

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the Clinton Presidential Library Staff.

Folder Title:

Global AIDS Issues [2]

Staff Office-Individual:

International Health Affairs-Bernard, Kenneth

Original OA/ID Number:

3646

Row:	Section:	Shelf:	Position:	Stack:
38	6	7	3	V

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Efforts by the U.S. Dept. of State to Enhance the Global Fight Against HIV/AIDS (5 pages)	ca. 2000	P1/b(1) KBH 10/21/2024
002. fax	To Ken Bernard, re: [AIDS as national security issue] (5 pages)	05/01/2000	P1/b(1) , P3/b(3) KBH 10/21/2024
003. memo	R. P. Eddy to the Permanent Representative, re: [Lunch with Piot] (2 pages)	10/23/2000	P1/b(1) KBH 10/21/2024
004. cable	Re: [Mbeki] (2 pages)	10/13/2000	P1/b(1) KBH 10/21/2024

COLLECTION:

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

FOLDER TITLE:

Global AIDS Issues [2]

2007-1550-F
ke2035

RESTRICTION CODES

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

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

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

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

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

August 28, 2000

BRIEFING MEMORANDUM
S/S

UNCLASSIFIED

TO: The Secretary

FROM: IO - David Welch

SUBJECT: Checklist/Briefing Memo for Meeting with
UNAIDS Director Dr. Peter Piot

I. OBJECTIVES

1. To support Millenium Summit goals on HIV/AIDS and stimulate the political commitment and capacity necessary to turn the epidemic around.
2. To commend Piot and UNAIDS and to make clear the increased U.S. financial commitment to AIDS internationally.
3. To support the Presidential Envoy on AIDS Coordination (PEAC's) concept.

II. APPROACH

Dr. Piot has been a consistent and clear voice on HIV/AIDS issues internationally. He has logged the miles to wake up leaders to the severity of the AIDS situation, especially in Africa and Asia. Piot has emphasized the political and socio-economic impacts of AIDS without veering from a core health approach, and he has urged rapid and dramatic responses at country level. These efforts have made a difference, and with only limited resources (UNAIDS operates on about \$60 million a year; USAID has provided approximately \$15 million per year since UNAIDS formed in 1996). We agree that UNAIDS needs more resources and want to stress that with other donor nations.

UNCLASSIFIED

- 2 -

Piot may wish to raise the President's recent appointment of Sandra Thurman, Director of the White House Office of National AIDS Policy (ONAP), as Presidential Envoy on AIDS. The State Department will provide key support to ONAP. We are enthusiastic about the concept and other countries appointing high-level and crosscutting persons to address AIDS issues, but it is as yet early to discuss the concept in detail.

III. PARTICIPANTSU.S.

The Secretary
TBD

UNAIDS

Dr. Peter Piot
TBD

IV. MEDIAAttachments:

- Tab 1 - Checklist of Key Issues
- Tab 2 - Talking Points

UNCLASSIFIED

- 3 -

1. Political and security issue
2. Millenium initiative
3. Commitment and capacity of countries

Checklist of Key IssuesMeeting with Dr. Peter Piot, UNAIDS Director

1. Political and security: Much to do to awaken countries that HIV/AIDS is more than a health crisis.
2. Millenium Summit: Support Summit goal to halt and begin to reverse the spread of HIV/AIDS and other major diseases by 2015. Need enhanced public/private partnerships with industry to further access to drugs in developing countries.
3. Commitment and capacity. U.S. is committed. We have doubled financial resources since 1999. Others must do more, including support to UNAIDS. Increase capacity to address AIDS in countries.
4. PEAC's. The just named U.S. PEAC is Sandra Thurman of ONAP. Want to work with Piot as the concept is being developed.

UNCLASSIFIED

- 4 -

1. Political and Security Issue

- AIDS is causing unique and unprecedented devastation on nations, especially in Africa. Requires an unprecedented response.
- UN Security Council action and resolution on AIDS recognizes the political and security impacts, and need to ensure peacekeepers do not spread AIDS.
- Without political leadership the devastation will only multiply.
- Appreciate your assistance to Vice President Gore and Ambassador Holbrooke at UNSC meetings.

UNCLASSIFIED

- 5 -

2. Millenium Summit

- Support Summit goal to halt and begin to reverse the spread of HIV/AIDS and other major diseases by 2015.
- Enhanced public/private partnerships with industry to further access to drugs in developing countries.
- Special attention to Africa.

UNCLASSIFIED

- 6 -

3. Commitment and Capacity

- The U.S. has more than doubled U.S. funding for global HIV/AIDS prevention and care programs since 1999.
- We expect at least \$342 million to be available for FY 2001.
- In addition -- \$50 million U.S. contribution to the Global Alliance for Vaccines and Immunization, and \$1 billion in loans for sales of new vaccines for AIDS, malaria and tuberculosis.
- Other nations and donors must do more to address AIDS.
- Increase the capacity for affected countries.
- Enhance public/private partnerships for research and increased access to AIDS therapies.
- Applaud UNAIDS efforts with limited resources. We will consider how we can support your efforts, including by increasing our financial support (from USAID).

UNCLASSIFIED

- 7 -

4. PEAC's

- Sandra Thurman, Director, White House Office of National AIDS Policy, recently named by the President as the first U.S. Envoy on AIDS Coordination
- The impetus is for high-level political attention to AIDS in each country to raise the intensity of AIDS issues.
- Early to discuss concept in detail but look forward to working with you in developing the concept.

UNCLASSIFIED

- 8 -

Drafted: IO/T:ABlackwood
Z:SETASB\health\UNAIDS\Millenium Secy-Piot.doc

Cleared: IO:BWood
IO:EMSouthwick
IO/T:NBoyer
IO/UNP:UZeya
OES/EID:NC Foster
PRM:MPollack
USUN/W:JMarty
G:DSmith
P:RMeyer
E:SMiley
R:NO'Neill
S/P:ELief
PA:LHerrmann
USAID:JHolfeld
NSC:KBernard
ONAP:SThurman

UNGA MILLENIUM SUMMIT: Q'S & A'S ON HIV/AIDS**HIV/AIDS: STIMULATING ATTENTION AND ACTION****Question:**

What new actions are being taken to address AIDS?

Answer:

- HIV/AIDS is one of the most pressing transnational problems facing the world today. Because of the nature of the disease, its long gestation period and the lack of resources in the hardest hit countries, HIV/AIDS deserves the highest and most urgent political leadership.
- Recent events, including the January visit of Vice President Gore to the UN Security Council and the subsequent resolution on HIV/AIDS, as well as the June Conference on AIDS in Durban, South Africa, have stimulated attention and action. We expect the Millenium Summit to agree to cut by half and begin to reverse by 2015 the spread of HIV/AIDS and other major diseases.
- The combination of increasing national and international attention, resources, private sector initiatives, and the recognition of AIDS as a security, economic and socio-political issue, is cause for renewed hope.

-2-

HIV/AIDS: U.S. AND INTERNATIONAL FUNDING**Question:**

What is the amount of USG and international funding for HIV/AIDS prevention worldwide?

Answer:

- The U.S. has more than doubled U.S. funding for global HIV/AIDS prevention and care programs. Strong bipartisan support will ensure full funding and may increase the Administration's proposed \$342 million for FY 2001 international funding, including an additional \$100 million for efforts under the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative. This is in addition to the \$50 million contribution to the Global Alliance for Vaccines and Immunization, and \$1 billion in loans for sales of new vaccines for AIDS, malaria and tuberculosis.
- USAID has provided approximately \$15 million yearly to UNAIDS (Joint United Nations Program on AIDS) since 1996 for its efforts to coordinate UN agency activities. U.S. contributions to the UNAIDS cosponsoring agencies -- WHO, UNICEF, UNESCO, UNDP, UNFPA, UNDCP, and the World Bank -- helps fund HIV/AIDS activities of these agencies. UNAIDS

-3-

funding is critical for its important advocacy and coordination role on HIV/AIDS worldwide.

- There is no specific number available for the amount of international AIDS funding worldwide. However, in sub-Saharan Africa, where almost 70% of people with HIV and AIDS live, all donors combined are currently contributing less than \$350 million a year.

-4-

HIV/AIDS: NEED FOR ADDITIONAL RESOURCES**Question:**

What are the best estimates we have about the level of worldwide funding needed to reduce the transmission of HIV and to care for and treat existing cases of AIDS?

Answer:

- UNAIDS has estimated that in Sub-Saharan Africa alone it will take a minimum of another \$1.5 billion to establish an effective HIV prevention program, and an additional \$1.5 billion to begin to deliver basic care and treatment to people with HIV and AIDS in the region, for a total of \$3 billion in new resources.

HIV/AIDS: UNITED NATIONS ROLE**Question:**

What exactly is the UN doing about the HIV/AIDS crisis?

Answer:

- The Joint United Nations Program on AIDS (UNAIDS) is the leading advocate for action against HIV/AIDS. It is responsible for leading the international response to the epidemic in preventing the spread of HIV, caring for and treating those infected, reducing vulnerability of populations, and alleviating the socioeconomic and human impact of AIDS.
- UNAIDS is cosponsored by seven agencies -- WHO, UNESCO, the World Bank, UNICEF, UN Development Program, UN Drug Control Program, and the UN Population Fund. UNAIDS was created in 1996 in recognition that AIDS is not simply a health issue but must be addressed across sectors - education, health, finance, development - and not only within national governments, but within the UN system.
- UNAIDS acts as a catalyst and coordinator of action, not as a direct funding agency. UNAIDS is concerned that it

-6-

is not receiving enough financial support (about \$60 million a year) from UN member states. With limited funding for country activities, UNAIDS has helped countries to raise funds elsewhere. USAID gives UNAIDS about \$15 million a year. This contrasts with the \$28-30 million it was giving to WHO's Global Program on AIDS, which closed when UNAIDS was created.

- UN agencies and the IFI's are actively addressing AIDS-related issues, such as prevention and education efforts, AIDS surveillance, treatment and access to drugs, mother-to-child transmission, and socio-economic issues.
- UNAIDS has worked intensely in African as well as other countries to create awareness of the magnitude of AIDS and to get appropriate action to prevent and respond to the epidemic. UNAIDS urges a dramatic and rapid expansion in current national AIDS activities in Africa. Other UN agencies have also intensified efforts with countries. However, there is a long way to go dealing with the epidemic comprehensively. There continue to be poor or inaccurate national health statistics in a number of countries.

-7-

HIV/AIDS: MULTILATERAL INITIATIVES**Question:**

What is the U.S. view on a possible UNGA Special Session on HIV/AIDS and on the French proposal for a conference on access to care in developing countries?

Answer:

- We are not enthusiastic about conferences serving as solutions to difficult problems but we are prepared to participate in a productive way. Conferences are expensive, and they draw energies and resources away from substantive activity that can be more productive.
- Nevertheless, we will examine any proposals for additional meetings to determine if they can contribute to and not duplicate current initiatives and policies on HIV/AIDS.
- The global community is increasingly galvanized, in part due to high level attention at the recent Durban AIDS conference and the UN Security Council discussions on AIDS. Any new meetings will need to be considered in light of the potential they may have to enhance

-8-

international cooperation and political commitment to addressing HIV/AIDS.

HIV/AIDS: PEACEKEEPERS AND THE SPREAD OF DISEASE

Question:

What is the UN policy regarding peacekeepers and the spread of AIDS, and how does the resolution adopted at the UNSC in July 2000 contribute to ensuring that peacekeepers do not spread or contract this disease?

Answer:

- The United States introduced this historic resolution in the recognition that HIV/AIDS is more than a health issue; it is also an international security issue which has a uniquely devastating impact on all sectors and levels of society. It is clear that in many African nations the HIV infection rate is generally higher in the military than in the general populace.
- The resolution focused on the responsibility of countries that participate in peacekeeping operations to provide HIV/AIDS training, testing, counseling, and treatment to their personnel. The UN Secretary General is requested to take further steps to provide training for peacekeepers to prevent the further spread of HIV/AIDS.

-9-

Drafted: IO/T:ABlackwood
Z:SETASB\health\UNAIDS\Millenium Secretary Q & A's.doc

Cleared: IO:EMSouthwick
IO/T:NBoyer
IO/UNP:UZeya
OES/EID:NC Foster
PRM:MPollack
EB/IPC:JMessenger
USUN/W:JMarty
G:DSmith
P:RMeyer
E:SMiley
R:NO'Neill
S/P:ELief
S/RPP:CStewart
PA:LHerrmann
USAID:JHolfeld



DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

January 5, 2000

			Telephone	Fax
TO:	Jim Babbitt	OVP	(202) 456-9513	(202) 456-9500
	Rick Samans	NEC	(202) 456-2878	(202) 456-5715
	Ken Bernard	NSC	(202) 456-9298	(202) 456-9390
FROM:	Sheryl K. Sandberg			
	Chief of Staff			
	Tel: (202) 622-1906			
	Fax: (202) 622-0073			

COMMENTS:

Attached please find suggested language for the VP's speech. Please let me know if you need anything else.

Attachment

Language on Debt Reduction and HIV/AIDS

President Clinton has led the way in improving and enhancing the debt reduction initiative for Heavily Indebted Poor Countries (HIPC). At the insistence of President Clinton, the resources freed up by this multilateral debt initiative are expected to be used for priority social sector spending to reduce the extreme poverty of the people that live in these debtor countries. We are encouraging these countries to target these resources to improve health care, particularly vaccines and HIV/AIDS prevention.

In the case of Mozambique, for instance, the benefits of HIPC debt relief could amount to savings of roughly \$90 million annually. When compared to Mozambique's annual government health spending of only about \$40 million – it is clear why this program could be very effective ..

UNCLASSIFIED DRAFT MEMORANDUM

TO: U/S Loy
FROM: Jack C. Chow, Senior Advisor for Global Health Policy
RE: Proposed Strategy on Global HIV/AIDS
DATE:

To follow-up on the Vice President's U.N. speech calling upon the world community to recognize and confront the AIDS epidemic as an international security concern, you asked me to develop a plan for the Department to take a pro-active approach in Africa and other vulnerable regions. With the assistance of the staff of OES/EID and the other bureaus of State, I am submitting a proposed framework for action. The Africa Bureau in particular has been very active in contributing suggestions. With your approval, this framework would form the basis of the Department's contribution to the overall USG effort.

PROPOSED DEPARTMENT OF STATE HIV/AIDS ACTION PLAN

US Government Goal: Prevent new HIV infections in regions of the world with high incidence and prevalence rates, particularly in Africa, and to prevent the spread of HIV into other vulnerable areas with weak public health infrastructures.

State Department Goal: In support of combating the epidemic as a both a national security and public health threat, the Department will pursue a leadership role to ensure that a strong, sustainable effort will be originated from the United States, the international community, and those countries strongly impacted by, or vulnerable to, the epidemic. When appropriate, the Department will also assist USG technical agencies pursue their operational objectives in host countries.

Objectives:

1. Strengthen U.S. diplomatic efforts and capabilities to promote active involvement by all governments to more effectively confront the HIV/AIDS pandemic.

