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001. check	personal, from Michael Iskowitz to Social and Scientific Systems (partial) (1 page)	06/26/2000	b(6)

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Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:
Durban [7/7-7/15/00] [2]

2007-1550-F
kc1255

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

July 5 - 15, 2000

CHERYL S. BAUERLE

WHITE HOUSE
OFFICE OF NATIONAL AIDS POLICY

XIII International Conference on AIDS

Table of Contents - Cheryl

*Back folder contains: NIC Report, UNAIDS 99 Update, Africa Report

T- Durban

XIII International AIDS Conference
Physical address: Suite 301, The Station Building, 160 Pine St, Durban 4001, RSA
Postal address: PO Box 1620, Durban, 4000
Tel : +27 31- 301 0400
Fax : +27 31- 301 0191
E-mail : aids2000@aids2000.com
Website: www.aids2000.com

XIII INTERNATIONAL AIDS CONFERENCE
DURBAN • SOUTH AFRICA • 9-14 JULY 2000

2000-06-05

Sandy Thurman
Office of National AIDS Policy
The White House

091 202 456 2438

Dear Sandy
The scholarship funding proposal, Conference program and a list of the major sponsors is attached.
There are 16 pages in this transmission.

Regards

Clarence Mini

PROPOSAL FOR FUNDING

INTRODUCTION

IMPACT OF THE INTERNATIONAL AIDS CONFERENCE

From 9-14 July 2000, the Global AIDS Community will convene in Durban, South Africa to share knowledge, ideas and experiences that will further the world's efforts against HIV/AIDS. South Africa was chosen by the International AIDS Society (IAS) to host the XIII International AIDS Conference. This is the largest medical/scientific conference in the world and will be the largest conference ever held in Africa. The theme of the Conference is "Break the Silence".

Conference co-organisers:

The Global Network of People Living with HIV/AIDS (GNP+)
The International AIDS Society (IAS)
The International Council of AIDS Service Organisations (ICASO)
The International Community of Women Living with HIV/AIDS (ICW)
The Joint United Nations Programme on HIV/AIDS (UNAIDS)

Over 10,000 delegates from around the world are expected to attend the Durban Conference, included in this number are people living with AIDS, leading scientists and clinicians, health care workers, public health agencies, community representatives, politicians, and about 1500 media representatives.
South Africa is an appropriate choice for the first of these conferences to be held in the new millennium, as it will highlight the plight of the continent where two thirds of all HIV positive people live. South Africa is both a country recently reborn and sadly, a country with a rapidly growing HIV epidemic. At present South Africa has 4 million infected people out of a population of 40 million, and an infection rate of 1700 people per day.
The XIII International AIDS Conference is organised as a non-profit venture. Any surplus that these conferences generate is dedicated to promoting scientific research and community action on HIV/AIDS.
The Conference Organising Committee would therefore like to invite you to consider becoming a supporter of the scholarship programme to enable us to increase access to the Conference to delegates who do not have the organisational or industry support to participate in this Conference.
Tailor-made opportunities to support the Conference can also be explored with me should you so desire.

SCHOLASHIP OBJECTIVES

It is the objective of the Conference Organising Committee to make the XIII International AIDS Conference as accessible and as beneficial as possible to a wide variety of scientists, health professionals, community workers and persons living with HIV/AIDS from all regions of the globe, especially resource poor settings.

Scholarship support will not only allow participants to attend the Conference and present their abstracts, but also be able to take part in an innovative and extensive hands-on training programme with professional facilitators and community based practitioners from all over the world.

The Scholarship Programme will;

Facilitate and administer the selection process and awarding of full/partial scholarships to a number of delegates who would otherwise not be able to benefit from the conference experience.
Ensure equitable participation of those global communities from areas of the world most affected by HIV/AIDS.
Ensure equitable participation of scientists from areas of the world most affected by HIV/AIDS.
Develop and apply transparent and uniform guidelines for scholarship selection.
Provide extensive hands-on training opportunities through Skills Building Workshops.
Provide pre-Conference information and on-site support to facilitate the scholarship participants' travel and to promote their participation at the Conference.

A Scholarship Working Group has been set up to manage the Scholarship Programme objectives and selection process.
The Scholarship Working Group will;

Ensure equitable regional, gender and where possible PWA representation.
Identify candidates who could share their knowledge and contribute to the Conference, and identify candidates who would be able to acquire, use and transfer skills required.

The Scholarship Programme funds will be used exclusively for de facto scholarship recipients' registration, which stands at US$700 per delegate, also travel, per diem and accommodation.

ROLE OF SPONSORS:

The Conference Organising Committee of the XIII International AIDS Conference is looking to you to support the Scholarship Programme for optimising participation of delegates who do not have the means of attending this high level gathering without the commitment and intervention of sponsors.
This Conference will help determine direction for the global response to HIV/AIDS. The fact that it is held in Africa will help place developing country issues high on the agenda. This event will bring leading scientists, doctors, health care workers, politicians, care givers and community representatives to Africa, creating unique opportunities for interaction with local communities.
A wealth of knowledge will be made available to the health sector in South Africa and will also be one of the most effective ways of stimulating local and regional awareness of HIV/AIDS issues in Sub-Saharan Africa.

The XII International AIDS Conference held in Geneva in 1998 raised sponsorship for 1,000 scholarship participants. It is our objective in South Africa to raise sponsorship for 2,000 international scholarships, 500 South African scholarships and 350 media scholarships at a cost of about US$2,500 per participant to cover registration, travel, per diem and accommodation. The media scholarships are aimed mainly at radio journalists from developing countries.

The scholarship pool will be drawn from an expected number of about 6,000 applicants and will be selected according to objective and transparent criteria, which have been determined by the Scholarship Working Group. The selection of the Scholarship Working Group itself took into account regional representation. We believe that your contribution will bring us closer to our goals by creating institutional capacity amongst communities that are faced with HIV/AIDS.

Clarence Mini
Conference Fundraiser
XIII International AIDS Conference.

XIII International AIDS Conference

Report on sponsorship/Congrex

			Items	Scholarship	SA Scholarship	Invoiced
Bristol Myers Squibb	**Principal Sponsor**	250,000				
	Advertisement Invitation Programme		10,000			X
	Adv. In Advance Programme on the Web		10,000			X
	Final Programme		10,000			X
	Message and Information System		25,000			X
	Pocket Programme		15,000			X
Dupont	**Principal Sponsor**	250,000				
	PWA lounge		3,000			X
	Delegate Bag		50,000			X
	Advertisement Final Programme 1/2 page		5,000			X
Abbott	**Principal Sponsor**	250,000				
	Adv. Abstract book, outside backpage		20,000			X
	Adv. 3 issues of Community Newsletter		8,000			X
Boehringer Ingelheim	**Principal Sponsor**	250,000				
	Advertisement Invitation Programme 1page		10,000			X
	Advertisement Final Programme 1page		10,000			X
	Scholarship lounge		15,000			NO
GlaxoWelcome	**Principal Sponsor**	250,000				
	Advertisement Invitation Prgr 1 full page		10,000			X
	South African Scholarship Programme				25,000	X
	AIDS 2000 Development Project		3,000			X
Roche	**Principal Sponsor**	250,000				
	Subtotals	**1,500,000**	**204,000**		**25,000**	

displayed from 08:00 until 18:30 from Monday, July 10 to Thursday, July 13, with a daily change. Presenters will be at their posters at set times to answer questions and provide further information on their study results. In addition, specific posters will be selected for presentation in the poster presentation sessions.

Late Breakers
Because the Conference requires that abstracts be submitted several months in advance, it is important to provide an opportunity during the Conference for presentation of any important 'late breaking' developments in scientific research. Time for 'late breakers' has been scheduled for Friday July 14. Competition for the limited number of slots available is expected to be fierce. Therefore, the regular abstract deadline should be kept, if at all possible.

Rapporteur Sessions
On the final morning of the Conference, a final summary for each track will be presented. This session will summarize and synthesize the presentations made during the week, focusing on critical issues addressed and important results presented. Each day, the rapporteur for each track will also report the highlights of the Conference in the daily conference newspaper.

Scientific Tracks
The XIII International AIDS Conference will be organised into five tracks: Track A will be dedicated to Basic Science, and Track B to Clinical Science. Track C will be devoted to Epidemiology, evaluation of prevention tools and public health strategies, and Track D to Social Science. Track E is an innovation of the XIII International AIDS Conference and will concentrate on cross discipline issues of rights, politics, commitment and action. Across all tracks, abstracts will be selected for their high quality and their relevance for prevention treatment and care.

Track A
Basic Science
Track A will cover virology, microbiology, immunology, and molecular biology research relevant for the diagnosis, treatment and prevention of HIV/AIDS. The research topics considered for this track are related to basic retrovirology, evaluation of new diagnostic techniques, animal models for pathogenesis, vaccines and treatment, opportunistic pathogens associated with HIV/AIDS, and vaccine research. These research topics will reflect geographic and genetic diversity, resistant strains, and their implication for therapy and vaccine development.

Track B
Clinical Science
Track B focuses on clinical research, including topics such as the clinical course of HIV infection, prevention and treatment of opportunistic infections, neoplasms, and other HIV related diseases. Track B will also include anti-retroviral therapies, clinical trials for preventing mother-to-child transmission, gene therapy, provision of care, and methodological issues in clinical research.

Track C
Epidemiology, Prevention and Public Health
Track C covers research on descriptive and molecular epidemiology of HIV, determinants of HIV transmission and risk factors, natural history, progression of the disease and survival, evaluation of biomedical and behavioural preventive interventions, and public health strategies. The specific topics of interest are surveillance, epidemiological modelling, analytic observational studies, and experimental studies.

Track D
Social Science
Track D is devoted to a broad range of social and behavioural sciences, including Economics, Anthropology, Psychology and Sociology. This track concerns the social theory that underpins response to the HIV/AIDS epidemic. Culture and Society shape the response to the epidemic and are important areas for consideration. Track D will include research topics on economic and social development, culture and human sexuality, and methodological issues in behavioural and social sciences.

Track E
Rights, Politics, Commitment and Action
Through a critical examination of rights, politics, commitment and action, Track E will explore how policies and programmes are created, debated, applied and evaluated. The roles and responsibilities of governments, intergovernmental organisations and the private sector will be addressed.

Human rights and public health are central because the implementation of the best practices identified in the other tracks is largely dependent on a free, vigorous and participatory civil society. This track will also include critical descriptions from the perspective of human rights, of innovative intervention programmes and experiences.

COMMUNITY PROGRAMME

The aim of the community programme is to integrate and involve the infected and affected community perspectives and voices in all aspects of conference planning, conference programme and conference evaluation. The community programme is divided into the following components:
Community Indaba (Community Forum)
Mamelang! (Community Symposia)
Ahang-Fundani Programme (Skills building and development)
Vukani! Sessions (Debates)

COMMUNITY INDABA
(Community Forum)

Indaba - coming together

The two day Community Indaba is being developed as a platform to provide opportunity to interact and discover new ideas; to improve knowledge and deepen understanding of specific issues and to provide opportunity for community exchange and networking amongst community based delegates.

MAMELANG!
(Community Symposia)

Mamelang! - listen up

Community Symposia will deal with a number of issues related to community action and HIV/AIDS. The formats for these symposia will vary according to issues, but will focus on interactive exchange using case studies, demonstrations and workshops.

AHANG-FUNDANI PROGRAMME
(Skills building and development)

Fundani - to learn
Ahang - to build and develop

The Ahang-Fundani programme is being developed to assist participants to develop new skills, or to improve on existing skills. The Ahang-Fundani programme will take place during the Community Indaba and the main conference. One of the main foci of the programme will be on training people to transfer skills and knowledge gained into their own communities once they return.

VUKANI!
Sessions (Debates)

Vukani! - wake up

The Vukani! Sessions are created to encourage debate and dialogue around certain "hot" issues. There will be presentations "for" and "against" the topics, and opportunity for the audience to participate and interact in the discussions.

INTAIDS2000 E-mail Discussion Forum

XIII International AIDS Conference joins forces with Fondation du Présent. Open debate and discussion about the XIII International AIDS Conference was recently launched on the global e-mail discussion forum INTAIDS2 Information and views exchanged through the forum inclu

- Conference information - deadlines, updates etc.
- Broad-based community input on pre-conference discussions themes
- Programme development news
- Comments or questions from other discussion forums about the conference
- Summarised discussions from other forums
- Conclusions and recommendations from other HIV/AI events
- Media information and news coverage of the conferen

OPEN CONFERENCE DISCUSSION FORUM

In keeping with the spirit and theme of the Conference, INTAIDS2000 is an open forum and all views and perspectives are welcome. As well as encouraging open participation from all around the world, particular attention has been given to ensure the active participation of :

- Over 10,000 existing forum members
- Track Chairs and Programme Committee Members
- Conference Secretariat & Official Co-Organisers (IAS, UNAIDS, ICW, GNP+ & ICASO)
- Selected National Key Correspondents and Conferenc Contacts
- Recipients of media scholarships

The Conference Co-Organisers are making every effort to respond to issues raised through the forum and to requests specific information. The forum will also be used to provid additional input into post-conference follow-up and evalua

TO JOIN INTAIDS2000

- send an e-mail to: intaids@hivnet.ch
- with the word 'join' in the subject line

If you have Internet access you can also go to the Conference web-site:www.aids2000.com

INTAIDS2000 is provided free of charge to users by The Fondation du Présent (www.hivnet.ch/fdp). A Geneva-based NGO helping to reshape partnerships among HIV/AIDS organisations worldwide.

OPENING & CLOSING CEREMONIES

The Opening Ceremony will take place in the Kingsmead Cricket Stadium at 19.00 on Sunday, July 9, 2000. All registered participants, registered accompanying persons, exhibitors, and media are welcome.

On the final day of the official Conference Programme (Friday, July 14, 2000) the Closing Ceremony will be held immediately following the Rapporteur Sessions.

COMMERCIAL EXHIBITION

Participants are invited to the XIII International AIDS Conference Exhibition in Hall 1, Durban Exhibition Centre throughout the week of the Conference. A special time slot has been allocated in the programme for visits to the Exhibition Area, daily between 11.00 and 13.00.

The Exhibition will feature commercial exhibitors from around the world. Companies interested in exhibiting should contact Congrex, Durban.

EXHIBITION OF NON-GOVERNMENT, NON-PROFIT ORGANISATIONS

A number of small exhibit booths will be reserved free of charge for non-government, non-profit organisations. The numbers are limited, so a selection process will be established by the Community Programme Committee.

To receive a copy of the application form, please contact Congrex, Durban. Completed application forms must be received by February 1, 2000 in order to be considered

AMASIKO THE CULTURAL PROGRAMME

The different cultures in South Africa will be presented in an exhuberant and vibrant programme, which will run throughout the duration of the Conference. The presentations will be visual and performing arts, which aim to be both educational and entertaining.

