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National Council for International Health

Global AIDS Program

The NCIH Global AIDS Program and *AIDSLink* are supported through a cooperative agreement between the United States Agency for International Development (USAID) and NCIH. Since 1989, the NCIH AIDS Program has been working to promote the exchange of information and collaboration among US-based PVOs, indigenous NGOs, and organizations with international HIV/AIDS activities. NCIH seeks to establish and maintain an effective coalition that acts together to increase awareness, influence policy decisions, and share innovative approaches to AIDS prevention. *AIDSlink* is the bimonthly publication of the NCIH AIDS Program. For more information about the NCIH AIDS Program and the PVO/NGO AIDS Network, please contact Helen Comman or Ron MacInnis at Global AIDS Program, NCIH, 1701 K St., NW, Suite 600, Washington, DC 20006; tel: 202-833-5900; fax: 202-833-0075; e-mail: <ncihaids@ncihaids.org>.

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NCIH **National Council for International Health**

AIDSLINK

NCIH is proud to be a Partner Organization to the 12th World AIDS Conference, to be held June 28 - July 3, in Geneva, Switzerland.

What Country is This?

How is your knowledge of global AIDS pandemic? Try to identify which country fits the following profile:

- High rates of HIV infection in young men and women under 20 years of age?
- For women, the major risk factor for HIV is the behavior of their spouse or regular sexual partner.
- Rates of infection are higher in urban areas.
- Movement of HIV-infected persons to rural areas to seek familial support.
- Need for outreach strategies tailored to migrant and transient com munities.
- Epidemic's tendency to affect more heavily groups who are discrimi nated against, have less access to information and services, and lack supportive social environment.
- High risk behavior is directed to socioeconomic status

So what country is this? Actually, these criteria could serve as an accurate profile of any country in the world.

The fundamental nature of AIDS and the HIV virus, and the epidemic's patterns of transmission are similar around the globe. Though each country has its specific challenges, just about any country meets the above profile - the United States, Uganda, France, Brazil, etc. The main difference is that 95 percent of the 23 million infected women, men, and children around the world live in the developing countries of Africa, Asia, the Caribbean, and Latin America, where resources to address HIV/AIDS services are virtually non-existent.

Though AIDS is similar around the world, the way in which it is addressed around the world is not.

Seven Myths about the Global HIV/AIDS epidemic

1. AIDS is exclusively a health issue.
AIDS has devastated the lives of millions of individuals and their families globally. It has placed enormous financial and structural burdens on national health care systems, and it has forced the redirection of resources from other pressing public health concerns. The view that AIDS is exclusively a public health issue, however, overlooks the wide-ranging destruction that the virus has wrought globally on the political, economic, and social well-being of many countries, their trading partners, and their neighbors. Such a view would also excuse policymakers and global leaders from the urgent task of providing visionary leadership on this issue, at home and internationally, thus increasing the strain on public health systems without providing the necessary political will. Global responses must be seen as complex and multifaceted as is the AIDS epidemic. Although critical, the health dimension is but one part of this needed comprehensive response.

2. The United States will not be affected by the ravages of AIDS elsewhere.
Every country in the world has a national commission on AIDS. Each has recognized that the economic and political stability related to the millions of global HIV infections and AIDS-related deaths has already begun to alter routine business practices radically, impede economic and infrastructural development in some places, and compromise national and regional security. For the United States as for other nations, the implications may be quite serious unless we act quickly to slow the spread of HIV. Otherwise, the epidemic, which thrives on social and economic vulnerabilities, is likely to disrupt the patterns of global exchange and interaction in which the United States is a key player and has placed immense stakes.

3. A vaccine will stop the spread of AIDS.
A vaccine to halt the AIDS epidemic is not on the horizon and has been hindered by a variety of scientific, ethical, and procedural obstacles. Even if these issues were resolved, the development of a vaccine would not bring the epidemic to a speedy end. The advent of a vaccine tomorrow would still leave us with millions of infected people. And even apart from the problems of distribution and efficacy, it is unlikely that an HIV vaccine will be 100 percent effective. For these reasons, preventive, education, behavior change, and care for PWAs, may forever remain a permanent feature of the response to HIV/AIDS pandemic.