2. Persuade foreign leaderships that the global spread of HIV/AIDS has profound implications for national and international security in terms of its impact on economic growth, political stability and civil society, and that national commitment to address HIV/AIDS will help elicit international assistance.
3. Enhance international scientific and health collaboration among the U.S., other nations, and international bodies.
4. Develop innovative policies in partnership with other US agencies and international bodies.

These objectives and supporting actions build upon the framework outlined in the document published by OES/EID, 1999 U.S. International Response to HIV/AIDS. The Department continues to support the recommendations contained in the document.

Taking each objective in turn:

1. **Strengthen U.S. diplomatic efforts and capabilities to promote active involvement by all governments to more effectively confront the HIV/AIDS pandemic.**

ACTIONS:

In Washington:

- Publicly announce the State Department's and USAID's commitment to address the global HIV/AIDS pandemic. The upcoming address by the Secretary before the American Association for the Advancement of Science (AAAS), for instance, is an opportunity to reinforce the Vice President's message and to articulate State's role. (AID, OES, G)
- Utilize the assets of Public Affairs/Public Diplomacy, in conjunction with regional bureaus, to communicate a compelling USG message to domestic and international audiences on the need to combat global HIV/AIDS. An information kit/package could be produced, including a dedicated Internet site, that would inform the public on the international importance of the epidemic. Highlight

the success of high-level political commitment in countries such as Uganda, Senegal, and Ghana. (PA/PD)

- Continually reinforce the high priority given to HIV/AIDS by top State Department and USAID officials, through directives to the field, public statements, budgeting decisions, and high level visits. Raising the attention devoted to HIV/AIDS in Washington would likewise promote and reinforce the work of the field missions. (Department wide)
- While confronting AIDS in Africa is a top priority, efforts must also be broadened to include other countries and regions with high incidence or with high vulnerability to rapid propagation of HIV, such as India. Ensure that HIV/AIDS issues are fully reflected in Bureau Performance Plans. (G/OES/AF/EAP/SA/EUR)
- Ensure that HIV/AIDS assumes a prominent place in all of our public discussions about Africa (and other affected regions). In addition, the issue should be factored into all key policy statements or strategy reports issued by the Department. (AF/G/OES)
- Intensify efforts to educate bureau and department personnel about basic facts of HIV/AIDS and about the links between the pandemic and our other policy objectives. For example, arrangements could be made for select ONAP, USAID, and HHS personnel to provide a comprehensive briefing to all AF (and other relevant regional bureau) staff on the current HIV/AIDS situation in Africa. Working with their counterparts at USAID, each desk officer could maintain an HIV/AIDS situation paper for their respective country to draw upon when drafting briefing papers or participating in public discussions. (AF/G/OES/Regional Bureaus)
- Identify and analyze common traits from those countries that have been successful in addressing HIV/AIDS. Develop a medium through which to communicate best practices and examples. (G/OES/USAID/PAPD)

At Posts:

- To be more effective in promoting HIV/AIDS awareness and education with host governments, each Ambassador should direct the Embassy to develop a comprehensive HIV/AIDS action plan geared to local circumstances and fully reflective of the level of current and future threat. HIV/AIDS should be specifically discussed in the post MPP, in work requirements statements, and reflected in decisions to allocate Self Help and other resources at post. The post action plan should encourage and seek to reward exceptional individual and group efforts to respond to the AIDS emergency. (AF/POST)
- Dispatch HIV/AIDS expert teams to relevant countries to discuss with Embassies, host nation officials, and NGO's dynamics of infection and prevention strategies.
- Each Ambassador should read and be familiar with the "What Ambassadors Can Do" memorandum which resulted from the SADC region HIV/AIDS meeting in October 1999 (Attachment B). The practical suggestions included in this memorandum may be incorporated into mission-specific HIV/AIDS action plans. Such suggestions might also be incorporated into a brochure for post use. (AF/POST/R)
- Require each U.S. ambassador posted in Africa to be briefed extensively on the status and implications of the epidemic in their assigned country. Such briefings could be held individually or collectively, such as at sub-regional HIV/AIDS gatherings. AF/PD, ONAP, OES and USAID each have distinct roles and information for education and for in-country distribution. (AF/G/OES/USAID/ONAP)
- Ambassadors should coordinate effectively with their peers in their respective regions to generate cooperative ideas and to share best practices of host government actions. This includes viewing the HIV/AIDS crisis from a regional standpoint. (AF/PSOT)
- Devote substantial time at the annual Chiefs of Mission conference to HIV/AIDS. In addition, virtually every regional gathering of bureau personnel (Administrative Conference, Economic/Commercial Conference, Consular Conference etc.) should include an HIV/AIDS component in the presentations. (AF/SA/EAP/EUR/POST)

- Require DCMs and EST officers to attend an AIDS briefing during their consultative stays in Washington. (G/OES)
- Organize sub-regional meetings for Ambassadors, USAID Mission Directors, and Public Diplomacy personnel to discuss HIV/AIDS within their respective countries and regions of Africa. These meetings could use as a model the very productive SADC regional HIV/AIDS conference. Senior DOS management should be represented at each of the sub-regional meetings. Other participants might include experts from ONAP, USAID, CDC, DOD, and the intelligence community. Consideration might be given to inviting key Congressional staff to the sessions. (AF/G/Regional Bureaus/POST/USAID)
- Provide posts with sufficient epidemiological information, both globally and in each particular country and region. This could be done through a dedicated DOS AIDS Information Officer, through USAID missions, or through an information clearinghouse that is internet accessible. In posts without a USAID mission, other means of obtaining and disseminating information may be used. Also actively solicit advice from posts on how best to approach national leaders or key public figures in country. (G/OES/USAID)
- Develop a succinct set of materials for use in host country that clearly defines why AIDS is a high-priority security and foreign policy issue. (AID/PAPD/G/OES/P)
- Regularly provide posts with information on specific USG programs that address HIV/AIDS, including the Vice President's UNSC pronouncement, the Global Alliance for Vaccinations and Immunizations initiative, and the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative. (G/OES)
- Use all available diplomatic venues to advance HIV/AIDS as a topic of discussion and action and to promote the linkages to foreign policy and international security. (i.e. U.S.-SADC Forum, International AIDS Conference in Durban etc., see Attachment A). (G/OES)
- Post/DCM should advise DOS in Washington of what information and resources they need to adequately address AIDS in their host country. (POST)

- Post/DCM should encourage the development of country plans by host country. (POST)
2. Persuade foreign leaderships that the global spread of HIV/AIDS has profound implications for national and international security in terms of its impact on economic growth, political stability and civil society, and that national commitment to address HIV/AIDS will help elicit international assistance.

ACTIONS:

- Post AMB should strongly urge top African leaders - heads of state and ministers in charge of economics, finance, trade and foreign affairs - to make AIDS a high priority on their national agenda, emphasizing the wide impact that an unchecked epidemic would have upon their societies. (AF/POST)
- Use R and former USIA programs to raise host nation public/governmental awareness about HIV/AIDS through trips to the US as well as US experts' trips to affected countries.
- Special attention should be placed on devising responses to HIV/AIDS in situations of instability and conflict, notably in southern Sudan, Burundi, Angola and DROC, while recognizing the great difficulties inherent in working in such environments. Post-conflict governments in each of these regions will emerge from years or decades of war, only to be confronted with the inevitable, and perhaps equally devastating crisis already being created behind the scenes by the AIDS epidemic. Even modest efforts to sensitize national decisionmakers may pay dividends later in post conflict reconstruction. In Rwanda, for example, the post-conflict and post-genocide government must now confront an AIDS epidemic which will kill many more people than either of those earlier conflagrations. (AF/PRM/Regional Bureaus/DOD/USAID)
- Each country team should work to identify the most effective agents of change in their respective country, including, where appropriate, military and national security institutions which may have the discipline or

organizational capability to disseminate HIV/AIDS related materials and expertise. These agents of change should be targeted for special attention in the mission action plan. (AF/POST)

- Provide analyses that clearly defines AIDS as a high-priority foreign policy issue and highlights the non-health implications of the disease - i.e. impact on economic growth, political stability and civil society. (G/OES)
 - Issue a demarche (to follow up on the demarche delivered in March 1999) that directs posts to encourage host governments to address AIDS at the highest levels. (G/OES/Regional Bureaus)
 - In cooperation with AF regional bureaus and ONAP, State should advocate for the provision of humanitarian HIV/AIDS related assistance to African military organizations. Military institutions are important vehicles for information dissemination and social change in many African countries. In addition, the loss due to AIDS of critical skills within African militaries constitutes a vital threat to stability and security in affected countries. Any such assistance could be provided bilaterally, or through regional or sub-regional initiatives. Assistance might be channeled directly to military entities through DOD or other USG programs, or indirectly through NGOs. Assistance to combat HIV/AIDS, as with humanitarian demining programs, is directed at broad social, political, and security concerns and should not be restricted. (PRM/AF/Regional Bureaus/DOD/USAID)
 - Through public diplomacy, implement HIV/AIDS public awareness campaigns internationally. Provide incentives (i.e. awards) for journalistic pieces that address the security and foreign policy implications of HIV/AIDS. (PA/PD)
 - Ensure that the UNAIDS Partnership Against AIDS in Africa encourages action by African governments. (G/OES/USAID/POST)
- 3. Develop innovative, sustainable policies in partnership with other US agencies and international bodies.**

- Increase State's involvement with the business community on HIV/AIDS issues, working with ONAP, USTR and other concerned USG entities to develop a cooperative approach on health-related intellectual property (IPR) matters that is consistent with our goal of helping poor countries gain access to affordable medicines. There is a perception among some African governments that the Western pharmaceutical industry is failing to offer assistance or flexibility in its sales of anti-retroviral medications. (AID/G/OES/EB/NGOs)
 - The Secretary should consider mandating the provision of HIV/AIDS counseling and education to all U.S. and foreign national employees of posts abroad.
 - Pursue creative financing mechanisms, such as debt swaps for HIV/AIDS, working with MDBs, Treasury, OMB. (EB/IO/G/P/OES)
 - Although initial efforts center in Africa, where almost 70% of the 33.6 million persons currently living with HIV/AIDS live, State should also accelerate efforts in India, South-East Asia, and the Newly Independent States of the former Soviet Union. (SA/EUR/G/OES)
 - Fully participate in Interagency Working Groups convened by the White House and exercise leadership as appropriate on international elements of a coordinated USG plan.
 - The Secretary may establish a Department Award for HIV/AIDS Reporting and Advocacy for an individual officer, and a second similar award for a post overseas.
 - Devise a transition strategy to ensure the HIV/AIDS challenge will maintain a position of prominence during changeover to a new administration. (AF/G/Department wide)
- 4. Enhance international scientific and health collaboration among the U.S., other nations, and international bodies.**

ACTIONS:

- Share lessons learned and encourage action by national governments at appropriate regional and international

venues (i.e. SADC, Durban, UN Security Council (summer 2000) see VENUES section). (G/OES/POST)

- Use FY '00 OES project funding, through a USG technical agency, to support an innovative project in HIV/AIDS.
- Assist technical agencies in expediting USG personnel placement in host countries.

venues (i.e. SADC, Durban, UN Security Council (summer 2000) see VENUES section). (G/OES/POST)

- Use FY '00 OES project funding, through a USG technical agency, to support an innovative project in HIV/AIDS.
- Assist technical agencies in expediting USG personnel placement in host countries.

VENUES

- U.N. Security Council follow-up session on HIV/AIDS (Summer 2000). (AF should engage interested donor governments and the IFIs in discussions on HIV/AIDS in Africa in an effort to secure additional donor financial support and to share knowledge and expertise. AF, in conjunction with ONAP, USUN, USAID, and the World Bank might co-host a follow-on donor meeting on HIV/AIDS, building on the January, 2000 AIDS initiative at the UNSC.)
- G-8 meeting in Okinawa. It was proposed at the Loy meeting, and adopted by consensus, that the State Department recommend to the USG sherpa through Al Larson that AIDS be broken out of the "health issues" agenda item it is presently included in and made a stand-alone agenda item. Given the seriousness of the issue, the rapidly increasing level of resources being devoted to the fight against it, and the critical need for more resources and top-level attention needed in that fight, making it the topic of a separate discussion seemed very much to fit in with the VP's initiative. AIDS has received such summit attention before, so there is precedent for this as well. Within this, Jim Babbitt highlighted the need to address HIV debt swap for non-HIPC countries.
- U.S.-Japan Common Agenda (February 29). One of the afternoon discussion sessions is being reserved for the U.S. to discuss potential bilateral cooperation in HIV/AIDS.
- President's trip to India (March). With the potential for an acceleration of HIV infections among a huge population base and a fragile public health infrastructure, the President may identify the pandemic as an area for bilateral cooperation and assistance.
- U.S.-SADC Forum (April/May 2000). AIDS is one of three issues to be highlighted (along with regional trade integration and collective security) at the 2nd U.S.-SADC Forum. There will be a planning meeting in Gaborone, Botswana on February 2, 2000.

- Instructing the RSO to assist local police and security guard companies to develop HIV/AIDS awareness programs; and
- Including HIV/AIDS on the agendas of visiting CODELS and STAFFDELS.

Ambassadors can use their public position to promote HIV/AIDS activism by:

- Being "out in front" and not delegating to staff the opportunity to promote HIV/AIDS activism;
- Seizing their position as the "President's Representative" to ensure that they personally represent presidential initiatives, coordinate access to USG resources and stress that they are also representatives of the American people.
- Raising the profile of the issue by mentioning HIV/AIDS in all meetings with the host country president, cabinet members, and other senior government officials;
- Being proactive in capturing media coverage focusing attention on HIV/AIDS in every public speech, even if it seems unrelated;
- Motivating and mobilizing other Ambassadors and the international community, for example, by hosting forum to discuss HIV/AIDS challenges;
- Using the media to advertise Ambassador's support for persons living with AIDS in HIV/AIDS awareness by attending events and functions hosted by other organizations, and by personally visiting and holding hands of those living with AIDS;
- Urging host governments to provide tax incentives to companies and individuals who support local NGO initiatives; and
- Stressing to local government officials the importance of free public service announcements, rather than using scarce donor funds to purchase media spots.

Ambassadors can engage U.S. and local private sector companies on HIV/AIDS issues by:

- Providing leadership in the American business community through AMCHAM or the local American business associations;
- Demonstrating to companies that HIV/AIDS has a direct impact on bottom line profits, in part by using analyses that show the cost of prevention programs versus the cost of coping with HIV/AIDS in the workplace.
- Helping to establish links between companies interested in developing HIV/AIDS workplace programs and HIV/AIDS NGOs that can assist;
- Creating a private sector forum to share HIV/AIDS prevention best practices;
- Publicly recognizing businesses that have best practices, and encouraging companies to adopt such practices when mergers and acquisitions occur;
- Encouraging local rotary clubs to promote HIV/AIDS awareness and workplace policies;
- Helping the foreign commercial service and Department of Commerce prepare and deliver appropriately balanced messages to potential investors about the impact of HIV/AIDS, including accurate risk assessments; and
- Encouraging private sector social responsibility in three ways: 1) Adopting progressive internal workplace policies; 2) Extramural funding of local HIV/AIDS prevention and care activities; 3) Promoting a public image of a business that cares about its employees and the public.