The programme will provide a platform for conference delegates and the KwaZulu-Natal community to interact, network and share the dynamics of Culture and AIDS, starting with an opening event at the beginning of the Community Programme ending in a formal Closing Ceremony.

BambaNaNi: (BNN)

BambaNaNi - togetherness
The BNN is established to provide the global community opportunity to give input into the 'conference experience' and to act as a communication and information network of and for the community aspects of the Conference. The specific objectives of BNN are to receive input from the infected and affected community; to keep community participants informed on conference planning; to establish sustainable communication networks and links before, during and after the Conference and to extend the conference experience beyond AIDS 2000 as well as to create links with regional and other HIV/AIDS conferences.

AFFILIATED EVENTS

The XIII International AIDS Conference Organising Committee has developed rules for Affiliated Events to protect the reputation and integrity of the Conference and to maintain attendance in scientific sessions and exhibit hall. Permission to hold Affiliated Events is limited to those companies exhibiting at the XIII International AIDS Conference and certain non-profit, non-governmental organisations.

All requests for affiliated events must be submitted on the Affiliated Event Form. Interested parties may request an Affiliated Event Form from Congrex, Durban. The Conference controls meeting space at the International Conference Centre and approves all space release at official hotels. Requests are assigned on a first-come, first-served basis after all official Conference functions are placed.

The following affiliated events may be held during the XIII International AIDS Conference:

Satellite Meetings
Meetings of scientific groups and associations
Meetings of Non-Governmental Organisations (NGOs)
Meetings of International Organisations
Exhibitor Staff Meetings
Press Conference/Media Activity
Scientific Presentations in Exhibit Booth
Evening Social Functions

All costs associated with the affiliated event will be assumed by the body organising the event. Events may not conflict with the Conference Programme.

Address

Congrex
AIDS 2000
P.O. Box 1620
Durban 4000
South Africa
Phone: +27 31 301 0400
Fax: +27 31 301 0191
E-mail:
congrex@aids2000.com

SATELLITE MEETINGS

Commercial and non-commercial satellite meetings on specific issues related to HIV/AIDS will take place on-site and off-site each evening, some early mornings, and on the Saturday and Sunday before the Conference opens.

Intended for the benefit of Conference participants, satellite meetings will be fully organised and operated by the body proposing the satellite (company, government, institution, or NGO) and approved by the Conference organisers. A fee will be charged to those wishing to organise an official conference satellite meeting.

In order to ensure that satellite meetings meet the scientific and ethical standards of the Conference, all satellites will:

- Deal specifically with HIV/AIDS within the context of the official Conference Programme.
- Be evaluated by the Conference organisers on the basis of contents and merit, overall quality and organisational plan.

Priority will be given to satellites dealing with drug accessibility, emergent scientific topics, or global perspectives, and to satellites, which complement the Conference Programme, or provide practical training.

Satellite meetings can only be scheduled for Saturday July 8 and Sunday July 9 all day, Monday July 10 and Thursday July 13, 06.30 - 09.00 and 18.30 - 21.00.

FEES SCHEDULE

Commercial Organisations
Fee according to agreement relative to sponsorship status.

Intergovernmental or major governmental organisations, non-profit and non-governmental organisations will pay according to the number in attendance;

US$ 5,000	up to 200 participants
US$ 10,000	from 201 to 500 participants
US$ 15,000	501 participants and above

Non-profit and non-governmental organisations without sufficient funding may apply for exemption to Congrex, Durban.

BENEFITS

Venue Facilitation
The Conference Organisers will attempt to match size of meeting to appropriate venues.

Conference Newsletter
Satellite Meetings will be listed in the Conference Newsletters.

Other Conference Publications
Satellite Meetings will be listed in the Advance Programme on the web, the Final Programme and on the Conference Website.

Use of Conference Logo
The Conference Organisers will grant rights to the Satellite Organising Agency to use the official Conference logo for the sole purpose of advertising the satellite meeting.

Use of the Conference logo without written consent is strictly prohibited. Permission for use of the logo must be made in writing to Congrex, Durban.

Once your Satellite Meeting is approved, to receive a camera-ready or electronic version of the Conference logo, contact Congrex, Durban.

Content Conflict Review
The Conference Organisers will review all Satellite Meetings to minimise conflicts of programme and target audiences.

Other options
Satellite Organising Agency-supplied satellite information may be distributed in the Conference bags at an additional cost to the Agency.

GENERAL REGULATIONS

Note: The Conference mailing list will not be made available to any satellite Organising Agency in order to respect the confidentiality of the individuals on the list.

Organising a Satellite Meeting

- Bodies wishing to organise a satellite meeting are asked to request and complete a detailed proposal (content, plan, speakers, schedule, etc.) as well as a space request form to be sent to Congrex, Durban.
- Upon approval of the satellite programme, bodies will be invoiced a 50% deposit of the fee for the satellite. The balance of the satellite fee must be paid prior to inclusion in pre-Conference publications.
- All costs associated with satellite meetings will be assumed by the body organising the satellite meeting (e.g. room rental, food and beverage, audio-visual equipment).
- The Conference organisers will endeavour to avoid overlapping satellite meetings, which have the same content or target audience.

Important Dates

Meeting spaces have been pre-booked for pre-Conference, post-Conference and evening satellite meetings. However, as space is limited, parties are urged to send in complete satellite meeting applications and proposals as early as possible. Proposals will be assessed upon receipt and rooms allocated upon approval.

February 1, 2000
Deadline for submission of Satellite Meeting Application & Space Request Form and detailed proposal (content, plan, speakers, and schedule).

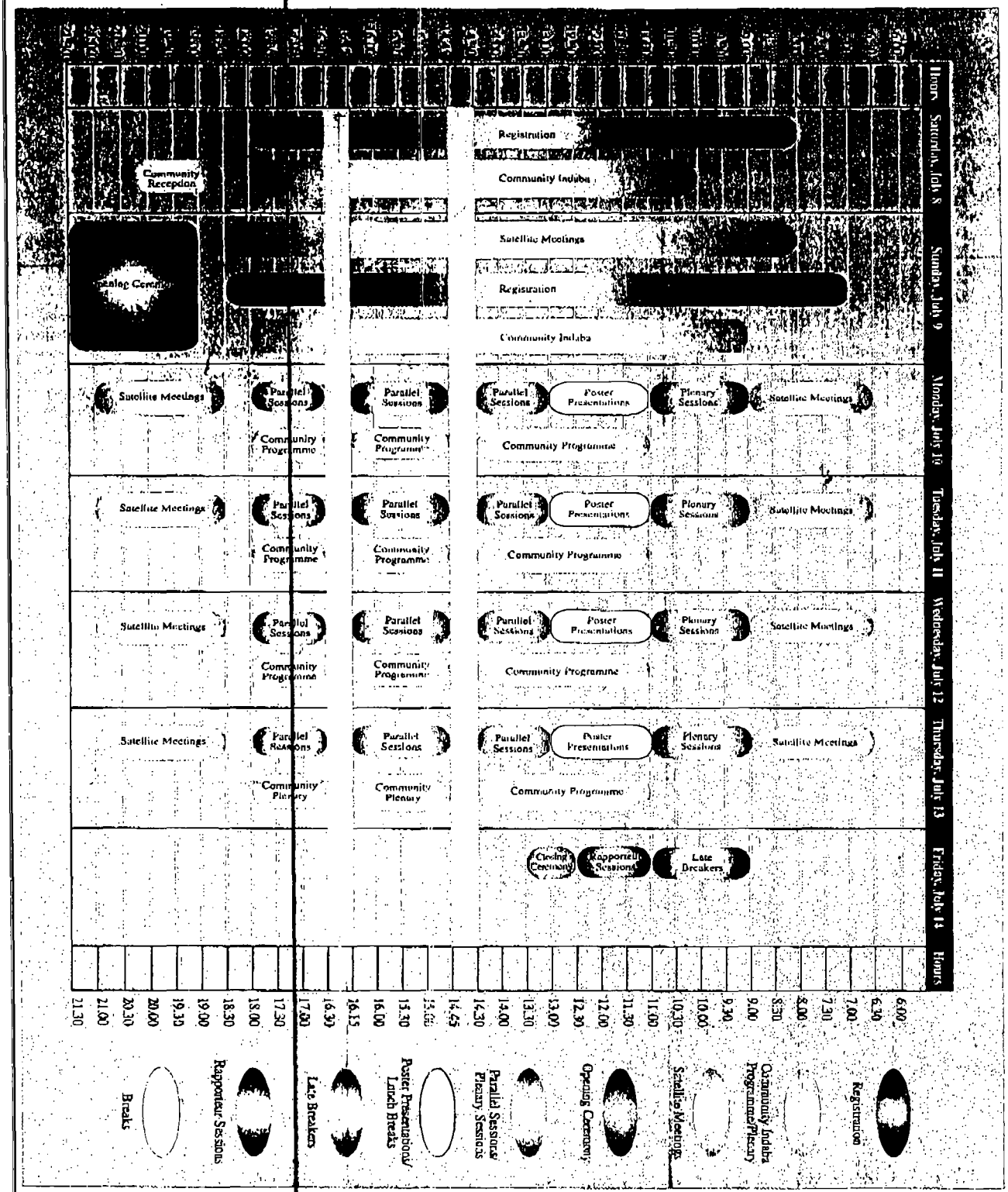
May 1, 2000
Deadline for submission of information for inclusion in the on-site Conference publications.

For applications and Space Request Forms, please contact:

Address

Congrex
AIDS 2000
P.O. Box 1620
Durban 4000
South Africa
Phone:
+27 31 301 0400
Fax:
+27 31 301 0191
E-mail:
congrex@aids2000.com

SCHEDULE AT A GLANCE.



CONFERENCE CO-ORGANISERS

The Global Network of People Living with HIV/AIDS (GNP+)

GNP+ has an overall goal to improve the quality of life of people living with HIV/ AIDS by:

Lobbying: creating the opportunity to bring the many voices of the epidemic to appropriate and relevant platforms;
Linking: linking people with HIV/AIDS with each other, as well as with other organisations;
Sharing: creating opportunities for people living with HIV/AIDS to meet. GNP+ works in the 6 regions of the world: Africa, Asia/ Pacific, Europe, Latin America, the Caribbean and North America. Each region has its own priorities and programmes.

GNP+ Central Secretariat
P.O. Box 11726, 1001 GS,
Amsterdam, Netherlands
Phone: +31 20 689 8218
Fax: +31 20 689 8059
E-mail:gnp@gn.apc.org

The International AIDS Society

IAS represents scientists interested in HIV and AIDS, and was founded in 1988 to organise the series of International AIDS Conferences, such as Geneva '98, Durban 2000 and Barcelona 2002, and to support participation of people from resource-poor countries in the International Conferences. IAS also arranges continuing medical education on clinical management and care, particularly in the South, advocates drug accessibility and public health interventions worldwide, counteracts discrimination, and promotes the ethical aspects of research and interventions.

IAS Secretariat
P.O. Box 5619
SE-114 86 Stockholm, Sweden
Phone: +46 8 459 6621
Fax: +46 8 662 6095
E-mail: ias@congrex.se
Website: www.ias.se

The International Council of AIDS Service Organisations

ICASO is an international network, which unites groups throughout the world who have been affected by the HIV/AIDS epidemic. ICASO's mission is to promote and support the work of community-based organisations around the world in the prevention of AIDS and care and treatment for people living with HIV/AIDS, with particular emphasis on strengthening the response in communities with fewer resources and within affected communities. ICASO believes that recognition and respect for the human rights of all persons is central to an intelligent public health strategy to combat the AIDS epidemic.

ICASO Central Secretariat
399 Church Street, 4th Floor
Toronto, Ontario
Canada, K1P 5B7
Phone: +1 416 340 2437
Fax: +1 416 340 8224
General Information: info@icaso.org
Richard Burzynski, Director
E-mail: richardb@icaso.org
Website: www.icaso.org

CONFERENCE CO-ORGANISERS

The International Community of Women Living with HIV/AIDS (ICW)
ICW was created in July 1992 at the International AIDS Conference in Amsterdam in response to shared concerns about the lack of support and dearth of information available to HIV-positive women worldwide. ICW is a community of individual HIV-positive women and is represented by 15 key contacts and more than 800 members from over 90 countries.

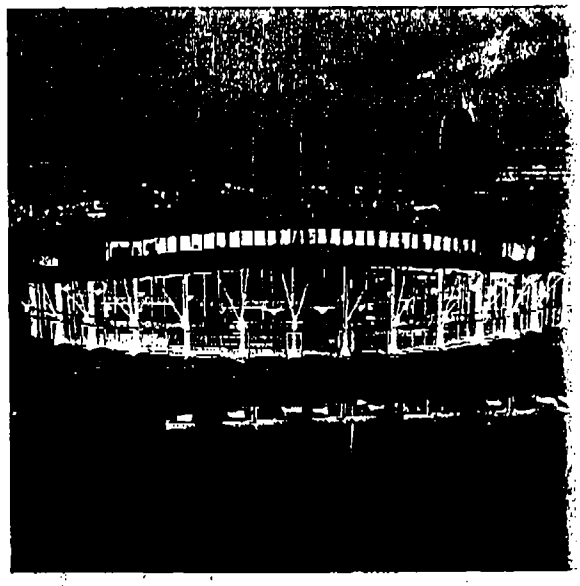
It aims to improve the situation of women living with HIV through challenging discrimination and stigma with self-empowerment and self-sufficiency, dissemination of information, skills-building training, research and advocacy.

The International Community of Women Living with HIV/AIDS (ICW)
2C Leroy House,
436 Essex Road
London N1 3QP United Kingdom
Phone: +44 171 704 0606
Fax: +44 171 704 8070
E-mail: icw@gn.apc.org
Website: www.icw.org

The Joint United Nations Programme on HIV/AIDS
The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together six UN agencies in a common effort to fight the epidemic: the UN's Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organisation (UNESCO), the World Health Organisation (WHO) and the World Bank.

UNAIDS mobilises the responses to the epidemic of its six co-sponsoring organisations and supplements these efforts with special initiatives, by sharing knowledge, skills and best practice across boundaries.

