FOIA Number: 2007-1550-F

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August 2000 [2]

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	2	2

"Cochi, Steve" <slc1@cdc.gov>
08/02/2000 01:07:17 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: polio vaccine shortfall

Talked with WHO in Geneva. The crude estimate of the projected vaccine shortfall from 2001-2005 is $120 million, which translates into 1.5 billion doses of polio vaccine (@ 8 cents per dose from UNICEF including average shipping costs to the country).

The briefing document to follow.....kindly reply that you received this message. Thanks.

Steve

Stephen L. Cochi, M.D., M.P.H.
Director, Vaccine Preventable Disease Eradication Division
National Immunization Program
1600 Clifton Road, MS-E05
Atlanta, Georgia 30333
Phone: 404-639-8252
Fax: 404-639-8573
E-mail: slc1@cdc.gov

Meeting of World Summit Goals: Priorities for International Child Health – The Foundation Response

September 18, 2000, 9:00 AM – 5:00 PM

The Rockefeller Foundation
420 Fifth Avenue, New York, NY 10018-2702

Meeting Agenda:

8:45 – 9:00	Informal Breakfast
9:00 – 9:15	Welcome and Introduction – The Rockefeller and Gates Foundations

Progress, Needs, and Opportunities

9:15 – 9:45	WSC: A Decade of Achievement in International Child Health, Dr. Al Bartlett
9:45 – 10:15	Future Priorities in Child Health: Dr. William Foege, Rollins School of Public Health, Emory University (invited)
10:15 – 10:30	Coffee Break
10:30 – 11:00	Discussion

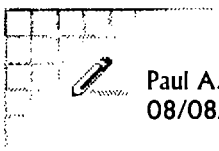
The Foundation Perspective: Strategic Approaches to Meeting Child Health Needs

11:00 – 12:30	Foundation Representatives and Discussion
12:30 – 1:30	Luncheon Speakers:

- ❖ Dr. Keith West, Johns Hopkins University: New Research in Vitamin A
- ❖ Dr. Mariam Claeson, World Bank: Integrated Management of Childhood Illness and Bank Perspective

Opportunities for Coordinated Action to Enhance Investment in Child Health

1:30 – 1:45	Perspectives on Donor Coordination, Dr. Duff Gillespie, USAID
1:45 – 2:45	Discussion
2:45 – 3:00	Coffee Break
3:00 – 4:30	Foundation Action and World Summit for Children: Discussion
4:30 – 4:45	Conclusion



Paul A. Gaist
08/08/2000 12:41:13

Record Type: Non-Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:
Subject: Call to Beny Primm

Dear Cheryl:

I spoke to Beny Primm. He is concerned that substance abuse is not mentioned throughout the LIFE initiative language. I told him that funds for SA treatment and other HIV/SA issues were not excluded and that if host countries prioritize SA as a top issue, they are able to utilize funds for this purpose. He indicated that not having the language or emphasis up front is actually to burying it and that SA is a growing problem in Africa and needs to be included upfront as an issue under the LIFE initiative.

He informed me throughout the conversation that he has spoken directly with a number of key people and groups on this issue, who all agree that this is an omission and should be included. These people and groups include:

The Congressional Black Caucas (e.g., Maxine Waters and Barbara Lee)
General McCaffrey
Eric Goosby
Alan Leschner (Director of NIDA)
Wesly Clark (Head of SAMSHA Center for Substance Abuse Treatment)

He referred to someone saying to him that SA language was in the LIFE language at one point and "it seemed to be pulled out"

I concurred with him that the link of SA and HIV is important and even if it is not the predominant factor at this point in Africa, should still be included as a risk area to be aware of, to evaluate, and to act on if appropriate within a particular national setting.

I told him that I would review the language of the iniative and discuss it internally here as to what I find and what we might be able to ask the funded agencies do in regard to this issue (e.g., to highlight it or at least have it included in the announcements, etc.)

If he is right on the exclusion of any alcohol/SA language, I recommend that we do something to bring some attention to the SA/HIV area under the LIFE iniative by communicating to the funded agencies the need for including SA as one area host countries should consider in assessing HIV risk and developing their priorities.

NOTE: I had Lilli check with Sara H. who said that SA is not included in the LIFE language - we are double checking.

- Paul

THE ROCKEFELLER FOUNDATION

August 11, 2000

Ms. Sandra Thurman
AIDS Czar
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman:

In September 2001, the United Nations General Assembly will hold a "Special Session for Children." This session will review progress since the 1990 World Summit for Children and identify challenges and directions for future efforts on behalf of the world's children. Preparatory activities for this Special Session are already underway in many countries and regions, as well as at the United Nations.

The foundation community has an important role in addressing the "unfinished agenda" for children and the new challenges facing them. For this reason, we would like to invite you to join colleagues from the foundation community and other organizations to examine how we can most effectively support further improvement in children's health in poor countries.

The meeting will be held on Monday, September 18, 2000, from 9:00am to 5:00pm, in the Board Room of the Rockefeller Foundation in New York City (420 Fifth Avenue, between West 37th and 38th Streets). During this meeting, we will review key achievements and lessons learned in international child health in the last decade; examine and discuss future priorities and strategic approaches to meeting child health needs; and discuss options and possible coordination of actions to allow the foundation community to have the greatest possible impact for children's health. As illustrative cases, we will also hear presentations on recent cutting-edge research and program activities in vitamin A and Integrated Management of Childhood Illness.

A provisional agenda is attached.

420 Fifth Avenue
New York, New York
10018-2702

Telephone: 212-869-8500
Facsimile: 212-764-3468

It is expected that all participants will be responsible for their own travel arrangements and expenses. Please note that a continental breakfast and lunch will be provided. For more information and to RSVP (by August 30), please contact Mike Salamone at the Academy for Educational Development, Washington, D.C. He can be reached by telephone at 202-884-8083 or by e-mail at msalamon@aed.org.

We very much look forward to your participation in this important event.

Sincerely yours,

Timothy G. Evans, D.Phil., M.D.
Team Director, Health Equity
The Rockefeller Foundation

Gordon W. Perkin, M.D.
Director, Global Health Program
Bill & Melinda Gates Foundation

International AIDS
Vaccine Initiative

110 William Street
New York, NY
10038-3901 USA
www.iavi.org
info@iavi.org
tel: 212.847.1111
fax: 212.847.1112

August 3, 2000

Ms. Sandy Thurman
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Sandy,

I hope this finds you well. As you know, the Global AIDS and Tuberculosis Relief Act of 2000 which passed Congress last month includes an authorization for $10 million to the International AIDS Vaccine Initiative (IAVI) for each of fiscal years 2001 and 2002. I am writing to ask that the Administration make it a priority to secure the first year's appropriation in its coming budget deliberations with the Congress.

You may recall that at the President's Vaccine Summit in March, I spoke about the International AIDS Vaccine Initiative's concerted global effort to accelerate the development of and deployment of a preventive AIDS vaccine. I am pleased to report the effort is gathering steam, and that the governments of the United Kingdom, the Netherlands, Canada and Ireland have now joined with major foundations in providing multi-year, multi-million dollar support for IAVI.

President Clinton has demonstrated great leadership on vaccines this year and throughout his Administration. Now is the time for the U.S. to demonstrate continued leadership, and for President Clinton to secure his legacy as the President who led the way to an AIDS vaccine, by stepping forward with significant support for our fast-moving and highly visible Initiative.

President Clinton himself has called IAVI "a model public-private partnership." We are sponsoring the development of the first four vaccine candidates designed specifically for Africa – the first one of which was approved for human trials last month – and are the only vaccine developer working in advance to secure AIDS vaccine access in developing countries. In the near future, we expect to announce new vaccines aimed at strains of the virus circulating in India and China. Our focus on product development complements the work of the National Institutes of Health.