EFFORTS BY THE U.S. DEPT. OF STATE TO ENHANCE THE GLOBAL FIGHT AGAINST HIV/AIDS

A CHRONOLOGY

2000 -

- January - Historic UN Security Council meeting on HIV/AIDS in Africa, chaired by Vice President Gore, initiates expanded U.S. commitment to international assistance for HIV/AIDS, and raises the HIV/AIDS issue to global attention for expanded international cooperative action.
- February - Ambassador Holbrooke joins interagency briefing of Congressional leaders on HIV/AIDS as a foreign policy issue, with a particular focus on its impact on international peacekeeping efforts.

1999 -

- March - Secretary of State Madeleine K. Albright launched a Diplomatic Initiative on HIV/AIDS, issuing the U.S. International Response to HIV/AIDS.
- Demarches were made to posts worldwide directing all high-level U.S. foreign policy officials to engage their counterparts outside of the health sector in discussions on the foreign policy (economic, security and social implications) of HIV/AIDS and to encourage host government leaders to raise the priority accorded to HIV/AIDS. All posts were directed to report their discussions and expand HIV/AIDS reporting and activities.
- April - U.S.-SADC (Southern African Development Community) Forum highlights HIV/AIDS as part of the high-level agenda in this initial multilateral discussion.
- \$350,000 provided to SADC in ESF funds to develop HIV/AIDS policy projects and coordination.
- Under Secretary for Global Affairs Frank E. Loy and UNAIDS Director Dr. Peter Piot co-host an important briefing for the foreign diplomatic community on the

foreign policy implications of the HIV/AIDS pandemic at the U.S. Dept. of State.

- U.S. successfully negotiates an HIV/AIDS resolution in the UN Human Rights Commission meetings strengthening international commitments to HIV/AIDS cooperation and to securing greater respect for human rights for persons living with HIV/AIDS.
- **October** - Secretary Albright raised HIV/AIDS issues with all Heads of State during her trip to African capitals, encouraging a higher priority to HIV/AIDS by national governments in a variety of areas. Attended HIV/AIDS event in Kenya.
- **November 31** - Secretary Albright opens the UN Programs to Commemorate World HIV/AIDS Day, opening the UN/AMFAR discussions on the Global HIV/AIDS Pandemic at UN Headquarters in New York.
- USUN Ambassador Holbrooke travels to Africa and discusses HIV/AIDS foreign policy concerns with African leaders at all destinations in preparation for US Chairmanship of the UN Security Council and our focus on Africa.

1997 -

- **March** - HIV/AIDS and Emerging Infectious Diseases Open Forum hosted by Counselor to the U.S. Secretary of State Wendy Sherman who issued a directive to the foreign policy agencies to make these issues foreign policy priorities. An interagency panel of speakers and invited experts from academia addressed the foreign policy and security issues surrounding HIV/AIDS and infectious diseases, followed by a meeting of DOS principals to develop tools for Ambassadors.
- Health designated as one of the Secretary of State's priorities in development of the Department's Program Performance Plan under GPRA. All bureaus were directed to develop appropriate goals and objectives for all bureau program plans with similar directives and links to mission performance plans required by all overseas posts.
- HIV/AIDS and infectious diseases interagency meetings held to develop issue priorities for HIV/AIDS concerns

which should be considered for Ambassadorial action at posts.

- **June** - Work began on development of the successor report to the U.S. Strategy on HIV/AIDS.
- U.S. successfully negotiates an HIV/AIDS resolution in the UN Human Rights Commission meetings strengthening international commitments to HIV/AIDS cooperation and to securing greater respect for human rights for persons living with HIV/AIDS.
- International visitor programs on HIV/AIDS sponsored by DOS/USIA brought foreign professionals in a variety of fields to the U.S. to discuss HIV/AIDS and infectious diseases as a foreign policy issue.

1996 -

- **February** - Discussions held with the Government of Japan to incorporate cooperation on HIV/AIDS issues between U.S. and Japanese technical and development assistance agencies within the context of the U.S.-Japan Common Agenda.
- **March** - Discussions held with the European Union culminates in agreement to incorporate HIV/AIDS cooperation within the context of the U.S.-EU Task Force on Communicable Diseases.
- **April** - Briefings on HIV/AIDS and other infectious diseases re-instituted for new U.S. Ambassadors assigned to developing country posts. NFATC training programs on HIV/AIDS and infectious diseases instituted as part of a broader global issues program developed for foreign service officers as well as new Ambassadors/DCMs going to overseas posts.
- Meetings with members of the business community were held to discuss HIV/AIDS and infectious disease foreign policy issues.
- **June** - HIV/AIDS incorporated into G-8 Meeting at the Lyon Summit. This constituted the first time that HIV/AIDS or any health issue became a part of this important multilateral foreign policy/economic forum.

- October - Intelligence community briefing on HIV/AIDS and infectious diseases co-sponsored by State and CIA held at the National Foreign Affairs Training Center. This marked the re-introduction of the HIV/AIDS pandemic as a foreign policy issue for the intelligence branches.
- December 1, 1996 - Historic issuance of a World HIV/AIDS Day statement by Secretary Albright. This marked the first time that any Secretary of State had addressed the issue of HIV/AIDS as a foreign policy issue, and the first time that any Secretary of State issued a World HIV/AIDS Day statement. It has since become an annual activity.

1995 -

- U.S. Strategy on HIV/AIDS issued by the Department of State presented a strategy and timetable for U.S. agency programs and activities effecting international HIV/AIDS efforts.
- Under Secretary for Global Affairs and Assistant Administrator for the Agency for International Development co-chair a interagency meeting of the International Sub-Committee of the Committee on International Science, Engineering and Technology (CISSET) calling for an interagency study on infectious diseases, including HIV/AIDS.
- Under the direction of the International Sub-Committee co-chairs, CISSET issues the report on Emerging Infectious Diseases. This report culminated in the issuance of Presidential Decision Directive NSTC-7 calling for greater interagency activity to fight infectious diseases, including HIV/AIDS.

1992 -

- Department of State, working with the intelligence community, issued the first report on the impending global HIV/AIDS crisis. Reports were sent to all posts and interagency HIV/AIDS briefings held with relevant African posts by OES Population Coordinator.

- Health incorporated into multilateral discussions for the UN Conference on Environment and Development (UNCED). HIV/AIDS was included among the issues discussed in this negotiation. This marked the first time health issues were included as part of such broad multilateral negotiations.
- Briefings on HIV/AIDS were instituted as part of the pre-posting assignments training for all new Ambassadors/DCM's assigned to developing country posts. Interagency participation in these briefings provided in-depth profiles of all relevant posts HIV/AIDS problems and expanded cooperation and embassy support of HIV/AIDS programs.

UNAIDS Expert Strategy Meeting
“HIV/AIDS as a Security Issue”
Follow-up Note

A UNAIDS Expert Strategy Meeting on HIV/AIDS as a Security Issue was held from 11 - 13 December 2000 in SWEDINT, Sweden. This meeting involved unprecedented representation from selected donor governments, regional military representatives, UNAIDS Cosponsors and partners, NGOs and others in order to maximise the output and ownership of this important and growing international issue. This meeting led to a number of discussions and conclusions from various experts which have been compiled into sets of recommendations (to be presented at a later date).

Background: Strategy Framework

The discussions on HIV/AIDS as a security issue concentrated on peacekeeping operations including those groups most affected by the epidemic in the context of these operations. The interaction between peacekeeping forces, humanitarian workers and vulnerable populations creates an environment that may facilitate the spread of HIV infection and is therefore the context of the discussions and recommendations produced during the Expert Strategy Meeting. Below is a set of several cross-cutting issues pertaining, but not limited to each of the key groups affected by HIV/AIDS in peacekeeping operations.

PEACEKEEPING FORCES

The working group focused on peacekeeping forces including international and national uniformed services. Some of the major issues addressed were: training, codes of conduct, testing, and provision of condoms as a means of prevention (pros/cons and male/female). These issues were treated according to the different phases of mobilisation, i.e. recruitment, pre-deployment, deployment, tour of duty and demobilisation.

HUMANITARIAN WORKERS

Some of the issues addressed in relation to humanitarian workers in the context of peacekeeping operations include: insurance for HIV/AIDS related illnesses to UN personnel (national/international), PEP Kits, blood safety, provision of condoms as a means of prevention (pros/cons and male/female), and discrimination.

VULNERABLE POPULATIONS

Vulnerable populations affected by the HIV/AIDS pandemic in the context of peacekeeping operations include refugees, women, children and sex workers. These groups were examined in relation to peacekeeping forces, i.e. their interaction with, as well as their family ties to, the uniformed services.

Method of work

The first part of the Expert Strategy Meeting was devoted to presentations from the field. Mission reports were presented from Ethiopia/Eritrea and East Timor. Other presentations included the Brazilian Army's experience in training their soldiers

regarding HIV/AIDS, the World Bank's policy on HIV/AIDS in Africa and the United States Department of Defence LIFE Initiative on HIV/AIDS in Africa.

The meeting was devoted mostly to the deliberations of experts in the three main working groups. Each working group had a chairperson, a co-chair and a rapporteur. Since the working group on peacekeeping forces had the most attendance, it broke into three different sub-groups in order to deal with certain issues more substantially. The three groups had the opportunity to interact at the end of their deliberations.

Recommendations

Following the UNAIDS Expert Strategy Meeting, a set of recommendations was developed for each group affected by the HIV/AIDS pandemic in peacekeeping operations: (1) peacekeeping forces, (2) humanitarian workers, and (3) vulnerable populations. These recommendations will be presented to the United Nations Security Council at a later date.

An important transcending issue raised at the meeting was the establishment of an enforcement mechanism to monitor adequate implementation of the various recommendations. In this connection, it has been decided to establish an expert steering committee. Another issue that was raised was the importance of ensuring that adequate financial resources are made available for the overall initiative.

UNAIDS Follow up

Follow-up actions for UNAIDS include:

1. Develop a Cooperation Framework between UNAIDS and DPKO
2. Establish a Steering Committee of experts to implement issues outlined in the recommendations.
3. Develop second phase strategies for selected countries providing peacekeepers
4. Strengthen regional capacity by reinforcing south-south cooperation (notably in Africa, Latin America and South East Asia) and by establishing regional networks of experts in the field of preventing HIV/AIDS in the Uniformed Services.
5. Seek additional resources to attach a UNAIDS Country Programme Adviser (CPAs) for a limited period of time to every peacekeeping operation.

January 20, 1999

MEETING WITH DR. PETER PIOT

EXECUTIVE DIRECTOR, JOINT UNITED NATIONS PROGRAMME
ON HIV/AIDS (UNAIDS)

ISSUE: The international HIV/AIDS epidemic continues to progress. Africa is being devastated, both socially and economically. Eleven people per minute are getting AIDS in Southern Africa, and all will die. Life expectancy there will fall from 60 years to 40 by 2008. In some countries 25% of housewives have HIV/AIDS and 90% of the military are fatally infected. The continent is losing any hope of economic advance as a result of AIDS alone. And India and Russia are on the verge of entering that same cycle.

Dr. Peter Piot, Executive Director of the UNAIDS program, is the critical internationally known leader in the global effort against the epidemic. He will be accompanied by his deputy, Ambassador Sally Cowal, the former U.S. Ambassador to Trinidad (bios attached).

The meeting will forge a strong and necessary link with UNAIDS and its visionary leader, and emphasize our continued visible support of the multilateral response to the epidemic.

BACKGROUND: Every day, some 16,000 people are infected with HIV. Nearly 95 percent of the 33 million infected people live in the developing world. Innovative action is necessary to address the broad context of the disease, including socioeconomic causes and consequences.

Because of this, UNAIDS was established in 1996 as a joint effort, most aggressively pursued by the U.S. and Sweden. It is a co-sponsored program that brings together UNICEF, UNDP, UNFPA, W.H.O., UNESCO, and critically, the World Bank. It is an exercise in UN reform focusing on coordinated action and strategic partnerships joining organizations with complementary mandates.

UNAIDS has its headquarters in Geneva and personnel in over 50 countries. With only 175 staff, has an annual voluntary budget of \$60 million. The U.S. pays about \$15 (25 percent) of its regular budget.

UNAIDS not only works at the global and country level with the six UN cosponsors, it fosters partnerships with the private sector, NGOs, academic institutions, people living with HIV/AIDS, and others.

Principle strategic areas include:

- enhance national capabilities to mount an expanded multisectoral response,
- Gathering practical experience from around the world in what works - international "best practices" and making them available to other countries for use. Examples include "Access to HIV-related drugs," "AIDS and the Military," "HIV/AIDS and Human Rights," "Tuberculosis and AIDS," "Prevention of AIDS in Schools," etc.
- supporting research in to vaccine development, reduction of mother/child transmission, and reducing life-threatening infections in HIV-infected individuals
- Most importantly, UNAIDS reaches out to the political and economic leadership in countries to raise the level of interest, advocacy and national funding of HIV/prevention and control.

This is serious stuff that can't just be left to the social welfare and health ministries. VPOTUS can help heads-of-state and others to overcome their biases and push AIDS prevention programs, because there ain't no cure and there ain't no vaccine. And you can't expand international markets when there is no one left to buy things.

Attachments: Talking points
Q & A's on AIDS in Africa
Bios for Dr. Piot and Ambassador Cowal

TALKING POINTS

- I want to convey the President's firm commitment to the UNAIDS program and the work you are doing. And I personally will do what I can to join the effort to speak out in support of the international initiative to deal with this devastating epidemic that is literally reversing the development progress made in Africa and threatens Asia and Russia as well.
- I understand you are giving a speech on Sunday on the threat of AIDS to our youth. Tell me what you think are the most critical issues for the international community now.
- I know that Southern Africa is perhaps the most devastated by the epidemic. The statistics are truly frightening. I understand that you met recently in Annapolis with the International AIDS community, including the World Bank. Any progress on finding solutions?

What could I do to help?

- Nelson Mandela became the Honorary President of the Global Business Council on HIV/AIDS and spoke on AIDS here two years ago. What progress has been made in the public/private partnership with the international business community?
- I understand that much of the developing world faces the difficult choice of spending meager health dollars on prevention or the very costly treatment and care of the millions already ill from HIV. What might be done to help deal with this difficult choice?
- We have been told that in the next ten years someone will have to take care of 40 million orphans left behind by those dying of AIDS. Sandy Thurman, the White House National AIDS Policy Director is currently in Southern and Eastern Africa to look at this and other issues. How does UNAIDS plan on helping countries deal with this issue?

AFRICA - the problem and U.S. response

What is the magnitude of the AIDS epidemic in Africa?

- Of 33 million people with HIV/AIDS worldwide, 22 million (2/3) live in Sub-Saharan Africa.
- According to Dr. Peter Piot, Director of the UNAIDS program, one in five of all adults in Botswana, Namibia, Swaziland and Zimbabwe are infected. And in South Africa, 3 million have HIV and infection rates in pregnant women range from 10 to nearly 30 percent.
- USAID estimates by the year 2010 there will be 40 million AIDS orphans worldwide, the majority in Sub-Saharan Africa.
- In some countries in Africa, it is predicted that life expectancy will fall from 60 to 40 over the next 10 years. We see this as a true crisis, not only for the health of the people, but also the devastating impact on social and economic development.