UNAIDS
20, Avenue Appia
CH-1211 Geneva 27
Switzerland
Phone: +41 22 791 3666
Fax: +41 22 791 4187
E-mail: unaids@unaids.org
Website: www.unaids.org



The International Convention Centre

CONFERENCE PLANNING COMMITTEES

CONFERENCE ORGANISING COMMITTEE

Chair
Gustaaf Wolvaardt

Members
Hoosen M Coovadia (*Conference Chair)*
Salim S Abdool Karim (*Chair of the Scientific Programme Committee)*
Clarence Mini (*Co-chair of the Community Programme Committee)*
Peter Busse (*Co-chair of the Community Programme Committee)*
Javier L Hourcade Bellocq (*GNP+)*
Mark Wainberg (*President, IAS)*
Lars Kallings (*Secretary General IAS)*
Stefano Vella (*IAS)*
Philippa Lawson (*ICW)*
Richard Burzynski (*ICASO)*
Elhadj (As) Sy (*UNAIDS)*

SCIENTIFIC PROGRAMME COMMITTEE

In selecting members of the Scientific Planning Committee, several criteria were considered. Scientific competence was paramount. In addition there was an attempt to achieve geographical and gender balance, to include people living with HIV/AIDS, and to invite the organisers of the next International AIDS Conference in Barcelona.

Chair
Salim S Abdool Karim

Co-Chair
Helene Gayle

Members
Hoosen M Coovadia, *South Africa*; Lars Kallings, *Sweden*; Francis Ndowa, *Switzerland*; Clarence Mini, *South Africa*; Peter Busse, *South Africa*.

TRACK A

Co-Chairs
Des Martin, *South Africa*; Francois Barre-Sinoussi, *France*; Mark Wainberg, *Canada*.

Members
Kim Nichols, *USA*; Jose Esparza, *UNAIDS Representative*; Pepe Alcami, *Spain*; Peggy Johnston, *USA*; Souleymane Mboup, *Senegal*; Carlos Duarte, *Cuba*; Nath Bhamarapravati, *Thailand*.

TRACK B

Co-Chairs
James McIntyre, *South Africa*; David Cooper, *Australia*; Ruth Nduati, *Kenya*.

Members
Myrna Villalon, *Cuba*; Sandra Anderson, *UNAIDS Representative*; Jose Gatell, *Spain*; Cliff Lane, *USA*; Stefano Vella, *Italy*; Pedro Cahn, *Argentina*; Margaret Johnson, *UK*.

TRACK C

Co-Chairs
John Matjila, *South Africa*; Isabelle de Zoysa, *India*; Seth Berkley, *USA*.

Members
Chipo Mbanje, *Zimbabwe*; Noerine Kaleeba, *UNAIDS Representative*; Jordi Casabona, *Spain*; Katherine Hankins, *Canada*; Leopold Zekeng, *Cameroon*; Mabel Bianco, *Argentina*; John Kaldor, *Australia*.

CONFERENCE PLANNING COMMITTEES

TRACK D

Co-Chairs
Mary Crewe, *South Africa*; Tony Barnett, *UK*; Geeta Gupta, *USA*.

Members
Veriano Terto, *Brazil*; Michael Carael, *Switzerland*; Orville Solon, *Phillippines*; David Celentano, *USA*; Elizabeth Madraa, *Uganda*; Mead Over, *USA*; Ana-Luisa Ligouri, *Mexico*.

TRACK E

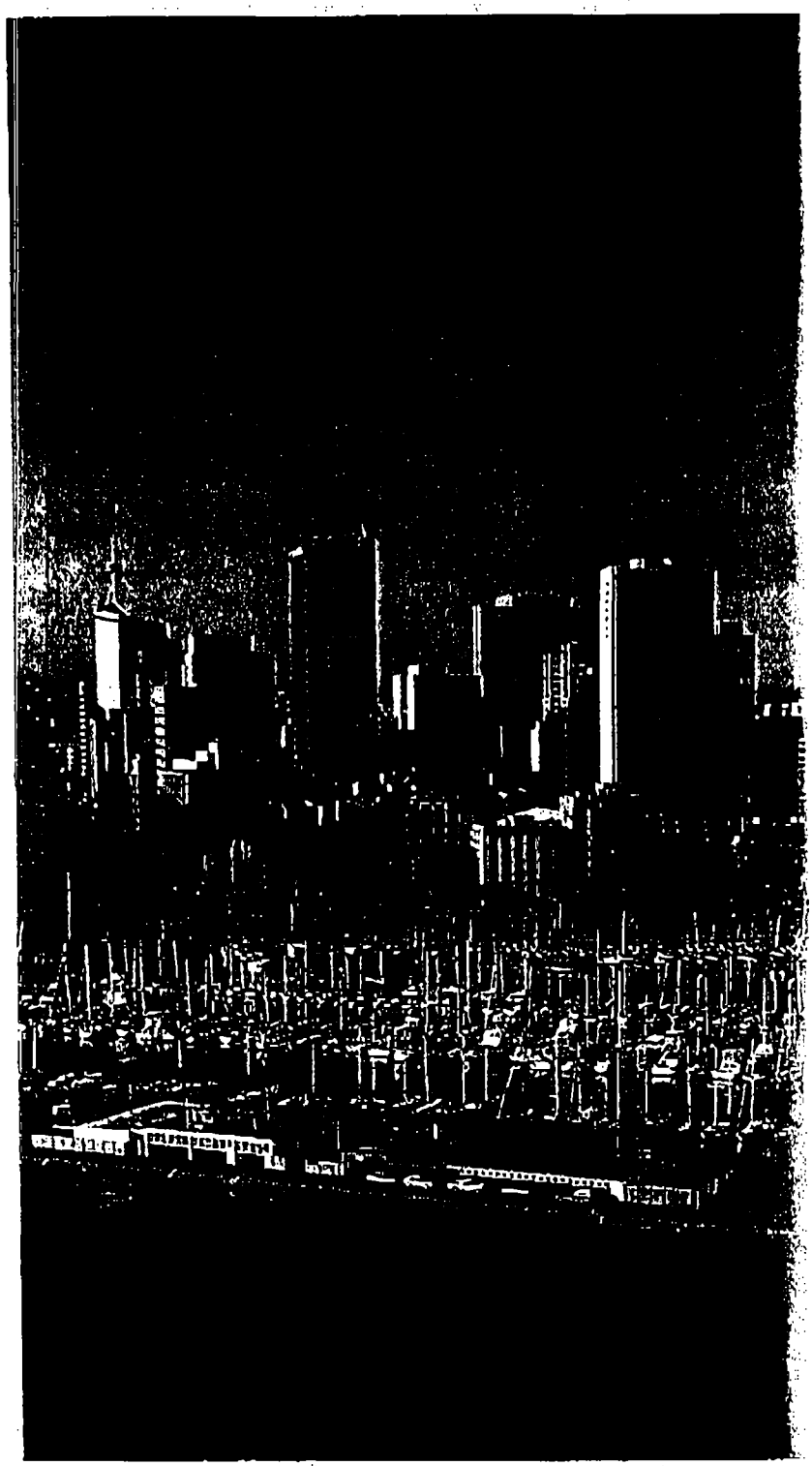
Co-Chairs
Ashraf Grimmwood, *South Africa*; Mandeep Dhaliwal, *India*; David Patterson, *Switzerland*.

Members
Noerine Kaleeba, *UNAIDS Representative*; Mabel Bianco, *Argentina*; Veriano Terto, *Brazil*; Ronald Bayer, *USA*; Sandra Anderson, *UNAIDS Representative*; Pedro Cahn, *Argentina*.

COMMUNITY PROGRAMME COMMITTEE

Co-Chairs
Clarence Mini
Peter Busse

Members
Hoosen M Coovadia (*Conference Chair*)
Salim S Abdool Karim (*Chair of Scientific Programme Committee*)
Ashok Pillai (*GNP+*)
Quarrisha Abdool Karim (*IAS*)
Jane Galvao (*ICASO*)
Alison Gray (*ICW*)
Calle Almedal (*UNAIDS*)



CONFERENCE PROGRAMME

After several decades of global efforts to contain the HIV/AIDS epidemic, several advances have been made in the area of AIDS awareness, prevention, treatment, and support for people living with HIV/AIDS. There are, however, many gaps in our efforts that need to be addressed in order to secure a world free of HIV, as we enter the new millennium. There have been concerns about the real impact of the International AIDS Conferences with respect to defining research priorities and policies, and addressing the community needs. In response to these concerns, the organisers of the XIII International AIDS Conference are committed to addressing the current important issues that have arisen since the last conference. This is reflected in the choice of the theme and the design of the conference programme.

The theme of the conference is
" Break the Silence"
The XIII International AIDS Conference will break the silence on the obstacles to global efforts to turn the tide of the HIV epidemic. These include: complacency, ignorance and denial which are still common in many countries, inequities in access to care, tardiness in the development of HIV vaccines and vaginal microbicides, lack of commitment in providing resources for research, education and public health interventions. A comprehensive programme will be designed to address these issues in plenaries, debates, parallel sessions and track symposia.

Plenary Sessions
The world's most distinguished researchers, community leaders and policy specialists will be invited to give plenary lectures during the Conference. Plenary sessions will reunite all conference participants each day. These sessions will be devoted to a specific topic and will include presentations that cut across the disciplines represented in the five scientific tracks. There will be several plenary presentations covering the following topics:

Challenges in Addressing Global Equity:
This session will focus on the analysis of how socio-economic environment has shaped the evolving epidemic, and our responses, as well as the projected demographic and economic impact of the epidemic, and the strategies for confronting human rights violations in the context of HIV/AIDS. As the HIV epidemic evolves, there is an increasing gap in access to treatment and available effective prevention tools between developed and developing countries, and within countries, between rich and poor.
This session will examine the challenges in addressing global equity in access to effective and affordable interventions.

The Evolving Virus:
This session will be devoted to the viral genetic diversity, viral resistance, pathogenesis and implications for treatment and vaccine development.

Prevention and Vaccines:
This session will examine bio-medical approaches to prevention of HIV transmission, including vaccines, vaginal microbicides, as well as behavioural interventions, and the barriers to effective prevention efforts. There will be state of the art presentations on the current developments in vaccine science, challenges, access and policy implications.

Debate Sessions
We heeded the call for more opportunities for audience participation and for current controversies to feature prominently on the programme. Hence the introduction of ten debate sessions into the programme. The sessions will cover controversies such as breast feeding policy, mandatory reporting of HIV/AIDS, and the importance of clades in HIV vaccine development. Speakers will present the pros and cons, and questions and comments from the audience will follow these presentations.

Panel Discussions
Panel discussions will deal with important issues, which do not have simple solutions, and the audience will be encouraged to participate in these sessions by sharing their views. One of the panel discussions each day will be a follow-up to the plenary session. The audience will be invited to engage the panel of the plenary speakers on their presentations.

Track Symposia
Track-specific symposia will be held on certain topics with state-of-the-art presentations by leading authorities in the field. Each track will have several parallel sessions each day. The track specific symposia will be organised into themes and deal with new scientific development in each of the tracks.

Oral Abstract Sessions
The main part of the XIII International AIDS Conference is the oral abstract presentations of track-specific peer-reviewed research. Speakers will be allowed a ten-minute presentation followed by a five-minute discussion. Questions from the audience will be encouraged and facilitated by the session chairs.

Posters
The poster sessions will be generated from peer-reviewed abstracts and will cover a wide variety of research topics organised by track. Posters will be

4. Durban

SYMPOSIUM TOPIC: HIV/AIDS families and communities
13 July 2000 - Keynote Address - "HIV and the Family"

Good afternoon ladies and gentlemen. It is indeed a pleasure to be here today with you. I thank you for your warm welcome and extend my thanks as well to the XIII International AIDS Conference Committee for inviting me to share my thoughts with you about HIV/AIDS and the family. It is always a special pleasure for me to visit the city of Durban and to be reminded of the rich history of this very special corner of South Africa. I have had the opportunity to visit this city on numerous occasions and met many people. I have been tremendously impressed by the capacity and will of people here in Durban and throughout South Africa to bring forth change.

Before I give you my thoughts on the today's theme, I would like to comment briefly on my own understanding of development and the importance I place on the issue of HIV/AIDS as President Clinton's personal representative to South Africa. And as his representative I am here to salute those here who have devoted their lives to working in the area of HIV/AIDS - whether by developing programs, raising funds, pressing for humane priorities or researching.

As I stated to President Mbeki when I presented my credentials, I am new to South Africa but I am not new to the continent of Africa, or the issues of development. As a Peace Corps associate director and country director in Nigeria and Uganda from 1966 to 1969, I came to know Africa during a time when much of the continent was trying to cope with the enormous challenges of independence. Although optimism abounded, these proved difficult years, foreshadowing the struggles of the decades that have ensued. Today, in South Africa the spirit of the miracle of the transformation of the post-apartheid government abounds.

Yet the AIDS epidemic here in South Africa, and around the world, threatens the growth and prosperity of all. While many issue confront South Africa today, as Ambassador I have placed HIV/AIDS as a top priority issue for my tenure. The AIDS pandemic represents an enormous threat to our world, one that demands an effective and coordinated response from all sectors of society. It touches all of our lives and increasingly casts a shadow over the world's future. As President Mbeki stated as he launched the South African Partnership Against AIDS in October 1988

> "For too long we have closed our eyes as a nation, hoping the truth was not real. For many years, we have allowed the human immunodeficienty virus to spread...at times we did not know we were burying people who had died from AIDS. At other times we knew, but chose to remain siletn. Now we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the health system will not be able to maintain. Our dreams as people will be shattered."

The theme for this conference "Breaking the Silence" and our focus today is on the family and community. What symbolized family more graphically than the bond between mother and child, that abosulte drawing towards each other that has nourished, protected and deified families since immemorial. Yet, as I travel throughout South Africa, I am aware of the new family structures. These families were once unfamiliar but unfortunatly, now they are becoming more and more familiar: a grandmother surrounded

by her grandchildren without the middle generation; child headed households, dying adults tended by their children.

Thus, while I am not an HIV/AIDS expert, I understand the development process and realize that the family and the community are the first line of response to this devastating disease. They are the principle safety nets for children and for the future of the family. Whether outside bodies intervene or not, families and communities deal with the devastating impact of HIV/AIDS, often with great difficult and often with little outside support. Consequently, while interventions by governments, international organizations, NGOs, religious bodies and others have significant impact -- it is still the family and the community in the end that is the root of prevention and care.

Yet, this epidemic is too large for the family to encounter alone. Indeed, this epidemic is too large and devastating for any one government, one donor or one multilateral institution to address alone. To make a real difference, an effective response must mobilize and coordinate the commitment and resources of all people.

However, this response must be expedited. Almost 13 million adults and more than three and a half million children have died of AIDS worldwide since the beginning of the epidemic. In Africa, AIDS is now the leading cause of death. However, as goes Africa, so will India, South East Asia and the Newly Independent States of the former Soviet Union. In this decade, 40 million children will become orphans, losing one parent or both parents to AIDS. AIDS is eroding infant and child survival gains particularly in

Africa, where infection levels are highest, access to care lowest and economic safety nets that might help families cope are badly frayed. In addition, adult life expectancy is falling. A recent WHO study stated that in South

Yet, there is hope. In some countries we have started to turn the tide against AIDS. In Uganda for example, the rate of new infections is falling as result of families and community mobilizing together. In Thailand and Senegal, the epidemic has been rolled back significantly due to consorted efforts to educate their people. And clinical research carried out internationally has started to open new doors of opportunity.