We ask that the Administration put IAVI funding on its short list of priorities for new moneys when the Foreign Operations appropriations bill goes into conference. Alternately, we would also like to explore the possibility of funding this authorization through Labor/HHS (most likely through the CDC, which funded part of the LIFE

Initiative). We have been working closely with Reps. Nancy Pelosi and Barbara Lee and Senator John Kerry, and they have indicated the need for Administration leadership to secure this appropriation.

I am enclosing a package of news clips that chronicle our recent participation at the International AIDS Conference in Durban. These articles in the world's most highly respected publications leave little doubt about our leadership and point to the need for the U.S. to join as a full partner in our important endeavor to end this terrible pandemic for all time.

I would be happy to meet with you at your convenience to more fully discuss these matters. A similar letter is being sent to John Podesta, Sandy Berger, Gene Sperling, Secretary Shalala, Secretary Summers, Surgeon General Satcher and Drs. Eric Goosby, Ken Bernard, Paul De Lay and Duff Gillespie.

With best wishes.

Sincerely yours,

Seth Berkley, MD
President

Things are really moving and I really hope that we can count the U.S. in. I will come down soon for a visit to catch up.

PS: I am now a horse owner! A rescue off the track!

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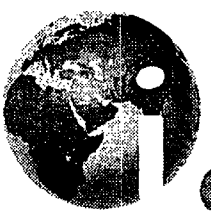
SELECTED PRESS CLIPS ON AIDS VACCINES

from the

XIII International AIDS Conference

Durban, South Africa, 9 - 14 July, 2000



International AIDS
Vaccine Initiative

Draft Response

Use 2nd version (Electronic)

August 7, 2000

Mr. Mark Heywood
Deputy Chairperson
HIV and AIDS Treatment Action Campaign
P.O. Box 31104
Braamfontein 2017
Johannesburg, South Africa

Dear Mr. Heywood,

In response to your recent letter and Treatment Action Campaign/Health Gap Coalition memorandum, I would like you to know that the Clinton Administration is also committed to increasing our global efforts to combat HIV and AIDS.

In 1999 alone, nearly 6 million people became HIV infected, more than one every 8 seconds. In just a few short years, AIDS in Africa has wiped out decades of hard work and steady progress in development and will soon double infant mortality, triple child mortality, and slash life expectancy by 20 years or more. And what we see in Africa may be a forecast of other parts of the world such as India and the Newly Independent States of the former Soviet Union if extraordinary action is not taken now and sustained over time. Clearly AIDS is not just a health crisis, it is a fundamental development crisis, with serious economic, stability and security implications. Above all, it is a human crisis of global proportions.

Despite the significant advances that we have experienced in HIV and AIDS care management with the development and use of the new medical therapies, the stark reality is that these therapies are not currently available to much of the world. We must also remember that these therapies are not cures and HIV/AIDS prevention and care beyond these therapies remain critical elements in our global fight.

We do need to all work together to effectively turn the tide. Already, together, we have designed model programs and proven that they work. We know how to prevent new infections and better treat those already infected. We have seen developed and developing countries reduce prevalence and improvement treatment. But there is much more that needs to be done if we are to bring these successes to scale.

The United States has a strong record of engagement and has been a leader in this struggle against AIDS around the world. The US government has taken an active role in sounding the alarm on the AIDS crisis and in marshalling support for efforts to combat this disease.

Last year, the Administration requested and the Congress appropriated an additional $100 million in FY2000 to enhance our global AIDS efforts. This effort more than doubles our funding for prevention and care programs in Africa and challenged our G-8 and other partners to increase their efforts as well.

With this funding a major new initiative, the Leadership and Investment in Fighting an Epidemic (LIFE), was undertaken. It focuses on four key areas, namely, prevention, home and community based care, care of children orphaned by AIDS, and infrastructure.

Other key components of this initiative include bringing the AIDS epidemic into our foreign policy dialogue, promoting the use of resources freed up by debt relief for social and health programs (especially HIV-related programs), and engaging all sectors (e.g., business, labor, faith-based organizations, foundations, etc.) in a broad-based mobilization.

We are working with pharmaceutical companies and others to increase affordability and access to medications, working with political leaders to develop effective national AIDS strategies and with communities to bring prevention and treatment interventions to where they are needed most. Our commitment to HIV/AIDS research remains high, with increasing support for vaccine and treatment research, including microbicide research. These investments are coupled to our increasing efforts to translate research into practice and to take prevention and care lessons learned into the field where they may become implemented as evidence-based interventions.

While the LIFE initiative and other US-based efforts greatly strengthens the foundation of a comprehensive response to this epidemic, we understand that this is but a fraction of the needed effort and that much more needs to be done. This global crisis requires the active engagement of all segments of all societies working together. Every bilateral donor, every multilateral lending agency, the corporate community, the foundation community, the faith-based community and every host government of a developing nation

must do its part to provide the leadership and resources necessary to turn this tide.

I thank you for your engagement and for enhancing the dialogue around critical HIV/AIDS issues. Together, as a global community, we must and can work together in this shared fight against HIV and AIDS.

Sincerely,

Sandra Thurman

Ambassador of the United States of America

Kinshasa, Democratic Republic of the Congo
June 27, 2000

Ms. Sandra I. Thurman
National AIDS Policy Director
Office of National AIDS Policy
736 Jackson Place
Washington, D.C. 20503

Dear Ms. Thurman:

It was an honor and pleasure to meet you at last month's US/SADC Forum at Maputo. I deeply appreciate the interest you expressed in my concern about the growing HIV/AIDS issue in the Congo (DRC) which the presence of several foreign armies has greatly exacerbated.

In follow-up to our talk, I am taking this opportunity to bring to your personal attention our appeal that the United States government reconsider its previous decision not to include the Democratic Republic of Congo (DRC) in the Presidential LIFE (Leadership and Investment in Fighting an Epidemic) Initiative.

The HIV/AIDS situation in the Congo today urgently requires increased attention and resources. Congo is a rapidly growing nation of forty-five million people. Recent data show that the HIV prevalence rate is on the rise, especially in southern and eastern portions of the country. Data from Lubumbashi, near the border with Zambia, indicate a doubling of the prevalence rate from 4 to 8% in two years. Data from blood donors and sexually transmitted disease (STD) patients in Goma also indicate concerning changes. Doctors Without Borders Holland noted that at one health center in Kisangani, 70% of the individuals donating blood for transfusions were found to be HIV positive. Factors enabling the spread of AIDS in Congo have been worsened by the devastating economic situation and the occupation of the country by military forces from the high prevalence neighboring countries including Rwanda and Uganda.

Current HIV/AIDS/STD activities are proving to be highly effective but are limited due to budgetary constraints. Population Services International (PSI) is distributing condoms to high risk groups in Kinshasa alone and demand is exceeding supply, as the agency stocks out at 1 million condoms per month. Information, education, and communication (IEC) activities should be expanded in scope and additional activities such as reduction of mother to child transmission, support for people living with AIDS, voluntary counseling and testing, and the assurance of a safe blood supply should be made an integral part of the existing country strategy.

Historically, the DRC has been a leader in the struggle against HIV/AIDS. From 1984 to 1991 the Congolese government collaborated with US research and public health institutions

to initiate the first large scale research effort for HIV/AIDS in the world. This collaboration resulted in sentinel projects in behavior change, condom social marketing, and targeting of high risk groups. Other results included the creation of an extensive body of HIV related scientific literature, the development of the first standardized criteria for the diagnosis of AIDS and the development of a large number of American and Congolese AIDS researchers.