What is the U.S. Government doing about it?

- USAID is the world's leading donor agency for the prevention and control of HIV/AIDS in developing countries. And Africa is its highest priority. In FY 1997 alone, USAID spent \$55,527,000 in 16 countries in Africa, or roughly 47 percent Of the total agency funding for HIV/AIDS.
- Since 1986, USAID has committed nearly \$1 billion worldwide for HIV/AIDS and other sexually transmitted disease programs in developing countries.
- In FY98 USAID also launched a new \$50 million initiative against infectious diseases, including HIV/AIDS, laying a foundation in Africa, Asia and Latin America for a global effort to combat infectious diseases.

And what are we doing with that money?

- Our international programs primarily are aimed at combating heterosexual transmission (the most common means of

transmission in the developing world). Programs focus on education, changing high risk behavior, promoting condom use, controlling other sexually transmitted diseases, improving the policy environment to reduce transmission of HIV, conducting research and promoting advocacy, monitoring and evaluation, care and support activities, including community-based orphan care, and voluntary counseling and testing programs.

What about a vaccine?

- While the U.S. is spending 200 million this year alone on the development of a vaccine, we are a long way from having an effective product. And while new anti-HIV drugs dramatically improve and extend life, they are not a cure. Prevention based on behavior change remains the primary intervention at this time.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. fax	To Ken Bernard, re: [AIDS as national security issue] [partial] (1 page)	05/01/2000	P3/b(3)

COLLECTION:

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

FOLDER TITLE:

Global AIDS Issues [2]

2007-1550-F
ke2035

RESTRICTION CODES

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

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

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

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

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

National Intelligence

National Intelligence Council

Room2E29 OHB

Washington, D.C. 20505

*Officer for Economics
and Global Issues*

FAX

Date: 1 May 2000

Number of pages including cover sheet: 4

To:

Ken Bernard

Phone:

Fax Phone: 202 456 9390

From:

(b)(3)

Phone: 703 482 4128

Fax phone: 703 482 6187

REMARKS:

☐ Urgent

☐ For your review

☐ Reply ASAP

☐ Please comment

- q. Mr. Gannon, the Clinton Administration has declared AIDS to be a national security threat, justifying this, in part, on a National Intelligence Estimate your organization produced. Why has AIDS become a national security as well as a health threat?
- Our Estimate responds to concerns by the US scientific and policymaking community about the infectious disease threat, which is on the rise because of such factors as growing microbial resistance to current antibiotics, and the growing ease of cross-border movements of people that can spread a disease globally within a matter of days.
 - Our Estimate contends that infectious diseases, in general, led by AIDS, pose a threat to global, as well as to US national security, because of what we and others are discovering about their increasingly destructive impact on economic and political development, family structures, and militaries. If national security is defined as protection of a country's population, territory, and values, then AIDS and other resurgent infectious diseases such as TB and malaria present a clear and growing threat to the US, the more so since some can also be used in a bioterrorist attack.
 - Some 170,000 Americans die from infectious diseases annually, including AIDS, nearly double the number just two decades

ago, and more than one quarter of global deaths owe to such diseases. AIDS alone killed 2.6 million people last year(17,000 in the US) and the number could reach catastrophic proportions as the disease spreads from Africa to the vast populations of Asia and microbial resistance neutralizes drugs used in developed countries.

- While improvements in health have long been linked to economic development, it is also becoming clear that poor health can **slow** economic development. AIDS alone is now estimated to rob the hardest hit countries of at least 1 percent of their annual growth and more than one half of their minuscule health budgets.
- AIDs and other diseases are having a destructive impact on life spans and family structures in hard-hit countries by reducing life spans by as much as 20 to 30 years and generating as many as 40 million orphans over the next 10 years who will be impoverished and susceptible to radicalization.
- We think these developments translate increasingly into political polarization in poorer countries, intensification of the struggle for political in power, and setbacks to the democratization process. They are also affecting the military readiness and politicization of militaries in these countries, who have HIV rates as high as 60 percent.
- Because microbes know no boundaries, both the United States and its substantial equities overseas, will thus be impacted by the infectious disease threat, particulalry from AIDS.

147/106
BAAFT

Rationale for health/infectious diseases (H/ID) as a national security issue

-Not so much an issue of redefining H/ID to make them a national security issue-H/ID themselves are becoming national security issue by virtue of what we are finding out about their growing impact on foreign economies, social structures such as families, politics and militaries.

- If national security is defined as protection of a country's population, territory, and values, then H/ID present a clear and growing threat to a country's population(far more so than the theoretical/potential danger of more traditional threats such as nuclear attack, terrorism etc(170,000 Americans dying from ID annually-how many from terrorism, nuclear attack etc?)
- Development literature generally acknowledges link between health and development but emphasis until recently has been that development improves health. But increasingly, (Krugman, we, and others are emphasizing the need to improve health to get development)
- Growing body of studies on major negative impact of H/ID at micro and macro level, which affects budgetary issues, including defense, foreign investment etc
- H/ID are having a destructive impact on social, particularly family structures(40 million orphans, death of breadwinners, etc)
- We think this translates increasingly in to political polarization, intensification of the struggle for political power, setbacks to democratization process etc
- H/ID also affecting political role and military readiness of militaries as they give them a shortterm, get rich quick mindset and decimate their ranks.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

May 1, 2000

FACT SHEET

The Global AIDS Crisis as a National Security Threat

Extent of the Problem: The human toll of AIDS is staggering. Fifty million people worldwide have been infected with the HIV virus; 33.6 million are now living with HIV/AIDS, and annual AIDS-related fatalities hit a record 2.6 million last year. Ninety-five percent of all cases are in the developing world. AIDS is now the leading cause of death in Africa and fourth in the world. In at least five African countries, over 20 percent of adults are HIV-positive. Other parts of the world are going down the same road as Africa. Infection rates in Asia are climbing rapidly, with several countries, especially India, on the brink of a large-scale expansion of the epidemic and Asia could surpass Africa in total cases by 2010. And the countries of the former Soviet Union and Eastern Europe are vulnerable as well, with Russia experiencing the highest increase in infection rates in the world last year.

Consequences:

- In addition to the classic threats to national security, globalization means that we are facing a range of new threats that know no borders and move without prejudice - international crime, terrorism, drug-trafficking, and diseases - like AIDS.
- We're seeing a rise in the number of previously unknown disease agents identified since 1973, including AIDS, the Ebola virus and hepatitis C, and West Nile Virus. These diseases can affect all of us, including American citizens
- The demographic upheaval and direct threat to military forces caused by this epidemic could lead to instability necessitating some kind of US response in the future, either humanitarian or for security reasons.
 - The epidemic is now more devastating than most wars: In 1998 in Africa, 200,000 died from conflict, but 2.2 million died from AIDS – more than 5,000 each day.
 - Human capital is being lost from all walks of life – teachers, farmers, doctors, soldiers, farm workers – the most productive members of society – and their loss generates millions of orphans that further stress social support systems. In Malawi and Zambia, as many as 30 percent of teachers are infected.

- Some militaries, especially in Africa, have very high HIV rates - some exceeding 40 percent. Military forces that can be a part of the solution for Africa in terms of peacekeeping operations and conflict prevention instead lose their military effectiveness and become part of the problem. Without functioning armies to perform essential peacekeeping responsibilities, this region could be further destabilized.
- Exploitation of the 40 million AIDS orphans predicted by 2010 is evolving, and worrisome. Poor and parentless children are easy targets for exploitation as child soldiers by rogue militias and narcotics and other criminal organizations.
- The AIDS epidemic is undermining the economic growth needed for both prosperity and stability: in Mozambique and Botswana, for example, we have two of the world's fastest-growing economies, but economic growth cannot be maintained if producers and policymakers are killed by AIDS.
 - Economic impact is severe: AIDS cost Namibia almost 8 percent of its GDP in 1996, and by 2005 Kenya's GDP will be 14.5 percent smaller than it would have been without AIDS. And AIDS consumes over 50 percent of already meager health budgets – a direct threat on evolving democratic development and transition.
 - Development of the last 20 years is being reversed in the hardest hit countries – by 2010 life expectancy will drop by over 20 years in at least 8 African countries, and infant and child mortality rates will double. And high infant mortality is closely associated with instability of political and social structures.

###

Fax Transmission

Bristol-Myers Squibb Company

International Public Affairs

345 Park Avenue

New York, New York 10154

T: 212-546-4343

F: 212-605-9606

TO: Kenneth Bernard

DATE: April 14, 1999

FAX: 202-456-9390

CC:

FROM: Mark Ahn

RE: SECURE THE FUTURE

If you do not receive 5 pages please contact Jo Liberti at 212-546-3385

Dear Ken:

Per your request, please find the attached final copy of the Secure the Future program.

Regards,

Mark

Secure the Future: Care and Support for Women and Children with HIV/AIDS

The magnitude of the crisis is staggering: Of the 34 million people in the world infected with HIV/AIDS today, an estimated 70 percent live in sub-Saharan Africa, a region that accounts for only 10 percent of the world's population. In 1998, seven out of 10 new HIV infections occurred in this part of the world. More than 80 percent of the world's HIV/AIDS deaths have been in sub-Saharan Africa.

Impact on Women and Children

In the southern part of the African continent, in South Africa, Botswana, Namibia, Lesotho and Swaziland, HIV/AIDS is particularly devastating to women and children. Women account for more than half of all infected adults, and in the teen years infection rates are typically far higher in females. In some countries, more than 25 percent of pregnant women are infected – in Botswana, for example, an estimated 36 percent of pregnant women have HIV/AIDS – and risk passing the virus to their newborn babies. Already, in these five southern African countries alone, there are close to 100,000 children living with HIV/AIDS. Many children have lost their parents to HIV/AIDS: there are now 200,000 such orphans in South Africa alone.

Our Commitment

The mission of Bristol-Myers Squibb Company, a world leader in HIV/AIDS and other infectious disease research, is to *extend and enhance human life*. After careful study of the HIV/AIDS problem in the hardest hit areas of sub-Saharan Africa, and in partnership with key stakeholders such as physicians, government officials, and non-governmental organizations, Bristol-Myers Squibb has decided to take a first – and unprecedented – step to help alleviate the HIV/AIDS crisis in this region. The Company will pledge \$100 million over the next five years to help South Africa, Botswana, Namibia, Lesotho and Swaziland find sustainable solutions for women and children suffering from the HIV/AIDS epidemic in their countries. This is the largest commitment of its kind ever made.

How We Will Help

Bristol-Myers Squibb will use its strengths as a leader in scientific and medical research, its experience in community outreach programs gained through the Bristol-Myers Squibb Foundation, and its financial resources to help tackle the HIV/AIDS problem in these countries of sub-Saharan Africa. We will commit to help on two major fronts: medical care and social/educational support.

Bristol-Myers Squibb HIV Research Institute

Understanding that HIV/AIDS treatments that are now standard practice in many developed countries may not be relevant in these affected areas, Bristol-Myers Squibb intends to become an active partner with the medical community to look for practical and sustainable solutions for patients in settings where resources are limited but the needs are great.

Bristol-Myers Squibb will create the Bristol-Myers Squibb HIV Research Institute to facilitate investigator-initiated medical research focusing specifically on women and children with HIV/AIDS in South Africa, Botswana, Namibia, Lesotho and Swaziland. The Company expects this research to generate clinically relevant data that can be used by the African medical community and policymakers to develop a range of practical, cost-effective treatments.

The investigator-initiated research programs will involve treatment for 20,000 women and children, and enable the care of thousands more through medical training of physicians in these countries. A scientific advisory board made up of representatives from the Baylor College of Medicine, UNAIDS, the Harvard AIDS Institute, the Morehouse School of Medicine and all major medical schools in southern Africa will provide direction for the studies, review results and hold an annual colloquium to share information widely.

In addition, up to 100 physicians from these countries will be awarded fellowships over five years to train at Baylor College of Medicine and Texas Children's Hospital, the site of one of the largest and most respected pediatric HIV/AIDS clinical research programs in the world. This component of the program will offer physicians from these countries – infectious disease specialists, pediatricians, and OB/GYNs – the opportunity to take knowledge about the most current HIV/AIDS clinical practices back to their own communities, thus building a health care infrastructure that will provide care and support well into the future. Studies of HIV/AIDS patients have shown that those who receive care from physicians trained in HIV/AIDS management live at least one-third longer.

Fifty fellowships will also be awarded to U.S. physicians to teach and care for patients in community hospitals in these countries.

Bristol-Myers Squibb Foundation Community Outreach and Education Fund

HIV/AIDS has placed a tremendous demand for services on already overburdened non-governmental organizations (NGOs) and community-based organizations (CBOs) in these countries. The Bristol-Myers Squibb Foundation's Community Outreach and Education Fund will strengthen NGOs and CBOs by providing funding that will enable them to better serve women and children with HIV/AIDS. Projects may include peer counseling to educate women of child-bearing age, as well as pregnant women, to determine their health status and provide options for testing, psychosocial support and treatment; home and hospice care; and income-generation programs that improve the social and economic status of women. The outreach and education programs also will seek to increase awareness and empathy toward those who are living with HIV/AIDS, or whose family members are infected.

Twenty-five fellowships, administered by the National School of Public Health at MEDUNSA – open to physicians from all the medical universities in the region – will be

granted to medical residents from these countries to study community-based public health at the Morehouse School of Medicine. Twenty-five U.S. medical residents will also go to MEDUNSA to work with community-based organizations to develop program strategies and evaluation tools to ensure that innovative solutions are shared throughout the public health community.

AIDS is a formidable opponent that now has a sizable part of Africa firmly in its grip. Bristol-Myers Squibb is committed to breaking the hold of this health scourge and restoring hope and promise to the women and children of the region.

(Sidebar)

Headline:

Partners for a More Secure Future

UNAIDS: Based in Geneva, Switzerland, the Joint United Nations Programme on HIV/AIDS brings together the efforts and resources of seven UN system organizations to help the world prevent new HIV infections, care for those already infected, reduce the vulnerability of individuals and communities to HIV/AIDS, and mitigate the impact of the epidemic. Its aim is to help mount and support an expanded response – one that engages the efforts of many sectors and partners from government, civil society and the private sector.

Baylor College of Medicine: The only private medical school in the Greater Southwest, Baylor College of Medicine in Houston, Texas, is dedicated to promoting health for all people through education, research, and public service. An internationally respected institution, Baylor ranks among the top 20 of the U.S. medical schools in federal research funding.

Texas Children's Hospital: Located in Houston's Texas Medical Center, Texas Children's Hospital is the nation's largest pediatric health care institution. Texas Children's is committed to redefining children's health care through research, education and patient care.

Morehouse School of Medicine: The Morehouse School of Medicine in Atlanta, Georgia, is an historically black institution established to recruit and train minority and other students as physicians and biomedical scientists committed to the primary health care needs of the underserved.