Nevertheless, while there have been some successes there is still far too much to be accomplished. It is important to note that we all know what works and scaling up is essential. As Dr. Peter Piot of UNAIDS stated, "Two decades of experience have identified the essential elements of effective strategy. These are:

- Visibility and openness, and countering stigma;
- Addressing core vulnerability through social policies;
- Recognizing the synergy between prevention and care;
- Targeting interventions to those most vulnerable;
- Encouraging and supporting strong community participating in response to the epidemic; and
- Focusing on young people

We must be aware that the nature and intensity of problems that families face vary from country to country, community to community and family to family. Any actions that are taken to benefit families and communities must be based on a realistic understanding of their situation. The fundamental challenge for all of us is to develop interventions that make a difference to families affected by HIV/AIDS over the long haul of the epidemic. In doing so, we must not tell families and comminutes what to do rather we must assist them in finding their own solutions.

However, as more donor money is made available for HIV/AIDS, we have to be very careful in walking the fine line between being helpful and harmful, as new money may compete with and disable local efforts. In addition, large amounts of funds may change the nature of the humanitarian incentives that currently drive local efforts. To ensure that new funds add to the development process, all aspects of the implementation of donor funding should be consistently assessed for its contribution to the development of activities and programs that will be able to continue at the end of the donor cycle of support. The implementation of these activities, therefore, must involve coordination with and capacity building of local efforts.

This won't be easy. For although the scale of the impacts of HIV/AIDS are immense, those impacts are difficult to observe and document because they occur slowly, one family at a time, and because the stigma associated with AIDS persuades many HIV-positive individuals and their families to keep a low profile or to deny their status. Even in communities that have been severely affected for years by AIDS, people frequently are

unwilling to talk openly -- neighbor to neighbor, family member to family member, church goer to church goer -- about AIDS.

And remaining silent is not chosen unwisely. Not far from this conference center, in December, 1998 Gugu Dlamini, a volunteer for an AIDS organization in South Africa, announced that she was HIV positive at a rally in Johannesburg She hoped to dispel some of the prejudice against people living with the virus. Eleven days later, Gugu was beaten to death by her neighbors, by her community. Her brave voice assisted many to start to understand the issues surrounding stigma and HIV. However, the continuing reluctance of many national leaders worldwide to speak out and break the silence about this pandemic significantly contributes to the low visibility of the collective impacts of HIV/AIDS on families, communities and even nations.

Again, we turn to countries such as Uganda, Thailand and Senegal where have learned that the crucial factor in stopping the impact of this disease is the open, unwavering political commitment by governments at every level, to confront the epidemic forthrightly, to shatter the silence, the stigma and the shame associated with AIDS. In Uganda, when President Museveni took office in 1986 he recognized the serious nature of the epidemic and mounted a public campaign that encouraged frank, public debate. Aware of the catastrophic losses in Africa, Thai officials attacked the growing epidemic at an early stage and openly targeted their young population with public, open and honest campaigns. The same in Senegal. This West African country worked hard, openly and successful to prevent HIV spreading.

And we are starting to see other political leaders worldwide join in these success. However, the political commitment that must drive the effort to destigmatize this disease is still not sufficient or visible enough. After years of denial and avoidance on the part of political leaders, policy makers, community leaders, the public, the community and the family, it is our imperative to build widespread recognition of the impacts of HIV on all but especially the family - the root of our societies. Yet, awareness alone is not enough. Awareness must be linked with broadly shared senses of responsibility to support and protect those affected and it must convey a coordinated and clear vision of societal mobilization and support for the family.

In the end, we can all stay silent, passive, seeking excuses, avoiding truth, until those with AIDS everywhere cry out in the words of Dr. Martin Luther King, Jr. "In the end we died not at the hands of our enemies but in the silence of our friends."

+ - DU/bar

U.S. Agency for International Development
Press Office
Phone: (202) 712-4320
Fax: (202) 216-3034

FAX

To: Cheryl	**Fax:**
From: Gabrielle Bushman	**Pages:** (including this page) 2
Date: 6/20/00	**CC:**
Re:	

DURBAN CONFERENCE

Paul DeLay	USAID HIV/AIDS
Barbara de Zalduondo	USAID HIV/AIDS
Linda Sussman	USAID HIV/AIDS
Paurvi Bhatt	USAID HIV/AIDS
Amy Bloom	USAID HIV/AIDS
Vivian Lowery Derryck (T)	USAID Africa
Ishrat Husain	USAID Africa
Warren "Buck" Buckingham	USAID Africa
Rene Berger	USAID Food for Peace
Joe Crapa (T)	USAID Legislative and Public Affairs
Gabrielle Bushman	USAID Press Office
Ken Yamashita	USAID South Africa
Caroline Connolly	USAID South Africa
Anita Simpson	USAID South Africa
Nelly Gqwaru	USAID South Africa
Pamela Wyville-Staples	USAID South Africa
Michelle Russell	USAID South Africa
Neal Cohen	USAID South Africa
Reverie Zurba	USAID South Africa
Karen Stanecki	Commerce Bureau of Census

+. Durban

FACSIMILE TRANSMISSION SHEET

FROM:

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Program Assistant
Office of International & Refugee Health
Office of the Secretary
Department of Health & Human Services

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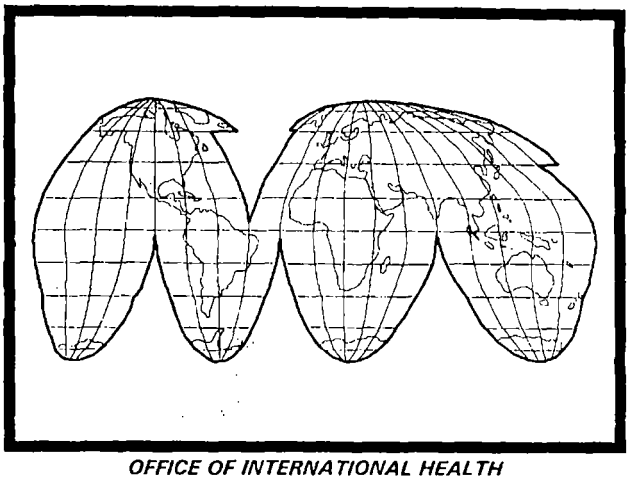

OFFICE OF INTERNATIONAL HEALTH

TO: Cheryl FAX NUMBER: 202-456-2438

DATE: 6/30/00 NUMBER OF PAGES: 4

☐ FYI ☐ FY ACTION
☐ AS REQUESTED ☐ AS DISCUSSED

MESSAGE:

Your copy !

rec. locator
2RPW8J
5th

27- 31-
301-
8200
Craig Keuhl
Terry Richmond

U.S. Department of Health and Human Services
***** Travel Order *****

Travel Order No. :	0225BAU001	Trans. :	8270.60
Appropriation No.:	7500120	Per Diem:	4198.00
Traveler Name :	CHERYL S BAUERLE	Other :	600.00
Region/Division :	REG99A/OS/HQ	Total :	13068.60
Duty Station :	WASHINGTON DC	Atm Authorized Amt:	1140.00
Approx. Departure:	07/05/00		
Approx. Return :	07/16/00		

********** PURPOSE **********

PURPOSE: ATTENDING THE NATIONAL HIV/AIDS CONFERENCE.
PREPARED BY: ELAINE ROSKI 443-7293 ROOM 18-75
BUSINESS CLASS IS AUTHORIZED WHEN DEPARTURE AND ARRIVAL TIMES EXCEED 14 HOURS.
FOREIGN FLAG JUSTIFICATION: ONLY FLIGHTS AVAILABLE TO REACH DESTINATION
TICKETS TO BE DELIVERED BY SATO TO 736 JACKSON PLACE, N W, NATIONAL AIDS POLICY OFFICE, WASHINGTON, DC 20503
GTA FOR TICKETS IS AUTHORIZED, NO GOVT. CREDIT CARD

Justification:

EXCESS BAGGAGE
ACTUAL/NECESSARY

********** ITINERARY **********	LODGING	M&IE
WASHINGTON TO DURBAN	367.00	44.00
DURBAN TO WASHINGTON		

**** Accounting Information ****

CAN	OBJECT CLASS	AMOUNT
001990225	21.52	13040.10
001990225	21.9M	28.50

****** Funds Certifier ******

JEROME RUTKOSKI

Type of Travel:

PER DIEM = IN U.S.
TYPE = ACTUAL/NECESSARY

Special Authorizations: Taxicab

Recommended by:

Name: THOMAS E NOVOTNY
Position: DASH/DIRECTOR OIRH
Date: 06/28/00

Regional Travel Approvals

Signature:_____ Date:_____
Position :_____

Authorized by:

Name: HAROLD P THOMPSON
Position: EXEC OFFICER
Date: 06/28/00

No signature required. This Travel Order has been electronically approved by the person named to the left of this statement. For verification call: 301 443 4131

HHS-1A

Name: CHERYL BAUERLE Itinerary Order No: 0225BAUC01

Depart WASHINGTON DC Date: 07/05/00 Travel Mode: AIR
Arrive DURBAN NS Date: 07/07/00
Via Carrier: NW 36
Hotel Name:
Hotel Street: Phone: --
Hotel City/St: NS
Rent-Car Name: Phone:
Rent-Car City:

Depart DURBAN NS Date: 07/15/00 Travel Mode: AIR
Arrive WASHINGTON DC Date: 07/16/00
Via Carrier: SA 518
Hotel Name:
Hotel Street: Phone:
Hotel City/St:
Rent-Car Name: Phone:
Rent-Car City:

Name: CHERYL BAUERLE ** Travel Order No: 0225BAU001

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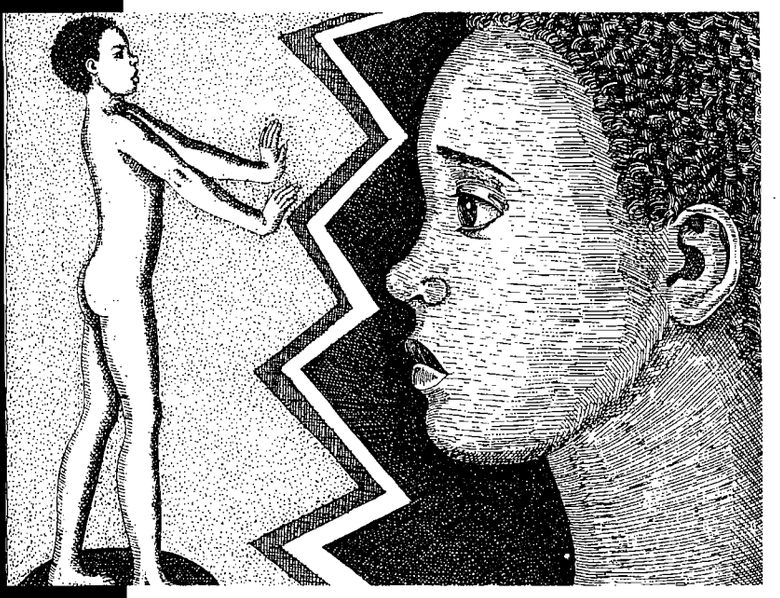
*** EXCESS BAGGAGE ***
WILL BE TAKING A LAPTOP COMPUTER AND SUPPLIES.

*** ACTUAL/NECESSARY ***
HOTELS ARE ALL BOOKED THROUGH AN AGENCY. PER DIEM WILL NOT COVER COSTS.

REGION	OPDIV	CAN	OBJECT CLASS	PROJECT CODE	OBLIGATED AMT.
99	A	001990225	21.52		13040.10
99	A	001990225	21.9M		28.50

The Minister of Health,
Dr Manto Tshabalala-Msimang, says:
"Let us join together meaningfully in partnership against HIV/AIDS ... All our actions count."

WHAT DID YOU HEAR ABOUT AIDS TODAY?



The HIV and AIDS epidemic is a scourge of our time. It is a national emergency.

- An estimated **13,5 million Africans have died of AIDS**, representing 85% of those who have died of AIDS-related illnesses worldwide[1]. **The very future of our country is at stake.**
- **The scientific and medical community is facing one of its greatest challenges ever.** The social, economic and political environment is complicated and sometimes confusing.
- There is a **very high awareness of the epidemic** among the citizens of South Africa. Thankfully, opinion formers throughout society are engaging in debate. The debate is robust and emotional. **Inevitably, there are strong differences of opinion and interpretation.**
- **Many participants are genuinely concerned and caring but badly informed.** Unfortunately, some people are trapped behind the barriers of their upbringing, cultural mindset and training. Stereotypes and orthodoxies are being entrenched. Discrimination is rife. Worst of all, some people are exploiting the issue for personal gain or in pursuit of political or other agendas.

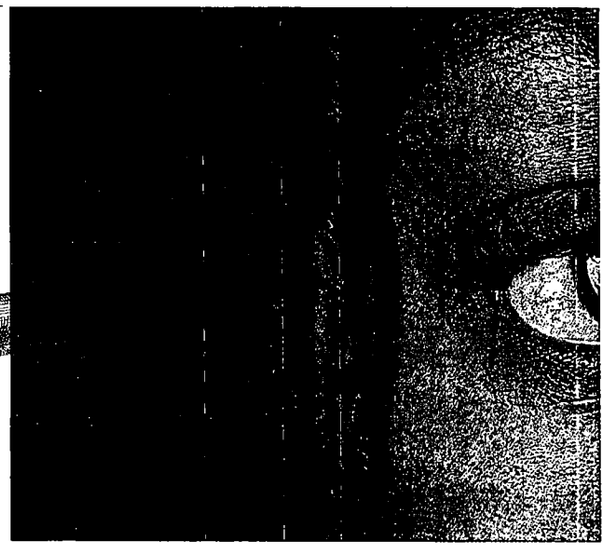
[1] World Bank report – Intensifying action against HIV/AIDS: responding to the development crisis. Washington April 2000 *(as reported in* Business Day, *12 April 2000)*

NOW, HOW ABOUT THE FACTS?