4. Stricter immigration controls will help prevent the spread of AIDS.
Only behavioral change can limit the spread of AIDS - not border controls. Travel and immigration restrictions have a triple negative effect. First, they discourage immigrants and refugees from seeking medical treatment and testing due to the fear of deportation. Such stigmatization drives HIV further underground, making prevention activities even more difficult. Second, such policy creates a false sense of security that AIDS exists only outside national boundaries, again countering efforts to reduce risky behavior. And third, HIV restrictions on entry complicate economic relations for US corporations and others when other countries demand information on the HIV status of persons seeking entry visas.

5. AIDS is spread only through homosexual behavior and intravenous drug use.
HIV is contracted through bloodstream or mucous membrane contact with already infected blood, semen, breast milk, or vaginal fluid. As we know, it is not passed through casual, daily contact. Today, three-quarters of all infections are reported to have been have been transmitted through unprotected vaginal intercourse. Other persons have been infected via contaminated blood products, the sharing of intravenous drug-injection equipment, unsafe oral and anal sex practices, and transmission from mother to child. Too often, however, AIDS has been perceived as associated exclusively with particular communities, whether gay and bisexual men, sex workers, immigrants, or intravenous drug users. One of the important messages of the campaign against global AIDS is that it is specific behaviors rather than communities that spread HIV. To the extent that HIV is present and unsafe behavior persists, all communities are at risk.

6. AIDS is no longer a fatal illness.
While the rate of AIDS-related deaths is falling in the US and Europe, the opposite is true for the rest of the world. There are more deaths now than ever due to AIDS. ...one fourth of all the people who have died of AIDS since the beginning of the epidemic died during 1996. This puts AIDS second next to war and other disasters as one of the rising causes of death around the world. The general consensus is that the decline in AIDS-related deaths in the US are due to a triple combination drug therapy of protease inhibitors and anti-retrovirals. The enormous cost of protease inhibitors, up to US $15,000 a year, as well as the strict regimen prohibits their access to 95% of the AIDS patients around the world. Even in the US, Canada, and Europe its access is limited, and this limitation is significantly greater among women and minority groups. According to the UN, many developing countries can only spend US $7-$10 on each HIV infected person making protease inhibitors an incredibly unrealistic intervention for these countries.

The developing countries of Africa, Asia, and Latin America experience a truly different reality in regards to AIDS. While these differences appear on every level, the devastating nature of AIDS makes this reality overwhelmingly obvious. In the developing world, AIDS-related death rates are increasing, life expectancy is a mere 12 months once a patient experiences his/her first opportunistic infection, and a great deal of work still needs to be done to institutionalize prevention efforts and increase education. In addition, systemic poverty, high STD rates, lack of resources for programs, and underdevelopment can often exacerbate the conditions of PWAs.

7. We do not have the resources to stop the spread of AIDS.
If we move quickly, the costs of fighting AIDS worldwide, although substantial, will not be insupportable. In 1995, The World Health Organization asked for a global commitment of $2.5 billion per year targeted toward prevention activities alone, which they estimate would result in a 50 percent reduction in the number of infections expected by the year 2000. Nonetheless, such a commitment would require a twentyfold increase in support. Despite the dim prospects for significant increases in global funding, the worldwide experience with HIV and AIDS has produced an enormous amount of human capital, commitment, and cooperation, all of which needs to be more effectively tapped. A broader approach of involving government agencies, international and nongovernmental organizations, AIDS Service Organizations, and local-level groups will help to meet the increasing demands of AIDS prevention, treatment, care, and education.

National Council for International Health Global AIDS Program 1997

NCIH National Council for International Health

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Agenda

Words of Welcome and Introduction - NCIH Global AIDS Program

I. UNAIDS Presentation by Peter Piot

II. Example of WHO Collaborating Centers

III. Breakout Sessions

Two groups (*concurrent)

1. Domestic ASOs - Peter Piot
Patsy Fleming, facilitator

Objective - Brainstorm on role UNAIDS can play in the United States with ASOs, what are ASOs expectations of UNAIDS, how can ASOs get better familiarized with UNAIDS activities.

2. International PVOs - Sally Cowal
Victor Barnes, facilitator

Objective - Brainstorm on role of UNAIDS in working closer to PVO community, how can PVOs benefit from UNAIDS collaboration, what can UNAIDS benefit from PVO support in the field and at the base.