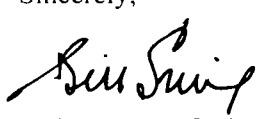
Today there remains a wealth of Congolese scientific talent that could play an important role in the struggle to control HIV in Africa. Despite a lack of significant external financing since 1991, Congolese researchers continue to conduct surveillance activities, support STD activities with high risk groups, conduct clinical trials with rapid tests and mother-to-child transmission strategies. The institutions that continue to function, albeit on a reduced scale, include PSI/Association on Family Health, National Program on AIDS (BCC/SIDA) for all coordination activities, Project AIDS (Projet SIDA) for epidemiological surveillance, research, STD treatment and voluntary counseling and testing, the School of Public Health and Tulane University for research and evaluation, German Technical Cooperative (GTZ) for safe blood supply assurance, WHO, UNICEF, and UNAIDS.

These partners are all eager to work with USAID in the fight against HIV/AIDS in the Congo. WHO/UNICEF teams on the ground in the East have expressed interest in providing technical assistance and control efforts. The Centers for Disease Control and Prevention (CDC) has just completed a two week mission to the Congo and has expressed interest in extending collaboration to expand surveillance activities. Unfortunately, the above collaboration has been hampered by a policy decision that limits USAID's active participation in the fight against AIDS in Congo.

Inclusion of the DRC in the Presidential LIFE initiative would allow the Congolese people and her partners to expand fully upon the successes of past collaboration. It would allow for full examination of Congo's social, economic and epidemiological links with Central, Eastern and Southern Africa and the impact on HIV/AIDS prevention and control. Congo strongly desires to be part of the regional and global collaboration that will be enhanced by this timely recognition by the President of the United States of the importance of addressing the issue of AIDS in Africa now. We would greatly appreciate any effort you may be able to make on our behalf to reinstate Congo in the LIFE Initiative. At some point, if you can find the time in your busy schedule, it would be most timely if you could make a visit to the Congo.

Kind regards.

Sincerely,



William Lacy Swing

chbarratt@usaid.gov (Christian Barratt)
07/20/2000 08:30:55 AM

Please respond to chbarratt@usaid.gov

Record Type: Record

To: nalain33@yahoo.com

cc: Cheryl S. Bauerle/OPD/EOP, Cheryl S. Bauerle/OPD/EOP
Subject: American Embassy - Burundi

Nancy and Cheryl

US Ambassador Mary Carlin Yates, of US Embassy-Burundi, was trying to reach Sandy this afternoon in Kigali. We had unfortunately already sent her off to Nairobi and points West. Could you see that Sandy gets this message from Ambassador Yates to see if Burundi can be put back into discussions on AIDS funding. I'm sure Ambassador Yates would love to be in contact by whichever means with Sandy in the future.

Ambassador Yates has been very actively trying to engage resources to fight HIV/AIDS in Burundi, and has spoken with me and colleagues from the CDC. We spoke briefly with Sandy about the need to remember Burundi in discussions of resource allocation for the region, ass it has so far been all but forgotten.

Burundi is currently in the midst of ongoing armed conflict throughout many parts of the country. Large numbers of people are displaced from their homes and many women are at risk of HIV infection linked with unprotected sex or rape by combattants. I know that there is also an accute shortage of condoms in the country.

We have been trying to think of creative ways to help support HIV/AIDS activities in Burundi, and have enlisted our friends at UNDP, CDC and PSI to see what other resources might be available, or expertise shared with Burundi.

It was great to see you and Michael in Durban. We also had a wonderful visit with Sandy in Rwanda, and finally got her out of Kigali for a few days. I will be sending you a few short documents next few days for her report to the president.

ciao.cb

September 8, 2000

The Honorable (?) R. R. Dash
Counsellor (Health)
Embassy of India
2107 Massachusetts Avenue, NW
Washington, DC 20008

Dear Sir:

Thank you for your correspondence of September 6, 2000 regarding a possible U.S. delegation visit to India.

I appreciate your concerns, particularly with regard to the purpose of our visit. and the weight the terms associated with it will inevitably carry. As you mentioned, I too am pleased with the continued partnership between the United States and India in responding to the global AIDS pandemic. Indeed, the release of "The" Joint Leadership Statement on HIV/AIDS" has acted as a significant symbol of that partnership.

Our travel to India is intended only to reinforce this vitally important spirit of collaboration. As such, we hope to visit those very USAID sites you mentioned in your correspondence. It is our desire to gain a better understanding of how we may support India's ongoing efforts to find sustainable solutions to AIDS.

As we know from our efforts to respond effectively to AIDS here in the United States, there are an astounding variety of solutions to the rising tide of AIDS, specific to each community and way of life. While I am sure you would agree that the components of an effective HIV/AIDS strategy may remain reasonably constant, we feel it is indeed important to understand that how these strategies are implemented will differ greatly from Africa to India.

Again, thank you so much for opening a dialogue with me regarding our delegation's visit and for your continued support of US-India collaboration in responding to AIDS. I look forward to working closely with you in the very near future.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

September 8, 2000

The Honorable (?) R. R. Dash
Counsellor (Health)
Embassy of India
2107 Massachusetts Avenue, NW
Washington, DC 20008

Dear Sir:

Thank you for your correspondence of September 6, 2000 regarding a possible U.S. delegation visit to Asia, including several days in India. As you mentioned, the purpose of such a visit would clearly be to explore ways to expand our collaboration in the battle against AIDS.

I appreciate your interest in our visit. We too are pleased with the partnership between the United States and India in responding to the global AIDS pandemic, as symbolized by the "Joint Leadership Statement on HIV/AIDS". Our travel to India is intended to highlight and, where possible, expand this important collaboration. During such a visit, we would hope to visit the USAID sites you mentioned in your correspondence. It would also be our desire to gain a better understanding of how we may support India's ongoing efforts and how lessons we have learned could be shared with others.

We know from our efforts to respond to AIDS here in the United States that there are ~~a variety of~~ several essential components to an effective AIDS program strategy, ~~specific to each community and way of life. We feel it is indeed important to understand that how these strategies are implemented will differ greatly from Africa to India~~. together

Again, thank you so much for opening a dialogue with me regarding our delegation's visit and for your continued support of US-India collaboration on AIDS. I look forward to working closely with you in the ~~very near~~ future.

Sincerely,

but there is no one size fits all way to implement such efforts — each must be carefully considered in a culturally appropriate context

Sandra L. Thurman
Director
Office of National AIDS Policy

American Red Cross

Government Relations Office
430 17th Street, NW Washington, D.C. 20006
(202) 639-3482
Fax: (202)639-6116

FAX TRANSMISSION COVER SHEET

Date:	*September 15, 2000*
To:	*Cheryl Bauerle,* *Office of National AIDS Policy*
Fax:	*(202) 456-2439*
Re:	*Attendees at this afternoon's meeting*
Sender:	*Jan Lane, Vice President*

YOU SHOULD RECEIVE ___1__ PAGES, INCLUDING THE COVER PAGE. IF YOUR DO NOT RECEIVE THE FULL FAX, PLEASE CALL (202) 639-3126

Dr. Vimala Ramalingam, Secretary General, Indian Red Cross
Gerry Jones, Interim Vice President, American Red Cross International Services
Dr. Rabia Mathai, American Red Cross Health Advisor
Millicent Obaso, American Red Cross, Special Advisor to the President on Women's International Health Issues
Scott Conner, Vice President, American Red Cross, Health, Safety & Community Services
Jan Lane, Vice President, Government Relations, American Red Cross

American Red Cross

Fax

To:	Cheryl Bauerle	**From:**	Jan Lane
Fax:	202-456-2439	**Pages:**	2
Phone:		**Date:**	09/08/00
Re:		**CC:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

American Red Cross National Headquarters

To:	Cheryl Bauerle, Assistant to National AIDS Policy Director Sandra Thurman	**Date:**	September 8, 2000
From:	Jan Lane Vice President, Government Relations	**Subject:**	September 15, 2000 Meeting with Dr. Ramalingam, Secretary General, India Red Cross and Dr. Bernadine Healy, President and CEO, American Red Cross

This memo is to confirm arrangements for the meeting between Director Thurman, Dr. Vimala Ramalingam, Secretary General of the India Red Cross and Dr. Bernadine Healy, President of the American Red Cross. The meeting will take place on Friday, September 15, 2000 from 3:00 p.m. to 3:30 p.m. at the Office of National AIDS Policy, 736 Jackson Place, N.W., Washington, DC. Dr. Ramalingam will be in the United States next week for a series of meetings with American Red Cross leadership to further develop the long-term partnership between the two Red Cross National Societies. It is my understanding that she has worked with Director Thurman on health issues previously, and Dr. Ramalingam wanted to take this opportunity to brief Director Thurman on her new role as Secretary General.