- THE MINISTRY OF HEALTH TAKES THIS OPPORTUNITY TO SET OUT ITS VIEWS ON VARIOUS KEY ISSUES

AIDS

5 YEAR PLAN Strategic Framework for the Department of Health



In relation to HIV/AIDS, the key objectives of the Department's **five-year plan** are to:

- **Strengthen efforts to prevent the spread** of the virus;
- **Curtail any further rise in the epidemic** and start a downward trend by :
  - **Social mobilisation**;
  - **Strengthening condom distribution and use**;
  - **Improved treatment of Sexually Transmitted Diseases and Tuberculosis;**
  - **Search for affordable and practical strategies to reduce Mother-To-Child Transmission** (MTCT).
- Participate in international efforts to **develop appropriate vaccines**;
- **Provide affordable care and support for those infected or affected**;
- **Provide effective care and support for AIDS orphans**;
- **Increase the use of community and homebased care**.
- Establish a **National AIDS Council** (SANAC); and

A co-ordinated national effort is necessary if we are to confront the HIV/AIDS epidemic effectively. The Department expresses its gratitude to the 242 NGOs and CBOs that have mobilised to fight HIV/AIDS. To support their initiatives, the Department has made financial grants to many of these organisations.

South African National AIDS Council (SANAC)

The HIV/AIDS Strategic Plan calls for the appointment of a co-ordinating council representing government and civil society.

Formed in February this year, the Council consists of voluntary representatives of the main sectors of our society; business, labour, faith-based organisations, National, Provincial and Local government departments, traditional leadership, youth, women, people living with AIDS, education, sport, entertainment, etc.

The Council will be advised by a range of Technical Task Teams (TTTS) consisting of experts and others closely involved with the epidemic.

The TTTSs will be the engine room of the Council, developing detailed plans to address social, scientific and medical challenges associated with the epidemic.

The HIV/AIDS Strategic Plan for South Africa 2000–2005

Your Government has developed a national strategic plan to guide the country's response to the epidemic.

The five-year plan has been drawn up by a committee representing faith-based organisations, people living with HIV infection and AIDS, human rights organisations, academic institutions, the civil military alliance, the Salvation Army, the media, organised labour, organised sports, organised business, insurance companies, women's organisations, youth organisations, international donor organisations, health professionals, health consulting organisations, political parties and relevant government departments.

The **primary goals** are to:

- **Reduce the number of new HIV infections** (especially among youth); and
- **Reduce the impact of HIV/AIDS on individuals, families and communities.**

The **major strategies** are:

- **An effective and culturally appropriate information, education and communications programme;**
- **Increased access and acceptability for voluntary HIV testing and counselling;**
- **Improved management of Tuberculosis and Sexually Transmitted Diseases** (STDs) and **promotion of increased condom use to reduce STD and HIV transmission;**
- **Improved care and treatment of HIV positive persons and persons living with AIDS** to promote a better quality of life and limit the need for hospital care.

FIFTEEN GOALS have been identified within the four priority areas of prevention, care & support, monitoring & evaluation and human & legal rights.

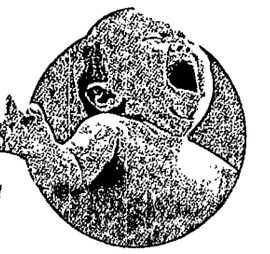
A dedicated programme is targeted at young people, including lifestyle changes, access to condoms, access to reproductive health services, voluntary HIV testing and support for children affected by HIV/AIDS.

The President will launch the Strategic Plan shortly. This will be followed by mass mobilisation and the adoption of the People's Charter Against HIV/AIDS, an echo of the People's Charter drawn in Kliptown in 1955 in response to an earlier threat to the survival and well being of the nation.

It is intended that AIDS educators will visit every home in the country.

Medical Interventions

All are agreed that HIV/AIDS is a national disaster. Not everybody agrees with the orthodox medical view regarding the use of anti-retroviral drugs to protect the unborn children of HIV positive mothers, prevent infection in those who have been exposed to the virus, or treat patients who are HIV positive.



Concerns revolve around the toxicity of the drugs (i.e. do they do more harm than good?), the very high cost of the drugs and the equitable use of limited resources.

Vaccines

The Government is supportive of efforts to develop an AIDS vaccine.

Numerous local and international initiatives are under way. Realistically, however, it might be many years before a vaccine is available for public use.

In the meantime, the best vaccine is to avoid exposure to the HIV virus.

Drug Trials

The Minister of Health recently announced that no further recruits would be accepted for an AIDS clinical trial referred to as FTC 302.

This trial does not deal with Mother-To-Child Transmission.

More than 500 non-pregnant HIV positive women are being given a range of drugs, including Nevirapine, which is presently being advocated as a possible drug to prevent mother-to-child infection in pregnant women.

Further recruitment was stopped because of uncertainty regarding the role of the trial in the deaths of six patients.

It is apparent that Good Clinical Practice was not followed in the FTC 302 trial.

Government Concern

The Government is deeply concerned that:

- **Foreign drug companies are using South African HIV and AIDS patients as guinea pigs for drugs that will not be available for use in South Africa because of cost and patent protection.**
- **Patients, who are sometimes induced to sign up for the trials because of money or the prospect of free treatment, are often not fully aware of all of the consequences. These include adverse health consequences and withdrawal of beneficial drugs when the trial ends.**
- **The process of gaining "informed consent" is flawed. Patients do not understand the risks they are taking and some fail to reveal pre-existing medical conditions that could result in their deaths.**
- **Patients are not always made aware of their obligations to report regularly for monitoring or, for example, to keep the trial drug in a refrigerator.**
- **Local health care facilities, not the drug companies who do the trials, have to carry the cost of treating adverse events among patients.**

Ethics Review

The Minister has called for a review of the structure and operations of the 14 ethics committees that approve clinical trials in South Africa and the establishment of strict new clinical trials criteria to be administered by a National Health Research Ethics Council.

The Government believes that only those clinical trials that will result in a direct benefit for all South African HIV/AIDS sufferers should be allowed in South Africa.

Prevention of Mother-To-Child Transmission (MTCT)

The Medicines Control Council is awaiting the outcome of the South African Intrapartum Nevirapine Trial (SAINT) before considering the application by the drug manufacturers for the use of this drug on HIV-positive mothers.

The Department of Health will then consider whether the drug is appropriate and affordable within the overall HIV/AIDS strategy. The cost-effectiveness of this therapeutic drug, as reported by the trials, will be weighed against other interventions for MTCT and all other interventions for HIV-positive patients.

Drug Costs

The widespread use of anti-retroviral drugs in the African setting is largely academic because of their very high cost. The pricing policies of the manufacturers are protected by patent laws. Your Government has drafted new laws that will make generic drugs available at a much lower cost. The drug companies are challenging these laws.

The Department of Health welcomes a recent announcement by Pfizer that the fungal drug fluconazole (brand name Diflucan) will be made available free of charge to AIDS patients suffering from cryptococcal meningitis who can not afford the treatment.

The Minister and the Department of Health are presently in negotiation with Pfizer to establish the exact terms of the offer, including conditionality, the quantity of medicine available, distribution mechanisms and time frames.

Opportunistic Infections

Guidelines on the management of opportunistic infections in adults and children who are HIV positive have been completed.

These will be formally launched by the Ministry of Health and training of health-care providers on the implementation of these guidelines will commence in June 2000.

AIDS

The Presidential International Panel of Scientists on HIV/AIDS in Africa

The President has invited some 30 local African and international HIV/AIDS experts to form a core discussion group. They will explore all aspects of the challenge of developing prevention and treatment strategies that are appropriate to the African reality.

The panel, which starts its work in May, will take into account the social, cultural, historical and economic circumstances of South Africa. Intervention strategies that have worked elsewhere in the world might not necessarily be appropriate for South Africa.

Some of the issues the panel will be asked to review include:

- **Local evidence regarding the viral origin of HIV** and other concerns regarding the pathogenesis and diagnosis of HIV/AIDS in Africa;
- **Medical interventions to prevent transmission of HIV/AIDS in Africa**; including mother-to-child infections, needle stick injuries or rape;
- **Medical treatment of people living with HIV/AIDS** and treatment of opportunistic infections in Africa.

The inclusion on the expert panel of so-called AIDS dissidents (i.e. those who believe that AIDS is caused by lifestyle factors such as poverty and malnutrition, rather than the HIV virus) has caused uproar among the scientific and medical fraternity.

It has been alleged that the Government is acting irresponsibly by forming a panel that might challenge orthodox views on the disease. Some have accused the Government of encouraging "voodoo science".

Without pre-judging the issues, Government's view is that blind acceptance of conventional wisdom would be irresponsible. After all, orthodox understanding and responses have not met with great success elsewhere in Africa.

By providing a forum for a fresh assessment of unanswered questions relating to HIV and AIDS on the African continent, the South African Government hopes to contribute to the creation of an intervention that is more appropriate for local circumstances.

Open-minded people will support this approach, which must be viewed against the background of the comprehensive prevention and treatment strategies already in place.

Ordinary citizens will appreciate that this Government will not be swayed from its commitment to the equitable distribution of our very limited resources. Vested interests and special lobbies must accept that their passionate pitches will always be considered in the context of the greater public interest.

Meanwhile, government will continue with, and even intensify, its fight against the epidemic through the implementation of its five-year strategic plan.

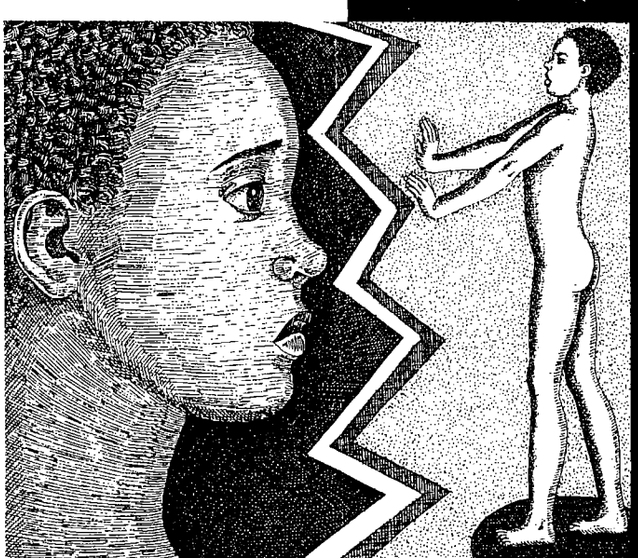
AIDS 2000 DURBAN

The XIII International AIDS Conference takes place in Durban from 9–14 July this year. Thousands of delegates are expected from every corner of the world.

Government has donated R1million to the organisers who are doing a magnificent job in setting up what will undoubtedly be an important contribution to the global fight against AIDS. Government is hopeful that, in deference to the host country, delegates will acquaint themselves with our unique social, economic and historical circumstances.

The African continent is carrying the bulk of the AIDS burden. Scientists from more affluent continents will hopefully contribute towards the development of a truly African solution for an African problem.

The best vaccine is to avoid exposure to the HIV virus



THE WHITE HOUSE

WASHINGTON

DURBAN

MEMORANDUM

From: Sandra L. Thurman
Director
Office of National AIDS Policy

Date: June 27, 2000

Re: **Background for meeting on the 13th International AIDS Conference**

The 13th International AIDS Conference, which is the largest medical conference ever to be held in Africa, will take place July 9-14, 2000 in Durban, South Africa. This year's theme, "Break the Silence" was chosen to emphasize the obstacles to local/global efforts to turn the tide of the HIV/AIDS epidemic. Since the beginning of the pandemic, the "conspiracy of silence" and the stigma associated with AIDS has stymied progress in all countries and at all levels – among Presidents and in communities. Over 12,000 participants, including representatives from governments, NGOs and the scientific community are registered to attend. Some of the principal sponsors include Glaxo Wellcome, Abbot Laboratories, Bristol Myers Squibb Company and Merck Sharp & Dohme.

The Conference is primarily a bi-annual scientific conference, having last occurred in 1998 in Geneva, Switzerland. This is the first time that the conference is being held in the developing world. Given that sub-Saharan Africa is home to more than 70% of people living with HIV, and South Africa is home to more people living with AIDS than any other single country, the site is both timely and appropriate. President Mbeki will give welcoming remarks at the Opening ceremony, and former President Mandela may give the closing remarks.

The goal of the Conference is to build bridges between the scientific and community aspects of the AIDS pandemic. The Conference itself consists of a scientific programme and a community programme, supplemented by satellite meetings. The scientific programme strives to address the extent to which these Conferences direct research priorities and policies, and whether these priorities and policies accurately respond to community needs. It is structured towards providing information on the significant achievements and important issues that have come up since the last Conference in 1998. Plenary session topics include "The Evolving Virus", and "Prevention and Vaccines". These sessions, led by renowned scientists, community leaders and policy specialists, will be supplemented by roundtable discussions, and oral and poster presentations selected through a blind review process by the Conference organizers. The oral and poster presentations are based on four tracks -- Basic Science, Clinical Science, Epidemiology,

Prevention and Public Health, and Rights, Politics, Commitment and Action. The debates and roundtable discussions address many specific concerns within these broad categories.

The community programme serves to identify the needs of the community, so that the scientists may tailor their efforts to those who are truly in need. The three themes of the community programme are Gender and Diversity, Treatment and Care, and Human Security and Development. Though there is an activist component to the Conference, it is important to stress that it is not a political forum. The primary foci of the Conference are the dissemination of information and the collaboration of scientific efforts in a truly effective manner.

The satellite meetings serve as a major connection between the scientific and community programmes. Satellite meetings are fully organized and supported by their sponsoring organizations, and must meet certain scientific and ethical criteria put forth by the Conference. They deal specifically with HIV/AIDS in the context of the overall Conference Programme, and are organized by institutions such as the CDC, UNAIDS, the Harvard AIDS Institute, the International AIDS Society, the U.S. Department of Health and Human Services, WHO, USAID, the American Medical Association, Merck, Peoples Health Organisation (India), and Hong Kong AIDS Foundation, to name only a few. These satellite meetings serve to bring a more region-specific, program-oriented perspective to the Conference, and allow various organizations to share the progress they have made and the challenges they face.

The International Conferences on AIDS have always served as crucial meeting grounds for dedicated people conducting innovative programs worlds away from one another. The 13th International Conference on AIDS carries on this tradition and emphasizes the need for collaboration as we struggle to put an end to AIDS.

Author: Eric Goosby at ~OPHS_DC
Date: 6/13/00 9:03 AM
Priority: Normal
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Subject: THE DURBAN DECLARATION, An Invitation

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By Fax:
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Dear Colleague,

You may already have heard of the Durban Declaration, a statement by an international coalition of 145 scientists from over 40 countries that will be released worldwide prior to the XIII International AIDS Conference in Durban and published in Nature on July 6, declaring that HIV is the cause of AIDS and can be prevented.

On behalf of William Makgoba, President of the Medical Research Council of South Africa, N.M. Samuel, President of the AIDS Society of India, Roberto Badaro, Chief of Infectious Diseases, Federal University of Bahia, Salvador, Brazil, Doug Richman, University of California, San Diego, Tom Merigan, Stanford University, Robin Weiss, University College, London, and Simon Wain-Hobson, Pasteur Institute, Paris, and the 140 other scientists who form the Committee for the Joint Statement by the International Scientific Community, we would like to formally invite you to join us as a founding member of the committee, whose sole purpose is to promulgate the Durban Declaration declaring that HIV is the cause of AIDS.