Report Back to Large Group and Discussion of Reports

Conclusion / Follow Up Activities

Lunch

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Economic devastation —
impact on globalized economy

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Addressing the US NGO/PVO* response to the global AIDS pandemic in collaboration with UNAIDS

October 3, 1997

Organized and facilitated by the Global AIDS Program of the National Council for International Health. To be held, Friday, October 3, 1997, from 9:30 a.m. to 1:00 p.m., at the American Red Cross building, 430 17th St. NW, Washington, DC.

Invitees

from United Nations

Dr. Peter Piot, Executive Director, UNAIDS
Ambassador Sally Cowal, Director, External Relations, UNAIDS
Calle Almedal, NGO Liaison Officer, UNAIDS (as of November 1997)
Rafael Mazin, Regional Advisor on AIDS, PAHO
Jairo Pedraza, UNAIDS Program Control Board, North American NGO Representative

from US Government

Sandra Thurman, Director, White House Office of National AIDS Policy
Holly Dempsey, USAID HIV/AIDS Division
Cliff Cortez, USAID HIV/AIDS Division
Victor Barnes, Director of International Programs, CDC
Marcia Martin, Special Assistant to the Secretary, Dept. of Health and Human Services
Eric Goosby, Director, Office of HIV/AIDS Policy, Dept. of Health and Human Services

from US AIDS Organizations working domestically

Cornelius Baker, Executive Director, National Association of People Living with HIV/AIDS
Jane Silver, American Foundation for AIDS Research
David Harvey, Chair, National Organizations Responding to AIDS,
Exec. Dir. AIDS Policy Center for Children, Youth, and Families
Daniel Zingale, Executive Director, AIDS Action Council
Ken South, Executive Director, AIDS National Interfaith Network
Alice Blair, American Red Cross
Mohammed Ahkter, President, American Public Health Association
Jacqueline Coleman, Assoc. Director for Technical Assistance, National Minority AIDS Council
Adele Mora di Puma, External Relations Director, Mother's Voices

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** 2 PVO, Private and Voluntary Organization, is a legal term to define a non-governmental organization that meets legal requirements to receive funding from and implement overseas activities on behalf of the United States Agency for International Development (USAID).*

Paul Boneburg, Executive Director, Global AIDS Action Network

from US Organizations working internationally in HIV/AIDS

Rebecca Gilad, Academy for Educational Development
Carol Kauffman, American Red Cross
Katherine McKaig, CARE
Sam Avrett, International AIDS Vaccine Initiative
Gail Goodrich, FHI/AIDSCAP
Lori Heise, Co-Director, Health and Development Policy Project
Geeta Rao Gupta, President, International Center for Research on Women
Andrew Fisher, International Programs Director, Population Council
Alex Brown, Vice President, Population Services International (PSI)
Nancy Pendarvis Harris, John Snow Inc./Family Planning Services

from NCIH

Frank Lostumbo, President
Patricia Fleming, consultant to NCIH Global AIDS Program
Helen Cornman, Program Officer, Global AIDS Program
Ron MacInnis, Program Officer, Global AIDS Program

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Statement of Purpose

Historically, many global programs, including United Nations Programs, leave the United States out of their targeted geographical regions, as if the US were not part of the same globe. This reasoning has it that the US, as a donor country in the context of global economic development, is not in need of services provided by global health and development organizations. This reasoning would also imply that US-based non-government organizations working in HIV/AIDS have nothing to profit from global exchange.

In the context of the AIDS pandemic, these ideas have been challenged on a daily basis. Much of what has been achieved in the US in helping to reduce the stigma and fatality rates due to AIDS are the results of worldwide cooperation on a variety of AIDS prevention, research, and care-focused projects. And, the rest of the world, particularly the developing countries of Africa, Asia, the Caribbean, Eastern Europe, and Latin America, are watching closely how the US responds to the AIDS epidemic not only within our own borders, but in our outreach efforts to them.

The rest of the world is also watching on television and listening on radio programs in their corners of the world about how AIDS fatalities are on the decline in the US, and how hope is coming alive for many persons living with HIV/AIDS in the United States. While the devastation of the AIDS epidemic ravages through Africa and Asia, this news that is spawning hope in the US is once again providing frustration and despair for those places in the world where economic constraints mean death for 23 million HIV-infected men, women, and children. The epidemic that started the first true global partnership at addressing a single disease, and that brought together partners from around the globe, is becoming an issue of the haves vs. the have nots. How will we, US non-governmental organizations working in HIV/AIDS programming and policy, respond to this ever widening global gap?