Dr. Healy and Dr. Ramalingam also want to inform Director Thurman of the joint efforts of the American and Indian Red Cross Societies to address key health issues affecting vulnerable women and children. Specifically, they want to share information on the LIFE project, which will target India and 14 African countries, to develop strategies to reduce HIV infection and provide care for people living with AIDS. This is a three-tier program to:
-Reduce the number of new HIV infections, particularly among youth through changing knowledge/practices as well as blood safety.
-Reduce the impact of HIV/AIDS on individuals, families and communities through home based care and support to people living with AIDS and their caretakers.
-Increase the capacity and infrastructure of the local Red Cross/Red Crescent Society to better respond to HIV/AIDS. Emphasis will be placed on local capacity building to develop sustainable systems that can be easily maintained after project completion.

Should have any questions or require additional information, I can be reached at (202) 639-3482. Suzanne Sylvester, Special Assistant to the President, is the point of contact in the event that any scheduling issues arise. She may be reached at (202) 434-4005.

cc: Suzanne Sylvester

Scott Boule
[illegible] 4[illegible]-4862

Bio ethics
Ellen Gabbois
301-594-7105

last NID → '98 18 countries - an recovery
in Oct. & Nov (NID among west
& central Africa
same WK / same day?
Obasanjo - key spokesperson.
Play up his role / coordination
of countries, peacemaking aspects
(close first)
18 countries set border crossings.
WHO coordination / UNICEF procures
US-CDC / USAID collaboration vaccine.

current: shortfall of 200 400 million,
vaccine getting.

Aventis
AID grant → AID CDC in Nigeria / other support.

Jody Segal → AIDS dem. nat'l cov.
& Minister Jesse Milan / phone #
456-9033

202-~~425-5585~~
~~Sara Bianchi~~ / Laura Efros.

rotary/UN found.
private scola-
fund found.
kicked off in
fall.
↑
targeting
vaccine

~~Ethel~~
~~McCoy~~ / ~~International Relations~~ committee
~~funding~~ for Health Sectors
→ ~~225-5973~~

disbursed $400m.
Nigeria @ or near top.
USG about 5 millions for vaccine → Nigeria
tomorrow.

NID's → '98 Oct. + Nov. / coord. WHO &
UNICEF (procuring through partners)
among west + central Africa
same wk.

CDC/USAID collaboration
WHO/staff, funding + technical support

Obasanjo key spokespeople for
~~OE Fid~~

shortfall → 300-400 million including vaccine

play-up coordination → HIV/AIDS
peace making aspects,
cease fires, through
central UNICEF
coordination role of synchronization of
is countries agree +
carry out same wk.
ie initiative
perfect way / borders crossing
back + forth.

Upcoming visit → Health issues — more population. Official state visit / not addressing congress — 7/12 – 7/19/11 Prime Minister

11–12th D.C.
13–17th AIDS → schedule in dev. USAID — not only agency! HIV? focus → economic dev. Would like to get him to make statement — opp. to make w/ delegation

Bill Tesoriero

April (only one this year) Aventis — 50 million ~~dollars~~ doses of vaccine (little less than 5 million dollars) → what happened?

---

late '96 100 million doses (Aventis, SKB, Chiron)
+ $1 million donation by Wyeth Lederle — for polio lab network in Africa.

DeBeers — $3 m to Angola in '99

---

foundations:
Gates $50 million global.

Rotary by ~~2005~~ 05 — total $500m (400m disbursed so far)
↑ Nigeria

UN foundation — to date 28.5m. (started as $3.5m for conflict; then 25m global.

USG $5m for vaccine in Nigeria this year.

This fall → Rotary / UN found. announce private sector fund foundation

friend of Sandy's
Bernard Craighead 2/484-5288
(c. 703-582-9653

Cliff Cortez USAID
712-0076

POTUS NIGERIA - USAID Proposals for Deliverables

THEME	EVENT	LOCATION	COMMENTS	STATUS
3. HIV/AIDS AND HEALTH				
HIV/AIDS (youth empowerment)	Youth rally, training in leadership	Enugu (could replicate)	African NGO, youth empowerment and HIV/AIDS education	
HIV/AIDS	HIV education in marketplace	Flexible	Grassroots HIV education	
HIV/AIDS (living with AIDS)		Kano	Nigerian NGO	
Malaria Prevention	Simple prevention (bednets)	Flexible (Marketplace)	Initiative of President Obasanjo	
Polio Eradication	Photo op/speech mention	Flexible	For Nigerian audience – wild polio still exists in Nigeria	
4. TRANSPORT				
Transport	Speech/announceable	Flexible	USAID/DOT collaboration, tied to macro-economic reform	
5. AGRICULTURE				
Agriculture/Farmer-to-Farmer	Announceable	Flexible	Can be incorporated into factory visit - links to industry, trade, investment	
6. BUSINESS/TECHNOLOGY/TRADE				
Internet for Economic Development (draft)	Flexible	Flexible	Several events can be developed - showing internet's potential	
Business linkages/Internet (draft)	Announceable	Abuja	Global Technology Network	

Fort Harcourt has Wernera group —

USAID NIGERIA SITE VISIT AND DELIVERABLE
HIV/AIDS PREVENTION AND CONTROL and DEMOCRACY AND GOVERNANCE
Enugu (or replicated elsewhere)

1. **Theme**: HIV/AIDS and Youth Empowerment

2. **Deliverable**: Announcement of $3.6 million of LIFE Initiative Funding for HIV/AIDS prevention and care and support activities.

- Current estimates suggest that HIV infection, at an estimated prevalence of approximately 5.4%, now affects 2.6 million adults living with HIV/AIDS. The young adult population aged 15–24 years seems to be the worst affected age group. By 2003 it is projected that 4.9 million adults in Nigeria will be carrying the HIV/AIDS virus. The prevalence of HIV/AIDS is even greater among the military and police, which are very mobile. The United Nations Program on HIV/AIDS (UNAIDS) ranked Nigeria as the fourth worst affected country in the world in 1999, based on the number of HIV infections. Although these figures constitute a tip of the iceberg, they reflect an exponential growth in magnitude of the AIDS epidemic in Nigeria. Nigeria is rapidly becoming the epicenter in West Africa for the AIDS pandemic.

- One of the consequences of the AIDS epidemic that has manifested itself significantly is that of orphans. As of December 1997, UNAIDS estimated that AIDS in Nigeria has orphaned a cumulative total of over 400,000 children of 15 years and below.

3. **Event**: The President will visit a stadium or community center where the Youth Resource Development, Education and Leadership Centre for Africa (YORDEL AFRICA) demonstrate their HIV/AIDS prevention program through a series of dramatic presentations focussing on the empowerment of African youth for responsible leadership. The presentations will include messages on reproductive health and democracy and governance by youth 12-20 years old. The President will participate in an appropriate skit and congratulate the presenters and mention the devastating effect of HIV/AIDS on Nigerian youth and the importance of HIV/AIDS prevention. 2,000 to 3,000 youth from all over Nigeria will be in attendance. Nigerian youth 15 – 24 years of age are hardest hit by HIV/AIDS, particularly young women 20 –24.