The Durban Declaration will be a historic statement, an event anchored in time and place, signed by thousands of independent scientists and clinicians. The committee represents a grassroots coalition of scientists who have come together to bring finality to the debate as to the cause of AIDS so we can get on with beating the disease. The group will not have any members of the pharmaceutical industry.

I've attached the FINAL DRAFT of the statement which will be released worldwide one week prior to the XIII International AIDS Conference in Durban, South Africa. The attached document is in Microsoft Word 6.0/95. The statement also follows at the end of this message, in case you have difficulty opening it.

Nature will publish the declaration in full in their July 6 issue as a two-page commentary. The statement will also be concretely presented in Durban on the day of the opening of the conference on July 9 in an official news conference. It was sent to committee members last week for their final review and comments before being sent to Nature on June 8 for final edit and preparation for publication.

The statement was prepared by a 9-person international writing team chaired by Robin Weiss in London. In addition to Doug Richman, Simon Wain-Hobson and other scientists from the USA, Europe and Australia, the team includes Chewe Luo, University Teaching Hospital, Lusaka, Zambia, and Philippa Musoke, Makarere University, Kampala, Uganda. Considerable input was also provided by committee members from South Africa.

I've attached details of our organizing committee, which lists all 145 scientists, front-line clinicians and other AIDS experts on the committee, as well as those still being invited to join. This

FINAL DRAFT
June 7, 2000

THE DURBAN DECLARATION

Seventeen years after the discovery of the human immunodeficiency virus (HIV), thousands of individuals from around the world are gathered in Durban, South Africa to attend the XIII International AIDS Conference. An estimated 34 million people worldwide are living with HIV or AIDS, 24 million of them in sub-Saharan Africa (1). Last year alone, 2.6 million people died of AIDS, the highest rate since the start of the epidemic. If current trends continue, Southern and South-East Asia, South America and regions of the former Soviet Union will also bear a heavy burden in the next two decades.

Like many other diseases (e.g., tuberculosis, malaria) which cause illness and death in underprivileged and impoverished communities, AIDS spreads by infection. HIV-1, which is responsible for the AIDS pandemic, is a retrovirus closely related to a simian immunodeficiency virus (SIV) infecting chimpanzees. HIV-2, which is prevalent in West Africa and has spread to Europe and India, is almost indistinguishable from an SIV infecting sooty mangabey monkeys. Although HIV-1 and HIV-2 first arose as zoonoses (2) - infections transmitted from animals to humans - both now spread among humans through sexual contact, from mother to infant and via contaminated blood.

An animal source for a new infection is not peculiar to HIV. The plague came from rodents. Both influenza and the new Nipah virus in South-East Asia reached humans via pigs, while variant Creutzfeldt-Jakob disease in the United Kingdom came from 'mad cows'. Once HIV became established in humans, it soon followed human habits and movements. Like other viruses, HIV recognizes no social, political or geographic boundaries.

The evidence that AIDS is caused by HIV-1 or HIV-2 is clear-cut, exhaustive and unambiguous, meeting the highest standards of science (3-7). The data fulfil exactly the same criteria as for other viral diseases, such as polio, measles and smallpox:

* Patients with acquired immune deficiency syndrome, regardless of where they live, are infected with HIV (3-7).

* If not treated, most people with HIV infection show signs of AIDS within 5-10 years (6, 7). HIV infection is identified in blood by detecting antibodies, gene sequences or viral isolation. These tests are as reliable as any used for detecting other virus infections.

* Persons who received HIV-contaminated blood or blood products develop AIDS, whereas those who received untainted or screened blood do not (6).

* Most children who develop AIDS are born to HIV-infected mothers. The higher the viral load in the mother, the greater the risk of the child becoming infected (8).

* In the laboratory HIV infects the exact type of white blood cell (CD4 lymphocytes) that becomes depleted in persons with AIDS (3-5).

* Drugs which block HIV replication in the test tube also reduce viral load and delay progression to AIDS. Where available, treatment has reduced AIDS mortality by more than 80% (9).

* Monkeys inoculated with cloned SIV DNA become infected and develop AIDS (10).

Further compelling data are available (4, 5). For all these reasons, it is our considered conclusion that HIV causes AIDS. It is therefore most unfortunate that some people continue to doubt the cause of AIDS. This position will cost countless lives.

In different regions of the world, HIV/AIDS can show altered patterns of spread and symptoms. In Africa, for example, HIV-infected persons are 11 times more likely to die within 5 years (7), and over 100 times more likely than uninfected persons to develop Kaposi's sarcoma, a cancer linked to yet another virus (11).

As with any other chronic infection, various co-factors play a role in determining the risk of disease. Persons who are malnourished, who already suffer other infections or who are older, tend to be more susceptible to the rapid development of AIDS following HIV infection. However, none of these factors weaken the scientific evidence that HIV is the sole cause of AIDS.

In this global emergency, prevention of HIV infection must be our greatest worldwide public health priority. The knowledge and tools to prevent infection are available. The sexual spread of HIV can be stopped by monogamy, abstinence or by using condoms. Blood transmission can be prevented by screening blood products and by not re-using needles. Mother-to-child transmission can be reduced by half or more by short courses of antiviral drugs (12, 13).

Limited resources and the crushing burden of poverty in many parts of the world constitute formidable challenges to the control of HIV infection. People already infected can be helped by treatment with life-saving drugs, but their high cost puts these treatments out of reach for most. It is crucial to develop new antiviral drugs that are easier to take, have fewer side effects and are much less expensive, so that millions more can benefit from them.

There are many ways of communicating the vital information on HIV/AIDS, and what works best in one country may not be appropriate in another. But to tackle the disease, everyone must first understand that HIV is the enemy. Research, not myths, will lead to the development of more effective and cheaper treatments, and hopefully a vaccine.

But for now, emphasis must be placed on preventing sexual transmission.

There is no end in sight to the AIDS pandemic. But, by working together, we have the power to reverse the tide of the epidemic. Science will one day triumph over AIDS, just as it did over smallpox. Curbing the spread of HIV will be the first step. Until then, reason, solidarity, political will and courage must be our partners.

###

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DURBAN DECLARATION
Updated 6/12/00

ORGANIZING COMMITTEE

Committee Members
The following scientists have expressed their support for the initiative and have agreed to serve on the organizing committee:

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Rosemary Musonda rmusonda@zamnet.zm
Peter Mwaba p_mwaba@hotmail.com

Other countries
Every effort is being made to secure participation by leading scientists and notable AIDS experts from countries not listed above.

Organizations which have expressed support for the Durban Declaration and will sign on (asterisks indicate committee members and/or signatories):

International AIDS Society
Mark Wainberg,* Canada
Lars Kallings,* Sweden
Stefano Vella,* Italy

International AIDS Vaccine Initiative
Seth Berkley, USA
Wayne Koff,* USA

Institut Pasteur
Philippe Kourilsky,* France

AIDS Research Alliance
Stephen Brown, USA
Irl Barefield, USA

Organizations being invited to support the initiative
NOTE: This is a partial listing. Other international and national organizations are invited to sign on, including national medical associations, research institutes, infectious disease societies, etc.

UNAIDS
Awa Marie Coll-Seck, Senegal collsecka@unaids.org
Peter Piot, Belgium piot@who.ch

The Royal Society
Aaron Klug,* UK

International Red Cross
In development

Doctors Without Borders
In development

Other Organizations
In development

PH/
6/12/00

XIII International AIDS Conference in Durban, South Africa

July 9-14, 2000

Name	Agency	Division	Office	Title	Activities
CDC Participants:					
Blount,Stevens	CDC-OD	OGH	OD	Director	Key Policy Maker
Kolbe,Lloyd	NCCDPHP	DASH	OD	Director	Key Policy Maker
Kann,Laura	NCCDPHP	DASH	SER	Chief Health Education Specialist	Poster
Bryan,Gloria	NCCDPHP	DASH	PDS	Health Education Specialist	Key Policy Maker
Ross,Ken	NCCDPHP	DASH	OD	Program Analyst	Key Policy Maker
Duerr,Ann	NCCDPHP	DRH	WHF	Medical Officer	Oral
Beck, Consuelo	NCCDPHP	DRH	OD	HIV Coordinator	Key Policy Maker
Galavotti,Christine	NCCDPHP	DRH	WHF	Research Psychologist	Poster
Roca,Angel	NCHSTP	OD	OD	Deputy Associate Director	Key Policy Maker
Stall,Ron	NCHSTP	DHAP-IRS	BIRB	Branch Chief	Oral
O'Leary,Ann	NCHSTP	DHAP-IRS	BIRB	Behavioral Scientist	Oral
Roberts,George	NCHSTP	DHAP-IRS	OD	Behavioral Scientist	Oral
Holtgrave,David	NCHSTP	DHAP-IRS	OD	Director	Oral
Taveras,Samuel	NCHSTP	DHAP-IRS	TTSSB	Team Leader	Oral
Barnes,Victor	NCHSTP	DHAP-IRS	OD	Acting Deputy Director	Poster
Garza,Brenda	NCHSTP	DHAP-IRS	TICB	Deputy Branch Chief	Support
Jones,T.Stephen	NCHSTP	DHAP-IRS	OD	Associate Director for Science	Poster
Isoke,Sheila	NCHSTP	DHAP-IRS	TTSSB	Team Leader	Key Policy Maker
Gilliam,Aisha	NCHSTP	DHAP-IRS	PERB	Behavioral Scientist	Poster
Ali,Cairo	NCHSTP	DHAP-IRS	TTSSB	Public Health Advisor	Poster
Neumann,Mary Spink	NCHSTP	DHAP-IRS	BIRB	Behavioral Scientist	Oral
Holmberg,Scott	NCHSTP	DHAP-SE	EPI	Branch Chief	Oral
Buteryn,Marc	NCHSTP	DHAP-SE	EPI	Visiting Scientist	Oral
Mansergh,Gordon	NCHSTP	DHAP-SE	EPI	Behavioral Scientist	Oral
Hladik,Wolfgang	NCHSTP	DHAP-SE	IAB	EIS	Oral
Clark,Kenneth	NCHSTP	DHAP-SE	PSRB	Supervisory Chemist	Oral
Witham,David	NCHSTP	DHAP-SE	PSRB	Deputy Branch Chief	Oral
Campsmith,Micheal	NCHSTP	DHAP-SE	SURV	Epidemiologist	Oral
Deruing,Paul	NCHSTP	DHAP-SE	SURV	Medical Officer	Oral
Lindegren,Mary Lou	NCHSTP	DHAP-SE	SURV	Medical Epidemiologist	Oral
Lansky,Amy	NCHSTP	DHAP-SE	SURV	Epidemiologist	Oral
Finlayson,Teresa	NCHSTP	DHAP-SE	PSRB	Epidemiologist	Oral
Kellerman, Scott	NCHSTP	DHAP-SE	SURV	Medical Officer	Oral

Name	Agency	Division	Office	Title	Activities
Sullivan,Patrick	NCHSTP	DHAP-SE	SURV	Epidemiologist	Oral
Do,Ann	NCHSTP	DHAP-SE	SURV	Visiting Scientist	Oral
Fowler,Mary Glen	NCHSTP	DHAP-SE	EPI	Medical Officer	Oral
Paxton,Lynne	NCHSTP	DHAP-SE	EPI	Medical Officer	Oral
Smith,Dawn	NCHSTP	DHAP-SE	EPI	Medical Epidemiologist	Oral
Lackritz,Eye	NCHSTP	DHAP-SE	IAB	Assistant Chief of Science	Oral
Varghese,Beena	NCHSTP	DHAP-SE	PSRB	Visiting Research Economist	Poster
Janssen,Rob	NCHSTP	DHAP-SE	OD	Director	Key Policy Maker
Kaplan,Jon	NCHSTP	DHAP-SE	OD	Assistant Director	Key Policy Maker
Williams,Janice	NCHSTP	DHAP-SE	OD	Secretary	Support
Peterman,Thomas	NCHSTP	DHAP-SE	PSRB	Medical Officer	Poster
Chesson,Harrell	NCHSTP	DSTD	PEPHSRB	Health Economist	Oral
St.Lawrence,Janet	NCHSTP	DSTD	BIRB	Branch Chief	Poster
Aral,Sevgi	NCHSTP	DSTD	OD	Associate Director for Science	Poster
Ryan,Caroline	NCHSTP	DSTD	OD	Associate International Activities	Key Policy Maker
Wasserheit,Judy	NCHSTP	DSTD	OD	Director	Key Policy Maker
Rikzon,Renee	NCHSTP	DTBE	SEB	Medical Officer	Oral
Spradling,Phillip	NCHSTP	DTBE	SEB	EIS Officer	Oral
Castro,Ken	NCHSTP	DTBE	OD	Director	Oral
Bins,Kittie	NCHSTP	OD	OC	Writer/Editor	Support
Campbell,Carl	NCHSTP	DHAP-SE	IAB	Public Health Advisor	Key Policy Maker
Baum,Earl	NCHSTP	DHAP-SE	OD	Assoc. Director	Key Policy Maker
Gayle,Helene	NCHSTP	OD	OD	Director	Oral
Glocker,Cynthia	NCHSTP	OD	OD	Health Communication Specialist	Support
Hammond,Terry	NCHSTP	OD	OD	Health Communication Specialist	Support
Keenlyside,Dick	NCHSTP	OD	OD	Medical Officer	Key Policy Maker
McCray,Eugene	NCHSTP	GAA	GAA	Medical Epidemiologist	Oral
Nunnally,Tammy	NCHSTP	OD	OD	Information Specialist	Support
Rugg,Deborah	NCHSTP	GAA	GAA	Research Psychologist	Key Policy Maker
St.Louis,Micheal	NCHSTP	GAA	GAA	Chief,Epidemiology	Oral
Valdiserri,Ronald	NCHSTP	OD	OD	Deputy Director	Oral
Vance,Michael	NCHSTP	OD	OD	Secretary	Support
Weidle,Paul	NCHSTP	DHAP-SE	EPI	Senior Staff Epidemiologist	Poster

Name	Agency	Division	Office	Title	Activities

FDA: Participants

Name:	CIO:			Title:	Role:
Dr Jay Epstein	CBER			Director of Blood&Res.	Attending
Dr. Indira Hewlett	CBER			Branch Chief,Lab Mol Biol	Poster
Dr. Micheal Nordcross	CBER			Senior Investigator	Attending
Richard Klein	OSHI			Associate Director	Attending
Dr. Owen McMaster	COER			Pharmacology/Toxicology	Attending
Betty J. Dodson	ORA			Natl Fraud Coordinator	Oral

