room 100 OEOB
Washington, DC 20500

Dear Ms. Verveer,

On Monday, before the White House event on *Children and Violence*, the First Lady and I discussed her upcoming meeting on HIV in southern Africa. I promised to send some further information to you for the First Lady on a new national HIV Prevention initiative we have organized in South Africa. Since that time I know you have spoken with Ambassador Joseph about the initiative and his proposal for an announcement at the September 7th event. We think Ambassador Joseph's proposal would be a plus for everyone and I address it below.

First some background. The Kaiser Family Foundation first got involved in South Africa in 1987 when the late Congresswoman Barbara Jordan, then a Foundation trustee, suggested the Foundation develop a South Africa program. South Africa remains the Foundation's only commitment outside of the United States and over the years we have become major players there.

Our newest major effort is the National Adolescent Sexual Health Initiative (NASHI). NASHI is South Africa's first comprehensive HIV prevention effort for youth. Organized by the Foundation over the past eighteen months, NASHI brings together South Africa's national and provincial departments of health and non-governmental and corporate sectors in one coordinated national effort. The initiative is overseen by a distinguished national advisory board chaired by South Africa's First Lady, Zanele Mbeki, and directed on a day-to-day basis by a national coordinator and staff. Funding for NASHI is administered by the Health Systems Trust. The Trust is a highly respected non-governmental organization established to lead the process of planning for the restructuring of South Africa's public health system with funding from the Foundation, the South African government and the European Commission.

NASHI's ambitious goal is to achieve a fifty percent reduction in the incidence of HIV among young South Africans over the next five to ten years. To accomplish that, South Africa's entertainment and news media has been mobilized on an unprecedented scale to spread the HIV prevention message, and a broad array of new services for youth are being established across the country, including adolescent centers, hotlines, and peer groups.

NASHI will be launched with an initial \$2.5 million commitment from the Foundation. A matching commitment is expected soon from the South African government and substantial additional funds are also expected from other sources. Many of South Africa's leading celebrities have added their voices to the campaign. The South African Broadcasting Corporation (SABC) has also made a major commitment of air time and many leading South African corporations are making substantial in-kind contributions.

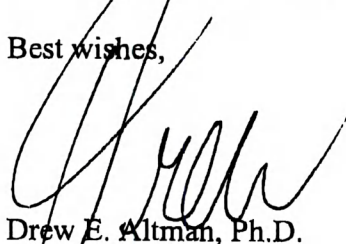
NASHI represents a unique model of public/private sector and U.S./South African collaboration to stop the spread of HIV. With that in mind, I believe Ambassador Jim Joseph has written to you and Sandy Thurman suggesting a \$10 million commitment in new U.S. AIDS prevention funding for NASHI, with matching funds provided by our Foundation. We think this is a critically important effort and with \$5 million already committed by the Foundation and the South African Government, we would be pleased to commit to provide and/or raise the remaining matching funds. Indeed, we are confident that matching funds in excess of \$10 million can be provided.

Ambassador Joseph further suggested that the effort and funding partnership could be announced at your upcoming September 7th conference. We would also be comfortable with that. I will also be in Johannesburg on September 15th with my Board of Trustees to announce NASHI. That occasion would provide a further opportunity, in South Africa, to call attention to the effort and the U.S. commitment to HIV prevention in South Africa.

If this is of interest to you or you would like to explore this further please don't hesitate to give me a call. I am in Washington on an almost weekly basis and would also be happy to participate in any meeting that would be helpful. The director of our South Africa program, Dr. Michael Sinclair, is based in our D.C. office and is also available on short notice.

Thank you for your attention to this matter. Please thank the First Lady again for me for her support for the *Talking With Kids About Tough Issues* campaign and her participation in Monday's White House event.

Best wishes,



Drew E. Altman, Ph.D.

DEA/mo

Cc: James A. Joseph, U.S. Ambassador to South Africa
Sandra Thurman, Director, Office of National AIDS Policy

NATIONAL SECURITY COUNCIL

WASHINGTON, D.C. 20504

August 18, 1999

NOTE TO: MELANNE VERVEER

FROM: KENNETH BERNARD 

SUBJECT: Kaiser Family Foundation offer of "matching"
funds for HIV/AIDS prevention in South Africa

I have discussed the offer with Dr. Michael Sinclair, Senior VP of the Foundation, as well as with USAID staff in Washington and South Africa, and Marsha Martin and David Hohman at HHS. Dr. Sinclair made it clear that the "matched" funds (both from the USG and the Foundation) would be funneled through the National Adolescent Sexual Health Initiative. According to USAID, this organization is doing good work, consistent with our assistance objectives in South Africa.

HHS/USAID would not plan on using all of the new AIDS money for South Africa for this program, but thought it would likely be prepared to allocate some significant amount, if the details could be worked out. Several potential difficulties are being looked into, including the logistics of funds transfer, lack of real USG money until Congress acts, and ensuring that the offer of matching funds for NASHI would not excessively drive our HIV/AIDS bilateral relationship with South Africa.

Although there may be practical and legal issues that the relevant agencies must address, this seems like a "win-win" partnership with substantial foreign policy and public health benefits.

I will follow up with USAID and Drew Altman this week. Kaiser has been invited to the meeting on the 7th. Eric tells me Altman will attend.

NATIONAL SECURITY COUNCIL

WASHINGTON, D.C. 20504

August 18, 1999

NOTE TO: MELANNE VERVEER

FROM: KENNETH BERNARD *Ken*

SUBJECT: Kaiser Family Foundation "matching funds" for
HIV/AIDS prevention in South Africa

I have discussed the offer with Dr. Michael Sinclair, Senior VP of the Foundation, as well as with USAID staff in Washington and South Africa, and Marsha Martin and David Hohman at HHS. Dr. Sinclair made it clear that the "matched" funds (both from the USG and the Foundation) would be funneled through the National Adolescent Sexual Health Initiative. According to USAID, this organization is doing good work, consistent with our assistance objectives in South Africa.

HHS/USAID would not plan on using all of the new AIDS money for South Africa for this program, but thought it would likely be prepared to allocate some significant amount, if the details could be worked out. Several potential difficulties are being looked into, including the logistics of funds transfer, lack of real USG money until Congress acts, and ensuring that the offer of matching funds for NASHI would not excessively drive our HIV/AIDS bilateral relationship with South Africa.

However this seems like a workable "win-win" partnership with substantial political and public health benefits. I see no obvious impediments to turning this offer into a powerful deliverable for the September 7 meeting.



MICHAEL R. SINCLAIR, PH.D.
SENIOR VICE PRESIDENT

August 17, 1999

Dr. Ken Bernard
Office of International Health
National Security Council
Old Executive Office Building
Room 389
Washington, DC

Dear Dr. Bernard:

I attach background information on the National Adolescent Sexual Health Initiative chaired by South African first lady, Mrs. Zanele Mbeki. This is the first nationally coordinated HIV prevention strategy in South Africa and aims to reduce the incidence of HIV by 50% among 15-20 year olds in the next three years.

The design of this program is based on extensive international research, as well as comprehensive research among South Africans. The program has been developed in close consultation with the South African health ministry and will be implemented in partnership with several South African government agencies, including the National Youth Commission, and leading non-government organizations.

The Foundation has already mobilized significant private sector funding in South Africa for this effort. Substantial additional funding is required to sustain this effort for the next three to five years at a sufficient level of intensity nationally to have the desired impact.

Last week while I was in South Africa I discussed with the South African minister of health the proposal that Kaiser match additional U.S. government funding for this initiative. She was fully supportive of the idea.

Please call me if you have any additional questions in this regard.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Sinclair", with a long horizontal flourish extending to the right.

THE WHITE HOUSE
WASHINGTON

HIV/AIDS Leadership Meeting

The White House
September 7, 1999 - 10:30 a.m.

Overview and scope of the problem

Brief outline of the Administration's new Global AIDS Initiative

- ***Increasing U.S. Government investment***
 - Prevention
 - Care and treatment
 - Infrastructure/capacity development
 - Care of orphans
- ***Building partnerships***

Open discussion by key stakeholders

- ***Sectors***
 - Government
 - Multilaterals
 - Foundations
 - Business Community
- ***Topics***
 - Enhancing and coordinating AIDS efforts
 - Incorporating AIDS into existing portfolios (AIDS as a development issue; AIDS as a business issue; AIDS as an international finance issue)
 - Innovative approaches and partnerships

Next steps

Comments +
changes
Want to
welcome.
Keep to one page

HIV/AIDS Leadership Meeting

The White House
April 7, 1999 10:30 a.m.

Intended to distribute
to attendees before
meeting
DRAFT
Aug 18, 1999

1. Welcome; brief introduction of the scope of the problem and purpose of this meeting --
"To explore and identify priorities and partnerships for assisting countries with HIV/AIDS prevention and control."

2. Introduction of participants (attached)

3. Outline of the Administration's new Global AIDS Initiative:

- Containing the AIDS pandemic (prevention and stigma-reduction strategies, including engagement of political, religious, business and other leaders);
- Providing Home and Community Based Care (including pharmaceutical access);
- Caring for children orphaned by AIDS;
- Strengthening Prevention and Treatment by Augmenting Planning Infrastructure and Capacity Development.

4. Discussion by representatives -- Should not dwell on ongoing programs, but focus on identifying how AIDS prevention and control issues can be further incorporated into the portfolios and international development strategies of each sector. Define new and innovative new partnerships and clarify issues of national and international coordination:

- U.S. Government (HHS, Treasury, USAID, White House)
- UN and World Bank
- Foundations
- Business Community
- NGOs

5. Next steps -- tasks and program implementation to reach specific short, medium and long-term objectives:

- Leadership mobilization
- Increased public awareness
- Prevention
- Patient care issues, including extending treatment
- Health infrastructure development and capacity building
- The development and testing of vaccines.
- Funding

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:

*Sandy Thurman / Michael
Sokowity*

Agency:

Fax Number: *6-243 9 (Cheryl)*

Date/Time:

No. of pages to follow:

Message:

*Comments / changes / ideas
ASAP. Have not yet
given to Melame so
take your best shots.
This will be for advance distribution
to attendees. cheers -
Ken*

*** ACTIVITY REPORT ***

TRANSMISSION OK

TX/RX NO.	5737	
CONNECTION TEL		62439
CONNECTION ID	AIDS POLICY	
START TIME	08/18 13:18	
USAGE TIME	01'51	
PAGES	2	
RESULT	OK	



Embassy of the United States of America

Pretoria, August 16, 1999

MEMORANDUM

TO: Ms. Melanne Vermeer, Office of the First Lady
Fax: (202) 456-6244

Ms. Sandy Thurman, Director, Officer of National AIDS
Fax: (202) 456-2438

FROM: James A. Joseph, U.S. Ambassador to South Africa *James A. Joseph*

SUBJECT: First Lady's Conference on HIV/AIDS

The Kaiser Family Foundation is willing to match a contribution from the U.S. Government of up to \$10 million in new funding for AIDS prevention in South Africa. This funding would be directed through the National Adolescent Sexual Health Initiative (NASHI) chaired by First Lady Zanele Mbeki.

The Foundation would be happy for this to be announced as a deliverable at the First Lady's conference on September 7.

Dr. Michael Sinclair, Senior Vice President of the Kaiser Family Foundation, is based in Washington and prepared to meet with you or anyone you recommend to move this idea along. Please let me know how we should proceed.

cc: Mr. Leon Fuerth, OVP
A/S Susan Rice, DOS
Dr. Michael Sinclair

12 yr. in SA

all in health sector

HIV - 18 months - new initiative

to ↓ incidence in adolescents 12-17 yr.

under Mbeke funding already

committed.

USAID in SA engaged

✓ SA MOH

proposal - up to 10 mil to restore services
for

- 1st nat coord effort = strategic
goal. multiphased

- 45% under 15

leaving more than \$20 million to his son, the founder of Microsoft will give the rest of his money to the William H. Gates Foundation to wipe out deadly diseases such as AIDS and malaria.

The 73-year-old father of Gates said that in the next three months, the foundation will announce a number of newly funded programs that will go a long way toward its ultimate aim of becoming the world's largest private charity.

Bill Gates Jr. lives with his wife and child in a mansion on the shores of Lake Washington near Seattle. Gates and his wife Melinda have previously funded a family charity that currently has \$10 billion in its coffers and ranks fifth in the league of the world's philanthropic foundations.

William Gates Sr., who runs the family foundation, said one of his son's favorite books is Andrew Carnegie's "The Gospel of Wealth," in which the philanthropist wrote, "The man who dies rich dies in disgrace."

Gates Sr. said his 43-year-old son and daughter-in-law have been worried about world health since their visits to South Africa and India in the mid-1990s.

Gates Sr., 73, said the couple found themselves increasingly concerned about the effects of disease and poverty in developing countries. "Bill and Melinda believe that one's success is not some sort of God-given thing," he said.

In May, the Gates Foundation donated more than \$20 million to the International AIDS Vaccine Initiative, a group based in New York that invests money in a number of research teams looking to cure Acquired Immune Deficiency Syndrome.

Some have criticized Gates Jr. for making relatively small donations to charity and has been especially scorned for making donations of Microsoft-based computers to libraries.

Gates Sr. said: "My son is going to have critics all his life because of his wealth. But I'm optimistic now that we have put to rest any criticism on the basis of his not being sufficiently generous. We've pretty much drowned that out."

Message Sent To:

Bruce N. Reed/OPD/EOP@EOP
Thomas L. Freedman/OPD/EOP@EOP
Maureen T. Shea/WHO/EOP@EOP
Sandra Thurman/OPD/EOP@EOP
Katharine Button/WHO/EOP@EOP

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The Honorable Samuel R. Berger
National Security Council, The White House
Contact:

(NO)

Mr Gordon Conway
The Rockefeller Foundation
Contact: (212) 852-8321

Dr. Tim Evans, Seth Berkeley

(Su8)

(?) Honorable Leon Fuerth
National Security Council, The White House
Contact:

(?) Mr. Robert Johnson
Black Entertainment Television
Contact:

Mr. Aryeh Neier + 4 guests
Open Society Institute
Contact: Elise Van Oss -- Tel. (212) 548-0650

(yes)

Dr. Peter Piot
United Nations
Contact: Dr. Jim Sherry -- Tel. 4122-791-4505 or 33-450-4290-36
Fax. 4122-791-4179

(yes)

+ 4 guests

Sec. Donna Shalala
Department of Health and Human Services
Contact:

(yes)

Sandy Thurman
National AIDS Policy, The White House
Contact:

(yes)

Brady Anderson, (b)(6)
USAID
Contact: Harriet -- Tel. (202) 712-5020, Fax. (202) 216-3455

(yes)

[001]

Mr. Stewart Burden, (b)(6)
The John D. and Catherine T. MacArthur Foundation
Contact:

(yes)

(?) Mr. Jonathan Fenton
The John D. and Catherine T. MacArthur Foundation
Contact:

*Draft letter
for First Lady
- Hold*

*Bernard
18 July /99*

Dear

I would like to invite you to the White House on September 7 to join me and a small group of other key government, foundation, UN, and private sector leaders as we search for solutions to an international crisis that affects us all -- HIV/AIDS.

This devastating epidemic is an assault on health and development that has few, if any, modern equals. Only 20 years ago, we didn't even know HIV existed. And at the beginning of this decade, who among us would have thought that, by 1999, AIDS would be the leading cause of death in sub-Saharan Africa and the fourth leading cause of death worldwide?

In the face of these statistics, I am proud that the President has recently asked for a \$100 million increase in funding for international HIV/AIDS programs as the cornerstone of a broad and comprehensive new international initiative to combat the epidemic. But this is just a part of the international effort necessary to control the spread of HIV and deal with the associated problems of patient care.

Today, 34 million people are living with HIV or AIDS worldwide. AIDS-related diseases have killed 14 million men, women and children - mostly in Africa where more than 5,000 deaths are reported each day. By 2010, 40 million children will have been orphaned by HIV/AIDS. Economic development in many African countries has ground to a halt, and the hard-won social and health advances of the last 20 years are being reversed by the new realities of this epidemic. And these statistics do not begin to describe the personal tragedy for many of those living with HIV/AIDS and their families.

But there is cause for hope. Heads-of-State worldwide are increasingly speaking out, acknowledging AIDS prevention as a public health and political priority. National HIV/AIDS control strategies have been written. Uganda and Thailand have shown that successful national AIDS prevention programs can work. Unfortunately, a serious crisis remains and much more needs to be done. Many developing countries are losing the battle with the epidemic - overwhelmed by human and financial costs.

I have asked you to join me in this meeting to help build the momentum necessary to engage all stakeholders in winning the war against HIV/AIDS. Financial support of AIDS prevention efforts remains the most critical unmet need. However, this meeting is not intended as a donors conference. Rather, we will seek to identify innovative approaches for assisting countries in their HIV/AIDS control efforts.

HIV/AIDS has no cure and as yet there is no vaccine. We all grapple with the dual nature of current intervention efforts: prevention of new cases by expanding behavior change, and providing care to those already affected by the disease. As we come together from our diverse backgrounds - government, global business, foundations, intergovernmental and community based organizations, among others - we can bring not only our own perspectives on these efforts, but also our unique interests, capabilities and expertise. I want to use our meeting to identify roles, define opportunities, and develop new partnerships in the battle against this devastating epidemic.

The HIV/AIDS Leadership roundtable is planned for September 7 from _____am to _____pm on September 7, 1999. Location _____. (Need to decide whether to ask the invitees to speak, and if so, for how long. If instructions are given, we need to specifically avoid a litany of "what our organization is doing now.")

I hope you can join me at this most important meeting, and I look forward to seeing you in September.

Sincerely,

**AIDS Convening
September 7, 1999**

Participants List

First Lady Hillary Rodham Clinton

Secretary Donna Shalala
Department of Health and Human Services

The Honorable David Satcher
Surgeon General

Secretary Lawrence Summers
Department of the Treasury

Administrator Brady Anderson
US Agency for International Development

The Honorable Leon Fuerth
Assistant to the Vice President for National Security Affairs
The White House

The Honorable Sandy Thurman
Director
National AIDS Policy Office
The White House

Ms. Gayle Smith
Senior Director for African Affairs
National Security Council
The White House

Under Secretary Frank Loy
Under Secretary for Global Affairs
Department of State

Melanne Verveer
Assistant to the President and Chief of Staff to the First Lady
The White House

Dr. Ken Bernard
International Health Affairs
National Security Council
The White House

Mr. James Wolfensohn
President
World Bank

Ms. Jan Piercy
The Executive Director of the United States
The World Bank

Dr. Peter Piot
Executive Director
Joint United Nations Program on HIV/AIDS

Dr. Timothy Evans
Team Director for Health Services
The Rockefeller Foundation

Mr. Aryeh Neier
President Soros Foundations Network
Open Society Institute

Mr. Stewart Burden
Senior Program Officer
The John D. and Catherine T. MacArthur Foundation

Dr. Gordon Perkin
President of PATH
William H. Gates Foundation

Dr. Drew Altman
President and CEO
Kaiser Family Foundation

Mr. Charles Heimbold
Chairman and Chief Executive Officer
Bristol Myers Squibb

Mr. Robert Johnson
Chairman and CEO
Black Entertainment Television

B.A. Rudolph
Chief of Staff to the Administrator
Agency for International Development

Paul Delay
Agency for International Development

Dr. Jim Sherry
United Nations Joint Program on HIV/AIDS

Mr. Eduardo Doryan
Vice President and Head of Network
The World Bank

Ms. Debrework Zewdie
Lead Specialist, Population
The World Bank

Timothy Geithner
Under Secretary for International Affairs
Department of the Treasury

William Schuerch
Deputy Assistant Secretary for International Development, Debt and Environmental Policy
Department of the Treasury

Ms. Marsha Martin
Special Assistant to the Secretary
Department of Health and Human Services

Ms. Debrah Lee
President and COO
Black Entertainment Television

Mr. Ken Weg
Vice Chairman
Bristol Myers Squibb

Dr. Seth Berkley
President
International AIDS Vaccine Initiative
The Rockefeller Foundation

Mr. Terry Anderson
Executive Director of Public Policy
National Association of People with AIDS

Mr. Paul Boneberg
Director
Global AIDS Action Network

Ambassador Nancy Powell
Principal Deputy Assistant Secretary for African Affairs
State Department

Ms. Diane Graham
Special Assistant for Global Affairs
State Department

Richard Socaridies
Special Assistant to the President and Senior Adviser for Public Liaison
Office of the Public Liaison
The White House

September 3, 1999

MEMORANDUM TO THE FIRST LADY

FROM: Sandra Thurman, Director, Office of National AIDS Policy

SUBJECT: Need for an Enhanced Response to the AIDS Crisis in Africa and Around the World

Summary

- In the next decade, 40 million children will be orphaned as a result of losing one or both parents to AIDS.
- AIDS is not just taking lives, it is threatening economics, stability, and civil society.
- AIDS is wiping out decades of progress on a variety of development fronts, including per capita GNP, infant mortality, and life expectancy.
- Leadership and investment can help, and has helped, to turn the tide.
- Political support for a more aggressive United States response is building.
- As goes Africa, so will go India, Asia, and the new Soviet states, and by 2005, more than 100 million people worldwide will have been infected with HIV.