USAID funds YORDEL AFRICA through a grant to the Center for Development and Population Activities (CEDPA), a US non-governmental organization. This event will be co-sponsored by Family Health International (FHI), a U.S.- based international organization, focusing on HIV/AIDS prevention and care and support issues. CEDPA and FHI will invite youth from all over Nigeria to participate in the event.

4. **Location**: Stadium or University Hall in Enugu, Nigeria (version can be replicated elsewhere)

5. **Time Needed for the Event**: 90 minutes

Draft date: 7/17/00

USAID NIGERIA SITE VISIT AND DELIVERABLE
HIV/AIDS PREVENTION AND CONTROL
Kano, Nigeria

1. **Theme**: HIV/AIDS

2. **Deliverable**: Announcement of $3.6 million of LIFE Initiative Funding for HIV/AIDS prevention and care and support activities.

   - Current estimates suggest that HIV infection, at an estimated prevalence of approximately 5.4%, now effects 2.6 million adults living with HIV/AIDS. The young adult population aged 15–24 years seems to be the worst affected age group. By 2003, it is projected that 4.9 million adults in Nigeria will be carrying the HIV/AIDS virus. The Joint United Nations Program on HIV/AIDS (UNAIDS) ranked Nigeria as the fourth worst affected country in the world in 1999, based on the number of HIV infections.

   - One of the consequences of the AIDS epidemic in Nigeria is the rising number of orphans. As of December 1997, UNAIDS estimated that AIDS in Nigeria has orphaned over 400,000 children of 15 years and below. These orphans are often stigmatized and rejected by community members because of the peculiar circumstances surrounding their orphanhood and therefore lack basic needs and opportunities, including education.

3. **Event**: The President will visit the Society of Women Against AIDS in Nigeria (SWAAN), Kano state chapter. SWAAN is a local NGO implementing a community based activity on Care and Support for Persons Living With HIV/AIDS and Children Orphaned by AIDS. An AIDS orphan will receive the President and present a bouquet to him. President Clinton will hold discussions with members of the Nigerian Network of Persons Living with HIV/AIDS and distribute IEC materials with messages on stigma reduction as well as care and support for people living with and affected by HIV/AIDS. The President in his remarks will acknowledge the problems of stigma and discrimination, which AIDS patients and their relatives including orphans continue to face in Nigeria, and draw the attention of the audience to the fact that the LIFE Initiative is part of the US government's response to mitigate the impact of the HIV/AIDS epidemic on individuals and communities in Nigeria.

4. USAID funds SWAAN through Family Health International (FHI), a US based private voluntary organization. FHI, with USAID support, has worked successfully to establish three regional networks of persons living with AIDS. These networks gave birth to the national network of persons living with HIV/AIDS which, as of today, is the sole platform for reaching HIV positive persons with information and services in Nigeria.

5. **Location**: SWAAN project site, Kano

6. **Time Needed for the Event**: 60 minutes

Draft Date: 7/17/00

USAID NIGERIA DELIVERABLE
Polio Eradication

1. **Theme:** Health

2. **Deliverables**: $1.1 million new funding for polio eradication for FY 2000.

- Nigeria is one of the largest remaining reservoirs of wild polio virus in Africa, and one of the most important in the world. With more than 120 million people from diverse ethnic backgrounds and languages, periodic civil disturbances, and weak physical and health care infrastructures, Nigeria poses a special challenge to the global polio eradication campaign.
- The President will announce USAID's planned $1.1 million for polio eradication in Nigeria for FY 2000, including $700,000 to UNICEF and $400,000 through the BASICS II project. These funds will support the Government and other donors in the "microplanning" necessary to develop effective action plans for National Immunization Days (NIDS). In 1999, Nigeria's NIDS reached 21 million children – close to the total population of children under five. USAID also supports social mobilization activities which publicize the importance of polio immunization for all children, and the comprehensive surveillance crucial to monitoring progress towards eradication.

3. **Event:** While visiting a health clinic the President administers polio drops to a child and speaks on the importance of global eradication of polio and the prevention of other vaccine-preventable diseases. The President can also commend the Government of Nigeria for its support and commitment to polio eradication and strengthened routine immunization programs.

4. **Location:** TBD

5. **Time needed for event**: 30 minutes.

7/17/00

USAID NIGERIA DELIVERABLE
Malaria Prevention

1. **Theme**: Health

2. **Deliverables:** Announcement of a $2 million USAID contribution to a new Public-Private partnership for delivery of affordable insecticide treated bednets for prevention of malaria.

   President Obasanjo hosted an African Heads of State meeting in Nigeria in April on the importance of mobilizing resources and efforts to fight malaria in Africa. Nigeria is one of the initial countries for the implementation of NetMark, an innovative private/public sector partnership funded by USAID, to commercially produce, treat, and sell insecticide-treated bedents to prevent malaria. A POTUS event highlighting this new initiative would encourage and publicize this effort, as well as recognize and support the efforts of President Obasanjo to highlight malaria control as a key development issue for Africa.

3. **Event**: The President can visit a marketplace selling bednets and join with community members in the dipping of the net in protective insecticide, and speak on the importance of the commercial and public sectors working together to provide these important tools for the prevention of malaria.

4. **Location:** Flexible (in village visit)

5. **Time needed for event:** 30 minutes

7/17/00

USAID NIGERIA SITE VISIT AND DELIVERABLE
HIV/AIDS PREVENTION AND CONTROL
Abuja or Port Harcourt, Nigeria

1. **Theme**: HIV/AIDS

2. **Event**: HIV/AIDS education in a community marketplace. (Could include announcement of $3.6 million of LIFE Initiative Funding for HIV/AIDS prevention and care and support activities.)

   - Current estimates suggest that HIV infection, at an estimated prevalence of approximately 5.4%, now affects 2.6 million adults living with HIV/AIDS. The young adult population aged 15–24 years seems to be the worst affected age group. By 2003 it is projected that 4.9 million adults in Nigeria will be carrying the HIV/AIDS virus. The prevalence of HIV/AIDS is even greater among the military and police, which are very mobile. The United Nations Program on HIV/AIDS (UNAIDS) ranked Nigeria as the fourth worst affected country in the world in 1999, based on the number of HIV infections. Although these figures constitute the tip of the iceberg, they reflect an exponential growth in magnitude of the AIDS epidemic in Nigeria. Nigeria is rapidly becoming the epicenter in West Africa for the AIDS pandemic.

   - One of the consequences of the AIDS epidemic that has manifested itself significantly is that of orphans. As of December 1997, UNAIDS estimated that AIDS in Nigeria has orphaned a cumulative total of over 400,000 children of 15 years and below.

3. **Event**: The President will visit a community marketplace where the Society for Family Health (SFH), a local non-governmental organization, will conduct an HIV/AIDS education and prevention session and distribute condoms. The President will congratulate the presenters and mention the devastating effect of HIV/AIDS on Nigerians and the importance of HIV/AIDS prevention.

USAID and DFID jointly fund Population Services International (PSI), a U.S.-based international NGO, and its local affiliate the Society for Family Health, the hosts for this event. PSI supports condom social marketing, having sold over 58 million condoms throughout Nigeria in 1999. PSI reaches the military, police, youth groups and high-risk individuals such as truck drivers and commercial sex workers through public announcements in the media and through educational events.