The Joint United Nations Programme on AIDS (UNAIDS) and the United States Agency for International Development (USAID) are the two main mechanisms by which the US Congress channels its outreach efforts in response to the global AIDS epidemic. While USAID's mission of providing AIDS prevention services to select countries around the world works on a fairly fixed agenda, there are efforts at coordinating the NGO response among the international NGO (or "PVO") community. UNAIDS' role as a coordinating mechanism for the United Nations system's response to AIDS has components that may be able to offer opportunities for enhancing the involvement and interaction of US organizations in its global coordination of prevention, care, research, and treatment for HIV/AIDS.

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* / *PVO, Private and Voluntary Organization, is a legal term to define a non-governmental organization that meets legal requirements to receive funding from and implement overseas activities on behalf of the United States Agency for International Development (USAID).*

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PARTICIPATING ORGANIZATIONS

Academy for Educational Development (AED) assists governmental and nongovernmental organizations in developing social marketing efforts primarily in the area of nutrition (Vitamin A, breast feeding, maternal nutrition, and diarrheal infection). AED provides technical assistance to develop and implement programs, conduct formative research, develop materials, and evaluate programs. AED's HIV/AIDS projects include: Family Health and AIDS/West and Central Africa projects; Central America AIDS Communication Support Project; and the Dash project. Contact Rebecca Gilad, 1255 23rd St. NW, Suite 400, Washington, DC 20037; tel: 202-884-8743; e-mail: <rgilad@aed.org>.

AIDS Action, the Washington voice for America's AIDS organizations, is a voice for people affected by HIV and AIDS. AIDS Action is a network of over 2,000 community-based organizations throughout the United States. AIDS Action's diversity ranges from rural networks and church-based groups to the largest AIDS service providers from Portland, ME to Los Angeles, CA. Contact Daniel Zingale, 1875 Connecticut Ave. NW, Suite 700, Washington, DC 20009; tel: 202-986-1300; fax: 202-986-1345; e-mail: <aidsaction@aidsaction.org>.

AIDS Control and Prevention Project (AIDSCAP) of Family Health International funded by the United States Agency for International Development (USAID) is designed to support the capacity of developing countries to prevent and control HIV. AIDSCAP collaborates with community groups, governments, international donor organizations, and universities to mobilize communities and resources for large-scale HIV/AIDS prevention programs. AIDSCAP focuses on reducing the sexual transmission of the virus by increasing access to and use of condoms, minimizing high-risk behavior, and improving the treatment and control of STDs. Contact Gail Goodrich, 2101 Wilson Boulevard, Suite 700, Arlington, VA 22201; tel: 703-516-9779; fax: 703-516-9781; e-mail: <ggoodrich@fhi.org>.

American Foundation for Research on AIDS (AmFAR) is the nation's leading private organization dedicated to AIDS research and education. Since 1985, AmFAR has provided nearly $30 million for AIDS research and prevention projects. Through its AIDS/HIV Treatment Directory, AmFAR provides people with AIDS/HIV and health care professionals with up-to-date and accurate information on the full range of treatment option. Contact Jane Silver, Director of Public Policy, 1828 L Street, NW, Suite 802, Washington, DC 20036; tel: 202-331-8600.

AIDS National Interfaith Network (ANIN) is a non-secretarian, private, non-profit organization founded in 1988. ANIN was created to ensure that individuals with HIV and AIDS

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* 3 *PVO, Private and Voluntary Organization, is a legal term to define a non-governmental organization that meets legal requirements to receive funding from and implement overseas activities on behalf of the United States Agency for International Development (USAID).*

receive compassionate and non-judgmental support, care and assistance. ANIN collaborates with a network of nearly 2000 AIDS ministries. ANIN works with national faith-based, AIDS-specific networks, supports community-based AIDS ministries; and educates AIDS service organizations, the religious community at large through its Red Ribbon program and the general public about AIDS ministries. ANIN's programs include networking/collaboration, and referral activities, as well as public education and federal AIDS policy advocacy. Contact Ken South, Executive Director, 1400 I Street, NW, Suite 1220, Washington, DC 20005; tel: 202-842-0010.