Background

On World AIDS Day last year, the President highlighted the growing global tragedy of children orphaned by AIDS in sub-Saharan Africa. At that time, he directed me to lead a fact-finding mission to the region and to report back to you with recommendations for productive action. From March 27 through April 5, I led a Presidential Delegation to Zambia, Uganda, and South Africa. I was accompanied by Representatives Jackson-Lee, Kilpatrick, and Lee, and assorted senior staff. We were also joined by a select group of individuals from outside of government including Mayor Dinkins, Bishop Felton May, and William Harris. [Attachment A: Manifest]

The goals of the trip were: to heighten awareness, promote leadership, and identify promising interventions. In Zambia and Uganda, we met with the Presidents and a variety of government ministers (health, welfare, community development, finance, etc.). In each country we visited a host of community-based programs serving children and families affected by AIDS, and talked with donors, experts, providers, and consumers about actions taken, lessons learned, and barriers to further progress.

On July 19, 1999 the White House released the subsequent report to the President on the mission and our proposed plan of action (press release attached). The new initiative includes a request to the Congress for an additional \$100 million to combat AIDS primarily in Africa. This is the largest-ever budget increase in the global battle against AIDS and more than doubles the United States efforts.

In addition to the \$100 million, the initiative includes a variety of strategic opportunities for challenging other partners to join in an enhanced effort starting with your meeting with key stakeholders on Tuesday. Others include:

- **Business Leaders Meeting** - The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts in the battle against AIDS. This is tentatively scheduled for early November and the Vice President has expressed interest in participating.
- **Labor Leaders Meeting** - The Department of Labor, led by Secretary Herman, and the AFL-CIO will co-host a meeting of US and African labor leaders to determine ways to expand existing programs which use trade unions to provide outreach and HIV/AIDS education (Note: In many parts of South Africa one in four mine workers in HIV-positive).
- **Religious Leaders Summit** - The Office of National AIDS Policy will facilitate a meeting of African, American and other religious leaders to discuss ways to more effectively engage communities of faith in the fight against AIDS. Several prominent religious leaders have tentatively committed to participate including Reverends Jesse Jackson, Leon Sullivan, Andrew Young and Archbishop Desmond Tutu.
- **UN Conference on Children Orphaned by AIDS** - On December 1, 1999 (World AIDS Day), the United Nations in conjunction with the National Black Leadership Commission on AIDS (chaired by David Dinkins), The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGO's will hold a conference to focus attention on the growing number of children orphaned by AIDS. You have been asked to deliver a keynote address.

Attached please find the Memoranda to the President on this issue for your review.

I welcome the opportunity to discuss this with you further, and greatly appreciate your continued support and leadership on behalf of people living with HIV/AIDS both at home and abroad.

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Tuesday, September 28, 1999 1:33 PM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Dempsey, Nora B. (AF); Frazer, Jendayi E. (AF); Smith, Gayle E. (AF)
Subject: ICASA AFFIRMS ONGOING HIV/AIDS CATASTROPHE

CLASS: UNCLASSIFIED
DTG: 281529Z SEP 99
MSGTO: RUEHC/SECSTATE WASHDC 9540
RHEHAAA/WHITE HOUSE WASHDC
ORIG: AMEMBASSY LUSAKA
PREC: ROUTINE
SSN: 5223
TOR: 990928132330 M4070693

UNCLAS LUSAKA 005223

AID/W FOR AFR/AA VIVIAN LOWERY DERRYCK; G/AA SALLY COLBY SHELTON; G/PHN/HN FOR PAUL DELAY; JOY RIGGS-PERLA

WHITE HOUSE FOR ONAP DIRECTOR SANDY THURMAN

DEPT FOR AF - A/S SUSAN RICE; AF - PDAS NANCY POWELL; OES - PDAS KENNETH BRILL

NSC FOR GAYLE SMITH

PASS DEPARTMENT OF LABOR FOR DESHAZER

E.O. 12958: N/A
TAGS: SOCI, TBIO, EAID, XA, ZA
SUBJECT: ICASA AFFIRMS ONGOING HIV/AIDS CATASTROPHE
IN AFRICA:

REF: LUSAKA 05150

BACKGROUND

1. THE XITH INTERNATIONAL CONFERENCE ON AIDS AND STDs IN AFRICA (ICASA) WAS SUCCESSFULLY HELD IN LUSAKA FROM SEPTEMBER 12 - 16, 1999. THE CONFERENCE EXCEEDED EXPECTATIONS, ESPECIALLY ON THE MANAGEMENT AND THE SMOOTH RUNNING OF THE MEETING. OVER 6,000 DELEGATES FROM 77 COUNTRIES ATTENDED THE WEEK-LONG EVENT - SHARING EXPERIENCES, NETWORKING WITH EACH OTHER, AND DISCUSSING KEY ISSUES. THE U.S. OFFICIAL DELEGATION INCLUDED MS. VIVIAN DERRYCK, ASSISTANT ADMINISTRATOR FOR THE AFRICA BUREAU, USAID AND MS. NANCY POWELL, PRINCIPAL DEPUTY ASSISTANT SECRETARY OF STATE FOR AFRICAN AFFAIRS, AND MACARTHUR DESHAZER, DEPUTY ASSISTANT SECRETARY AT THE DEPARTMENT OF LABOR. MS. DERRYCK ADDRESSED THE OPENING SESSION OF THE CONFERENCE AND READ A STATEMENT FROM PRESIDENT CLINTON TO THE DELEGATES (SEE REF CABLE 05150). THERE WERE OVER 200 MEDIA REPRESENTATIVES PRESENT AND NUMEROUS HIV/AIDS RELATED ARTICLES WERE PUBLISHED AND NEWS CLIPS AIRED THROUGHOUT AFRICA AS A RESULT OF ICASA. THIS CABLE PROVIDES QUICK FEEDBACK ON THE MAJOR THEMES OF THE CONFERENCE. A DETAILED REPORTING CABLE WILL

FOLLOW.

HIV/AIDS DECLARED DEVELOPMENT CATASTROPHE IN AFRICA

2. SPEAKER AFTER SPEAKER CITED THE DEVASTATING EFFECTS OF HIV/AIDS ON THE AFRICAN CONTINENT. THE REALITY IS SOBERING.

A. IN SUB-SAHARAN AFRICA, SINCE THE START OF THE EPIDEMIC AN ESTIMATED 34 MILLION PEOPLE HAVE BEEN INFECTED WITH HIV; TWO/THIRDS OF THE WORLD'S TOTAL. FOUR MILLION NEW CASES ARE OCCURRING EVERY YEAR IN THIS REGION.

B. 7 OUT OF 10 PEOPLE, NEWLY INFECTED WITH HIV IN 1998, LIVED IN SUB-SAHARAN AFRICA; AMONG CHILDREN UNDER 15, THE PROPORTION IS 9 OUT OF 10.

C. BY 2005, AIDS TREATMENT COSTS ARE EXPECTED TO ACCOUNT FOR MORE THAN A THIRD OF ETHIOPIA'S GOVERNMENT HEALTH BUDGET, MORE THAN HALF OF KENYA'S GOVERNMENT HEALTH SPENDING AND NEARLY TWO/THIRDS OF GOVERNMENT HEALTH SPENDING IN ZIMBABWE.

D. AIDS HAS CUT AVERAGE LIFE EXPECTANCY BY 18 YEARS IN KENYA, 22 YEARS IN ZAMBIA, 26 YEARS IN ZIMBABWE, AND 28 YEARS IN BOTSWANA.

E. AT LEAST 95% OF ALL CHILDREN ORPHANED BY AIDS HAVE BEEN AFRICAN, YET ONLY ONE-TENTH OF THE WORLD'S POPULATION LIVES IN AFRICA, SOUTH OF THE SAHARA. BY 2010 IT IS ESTIMATED THAT 40 MILLION CHILDREN UNDER 15 WILL BE ORPHANED IN SUB-SAHARAN AFRICA. AND THE NUMBER OF ORPHANS ARE NOT EXPECTED TO PEAK UNTIL AFTER THE YEAR 2030.

LACK OF POLITICAL COMMITMENT FROM TOP AFRICAN LEADERS

3. ICASA CLEARLY BROUGHT TO CENTER STAGE THE NEED TO ENGAGE TOP LEADERS IN THE FIGHT AGAINST HIV/AIDS. THE FACT THAT NOT A SINGLE HEAD OF STATE SHOWED UP FOR THE CONFERENCE, DESPITE WIDESPREAD EXPECTATION, FOCUSED CRITICAL ATTENTION ON THIS GAP. THE PRIME MINISTER OF MOZAMBIQUE AND THE VICE PRESIDENTS OF MALAWI AND ZAMBIA DID ATTEND. ZAMBIA'S VICE PRESIDENT PRESIDED OVER THE OPENING AND CLOSING CEREMONIES. ELEVEN COUNTRIES SENT MINISTERIAL REPRESENTATIVES. BUT THE LACK OF TOP LEADERSHIP WAS A SERIOUS DISAPPOINTMENT TO MANY AT ICASA AND WAS NOTED BY MANY SPEAKERS AND AT THE PRESS CONFERENCES.

4. THE INTERNATIONAL COMMUNITY WAS WELL REPRESENTED MS. CAROL BELLAMY, EXECUTIVE DIRECTOR OF UNICEF, DR. PETER PIOT, EXECUTIVE DIRECTOR OF UNAIDS, MR CALLISTO MADAVO, VICE PRESIDENT FOR AFRICA AT THE WORLD BANK, AND DR. EBRAHIM SAMBA, AFRICA REGIONAL DIRECTOR OF THE WORLD HEALTH ORGANIZATION (WHO) ADDRESSED THE GATHERING AND ACTIVELY PARTICIPATED IN KEY EVENTS.

5. ICASA STRESSED THE NEED FOR A MULTISECTORAL RESPONSE TO WAGE A SUCCESSFUL WAR AGAINST HIV/AIDS. HEALTH IS KEY TO LEAD THE EFFORT, BUT HIV/AIDS ACTIVITIES MUST MOVE BEYOND HEALTH AND INCLUDE OTHER SECTORS. MANY PRESENTATIONS STRESSED THE SEVERE IMPACT HIV/AIDS IS HAVING ACROSS THE BOARD-- - TEACHERS, FARMERS, MINERS, ETC. ALL LOSING THEIR LIVES TO THE EPIDEMIC; PRIVATE COMPANIES HAVING TO TRAIN TWO STAFF FOR EVERY POSITION DUE TO LOSSES TO HIV/AIDS; AND LOST TIME AND WAGES DUE TO THE NUMBER OF FUNERALS AND SICKNESS ASSOCIATED WITH HIV/AIDS.

CARE AND SUPPORT

6. AS THE NUMBER OF AIDS CASES RISE, THE ISSUE OF CARE AND SUPPORT BECOMES MORE ESSENTIAL TO THE HIV/AIDS RESPONSE. THE CONFERENCE HEARD VERY MOVING AND POWERFUL PRESENTATIONS FROM SEVERAL PERSONS LIVING WITH AIDS (PLWA) WHO BROUGHT THE PERSONAL REALITY OF THE EPIDEMIC TO THE GATHERING. THE SPEAKERS POINTED OUT THE STIGMA AND DISCRIMINATION WHICH THEY HAD TO LIVE WITH AND URGED ALL TO RESPECT THEIR HUMAN RIGHTS. A STRONG CALL WAS MADE TO EXPAND ACCESS TO ANTIRETROVIRAL DRUGS FOR PLWA. THERE WAS SOME CONCERN THAT DURING THE CONFERENCE PLWA HAD DIFFICULTIES IN SOME LOGISTICAL ARRANGEMENTS. USAID MET WITH THE ZAMBIAN NETWORK OF PEOPLE LIVING WITH HIV/AIDS TO HEAR THEIR CONCERNS AND TO COME UP WITH SUGGESTIONS TO AVOID THESE PROBLEMS FOR THE NEXT CONFERENCE. THAT SAID, SEVERAL REPRESENTATIVES OF THE PLWA COMMUNITY REMARKED THAT THE LUSAKA CONFERENCE HAD GONE MUCH FURTHER THAN EARLIER ICASA'S IN SEEKING THE VIEWS OF THOSE AFFECTED WITH THE DISEASE.

YOUTH

7. THE CONFERENCE HIGHLIGHTED THE IMPORTANCE OF TARGETING YOUNG ADULTS WITH PREVENTIVE MESSAGES. THERE WERE MANY PRESENTATIONS URGING MORE ATTENTION TO YOUTH AND TO INCLUDE THE YOUTH IN THE DESIGN AND IMPLEMENTATION OF HIV/AIDS ACTIVITIES. THE YOUTH WERE WELL REPRESENTED AT ICASA-GIVING SEVERAL PLENARY TALKS AND HOSTING A YOUTH CENTER IN THE ICASA VILLAGE. A NEW YOUTH INITIATIVE, AFRICA ALIVE!, WAS LAUNCHED AT THE MEETING WITH A CONCERT FOCUSED ON YOUNG ADULTS. AFRICA ALIVE! INCLUDES YOUTH FROM EIGHT AFRICAN COUNTRIES AND WILL BE CARRYING OUT A HIGH-PROFILE COMMUNICATION CAMPAIGN INCLUDING AN INTERNATIONALLY BROADCAST CONCERT IN DURBAN, SOUTH AFRICA IN JULY 2000 IN CONJUNCTION WITH THE XIII INTERNATIONAL AIDS CONFERENCE.

RESOURCE MOBILIZATION

EVIDENCE WAS PRESENTED AT ICASA THAT DEMONSTRATED THE NEED FOR ADDITIONAL RESOURCES IN AFRICA. PER CAPITA FUNDING FOR HIV/AIDS IN 1996 WAS ONLY \$1.81 IN UGANDA, \$0.73 IN ZAMBIA, AND \$0.03 IN NIGERIA. AFRICAN GOVERNMENTS WERE CALLED ON TO COMMIT MORE OF THEIR OWN RESOURCES TO THE FIGHT AGAINST AIDS. THE GOVERNMENT OF ZAMBIA PRESENTED A PROPOSAL THAT LINKS DEBT RELIEF TO EXPANDED INVESTMENTS IN
HIV/AIDS. AFRICAN PARTICIPANTS CALLED ON THE

INTERNATIONAL COMMUNITY TO INCREASE THEIR GRANT
FUNDING TO HIV/AIDS PROGRAMS RATHER THAN LOANS.

COORDINATION

8. WITH GREATER VISIBILITY OF HIV/AIDS IN AFRICA, MANY ORGANIZATIONS PLAN TO EXPAND THEIR HIV/AIDS ACTIVITIES. AS MORE PARTNERS JOIN IN THE FIGHT, IT WAS CLEAR AT THE CONFERENCE THAT CAREFUL COORDINATION IS NEEDED. DURING THE MEETING, THE WORLD BANK LAUNCHED THEIR "INTENSIFYING ACTION AGAINST HIV/AIDS IN AFRICA" INITIATIVE. UNICEF IS EXPANDING THEIR HIV/AIDS FIELD STAFF IN EAST AND SOUTHERN AFRICA. THE U.S. ANNOUNCED THE LIFE INITIATIVE. SEVERAL OTHER BILATERAL AGENCIES ARE INITIATING REGIONAL AND EXPANDED COUNTRY ACTIVITIES. SIDA HAS LAUNCHED A SOUTHERN AFRICA INITIATIVE. CLEARLY, CARE NEEDS TO BE TAKEN THAT THESE EFFORTS ARE NOT DUPLICATIVE AND THAT THEY COMPLEMENT EACH OTHER.

SUMMARY

9. ICASA PROVIDED A GOOD FORUM FOR THE SHARING OF HIV/AIDS EXPERIENCES IN AFRICA AND RAISING THE PROFILE IN AFRICA AND BEYOND CONCERNING THIS. WHILE THERE WERE NO NEW SCIENTIFIC BREAK-THROUGHS ANNOUNCED, THIS WAS THE FIRST MAJOR CONFERENCE AT WHICH THE RESEARCH IN UGANDA ON NEVIRAPINE WAS PRESENTED. THIS DRUG PROMISES TO OFFER A LOW COST MEANS OF PREVENTING MOTHER-INFANT TRANSMISSION. ICASA XI ALSO BROKE NEW GROUND IN FOCUSING ON AIDS ORPHANS AND IN INCORPORATING THE VIEWS OF PEOPLE LIVING WITH AIDS AND THE YOUTH OF AFRICA INTO THE PUBLIC AND MEDICAL DEBATE. THE EXCELLENT VENUE AND SMOOTH ORGANIZATION GREATLY FACILITATED THIS. BUT THE REAL TEST OF THE CONFERENCE WILL BE WHAT FOLLOW-ON ACTIVITIES HAVE BEEN GENERATED. INITIAL STEPS WERE TAKEN REGARDING ESTABLISHING FUTURE PRIORITIES FOR AFRICA. BUT MORE NEEDS TO BE DONE AND THIS WILL REQUIRE CONSIDERABLE WORK ON ALL PARTS. USAID/ZAMBIA, PEACE CORPS/ZAMBIA AND THE U.S. EMBASSY ARE COMMITTED TO BUILD ON THE MOMENTUM DEVELOPED BY ICASA HERE IN ZAMBIA AND TO STRENGTHEN OUR HIV/AIDS POLICY AND PROGRAM ACTIVITIES. DUNN

File - Copy Filed in Florus Folder



Katharine Button
09/14/99 09:37:37 AM

Record Type: Record

To: Kenneth W. Bernard/NSC/EOP@EOP

cc:

Subject: RE: White White House Meeting on Global AIDS with Mrs. Clinton and Others

----- Forwarded by Katharine Button/WHO/EOP on 09/14/99 09:37 AM -----

Richard Socarides 09/12/99 01:47:11 PM

Record Type: Record

To: Sandra Thurman/OPD/EOP@EOP, Todd A. Summers/OPD/EOP@EOP, Katharine Button/WHO/EOP@EOP

cc:

Subject: RE: White White House Meeting on Global AIDS with Mrs. Clinton and Others

----- Forwarded by Richard Socarides/WHO/EOP on 09/12/99 01:51 PM -----



GlobalAIDS@aol.com
09/11/99 10:30:06 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:

Subject: RE: White White House Meeting on Global AIDS with Mrs. Clinton and Others

To: AIDS Activists Concerned with US Global AIDS Policy

From: Paul Boneberg
Global AIDS Action Network (GAAN) 202-667-6300

RE: White House Meeting on Global AIDS with Mrs. Clinton and Others

Date: September 11, 1999

Friends and Colleagues-

This is a brief report on this week's meeting at The White House concerning US global AIDS policies and programs. It is not our intent to give a comprehensive report here, only the informal perspective of one community group that was in attendance in the hope that this is useful to other organizations. I attach below the USAID report on the same meeting and will try not to repeat the points made there.

This meeting, held in the west wing of the White House and chaired by the First Lady, represented the first time some key policy makers discussed the pandemic and provided a glimpse into thinking at the highest levels of the Clinton administration. In GAAN's opinion the most important aspect of the meeting was that it occurred at all, not the content. Further within the discussion what was most important was not the fairly formal statements but what was not said.

In attendance were perhaps 35 individuals including: World Bank President James Wolfensohn, Secretary of the Treasury Lawrence Summers, Secretary of HHS Donna Shalala, USAID Administrator Anderson, ONAP Director Sandy Thurman and UNAIDS head Peter Piot as well as other key administration officials. Also present were several key foundations, one pharmaceutical company (Bristol Meyers Squibb), one television company (Black Entertainment Television) and a few others including three NGOs: Global AIDS Action Network, National Association of People with AIDS, and International AIDS Vaccine Initiative. (See the USAID list below.) About half of those in attendance were seated at a large table with the other half in chairs against the walls. All seating was assigned and the NGOs were not placed at the table, but rather seated directly behind Mrs. Clinton, Secretary Summers, and Mr. Wolfensohn.