4. **Location**: Marketplace, location in or around Abuja or Port Harcourt

5. **Time Needed for the Event**: 60 minutes

Draft Date: 7/17/00

USAID NIGERIA DELIVERABLE
Polio Eradication
[place] - [date]

1. **Theme:** Health

2. **Deliverables:** $1.7 million new funding for polio eradication for FY 2000.

- Nigeria is one of the largest remaining reservoirs of wild polio virus in Africa and the major exporter of polio virus to other countries in the region. Thus Nigeria is a linchpin in the global polio eradication effort. Additional challenges are posed by the ethnic diversity of the population, periodic civil disturbances, and weak physical and health care infrastructures. Unless Nigeria can be certified polio-free, all of Africa will be delayed. For each year that polio eradication is delayed, it costs the world $1.5 billion and, in the US alone, $230 million.
- The President will announce USAID's planned $1.7 million for polio eradication in Nigeria for FY 2000, including $700,000 to UNICEF and $1,000,000 through the BASICS II project. The President will also encourage the Government of Nigeria and partner organizations to accelerate surveillance and strive to reach all children under age five during National Immunization Days (NIDs). USAID's funds will support the Government and other donors to develop the detailed plans and to conduct the community mobilization necessary to assure that every child receives multiple doses of oral polio vaccine during all needed National Immunization Days (NIDS). In 1999, Nigeria's NIDs reached 21 million children - many more than expected, but not enough to break the chain of virus transmission. USAID also provides support for comprehensive surveillance and laboratory analysis crucial to monitoring progress towards eradication.

3. **Event:** While visiting a health clinic the President administers polio drops to a child and speaks on the importance of global eradication of polio and the prevention of other vaccine-preventable diseases. The President can also commend the Government of Nigeria for its support and commitment to polio eradication, encourage intensification of these activities in order to meet the goal of eradication by 2005, as well as strengthened routine immunization programs.

4. **Location:** TBD

5. **Time needed for event:** 30 minutes.

6. Date Revised: 7/20/00

6. **USAID Contact Person:** G/PHN/HN, Paul Ehmer
Thomas Hobgood, Mission Director, Office Tel: 234-1-614-412 or 261-4621; Home Tel: 234-1-269-3722

Draft Date: 7/20/00, 12:00PM

Drafted: USAID/G/PHN:JNotkin; 7/7/00
Revised: USAID/G/PHN:Eogden; 7/20/00 12 PM

Clearances:

A/AID_____ Date:_____
AFR/WA_____ Date:_____
DAA/G_____ Date:_____
AID/Nigeria_____ Date:_____

USAID NIGERIA DELIVERABLE
Malaria Prevention

1. **Theme:** Health

2. **Deliverables:** Announcement of a $2 million USAID contribution to a new Public-Private partnership for delivery of affordable insecticide treated bednets for prevention of malaria.

- President Obasanjo hosted an African Heads of State meeting in Nigeria in April on the importance of mobilizing resources and efforts to fight malaria in Africa. Nigeria has been especially instrumental in promoting the importance of the private sector in the delivery of essential malaria control services. At a "Stakeholders" meeting held just prior to the Heads of State meeting 51 commercial sector representatives signed a declaration with the Government committing themselves to a coordinated malaria control effort.
- As part of this joint effort USAID is supporting NetMark, an innovative private/public sector partnership to commercially produce, treat, and sell insecticide-treated bednets to prevent malaria.
- While a NetMark bednet product will not be available until this fall, a POTUS event highlighting this new initiative would encourage and publicize the importance of public/private partnerships, as well as recognize and support the efforts of President Obasanjo to highlight malaria control as a key development issue for Africa.

3. **Event:** The President can visit a marketplace selling bednets and join with community members in the dipping of the net in protective insecticide, and speak on the importance of the commercial and public sectors working together to provide these important tools for the prevention of malaria.

4. **Location:** tbd

5. **Time needed for event:** 30 minutes

6. **Date Revised:** 7/20/00

USAID Contact Person: G/PHN/HN, Paul Ehmer
Thomas Hobgood, Mission Director, Office Phone:234-1-614412 or 261-4621; Home Phone: 234-1-269-3722

Draft Date: 7/20/00, 9:30 AM

Drafted: USAID/G/PHN/HN: DCarroll; 7/20/00, 9:30 AM

Clearances:

A/AID	_____	Date:	_____
AFR/WA	_____	Date:	_____
DAA/G	_____	Date:	_____
G/DG	_____	Date:	_____
AID/Nigeria	_____	Date:	_____

Linda Greene and Associates, Inc.
501 Capitol Court, N.E.
Washington, DC 20002

Telephone: ( ) -
Fax: (2 456-2499

Telephone: (202)546-6898
Fax: (202)546-9257

TO: Sandra Thurman
FROM: Donna E. Christian-Bruce
DATE: June 28, 2000
RE: Request for Appointment

This message contains 3 pages, including the cover sheet, and is intended for the above recipient only. If all the pages are not received, or this transmission has been sent to you in error, please call 202/546-6898. Thank you.

Please see the attached

Donna Bruce 352-5667

LINDA GREENE AND ASSOCIATES, INC.

Linda Mercado Greene
PRESIDENT AND CEO

June 29, 2000

Ms. Sandra Thurman
Director, White House Office
National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman:

My firm is the event management and fundraising firm for the African Ambassador's Spouses Gala which will be held on October 3, 2000 at the JW Marriott Hotel in downtown Washington. Proceeds of the gala will assist efforts to combat Pediatric Aids throughout Africa and to start the African Ambassador's Spouses Foundation to provide ongoing relief, research and education about AIDS in Africa.

Mrs. Fatou Ba-Diarrah (Mali), President of the African Ambassadors' Spouses Association, and I would like to pay you a courtesy visit to inform you of our plans since your efforts have been such a significant factor in the role of American support and awareness of the AIDS epidemic in Africa.

If this is agreeable, please have someone from your office contact me with a time that would be convenient for a visit of 30 minutes or less. In understanding that your schedule is extremely demanding, please know that we will adjust ours to meet yours.

Sincerely,

Linda M. Greene

Linda M. Greene

African Ambassadors' Spouses Association
of Washington, D. C.
P. O. Box 5620
Washington, D. C., 20016

Algeria
Angola
Benin
Botswana
Burkina-Faso
Burundi
Cameroon
Cape Verde
Central Africa
Cl
Congo
Cote d'Ivoire
Djibouti
D. R. Congo
Egypt
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Morocco
Mozambique
Namibia
Niger
Nigeria
Rwanda
Senegal
Sierra Leone
Somalia
South Africa
Sudan
Swaziland
Tanzania
Tunisia
Togo
Uganda
Zambia
Zimbabwe

FACT SHEET

AFRICAN AMBASSADORS' SPOUSES ASSOCIATION SEVENTH ANNUAL GALA

DATE: October 3, 2000

PLACE: J.W. Marriott Hotel, 1331 Pennsylvania Avenue, NW, Washington, DC

TIME: Silent Auction and Reception, 6:30-8:00 pm
Dinner, Fashion Show and Entertainment, 8:00 pm-10:30pm

Entertainment: Internationally acclaimed contemporary jazz artist, Jonathan Butler

Honorees: President William Jefferson Clinton will be honored for his role in bringing Africa to the forefront of political discourse, for being the first sitting U.S. President to conduct official site visits to several African countries, for his work toward the successful passage of the Africa Trade and Development Act 2000.

Actor and activist Danny Glover will be honored for fighting against the dreadful AIDS epidemic facing the continent and for working unselfishly and tirelessly toward social and political justice in Africa.

Precious Thomas will be honored for being an inexhaustible advocate for the efforts to combat Pediatric AIDS.