AIDS Policy Center for Children, Youth and Families serves the unique public policy concerns of parents, families and young people living with and at risk for HIV/AIDS. Over 350 care and research agencies serving youth, women and children are AIDS Policy member affiliates. The center is the only national organization with a sole focus on children, youth, and family HIV policy and legal issues. Contact Co-chair David Harvey, 918 16th St. NW, Suite 201, Washington, DC 20006; tel: 202-785-3564; fax: 202-785-3579; e-mail: <apccyf@aol.com>.

American Public Health Association (APHA) is the oldest and largest organization of public health professionals in the world, representing more than 50,000 members from over 50 occupations of public health. The APHA is concerned with a broad set of issues affecting personal and environmental health, including federal and state funding for health programs, pollution control, programs and policies related to chronic and infectious diseases, a smoke free society by the year 2000 and professional education in public health. Contact, Mohammed Akhter, President, 1015th Street, NW, Suite 300, Washington, DC 20005; tel: 202-789-5600.

American Red Cross is a humanitarian organization, led by volunteers, that provides relief to victims of disasters and helps people prevent, prepare for, and respond to emergencies. The Red Cross' HIV/AIDS mission is to provide effective community education that is culturally appropriate and demonstrates compassion and humanity toward individuals who are HIV positive and their families. In addition to its extensive programs across the United States, the Red Cross has HIV/AIDS prevention programs in Indonesia, Jamaica, and Mexico. Contacts: Alice Blair, Carole Kauffman, Associate Director, 8111 Gatehouse Road, Falls Church, VA 22042; tel: 703-206-7637; fax: 703-206-7673; e-mail: <KauffmanC@USA.RedCross.org>.

CARE Since the late 1980s, CARE has been committed to fighting the AIDS pandemic. The program evolved from one community-based AIDS project in Rwanda in 1989 to 27 global projects. CARE's goal in HIV/AIDS is to empower local communities to protect themselves from HIV infection and to mitigate the negative effects of the pandemic on community survival. CARE has programs in relief and development settings which focus on HIV prevention and community support within and beyond the health sector. HIV prevention programs at CARE focus on information, education, and communication (IEC), condom availability and access, STD management, and institution strengthening. HIV/AIDS projects are worldwide in more than 30 countries. Contact: Katherine McKaig, Health Specialist, Primary Health Care Unit, 151 Ellis Street NE, Atlanta, GA 30303; tel: 404-681-2552; fax: 404-577-4515; e-mail: <mckaig@care.org>.

Global AIDS Action Network (GAAN) was formed by members of the US advocacy group Mobilization Against AIDS with a mission to facilitate advocacy on global AIDS programs by providing policy analysis to concerned organizations, creating and maintaining an advocacy and policy network, and facilitating coordination between groups for specific advocacy or policy

efforts. Contact Paul Boneburg, Executive Director, 1931 13th Street NW, Washington, DC 20009; tel: 202-667-6300; fax: 202-483-1135; e-mail: <globalaids@aol.com>.

Health and Development Policy Project (HDDP), a project of the Tides Foundation, works to promote women's health and well being by raising awareness of the gender and social justice dimensions of population and macroeconomic policies and by integrating women's needs and perspectives into international health policy and practice. The project aims to ensure that US foreign policies and development assistance programs actively contribute to women's health, economic empowerment, and political participation. Contact Lori Heise, 6930 Carroll Avenue, Suite 430, Takoma Park, MD 20912; tel: 301-270-1182.

International AIDS Vaccine Initiative (IAVI) is a global initiative formed to ensure development of safe, effective, preventive HIV vaccines for use throughout the world. It will accomplish its mission through three areas of activity: financial support for targeted, applied vaccine development focusing on the gaps in current efforts; worldwide advocacy and education for HIV vaccine research and development; collaborative work \with national governments, private industry, and regulatory authorities to create a more favorable environment for investment in HIV vaccine research. Contact Sam Avrett, 1400 I St. NW, Suite 1220, Washington, DC 20005; tel: 202-842-3004; fax: 202-408-1818.