NIH: Participants

Name:	Institutes Center:				Role:
Anthony Fauci	NIAID				Invited speaker
Janet Young	NIAID				Poster
Thomas LaSalvia	NIAID				Invited speaker
Carla Pettinelli	NIAID				Invited speaker
Jack Killen	NIAID				Invited speaker
Margaret Johnston	NIAID				Oral
Jorge Flores	NIAID				Invited speaker
Paolo Miotti	NIAID				Invited speaker
Lawrence Fox	NIAID				Invited speaker
Barbara Laughon	NIAID				Invited speaker
Bill Duncan	NIAID				Invited speaker
Rodney Hoff	NIAID				Invited speaker
Steve Bende	NIAID				Invited speaker
Jim McNamara	NIAID				Invited speaker
Barbara Savarese	NIAID				Invited speaker
Ed Berger	NIAID				Invited speaker
Audrey Kinter	NIAID				Invited speaker
Mark Dybul	NIAID				Invited speaker
Micheal Poltis	NIAID				Invited speaker
Mark Connors	NIAID				Invited speaker
James Arthos	NIAID				Invited speaker
Angela Malaspina	NIAID				Invited speaker
Andrew Malaspina	NIAID				Invited speaker
Andrew McNeil	NIAID				Poster
Tom Quinn	NIAID				Invited speaker

Name	Agency	Division	Office	Title	Activities
Chad Womack	NIAID				Invited speaker
Cliff Lane	NIAID				Oral
Hiroyu Hatano	NIAID				Poster
Karl Western	NIAID				Invited speaker
Leslie Cooper	NIAID				Invited speaker
Dionne Jones	NIAID				Invited speaker
Helen Cesari	NIAID				Invited speaker
Richard Needle	NIAID				Invited speaker
Arnold Mills	NIAID				Invited speaker
Robert J. Biggar	NCI				Invited speaker
Suresh Arya	NCI				Oral
Barbara Felber	NCI				Oral
Marjorie Robert-Guroff	NCI				Oral
Frank Ruscetti	NCI				Poster
Vaurice Starks	NCI				Invited speaker
Lauren Woods	NCI				Poster
Yasaman Shirazi	NIDCR				Invited speaker
Mary Ann Redford	NIDCR				Invited speaker
Denise Russo	NIDCR				Invited speaker
Eleni Kousvelari	NIDCR				Invited speaker

Name	Agency	Division	Office	Title	Activities
William J. Caspary	NIEHS				Invited speaker
Sharon Krynkow	FIC				Management
Kenneth Bridbord	FIC				Management
Jeanne McDermott	FIC				Management
F. Gray Handley	NICHD				Management
Leonid Margolis	NICHD				Oral
Lynne Mofenson	NICHD				Oral
Susan Newcomer	NICHD				Management
Patricia Reichelderfer	NICHD				Poster
Ellen Stover	NIMH				Invited speaker
Richard Weise	NIMH				Management
Wayne Fenton	NIMH				Management
Wilo Pequegnat	NIMH				Management
Rayford Kytle	NIMH				
Geoffrey Garnett	NIMH				Management
Steven Riley	NIMH				Management
Neal Nathanson	OD				Invited Speaker
Jack Whitescarver	OD				Management
Wendy Wertheimer	OD				Management
Bonnie Mathieson	OD				Management
Robert Eisinger	OD				Management
Judith Auerbach	OD				Management
Fulvia Veronese	OD				Management
Linda Jackson	OD				Coordinator
Rita Grant	OD				Coordinator
Michael Leonardo	NIAID				Invited Speaker
Zvi Grossman	NIAID				Management
OFFICE ON WOMEN'S HEALTH:					
NAME:					
Frances Page	OWH			Senior Public Health Advisor	
HEALTH RESOURCES AND SERVICES ADMINIS					
Angela Powell-Young	HRSA	DTTA			2 Posters Women's roundtable
John Palenchock	HRSA	OPPD			Speaking, policy session
Joan Holloway	HRSA	OEA			Poster coordinating satellite

Name	Agency	Division	Office	Title	Activities
Joe O'Neill	HRSA	OAA			Speaking abstract poster
Doug Morgan	HRSA	DSS			Speaking
Micheal Johnson	HRSA	DTTA			Speaking
Deborah Parham	HRSA	DCBP			2 Posters
Tom Flavin	HRSA	OC			Staffing the Booth
Brenda Woods-Francis	HRSA	DTTA			Staffing the Booth
Sonya Hunt Gray	HRSA	DSS			Staffing the Booth
Antigone Hodgins	HRSA				Speaking women's meeting
Frances Hodge	HRSA				Staffing booth

Name	Agency	Division	Office	Title	Activities
Others from DHHS					
NAME:					
Roscoe Moore	OIRH			Assistant Surgeon General, Rear Admiral, U.S. Public Health Service	
Jason Wright	OIRH			International Health Officer	
Linda Hoffman	OIRH			International Health Officer	
Eric Goosby	OS			Director Office of HIV/AIDS	
Miguel Gomez	OS			Director, The Leadership Campaign	
Deborah von Zinkernagel	OS			Deputy Director, Office of HIV/AIDS	
Marsha Martin	OS			Special Assistant to the Secretary	
David Satcher, M.D. Ph.D	OS			Assistant Secretary for Health and	
Beverly Malone	OS			Deputy Assistant to the Surgeon General	
Kaye Hayes	OS			Special Assistant to the Surgeon General	
Damon Thompson	OS			Director of Communications for the Surgeon General	
Sandy Thurman	WHITE HOUSE			Director of the Office of HIV Policy	
Daniel Thompson	WHITE HOUSE			Director,President's Advisory Council on HIV/AIDS	

Note the following notified OIRH that they will not Participate in this conference:

SAMHSA
The Office of Disease Prevention and Health Promotion
The Assistant Secretary for Aging (Office)
The Office of the Inspector General
Agency for Health Care Research and Quality

Effective: 8/18/2000
N: Dr Roscoe Moore/Book2

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THE WHITE HOUSE

WASHINGTON

MEMORANDUM

From: Sandra L. Thurman
Director
Office of National AIDS Policy

Date: June 27, 2000

Re: **Background for meeting on the 13th International AIDS Conference**

The 13th International AIDS Conference, which is the largest medical conference ever to be held in Africa, will take place July 9-14, 2000 in Durban, South Africa. This year's theme, "Break the Silence" was chosen to emphasize the obstacles to local/global efforts to turn the tide of the HIV/AIDS epidemic. Since the beginning of the pandemic, the "conspiracy of silence" and the stigma associated with AIDS has stymied progress in all countries and at all levels – among Presidents and in communities. Over 12,000 participants, including representatives from governments, NGOs and the scientific community are registered to attend. Some of the principal sponsors include Glaxo Wellcome, Abbot Laboratories, Bristol Myers Squibb Company and Merck Sharp & Dohme.

The Conference is primarily a bi-annual scientific conference, having last occurred in 1998 in Geneva, Switzerland. This is the first time that the conference is being held in the developing world. Given that sub-Saharan Africa is home to more than 70% of people living with HIV, and South Africa is home to more people living with AIDS than any other single country, the site is both timely and appropriate. President Mbeki will give welcoming remarks at the Opening ceremony, and former President Mandela may give the closing remarks.

The goal of the Conference is to build bridges between the scientific and community aspects of the AIDS pandemic. The Conference itself consists of a scientific programme and a community programme, supplemented by satellite meetings. The scientific programme strives to address the extent to which these Conferences direct research priorities and policies, and whether these priorities and policies accurately respond to community needs. It is structured towards providing information on the significant achievements and important issues that have come up since the last Conference in 1998. Plenary session topics include "The Evolving Virus", and "Prevention and Vaccines". These sessions, led by renowned scientists, community leaders and policy specialists, will be supplemented by roundtable discussions, and oral and poster presentations selected through a blind review process by the Conference organizers. The oral and poster presentations are based on four tracks -- Basic Science, Clinical Science, Epidemiology,

Prevention and Public Health, and Rights, Politics, Commitment and Action. The debates and roundtable discussions address many specific concerns within these broad categories.

The community programme serves to identify the needs of the community, so that the scientists may tailor their efforts to those who are truly in need. The three themes of the community programme are Gender and Diversity, Treatment and Care, and Human Security and Development. Though there is an activist component to the Conference, it is important to stress that it is not a political forum. The primary foci of the Conference are the dissemination of information and the collaboration of scientific efforts in a truly effective manner.

The satellite meetings serve as a major connection between the scientific and community programmes. Satellite meetings are fully organized and supported by their sponsoring organizations, and must meet certain scientific and ethical criteria put forth by the Conference. They deal specifically with HIV/AIDS in the context of the overall Conference Programme, and are organized by institutions such as the CDC, UNAIDS, the Harvard AIDS Institute, the International AIDS Society, the U.S. Department of Health and Human Services, WHO, USAID, the American Medical Association, Merck, Peoples Health Organisation (India), and Hong Kong AIDS Foundation, to name only a few. These satellite meetings serve to bring a more region-specific, program-oriented perspective to the Conference, and allow various organizations to share the progress they have made and the challenges they face.

The International Conferences on AIDS have always served as crucial meeting grounds for dedicated people conducting innovative programs worlds away from one another. The 13th International Conference on AIDS carries on this tradition and emphasizes the need for collaboration as we struggle to put an end to AIDS.

Plenary **Debate** **Roundtable** **Symposium** **Satellite**

FRIDAY, 7 JULY 2000

Time	I.C.C. 3	I.C.C. 4	HILTON 10	CITY HALL 3
07:30	NGO SAT:			
08:00	**Women, Men, Sex & HIV : Roles, Risks and Responsibilities: A global dialogue**	NGO SAT: **Faith-based organisations response to the AIDS crisis in Africa**	NGO SAT: **Breastfeeding & HIV-1 Transmission: Future Research Directions**	NGO SAT: **Putting third first-critical legal issues and HIV/AIDS**
17:30				
18:00				

SATURDAY, 8 JULY 2000

Time	I.C.C. 5	UNISA 1,2,3,4,5	UNISA 6	PLAYHOUSE 11 & 12	TBD
08:00		NGO SAT: **Breaking the Silence at all fronts in fighting the HIV epidemic in India**	NGO SAT: **Nursing partnerships to break the HIV/AIDS silence**		
09:00					
09:30	NGO SAT:			NGO SAT: **Third international prevention works symposium**	
10:00	**Indaba symposium of global Christian perspectives to HIV/AIDS**				NGO SAT: **HIV/AIDS media briefing with new research from JAMA being presented**
13:00					
15:00					
17:00					
19:00					

SUNDAY, 9 JULY 2000

Time	I.C.C. 4	I.C.C. 5	UNISA 1	UNISA 3
08:00		NGO SAT:		
09:00		**Gender, Human Rights, Sexuality & HIV: New challenges for women in prevention, care, treatment and support**	NGO SAT: **Better practices in AIDS prevention social marketing**	
10:00	NGO SAT: **S.A.D.C. Regional Meeting**			NGO SAT: **Local responses to HIV/AIDS**
12.00				
13:00				NGO SAT: **Care for HIV & TB: Considerations for prevention, prophylaxis and integration**
16:00				
16:15				
16 30				
18:00				

SUNDAY, 9 JULY 2000

Time	UNISA 4	UNISA 6	CITY HALL 3	HILTON 10
08:00		NGO SAT:		
09:00		**Supportive care and care for the caregiver**		NGO SAT: **The UNAIDS drug access initiative : Status and preliminary results of early evaluation**
09:30			NGO SAT: **Improving access to AIDS drugs in developing countries: tested strategies**	
10:00	NGO SAT: **Intestinal worms - a major impact on AIDS and TB**			
13:00				
13:30				
14.00				
15:00				NGO SAT: **Adherence issues for children, youth & families: A family focused model**
16:00		NGO SAT: **AIDS in India**		
17:30				
18:00				

Plenary **Debate** **Roundtable** **Symposium** **Satellite**

MONDAY, 10 JULY 2000

Time	I.C.C. 1	I.C.C. 2	I.C.C. 3	I.C.C. 4	I.C.C. 5	I.C.C. 6	ROYAL 14
09:00 - 11:00	PL01: The Jonathan Mann Memorial Lecture Chairs: Hoosen Coovadia; Salim Abdool Karim **The deafening silence of Aids** **Cameron, Edwin* PL02: The Jonathan Mann Memorial Lecture Chairs: Manto Tshabalala-Msimang; Peter Piot **Development, Economics, Inequity and AIDS** *TBD* **Successes in HIV control: Fact or Fiction?** **Anderson, Roy* **Inequity in treatment access** **Kaiumba, Kateki*						
13:00 - 14:30	Sy01 : Symposium: Science of HIV/AIDS : Evolution & Impact	Db01 : Debate Donor Agencies are too focused on prevention & pay insufficient attention to the social and economic impacts of the epidemic *Paul Farmer/Mead Over*	Rt01 : Roundtable Exposing the Silence	E01 : Oral Abstract Testing & Informed Consent	E02 : Oral Abstract Empowerment, Advocacy and Activism	B01 : Oral Abstract HIV/AIDS in children ***R. Biggar, NCI***	C02 : Oral Abstract Female condoms : Where are we now?
14:45 - 16:15	Db02 : Debate Social Theory offers solutions and understanding of the HIV epidemic *Paola Tubaro* *Dennis Altman*	Sy02 : Symposium: Prevention & Treatment Rights	Sy03 : Symposium: Mother-to-child transmission of HIV	E03 : Oral Abstract Innovative approaches to reach migrants & mobile populations	Rt02 : Roundtable Vaccines for developing countries: Development, access and delivery	B03 : Oral Abstract Paediatric anti-retroviral therapy	C04 : Oral Abstract Male circumcision : An ignored intervention
16:30 - 18:00	Db03 : Debate Vaccines for testing in developing countries should be matched to the dominant local HIV strain/subtype *Carolyn Williamson/Rosemary Musonda*	Db04 : Debate Innate immunity is as important as adaptive immunity in preventing HIV infection and progression to disease *Jay Levy/Guiseppe Pantaleo*	Sy04 : Symposium Policy Dialogue : Engaging youth in the fight against AIDS	E04 : Oral Abstract Role of religion & religious institutions "Access or Avoidance"	E05 : Oral Abstract Notification, reporting and disclosure	Sy05 : Symposium Management of drug resistance	C06 : Oral Abstract Male condoms
18.30 20.00 20:30 21:00			NGO SAT: **Global update on HIV in women**	NGO SAT: **The joint commitment of ANRS and developing countries to fight HIV/AIDS**	NGO SAT: **Access to Microbicides: Overcoming policy barriers**		