The purpose of the meeting was to further the administration's effort to expand US global AIDS activities including \$100,000,000 in increased funding called for by the Vice President in July 1999. In this sense the meeting was a success before it began since it represented a follow-through by the highest levels of the administration to increase the American response to AIDS. Clearly the attendees were chosen with a focus on funders--Treasury, the World Bank, and the foundations-- to secure commitments of increased support.

Mrs. Clinton made a strong opening statement about the US commitment and the need to secure the administration's proposal for increased funding. Mrs. Clinton then called on key individuals for their perspectives and proposals beginning with Dr. Piot, and continuing with Secretary Shalala, Dr. Satcher, Secretary Summers, and Mr. Wolfensohn.

The presentations by Piot, Shalala, and Satcher were excellent (they are outlined in the USAID memo below). Secretary Summers, in the first public remarks on global AIDS by any Treasury Secretary, spoke in some depth about the seriousness of the problem, the need for increased commitment, and his strong concern that funds provided be well spent. Mr. Wolfensohn made a strong statement regarding the World Bank's commitment and referred to a possible new mechanism to expedite provision of AIDS funds to nations seeking them. He also indicated that the Bank could have done better in responding to

the pandemic and intends to strengthen its efforts. This was the only indication by any agency at the meeting that they recognized that their past AIDS activities were inadequate.

We were now well into the meeting and three key things have emerged:

1. Although the meeting is addressing a vital foreign policy and development issue, neither the Department of State nor USAID have spoken much less laid out their vision of the US response. Leadership is being provided instead by the health and finance experts.
2. Although there is clear recognition of the severity of the pandemic, there is no recognition that the US response has been grossly inadequate.
3. There is ongoing reiteration that much of the problem rests with the unwillingness of affected nations to address the seriousness of the problem, thus limiting the ability of the US to increase its response.

Moving formally--via recognition by Mrs. Clinton--others now made statements about how they see the pandemic and their institution's response. This discussion is reiterated in the USAID summary below, but GAAN would make three observations:

--It was extremely discouraging that the Department of State made no mention of human rights in discussing their role in response to the pandemic. This confirms our perception that they have paid no attention to the human rights ramifications of dramatically expanded AIDS programs, particularly HIV testing.

--The plan outlined by Black Entertainment Television to mobilize TV stations and advertisers in Africa was visionary and credible, by far the most clear proposal made during the entire discussion.

--The foundations present made few specific commitments that were not previously known, but clearly are energized and committed to an increased response to the pandemic. They should be flooded with concepts and proposals by community groups as to how to effectively fund increased global AIDS activities.

At this point we were well over an hour into the meeting and the discussion had become a bit less formal with people at the table raising their hands and being recognized by Mrs. Clinton. I realized that not only were community groups not at the table holding the discussion, but also we were seated in such a way that it would be impossible to raise our hands and be seen by the First Lady. I felt that the discussion needed a community voice and therefore interrupted the discussion by saying "Mrs. Clinton! May I say something from a community perspective?" She replied affirmatively and turned to face us, as did that entire side of the table. I spoke for perhaps three minutes and tried to make three points:

1. The US response to the global AIDS pandemic has been a failure. It is not been simply a weak response that needs to be improved, but one that has failed to fundamentally grasp the magnitude of the problem.
2. This failure has occurred because the US foreign policy apparatus has not fully engaged itself in responding to the AIDS pandemic. Although the proposed increase of \$100,000,000 is essential and other efforts to increase action worthy of support, unless the US fundamentally changes its foreign policy to prioritize AIDS and health our efforts will remain inadequate. GAAN and other community groups do not believe that these priorities have been adopted.

3. American AIDS activists care deeply about global AIDS issues and are seeking to increase the US response. Although this sometimes upsets the administration, these are Americans who want only to improve US foreign policy. The administration should not exclude these voices, but find a way to bring them into the discussion.

It had been my desire not to disrupt the meeting, but to alter the tone that "we have done well, but now we'll do better". I wanted to clearly state that while some leaders of affected nations may be in denial about the pandemic, the same is true of American foreign policy leaders. GAAN believes the US response is not just weak, it is failing, and I wanted to interject some sense of urgency and passion into the debate.

Mrs. Clinton replied that she and her husband had tried to prioritize AIDS, but that it was made extremely difficult when leaders of affected nations refused to even engage in the discussion. Secretary Shalala replied that I was wrong that health was not being prioritized within foreign policy because she felt that increasingly it was. Secretary Summers responded most articulately making two points:

1. AIDS activists are right to criticize the administration for not doing more on global AIDS, but we needed to also criticize others (i.e. -the congress) and help build a national commitment for an overall increase in foreign assistance.
2. Despite our passion and commitment to the issue, American AIDS activists needed to recognize that we can not care more about the problems of other nations than do the people in those nations themselves.

It was difficult not to respond to these comments, but I felt it was inappropriate to engage in dialog with those speaking and waited to see if there would be time to reply. As it turned out there were a few more comments, most notably from Seth Berkley of IAVI on the need for increased efforts to develop vaccines that would clearly be effective in southern nations. Sandy Thurman summarized the meeting and we adjourned.

As is often the case the most interesting discussion occurred now that the meeting was over. Mrs. Clinton was, of course, seated three feet in front of Terry Anderson from NAPWA and myself so as she began to leave we engaged her in five minutes of further discussion. Besides thanking her for including us in the meeting we indicated that NORA agreed with Secretary Summers remarks regarding the need to increase overall foreign assistance, but that it was difficult to organize support when the administration has never sought to increase funding for global AIDS programs. (NORA is National Organizations Responding to AIDS an AIDS policy coalition of some 150 groups.) She seemed a bit perplexed at this so we asked directly: "You do know that USAID has not sought an increase in global AIDS funding since 1993? The funding has remained level for the last seven years."

She replied that she did not know this and called over Sandy Thurman to ask if it was correct that USAID had not sought to increase global AIDS programs since 1993. Sandy replied that yes funding had been basically level since 1993. Mrs. Clinton seemed startled by this and called over Donna Shalala to ask the same question and received the same answer. Both Terry and I were persuaded that the First Lady, who is perhaps USAID's foremost champion in the administration, was unaware that the agency had not sought to increase

its global AIDS funding.

The group slowly broke up. I was able to briefly raise concerns about human rights with Mrs. Clinton as well as ask Secretary Summers if he would meet with AIDS groups about the role Treasury. (He agreed Treasury would meet, but wouldn't commit to a personal meeting.) Many others also used the few minutes after the meeting to arrange meetings and make contacts as well.

As I stated in the beginning of this memo, although the meeting itself was interesting, the most important point was that it happened at all. Clearly the First Lady herself has weighed in to support the \$100,000,000 global AIDS initiative and in response the highest levels of the US government and others are seeking to increase their commitment.

GAAN is now engaged in an all-out effort to support the administration's new global AIDS initiative. We will also continue to speak out over the lack of vision and commitment from the principle vehicles of US foreign policy: the Department of State and USAID, which heretofore have been woefully inadequate in their response to the pandemic. (By this we do not mean the excellent small teams that run current global AIDS programs, but the past leadership of these large agencies which not only not sought no expansion, but actually neglected AIDS programs shamefully.)

We urge American AIDS groups who care about global AIDS issues to stay informed and seek to improve the US response to the pandemic. For more information or to comment please reply to globalaids@aol.com or contact Paul Boneberg at GAAN 202-667-6300.

(USAID meeting Report)

Subj: [233] White House global AIDS meeting
Date: 9/9/99 7:28:45 PM Eastern Daylight Time
From: intaids@hivnet.ch (INTAIDS - Paul Zeitz)
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INTAIDS is an independent forum provided by
the Fondation du Present <http://www.fdp.org>

The following participated in a 90 minute meeting on 7 September 1999 at the White House to discuss how to accelerate and increase the response to the global AIDS pandemic

1. Hillary Clinton, First Lady of the United States
2. Ms. Sandra Thurman, Director of the White House Office for National AIDS Policy
3. Mr. Leon Feurth, Office of the Vice President
4. Mr. Frank Loy, Department of State
5. Ms. Donna Shalala, Secretary of Health, DHHS
6. Dr. Ken Bernard, National Security Council

7. Dr. Larry Summers, Secretary of the Treasury
8. Dr. Peter Piot, Executive Director, UNAIDS
9. Dr. David Satcher, Surgeon General
10. Mr. James Wolfensohn, President, with Jan Piercy, U.S. Executive Director, The World Bank
11. Mr. Stuart Burden, MacArthur Foundation
12. Mr. Gordon Perkin, Gates Foundation
13. Dr. Drew Altman, Kaiser Family Foundation
14. Mr. Arya Neier, Open Society Foundation
15. Mr. Tim Evans and Dr. Seth Berkley, Rockefeller Foundation
16. Mr. Charles Heimbald, Chairman and CEO of Bristol Meyers Squibb
17. Mr. Robert Johnson, Black Entertainment Television
18. Mr. Terry Andersen and Mr. Paul Boneberg, North American Organizations Responding to AIDS (NORA)

The First Lady began the meeting by briefly describing the components of the recently announced LIFE Initiative. Dr. Piot described the current status of the pandemic, but that there were reasons for optimism, including the successes of Senegal and Uganda and the recent improvement in African political commitment. He mentioned five challenges: (1) sustaining the political momentum, (2) adjusting social policy to provide social safety nets, particularly for vulnerable women and youth; (3) we must do things differently and involve a broader array of partners (religious leaders, business, etc); (4) we must strengthen technical capacity; and (5) we must intensify research and development.

There followed a general open discussion. Secretary Donna Shalala stated that while African Presidents were finally understanding the significance of AIDS, Ministers of Finance still had a long way to go. Secretary Larry Summers discussed the need for us to ensure that increased resources are properly spent and don't wind up in Swiss Bank accounts. Mr. Anderson reiterated that USAID has been the lead donor, particularly in Africa and now possess a wealth of technical expertise and partnerships in each country that should be utilized, particularly in the debt relief restructuring, as well as by the Foundations who were new to this issue.

Mr. Wolfensohn reaffirmed the World Bank's emphasis on AIDS in all of its development loans.

Rockefeller Foundation discussed the need to provide health prevention services for the poorest populations, with a focus on research and training. Mr. Frank Loy brought up the multiple "common agendas" that the USG has with other governments and the need to include AIDS prevention in these efforts. Mr. Heimbald described the new Bristol Meyers Squibb initiative in southern Africa, "Secure the Future" which involves \$100 million over five years for five southern African countries. This initiative will work with Morehouse College, Baylor and Medunsa and will focus primarily on reducing mother to child transmission of HIV. Mr. Robert Johnson of Black Entertainment Television spoke of his experiences in Africa with mass media and communications. He stressed the ongoing cultural reasons for pandemic and the continued denial that exists in Africa. He reported that mass media still has poor penetration in much of sub-Saharan Africa and because Governments control most of the media can have adverse impact.

Drew Altman of the Kaiser Family Foundation presented the Love Life Campaign

in South Africa, directed at adolescents. Kaiser will give \$2.5 million which will be matched by the South African government. Paul Boneberg from NORA stated that we need a radical change in our foreign policy. Mrs. Clinton replied that in her experience, she had raised the issue of AIDS numerous times with African leaders and that they had rebuffed her. Mr. Summers also defended the foreign policy stand thus far, stating that it is difficult to achieve results if "we care more about a problem than a host country." He went on to lament the woeful underfunding of foreign assistance, at .09% of the US GNP.

Next Steps:

1. The U.S. (USAID and DHHS) and UNAIDS will co-convene a meeting on improving technical resource platforms for Africa.
2. BET will convene a meeting of African and American television managers and advertisers to discuss how to improve public health message communications.
3. All of the partners present will work on the next series of meetings with business leaders, labor unions, religious leaders, etc.
4. MacArthur Foundation will convene a meeting of Foundation directors in Seattle in January. USAID and UNAIDS will participate.
5. USAID and UNAIDS will assist Treasury to more fully explore the use of debt restructuring to increase resources for AIDS.

Dr. Paul Zeitz
Senior Policy and Technical Advisor for PHN
USAID/Zambia and GRZ/Central Board of Health
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- WHITEH~1.DOC

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OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: *Ken*

FROM: *Nick / Sam*

COMPANY:

DATE:

FAX NUMBER:

69390

TOTAL NO. OF PAGES INCLUDING COVER:

Cover + 3

PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

*FYI - news sent sure if you saw
this.*

White House Sounds Alarm on AIDS Crisis in Africa
Harvard World Health News
September 9, 1999

Boston - First Lady Hillary Rodham Clinton convened a meeting on September 7th, at the White House to mobilize top international health officials amid deepening concern over the unchecked spread of AIDS in sub-Saharan Africa and the epidemic's growing threat to South-East Asia and Eastern Europe.

Reports from Africa describe a catastrophe in the making that threatens an entire generation of children and two decades of economic development. Average life expectancy is plummeting by 20 years in some areas, as aggressive new strains of HIV decimate the continent.

The September 7th meeting with Mrs. Clinton followed the release in July of a little-noticed White House report which warned, "As goes Africa, so will go India, South-East Asia, and the Newly Independent States of the former Soviet Union, and by 2005, more than 100 million people worldwide will have been infected with HIV. Leadership and resources are desperately needed if we are to turn the tide." The report proposes an action plan for mobilizing international leadership and resources.

The report presents findings of a March 27-April 5, 1999, Presidential Mission on Children Orphaned by AIDS in sub-Saharan Africa, and paints a grim picture of the situation facing children. In nine countries, between one-fifth and one-third of all children will be orphaned by AIDS by the end of this year, rendering them at "extraordinary risk of physical and sexual abuse as well as child labor exploitation" and subsequent HIV infection. Over the next decade, the report projects, more than 40 million children will be orphaned by AIDS. The report describes fragile health care systems buckling under the weight of the crisis, with AIDS patients already occupying 50-80% of all hospital beds in some areas.

More than 22 million adults and 1 million children in sub-Saharan Africa currently are infected with HIV. Most new infections are occurring among women, and are spreading to newborns during childbirth and breastfeeding. Nearly 600,000 new HIV infections are occurring among infants in the region each year.

The implications of the epidemic are profound and far-reaching, threatening the region's political stability, security, and development. The epidemic is hitting especially hard at the region's infrastructure--civil servants, teachers, health personnel, engineers, and industrial workers. According to the White House report, companies like British Petroleum and Barclays Bank are hiring two skilled workers for each open position, expecting that one will die of AIDS.

It is the worst infectious disease catastrophe since the Bubonic plague in 1348. Its rapid spread is fueled by cultural norms and sexual practices. A major piece in *The Economist* (Jan. 1999) described the widespread acceptance of commercial sex workers; resistance to using condoms; adolescent girls who believe they will only become beautiful through a regular infusion of sperm; and men who believe they can rid themselves of HIV by infecting a virgin.

The *Economist* observed, "HIV tends not to strike just one member of a family. Husbands give it to wives, mothers to babies." The *Economist* correspondent's driver in Kampala lost his mother, his father-in-law, two brothers and their wives to AIDS.

But it is not a situation without hope. Dr. Barry R. Bloom, dean of the Harvard School of Public Health and chairman of the UNAIDS Vaccine Advisory Committee, argues that millions of lives can be saved in the short term through massive social mobilization and education, while research continues to develop effective, affordable vaccines. "In the short term, the critical ingredient is political will and commitment within each country, supplemented by external resources."

Attending the September 7th, White House strategy session were leaders from the World Bank and UNAIDS, heads of foundations, corporate CEOs, and U.S. health officials

Next week, the spotlight shifts directly to sub-Saharan Africa, where 3,500 delegates will assemble in Lusaka, Zambia from September 12 to 16 for the Eleventh International Conference on AIDS and STDs in Africa.

The conference is expected to focus major attention on Uganda, which has mounted an effective response, achieving reversals in HIV infection rates.

The *Mail and Guardian* (Johannesburg) reports, "Uganda's President Yoweri Museveni has personally spearheaded an ambitious country-wide initiative to spread the word about HIV. Shortly after coming to power in 1986 after Uganda's brutal civil war, Museveni rapidly masterminded a multi-pronged strategy to combat the disease."

Citing Uganda's experience, Dean Bloom observed, "While it is difficult to affect longstanding patterns of behavior in any society, amazingly enough, education has had an impact. In Africa, Uganda has done the most in terms of massive publicity and community mobilization to educate the public and reduce the stigma associated with HIV infection. Most importantly, the government has openly recognized the AIDS problem, and has aggressively supported disease prevention efforts including condom distribution, HIV testing, counseling and support services, and widespread mobilization of women's groups and community groups."

In 10 years of massive public health mobilization, HIV infection rates in some districts have been reduced from 25% to 13%."

South Africa's new President, Thabo Mbeki, has made AIDS a top priority. In October 1998, while still Deputy President, Mr. Mbeki, in a speech launching the South African Partnership Against AIDS, said, "For too long we have closed our eyes as a nation, hoping the truth was not so real. For many years, we have allowed the human immunodeficiency virus to spread at times we did not know that we were burying people who had died from AIDS. At other times we knew, but chose to remain silent.

"Now we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as a people will be shattered."

Last month, South Africa's new Health Minister, Dr. Manto Tshabalala-Msimang, led a 23-person delegation to Uganda and signed a joint agreement to cooperate on prevention of mother-to-child HIV transmission, drug research, procurement and distribution, HIV surveillance, and the development of HIV vaccines.

Over the long term, everything depends on the invention of effective and affordable vaccines to prevent either HIV infection or the development of clinical AIDS.

Dean Bloom, a leading immunologist, commented on the challenge confronting researchers: "HIV is not a single type of virus, like polio or measles. It is constantly changing as it is being attacked by the immune system necessitating the development of complex, so-called 'cocktail' vaccines. In the long run, I am optimistic that affordable vaccines will be developed. They are unlikely to be as effective as the polio and measles vaccines, but even if the vaccines are only 50% effective, they will save millions of lives.

"Developing and testing vaccines will require genuine scientific collaboration with colleagues in Africa and Asia and with the industry that produces them," he said. "The industrialized world has not previously made a commitment on a scale that this crisis demands. What is required is a different kind of globalization--a spirit of international cooperation in which every life is given equal value."

BE
Telecommunications
+ advertising + co.

THE WHITE HOUSE
WASHINGTON

What are incentives
Hinders - leader = public / private

Wolf / Sumner - What can
we do to help
making sure that
as the right things
are funded under HPI.C

Institutionally AID success
Powell
Common agenda

Wolf

18³⁰ 7 Sept. 1999

Roosevelt Room HIV/AIDS

① —————

1) Intro remarks

2) Pilot - 2/3 of the 35 mil. in Africa
few even know they were in

30% of some cities

Ivory coast - everyday
a teacher dies

\$165 million → AIDS in Africa

Optimism

1) experience, Uganda, Senegal
Zambia improving

2) ↑ political commitment

Heads of State all speaking

3) Momentum - G8 discussed

3) 5 challenges

a) ~~How~~ ^{How} to sustain political
momentum. S/G meeting in Africa.

b) Create social environ.: educate
girls / social safety nets

- d) do things differently - community-level partnerships - bus / relig.
- e) strengthen tech. capacity
- e) intensify research - vaccine long term - palliative care

2) Shalala - health strategies
change tactics as changing disease occurs.
more sophisticated
we have the public health infrastructure that can adapt
Need strong leadership
+ small amounts of money.

Finance ministers.
Vaccine commitment but not enough - palliative care
Need infrastructure
USAID

3) Satcher - global strategy + social policy
lab + surveillance for H.I.V.
new partnerships
vaccine closer than we think
since '86 in US / more / cold / you
lower world
similar around world

(13) Summar

Finance ministers + OMB separate
as important in AIDS. Be sure we channel
in most effective way.

1) Right kinds of economic policies
can be devastating to AIDS
ed. give, ↑ standards of living

2) Resource avail.

a) Int. assistance community
needs to track public
expenditure

Condition assistance.

Go to right places

b) HPICE only → development
if resources well
used "conditionality"

3) Incentives -

good programs → more resource
don't reward failure
make choices - not everything
fundable.

- Crucial in South Asia
steps today prevent af.

How can
we help

(4)

4) Woffensohn - Social + labor ministers too
train ^{health} workers. Channels of distribution

- Crisis - Action program at Bank
- Flexible financing - horizontal line
of credit to avoid indiv.
approach.

can't do vertical program.