MEDUNSA (The Medical University of Southern Africa): With schools of medicine, dentistry, basic sciences, pharmacy, and public health, Pretoria-based MEDUNSA is the largest health sciences academic institution in Africa. MEDUNSA's mission is to empower the educationally disadvantaged community of southern Africa by providing

excellent community-oriented tertiary education, training and research in health and related sciences, and to promote services at all levels of health care in the community.

The National School of Public Health at MEDUNSA: One of the cornerstones of the reconstruction of the public health care system of South Africa, the National School of Public Health is creating a new category of health professional with a lifelong commitment to public health that includes skills in the quantitative disciplines of public health and the social and behavioral health sciences.

Harvard AIDS Institute: The Harvard AIDS Institute in Boston, Massachusetts, is dedicated to conducting and catalyzing research to end the worldwide HIV/AIDS epidemic. The Harvard AIDS Institute was created in 1988 to expedite and expand the already substantial amount of AIDS research conducted at Harvard University and its affiliated hospitals.

26/jan
draft

Intensification of US and International Efforts and Coordination to Combat the Plague of HIV/AIDS

SIX OVERALL OBJECTIVES

- 1) US National Coordination leading to better International Cooperation
 - Designation of Presidential Envoys for International AIDS Cooperation (PEACs) by the US, all major donor states (G-7+) and affected states.
- 2) Coordination of major US donors
 - U.S. PEAC holds donor forums, pushes for public-private coordination
- 3) Strengthen the UN System's Involvement and Response to HIV/AIDS
- 4) Increase US Government Military to Military HIV/AIDS Cooperation
- 5) Create a US Government-led Pharmaceutical initiative
- 6) Strong, cooperative and transparent partnership between the US Executive Branch and the US Congress

OBJECTIVES AND PROCESSES

- 1) **Designation of Presidential Envoys for International AIDS Cooperation (PEACs) by all the major donor states (G-7+) and affected states.** These Envoys then comprise a high-level international forum for cooperation. The PEACs and their international forum¹ would be announced at a major AIDS event as a U.S. / ONAP - lead initiative². A bolstered UNAIDS would be the nexus of the PEACs forum.
 - a) Acceptance of PEACs concept in USG³
 - i) PDD (or related Presidential Decision document) to be drafted (from lessons learned from US Humanitarian Demining Coordinator - 2010 process)
 - ii) US envoy selected (ONAP)
 - b) International lobbying effort to urge other countries to create PEACs

¹ The Presidential Envoys for International AIDS Cooperation Forum could have a number of sub-groups, e.g. a mil-mil cooperation sub-group, national medical research organizations sub-group, etc.

² To strengthen international buy-in to this concept, may be best to find some partner states very early on (e.g. one donor (France) and one affected country)

³ Parentheticals denote notional responsibilities, overall leadership should be ONAP with over-arching cooperation amongst all USG players.

- c) Coordinate concept with UNAIDS
 - i) Could require a re-engineering of UNAIDS mandate, role and stature⁴
 - ii) UNAIDS to act as nexus for the PEACs forum. (Improving on the similar role of UNMAS in international mine action)
- d) National / International lobbying effort to coordinate the PEACs forum with major donor organizations⁵
 - i) ONAP, US PEAC and/or USUN Permanent Representative could hold coordinating forums with major US donors
- e) Announcement of PEACs and their international forum⁶ with initial plan of action (ONAP, US PEAC and int. Partners)
 - i) PEACs Forum then dedicated to creation and execution of a "specific plan [among African Governments, Donor Governments, the UN system, NGOs and the private sector] for major mobilization, intensification [and coordination] of international efforts to address the AIDS epidemic in Africa."⁷
 - (1) PEACs Forum should create a reasonable but aggressive goal for international HIV/AIDS cooperation (e.g. "Stop HIV growth in Africa by 2010"). (This would be the major public-affairs point.)
- f) The UN Millennium Summit should reflect and strengthen the concepts of PEACs, PEACs Forum, re-engineered / bolstered UNAIDS and the PEACs Forum's international goal for HIV/AIDS cooperation (i.e. (d) (i) (1) above)

2) Strengthen the UN System's Involvement and Response to HIV/AIDS

- a) UNSC creates an identified mechanism for ongoing follow-up to the January 10, '00 UNSC meeting on the International Security implications of AIDS.

⁵ E.G. The UN Foundation, The Gates Foundation, etc. This is perhaps best coordinated through UNFIP.

⁶ All obvious International forums on the horizon are many months off: World Health Ministerial, Geneva, May 2000; Durban AIDS conference, July 2000; UN Millennium Summit, September 2000. Could possibly hold a dedicated event in NY or Geneva at an earlier date.

⁷ 1/10/00 UNAIDS committed to the UNSC to fulfill this goal by May. The PEACs initiative will allow them a real central coordinating role and a designated set of national decision makers to meet this commitment.

- i) UNAIDS committed to UNSC 1/10/00 to “work with the Presidency of the Security Council... to work through the details of how appropriate and regular follow-up with the Security Council should be implemented”
 - (1) The US should ask the UNSC members to appoint a group to work with UNAIDS in the creation of this process (or an ad-hoc smaller “friends” group of UNSC countries)
 - ii) The UNSC should pass a resolution tasking UNAIDS and UNDPKO to report to the UNSC semi-annually on progress of addressing the security implications of HIV/AIDS
 - iii) The UNSC should discuss the AIDS issue before the May 2000, Health Ministerial in Geneva
- b) UNDPKO reform
- i) Create and implement an international awareness / education training program for UN peacekeepers
 - ii) Create a new policy on the manner in which HIV is dealt with in assembling and maintenance of peacekeeping forces
- c) UN Humanitarian Assistance and Development Programs reflect new AIDS / HIV priorities
- i) UN Humanitarian and development programs should ensure HIV education and prevention programs are holistically integrated into their ongoing projects.

3) US Government Military to Military Cooperation⁸

- a) Bilateral HIV/AIDS awareness training
 - i) \$20M designated by DOD
 - (1) Nigeria has formally requested HIV/AIDS awareness assistance from DOD
 - (2) Gore – Mbeki Commission already has a mil-mil group which could be a perfect venue for this.
 - ii) USUN/MSD begins to take a leadership-role on this issue in the UN forum

⁸This is clearly a DOD lead. USUN/MSD should support this effort however possible.

4) International Initiative to Increase Access to AIDS-related Pharmaceuticals⁹

- a) Ultimate goal: Marked increase in provision of US copyrighted AIDS - treatment pharmaceuticals to African countries. It may be simply impossible to provide the full panoply of the "drug-cocktail" to all affected Africans, but certain high-value projects could be increased (e.g. mother-child transmission)
 - i) USG focus needed. Berger has asked for a PC.
 - ii) Amb. Holbrooke's understanding of big-business could be a useful asset.

⁹ Clearly the most difficult of all issues in this paper.

Peace - last piece

- ① Mobilizing, organizing, US response
- ② Leveraging global response 67-68
- ③ Public/private partnerships →
drugs

1) what led up to NY

2)

3) next steps (above)

Laura

MEMORANDUM

TO: MARIA ECHAVESTE
FROM: IRENE BUENO
RE: INTERNATIONAL AIDS MEETING –
Thursday, August 31st at 10:30 am in the Roosevelt Room

PURPOSE: You are meeting to discuss (1) the FY 2001 budget for international AIDS programs; and (2) what markers we should lay out for the future at next week's UN Millennium Summit. On the budget issue, the key questions for discussion are:

- What is the absorptive capacity of USAID, HHS, NGOs, and the affected countries themselves?
- If additional resources become available, how much should we put into the World Bank Trust Fund, the Peace Corps, the International AIDS Vaccine Initiative, other?
- How much, if any, of USAID's budget should be allocated for research into AIDS-related technologies, such as microbicides?
- What is the appropriate balance between prevention and care?
- What should the regional distribution of funds be? How much should be spent beyond sub-Saharan Africa and India?
- How would an increase for USAID impact other AIDS-related priorities, like HIPC and IDA?

For the Millennium Summit, the key questions are:

- Should we explicitly call for closing the \$4 billion annual global resource gap (\$2.5 billion for Africa alone) for AIDS prevention and basic care?
- Should we lay down a marker for future U.S. contributions to this goal? What should the U.S. share be?
- Should AIDS will be included the President's speech to the UN General Assembly, where it would get the most visibility, or the address to the UN Security Council session, which has an Africa focus? (You might prefer to discuss this outside the meeting.)

BACKGROUND: This is a follow-up to last week's international AIDS meeting. At your request, USAID prepared a budget document detailing how increased funding would be used at several levels:

- (1) \$255 million, the current House/Senate level;
- (2) \$320 million, with a \$65 million increase proposed by appropriations committee Democrats;

- (3) \$400 million, in intermediate option;
- (4) \$530 million, with the additional \$275 million proposed by the Global Health Council.

USAID's plan would both increase the number of countries covered and rapidly scale up programs in certain key countries. USAID would also expand its programs to place more emphasis on care and support, as well as research into new tools to fight AIDS.

USAID maintains that it could effectively use additional resources at each of the proposed funding levels. OMB and ONAP are in the process of making their own determinations about USAID's absorptive capacity. USAID and OMB are also discussing what additional measures -- like adding FTEs and streamlining procurement procedures -- are needed to enable USAID to obligate the proposed additional resources. OMB is also assessing whether HHS could effectively use the proposed \$52 million increase above the \$62 million request for CDCs component of the LIFE initiative.

ATTENDEES:

You
Sylvia Matthews
Mara Rudman
Sandy Thurman
Michael Casella
Laura Efros
Ken Bernard
Jim Babbitt
Rebecca Walldorff
Paul DeLay (USAID - TBD)
Etc. (I assume you guys have the list)

Record Type: Record

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

cc:

Subject:

Framework for Millennium Summit Speech

- Intro -- scope of pandemic
 - AIDS is a plague of biblical proportions – the worst public health crisis since the bubonic plague of the middle ages;
 - But AIDS is much more than threat to health; AIDS is a threat to development, to economic growth, and to security and stability.
 - In many African nations, infant mortality is doubling, child mortality is tripling, and life expectancy is plummeting by as much as 30 years; half of all 15-year-olds in Botswana, Zimbabwe and South Africa will die of AIDS.
 - In hardest-hit countries, AIDS is leaving children without parents, students without teachers, companies without skilled workers, and patients without doctors.
 - Today alone, 11,000 Africans will become HIV + and African families will bury 6,000 loved ones as a result of AIDS.
- AIDS is not just an African problem – it is a global crisis – with no boundaries or borders. HIV-infection rates are soaring not just in Africa, but in Asia, Latin America, Eastern Europe and the Newly Independent States of the former Soviet Union.
 - By 2005, more than 100 million people will have become HIV +.
 - According to the National Intelligence Council, the AIDS epicenter is likely to move to Asia by 2010 unless countries in that region launch aggressive education and prevention campaigns now.
- As a global community, we have embraced the UNAIDS Program goals to dramatically reduce new HIV infections -- especially among babies and teenagers – and to increase access to basic care and support for the growing number of people living with AIDS by 2005.

- And together, we have developed effective prevention and care programs and proven that they work. Unfortunately, these success stories only reach a relative few – while the many wait for hope and for help.
- We know that the combination of leadership and resources can turn this tide. UNAIDS has determined that the resources required annually to meet our shared goals are at least \$6 billion worldwide -- \$3 billion for Africa alone. Yet today we face a shortfall of more than \$4.5 billion – more than half of which is in Africa.
- If we are to prevail -- all sectors or all societies must be enlisted in our war on AIDS. It will take rich and poor nations, NGOs and MDBs, industry and foundations, all pulling together to close the gap between rhetoric and real action – and between the resources requires and those currently invested.
- We have taken important first steps. [The U.S. has doubled its international assistance for AIDS prevention and care over the past two years, and this year, has requested more than \$325 million from Congress.]
- And we understand that our commitment must be sustained and enhanced. The USG will continue to do its part [fair share]. We pledge to redouble our efforts in the coming years and to remain partners in this fight until it is won.
- I call upon all governments and the private sector to step up their efforts as well.
- Special call for leadership from developing countries, themselves
- Call on leaders of at-risk countries to make HIV/AIDS prevention and care a national priority and commit their own resources.
- Praise model of Uganda, where Museveni reversed infection rates by aggressively promoting AIDS prevention and education.
- Cite Obasanjo's decision to host an African leaders summit on AIDS next year, and call for all countries to support this effort.
- There have been times in our history when the global community (the UN Security Council) has come together in defense of our shared destiny. In this war on AIDS – hundreds of millions of lives hang in the balance. My friends – together we must reach for one of those moments again now – or we will surely pay the price later.

THE WHITE HOUSE

Office of the Press Secretary
Tokyo, Japan

For Immediate Release

July 19, 2000

FACT SHEET

G-8 MOBILIZES BILLIONS TO COMBAT INFECTIOUS DISEASES IN DEVELOPING COUNTRIES

Clinton-Gore Administration Raises Infectious Disease Investment to \$4 Billion

Today, the United States and its G-8 partners are announcing new partnerships to prevent and control HIV/AIDS, malaria, tuberculosis (TB) and other infectious killers, and to accelerate development of badly needed vaccines. The announcement is being made in a meeting of G-8 leaders, leaders of the developing world, heads of international organizations and the private sector.

Under the President's FY 2001 budget request, the U.S. contribution to this effort will be more than \$4 billion. The initiative includes:

- stepped up international assistance for HIV/AIDS, malaria, TB, and other infectious diseases;
- an accelerated effort to develop and distribute vaccines through the Millennium Vaccine Initiative; and
- expanded research on HIV/AIDS and other infectious killers.

The Clinton-Gore Administration has been working to strengthen resources and leadership among G-8 nations for the fight against HIV/AIDS and other infectious disease threats. The global challenge of infectious disease is major focus at this year's Summit, and G-8 nations are making significant pledges to prevent and control HIV/AIDS, malaria and TB. Additionally, the G-8 is supporting innovative new partnerships with industry, academia, and international organizations to ensure that new vaccines are developed and existing ones are delivered where needed.

The Clinton-Gore Administration has been urging multilateral development banks to increase their resources for health care systems, including vaccination programs and HIV/AIDS prevention and care.

- World Bank President James Wolfensohn recently committed to triple concessional lending in FY 2001 for AIDS, malaria, TB, and immunizations from \$200 million to between \$600 and \$700 million. This step will complement the Cologne Debt Initiative, which will help free the resources of the Heavily Indebted Poor Countries so they can invest in health care, education, the fight against AIDS, the alleviation of poverty, and future prosperity.

Today's announcement builds on the Administration's aggressive response to global disease challenges.