International Center for Research on Women (ICRW) established in 1990 through a cooperative agreement with USAID. The program supports descriptive and operations research in developing countries on ways to reduce women's risk of HIV infection. It consists of four components: a research grants program, two collaborative studies, technical support, synthesis, and dissemination. There are currently eight projects underway. Contact: Geeta Rao Gupta, President, 1717 Massachusetts Ave. NW, Suite 302, Washington, DC 20036; tel: 202-797-0007; fax: 202-797-0020; e-mail: <icrw@igc.apc.org>.

John Snow, Inc. / Family Planning Technical Services and Technical Support Project seeks to integrate AIDS/STD services and family planning/reproductive health programs. Activities include social marketing, strengthening service integration and quality improvement, family planning and STD services, promoting financial and institutional sustainability, and building regional resources and capabilities for program development and implementation. Programs in 10 countries in Africa, and in Russia. Contact Nancy Pendarvis Harris, Director, 1616 N. Ft. Myer Drive, 11th Floor, Arlington, VA 22209; tel: 703-528-7474; fax: 703-528-7480; e-mail: <nancy_harris@JSI.com>.

Joint United Nations Programme on HIV/AIDS (UNAIDS), based in Geneva, Switzerland, is an unprecedented joint venture in the United Nations family. It strives to maximize the United Nation's efficiency and impact in the field of HIV/AIDS by pooling the experiences, efforts and resources of six organizations. UNAIDS is co-sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank. As the main advocate for global action on HIV/AIDS, UNAIDS leads, strengthens and supports an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic. Contact, Sally Cowal, 20, avenue Appia, CH-1211, Geneva 27, Switzerland; tel: (41) 22 791 4716/4681.

Mother's Voices is the only national, grassroots, non-profit organization mobilizing mothers as AIDS sexual health educators and advocates. Mother's Voices provides resources for mothers to educate their children and advocates for more effective HIV prevention programs, the promotion of safer sexual behavior, and increased funding for research to produce improved treatments, a vaccine, and a cure for AIDS. Contact, Adele Mora di Puma, Communications Director, 165 W. 46th Street, Suite 701, New York, NY 10036.

National Association of People Living with AIDS (NAPWA) is dedicated to improving the lives of people with HIV disease at home, in the workplace and in the community. Since 1983, NAPWA has served as a resource and voice for the needs and concerns of all people infected and affected by HIV/AIDS in the United States. programs completing this mission are: Education and Outreach, Health and Treatment; Advocacy; Skills Building and Technical Assistance; and MedExpress. NAPWA coordinates AIDSWATCH (annual Congressional Advocacy event which also addresses US foreign policy issues which relate to HIV/AIDS), and the National HIV Testing Day (June 27). Contact: Cornelius Baker, Executive Director, 1413 K St. NW, 7th Floor, Washington, DC 20005; tel: 202-898-0414; fax: 202-898-0435; e-mail: <NAPWA@thecure.org>.

National Minority AIDS Council (NMAC) The National Minority AIDS Council (NMAC) is dedicated to using all of its resources on a national level to help develop leadership in minority communities to address issues of HIV/AIDS. NMAC is the only national AIDS organization dedicated solely and specifically to minority communities. NMAC sponsors award-winning conferences including The US Conference on AIDS, Our Place At the Table, and the Prevention Summit, and provides technical assistance, prevention education campaigns, and advocacy projects. NMAC hosts the North American secretariat of the International Council of AIDS Service Organizations (ICASO) and has conducted technical skills building workshops in South Africa. Contact Jacqueline Coleman, 1931 13th St., NW, Washington, DC 20009-4432; tel: 202-483-NMAC; fax: 202-483-1135.

The National Council for International Health (NCIH) Global AIDS Program serves a international network of non-governmental organizations by educating and providing advocacy on issues affecting the populations most affected by the HIV/AIDS pandemic. The goal is to facilitate understanding and communication between AIDS service organizations and HIV/AIDS programs that benefit the men, women, and children of the developing countries of Africa, Asia, Latin America, and the Caribbean. Contact Helen Cornman or Ron MacInnis, Program Officers, 1701 K St. NW, Suite 600, Washington, DC 20006; tel: 202-833-5900; fax: 202-833-0075; e-mail: <ncihaids@ncihaids.org>.