USAID

75 mil ~~sub~~ sub-award of.

Rock

Tim Evans

② Cap. advantage

- new drugs + vaccines.

- sig increase financing human &
tech resources

Commercially orphaned substance

public/private partnership

International AIDS Vaccine Init.

② Similar - US + int
how do you

③ Capacity development

- Burden -
- Malaria
 - share what we've learned
 - policy makers + other people
 - new challenges - stigma issue
 - need to look at what we've done + change → current situation
 - meeting Jan - NAO's,
 - fellowships

STD's/AIDS/TB - overlapping epidemics

- Frank Fay -
- Nancy Powell, Amb. to Uganda
 - could coordinate success there
 - Common Agenda program - Japan
 - non-trade issue

Humbold -

Myrm Sussex

- new AIDS epidemic
spread of the virus in South Africa
→ ? India

IC (not ID)

Kills people faster
heterosexual - easy transmission

Bayle
medusa
mouthpiece etc.
1/100 mil per 5 yr.

~~Alman~~ "Secure the Future"

South Africa

Eliminate vertical transmission + training

Heinbold - 5 countries
Namibia
Swaziland
Botswana
Lesotho
SA

Vertrail
transmission
measurable
outcomes

working models - other sponsors

Peter - if for no ty & ~~no~~ (+) stigma
then who would ever
be tested

Mother → child blocking

demonstration projects for HIPC

tech. resource internationally
~~etc~~

BET / Bob Johnson

mass media not penetrated
Govt control in many countries

Will convene meeting of ministers & media owners
+ govt
change. cult. impaired

Shalala - mainstreaming Kaiser

Nat Adolesc. Sex Health Init - comprehensive
for youth.

Coord. national effort - get ahead by
prevention in young people.

For Life Campaign

Mrs. Mbeke

2.5 mil Kaiser
2.5 mil S.A.

Community groups - disaster situations

Foreign policy apparatus needs to be integrated

Pull in AIDS community supports

HRC Not been a willing res of leaders until
recently.

Jan Pierce Executive directors now - like AIDS
education of girls

Shalala - Support Agencies

HRC - Congress

Peter - Religious leaders.

Sumner - We can't want a country to solve a problem more than the country itself. Do more for those who want to do more + must educate ~~then~~ those who don't.

- education crucial in different sense
- address global problem

.09% of GNP for foreign assistance
recommend 7 times more

Portion of this energy → American people why so costly to avoid our responsibilities

HRC - Health a lynchpin
in our national interest

Seth - long term goal of vaccine

Sett

development done by companies
need income for Africa

Sandy - 1) DNA ID & USA tech

2) BET

3) followup meetings - incl. business

Script:

Location: Roosevelt Room 10:30am September 7, 1999

Press enters

- **Welcome**

- **Opening remarks by the First Lady**, including introductions (see above)

Press departs

- **Introduce Dr. Peter Piot**, Executive Director, Joint UN program on HIV/AIDS in Geneva: For brief overview of epidemic and the specific challenges we face as we move into the next century.

- **Call on Donna Shalala** for her thoughts on where we need to go in the health sector

- **Call on Lawrence Summers** for his thoughts on where we need to go in the international financial sector

- **Call on James Wolfensohn** for his thoughts on directions for the International Financial Institutions

- **Follow on with open discussion with foundations and corporations and others**

Issues -- Incorporating AIDS into specific sector portfolios:

- Prevention activities. Engagement of leadership. Stigma reduction. Education. Mother to child transmission prevention.
- Care and treatment. Provision of basic medical care., including treatment of TB and other opportunistic infections.
- Infrastructure development, including financing and debt relief

- **Next Steps**

1. Foundation meeting called by MacArthur Foundation. Could they take a leadership role with other foundations?
2. Business Leader's meeting coordinated by VP and Commerce. Could Bristol Myers have a role in helping with pharmaceutical companies?
3. Could BET help organize a communications forum to discuss increased AIDS

activities internationally?

5. Follow on the Cologne Initiative: Demonstration project in Africa on Debt for AIDS prevention activities.
 6. New UN activities
 7. Other (as come up in the open discussion).
- Close.

Laura E. Schiller
09/07/99 07:57:26 AM

Record Type: Record

To: Kenneth W. Bernard/NSC/EOP@EOP

cc:

Subject:

- We can also take heart in the recent Cologne Agreement, which will more than double the debt relief provided to countries that need it most. This means that eligible nations such as Uganda and Tanzania will now be allowed to use their freed up resources on social sector spending – including, for the first time, activities to prevent HIV/AIDS. We will work with the International Monetary Fund and the World Bank to encourage Uganda, Tanzania, and other eligible countries to develop HIV/AIDS pilot projects – and provide an example to other indebted nations struggling against this disease.

The recently agreed Cologne initiative to expand debt reduction under the Highly Indebted Poor Countries program, or HIPC, could play an active part in increasing AIDS prevention activities in the poorest countries of the world by freeing up resources for health care and public awareness. Two examples of countries at different stages of their battle with AIDS who will benefit from the Cologne initiative are Uganda and Tanzania. Uganda, the first country to receive HIPC debt reduction, is already using funds that would otherwise be used for debt service for increased social sector spending. Uganda's experience in reducing the rate of HIV/AIDS infection demonstrates what can be done with strong political leadership and effective programs in the health sector, primary schools, and more broadly with private organizations and religious groups. Tanzania is just beginning its efforts to combat AIDS. They will soon be eligible for participation in the HIPC program and the Prime Minister recently visited Uganda to gather lessons for Tanzania as they embark on their own AIDS prevention program.

too long!

The Cologne agreement will more than double the debt relief to be provided under the HIPC program, freeing up resources for Uganda and Tanzania and other eligible countries to finance basic social sector spending, including more intensive efforts to prevent the spread of AIDS.

For the initial countries eligible for debt reduction under HIPC, we will work with the International Monetary Fund and the World Bank to encourage them to develop pilot projects that integrate AIDS programs more effectively into each country's public health strategies.

Laura

202
966-3628

Laura - This is
the Treasury language I
used to write my
bullet - Ken

FACSIMILE COVER SHEET
OFFICE OF THE ASSISTANT SECRETARY
INTERNATIONAL AFFAIRS
DEPARTMENT OF THE TREASURY
1500 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20220

URGENT

DATE: September 3, 1999

PAGES TO FOLLOW: 1

TO: Ken Bernard, NSC

ADDRESSEE'S FAX NUMBER:

202/ 456-9390
[REDACTED]

ADDRESSEE'S CONFIRMATION NUMBER: 202/ 456-9298

FROM: Margaret Kuhlow

SENDER'S FAX NUMBER: 202/622-0404

SENDER'S CONFIRMATION NUMBER: 202/622-0656

SPECIAL INSTRUCTIONS/MESSAGE:

Ken, attached please find suggested text describing two sample countries whose social spending programs, including AIDS prevention, could potentially benefit from the deeper debt reduction that would be afforded under the Cologne initiative. If you need to make significant changes, please clear the substance with Bill Schuerch.

Should you need additional information, you can reach Bill Schuerch or Joe Eichenberger through the Treasury operator at 622-1260.

The recently agreed Cologne initiative to expand debt reduction under the Highly Indebted Poor Countries program, or HIPC, could play an active part in increasing AIDS prevention activities in the poorest countries of the world by freeing up resources for health care and public awareness. Two examples of countries at different stages of their battle with AIDS who will benefit from the Cologne initiative are Uganda and Tanzania. Uganda, the first country to receive HIPC debt reduction, is already using funds that would otherwise be used for debt service for increased social sector spending. Uganda's experience in reducing the rate of HIV/AIDS infection demonstrates what can be done with strong political leadership and effective programs in the health sector, primary schools, and more broadly with private organizations and religious groups. Tanzania is just beginning its efforts to combat AIDS. They will soon be eligible for participation in the HIPC program and the Prime Minister recently visited Uganda to gather lessons for Tanzania as they embark on their own AIDS prevention program.

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For the initial countries eligible for debt reduction under HIPC, we will work with the International Monetary Fund and the World Bank to encourage them to develop pilot projects that integrate AIDS programs more effectively into each country's public health strategies.

August 4, 1999

Mr. John M. Doe
Address Line 1
Address Line 2
City, State 20001-Zip

Dear John:

I am pleased to invite you to the White House on September 7, 1999, to join me and a small group of senior representatives from the United States government, multinational institutions, foundations and the corporate sector for a meeting to explore strategies to better address the international AIDS crisis.

This devastating epidemic is an assault on health and development that has few, if any, modern equals. Only 20 years ago we did not know that HIV existed. At the beginning of this decade, who among us would have thought that by 1999 AIDS would be the leading cause of death in sub-Saharan Africa and the fourth leading cause of death worldwide?

In the face of this reality, the President has recently asked for a \$100 million increase in funding for international HIV/AIDS programs as the cornerstone of a broad and comprehensive new international initiative to combat the epidemic. This is just a part of the international effort necessary to control the spread of HIV and to deal with the associated problems of patient care.

Today 34 million people worldwide are living with HIV or AIDS. AIDS related diseases have killed 14 million men, women and children--mostly in Africa where more than 5,000 deaths are reported each day. By 2010, 40 million children will have been orphaned by HIV/AIDS. Economic development in many African countries has come to a stop and the hard won social and health advances of the last 20 years are being reversed by the new realities of the epidemic. These statistics do not begin to describe the personal tragedy for many of those living with HIV/AIDS and their families.

Still there is cause for hope. Throughout the world, heads-of-state are increasingly acknowledging AIDS prevention as a public health and political priority. National HIV/AIDS control strategies have been written, and Uganda and Thailand have shown that successful national AIDS prevention programs can work. Unfortunately, a serious crisis remains and much

more needs to be done. Many developing countries, overwhelmed by human and financial costs, are losing the battle with the epidemic.

I am asking you to join me to help build the momentum necessary to engage all stakeholders in winning the war against HIV/AIDS. Although financial support for AIDS prevention efforts remains the most critical unmet need, this meeting is not intended to be a donors conference. Rather, we will discuss strategies and identify priorities and new partnerships for assisting countries in their HIV/AIDS control efforts.

We will meet at the White House on Tuesday, September 7th. Please plan to arrive at the East Appointments Gate no later than 10:00am. To confirm your participation, please call Katy Button in my office at (202) 456-6266. I look forward to seeing you on September 7th.

Sincerely yours,

Hillary Rodham Clinton

(Insert at indicated bullet on page 3 in First Lady's opening remarks on HIV/AIDS. Bullet could be moved to the top of page 3 if you think it fits better there)

- The G-7 Summit recently endorsed the Cologne Initiative, expanding debt reduction for the most Highly Indebted Poor Countries. I am excited that the resulting freed-up resources can now be targeted at social sector spending -- including, for the first time, HIV/AIDS prevention activities. Two examples of countries who will benefit from the Initiative are Uganda and Tanzania. I am pleased to have Larry Summers, Jim Wolfensohn, Peter Piot and others here who can help direct the development of pilot projects to integrate AIDS activities into programs funded under the Cologne Initiative.

*edit as you
see fit. -/ker*

PM# in Uganda

Brian Crow
6229124

WTPD
practical approach
IP issue as an impediment

Dick Clarke -
Bld + Facilities
level 4 need more

1.886
135
-021

Dick Thompson

302-226-5166
46

Jim -

Sherry - ~~Helena~~
4122-7914505

690-7098 - 622-1260
Treasury org.

Bill Shersch - melano 3 beiter
622-0154 - Tim Target country

Melanie
Marlett
458-1858

ATD

Sue Green
Debt Officer
712-5534

Jay Smith
Southern Africa
712-0166
Maureen Dugan
712-4790

Barry
Holloway

Zambia
S.A. 144 mil US
debt
19.2% 49 mil

Tanzania
35 mil
9.4% (H)

Outcomes - Renewed Commitment
- esp Foundations

Key admin. here
multinational
Foundations

} problem not
going away
collective action

Continuation of efforts + set new strategies
+ recommendations → stir other act.

- Bus.
- Found
- Legist.

Promote leadership in the Administration - Name
them. then U.N./Foundations/Corp.

Opening Comments - multisect approach
- losing the battle

Reference - V.P. Today as he announced
purpose → (above)

"What has she seen - Museveni - Aids Prev.
education + prevention Thailand
Gov. + Queen's project, young persons
add to prostitution

Personal reference to ...

States while press there. Economy + Health
connected.

For Melanne

- 1) Final list (+1's) for entry / Room?
 - 2) Kaiser
 - 3) Summers
 - 4) ? Press
 - 5) UN speech (as poverty)
 - 6) WIPD
-

- Demstrate of Activity -
- BET NAACP - leadership public info front. More players programming that can be adopted
- ~~sex~~ leadership - ? discovery
- business community - corporate community

Trade → Cologne → Yulia

Hillary - Af our respons. Compliment what they do in Af.
Leadership

Bernard
18 July /99

Dear

I would like to invite you to the White House on September 7 to join me and a small group of other key government, foundation, UN, and private sector leaders as we search for solutions to an international crisis that affects us all -- HIV/AIDS.

This devastating epidemic is an assault on health and development that has few, if any, modern equals. Only 20 years ago, we didn't even know HIV existed. And at the beginning of this decade, who among us would have thought that, by 1999, AIDS would be the leading cause of death in sub-Saharan Africa and the fourth leading cause of death worldwide?

In the face of these statistics, I am proud that the President has recently asked for a \$100 million increase in funding for international HIV/AIDS programs as the cornerstone of a broad and comprehensive new international initiative to combat the epidemic. But this is just a part of the international effort necessary to control the spread of HIV and deal with the associated problems of patient care.

Today, 34 million people are living with HIV or AIDS worldwide. AIDS-related diseases have killed 14 million men, women and children - mostly in Africa where more than 5,000 deaths are reported each day. By 2010, 40 million children will have been orphaned by HIV/AIDS. Economic development in many African countries has ground to a halt, and the hard-won social and health advances of the last 20 years are being reversed by the new realities of this epidemic. And these statistics do not begin to describe the personal tragedy for many of those living with HIV/AIDS and their families.

But there is cause for hope. Heads-of-State worldwide are increasingly speaking out, acknowledging AIDS prevention as a public health and political priority. National HIV/AIDS control strategies have been written. Uganda and Thailand have shown that successful national AIDS prevention programs can work. Unfortunately, a serious crisis remains and much more needs to be done. Many developing countries are losing the battle with the epidemic - overwhelmed by human and financial costs.

I have asked you to join me in this meeting to help build the momentum necessary to engage all stakeholders in winning the war against HIV/AIDS. Financial support of AIDS prevention efforts remains the most critical unmet need. However, this meeting is not intended as a donors conference. Rather, we will seek to indentify innovative approaches for assisting countries in their HIV/AIDS control efforts.

HIV/AIDS has no cure and as yet there is no vaccine. We all grapple with the dual nature of current intervention efforts: prevention of new cases by expanding behavior change, and providing care to those already affected by the disease. As we come together from our diverse backgrounds - government, global business, foundations, intergovernmental and community based organiztions, among others - we can bring not only our own perspectives on these efforts, but also our unique interests, capabilities and expertise. I want to use our meeting to identify roles, define opportunities, and develop new partnerships in the battle against this devastating epidemic.

The HIV/AIDS Leadership roundtable is planned for September 7 from _____am to _____pm on September 7, 1999. Location _____. (Need to decide whether to ask the invitees to speak, and if so, for how long. If instructions are given, we need to specifically avoid a litany of "what our organization is doing now.")

I hope you can join me at this most important meeting, and I look forward to seeing you in September.

Sincerely,

703/548-4407

Opening Remarks HRC

- Welcome -- and thank you all for coming to what I hope will be a very interesting and productive discussion. We are very pleased to be joined this morning by many leaders from the Administration, international organizations, foundations, businesses, and the AIDS community. Their presence is a testament to the impact the AIDS pandemic has on every sector of society -- and to the responsibility we all have to end it.
- It is my hope that this meeting will lead to new initiatives, new resources, new thinking, and new partnerships to fight -- and ultimately win -- the war against HIV/AIDS in Africa and around the world.
- Because every day, we are reminded of the breakthroughs we've had in this fight-- from drug therapies that are improving life to campaigns that are empowering people to prevent the disease. We know what works. But, we are also reminded time and again of the people left behind -- and the sheer enormity of the challenge that remains.
- Just a week ago in Atlanta, we heard that the rate of HIV infections is no longer declining in the U.S. And, as you know, every day, AIDS claims the lives of more than 5,500 men, women, and children in Africa. In the next few years, that number will more than double. The AIDS epidemic in Africa is a crisis of biblical proportions. We are facing an emergency. And what we see in Africa today, we will likely see one day in India, in Southeast Asia, and the Newly Independent States if we don't act now.
- As I have been privileged to travel all over the world, I have seen firsthand what can be accomplished when leaders and citizens alike decide to tackle this tragedy from every angle.
- In Uganda, I went to the AIDS Information Center and saw billboards everywhere I went educating people to protect themselves against AIDS. It was all part of the campaign being waged by President Museveni and citizens throughout Uganda. I remember the song some of them sang: *Ugandans are fighting to ensure that AIDS cannot win.* Well, it's working. In 1992, 17 percent of sexually active teenage girls in Uganda were HIV positive. By the end of 1998 the rate was about six percent -- that's almost a two-thirds reduction.

- That example was on the minds of the African health ministers who came together last week at a W.H.O. meeting in Namibia. They declared war on HIV/AIDS and made a commitment to wage intensive campaigns to stop the devastation it is causing for their citizens and countries. And we must work hand in hand with them.
- Because AIDS is not somebody else's problem. And it is certainly not just a public health challenge that we can put in a box and ask our scientists and health care professionals to meet alone. Our work against AIDS must be part of our overall development efforts -- especially those affecting women and children.
- Because as we speak, the AIDS epidemic in Africa is turning back the clock on the steady development we've seen over the past few decades. It is undermining economies, trade, civil society, stability, and decreasing life expectancy by up to 20 years in some countries. And it is turning millions of children into orphans. How will they be able to build Africa in the future...when they are being left without a future today?
- I know that the people in this room have made great progress in the battle against AIDS. But, as you know better than anyone, the challenge before us is far greater than the collective actions taken so far. And that's why this meeting -- and the leadership of the organizations and sectors you represent -- is so important.
- We are pleased to be joined by so many key leaders of our Administration, who have worked on this problem from every perspective -- health, financial, international, and development. They include the Secretary of Health and Human Services, Donna Shalala; the Secretary of the Treasury Larry Summers; USAID Administrator Brady Anderson; our Surgeon General David Satcher; Undersecretary of State, Frank Loy; and the Director of the White House Office of National AIDS Policy, Sandy Thurman.
- As many of you know, this Administration has asked for an additional \$100 million next year to fight the global battle against AIDS. This is the largest increase ever in the international AIDS budget. And it would allow us to more than double our efforts in sub-Saharan Africa.

- We are also joined by representatives of our multilateral organizations, including Jim Wolfenson and Jan Piercy from the World Bank and Peter Piot from UNAIDS. [When we hear Dr. Piot talk about the work that UN agencies are doing to combat AIDS around the world, we are reminded of yet one more reason why it is so important that we support the United Nations and pay our dues.]
- We are also very fortunate to have with us some of the non-governmental organizations who serve on the frontlines. I want to thank the National Association of People with AIDS and the Global AIDS Action Network for being here.
- And we are also joined by representatives of the foundation community who have provided great leadership in the fight against HIV/AIDS. I want to thank the Rockefeller Foundation, the Gates Foundation, and the Open Society Institute for their generous contributions. I also want to thank the Kaiser Family Foundation, which comes here with a new commitment to match funding dedicated to preventing AIDS among adolescents in South Africa. And I want to thank the MacArthur Foundation, which will be bringing foundations together at the end of this year to discuss even more ways they can meet this challenge.
- We are also joined by Black Entertainment Television and Bristol Myers Squibb, who are not only making great contributions themselves. They are reminding us of the role that the media, the pharmaceutical companies – and indeed all businesses – can play.
- [Add Cologne announcement if we get it resolved]
- There are millions of people in Africa and all over the world whose lives and futures we could save – if only we find the will and the way. So, I hope that over the next hour or so we will think creatively about the ways that we can work together to finally win this war.
- In this room, there are leaders who have dedicated their hearts and souls and resources to this fight. But, just imagine what we could accomplish if, over the next few years, we could bring to this table every government leader, every foundation, every business, every NGO, every multilateral organization, and every citizen.