- This year, President Clinton is asking Congress for **an increase of \$100 million -- to \$325 million -- for international AIDS prevention and care** - more than doubling the nation's commitment in two years.
- This year, the Administration has requested more than **\$100 million for TB prevention, control and research, and more than \$100 million for malaria.**

- On January 10, 2000, **Vice President Gore chaired the first-ever United Nations Security Panel session on a health issue** -- HIV/AIDS as an international security threat.
- On May 10, 2000, an Executive Order to help make **HIV/AIDS-related drugs and medical technologies more affordable and accessible** in beneficiary sub-Saharan African countries, while protecting IPR. Last month, the pharmaceutical industry announced an initiative to reduce prices for anti-retroviral drugs for developing countries.
- Last month, the Peace Corps announced that all **2,400 Peace Corps volunteers** serving in 25 countries in Africa will be trained as educators of HIV/AIDS prevention and care.
- In his State of the Union address, President Clinton announced **the Millennium Vaccine Initiative** to accelerate the development of malaria, TB, and AIDS vaccines -- vaccines for which there is an enormous need, but little market incentive for industry to develop.
 - ✓ \$50 million in the President's FY2001 budget as a contribution to the vaccine purchase fund of the Global Alliance for Vaccines and Immunization (GAVI);
 - ✓ Presidential leadership to ensure that the World Bank and other multilateral development banks dedicate an additional \$400 million to \$900 million annually of their low-interest rate loans to health care services;
 - ✓ significant increases in federally funded basic research on diseases that affect developing nations;
 - ✓ \$1 billion tax credit for sales of vaccines for infectious diseases to accelerate their invention and production.
- The Clinton-Gore Administration has a commitment to **world-class research**, including investments in infectious disease research exceeds \$2.6 billion in the FY 2001 budget request, including \$2.1 billion for AIDS research.
 - ✓ The Administration has doubled AIDS vaccine research funding since 1997, when President Clinton called for an accelerated effort to develop an affordable, effective AIDS vaccine.
 - ✓ This year, the President is asking Congress for \$267 million for AIDS vaccine research, an increase of 12% over last year.
 - ✓ President Clinton's budget request also calls for a nearly 20% increase for research on other infectious killers, such as malaria and TB.

The Scope of the Problem of Infectious Disease in Developing Countries:

- One-fourth of all deaths each year worldwide – 13 million people – are the result of infectious diseases.
- Last year, AIDS killed 2.8 million people worldwide, more than ten times the number who died in armed conflict. AIDS is now the single leading cause of death in Africa, and HIV-infection rates are soaring in parts of Asia, and Eastern Europe.
- In Botswana, Zimbabwe and South Africa, one half of all 15-year-olds will die of AIDS.
- Thirteen million sub-Saharan African children have now lost one or both of their parents to AIDS; the number will reach 40 million by the end of the decade.
- Over 8 million children die each year of centuries-old diseases, like malaria, TB, and diarrheal diseases – more than 3 million of these deaths could be prevented by existing vaccines.
- Immunization is one of the most cost effective health interventions. It costs only \$15 to immunize a child, yet in developing countries, children remain 10 times more likely to die of a vaccine-preventable disease than those in the industrialized world. Twenty percent of children worldwide lack access to basic immunization services.
- Only 2% of all global biomedical research is devoted to the major killers in the developing world.

**United States Department of State**

*Bureau of Oceans and International
Environmental and Scientific Affairs
2201 C St., NW, Rm. 7821
Washington, DC 20520*

**Timothy W. Smith****Office of Emerging Infectious Diseases**

OES/EID Room 5806 202-647-4542 (Voice) 202-736-7336 (FAX) Email: tsmith@state.gov

Date: 9/11/00

Number of Pages: 5

To: Sandra Thurman//Ken Bernard _____

Agency/Room: ONAP/NSC _____

Office Phone: _____ FAX: 456-2439//456-9390 _____

Attached is the negotiating text of the HIV/AIDS letter to be signed by the Secretary and 12 other female foreign ministers in New York tonight. Added are the El Salvador and South Africa proposals in the letter - which are negotiated changes, not the raw proposals - are the proposals of the Barbados foreign minister - who will not be at the session tonight but whose endorsement is being sought by the USG.

Thanks, for your immediate attention to this matter.

Tim

His Excellency Kofi Anan
Secretary General of United
Nations
New York, New York

Dear Mr. Secretary-General:

We are writing as the Foreign Ministers of thirteen nations, and as concerned women, to proclaim our joint resolve to combat the global scourge of HIV/AIDS. We are saddened to note that HIV/AIDS continues to ravage the developing world, where 95 percent of global infections and deaths have occurred. The worldwide HIV/AIDS pandemic, (South Africa) **and the continued health challenges of other associated opportunistic infections, such as malaria and tuberculosis,** threatens to rob multiple generations of the promises and hope of a new century.

Our governments recognize that the HIV/AIDS pandemic is an urgent foreign policy issue with humanitarian, security, economic, and development implications that threaten decades of hard-won progress, and which extends beyond the means and competence of any one nation or entity to counter. This is especially evident in the pandemic's current epicenter, Africa. We are cognizant, however, of the need to focus international attention on the emerging HIV/AIDS threat in Asia, Russia, the newly independent states, regions of northern Europe, and parts of the Western Hemisphere, (Barbados) **especially the Caribbean,** as well.

We welcome the success of the recent HIV/AIDS conference in Durban and the urgency attached to tackling HIV/AIDS by African leaders, donors, international financial institutions and the private sector. We encourage all Heads of State to devote high-level political leadership and direction to the struggle against HIV/AIDS, not only in Africa, but also around the world. Experience has shown that strong national leadership and open discussion of the problem are critically important to the fight against HIV/AIDS, and we call on all national leaders, not (only) just Health Ministers, to join in the public fight against HIV/AIDS.

Mr. Secretary-General, our governments are committed to supporting your call to stop and reverse the spread of HIV/AIDS by 2015, and to provide special assistance to children orphaned by HIV/AIDS. We recognize that support of this goal requires the dedication of significant financial and human resources, and we will strive to identify and dedicate those resources. We especially note the critical need to support UNAIDS, (El Salvador) **including the promotion of assistance to developing countries in their efforts to treat people infected with HIV/AIDS.**

Finally, but by no means the least of our concerns, we as women note the special needs of women in HIV/AIDS prevention, care and treatment. Recognizing the increasing number and growing proportion of women with HIV, we call upon the UN membership to take into account the need for the enhanced availability of education, testing, counseling, care and treatment designed to address the specific needs of women and girls. (Barbados) **The destructive forces of the AIDS pandemic pose a fatal threat to young men and women during their productive years, and, in the case of women, in the reproductive process itself.** In addition, we call for enhanced medical interventions aimed at lessening the risk factors associated with mother-to-child transmission of HIV/AIDS, and which address the needs of mothers as well as their newborn.

We thank you, Mr. Secretary-General, for your leadership on this issue of global importance. We look forward to working with you in our common effort to overcome this global plague.

We ask that you circulate this letter as a document of the General Assembly.

(signed) Maria Soledad Alvear Valenzuela
Foreign Minister
Chile

(signed) Benita Ferrero-Waldner
Foreign Minister

Austria

(signed) Nadezhda Mihailova
Foreign Minister
Bulgaria

(signed) Maria Eugenia Brizuela de Avila
Foreign Minister
El Salvador

(signed) Lydia Polfer
Foreign Minister
Luxembourg

(signed) Dr. Andrea Willi
Foreign Minister
Principality of Liechtenstein

(signed) Lila Ratsifandrihamanana
Foreign Minister
Republic of Madagascar

(signed) Lilian Patel

Foreign Minister
Malawi

(signed) Rosaria Green Macias
Foreign Secretary
Mexico

(signed) Nkosazana Zuma
Foreign Minister
Republic of South Africa

(signed) Maria E. Levens
Foreign Minister
Suriname

(signed) Anna Lindh
Foreign Minister
Sweden

(signed) Madeleine K. Albright
Secretary of State
United States of America

THE WHITE HOUSE

Office of the Vice President

**For Immediate Release
Monday, January 10, 2000**

**Contact:
(202) 456-7035**

**REMARKS AS PREPARED FOR DELIVERY BY VICE PRESIDENT AL GORE
U.N. SECURITY COUNCIL SESSION ON AIDS IN AFRICA**

Mr. Secretary General, Members of the Security Council, Distinguished Guests, and, in particular, Honored Delegates from the Nations of Africa:

"HIV/AIDS is not someone else's problem. It is my problem. It is your problem. By allowing it to spread, we face the danger that 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 health will not be able to maintain."

Mr. Secretary and Members of the Council: These are not my words. They were not uttered in the United States or the United Nations. They were spoken by my friend, President Thabo Mbeki of South Africa, as he declared South Africa's Partnership Against AIDS more than a year ago. The same words should be spoken out not only in South Africa, not only in Africa, but all across the earth. In Africa, the scale of the crisis may be greater, the infrastructure weaker, and the people poorer, but the threat is real for every people and every nation, everywhere on earth. No border can keep AIDS out; it cuts across all the lines that divide us. We owe ourselves and each other the utmost commitment to act against AIDS on a global scale -- and especially where the scourge is greatest.

AIDS is a global aggressor that must be defeated.

As we enter the new millennium, Africa has crossed the first frontiers of momentous progress. Over the past decade, a rising wave of African nations has moved from dictatorship to democracy, embraced economic reform, opened markets, privatized enterprises, and stabilized currencies. More than half the nations of Africa now elect their own leaders -- nearly four times the number ten years ago -- and economic growth in sub-Saharan Africa has tripled, creating prospects for a higher quality of life across the continent.

Tragically, this progress is imperiled, just as it is taking hold, by the spread of AIDS which now grips 20 million Africans. Fourteen million have already died -- one quarter of them children. Each day in Africa, 11,000 more men, women, and children become HIV positive -- more than half of them under the age of 25.

For the nations of sub-Saharan Africa, AIDS is not just a humanitarian crisis. It is a security crisis -- because it threatens not just individual citizens, but the very institutions that define and defend the character of a society.

This disease weakens workforces and saps economic strength. AIDS strikes at teachers, and denies education to their students. It strikes at the military, and subverts the forces of order and peacekeeping.

The United States is profoundly moved by the toll AIDS takes in Africa. At the same time, we know that our own country has not achieved as much as we should or must in our own battle against AIDS. I am pleased that our Surgeon General is here today; his recent report tells us that we have not overcome the ignorance and indifference that lead to infection. We must continue to study the success of others, while we seek to share our progress with them.

As Vice President, I have journeyed four times to sub-Saharan Africa. I have taken along top health officials, AIDS specialists, corporate leaders, and physicians. We have spent long hours with African leaders, heard their ideas, and discussed their difficulties with the fateful crisis of AIDS.

It is inspiring to see so many in Africa -- not only leaders, but health care workers and community workers, mothers and fathers, and countless ordinary citizens -- fighting to save the lives of the people they love. Ten years ago, Uganda was suffering the world's highest infection rates. Today -- because the whole nation has mobilized to end stigma, urge prevention, and change behavior -- Uganda is now recording dramatic drops in the infection rate. Uganda, which used to be proof of the problem, is now powerful proof that we can turn the tide against AIDS.

We know that the first line of defense against this disease is prevention. And prevention depends on breaking down the barriers against discussing the extent and risks of AIDS. That is one purpose of this historic Security Council meeting. Today, in sight of all the world, we are putting the AIDS crisis at the top of the world's security agenda. We must talk about AIDS not in whispers, in private meetings, in tones of secrecy and shame. We must face the threat as we are facing it right here, in one of the great forums of the earth -- openly and boldly, with urgency and compassion. Until we end the stigma of AIDS, we will never end the disease of AIDS.

We also must do much more to provide basic care and treatment to the growing number of people who, thank God, are living, instead of dying, with HIV and AIDS. This requires affordable medicine, but also more than medicine; it requires that we train doctors, nurses, and home-care workers, that we develop clinics and community-based organizations to deliver care to those who need it. Today, fewer than 5 percent of those living with AIDS in Africa have access to even basic care. We know we can prolong life, reduce suffering, and allow mothers with AIDS to live longer with their children, if we offer treatment for opportunistic infections like tuberculosis and malaria.

Our ultimate goal, our best hope, is to prevent AIDS by vaccination, and we are committed to the maximum possible research. But we need to do more to harness the talent and power of the private sector. In September, in his speech to the General Assembly, President Clinton said it was wrong that only two percent of all biomedical research is directed to the major killer diseases in the developing world. He pledged America to a new effort to speed the development and delivery of vaccines for AIDS, malaria, TB, and other illnesses that disproportionately afflict the poorest nations.

This three-part strategy of prevention, treatment, and research is the right fight. And the United States has contributed more than a billion dollars to wage it worldwide -- more than half of that for sub-Saharan Africa. But we must do more.

Last year, I announced the largest-ever increase in the U.S. commitment to international AIDS programs -- \$100 million to fight AIDS in Africa, India, and other areas.

Today, I announce America's decision to step up the battle. The budget the Clinton-Gore Administration will send to our Congress next month will include an additional increase of \$100 million for a total of \$325 million to fund our worldwide fight against AIDS. This new funding will include efforts:

- To reduce the stigma and prevent the spread of AIDS;
- To reduce mother-to-child transmission;
- To support home and community based care for people with AIDS;
- To provide care for children orphaned by AIDS;
- And to strengthen health infrastructure to prevent and treat of AIDS.

I would also like to announce here this morning that the budget we will send to our Congress next month will include \$50 million for the United States' contribution to the Vaccine Fund of the Global Alliance for Vaccines and Immunizations. This contribution -- in fulfillment of the promise President Clinton made to the General Assembly -- will help fund the research, purchase, and distribution of lifesaving vaccines in developing nations.

I am also announcing today an initiative for an expanded public-private partnership in the battle against AIDS. Indeed, in the coming months, I will convene a meeting of U.S. business leaders active in Africa, to develop a set of voluntary principles for corporate conduct to make the workplace an effective place for the education and prevention of AIDS. Let us also set this goal: through public and private efforts, in partnership with partner nations, we will attack the cycle of infection at one critical point -- its most heartbreaking point -- the moment of mother-to-child transmission.

In addition, I announce that our budget request for next year will -- for the first time ever -- offer specific funding for the U.S. military to work with the armed forces of other nations to combat AIDS. Inside our own country, our armed forces have acted effectively to prevent the spread of AIDS in the military. Secretary of Defense Cohen is ready to share our experience with our military counterparts in Africa.

We are also committed to helping poor countries gain access to affordable medicines, including those for HIV/AIDS. Last month, the President announced a new approach to ensure that we take public health crises into account when applying U.S. trade policy. We will cooperate with our trading partners to assure that U.S. trade policies do not hinder their efforts to respond to health crises.

But to win the ongoing global battle against AIDS, we must also fight the poverty that speeds its spread. In June, in Cologne, we joined with our G-7 partners in the Cologne Debt Initiative, a landmark commitment to faster and deeper debt relief for the heavily-indebted poor countries.

We will continue to engage our G-7 partners to bring greater resources to this effort. Today I challenge the world's wealthier, healthier nations to match America's increasing commitment to a worldwide crusade against AIDS.

But more money is not enough. We must also make sure that more money has more impact. Next July, the global community will gather in Durban, South Africa for the 13th International AIDS Conference. There are many inspiring efforts to fight AIDS all around the world. Right now, they amount to many isolated efforts, not a single focused assault. We must knit together the separate initiatives by local, national, regional, and global organizations, to take maximum advantage of their synergy and success. We will work with the organizers of the Durban Conference to advance this essential objective. It is essential, because how we speed the money, and how effectively we target it, not just how much we spend, will determine how many lives we save.

AIDS is one of the most devastating threats ever to confront the world community. Many have called the battle against it a sacred crusade.