Gala Chairperson: Mrs. Fadimatu Aminu, Nigeria

AASA Leadership:

President:	Mrs. Fatou Ba-Diarrah, Mali
Vice President:	Mrs. Elise Andrinarivelo-Razafy, Madagascar
Secretary:	Mrs. Cecilia Bull, Liberia
Treasurer:	Mrs. Cassilde Ndikumana, Burundi
Vice Treasurer:	Mrs. Zarga Soubiane, Chad

Purpose: Africa faces many scourges. Disease, poverty and starvation are overtaking our countries. AASA is keenly aware of these scourges and constantly addresses them by exploring other possible ways to source needed assistance. We realize we cannot deal with them all and, therefore, select and address a given problem each year; we appeal to the public for funds to help resolve the chosen problem.

This year the AASA, a 501(c)(3) not-for-profit organization, is raising funds to assist with efforts to combat Pediatric AIDS. Additionaly, portions of the proceeds will help start the AASA Foundation which will provide ongoing relief, research and education about AIDS in Africa.

TENTATIVE LIST OF NAMES FOR ATTENDEES AT POTUS MEETING

The following list comprises names that have been confirmed as at today 18th August, 2000.

First Category: BOOTH ACTIVITIES

1. Dr. Olufemi Oke, Resident Advisor, FHI/Nigeria
2. Bashir Lawan (PLWA, COPOP, Kano)
1. Bada Olusegun (PLWA, COPOP, Kano)
2. Jamila Yahaya (Chairperson, SWAAN Kano)

Second Category: Members of the audience

DRAMA TROUPE

5 - 19. Fifteen (15) persons, names to be confirmed

People Living With AIDS (PLWAs)

Save the World, Onitsha, Anambra State (Network of PLWAs)

20. John Ibekwe, President
21. Mary Nweke
22. Julius Ilechukwu
23. Virginia Nkemka
24. Kenneth Ochia
25. Donatus Chukwu
26. Angela Ibekwe
27. Amaka Ilechukwu
28. Benjamin Thomas
29. May Afulukwe

Orphans

30. Uche Nkemka (male)
31. Chidinma Obiefuna (female)
32. One name to be confirmed

Armed Forces Program on AIDS Control (AFPAC)

33. Col. Egbewunmi, Coordinator
34. Sqr. Leader Fadip-Miri

Network of PLWAs, Abakaliki, Ebonyi State

35. Clifford Anekwe
36. Mrs. Ijeoma Ene
37. Ndubuisi Okafor

38. Nnena Nwovu
39. Anthonia Eze
40. Nwebonyi Eze

Council of Positive People, Kano, Kano State

35. Simon Ijeh
36. Mohammed Abdul-Fatai
37. Rukaya Abdul-Fatai
38. Hajara Bashir
39. Tabitha Danjuma
40. Adamu Danjuma
41. Simon Ogbole
42. Grace Eamikwu
43. Paul Nze
44. Rose Aille
45. Inuwa Umar

Humane Health Organization, Onitsha, Anambra State

46. Dr. Clement Ojukwu, Project Manager

Redeemed Christian Church of God, Lagos

53. Pastor Laide Adenuga, Project Manager

Safe Motherhood Ladies Association, Abakaliki, Ebonyi State

54. Ugo Uduma, Project Manager

Celtron Communications Group, Lagos

55. Dapo Adelegan, CEO

Muslim Health Ummah, Kebbi State

54. Aliyu Garba, Project Manager

Women Action Research Organization, Enugu

57. Lady B. Nkechi Onah, Project Manager

Muslim Sisters Organization, Kano State

58. Amina Ahmed, Project Manager

Presbyterian General Assembly, Aba, Abia State

58. Rev. O. K. Iroh, Project Manager

Association of Development Options, Ibadan, Oyo state

59. Mrs. Bola Lana, Project Manager

Onye Ahana Nwaneya, Aba, Abia State

60. Mrs. Roseline Nnochiri, Project Manager

Life Link Organization, Lagos

62. Mrs. Dora Ofobrukweta, Project Manager

Environmental Development Family Health Organization, Ekiti State

63. Mr. Olu Ogunrotimi, Project Manager

National Union of Teachers, Katsina State

64. Kabir Asmai, Project Manager

National Union of Banks, Insurance and Financial Institutions Employees, Lagos

65. Muhammed Mamman, Project Manager

Population and Development Forum, Jigawa State

64. Aliya Ahmed, Project Manager

National Union of Road Transport Workers, Anambra

67. Chris Anyamene, Project Manager

National Union of Road Transport Workers, Kebbi State

68. Nasiru Aliyu, Project Manager

69. Aminu Bagauya ,COPOP
70. Joy Eze, SMLS, Ebonyi
71. Regina Akpan, LLO
72. Halima Abdullahi, COPOP
73. Ayo Daramola, EDFO, Ekiti
74. Adolescent from WARO project
75. Rev. Williams, PGA, Abia
76. Fatima Gwarzo (SWAAN Kano
77. Yahaya Mohammed,COPOP
68. Aishatu Yahaya, COPOP
69. Mohammed Sobiu, COPOP
70. Maryam Sabiu, COPOP
81. Felix Ani, WARO, Enugu
82. Emmanuel Adecho (COPOP)
83. Hasfat Kolo, SWAAN Kano
84. Outreach worker from HHO,
85. Julius Chinedu, Project Officer, OANA
86. Fatima Ahmed (SWAAN Kano)
87. Grace Oluwatoye, ADON
82. Akin Atobatele, RCCG
83. Remi Fakoya, NUBIFIE
84. Umar Yakubu, PODEF

85. Kilishi Sanusi, MSO
86. Yahaya Shinkafi, NUT
87. Salau Bagudo, NURTW, Kebbi
88. Hamisu Zuru, MUHEWU
89. Wale Bakare, CELTRON Group
96 – 100. Four (4) adolescents from WARO project, Enugu

H1U816.doc

Abuja, Nigeria

Scene Setter

- POTUS will enter the Abuja women's center, where he will be greeted by the Minister of Health and other dignitaries. He will then be welcomed by people ready to demonstrate their successful HIV/AIDS prevention, infectious disease and women's empowerment programs. The mood will be celebratory. Music and "cultural shows" such as drum playing and dancing will be the backdrop.

- POTUS will then tour three stations representing people living with HIV/AIDS, protecting our children against infectious diseases, and women's health and empowerment. In the first station he will greet members of SWAAN, people living with HIV/AIDS, and then will move to stations on infectious diseases (in particular malaria and polio) and women's empowerment/health. Each of these stations will be manned by members of organizations working to prevent malaria, eradicate polio and help women to help themselves. Bed-nets will be displayed in the malaria station.

- After approximately 30 minutes, the President will be escorted to a centrally located stage with the President of Nigeria, where a small group of HIV/AIDS activists and affected people will greet them. The event will be emceed by Dr. Enyantu Ifenne, director of CEDPA/Nigeria (who spoke recently at the White House). The head of SWAAN (who is the new AIDS Commission President) will also be present.

- The event will mix entertainment (individual or group singing a song about HIV/AIDS, perhaps a short skit on living with HIV/AIDS), and brief remarks by people with a relevant story to tell. The speakers will include a young person living with HIV/AIDS, an AIDS orphan, and a community activist who will talk about energizing the community (note: this could be two individuals or three; speakers are to be auditioned by the advance team).