- We will never give up until the day when we meet our ultimate goal – and find a cure that reaches every single man, woman, and child on this planet. But, until then, we must do everything in our power to prevent HIV and heal those it strikes in Africa and all over the world.
- I hope that this meeting is the first of many steps we will take over the next few years to make that possible.

Talking Points for First Lady's Meeting on AIDS in Africa

AIDS in Africa is a crisis of biblical proportion. Each and every day – AIDS claims the lives of more than 5,500 African men, women, and children – and in the next few years, that number will more than double. And yet the epidemic rages on. In fact, while we are here today – nearly 1,000 in Africa will become HIV-infected – half of whom will be under than age of 25.

What we see in Africa today – we are likely to see in India and in the Newly Independent States tomorrow, if serious action is not taken now. By 2005, more than 100 million will have been infected with HIV.

AIDS is a humanitarian health emergency unlike anything we have seen in our lifetime. It is an economic issue, a security issue, a civil society issue, and a key development issue. AIDS in Africa is rolling back decades of progress on development benchmarks from infant mortality to life expectancy.

It is important for us to keep in mind that when we talk about the need to increase access to education for girls and to alleviate poverty among women in the developing world –we remember the link between this basic vulnerability and the risk of HIV. Poor women and children with no options or choices are in the center of the storm of this burgeoning pandemic. And when we talk about increasing trade with Africa, we must remember that AIDS is striking down workers and consumers and driving up the cost of doing business.

But amidst the tragedy we find signs of hope and opportunity. Across the African continent and around world, valiant efforts are being made to stem the rising tide of infection and to care for the growing number of people who are sick.

[First Ladies experiences with model efforts in Uganda and Thailand].

But overall, we are losing this war – and more, much more needs to be done.

On July 19th, the Administration launched a new initiative which is designed to enhance our leadership and investment in the global battle against AIDS. A centerpiece of this effort is an initial downpayment of an additional of \$100 million. This new investment will enable us to more than double our efforts in sub-Saharan Africa by focusing on four main objectives:

- prevention;
- basic care and treatment;
- caring for children orphaned by AIDS; and
- developing essential public health infrastructure and service delivery capacity.

But the US government cannot and should not do this alone. It is for this reason, that we seek to help galvanize action by other essential stakeholders. It is in this spirit of



UNAIDS

UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK

Joint United Nations Programme on HIV/AIDS

PETER PIOT
Executive Director, UNAIDS

Biographical information

Peter Piot was appointed Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Assistant-Secretary-General of the United Nations on 12 December 1994.

Dr Piot joined UNAIDS from a position as Director of the Division of Research and Intervention Development at the Global Programme on AIDS of the World Health Organization. Dr Piot had previously served from 1980 to 1992 as Professor of Microbiology and Head of the Department of Infection and Immunity at the Institute of Tropical Medicine in Antwerp, Belgium. During this period, he also launched and expanded a series of collaborative projects in Burundi, Côte d'Ivoire, Kenya, Tanzania and Zaire, including 'Projet SIDA' in Kinshasa, Zaire, which was the first international HIV/AIDS project to be established in the developing world.

Dr Piot was Associate Professor of Public Health at the Free University of Brussels from 1989 to 1992, and Associate Professor of Microbiology at the University of Nairobi from 1986 to 1987. From 1978 to 1979, he was Senior Fellow at the University of Washington, where he carried out research on infectious diseases. During an investigation into an outbreak of haemorrhagic fever in northern Zaire in 1976, he became co-discoverer of the Ebola virus. He served as the President of the International AIDS Society from 1991 to 1994. Prior to joining UNAIDS, he was editor of *AIDS*, the leading scientific journal in its field.

Dr Piot qualified as a Doctor of Medicine at the University of Ghent in 1974 and received a Doctorate in Microbiology from the University of Antwerp in 1980. He has received many awards for scientific achievement and public service, and has published over 500 articles and 14 books, mostly on issues related to AIDS, sexually transmitted diseases and women's reproductive health. He was awarded a baronetcy by H.M. King Albert II of Belgium in 1995. Dr Piot was born in Leuven, Belgium in 1949.



Peter Piot, Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS).
For information, please contact UNAIDS, Geneva, Switzerland. Phone: (+4122) 791 3666,
Fax: (+4122) 791 4187, e-mail: UNAIDS@WHO.ch, Internet: <http://158.232.20.3/unaids.htm>

Please give credit to UNAIDS/Yoshi Shimizu.

NIH TECHNOLOGY TRANSFER FACT SHEET AUGUST 30, 1999

Programmatic Background:

- The NIH mission is to improve public health through research. In the early 1980's, Congress enacted the Bayh-Dole Act and the Stevenson-Wydler Technology Innovation Act (with later amendments, including the Federal Technology Transfer Act of 1986) to encourage the transfer of basic research findings to the marketplace.
- The primary purpose of these laws is economic development. Specifically, to provide appropriate and necessary incentives to the private sector to invest in Federally funded discoveries and enhance economic development and US global competitiveness.
- To implement these mandates, DHHS (OS) designated NIH as lead agency for technology transfer for the PHS. The Office of Technology Transfer (OTT) has the delegated authority to represent DHHS on technology transfer policy matters and to issue policy through the PHS Technology Transfer Policy Board. Prior to this delegation, the Department of Commerce, through NTIS, carried out technology transfer activities for PHS.
- OTT's mission is to evaluate, protect, market, license, and monitor inventions and technologies developed by NIH scientists. OTT collects royalties for NIH, and carries out technology transfer functions for FDA, IHS and AHCPR per inter-agency agreements. OTT re-delegated this authority to CDC in 1995. The Bayh-Dole Act provides grantees and contractors these same authorities. NIH does not handle such cases.
- NIH currently has over 1,000 active licenses. In FY 1998, NIH collected \$40 M in royalty income - 70% of all Federal laboratory royalty income, per Department of Commerce data. NIH is considered by many as the most successful biomedical, non-profit, technology transfer operation in the world.
- NIH respects the economic development intent of the authorizing legislation, and carries out this mandate in support the basic mission of the agency. NIH (and PHS) Patent and Licensing policies have been developed to appropriately balance financial and market forces with public health needs.
- PHS Patent Policy: protection sought only where further research and development is necessary to realize a technology's primary use and future therapeutic, diagnostic or preventive uses.
- Patent protection must be sought within one year of public disclosure in the United States and prior to any disclosure in the rest of the world or rights are lost. Cost of seeking patent protection in the US averages between \$20-30,000; cost of obtaining patents abroad range from \$100-200,000 depending on countries in which protection is sought. Additionally there are charges to maintain patents in each country.

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• PHS Licensing policy: Preference is given to non-exclusive licenses to foster market competition and broad distribution of technologies with preference for small businesses. Exclusive license are granted when such rights are required to ensure product development.

• While licenses are negotiated on a case by case basis, standard terms for exclusive licenses include: specific scientific, product development and regulatory milestones to ensure that technology moves towards practical application; financial terms, such as royalties, milestone payments and patent prosecution cost reimbursement; and, to the extent possible, non-financial terms (such as "White Knight" clauses; e.g. providing free drugs for research purposes, etc.)

• NIH monitors the performance and progress of licensees and reserves the right to terminate agreements for non-compliance.

• The United States Government, by assignment to DHHS or NIH, has rights to inventions developed in DHHS laboratories. Presently, NIH has rights to the technology used by licensees in their development of 12 prescription drugs that are currently on the market.

Background on ddI:

• ddI (didanosine) a synthetic purine nucleotide analogue, in the market as Videx, is active against HIV and is one of the 12 NIH-related prescription drugs on the market. It was exclusively licensed by the National Technology Information Service, Department of Commerce, to Bristol Myers Squibb in 1988.

• Patents on this compound have been filed in the US and selected countries around the world. DHHS never filed for and does not have any patent rights for ddI in South Africa.

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GLOBAL HIV/AIDS AND ACCESS TO DRUGS

COVER NOTE

PLEASE NOTE:

The Office of the Vice President (OVP) and the Office of the United States Trade Representative (USTR) have had to respond to a great deal of criticism from HIV/AIDS activists on one side and the pharmaceutical industry on the other side on issues around global HIV/AIDS and access to drugs. There have been a number of articles and editorials on the issues in newspapers and magazines (please see the attached editorials from the *New York Times* and *POZ Magazine*). The issues are rather technical, and there are few people who have a good understanding of both their public health and trade aspects. We suggest that you keep your discussion of the issues focused on public health. We also suggest that you could state that although USTR is the Federal agency responsible for trade policy, DHHS has been examining the issues both independently and most recently jointly with USTR. We suggest that you could state that the examination of the issues will be an ongoing process, and DHHS looks forward to hearing from and working with all interested parties.

In terms of the particular issues around South Africa, compulsory licensing, and parallel importing, the June 25, 1999, letter from the Vice President to Chairman James E. Clyburn of the Congressional Black Caucus states:

I [the Vice President] support[s] South Africa's effort to provide AIDS drugs at reduced prices through compulsory licensing and parallel importing, so long as they are carried out in a way that is consistent with international agreements.

We suggest that you keep your discussion of the particular issues around South Africa focused on public health. We suggest that you could state that you have enjoyed working with the South African Ministry of Health in the context of the United States-South Africa Binational (Gore-Mbeki) Commission and you look forward to working with all interested parties to improve the health of all South African and American people living with HIV/AIDS (PLWH/As).

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GLOBAL HIV/AIDS AND ACCESS TO DRUGS

QUESTIONS AND ANSWERS

Preface

Much of the discussion of global HIV/AIDS and access to drugs has revolved around antiretrovirals (ARVs) in less developed countries (LDCs). Unfortunately, many LDCs lack the medical and public health infrastructures to use ARVs and other drugs with complicated regimens. Most LDCs do not have HIV testing and counseling systems and therefore do not know whom to treat. In addition, there is a danger to individuals and communities of the development of drug-resistant strains of infectious diseases when drugs are not used properly. However, one must not generalize about all LDCs. There are opportunities for the use of such drugs in some LDCs, e.g., India, Brazil, South Africa, and Thailand. There must be a partnership of international organizations, national governments, nongovernmental organizations (NGOs), and pharmaceutical companies to increase access to drugs.

What are the determining factors in access to drugs?

Access to drugs depends not only on adequate financing but also on evenly distributed health facilities and pharmacies and on efficient, effective, and economic strategies for ensuring regular supply. In most countries, pharmaceutical distribution networks consist of a combination of public and private producers, importers, wholesalers, retailers, health care facilities, and informal drug sellers. Different combinations of public and private roles in financing and distributing pharmaceuticals have different implications in terms of equity of access, efficiency, and influence on drug use patterns. For drug supply to public health services, alternatives are being explored to the typical public-sector distribution model of central medical stores. These include autonomous supply agencies, direct delivery contracts, the prime vendor system (separate contracts for distribution services), and fully private approaches. In the private sector, new initiatives are also launched, which include incentives for a better geographical distribution of pharmacies and for selling drugs under generic names at affordable prices. Strategic and

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operational research is needed to better define which drug management and supply strategies are best suited to different economic and health care circumstances.

What is the TRIPs Agreement?

An important dimension of the discussion of global HIV/AIDS and access to drugs is the relationship between trade and public health. International trade agreements, e.g., the TRIPs Agreement, have important implications for public health. TRIPs is an acronym for Trade-Related Aspects of Intellectual Property Rights. The TRIPs Agreement is an agreement of the World Trade Organization (WTO). The TRIPs Agreement came into effect on January 1, 1995, and is currently the most comprehensive multilateral agreement on intellectual property. The TRIPs Agreement covers copyright and related rights and trademarks. The three main features of the TRIPs agreement are standards, enforcement, and dispute settlement. Obligations under the TRIPs agreement apply equally to all members, but less developed countries (LDCs) will have a longer period to phase them in. Special transition arrangements operate where LDCs do not presently provide product patent protection in the area of pharmaceuticals. The TRIPs agreement is a minimum standards agreement, which allows members to provide more extensive protection of intellectual property if they so wish, e.g., NAFTA and the European Union (EU).

What is the specific language of the World Health Organization (WHO) Revised Drug Strategy (RDS)? What were the primary changes in language from the previous resolution? What will be the impacts of the RDS?

The two resolutions on the World Health Organization (WHO) Revised Drug Strategy (RDS) are EB101.R24 from January 27, 1998, and EB103.R1 from January 26, 1999. The latter was passed at the last World Health

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The primary changes in language were the following:

Deletion:

[Concerned about the situation] ... in which new world trade agreements may have a negative impact on local manufacturing capacity and the access to and prices of pharmaceuticals in developing countries.

Addition:

Taking note of concerns of many Member States about the impact of relevant international agreements, including trade agreements, on local manufacturing capacity and on access to and price of pharmaceuticals in developing and least developed countries.

Deletion:

[Urges Member States:] to ensure that public health rather than commercial interests have primacy in pharmaceutical and health policies and to review their options under the Agreement on Trade Related Aspects on Intellectual Property Rights to safeguard access to essential drugs.

Addition:

[Urges Member States:] to ensure that public health interests are paramount in pharmaceutical and health policies.

Deletion:

[Requests the Director-General:] to assist Member States to analyze the pharmaceutical and public health implications of agreements overseen by the World Trade Organization and to develop appropriate policies and regulatory measures.

Addition:

[Requests the Director-General:] to cooperate with Member States, at their request, and with international organizations in monitoring and analyzing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Member States can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impacts of those agreements.

The first resolution suggested that public health and trade are in opposition and the latter is primary. The second resolution stated that both are important. The second resolution described an appropriate role and laid out a neutral blueprint for WHO in the implementation of the RDS. International organizations, national governments, nongovernmental

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organizations (NGOs), and pharmaceutical companies are examining the implications of the RDS. To assist in the examination, WHO published what is called the Blue Book in January 1999. The views in the Blue Book are the views of the authors and not necessarily WHO. The Blue Book is a manual for Ministries of Health to instruct them on the utilization of provisions of the TRIPs Agreement to decrease prices of and increase access to drugs. The aim of the Blue Book is

to inform people in the health sector with no particular legal background about the impact of globalization on access to drugs, and especially about the WTO Agreement on Intellectual Property Right (TRIPs Agreement) that may have repercussions in the pharmaceutical field.

The implementation phase of the RDS began after the resolution was passed. The impacts of the RDS are difficult to predict and will be determined as it is implemented.

Which strategies are being considered to increase access to drugs?

Strategies to increase access to drugs include bulk purchasing and price subsidization to decrease the price of drugs. Some less developed countries (LDCs), e.g., South Africa and Thailand, have considered utilizing provisions of the TRIPs Agreement for compulsory licensing and parallel importing. PhRMA, the International Federation of Pharmaceutical Manufacturers Associations (IFPMA), and the Office of the United States Trade Representative (USTR) are against compulsory licensing and parallel importing (please see below for the USTR position on compulsory licensing). USTR has pressured South Africa and Thailand not to utilize compulsory licensing.

What is parallel importing?

Parallel importing is the international trade of products without the permission of manufacturers. Parallel importing is sometimes called gray market importing. Parallel importing occurs where there are different prices for the same products in different markets, i.e., tiered pricing or price discrimination. Parallel importing exists for a wide range of goods including computers and electronics, automobiles and motorcycles, chemicals, and pharmaceuticals. Parallel imports are an issue in the pharmaceutical industry because there are great price differentials in pharmaceutical

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products among different markets. The price differences exist between developed countries as well as between less developed countries (LDCs). For example, ddI costs more in New Zealand than in the United States, and HIV/AIDS drugs in general cost more in South Africa than in Zambia. It makes economic sense for countries to shop around in the global market for the lowest prices.

What is compulsory licensing?

WHO defines compulsory licensing as "when [a] judicial or administrative authority is allowed by law to grant a license, without permission from the holder, on various grounds of general interest." The *Lancet* defines compulsory licensing as "the process by which a government grants permission to a local manufacturer to produce a patented item, such as essential drugs, without prior agreement with the patent holder, who however, has to receive adequate remuneration." The TRIPs agreement allows compulsory licensing subject to conditions under Article 31. As a general rule, licenses are granted only if there has been an unsuccessful attempt to acquire a voluntary license on reasonable terms and conditions within a reasonable period of time; there is adequate remuneration in the circumstances of each case, taking into account the economic value of the license; and decisions are subject to judicial or other independent review by a distinct higher authority.

Lois Boland of the Office of the United States Trade Representative (USTR) presented the following as the USG position at a meeting on compulsory licensing on March 26, 1999 in Geneva, Switzerland. Please see the cover note for the specific language on South Africa and compulsory licensing.

The USG does not generally support the compulsory licensing of patents. Further, the USG regards compulsory licensing as unnecessary. Compulsory licensing diminishes the exclusivity of the patent grant and undermines the incentive for innovation and investment that is a critical component of technological progress. Licensing should more properly take place as a result of arms-length bargaining among interested parties in the patent market place. That market provides the best environment in which to ensure that appropriate licensing arrangements occur. Only where the market fails, i.e., where there is a violation of competition laws, is it appropriate for a government to resort to compulsory licensing. A declared national emergency may also give rise to the need for patent compulsory licensing. The USG takes the above position in many bilateral discussions. The fact that this view is not reflected in the TRIPs agreement, in the multilateral context, is fully acknowledged. In our bilateral discussions, we continue to regard the TRIPs agreement as an agreement that establishes minimum standards for protection and, in certain situations, we may, and often do, ask for commitments that go beyond those found in the TRIPs agreement. So, at an absolute minimum, if compulsory licensing is to be permitted, all of the

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conditions imposed by Article 31 of the TRIPs agreement must be respected. The conditions were carefully crafted to permit unauthorized use under exceptional circumstances, while keeping the interests of the right holder in mind. Importantly, a compulsory licensing provision in a given law that would affect certain categories of inventions, such as pharmaceutical, would not be consistent with paragraph (a) of Article 31 which requires that "authorization ... shall be considered on its individual merits." Pharmaceutical patents should not be scapegoated and regarded as obstacles to access to drugs. In many cases, the drugs in issue, like most essential drugs, are not under patent. In many other cases, access problems are unrelated to patent protection; they are caused by a lack of political will and/or an inadequate health care infrastructure. In still other situations, the access issue is solely one of price; this economic issue may have solely economic solutions - the manufacturer may reduce the price of a given drug or funds may be available through governmental or international organizations to defray the cost of a given drug. Compulsory licensing of pharmaceutical should not be regarded as the solution to access concerns. In conclusion, most pharmaceutical, whether essential drugs or not, have their origins in countries with strong patent systems. Those strong patent systems have certain features in common, one of which is minimal, if any, compulsory licensing. Compulsory licensing, on a scale that is called for by some, will undermine those systems and will amount to "killing the goose that lays the golden egg" of those drugs. Access issues can be solved without destroying patent systems.

How does the TRIPs Agreement treat pharmaceuticals as opposed to other 'creative' products, e.g., movies, books, or recordings?

Article 27 of the TRIPs Agreement covers all patentable subject matter. Article 27 states that patents

shall be available for any inventions, whether products or processes, in all fields of technology, provided that they are new, involve an inventive step and are capable of industrial application ... [and] shall be available and patent rights enjoyable without discrimination as to the place of invention, the field of technology and whether products are imported or locally produced.

Thus, all products are to be treated without discrimination. However, Article 27 states that patentability may be excluded if

inventions, the prevention within their territory of the commercial exploitation of which is necessary to protect *ordre public* or morality, including to protect human, animal or plant life or health or to avoid serious prejudice to the environment, provided that such exclusion is not made merely because the exploitation is prohibited by their law

and for

diagnostic, therapeutic and surgical methods for the treatment of humans or animals; plants and animals other than micro-organisms, and essentially biological processes for the production of plants or animals other than non-biological and microbiological processes.

Thus, there are exceptions for products affecting life or health, i.e., pharmaceuticals.

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What is UNAIDS doing to examine how to increase access to drugs?