The United Nations was created to stop wars. Now, we must wage an win a great and peaceful war of our time -- the war against AIDS. For all, here and around the world, willing to enlist in this cause, let us hear and heed and take heart from the words of an African poet, Mongane Wally Serote:

"remember
the passion of our hearts
the blinding ache and pain
when we heard the hysterical sobs
of our little children crying against fate

we heard these, we knew them, we absorbed them
but we surged forward
knowing that life is a promise, and that that promise is us..."

That promise is us. We here in this room -- representing the billions of people of the world -- we must become the promise of hope and of change. We must become the promise of life itself. We have the knowledge, the compassion, and the means to make a difference. We must acknowledge our moral duty and accept our great and grave responsibility to succeed.

We must make the promise and keep the promise to prevail against this disease -- so that when the story of AIDS is told to future generations, it will be a tale not just of human tragedy but of human triumph. And the moral of that story will be the capacity of the human spirit to summon us in common cause, to defeat a common foe, and secure the health and hopes of so many of our fellow human beings.

May God bless all who have suffered from this disease. May God bless the united effort of our united nations to end it -- soon and forever.

#



"Noji, Eric" <exn1@cdc.gov>

09/24/2000 02:49:56 PM

Record Type: Record

To:

cc:

Subject: Peace Corps Crisis Corps

The Crisis Corps

The Crisis Corps is a Peace Corps program that mobilizes returned Peace Corps Volunteers and Peace Corps Volunteers completing their tours to help countries address critical needs on a short-term basis. Through their prior Peace Corps service, Crisis Corps Volunteers have the language, technical and cross-cultural skills to make an effective contribution in the most challenging environments. If you have been a Peace Corps Volunteer and would like to put your skills back to work on behalf of people in special need, the Crisis Corps is looking for you.

Crisis Corps Assignments

Crisis Corps Volunteers re-enroll in the Peace Corps for short-term assignments that typically range from three to six months. Crisis Corps Volunteers generally receive the same allowances and benefits as Peace Corps Volunteers. This would include round-trip transportation, living and readjustment allowances, and medical care. Crisis Corps Volunteers must be medically and legally cleared for service.

currentCurrent Crisis Corps Positions

To date, more than 300 Crisis Corps Volunteers have served in Latin America, Africa, the Pacific, Asia, and Eastern Europe. Crisis Corps is currently recruiting Volunteers to work in Africa and Latin America.

HIV/ AIDS Education & Training Volunteers/ Africa: RPCVs are needed to work on a range of HIV/AIDS related projects in Africa. There will be various assignments in a number of countries throughout 2000 and 2001, but there are immediate openings in Kenya. For the Kenya assignments, RPCVs who served in Africa and have a background in HIV/AIDS training/ counseling are particularly needed.

Social-Work Volunteers/Venezuela & Honduras: RPCVs with a background in social work are needed to counsel people recovering from recent natural disasters. In Venezuela, Volunteers will be working in the shelters established for people who lost their homes in last December's flooding and mudslides. In Honduras, the Volunteer will work in a resettlement community for Hurricane Mitch victims.

Health Education & Nutritionist Volunteers/ Nicaragua & Honduras: NGOs in Honduras and Nicaragua have requested health CCVs with training skills,

community health experience and strong Spanish language skills to assist in community outreach programs.

Early Childhood Development Volunteers/ Honduras: RPCVs with strong Spanish and experience in preschool/ health education are needed to design training programs that benefit young children living in the shelters for victims of Hurricane Mitch in Tegucigalpa.

Disaster Preparedness Volunteers/ Guatemala & Nicaragua: A number of Volunteers are needed to assist vulnerable communities with disaster preparedness and mitigation plans. Training and community organization experience is required and a background in natural resources, environment or agroforestry is desired. The Guatemala assignment is for Guatemala RPCVs only.



"Eddy, Randolph" <EddyR@state.gov>

10/23/2000 06:51:27 PM

Record Type: Record

To: Kenneth W. Bernard/NSC/EOP@EOP, Sandra Thurman/OPD/EOP@EOP, Laura L. Efros/NSC/EOP@EOP, "Snyder, Jay" <SnyderJ@state.gov>

cc:

Subject: cc: memo to RCH



- rch brief piot lunch ungass.doc

10/23/00

BRIEFING MEMORANDUM FOR THE PERMANENT REPRESENTATIVE

FROM: R.P. Eddy

Subject: **What should be in an AIDS Political Declaration? Lunch with Piot****Summary**

At Dr. Piot's invitation, I joined him and 6 other working-level representatives today for an informal and highly productive luncheon (also there: France, Japan, Ukraine, Namibia, Brazil, Nigeria) on the draft resolution on the UNGA Special Session (UNGASS) on HIV/AIDS. Discussion focused on how to make the UNGASS a success, the process for creating a 'Declaration of Political Commitment,' how to coordinate with other major conferences, and how to involve business.

Details

Dr. Piot began by enthusiastically noting that the major success in the draft resolution was that the UNGASS would result in a 'Declaration of Commitment' to "secure a global commitment to enhance co-ordination and intensification of ... international efforts to combat [the HIV/AIDS pandemic] in a comprehensive manner." Dr. Piot and the other attendees supported my suggestion that UNAIDS guide the member states through the creation of this declaration by producing a non-paper to explain UNAIDS' point of view on what could usefully covered in a declaration of commitment (this is the process we used for the draft resolution; I had close off-line cooperation with UNAIDS and we created their paper nearly-jointly). I will continue to work off-line with UNAIDS as they craft this new non-paper.

I will also begin more in-depth consultations with relevant missions on the goals for a declaration. My current thinking is that a draft declaration should, at a minimum, include points that encourage states to do the following:

1. Create broad national strategies for HIV/AIDS prevention which fit into an international framework (in keeping with calls by UNAIDS and the UNSC),
2. Make a minimum financial commitment: A minimum % of GNP (or % of military spending) spent annually on HIV/AIDS prevention, testing, treatment and care, counseling, and R&D;
3. Establish high-level national bodies to create and run the national HIV/AIDS prevention and treatment program;
4. Implement laws to destigmatize HIV/AIDS and to protect the rights of HIV+ people;
5. Designate a PEAC to oversee implementation of the declaration.
6. Increase level of donor support to the most affected countries to the level UNAIDS predicts will be needed to prevent further growth of HIV/AIDS¹;

¹ Actual numbers for the amount of money each developed country should contribute to the international effort could be reached by taking the grand total needed: \$3B, subtracting the amount that can be expected contributed from non-governmental sources, and 'assessing' the

7. Commit to increase funding for vaccine research and/or a purchase fund for vaccines;
8. Debt Relief tied to health care for the most affected countries;
9. Pass laws (tax law or otherwise) to incent industry to focus resources on the creation of medical technologies related to HIV (testing, vaccine, prevention, treatment and care);

I will engage the interagency on the above list.

Also during lunch: All delegations were interested in determining how to best involve business in the UNGASS and supported Dr. Piot's suggestion that we use the UNGASS to create and announce a 'code of conduct.' I will inform the VP's office of Dr. Piot's plan here.

Dr. Piot and I also discussed how to incorporate the National Envoys for AIDS Cooperation (NEACs, the new PEACs) initiative into the UNGASS. He hopes to send to member states terms of reference for NEACs (attached for your review) and a proposal that we all appoint them. We discussed if this letter should come from him or SYG Annan, he was not definitive, but seemed to prefer having the letter come from him.

CC: Amb. Cunningham, Amb. King, Jay Snyder, Sandy Thurman, Ken Bernard, Rosemarie Pauli, Mary Ellen Glynn, Ken Thomas

remainder based on % of world GNP. Of course, this would be a tremendously difficult proposal.

To LAURA FOR CLEARANCE



"Eddy, Randolph" <EddyR@state.gov>

10/13/2000 11:28:23 AM

Record Type: Record

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

cc: "Snyder, Jay" <SnyderJ@state.gov>

Subject: RE: FOR CLEARANCE: Draft UNGA Resolution on UNGASS on AIDS

Nancy, All,

Thanks for your prompt and good responses.

DATE: My mistake, the date choices are: Nov 2001 OR Jan 2002. Due to the long preparatory process, the earliest even logistically possible is May 2001.

Have a great weekend,

R.P. Eddy

The Senior Policy Advisor to the US Permanent Representative

The United States Mission to the United Nations

799 UN Plaza

New York, New York, 10022

Work: 212-415-4402

Fax: 212-415-4303

Cell: 917-885-3561

>

Message Sent To:

"Carter-Foster, Nancy C (OES)" <FosterNC@state.gov>

"King, Betty USUN" <KingB@state.gov>

Kenneth W. Bernard/NSC/EOP@EOP

"Chow, Jack C (OES)" <ChowJC@state.gov>

"Brill, Kenneth C (OES)" <BrillKC2@state.gov>

"Nossel, Suzanne USUN" <NosselS@state.gov>

"Repasch, Thomas A USUN" <RepaschT@state.gov>

"Kerry, Peggy USUN" <kerryP@state.gov>

"Padovano, Constance J USUN" <PadovanoCJ@state.gov>



"Repasch, Thomas A USUN" <RepaschT@state.gov>

10/13/2000 09:08:10 AM

Record Type: Record

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

cc: "Leis, David A(Main State Rm 4808)" <LeisDA@state.gov>, "Abrahams, George M(Main State Rm 4808)" <AbrahamsGM@state.gov>, "Wynes, M Deborah(Main State Rm 4808)" <WynesMD@state.gov>

Subject: **RE: FOR CLEARANCE: Draft UNGA Resolution on UNGASS on AIDS**

RP,

From the budget perspective, we already bit the bullet on this one. I see nothing in this draft resolution which would increase the amount (\$1.6 million) that has already been set aside (more or less) for this session. I also think that holding it next fall may decrease the overall costs a bit, since the GA will already be in session. You do need to ride herd on DPI, however, to make sure they don't use this as a mandate to build their empire.

thanks,

Tom
>

Message Sent To:

"Eddy, Randolph" <EddyR@state.gov>
"King, Betty USUN" <KingB@state.gov>
Kenneth W. Bernard/NSC/EOP@EOP
"Chow, Jack C (OES)" <ChowJC@state.gov>
"Carter-Foster, Nancy C (OES)" <FosterNC@state.gov>
"Brill, Kenneth C (OES)" <BrillKC2@state.gov>
"Nossel, Suzanne USUN" <NosselS@state.gov>
"Kerry, Peggy USUN" <kerry@state.gov>
"Padovano, Constance J USUN" <PadovanoCJ@state.gov>



"Brill, Kenneth C (OES)" <BrillKC2@state.gov>

10/13/2000 01:23:37 PM

Record Type: Record

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

cc:

Subject: RE: FOR CLEARANCE: Draft UNGA Resolution on UNGASS on AIDS

looks ok to me. i'm not troubled by november timing, since a productive meeting will take time to prepare.

>

Message Sent To:

"Eddy, Randolph" <EddyR@state.gov>
"King, Betty USUN" <KingB@state.gov>
Kenneth W. Bernard/NSC/EOP@EOP
"Chow, Jack C (OES)" <ChowJC@state.gov>
"Carter-Foster, Nancy C (OES)" <FosterNC@state.gov>
"Nossel, Suzanne USUN" <NosselS@state.gov>
"Repasch, Thomas A USUN" <RepaschT@state.gov>
"Kerry, Peggy USUN" <kerry@state.gov>
"Padovano, Constance J USUN" <PadovanoCJ@state.gov>



"Carter-Foster, Nancy C (OES)" <FosterNC@state.gov>

10/13/2000 09:40:48 AM

Record Type: Record

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

cc:

Subject: **RE: FOR CLEARANCE: Draft UNGA Resolution on UNGASS on AIDS**

RP--This looks good to me, but I have two questions. First--If the issue is urgent, it seems odd to delay the special session until November of 2001--over one year away. I would agree with those wishing to move the session up, although January 2001 offers some problems to us with the change in Administrations (regardless of who wins). Perhaps we could schedule for March or April. If, however, we wish to nail down the advances we have while we can, which also has merit, I would recommend that we go for the earliest possible date in late November or early December to underscore and address the urgency issue, although this makes organization harder. In any event, November 2001 appears unresponsive.

I assume that these discussions would include delving into the debt and access to drugs issues, in continuation of the dialogue already begun in other fora. If the Japanese go forward with their meeting at the end of Nov/Dec. then we may have some additional ideas which could be brought to the UN fora. Another good reason to wait until the March timeframe. I have heard nothing more on the progress of setting up the Japanese meeting.

We can likely expect NGO attention akin to what arose for the WTO and recent World Bank Prague meetings. This is an issue with much urgency, and differing views on some very fundamental issues, despite the fact that the world agrees on the need for everyone to do more. We will need to work with all sides to assure that these meetings keep focussed on the need to save lives and to harmoniously develop global solutions that effectively address this global problem.

I have no problems with the informal sessions, as long as there is ngo and industry access to the plenary sessions. If not, we will have a problem with disgruntled NGO's. We have an opportunity to capitalize on the concerted interests and expertise of those genuinely interested in moving governments to action, while needing to minimize unnecessary confrontation. We should do what we can to productively include all voices in the dialogue, but to allow governments to work effectively to make decisions. This is your particular area of expertise, RP, and I feel confident that you are working to achieve this already in your discussions. Thanks

>

Message Sent To:

"Eddy, Randolph" <EddyR@state.gov>
"King, Betty USUN" <KingB@state.gov>
Kenneth W. Bernard/NSC/EOP@EOP
"Chow, Jack C (OES)" <ChowJC@state.gov>
"Brill, Kenneth C (OES)" <BrillKC2@state.gov>
"Nossel, Suzanne USUN" <NosselS@state.gov>
"Repasch, Thomas A USUN" <RepaschT@state.gov>
"Kerry, Peggy USUN" <kerryP@state.gov>
"Padovano, Constance J USUN" <PadovanoCJ@state.gov>



"Eddy, Randolph" <EddyR@state.gov>

10/12/2000 06:02:53 PM

Record Type: Record

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

cc:

Subject: **FOR CLEARANCE: Draft UNGA Resolution on UNGASS on AIDS**

FOR YOUR IMMEDIATE CLEARANCE

ONAP: Sandy Thurman
NSC: **Ken Bernard**
G: Jack Chow
IO: Amb. Michael Southwick
OES: Amb. Ken Brill, Nancy Carter Foster
USUN: Amb. Betty King, Ken Thomas, Peggy Kerry, Suzanne Nossel,
Tom Repasch

FROM: R.P. Eddy

Subject: Draft UNGA Resolution on Details of a UNGA Special Session
on HIV/AIDS

The UNGA has already passed a resolution agreeing to have a UNGA Special Session (UNGASS) on HIV/AIDS. The attached draft resolution seeks to define the date, some of the goals, preparatory process and other details of that UNGASS. We have had great success shaping this resolution to date, and from where I sit, this is a good resolution.

The budgetary implications of this UNGASS have already been reviewed in the 5th committee, and no decisions in this resolution have a major impact on funding. (There was initial concern that a UNGASS in this biennium could 'bust' the no-growth budget. The UN secretariat has reported that regardless of when the conference is held -- due to the expense of the preparatory process -- there will be about a \$1 - 1.5M impact on this biennium budget.) Please provide clearance ASAP.