- The President will then make a brief speech. Themes will include the importance of: 1) reducing the stigma associated with HIV/AIDS and 2) involving all segments of society including government, political and religious leaders, business and non-governmental organizations in the fight against HIV/AIDS and other preventable diseases, 3) empowering women to make decisions regarding their children's health (including immunization and malaria prevention). In the speech he will identify and congratulate a variety of activist groups in Nigeria (some of whom will have members present in the audience). These groups represent a broad spectrum of Nigerian society, including the Muslim Sisters Organization, the Nigerian Network for People Living with AIDS, Stop AIDS clubs, and the Society of Women Against AIDS in Nigeria. The President will also stress the importance of tackling infectious diseases such as polio and malaria. Polio is still endemic in Nigeria. Malaria is a major economic, as well as humanitarian problem, resulting in millions of hours of lost employment every year. The President will praise President's Obasanjo's public

support of campaigns against infectious diseases and HIV/AIDS. The President will mention private contributions of American organizations, such as the Packard Foundation, to non-governmental organizations in Nigeria. The President will also pledge USG support for HIV/AIDS prevention and care and support activities through the LIFE Initiative, as well as continued assistance in the campaign against infectious diseases. The President of Nigeria will then respond.

Members of the Audience include:

Society of Women Against AIDS in Africa (SWAAN), Kano State
Works with people with HIV/AIDS
Country Women Association of Nigeria (COWAN), Ondo State.
Supports women's empowerment, women's health.
Federation of Women Lawyers
Supports women's empowerment
Community Partners for Health, Lagos, Abia and Kano states
Health service support
Muslim Sisters Organization
Women's issues

Organizations which work with USAID on HIV/AIDS, infectious diseases and women's empowerment:

Center for Population and Development Activities/Nigeria (CEDPA)
Family Health International
Population Services International
Johns Hopkins University
Africare

Other guests include the President of the Packard Foundation

Version 8/16/00 6pm

Michael - Ken

POTUS / NIGERIA

6-2439

Alex Ross <aross@afr-sd.org>
08/08/2000 04:08:19 PM

Record Type: Record

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

cc:

Subject: [Fwd: Fw: Nigeria AIDS Meeting]

FYI

Alex

----- Original Message -------
Subject: Fw: Nigeria AIDS Meeting
Date: Tue, 8 Aug 2000 12:57:52 +0200
From: "Eka Williams" <ewilliams@pcjoburg.org.za>
To: <aross@afr-sd.org>

NC?

Alan:It was nice to speak with you yesterday. I hope the planned meeting for Nigeria goes well. Here are some contacts and ideas. Suggested speakers: 1. Prof. I Akinsete is the President of SWAA-Nigeria and also Chair of National AIDS Council. She is based in Abuja and Lagos. The SWAA-N contact number is: 234-1 5837618. swaan@cyberspace.net.g; Prof Akinsete: roakin@hyperia.com 2. Nsikak Ekpe and Mohammed Auwalu are both of the Nigeria ADS Alliance (the PHLA Network). They can be reached at 234-1-2600029/26. Email: nigeria_aidsalliance@yahoo.com 3. Toun Ilumoka is Director of EMPARC (a RH research group) based in Lagos. She can be reached at TIlumoka@aol.com. Tel: 234-1- 4976833. She could give a strong gender/youth perspective of the HIV/AIDS situation. 4. Ngozi Iwere: Director, Community Life Project has a lot of community experience, and can speak to their issues. 5. Judith Anne Walker is based is Kano and has done a lot of work documenting and evaluating HIV/AIDS activities for international agencies FHI/IMPACT can reach her. 6. Hariat Abdul Rasak-Gwadabe is an Oxford trained lawyer, and one of Nigeria's 3 females senators. She has a keen in HIV/AIDS. I can provide her contact numbers later. 7. Dr. Shetimma Kole is Country Director for Mac Arthur Foundation, is based in Abuja. He is well informed, I can also give his contacts later. 8. Edern Effiong and Onem Amadi are with the Nigeria Youth AIDS Project Lagos. They can be reached on 234-1-5840371. NYAP is well known for its programs with young people and religious groups. 9. Dr. Bode-Law Faleyimu works for Chevron, and had done work with oil workers and young people He can speak on the role of business.He can be reach at mailto:BOFA@chevron.com 10: Dr. Altine Zwandor was a former National AIDS Program Manager. She works for Pathfinder in Lagos. She can be reached on: 234-1-2619439/2624034 11. A nationally recognized traditional leader such as the Asagba of Asaba who was a professor of Public Health at UNC, North Carolina could be invited to speak. Some Important HIV/AIDS areas that need to be addressed. 1.

Support and strengthening PLHA groups and networks, disclosure issues/skills, exchange with stronger PLHA groups in other parts of Africa.2. Involvement of traditional leaders. Nigeria has an influential and well organized National Council of Traditional Leaders. They have not been involved in any serious way so far.3. Support to children and orphans affected by HIV/AIDS. The main thrusts of interventions are still around prevention and awareness, but we need to address other needs.4. Strengthening media involvement. There is an active and credible press in Nigeria, but not well informed/trained and involved in HIV/AIDS. I hope you find these helpful. Eka. Eka Esu-Williams

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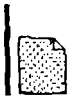 - att1.htm

Message Sent To:

Kenneth W. Bernard/NSC/EOP
Laura L. Efros/OSTP/EOP
Nora B. Dempsey/NSC/EOP
Erna Kerst <ekerst@usaid.gov>
Alan Getson <agetson@usaid.gov>

Alex Ross <aross@afr-sd.org>
08/08/2000 04:11:47 PM

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

cc:
Subject: [Fwd: Fw: HIV/AIDS Focused Persons]

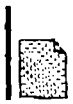
FYI

ALex

------ Original Message ------
Subject: Fw: HIV/AIDS Focused Persons
Date: Tue, 8 Aug 2000 13:02:24 +0200
From: "Eka Williams" <ewilliams@pcjoburg.org.za>
To: <aross@afr-sd.org>

Alan: Here are some more contacts for possible speakers/participants at the meeting. Some of the names (Ngozi, Adetoun or Toun, Altine or Alti and Judith-Anne) are already in the email I sent. Eka ----- Original Message ----
From: Ekong Emah
To: Eka WilliamsSent: Tuesday, August 08, 2000 1:50 PMSubject: HIV/AIDS Focused Persons
1. Ngozi Iwere, Project Director, Community Life Project 9, Ilori Street, Off Ire Akari Estate, Isolo, Lagos Phone: 01-4521992; 521992; 2882064 Fax: 01-4521992 E Mail: clp@fordwa.linkserve.org Expertise: Programming with youth 2. Judith-Ann Walker-Hashim Centre for Research and Documentation, Kano Tel 064: 668443; 064:668449 Home phone no. 064:644636 EMail: crd@crd-ng.org Expertise: Development and Gender Issues 3. NYAP, Lagos Nyap@home.panafrica.com Expertise: Programming with youth 4. Reverend O.K. Iro General Assembly of the Presbyterian Church Aba, Abia State C/o FHI, Aba 7, Factory Road, Aba, Abia State Phone: 082: 230999 5. Amina Ahmed Amiral, Muslim Sisters Organization, Kano No. 103, Sallere Quarters, Hausawa Kano C/o Adamu Imam 064: 633626; 646353 6. Alti Zwandor Technical Adviser Liverpool Associates in Tropical Health 1. Billings Way, Oregun Industrial Estate, Ikeja, Lagos Tel: 234-1-01-4972135; 4972315; 4972318-9 Fax: 4972156 Phone D/L 4972311 Email azwandor@hyperia.com 7. Adetoun Ilumoka EMPARC Executive Director 1, Wegbo Street, Off 56, Iwaya Road, Lagos Tel: 01-8646568 Peter Ujomu Health Matters Inc Block 1, Suites 3&4 LSDPC Building Esther Osiyemi Street Near Police Station Ilupeju, Lagos Tel/fax 01- 4931737 9. Col Njoku Nigerian Army,

01-2647584 Expertise: Interventions with uniformed services 10. Regina Akpan Life Link Organization 13, Commercial Road 1st Floor, Apapa, Lagos Tel. 01- 5453832 E Mail lifelink@alpha.linkserve.com Expertise: Interventions with prisoners and female sex workers

 - att1.htm

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