UNAIDS launched the HIV Drug Access Initiative in late 1997. The aim of the initiative is to identify strategies to increase access to antiretrovirals and to drugs for the prevention and treatment of opportunistic infections related to HIV/AIDS. The HIV Drug Access Initiative brings together health authorities in less developed countries (LDCs), pharmaceutical companies, nongovernmental organizations (NGOs), and people living with HIV/AIDS (PLWH/A) in a collaborative effort to strengthen health care and drug delivery for people living with HIV and to promote the rational prescription and use of drugs. The two-year pilot phase of the HIV Drug Access Initiative has been established to try to address some of the major obstacles to making HIV-related drugs more readily accessible to broad sectors of populations in LDCs, where constrained public health care spending coexists with poverty and high HIV prevalence. Among the obstacles are health care structures and staff which are often unable to meet the increasingly complex demands of HIV management and care regimens. The five participating pharmaceutical companies are Bristol Myers Squibb, Hoffmann-La Roche, Glaxo Wellcome, Organon Teknisk, and Virco N.V. The four participating countries in the pilot phase are Chile, Côte d'Ivoire, Uganda, and Vietnam. The four countries represent a variety of geographic, social and economic situations. This will then allow for adequate assessment and subsequent adjustments of the functioning of the new mechanisms and structures being established in a wide range of settings. Other countries are now, however, also moving ahead to set up approaches inspired by the HIV Drug Access Initiative, while not forming part of the formal evaluation framework. It is intended that the collective experience gained will provide the basis for an action plan and blueprint for widening access to HIV-related drugs in LDCs. Côte d'Ivoire and Uganda received the first shipments of drugs on June 30, 1998.

Script:

Location: Roosevelt Room 10:30am September 7, 1999

Press enters

- **Welcome**
- **Opening remarks by the First Lady**, including introductions (see above)

Press departs

- **Introduce Dr. Peter Piot**, Executive Director, Joint UN program on HIV/AIDS in Geneva: For brief overview of epidemic and the specific challenges we face as we move into the next century.
- **Call on Donna Shalala** for her thoughts on where we need to go in the health sector
- **Call on Lawrence Summers** for his thoughts on where we need to go in the international financial sector
- **Call on James Wolfensohn** for his thoughts on directions for the International Financial Institutions
- **Follow on with open discussion with foundations and corporations and others**

Issues -- Incorporating AIDS into specific sector portfolios:

- Prevention activities. Engagement of leadership. Stigma reduction. Education. Mother to child transmission prevention.
 - Care and treatment. Provision of basic medical care., including treatment of TB and other opportunistic infections.
 - Infrastructure development, including financing and debt relief
- **Next Steps**
 1. Foundation meeting called by MacArthur Foundation. Could they take a leadership role with other foundations?
 2. Business Leader's meeting coordinated by VP and Commerce. Could Bristol Myers have a role in helping with pharmaceutical companies?
 3. Could BET help organize a communications forum to discuss increased AIDS activities internationally?

4. Follow on the Cologne Initiative: Demonstration project in Africa on Debt for AIDS prevention activities.
5. New UN activities
6. Other (as come up in the open discussion).

- Close.

THE WHITE HOUSE

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Fax: (202) 456-6244

To: Ken BernardPhone Number: 6-9298Fax Number: 6-9340From: Eric WoodardNumber of pages (including cover): 5

Comments: Ken... I've left a voice mail message re: some
developments... call if you want - 65708. This is the
list showing where we stand w/ the invites, which I'll
keep updating... talk to you soon. Thanks, ERIC

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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002. list	[Personally Identifiable Information] [partial] (3 pages)	08/20/1999	b(6)
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COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs (Bernard, Kenneth)
OA/Box Number: 3646

FOLDER TITLE:

FLOTUS [First Lady of the United States] Meeting on AIDS, September 7, 1999

2007-1550-F
ke2033

RESTRICTION CODES

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

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

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

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

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Invitees for the First Lady's Meeting on AIDS September 7, 1999 – The White House

(NO)

The Honorable Samuel R. Berger
National Security Council, The White House
Contact:

(?)

The Honorable Leon Fuerth
National Security Council, The White House
Contact:

(yes)

Dr. Timothy Evans (b)(6) [002]
Mr. Seth Berkeley (b)(6)
The Rockefeller Foundation
420 Fifth Avenue
New York, NY 10018-2702
Contact: Henni Donnenfeld – Tel. (212) 852-8321, Fax. (212) 852-8279

(yes)

Mr. Robert Johnson (b)(6)
Ms. Debrah Lee (b)(6)
Black Entertainment Television
1 BET Plaza
1900 W Place, NE
Washington, DC 20018
Contact: Angela Coleman – Tel. (202) 608-2171, Fax (202) 608-2593

(yes)

Mr. Aryeh Neier
Open Society Institute
400 West 59th Street
New York, NY 10019
Contact: Elise Van Oss -- Tel. (212) 548-0650

(yes)

Mr. Peter Piot
Dr. Jim Sherry
United Nations
Contact: Dr. Jim Sherry – Tel. 4122-791-4505 or 33-450-4290-36
Fax. 4122-791-4179

(yes)

Sec. Donna Shalala
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Contact: Jane Wilson – Tel. (202) 690-6610, Fax. (202) 690-6166

- (yes) The Honorable Sandy Thurman
National AIDS Policy, The White House
Contact:
- (yes) The Honorable Brady Anderson, (b)(6)
USAID
1300 Pennsylvania Ave., NW
Washington, DC 20523
Contact: Harriet – Tel. (202) 712-5020, Fax. (202) 216-3455
- (yes) Mr. Stewart Burden, (b)(6)
The John D. and Catherine T. MacArthur Foundation
140 South Dearborn Street
Chicago, IL 60603
Contact:
- (?) Mr. Jonathan Fenton
The John D. and Catherine T. MacArthur Foundation
New School University
66 West 12th Street
New York, NY 10011
Contact:
- (yes) Mr. Gordon Perkin, (b)(6)
William H. Gates Foundation
4756 University Village, Suite 379
Seattle, WA 98105
Contact: Tel. (206) 285-3500, Fax (206) 524-7945
- (yes) Mr. Frank E. Loy, (b)(6)
Department of State
2201 C Street, NW #2250
Washington, DC 20520
Contact: Diane Grahm – Tel. (202) 458-0110, Fax. (202) 477-2967
- (yes) Ms. Jan Piercy, (b)(6)
US Executive Director
1818 H Street, NW, Rm. MC12-750
World Bank
Contact: Collette – Tel. (202) 458-0110, Fax. (202) 477-2967

(yes) The Honorable David Satcher, (b)(6)
 Surgeon General
 Department of Health and Human Services
 200 Independence Ave., SW
 Washington, DC 20201
 Contact: Tel. (202) 690-7694

(yes) Sec. Lawrence Summers
 Department of the Treasury
 1500 Pennsylvania Ave., NW
 Washington, DC 20220
 Contact: Esther Solomon – Tel. (202) 622-0049

(yes) Daryn
 Zewdie
 The World Bank
 1818 H Street, NW
 Washington, DC 20433
 Contact: Alison – Tel. (202) 458-4776

(yes) Mr. Ken Weg
 Vice Chairman
 Bristol Myers Squibb
 345 Park Avenue
 New York, NY 10154
 Contact: Dick Thompson, Tel. (202) 783-8609, Fax. (202) 638-3709

(yes) Mr. Drew Altman, (b)(6)
 President and CEO
 Kaiser Family Foundation
 2400 Sand Hill Road
 Menlo Park, CA 94025
 Contact: Tel. (650) 854-9400, Fax. (650) 854-7465, Home (650) 854-9033

(?) Mr. Lucio Noto
 Chairman and CEO
 Mobil Oil Corporation
 3225 Gallows Rd.
 Fairfax, VA 22037
 Contact: Tel. (703) 846-4802

Observers



Mr. Terry Anderson

Director of Policy

National Association of People with AIDS

1413 K Street, NW, Eighth Floor

Washington, DC 20005

Contact: Tel. (202) 898-0414, Fax. (202) 898-0435



Mr. Paul Boneberg

Director

Global AIDS Action Network

3133 Connecticut Avenue, NW #512

Washington, DC 20008

Contact: Tel. (202) 667-6300, Fax. (202) 232-9411



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Ken Bernard FROM: Cheryl Baveille
COMPANY: _____ DATE: _____

FAX NUMBER: _____ TOTAL NO. OF PAGES INCLUDING COVER: _____

PHONE NUMBER: _____

RE: _____

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Attached is the agenda Sandy & Michael discussed. They will ~~be~~ call you shortly from LA. Please let me know if you need anything.

Cheryl (6-2959)

I'm happy to forward it by e-mail if you prefer.

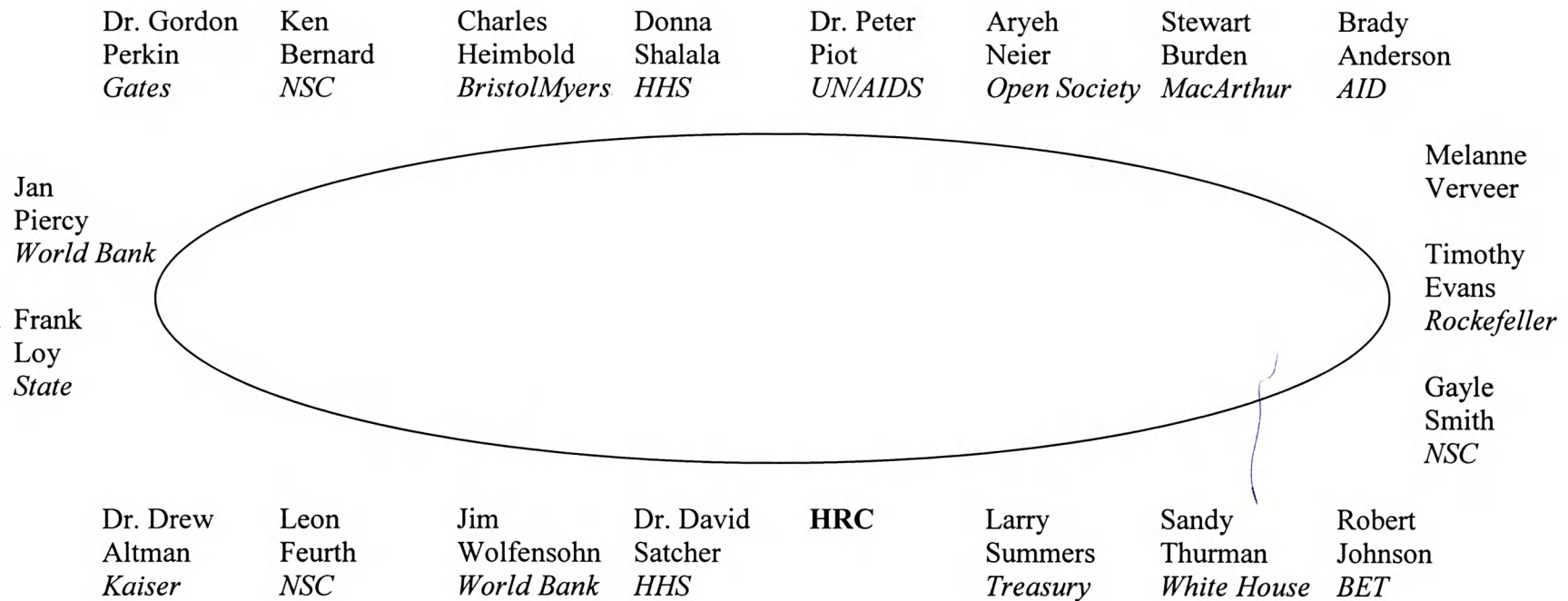
HIV/AIDS Leadership Meeting

**The White House
September 7, 1999 10:30 a.m.**

- 1. Welcome and introduction of participants (see attached)**
- 2. Overview**
 - Scope of problem
 - Purpose of meeting: identify priorities, partnerships and action steps
- 3. Outline of Administration's new Global AIDS Initiative (4 key program areas)**
 - Prevention
 - Care and treatment
 - Care for orphans
 - Infrastructure/capacity development
- 4. Discussion by key stakeholders**
 - Sectors
 - Government
 - Multi-laterals
 - Business Community
 - Foundations
 - Topics
 - Enhancing and coordinating AIDS efforts
 - Incorporating AIDS into existing portfolios (AIDS as a development issue; AIDS as a business issue)
 - Innovative approaches and partnerships
- 5. Next steps**
 - Increased awareness (here and abroad)
 - Leadership mobilization (here and abroad)
 - Resource enhancement and maximization (here and abroad)

**AIDS Convening
September 7, 1999**

Seating Chart



SEP-03 1999 20:21
FACSIMILE COVER SHEET
OFFICE OF THE ASSISTANT SECRETARY
INTERNATIONAL AFFAIRS
DEPARTMENT OF THE TREASURY
1500 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20220

URGENT

DATE: September 3, 1999

PAGES TO FOLLOW: 1

TO: Ken Bernard, NSC

ADDRESSEE'S FAX NUMBER:

202/ 456-9390

703/ 548-4407

ADDRESSEE'S CONFIRMATION NUMBER: 202/ 456-9298

FROM: Margaret Kuhlrow

SENDER'S FAX NUMBER:

202/622-0404

SENDER'S CONFIRMATION NUMBER:

202/622-0656

SPECIAL INSTRUCTIONS/MESSAGE:

Ken, attached please find suggested text describing two sample countries whose social spending programs, including AIDS prevention, could potentially benefit from the deeper debt reduction that would be afforded under the Cologne initiative. If you need to make significant changes, please clear the substance with Bill Schuerch.

Should you need additional information, you can reach Bill Schuerch or Joe Eichenberger through the Treasury operator at 622-1260.

Big Picture

Not a series of presentations
Problems + challenges

Peter { Economic/development issue not just a health issue
{ Not a vertical program -

but HIV/AIDS into what each member
is doing. insert AIDS into
development

- Key challenge: AIDS integrated into overall development strategy
- Resources: - Avg \$600 mil for Africa Bords for a year
- Political Will -
- December political meeting
- Pt. case - Mother/child transmission Congress

Michael ell
253-9035

Next Steps: - Govt
submit

CEO's
Foundations

Treasury - debt relief
- ~~needs~~ pilot project

Prev.
Care tr.
Infrastructure dev.

? Zaria 2021 is debt
example ^{1/3 kids} ~~Hydrex~~

no audience of
Wlogre. f

How does each person there fit AIDS into
their ~~life~~ ^{investment} portfolio ^{Beyond who}
they are at table?
programs/artists

Tasker?

(? Davos - Treasury)

Dec. 1 meeting

Bernard, Kenneth W. (HEALTH)

From: Babbitt, James F. (VP)
Sent: Wednesday, August 11, 1999 4:23 PM
To: Bernard, Kenneth W. (HEALTH)
Subject: RE: AIDS/TRIPS [UNCLASSIFIED]

Direct line is 5-9591 - Joe Papovich, AUSTR

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

From: Bernard, Kenneth W. (HEALTH)
Sent: Wednesday, August 11, 1999 3:36 PM
To: Babbitt, James F. (VP)
Subject: AIDS/TRIPS [UNCLASSIFIED]

What you gave me was terrific, but we could use more on the trade issues as you are probably talking about with Joe at this moment. I thought USTR was pushing back from their congressional statement. Where are they now? (do tell.....)

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

June 30, 1999

NOTE TO: MELANNE VERVEER

FROM: KENNETH BERNARD *Ken*

SUBJECT: First Lady's Roundtable on HIV/AIDS

I have talked with Sandy Berger, Sandy Thurman, Gayle Smith (NSC/Africa) and OVP, all of whom are supportive (and some downright wildly enthusiastic). NSC/Legal suggests you check with Meredith Cabe in the WH Counsel's office at some point just to be safe (something to do with the FACA rules).

There has been some discussion about who should be invited. The "A" list should probably include:

Sandy Thurman
Donna Shalala
David Satcher
Hattie Babbitt (or Brady Anderson, if confirmed)
Larry Summers (or possibly Stu Eizenstat)
Frank Loy, (if MKA is not available)
John Hamre
Leon Fuerth
James Wolfensohn and Jan Piercy
Peter Piot (Executive Director, UNAIDS)
Others?

I am torn about whether to include NGOs/private sector or the foundation community (like Turner, Rockefeller, Gates etc.) It could get so large as to be unwieldy, but the real new money will be in the foundation and business community.

If you are still on for moving forward, we should talk about "when and who" when you get a chance. I do wonder if it can be pulled together this summer or not, given vacations, etc.

(NB. Tim Wirth called. I'll be meeting soon with his people to plan how to deal with the polio initiative.)

Background

The President of the United States and his National AIDS Policy Coordinator have asked the Department of Health and Human Services to develop an intervention that would allow countries in Sub-Saharan Africa to better position themselves against continued spread of HIV infections through their respective populations and when appropriate, more easily expand into antiretroviral therapies. Africa is the global epicenter for HIV/AIDS with an overwhelming 22 million adults and 1 million children living with HIV. In 1998 the sub-Saharan region experienced an estimated four million new infections with a rising AIDS death toll. This is reflected in an estimated 5,500 funerals occurring each day.

In the southern most countries of the continent, where HIV spread took on epidemic proportions only recently, infection rates have continued to rise dramatically during the past 12 months. Botswana has one of the highest documented rates of HIV infection in the world. Four countries now estimate that 20% to 25% of adults are living with HIV with South Africa alone accounting for one out of every seven new infections on the continent. In contrast, a number of countries in West Africa remain relatively less affected, in part as a result of early and sustained prevention efforts.

Context of the DHHS Response

It is the desire of the Department of HHS to continue to work in close collaboration with the World Health Organization and UNAIDS towards a comprehensive strategy to halt the HIV epidemic in Africa, as in other areas of the world. Key themes of an overall global strategy that were discussed by Member States at the 52nd World Health Assembly included (1) the burden of HIV/AIDS on national health systems, (2) the formulation of a control strategy, (3) the implications of new drug treatments, and (4) the need to improve the international response.

(1) The burden of HIV/AIDS on national systems Although the epidemic has stabilized in some industrialized countries, it continues to escalate in large parts of the developing world. A comprehensive response to HIV/AIDS requires a strong and organized health system, yet the health systems of the countries which are hardest hit by HIV/AIDS are already overwhelmed by multiple challenges. In urban areas of highly affected countries in the developing world, 50% to 70% of hospital beds are occupied by HIV/AIDS patients, hampering the coping capacity of health service delivery and increasing the risk of spreading infections such as tuberculosis, diarrhea as well as HIV. Treatment facilities are often inadequate, diagnostics and drugs rarely available, and operational procedures ill-defined or lacking. In industrialized countries, expenditures on drugs for HIV/AIDS is a heavy burden, and in those countries where health coverage is not obligatory and/or coverage is inadequate, many living with HIV/AIDS are deprived of care and treatment.

(2) Formulating a control strategy Elements for the control of HIV/AIDS should be developed within the context of health systems, so that any minimum package of care and support for living with HIV/AIDS can be provided and maintained. Key components include:

- * The control of sexually transmitted infections is a proven, cost-effective intervention
- * Blood for transfusion should be screened for HIV, and clinicians should be trained in the appropriate use of blood and blood products
- * Voluntary counseling and testing is a starting point for prevention and care, and a complement to health education efforts
- * Staff training requires careful targeting
- * Alternatives and complements to hospital care and partnerships linking health care providers with the community need to be developed
- * Creation of a favorable environment to effectively respond to HIV/AIDS including national commitment and leadership, and the recognition of HIV/AIDS as a central development issue, are essential for sustainable support.

(3) Implications of new drug treatments The toll of the epidemic, especially in countries where therapeutic and prevention interventions are unavailable or unaffordable, emphasizes the need for research on vaccine development. The developments in antiretroviral (ARV) treatments present a particular challenge to health systems which will have to respond to competing claims for these and other treatments. It should be noted that if ARV treatments were to be provided to all in need in sub-Saharan Africa, South-East Asia, the Caribbean and Latin America, the annual cost would be many times the national AIDS budget in most countries, and many times the total health budget in some of them.

Many countries lack the medical and public health infrastructures to use ARV drugs and other drugs with complicated regimens. Most do not have HIV testing and counseling systems and therefore do not know whom to treat. There is also a danger to individuals and communities of the development of drug-resistant strains of infectious diseases when drugs are not used properly.

Research results that translate into effective prevention programs and improve patient care are a high priority. Research results must also relate to the cultural, social and economic contexts of developing countries.

(4) The need to improve the international response The United States and other developed countries have a moral obligation and a direct self-interest in making sure the developing world succeeds in the fight against HIV/AIDS. AIDS cannot be defeated without strong leadership and partnerships. UNAIDS, WHO, regional institutions, bilateral agencies, organizations of the UN system, and partners from civil society are critical partners. All must work to create a policy and social environment conducive to successful action, an integration of HIV/AIDS considerations into national development agendas, a multisectoral response, the empowerment of women and communities, and the protection of the rights of vulnerable populations.