National Organizations Responding to AIDS (NORA) is a coalition of more than 150 health, labor, professional, and advocacy organizations actively battling the AIDS epidemic. NORA advocates for fair and effective AIDS policy, legislation, and funding. Working groups are organized to focus in the following key areas: Appropriations, Health Access, HIV Testing, Incarcerated Populations, International Issues, Prevention (and Needle Exchange), and Research. Contact Co-chair David Harvey, 918 16th St NW, Suite 201, Washington, DC 20006; tel: 202-785-3564; fax: 202-785-3579; e-mail: <apccyf@aol.com>.

Office of National AIDS Policy Office of National AIDS Policy was created in 1993 by President Clinton to provide a national focus and direction for the US government's response to HIV and AIDS. More recently, President Clinton asked ONAP to develop a comprehensive National AIDS Strategy that would detail the Federal government's long-term approach to this epidemic. The National AIDS Strategy has been developed by the Clinton Administration to capitalize upon progress already made in fighting the epidemic and to catalyze collaborative efforts among Federal Agencies, communities, State and local governments, businesses, schools, churches, families, and individuals. Contact Sandra Thurman, Executive Director, 808 17th Street, Suite 820, Washington, DC 2000.

Pan American Health Organization (PAHO) is an international public health agency with more than 85 years of experience in providing technical cooperation to the countries of the Americas. PAHO serves as the specialized organization for the health of the Inter-American System and Serves as the regional office for the Americas of the World Health Organization, and as such is part of the United Nations System. PAHO is committed to bringing its member countries support in HIV/AIDS prevention, care, research, and treatment. Contact Rafael Mazin, 525 23rd St. NW, Washington DC, 2007; tel: 202-974-3489; fax: 202-974-3695.

Population Council is an international non-profit organization established in 1952 to undertake social and health science programs and research relevant to developing countries. In conjunction with a team of US-based international organization, the Population Council was recently awarded a five-year, $40 million contract from USAID to design, implement, and evaluate innovative service delivery strategies to prevent the spread of HIV/AIDS and other sexually transmitted diseases in the developing countries of Africa, Asia and Latin America. Contact: Andrew Fisher, Program Director, One Dag Hammarskjold Plaza, New York, NY 10017; tel: 212-339-0603; fax: 212-755-6052.

Population Services International (PSI) is an international non-profit organization that provides low-cost health and family planning products and services to lower income people primarily in developing countries. These services include: 1) distribution of affordable family planning products; 2) programs to combat the spread of HIV/AIDS; 3) mass media campaigns to motivate behavioral change in HIV/AIDS prevention, family planning and maternal and child health care; 4) marketing of kits to treat and prevent the spread of sexually transmitted diseases and communications programs to motivate prudent behavior; 5) programs to protect women's health, and the health of teens at high risk of HIV/AIDS; and 6) fostering local industry and service capabilities. Programs in 10 countries around the world. Contact Nancy Perdarvis Harris, 1120 19th St. NW, Suite 600, Washington, DC 20036; tel: 202-785-0072; fax: 202-785-0120.

Program for Applied Technologies in Health (PATH) is a non-profit NGO aimed at improving the availability, effectiveness, safety, and acceptance of health products and technologies in developing countries. The HIV program consists of five program areas: 1) condom quality management; 2) information, education and communication materials and technical information; 3) HIV diagnostics; 4) safe injection technologies; and 5) infant immunization programs. Contact Elaine Murphy, Senior Program Advisor, 1990 M St., NW, Suite 600, Washington, DC 20036; tel: 202-822-0033; fax: 202-457-1466; e-mail: <emurphy@path_dc.org>.

United States Agency for International Development (USAID) began its work on HIV/AIDS prevention in 1986. The Agency has committed more than $700 million to HIV/AIDS prevention programs worldwide. This commitment has enabled USAID to establish effective partnerships with international organizations, donors, national governments and non-governmental organizations (NGOs), develop innovative approaches to HIV/AIDS prevention and build community capacity to slow the spread of the epidemic. Partnership and prevention are the guiding principles of USAID's response to the challenge HIV/AIDS poses to sustainable development. Contact, Paul DeLay, Division Chief, HIV/AIDS Division, Ronald Reagan Building, 3.06-083, Washington, DC 20523-3700; tel: 202-712-0683.