There are two key issues for your attention:

1. The date of the conference, operational paragraph (OP) 1. (the EU would like to delay it until January 2001, the G-77, AF group wants it ASAP, but will settle for Nov. 2001.)
2. The mechanism to involve NGO's, OPs 12 -14. As the preparatory process for this UNGASS (also decided in this resolution) is through "informal meetings of the plenary," and UNGA informals are closed to NGOs, it will be more difficult to include them in this preparatory process than it has been for other conferences that used a more regimented (and expensive and

lengthy) preparatory process. The language here seems to strike a good balance.

The next informals on this resolution are Friday 3pm. PLEASE REPLY BY NOON TOMORROW. Thanks.

=====

Draft resolution

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects

The General Assembly,

Recalling its resolution 54/283 of 5 September 2000 and other relevant resolutions, and taking note of Economic and Social Council resolution 1999/36 of 28 July 1999, as well as of Security Council resolution 1308/2000 of 17 July 2000,

Also recalling the relevant provisions of the Final Document on Key Actions for Further Implementation of Cairo Programme of Action adopted by its 21st special session on 2 July 1999, the Final Document of its 23rd special session entitled "Further Actions and Initiatives to Implement the Beijing Declaration and Platform for Action" adopted on 10 June 2000, and the Final Document of its 24th special session entitled "World Summit for Social Development and Beyond: Achieving Social Development for All in a Globalizing World" adopted on 1 July 2000,

Recalling further its resolution 55/2 of 8 September 2000 "United Nations Millennium Declaration", in particular paragraphs 19, 20 and 28 thereof,

Taking note of the statement of thirteen women Ministers for Foreign Affairs concerning the world-wide threat of HIV/AIDS, issued on 11 September 2000, and the Ouagadougou Declaration of African National Red Cross and Red Crescent Societies supported by African Ministers of Health,

1. Decides to convene, as a matter of urgency, a special session of the General Assembly from [28 to 30 November 2001], to review and address the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects, as well as to secure a global commitment to enhance co-ordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;

2. Confirms that the special session will be open for participation of all Member States of the United Nations and observers, in accordance with the established practice of the General Assembly, and urges Member States and observers to ensure their representation at the special session at the highest political level;

3. Decides to invite States members of the specialised agencies that are not members of the United Nations to participate in the work of the special session in the capacity of observers;

4. Decides further that the special session shall be composed of plenary meetings, as well as interactive round-table sessions, the organisation, number and themes whereof will be finalised during the preparatory process, to discuss, inter alia, the issues such as HIV/AIDS in Africa, international funding and co-operation, social and economic impact of the epidemic, human rights and AIDS including reduction of stigma related to AIDS, gender specific impacts of AIDS especially on women and girls, HIV/AIDS prevention including development of microbicides, improved access to care and treatment including drugs, protection and care of children affected by AIDS in particular orphans, scientific research and vaccine development, expanded

public/private sector partnerships, and building and strengthening national capacities to combat HIV/AIDS including development of national action plans and their implementations, with each interactive session to be held in concurrence with a plenary meeting;

5. Requests the Secretary-General to make the necessary administrative arrangements towards the convening of the special session;

6. Also requests the Secretary-General to make available all necessary documentation in a timely manner for the special session;

7. Encourages all entities of the United Nations system, including programmes, funds, specialised agencies and UN regional commissions, to be involved actively in preparatory activities and to participate at the highest level in the special session, including through presentations on best practices, obstacles encountered and possible strategies for overcoming them, as well as further initiatives, methods, practical activities and specific measures to strengthen national, regional and international efforts and co-operation in addressing the problem of HIV/AIDS;

8. Also decides to convene, within the framework of its fifty-fifth session, open-ended informal consultations of the plenary, chaired by the President of the General Assembly, to undertake, as appropriate, preparations for the special session, including elaboration of a draft Declaration of Commitment and other relevant documents for consideration during the special session, as well as to further address the modalities and other organisational matters of the special session, with a view to submitting proposals for the final decision of the General Assembly, and invites the President of the General Assembly to appoint, in consultation with Member States, 2 facilitators to assist in carrying out these consultations with effective participation of all countries;

9. Requests the Secretary-General, with the support of the Joint United Nations Programme on HIV/AIDS (UNAIDS), acting as the substantive secretariat of the special session, to provide substantive input to the preparatory consultations;

10. Further requests the Secretary-General to present in a timely manner, in order to facilitate and focus the preparatory consultations, a comprehensive report describing both the status of the epidemic and the status and level of national, regional and international response and co-operation as well as other issues including the developmental impact of the epidemic, its long-term social and economic manifestations, national achievements to date, best practices in prevention and care, and identification of major gaps and challenges, taking into account all relevant information and inputs including relevant findings from previous germane conferences;

11. Encourages regional bodies and organisations as well as United Nations Regional Commissions to make available to the preparatory consultations and to the special session the outcomes of respective regional, sub-regional and global level initiatives addressing a range of HIV/AIDS issues;

12. Recognises the importance of the contribution of civil society actors in the response to the epidemic at all levels, and in this regard, underlines the need for an active involvement of civil society representatives in the preparatory process and the special session;

13. Invites to the special session and to the preparatory process the non-governmental organisations that (i) enjoy consultative status in accordance with ECOSOC resolution 1996/31 of 25 July 1996, or (ii) are Members of the Programme Co-ordination Board of UNAIDS, and also requests the Executive Director of UNAIDS to prepare, not later than [15 January 2001], for consideration of Member States on a non-objection basis during

the preparatory process for the final decision by the General Assembly, a list of the relevant civil society actors working in the field of HIV/AIDS, in particular associations of people living with HIV/AIDS, non-governmental organisations and business sector including pharmaceutical companies, along with relevant background information to be made available to Member States, to be invited to the special session and to the preparatory process;

14. Invites the President of the General Assembly to make recommendations, for consideration of Member States during the preparatory process for the final decision by the General Assembly, as to the form of the involvement of civil society actors, in particular associations of people living with HIV/AIDS, non-governmental organisations and business sector including pharmaceutical companies, in the special session and, to the extent possible, in the preparatory process;

15. Stresses the importance of the full and active participation of all States, including the least developed countries, in the preparatory consultations in order to provide substantive input to the special session, invites Governments to make appropriate voluntary contributions to a trust fund to be established by the Secretary-General for that purpose, and further requests the Secretary-General to make every effort to ensure mobilisation of resources to the fund established to this end;

16. Further requests the Secretary-General to ensure an effective and co-ordinated system-wide response to preparations for the special session and to carry out, particularly in the most affected countries, in co-operation with UNAIDS, a comprehensive public information programme to raise global HIV/AIDS awareness while also building broad international support for the special session and its goals;

17. Decides that the provisions contained in paragraphs 8, 12, 13 and 14 will in no way create a precedent for other special session of the General Assembly;

18. Requests also the Secretary-General to bring the present resolution to the attention of all Governments, the relevant specialised agencies and programmes of the United Nations, international financial and trade institutions, other intergovernmental organisations, non-governmental organisations and other relevant civil society actors, as well as business sector including pharmaceutical companies;

18. Also decides to include in the agenda of its fifty-sixth session the item entitled "Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects".

Message Sent To:

"King, Betty USUN" <KingB@state.gov> @ inet
Kenneth W. Bernard/NSC/EOP@EOP
"Chow, Jack C (OES)" <ChowJC@state.gov> @ inet
"Carter-Foster, Nancy C (OES)" <FosterNC@state.gov> @ inet
"Brill, Kenneth C (OES)" <BrillKC2@state.gov> @ inet
"Nossel, Suzanne USUN" <NosselS@state.gov> @ inet
"Repasch, Thomas A USUN" <RepaschT@state.gov> @ inet
"Kerry, Peggy USUN" <kerryP@state.gov> @ inet
"Padovano, Constance J USUN" <PadovanoCJ@state.gov> @ inet

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Friday, October 13, 2000 4:36 AM
To: Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Byrne, Catherine E. (AF); Cables; Harris, Grant T. (AF); Mclean, Matthew K. (MULTI); Naplan, Steven J. (MULTI); Patten, Wendy L. (MULTI); Saunders, Richard M. (VP); Schwartz, Eric P. (MULTI); Shea, Dorothy C. (MULTI); Smith, Gayle E. (AF); Smith, Peter D. R. (MULTI); Wilcox, Richard M. (MULTI)
Subject: MBEKI WELCOMES HEALTH GROUP MEETING; DOWNPLAYS REPORTS OF "CIA CONSPIRACY"

ActionAddres: RUEHC/SECSTATE WASHDC IMMEDIATE 5383
RHEHAAA/WHITE HOUSE WASHDC IMMEDIATE
RUEAUSA/DEPT OF HHS WASHDC IMMEDIATE

Classification: ~~CONFIDENTIAL~~
DateTime: 130827Z OCT 00
Distribution: SIT: BABBITT BANBURY BYRNE NSC HARRISG MCLEAN NAPLAN PATTEN SAUNDERS
SCHWARTZ SHEA SMITH SMITHP WILCOX
PRT: FUERTH

Identifier: M4675657
InfoAddres: RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY PRIORITY
RUEAIIA/CIA WASHDC PRIORITY
RHEHNSC/NSC WASHDC PRIORITY
Line1: OAACZYUW RUEHSAA8012 2870827-CCCC--RHEHNSC RHEHAAA.
Line2: ZNY CCCCC ZZH
Line3: O 130827Z OCT 00
Line4: FM AMEMBASSY PRETORIA
Originator: AMEMBASSY PRETORIA
Precedence: IMMEDIATE
Profiles: BABBITTJ
BANBURYA
BYRNEC
CABLES
HARRISG
MCLEANM
NAPLANS
PATTENW
SAUNDERR
SCHWARTE
SHEAD
SMITHG
SMITHP
WILCOXR

StationRoutingIndicator: RUEHSA
StationSerialNumber: 8012
TimeOfReceipt: 10/13/2000 04:35:29 ET

DECLASSIFIED
PER E.O. 13526
2017-0739-m(3.11)
KBH 10/2/2023

~~CONFIDENTIAL~~ PRETORIA 008012

WHITE HOUSE FOR OVP; HHS FOR SEC. SHALALA; NSC FOR GAYLE SMITH

E.O. 12958: DECL: 10/12/2010
TAGS: PREL, TBIO, PINR, SF
SUBJECT: MBEKI WELCOMES HEALTH GROUP MEETING; DOWNPLAYS REPORTS OF "CIA CONSPIRACY"

REF: A. PRETORIA 7978
B. WHITE HOUSE 011621Z SEP 00
C. PRETORIA 7868

D. STATE 196143
E. PRETORIA 7866
F. PRETORIA 7855

CLASSIFIED BY AMB DELANO LEWIS, REASONS 1.5 (B) AND (D).

1. (U) PRESIDENT MBEKI PHONED AMBASSADOR LEWIS OCTOBER 12 TO APOLOGIZE FOR HIS TARDINESS IN REPLYING TO REF B LETTER FROM VICE PRESIDENT GORE ON HIV/AIDS. MBEKI CALLED THE SUGGESTION IN THE LETTER THAT THE U.S. - SOUTH AFRICA BINATIONAL COMMISSION'S HEALTH WORKING GROUP MEET PRIOR TO THE END OF THE YEAR TO DISCUSS COOPERATIVE EFFORTS IN SUPPORT OF SOUTH AFRICA'S STRATEGIC PLAN "A GOOD IDEA". HE TOLD THE AMBASSADOR HE WOULD INSTRUCT HEALTH MINISTER MANTO TSHABALALA-MSIMANG TO BE IN TOUCH WITH SECRETARY OF HEALTH AND HUMAN SERVICES DONNA SHALALA TO DISCUSS SUCH A MEETING.
2. (Ø) AMBASSADOR LEWIS WELCOMED MBEKI'S RESPONSE AND OFFERED WHATEVER ASSISTANCE NECESSARY TO SET UP THE MEETING. MBEKI NOTED THAT THE AMBASSADOR HAS REQUESTED A PRIVATE MEETING (REF C), AND PROMISED TO LOOK FOR AN EARLY DATE FOR THEM TO GET TOGETHER.
3. (Ø) MBEKI ALSO TOLD AMBASSADOR LEWIS "HE DID NOT KNOW WHERE (THE PRESS REPORT (REF F) THAT HE HAD ACCUSED THE CIA OF CONSPIRING WITH U.S. PHARMACEUTICAL COMPANIES TO UNDERMINE HIM ON THE ISSUE OF AIDS) WAS COMING FROM". HE ADDED, "THIS IS COMING FROM SOURCES WHO WANT TO CREATE MISCHIEF." ALTHOUGH MBEKI DID NOT EXPLICITLY SAY SO, HE CLEARLY WANTED TO SIGNAL TO THE AMBASSADOR THAT HE DID NOT MAKE THE STATEMENTS ATTRIBUTED TO HIM.
4. (Ø) REF A REPORTS THE TEXT OF A SAG REBUTTAL OF THE ALLEGATION PUBLISHED IN THIS FRIDAY'S EDITION OF THE WEEKLY MAIL AND GUARDIAN, WRITTEN (AT OUR SUGGESTION) BY DEPUTY FM AZIZ PAHAD, PRESUMABLY WITH MBEKI'S CONCURRENCE. THE MAIL AND GUARDIAN COMMENTED THAT IS STOOD "FOURSQUARE" BEHIND THE ACCOUNT.
5. (Ø) COMMENT: MBEKI APPEARED TO BE TRYING TO OPEN A DOOR TO THE USG THROUGH THIS PHONE CALL. HIS AGREEMENT TO A HEALTH WORKING GROUP MEETING IS VERY GOOD NEWS. HIS ATTEMPT TO DISMISS THE CONSPIRACY STORY WAS ALSO A SIGN THAT HE WANTS TO CONTINUE WORKING WITH US.
LEWIS

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:

Chris Keenan at
(202) 456-9394

From: Kenneth W. Bernard
International Health Affairs
Phone: 202 456-9391, Fax: 202 456-9390

To: David Hohman
HHS/OS

Fax Number: 202 690-7127

Date/Time: October 20, 2000

No. of pages to follow: 4

Attached are copies of cables you requested – I believe MESSAGE 0112621Z was the transmittal of VP Gore's letter. Call me if you need additional information. I don't remember if you said you already have PRETORIA 8012 – it is confidential and I would have to send this separate.

Keenan, Josefine (Chris) (HEALTH)

From: Cooper, Colby J. (AF)
Sent: Thursday, October 19, 2000 3:51 PM
To: @LEGISLAT - Legislative Affairs; @HEALTH - International Health Affairs; Efros, Laura L. (NEC)
Cc: @AFRICA - African Affairs
Subject: Rep. Barbara Lee [UNCLASSIFIED]

Rep. Barbara Lee's Office has called urging the NSC (Gayle Smith's) support for the World Bank's AIDs Trust Fund. Rep. Lee has spoken with POTUS about this today. Gayle may see Rep. Lee tonight at the Africare dinner. Please advise on anything we need to know/say/do.

Thanks