Proposed Concept

Within this broader context of the international partnership to address HIV/AIDS, the DHHS would propose to support an intervention which incorporates prevention and surveillance components within a strengthened basic treatment capability. It is essential that this intervention be grounded in, and linked with, existing systems of health care delivery if it is to be sustainable and effective in reducing HIV/AIDS morbidity and mortality. Key characteristics are identified below:

- o Intervention/assistance is requested by leadership of the host country (political, health)
- o A flexible entity modeled along the lines of a medical field station would be supported with fiscal resources and technical assistance from HHS, with three basic components: (1) a surveillance component; (2) behavioral/ethnographic research component to gain understanding of how HIV is moving through the local population, as a guide to designing effective interventions; and (3) a capacity for HIV, STD, and TB screening, and treatment of TB, STDs, and common HIV-associated opportunistic infections. This entity could be built onto an existing capacity, or afford an opportunity to put a new skeletal treatment capacity in place in a hub-and-spokes pattern which could later be expanded upon should vaccines/antiretrovirals be introduced.
- o There needs to be a willingness on the part of the host country to identify staffing for the field stations, which could be supported and enhanced with HHS support. Efforts to enhance local expertise could be pursued through activities of the Fogarty Center as well as CDC training efforts.
- o Coordination of this effort at DHHS may best be achieved by locating it in OPHS/OIRH, with a steering committee also bringing in CDC, NIH, (+/- HRSA for palliative care).

The Broader Fit with Other Efforts

This effort should be considered within the context of other activities by USAID, WHO, UNAIDS, and private/public sector initiatives such as those proposed by pharmaceutical companies. Particular attention would be given to closely interfacing this effort with broader efforts by WHO and UNAIDS, to maximize the benefit to the host country in HIV prevention and treatment efforts. The HHS proposal would focus initially on working with the host country government, but a synergy with other efforts as discussed by Member States at the World Health Assembly should be the goal.

In keeping with these broader efforts, other areas of potential expansion or collaboration in which DHHS could provide assistance include : a focus on safety of the blood supply; the broader effort to support a basic emerging infectious diseases infrastructure; and review and technical assistance around emergency preparedness capabilities.

Individuals Consulted in Developing This Proposal:

Ken Bridbord, Jerry Kersh - Fogarty Center, NIH
Tony Fauci - NIAID, NIH
Helene Gayle - CDC (brief conversation), also left word with Jeff Koplan's office
Greg Pappas, Lou Valdez, and Jason Wright, OIRH
John Callahan, OMB (who also consulted OGC on HHS legal authorities for international work)
Jim O'Hara, OPHS
Brian Atwood, Paul DeLay and Duff Gillespie, USAID
Jose Espaza - UNAIDS, Project Director in Africa for Peter Piot
Richard Needle - NIDA, NIH
David Alnick, UNICEF
Wendy Wertheimer, OAR
(? Name) - World Bank, spoke with him at Greg Pappas' referral
Marsha Martin - SA/OS

Attempts were made to discuss this with OAR (Neal Nathanson in Russia), and notice was given to HRSA (Earl Fox) of attempts to reach Joe O'Neill for input. Message was also left with Jeff Koplan at CDC of our efforts to get Helene's input.

OVP/AIDS – South Africa

What is the scope of the HIV/AIDS crisis in South Africa?

- 3.5 million South Africans are currently HIV positive
- There are about 1,500 new infections daily
- South Africa's GDP is reduced by 1% a year by the economic costs of AIDS

What assistance is the U.S. providing to South Africa specifically to combat AIDS?

- South Africa's Department of Health is now beginning to implement a comprehensive national plan to address the HIV/AIDS crisis in South Africa. USAID and the Department of health and Human Services have served in a consultative and complementary role in partnership with the Department of health.

NOTE: Refer to Global and Africa aid statistics as needed.

- USAIDS HIV/AIDS program in South Africa is currently funded at \$10 million over the next five years.
- The program focuses on three key areas:
 - HIV/AIDS related public awareness activities
 - Training
 - Testing of mass media messages; development of multiple public information campaigns
 - Work with community based groups, NGOs, media organizations, and others
 - Support for trade unions workplace programs, including workplace guidelines
 - a National Sexually Transmitted Diseases (STD) Reference Center
 - Joint activity between the SAG, USAID and DHHS (CDC)
 - Network of institutions working in various areas of STD prevention, diagnosis, and treatment
 - Proposed activities include surveillance, evaluation of new diagnostic techniques, and alternative health delivery systems for target populations
 - HIV/AIDS vaccine development

-- Increasing collaboration between US and South African government officials, members of academia, laboratories, pharmaceutical interests working to identify effective vaccines to counter HIV

- Work with the South African national Youth Commission has identified HIV/AIDS as a priority activity. A number of our agencies are working with that organization as its leadership formulates its implementation plans.
- We also have a focus on building greater private-public cooperative efforts. We seek greater participation of private firms in supporting local governments in their efforts. We believe that a number of trial models will showcase that successful partnerships can be built between the private sector with local governments, NGOs, and community-based organizations.

What role does the BNC play in these efforts?

- You have to remember that the structure of the BNC brings together, in some form, representation from almost every agency of our government.
- That permits the Commission to coordinate organizational activities of our own agencies to those of their South African counterparts.
- The schedule of meetings of the Commission also permit us to chart our progress and motivates accomplishments.
- During our most recent Commission meeting held in Cape Town in February, The Vice President and Deputy President Mbeki spoke at length between themselves on ways to enhance our cooperative efforts in the fight against AIDS.
- Their discussions were followed by detailed talks within the Commission's Health Working Group.
- I'm confident that the Commission will continue to play a vital role in addressing those priorities, such as the fight against AIDS, identified by the Commission's Co-Chairmen.

OVP/AIDS – South Africa

Has the Vice President or his staff met with representatives of the Pharmaceutical Research and Manufacturers of America (PhRMA)?

- Jim Babbitt, who serves as a Special Advisor to the Vice President and U.S. Executive Secretary to the U.S. – South Africa Binational Commission, met with Mr. Thomas Bombelles, Assistant Vice President – International of PhRMA, on April 13th, 1999, in the OEOP.

NOTE: Tom, I'm unaware of other meetings, but can't state that the VP or Leon have not met with PhRMA in the more distant past.

What was the purpose of that meeting?

- Mr. Bombelles requested the meeting to explain PhRMA's justification for recommending that South Africa be named as a Priority Foreign Country on the Special 301 Report under consideration by the U.S. Trade Representative.

What was the response from the Vice President's Office to PhRMA's presentation?

- Mr. Babbitt expressed disagreement with PhRMA's position. He expressed a personal view, later indorsed by the Vice President's National Security Advisor, that maintaining South Africa on the Special 301 Report's Watch List was appropriate to indicate our concern with intellectual property practices in South Africa.
- That position indicated our concerns not only with South Africa's Medicines Act and its impact on patent protections for pharmaceuticals, but also other outstanding IPR issues.
- Mr. Babbitt also encouraged a direct dialogue between PhRMA and others pharmaceutical interests with South African Minister of Health Zuma to resolve apparent differences.

Was there any follow-up to that meeting?

- PhRMA continues to provide the Vice President's Office with written statements providing their perspective on the outstanding issues.
- The Vice President's Office was represented in the interagency meetings making recommendations to the U.S. Trade Representative prior to the release of the Special 301 Report.
- The Vice President and his staff are deeply involved in our continuing efforts to resolve our differences with South Africa. We are confident that these efforts will be

successful and in keeping with the sense of partnership that has come to characterize our bilateral relationship.

- 1) Persuade Cohen to spend \$ on military steady state
commitment - Breakfast c. Per
- 2) VP/AIDS notes at UAW
- 3) Cohen $\rightarrow$ ingerm $\rightarrow$ insurg in SA
- 4) ~~Brook~~
- 5) Debt swaps arrangements
IWB c Treasury
- 6) Public/Private
Labor force depleted

9-14 Pres. ^{Done}
Week of ^{12th}
or 22-23 Sept

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

June 30, 1999

Developing of a ^{public} Partnership
to fight AIDS in Africa

NOTE TO: MELANNE VERVEER
FROM: KENNETH BERNARD *Ken*
SUBJECT: First Lady's Roundtable on HIV/AIDS

I have talked with Sandy Berger, Sandy Thurman, Gayle Smith (NSC/Africa) and OVP, all of whom are supportive (and some downright wildly enthusiastic). NSC/Legal suggests you check with Meredith Cabe in the WH Counsel's office at some point just to be safe (something to do with the FACA rules).

There has been some discussion about who should be invited. The "A" list should probably include:

Sandy Thurman
~~Donna Shalala~~
David Satcher
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Larry Summers (or possibly Stu Eizenstat)
Frank Loy, (if MKA is not available)
~~John Hamre~~
(Leon Fuerth)
~~James Wolfensohn and Jan Piercy~~
~~Peter Piot~~ (Executive Director, UNAIDS)
Others? *with*

12-17 Africa gathering

*Johnson (DET)
Sows
Corporate 2-3
Foundations CEO's
Gates, Turner
Rockefeller
Ford*

V.K.

I am torn about whether to include NGOs/private sector or the foundation community (like Turner, Rockefeller, Gates etc.) It could get so large as to be unwieldy, but the real new money will be in the foundation and business community.

*Pelosi
CBC*

If you are still on for moving forward, we should talk about "when and who" when you get a chance. I do wonder if it can be pulled together this summer or not, given vacations, etc.

(NB. Tim Wirth called. I'll be meeting soon with his people to plan how to deal with the polio initiative.)



MValdez@osophs.dhhs.gov (Mary Lou Valdez)

07/06/99 10:52:36 AM

Record Type: Record

To: Josefine Keenan/NSC/EOP, tnovotny@worldbank.org
cc: RMoore@osophs.dhhs.gov (Roscoe Moore) , GPappas@osophs.dhhs.gov (Greg Pappas)
Subject: Re[2]: HIV - Africa

For your information --

Forward Header

Subject: Re[2]: HIV - Africa
Author: Mary Lou Valdez at ~OIRH
Date: 7/6/99 9:55 AM

Content-Type: text/plain; charset="US-ASCII"; name="Mime bodypart headers"
Content-Transfer-Encoding: 7bit
Content-Description: cc:Mail note part
Content-Disposition: inline; filename="Mime bodypart headers"

Ken -- as discussed. Here is the piece that went to Dr. Satcher from Deborah VonZinkernagel, Deputy Director, HIV/AIDS Policy office, OPHS. It is my understanding that this was being written in response to the Secretary's request from a White House meeting where the President called for more concerted action as part of a U.S. response to the HIV/AIDS epidemic in Africa. The turnaround was very quick and DVZ was specifically looking for the global/multilateral strategy on HIV/AIDS to form part of the OPHS paper. Dr. Satcher was pleased with what we provided for the global piece. Although it may go through several revisions, it gives you the gist of things.

For OIRH, Ken will be meeting at the WH today regarding a First Lady's round table on HIV/AIDS and Africa (similar to last year's roundtable on TB). Although thinking is just now beginning, participants to any such roundtable would be cabinet level like DES and Larry Summers as well as participants like Wolfensohn (spelling). Ken will keep us apprised of developments.

Gracias, Lou

cc: Tom, Greg and Roscoe

Forward Header

Subject: Re[2]: HIV - Africa
Author: Mary Lou Valdez at ~OIRH

Date: 7/6/99 10:02 AM

Tom and Greg -- this is a CLOSED HOLD PIECE for now, until Dr. Satcher review it sometime this afternoon and then subsequently approves it. Deborah von Zinkernagel, the Deputy Director at HIV/AIDS Policy (OPHS) was writing the document for Dr. Satcher's review today and Dr. Satcher suggested that she contact Roscoe for input from the WHO perspective. In turn, Roscoe gave her my name -- this was a real rush job with the turnaround needed very quickly. See the various emails below.

Attached as aidsafrica.rtf is what I provided to Deborah (my suggested changes are in italics/bold). The file listed as africa3.hiv is what the version looks like that she plans to submit to Dr. Satcher by 4:30 today.

You all may have been able to do it differently but it seemed to be what Deborah was looking for and time was of the essence. I culled from the WHA official background documents primarily and then a little from the HIV/AIDS roundtable preparation materials.

Anyway, you all might want to follow up with Dr. Satcher and/or Deborah later on. Of course, your comments, even in hindsight, would be appreciated. Thanks, Lou

P.S. Deborah seems very capable and nice -- should be good for OIRH to work with her in the future.

Forward Header

Subject: Re[2]: HIV - Africa

Author: DvonZinkernagel@osophs.dhhs.gov (Deborah Von Zinkernagel) at INTERNET

Date: 6/29/99 3:18 PM

Deborah -- here are some of my ideas for insertions. For easy review (highlighted and bolded) and to avoid possible retyping I have inserted them directly into your document where you indicated. Let me know if I am out in left field as well and will go back to the drawing board. I tend to give more information than needed but it is always easier to pare down.

P.S. FYI, the Secretary actually stated in her remarks at the HIV/AIDS roundtable in Geneva that the U.S. has a moral obligation and directed self interest to be involved in the global response.

Hope this is helpful to you. Let me know. Thanks.

Lou Valdez, M.S.
International Health Officer (Americas)
Office of International and Refugee Health
301/443-4010 tele
301/443-4549 fax

Reply Separator

Subject: HIV - Africa

Author: DvonZinkernagel@osophs.dhhs.gov (Deborah Von Zinkernagel) at INTERNET

Date: 6/29/99 10:58 AM

Greetings,

Thanks for the conversation. Attached is a rough draft of a Confidential, CLOSE HOLD piece that I discussed with Dr. Satcher this morning. He wanted to incorporate more of our collaborative work with WHO / WHA / UNAIDS around HIV in Africa -- he put a particular focus on working towards what he called a revised drug strategy, making therapeutics available.

If you could assist me to pick up some themes, or even to develop a paragraph about our collaborations with WHO et al, and any themes we are on record for supporting, I think this would address his request.

Thank you for your help in advance.

Deborah von Zinkernagel
Office of HIV/AIDS Policy, OPHS
Tel: 202-690-5566, FAX 690-7560



- africa3.hiv



- aidsafr.rtf

DHHS AIDS IN AFRICA INITIATIVE

Background

The President of the United States and his National AIDS Policy Coordinator have asked the Department of Health and Human Services to develop an intervention that would allow countries in Sub-Saharan Africa to better position themselves against continued spread of HIV infections through their respective populations and when appropriate, more easily expand into antiretroviral therapies. Africa is the global epicenter for HIV/AIDS with an overwhelming 22 million adults and 1 million children living with HIV. In 1998 the sub-Saharan region experienced an estimated four million new infections with a rising AIDS death toll. This is reflected in an estimated 5,500 funerals occurring each day.

In the southern most countries of the continent, where HIV spread took on epidemic proportions only recently, infection rates have continued to rise dramatically during the past 12 months. Botswana has one of the highest documented rates of HIV infection in the world. Four countries now estimate that 20% to 25% of adults are living with HIV with South Africa alone accounting for one out of every seven new infections on the continent. In contrast, a number of countries in West Africa remain relatively less affected, in part as a result of early and sustained prevention efforts.

Proposed Concept

It is the desire of the Department of HHS to continue to work in close collaboration with the World Health Organization *and UNAIDS* towards a comprehensive strategy to halt the HIV epidemic in Africa, as in other areas of the world. Key *themes of an overall global strategy that were discussed by Members States at the 52nd World Health Assembly included (1) the burden of HIV/AIDS on national health systems, (2) the formulation of a control strategy; (3) the implications of new drug treatments, and (4) the need to improve the international response.*

The burden of on national systems. Although the epidemic has stabilized in some industrialized countries it continues to escalate in large parts of the developing world. An adequate response to HIV/AIDS requires a strong and organization health system, and yet, the health systems of the countries, which are hardest hit by HIV/AIDS are already overwhelmed. In urban areas of highly affected countries in the developing world, 50% to 70% of hospital beds are occupied by HIV/AIDS patients, hampering the coping capacity of health service delivery and increasing the risk of spreading infections such as tuberculosis, diarrhea and HIV. Treatment facilities are often inadequate, diagnostics and drugs rarely available, and operational procedures ill-defined or lacking. In industrialized countries, expenditures on drugs for HIV/AIDS is a heavy burden and in those countries where health coverage is not obligatory and/or coverage is inadequate, many living with HIV/AIDS are deprived of care and treatment.

Formulating a control strategy. Elements for the control of HIV/AIDS should be developed within the context of health systems so that any minimum package of care and support for living with HIV/AIDS can be provided and maintained. Key components include:

- ❖ The control of sexually transmitted infections is a proven, cost-effective intervention.
- ❖ Blood for transfusion should be screened for HIV and clinicians should be trained in the appropriate use of blood and blood products
- ❖ Voluntary counseling and testing is a starting point for prevention and care and a complement to health education efforts.
- ❖ Staff training requires careful targeting.
- ❖ Alternatives and complements to hospital care and partnerships linking health care providers with the community need to be developed.
- ❖ Creation of a favorable environment to effectively respond to HIV/AIDS including national commitment and leadership, and the recognition of HIV/AIDS as a central development issue are essential for sustainable support.

Implications of new drug treatments. The toll of the epidemic especially in countries where therapeutic and prevention interventions are unavailable or unaffordable, emphasizes the need for research on vaccine development. The developments in antiretroviral (ARV) treatments present a particular challenge to health systems which will have to respond to competing claims for these and other treatments. It should be noted that if ARV treatments were to be provided to all in need in sub-Saharan Africa, South-East Asia, the Caribbean, and Latin America, the annual cost would be many times the national AIDS budget in most countries, and many times the total health budget in some of them.

Many countries lack the medical and public health infrastructures to use ARV drugs and other drugs with complicated regimens. Most do not have HIV testing and counseling systems and therefore do not know whom to treat. There is also a danger to individuals and communities of the development of drug-resistant strains of infectious diseases when drugs are not used properly.

Research results that translate into effective prevention programs and improve patient care is a high priority. Research results must also relate to the cultural, social and economic contexts of developing countries.

The need to improve international response. The United States and other developed countries have a moral obligation and a direct self-interest in making sure the developing world succeeds in the fight against HIV/AIDS. AIDS cannot be defeated without strong leadership and partnerships. UNAIDS, WHO, regional institutions, bilateral agencies, organizations of the UN system, partners from civil society are critical partners. All must work to create a policy and social environment conducive to successful action, an integration of HIV/AIDS considerations into national

development agenda; a multisectoral response; the empowerment of women and communities; and the protection of the rights of vulnerable populations.

As part of this collaborative effort, DHHS would propose to support an intervention which incorporates both prevention and surveillance components along with strengthening basic treatment capabilities. Key characteristics are identified below:

- o Intervention/assistance is requested by leadership of the host country (political, health)
- o A flexible entity modeled along the lines of a medical field station would be supported with fiscal resources and technical assistance from HHS, with three basic components:
 - (1) a surveillance component; (2) behavioral/ethnographic research component to gain understanding of how HIV is moving through the local population, as a guide to designing effective interventions; and (3) a capacity for HIV, STD, and TB screening, and treatment of TB, STDs, and common HIV-associated opportunistic infections.This entity could be built onto an existing capacity, or afford an opportunity to put a new skeletal treatment capacity in place in a hub-and-spokes pattern which could later be expanded upon should vaccines/antiretrovirals be introduced.
- o There needs to be a willingness on the part of the host country to identify staffing for the field stations, which could be supported and enhanced with HHS support. Efforts to enhance local expertise could be pursued through activities of the Fogarty Center as well as CDC training efforts.
- o Coordination of this effort at DHHS may best be achieved by locating it in OPHS/OIRH, with a steering committee also bringing in CDC, NIH, (+/- HRSA for palliative care).

The Broader Fit with Other Efforts

This effort should be considered within the context of other activities by USAID, WHO, UNAIDS, and private/public sector initiatives such as those proposed by pharmaceutical companies. Particular attention would be given to closely interfacing this effort with broader efforts by WHO, to maximize the benefit to the host country in HIV prevention and treatment efforts. The HHS proposal would focus initially on working with the host country government, but a synergy with other efforts should be the goal.

Other areas of potential expansion or collaboration would be focusing on safety of the

blood supply, dovetailing into the emerging infectious diseases infrastructure being supported by DHHS in these countries, and emergency preparedness capabilities under development.

Individuals Consulted in Developing This Proposal:

Ken Bridbord, Jerry Kersh - Fogarty Center, NIH

Tony Fauci - NIAID, NIH

Helene Gayle - CDC (brief conversation), also left word with Jeff Koplan's office

Greg Pappas and Jason Wright, OIRH

John Callahan, OMB (who also consulted OGC on HHS legal authorities for international work)

Jim O'Hara, OPHS

Brian Atwood, Paul DeLay and Duff Gillespie, USAID

Jose Espaza - UNAIDS, Project Director in Africa for Peter Piot

Richard Needle - NIDA, NIH

David Alnick, UNICEF

Wendy Wertheimer, OAR

(? Name) - World Bank, spoke with him at Greg Pappas' referral

Marsha Martin - SA/OS

Attempts were made to discuss this with OAR (Neal Nathanson in Russia), and notice was given to HRSA (Earl Fox) of attempts to reach Joe O'Neill for input. Message was also left with Jeff Koplan at CDC of our efforts to get Helene's input.

"KEEP ON BUILDING THE MOMENTUM" urges UNAIDS Executive Director Piot

Never before have so many leaders across the world heeded the call for urgent action against AIDS, said Dr Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) at the opening of the eighth meeting of the UNAIDS governing body in Geneva today.

"We must keep on building this momentum and turn it into new resources and sustained energy to fight the epidemic," said Dr Piot. "Public acknowledgment of the urgency of AIDS is the first step. For lasting and sustainable change, every part of society must be involved in responding to the epidemic - young people, teachers, parents, companies, politicians, health workers and the media. This expanded response requires a long-term commitment of human and financial resources, which has so far been lacking in too many countries."

A recent report by UNAIDS and the François-Xavier Bagnoud Center for Health and Human Rights at the Harvard University School of Public Health found that spending on HIV/AIDS efforts is being vastly outpaced by the epidemic. After a quick influx of donor spending in the late 1980s, support for the international fight against AIDS began to level off in 1990, with wealthy nations allocating an average of less than 1% of their annual official development assistance (ODA) budgets for AIDS programmes in developing nations.

The need for more resources to fight AIDS becomes more urgent with each passing day, said Dr Piot. "Twenty years ago, we did not even know that HIV existed. Today, HIV has surpassed all other infectious diseases to become the single most deadly infection. And unless we mount a quick and forceful global attack, we can only imagine the destruction HIV will cause tomorrow", said Dr Piot.

By the end of 1998, 33.4 million people were living with HIV infection or AIDS, and a further 13.9 million had already died from AIDS-related causes since the start of the epidemic, according to estimates by WHO and UNAIDS. AIDS is now the leading cause of death in sub-Saharan Africa, and the fourth leading cause of death in the world.

The newly elected Chair of the meeting Dr. Juan Ramón de la Fuente, Minister of Health of Mexico, stressed the call for political leaders to give this epidemic the political priority and visibility it deserves - and the resources to match, stating, "We have a complex global emergency on our hands."

Putting the spotlight on sub-Saharan Africa, a region that accounts for 70% of all people now alive with HIV/AIDS and 83% of all AIDS deaths to date, Dr Piot welcomed the growing leadership momentum but warned that the funding available was nowhere near sufficient to scale back the African epidemic and mitigate its devastating impact on individuals, families and economies. "Africa can barely begin to meet its immediate and long-term AIDS needs. Just as the continent's leaders are stepping up their political momentum, the international community must step up its commitment to a new partnership against AIDS in Africa."

Dr Piot also called on leaders worldwide to adopt policies that can help reduce the stigma attached to AIDS and encourage society to tackle the epidemic openly. "If individuals are afraid to tell others they are HIV-positive, or even to discuss how AIDS has affected their families, they can't alert their communities and help them mobilize for action," he said. "Political leaders have the means to create an environment in which increasing numbers of individuals will want to know their HIV status, will be able to act on that knowledge, and will be able to do so without fear of discrimination and rejection."

At the meeting, Dr Piot presented priority areas for UNAIDS' activities in the coming year: young people; community-based care activities; vaccine development; prevention of mother-to-child HIV transmission; highly vulnerable populations; and the integration of gender, human rights issues, and the greater involvement of people living with HIV/AIDS.

The eighth meeting of the Programme Coordinating Board of UNAIDS continues at the World Meteorological Organization in Geneva for two days. The meeting is attended by representatives of 22 governments, of the seven cosponsoring organizations of UNAIDS, and of five NGOs and associations of people living with HIV/AIDS, as well as by some 60 governmental and nongovernmental observers.

For more information, please contact Anne Winter, UNAIDS, Geneva, (+41 22) 791.4577, Lisa Jacobs, UNAIDS, Geneva, (+41 22) 791.3387, Abigail Bing, UNAIDS, New York, (+1 212) 584.5024 or Andrej Cima, UNAIDS, Kiev, (+380 44) 253.9323/63. You may also visit the UNAIDS Home Page on the Internet for more information about the programme (<http://www.unaids.org>).

UN General Assembly adopts new global goals to reduce HIV/AIDS

Delegates call on UNAIDS to ensure a well-coordinated UN response to HIV/AIDS

 The 21st Special Session of the United Nations General Assembly has adopted a number of ambitious proposals to reduce the spread of HIV, the virus that causes AIDS, including a goal of 25% reduction in HIV prevalence among young people by the year 2005 in the most affected countries. The proposals are part of a comprehensive set of key actions developed to maintain and build upon the progress achieved in global development since the International Conference on Population and Development (ICPD) held in Cairo five years ago.

In order to achieve the decrease in HIV rates among young people, the new set of key actions call for countries to ensure that by the year 2005 at least 90% of young people aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.

"Few of us who were in Cairo five years ago could have predicted the devastation that AIDS is now inflicting on so much of the world," said Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), during a Special Session of the United Nations General Assembly for the Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development.

Dr Piot hailed the new UN goals, stressing the impact of HIV/AIDS and its threat to the continued development of resource-poor nations struggling to achieve social and economic gains. "In the face of an accelerating development crisis, especially in the hardest-hit countries of sub-Saharan Africa, an emergency response is now called for. In a number of countries in sub-Saharan Africa, improvements in life expectancy and child mortality gained over the past few decades have been obliterated."

"We do not have a cure; we do not have a vaccine. The primary strategy we have to reduce the spread of HIV is behaviour change. And it is much harder to change an adult's behaviour than it is to help young people adopt safer behaviour from the very start of their sexual lives", said Dr Piot. "Based on successful experiences in countries on all continents, I am confident that the target for a 25% reduction in HIV prevalence among young people is achievable."

Other HIV/AIDS-related components of the new key actions text adopted by the General Assembly Special Session include recommendations to: ensure non-discrimination against people living with HIV/AIDS; prevent sexual exploitation of young women and children; reduce mother-to-child HIV transmission; and increase public and private sector investments in development of microbicides and other female-controlled methods, and HIV vaccines.

For more information, please contact Anne Winter, UNAIDS, Geneva, (+41 22) 791.4577, Lisa Jacobs, UNAIDS, Geneva, (+41 22) 791.3387 or Abigail Bing UNAIDS, New York, (+1 212) 584.5024. You may also visit the UNAIDS Home Page on the Internet for more information about the programme (<http://www.unaids.org>).

Opportunities / Roles

Roles of providers

- 1) Prevention
 - 2) Treatment / Care
 - 3) R&D (found)
- ~~cytotoxic~~ Peter (corporate)

County capacity & willingness to absorb
interventions in county partners

- 1) County investment
- 2) resources
- 3) 600mil / yr
- 4) What should we be doing on care side
- 5) new partners

Leadership Roundtable: On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of key U.S. officials, the World Bank, UNAIDS, as well as heads of international foundations, corporate CEOs, and others to discuss how best to enhance AIDS prevention and treatment efforts in Africa and around the world. The meeting will focus not only on leveraging additional resources, but also on establishing priorities, identifying effective public/private partnerships, and identifying targets for action to combat the crisis of HIV/AIDS.

Bernard
18 July /99

Dear

I would like to invite you to the White House on September 7 to join me and a small group of other key government, foundation, UN, and private sector leaders as we search for solutions to an international crisis that affects us all -- HIV/AIDS.

This devastating epidemic is an assault on health and development that has few, if any, modern equals. Only 20 years ago, we didn't even know HIV existed. And at the beginning of this decade, who among us would have thought that, by 1999, AIDS would be the leading cause of death in sub-Saharan Africa and the fourth leading cause of death worldwide?

In the face of these statistics, I am proud that the President has recently asked for a \$100 million increase in funding for international HIV/AIDS programs as the cornerstone of a broad and comprehensive new international initiative to combat the epidemic. But this is just a part of the international effort necessary to control the spread of HIV and deal with the associated problems of patient care.

Today, 34 million people are living with HIV or AIDS worldwide. AIDS-related diseases have killed 14 million men, women and children - mostly in Africa where more than 5,000 deaths are reported each day. By 2010, 40 million children will have been orphaned by HIV/AIDS. Economic development in many African countries has ground to a halt, and the hard-won social and health advances of the last 20 years are being reversed by the new realities of this epidemic. And these statistics do not begin to describe the personal tragedy for many of those living with HIV/AIDS and their families.

But there is cause for hope. Heads-of-State worldwide are increasingly speaking out, acknowledging AIDS prevention as a public health and political priority. National HIV/AIDS control strategies have been written. Uganda and Thailand have shown that successful national AIDS prevention programs can work. Unfortunately, a serious crisis remains and much more needs to be done. Many developing countries are losing the battle with the epidemic - overwhelmed by human and financial costs.

I have asked you to join me in this meeting to help build the momentum necessary to engage all stakeholders in winning the war against HIV/AIDS. Financial support of AIDS prevention efforts remains the most critical unmet need. However, this meeting is not intended as a donors conference. Rather, we will seek to identify innovative approaches for assisting countries in their HIV/AIDS control efforts.

HIV/AIDS has no cure and as yet there is no vaccine. We all grapple with the dual nature of current intervention efforts: prevention of new cases by expanding behavior change, and providing care to those already affected by the disease. As we come together from our diverse backgrounds - government, global business, foundations, intergovernmental and community based organizations, among others - we can bring not only our own perspectives on these efforts, but also our unique interests, capabilities and expertise. I want to use our meeting to identify roles, define opportunities, and develop new partnerships in the battle against this devastating epidemic.

The HIV/AIDS Leadership roundtable is planned for September 7 from _____am to _____pm on September 7, 1999. Location _____. (Need to decide whether to ask the invitees to speak, and if so, for how long. If instructions are given, we need to specifically avoid a litany of "what our organization is doing now.")

I hope you can join me at this most important meeting, and I look forward to seeing you in September.

Sincerely,

Keenan, Josefine (Chris) (HEALTH)

From: Smith, Gayle E. (AF)
Sent: Friday, July 23, 1999 12:16 PM
To: Sutphen, Mona K. (NSA); Camp, Donald A. (NESA)
Cc: Arvizu, Alexander A. (ASIA); @HEALTH - International Health Affairs; Riedel, Bruce O. (NESA)
Subject: RE: AIDS initiative [UNCLASSIFIED]

Announcement was presented as fighting global AIDS epidemic, strongest emphasis on sub Saharan Africa. I was out of town but believe India/Pakistan not specifically mentioned, but included in the initiative in the long term. How is that for vague. Will ask WH AIDS Policy to send round copies of report to President and info on announcement. GS

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

From: Sutphen, Mona K. (NSA)
Sent: Friday, July 23, 1999 11:40 AM
To: Camp, Donald A. (NESA)
Cc: Arvizu, Alexander A. (ASIA); Smith, Gayle E. (AF); @HEALTH - International Health Affairs; Riedel, Bruce O. (NESA)
Subject: RE: AIDS initiative [UNCLASSIFIED]

he did, but i don't know who on the staff is working this... m

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

From: Camp, Donald A. (NESA)
Sent: Friday, July 23, 1999 11:35 AM
To: Sutphen, Mona K. (NSA)
Cc: Arvizu, Alexander A. (ASIA); Smith, Gayle E. (AF); @HEALTH - International Health Affairs; Riedel, Bruce O. (NESA)
Subject: FW: AIDS initiative [UNCLASSIFIED]

Mona -- My understanding was that Sandy had approved including India and Cambodia in this initiative. Did something happen in the interim?

Don

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

From: Osius, Theodore G. (VP)
Sent: Friday, July 23, 1999 11:29 AM
To: Camp, Donald A. (NESA); Saunders, Richard M. (VP)
Cc: Orfini, Michael H. (VP); Babbitt, James F. (VP)
Subject: RE: AIDS initiative [UNCLASSIFIED]

The VP made the announcement on Monday. Tom Rosshirt (x67173) has a copy of the announcement. I do not think India was mentioned, except perhaps to underscore the seriousness of the pandemic. The \$100 million will be for AIDS in Africa. Ted

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

From: Camp, Donald A. (NESA)
Sent: Friday, July 23, 1999 8:59 AM
To: Osius, Theodore G. (VP); Saunders, Richard M. (VP)
Subject: FW: AIDS initiative [UNCLASSIFIED]

Can either of you help with my questions below?

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

From: Camp, Donald A. (NESA)
Sent: Friday, July 23, 1999 8:58 AM
To: Bolan, Christopher J. (VP)
Subject: AIDS initiative [UNCLASSIFIED]

Chris, did the Vice President announce as planned the administration's new AIDS initiative? Was India mentioned? And can I get a copy of the announcement? Thanks. Don

Bernard, Kenneth W. (HEALTH)

From: Sutphen, Mona K. (NSA)
Sent: Monday, July 19, 1999 11:51 AM
To: Smith, Gayle E. (AF); @NSA - Natl Security Advisor
Cc: @AFRICA - African Affairs; Bernard, Kenneth W. (HEALTH); @NESASIA - NE/South Asia; @ASIA - Asian Affairs
Subject: RE: SRB-AIDS in Africa Initiative ~~(CONFIDENTIAL)~~

Gayle -

Sandy said "yes" to including India and Cambodia and also said he spoke to Leon on Sunday.

Mona

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

From: Smith, Gayle E. (AF)
Sent: Thursday, July 15, 1999 4:55 PM
To: @NSA - Natl Security Advisor
Cc: @AFRICA - African Affairs; Bernard, Kenneth W. (HEALTH); @NESASIA - NE/South Asia; @ASIA - Asian Affairs
Subject: FW: SRB-AIDS in Africa Initiative ~~(CONFIDENTIAL)~~

Mona -- Do not believe this is a controversial issue and given NESA and ASIA views, may be more of an FYI -- but would like to make sure we can pass an NSC OK on to Sandy Thurman. Thks, GS

For Sandy on AIDS Initiative
From Gayle and Ken
@NESA and @ASIA concurrence.

DECLASSIFIED E.O. 13526

White House Guidelines,

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

By VZ NARA, Date 7/16/2017
2017-0739-m

As we updated you earlier in the week, WH is considering including India and Cambodia in AIDS Initiative, which will be announced by the VP on Monday. Following are positive responses from NESA and ASIA which we would like to pass on to Sandy Thurman, assuming you concur.

- **India:** Incorporating India into the legislative package will increase the impact of the program by demonstrating that the administration is looking ahead to working with the country that will probably have the largest number of AIDS cases in the world in the coming years. It will attract the attention and support of the sizable India caucus on Capitol Hill. And it will set the stage for a cooperative Indo-U.S. effort that could be highlighted when the President travels to India in the year ahead. It will tie in well with the long-standing cooperation in health research between NIH and Indian scientists and give new impetus and prominence to an AID program in India that has been dwindling in recent years and was hit by nonproliferation sanctions a year ago. Cooperation on AIDS is one effective channel through which to begin re-engaging with India prior to a Presidential visit. We recommend including India in a high-end option initiative.
- **Cambodia:** We recommend that Cambodia be included in the President's initiative to combat AIDS, if the high end option is pursued and prospective funding is available. The HIV infection rate in Cambodia is high and growing at an alarming rate -- the highest in East Asia, and Cambodia has few resources of its own to fight the problem. Life expectancy in Cambodia is under 50 years, comparable to many of the African countries that are to be the beneficiaries of the President's initiative. We believe (and Legislative Affairs concurs) that we could

enlist support on the Hill provided the assistance flows through Cambodian NGOs rather than the Hun Sen government.

The Vice President will announce the initiative on Monday, and OMB is putting the finishing touches on a \$100 million package. Do you want to include India and Cambodia in that announcement?

- _____ Yes, include India
- _____ Yes, include Cambodia
- _____ No, make the announcement only Africa
- _____ Let's discuss

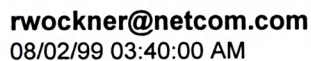
(continued)

Subject: NC10751: Gates to give away fortune

----- Forwarded by Sandra Thurman/OPD/EOP on 08/02/99 12:24 PM -----

[illegible]

Subject: NC10751: Gates to give away fortune



Subject: NC10751: Gates to give away fortune

This item is copyrighted. Do not print it without permission from the

[illegible]

In an interview published today, William Gates Sr. said that after

Sandra Thurman 07/27/99 05:41:08 PM

Record Type: Record

To: Kenneth W. Bernard/NSC/EOP@EOP

cc:

Subject: AIDS Meeting

I think we touch all our bases with Treje and Paul. In addition to NAPWA and NORA, Terje is also a member of the President's Advisory Council On HIV/AIDS.

Mr. Terje Anderson

Director of Policy

National Association of People with AIDS

1413 K Street, NW, Eighth Floor

Washington, DC 20005

P. 202-898-0414

F. 202-898-0435

Also serves as Co-Chair, NORA (National Organizations Responding to AIDS)

Mr. Paul Boneberg

Director

Global AIDS Action Network

3133 Connecticut Avenue, NW

Suite 512

Washington, DC 20008

P. 202-667-6300

F. 202-232-9411

Also serves as Co-Chair, International Working Group of NORA

Ken - FYI

linda vogel

From: Treatment-access forum [treatment-a
Sent: Wednesday, July 07, 1999 3:07 PM
To: treatment-access@hivnet.ch
Subject: [551] Eric Sawyer's Meeting with Tipper Gore

you may
have seen

Hi,

The US AIDS activist Eric Sawyer's meeting with Tipper Gore is a significant milestone in advocacy for access to HIV/AIDS treatment in developing countries.

Hope the agencies such as UK AIDS NGO consortium members would open their eyes to the reality of the impact of trade issues in access to AIDS medication. UK AIDS NGO consortium's failure to address issues related to the impact trade policies in access to HIV/AIDS treatment would remain as a black spot in the history of AIDS activism. Still the consortium has time to move away from their policy of shielding the best interest of Pharma trade block.

Perhaps, the US AIDS Activists should also know that their tax money is given to (through USAID) agencies like UK based AIDS Alliances, and they use your tax money to shield the best interest of Glaxo Wellcome. Though, they support few ASOs in developing countries, in effect such support is used to buy the alliance of critiques of pharma industry from developing countries.

The following is the details of Eric Sawyer's meeting with Tipper Gore.

Thank you for your attention.
Joe Thomas
E-mail: joethomas@hivnet.ch

Eric Sawyer's meeting with Tipper Gore after activists disrupt fundraiser

Tonight (Wed.) at a Manhattan Fund-raiser three activists from "AIDS Drugs For Africa" disrupted Tipper Gore's speech at a fund-raiser for her husband Al Gore.

By pressuring Gore Staffers I've met in the past, I got Tipper Gore to agree to meet with me so that I could ask her to urge her husband to meet with our group directly. I talked with her for around fifteen minutes about the extent of the epidemic in the developing world, the letter her husband wrote to the Black Caucus, the administration's trade sanctions against South Africa, the drug company lies about lack of distributions systems, lack of health care infrastructure, cost of AIDS drugs, cost of generic drugs produced in India, compulsory licensing, parallel importing, the desire of Thailand, South Africa and W.H.O. to produce generic versions of these drugs, ownership rights retained by the US gov't in at least four AIDS drugs, the need for the US gov't, her husband and Bill Clinton to start showing gov'tal leadership on this issue and the need for them to respond with a sense of emergency - given that we are facing the worst epidemic since the black plague and the fact that 22.5 people from sub-Sahara

n Africa and 34 million people in the developing world in total will die in the next 10 to 15 years because of excessive drug prices that make the drugs that are keeping people like me alive in the US, unavailable to people in the developing world.

These topics came up during a give and take conversation during which she both asked questions, made comments and allowed me to give our standard statements of facts, demands and opinions on these topics. She asked several questions that seemed to indicate that the drug company lies had been fed to her, but she listened to my comments of why the drug company statements were false PR excuses and asked intelligent follow up questions.

She said that she, her husband and President Clinton, as well as Sec. Shalala and Sandy Thurman were very concerned about these issues and wanted to take steps to help resolve the problems we were raising. She asked that we draft an outline of how we think