MONDAY, 10 JULY 2000

Time	D.E.C. 7	D.E.C. 8	D.E.C. 9	HILTON 10	PLAYHOUSE 11	PLAYHOUSE 12	CITY HALL 13
11:30 - 13:00	Vukani Session: CV01 Criminalisation of HIV Transmission is a preventative measure (partner notification)			Mamelang: CM03 Chair: Jurek Domaradzki Facts of life - living with HIV/AIDS - Notification Criminalisation Travel restrictions	Mamelang Sess: CM01 Chair: Robin Gorna Female controlled prevention **Mitchell Warren* **Megan Gotternoeller* **Rosemarie Munhoz*	Mamelang: CM04 The role of the Church in addressing HIV/AIDS in African and African-American communities	Mamelang: CM02 Chair: Joseph Scheich Keeping it safe - maintaining gay safe sex practices in the light of treatment for HIV **Andy Quan* **Rainer Schilling* **Brenton Wong* **Jorge Huerdo*
13:00 - 14:30	D01 : Oral Abstract HIV prevention in Educational institutions	D02 : Oral Abstract Communities. Catalyst for change	D03 : Oral Abstract Reducing risky sexual behaviour - Insights & interventions	B02 : Oral Abstract Access to care across the Continuum	A01 Oral Abstract Animal Models - interventions	A02 : Oral Abstract HIV Diagnostics	C01 : Oral Abstract Vaccine preparedness
14:45 - 16:15	D04 Oral Abstract Methods in behavioural research on HIV risks	D05 : Oral Abstract Mother-to-child transmission: Issues in breastfeeding transmission	D06 : Oral Abstract Male condoms - challenges, opportunities and distribution	B04 : Oral Abstract Quality nursing care makes a difference	A03 : Oral Abstract HIV molecular evolution	A04 : Oral Abstract HIV replication and pathogenesis ***Suresh Arya, NCI***	C03 Oral Abstract Tuberculosis and HIV/AIDS interventions
16:30 - 18:00	D07 : Oral Abstract Speaking & listening: Parents & Children	D08 Oral Abstract Reaching out : Male & Female sex workers	D09 Oral Abstract Breaking the Silence : Reversing denial and facing our fears	B05 : Oral Abstract Gynaecological complications in HIV-positive women	A05 : Oral Abstract Methodology and epitope identity	A06 : Oral Abstract Biological correlates of HIV transmission	C05 : Oral Abstract Reducing mother-to-child transmission

Plenary **Debate** **Roundtable** **Symposium** **Satellite**

MONDAY, 10 JULY 2000				
TIME	UNISA 3	UNISA 6	CITY HALL 3	CHAMBER OF COMMERCE
06:30		NGO SAT: International Multicentre controlled clinical trials in TB and HIV Infection		
09:00				
18:00			NGO SAT: Breaking the silence with community-based research: A network building satellite	
18:30	NGO SAT: Developing a program managers' guide to effective HIV/AIDS programming - A framework and methodology	NGO SAT: Cultural & Social Impact on HIV/AIDs intervention in Chinese communities		NGO SAT: Closed editorial meeting of The Cochrane Review Group on HIV Infection and AIDS
20:30				
21:00				

Plenary **Debate** **Roundtable** **Symposium** **Satellite**

TUESDAY, 11 JULY 2000

Time	I.C.C. 1	I.C.C. 2	I.C.C. 3	I.C.C. 4	I.C.C. 5	I.C.C. 6	ROYAL 14
09:00 - 11:00	Pl02 : Plenary : Living with HIV **Viral Factors in HIV disease** ***David Ho*** **Host Factors in HIV disease** ***Anthony Fauci*** **Advances in Treatment of HIV/AIDS** ***Mauro Schechter*** **Human Rights / Global Inequity and HIV/AIDS** ***TBD***						
13:00 - 14:30	Db05 : Debate HIV-positive women should be encouraged to exclusively breastfeed *Ann Coutsoudis/Mary-Glenn Fowler*	Rt03 : Roundtable Living with HIV	B06 : Oral Abstract Anti-retroviral therapy in resource poor settings : Real world data	Sy07 : Symposium Public policy : Implementation and Impact	E05 : Oral Abstract Evaluation of responses	Sy06 : Symposium Tuberculosis in HIV patients	C08 : Oral Abstract Post-exposure prophylaxis
14:45 - 16:15	Db06 : Debate Research participants in developed and developing countries should receive the same standard of care *Jorge Beloqui/Solomon Benatar*	14:45 - 18:00 Sv08 : Symposium Outstanding issues in the international response to HIV/AIDS	B08 : Oral Abstract Mother-to-child transmission	E07 : Oral Abstract Innovative approaches to reach disadvantaged women	E08 : Oral Abstract Media responses and responsibility	B09 : Oral Abstract Opportunistic infections	C09 : Oral Abstract Determinants of disease progression
16:30 - 18:00	Db07 : Debate Until there are more affordable drugs, anti-retroviral therapy less than HAART is acceptable in developing countries *Praphan Phanuphak/Joko Mukiana*		Rt05 : Roundtable Mother-to-child transmission - obstacles in implementation	E09 : Oral Abstract Global action to expand national response in Africa	E10 : Oral Abstract Intellectual property and Human Rights : Access to drugs	B11 : Oral Abstract Adherence to anti-retroviral therapy - why so low?	C11 : Oral Abstract Natural history of HIV/AIDS in developing countries
18.30 - 20:30				NGO SAT: **Understanding HIV vaccine development & what NGO's can do to move things forward**	NGO SAT: **Building political commitment for effective HIV/AIDS policies and programs**		
21:00 - 21:30							

TUESDAY, 11 JULY 2000

Time	D.E.C. 7	D.E.C. 8	D.E.C. 9	HILTON 10	PLAYHOUSE 11	PLAYHOUSE 12	CITY HALL 13
06:30 - 08:50				NGO SAT: **HIV Care and prevention - North & South : An international case conference I**			
11:30 - 13:00	Vukani : CV07 NGO's should advocate against treatment to prevent mother to child transmission without treatment for the mother			Mamelang: CM05 International and national NGO's - a funding dilemma or identity crisis	Mamelang : CM06 Successes and obstacle - Human rights lessons learnt in five Latin American countries	Mamelang : CM08 The risk of HIV transmission within the family and community	Mamelang: CM07 Sexual and reproductive rights of positive women
13:00 - 14:30	D10 : Oral Abstract Behind walls - HIV in prison	D11 : Oral Abstract Intensifying the response	D12 : Oral Abstract Behavioural predictors and outcomes of HAART	B07 : Oral Abstract HIV related malignancies	A07 : Oral Abstract Immune response in the context of treatment	A08 : Oral Abstract New vaccine designs I ***M. Robert-Guroff, NCI***	C07 : Oral Abstract Voluntary counselling and testing
14:45 - 16:15	D13 : Oral Abstract Peer interventions strategies	D14 : Oral Abstract Economic impact of AIDS on households & organisations	D15 : Oral Abstract Strategies for adherence to therapy	B10 : Oral Abstract Home care models	A09 : Oral Abstract Cytokine / Chemokine and Receptors	A10 : Oral Abstract Molecular biology of viral resistance	Rt04 : Roundtable **AIDS vaccine development for Africa**
16:30 - 18:00	D16 : Oral Abstract Sexual behaviour of students. From primary school to university	D17 : Oral Abstract Sex work and HIV, lessons and challenges	D18 : Oral Abstract Stigma	Sy09 : Symposium Gender issues in disease progression	A11 : Oral Abstract New antivirals/Targets II	A12 : Oral Abstract HIV diversity	C10 : Oral Abstract Biological determinants of transmission
18:30 - 21:00				NGO SAT: **Getting the most out of PLHA involvement**			

Plenary **Debate** **Roundtable** **Symposium** **Satellite**

TUESDAY, 11 JULY 2000				
Time	UNISA 1	UNISA 3	UNISA 6	
18:00	NGO SAT:			
18:30	General meeting of The Cochrane Review Group on HIV infection and AIDS	NGO SAT: Taking it to the streets: An international forum for community health outreach workers	NGO SAT: The female condom: Where we've been and where we're going	
20:30				
21:00				
21:30				

Plenary **Debate** **Roundtable** **Symposium** **Satellite**

WEDNESDAY, 12 JULY 2000							
Time	I.C.C. 1	I.C.C. 2	I.C.C. 3	I.C.C. 4	I.C.C. 5	I.C.C. 6	ROYAL 14
09:00 - 11:00	Pl04 : Plenary : HIV Prevention **Prevention does work** *Peter Lamptey* **Gender, Sexuality and HIV** *Geeta Rao Gupta* **Strategies to reduce mother-to-child transmission** *Chewe Luo* **Advances in topical microbicides** *Luc van Damme*						
13:00 - 14:30	Db08 : Debate Population-based STD treatment programmes should be implemented to reduce HIV transmission *TBD*	Rt06 : Roundtable Prevention of HIV	Sy10 : Symposium The AIDS epidemic: Can the Health Sector respond?	Sy11 : Symposium Accessing vulnerable groups : Youth ***D. Satcher, DHHS***	E11 : Oral Abstract Public health and Human Rights	B12 : Oral Abstract Switching anti-retroviral regimens	C13 : Oral Abstract Injecting drug use and HIV
14:45 - 16:15	Db09 : Debate Sufficient immune reconstitution is possible in context of HAART *TBD*	Db15 : Debate Compulsory licencing & parallel imports: Will they improve access to AIDS drugs? *TBD*	Sy12 : Symposium Caring for the child with HIV infection	E12 : Oral Abstract Ethics of care : Strategies for improving care	E13 : Oral Abstract Innovative approaches to reach sex workers	B14 : Oral Abstract Immune based therapies	C15 : Oral Abstract HIV vaccine trials ***J. McNamara, NIAID***
16:30 -	Db10 : Debate Hydroxyurea has an important role as a component of anti-retroviral therapy *Franco Dorl/Bernard Hirschel*	Db11 : Debate Structural adjustment fuels the AIDS epidemic *John Garrison/Mary Bassett*	Sy13 : Symposium Effects of HIV interventions	E14 : Oral Abstract Regulating HIV prevention and therapeutic goods and services	E15 : Oral Abstract Innovative approaches to reach injecting drug users	B16 : Oral Abstract Clinical trials of anti-retroviral therapy	Rt07 : Roundtable Blood safety
18:00 18:30 20:30 21:00			NGO SAT: **Prevention of mother-to-child transmission of HIV: Pilot project implementation issues**	NGO SAT: **Developing an African AIDS vaccine strategy**	NGO SAT: **What can simulation modeling tell us about the impacts of prevention interventions in different contexts?**		

WEDNESDAY, 12 JULY 2000							
Time	D.E.C. 7	D.E.C. 8	D.E.C. 9	HILTON 10	PLAYHOUSE 11	PLAYHOUSE 12	CITY HALL 13
11:30 - 13:00	Vukani Session CV03 People should go for HIV testing if treatment is not available	Mamelang : CM09 Mobility and migration	Vukani Session : CV04 Decriminalisation of "sex work(ers)" leads to decreased transmission		Mamelang : CM12 "Making a difference - Men and AIDS"	Mamelang : CM11 Shooting it up : IDU's and needle exchange, keeping it safe!	Mamelang : CM10 Drug donations
13:00 - 14:30	D19 : Oral Abstract Gender & sexuality : Still on the agenda	D20 : Oral Abstract Community-based interventions. How effective are they?	D21 : Oral Abstract How mobile is the virus? Migrants and their partners	B13 : Oral Abstract Immune reconstruction ***C. Lane and A. Kinter NIAID***	A13 : Oral Abstract Human Herpes Virus-8 (HHV-8)	A14 : Oral Abstract New vaccine designs	C12 : Oral Abstract New developments in breastfeeding transmission of HIV
14:45 - 16:15	D22 : Oral Abstract Violence against women : Cries & whispers	D23 : Oral Abstract Dollars and Sense - cost of medical care	D24 : Oral Abstract Injecting - an international epidemic	B15 : Oral Abstract Pharmacology and pharmacokinetics	A15 : Oral Abstract Co-infection of HIV and Hepatitis viruses	A16 : Oral Abstract New anti-virals-I	C14 : Oral Abstract Implementing Mother-to-child intervention programmes: Successes and challenges
16:30 - 18:00	D25 : Oral Abstract "Hope or Hindrance" custom, religion and sexuality	D26 : Oral Abstract Making voluntary testing work	D27 : Oral Abstract Pushing the agenda: advocacy and involvement	B17 : Oral Abstract Management of HIV disease in real life	A17 : Oral Abstract CD8/CD4 cells: Implication for vaccine development	A18 : Oral Abstract Ethics of research	C16 : Oral Abstract Cost-effectiveness of mother-to-child transmission
19:00 21:00				NGO SAT: **Social marketing: An effective strategy in prevention of HIV/AIDS & STD**			

Plenary Debate Roundtable Symposium Satellite

WEDNESDAY, 12 JULY 2000	
Time	UNISA 6
18:30 21:00	NGO SAT: HIV/AIDS & migration-specific needs & appropriate interventions in the field of policies, prevention and care

Plenary **Debate** **Roundtable** **Symposium** **Satellite**

THURSDAY, 13 JULY 2000

Time	I.C.C. 1	I.C.C. 2	I.C.C. 3	I.C.C. 4	I.C.C. 5	I.C.C. 6	ROYAL 14
09:00 - 11.00	Pl05 : Plenary: Challenges of HIV Vaccine **Genetics and transmission of HIV** ***Francine McCutchan*** **An AIDS vaccine by 2007: myth or reality** ***Margaret Liu*** **AIDS Vaccine challenges to the pharmaceutical industry** ***Peter Young*** **Ethics of AIDS research in developing countries** ***Malegapuru Makgoba***						
13.00 - 14:30	Db12 : Debate Prevention policy should be directed to changing the behaviour of those who display the highest risk behaviour *Tom Coates/Tim Brown*	Rt08 : Roundtable Challenges of HIV Vaccine	Sy15 : Symposium Intersectoral response to HIV/AIDS	Sy16 : Symposium HIV vaccine trials : Ethics	E16 : Oral Abstract Protecting the children: Orphan care and support	Sy14 : Symposium: Issues in anti-retroviral therapy	C19 : Oral Abstract HIV prevalence and risk factors
14:45 - 16:15	Db13 . Debate TB Prophylaxis should be given to all HIV infected persons *Alwyn Mwinga/Gary Maartens*	LB01 : Late Breakers See supplement for details	LB02 : Late Breakers New Developments in Affordable Antiretroviral Therapy ***M. Dybul, NIAID*** (16:00)	Rt09 : Roundtable International support for the prevention of mother-to-child transmission	Sy18 : Symposium Personal accounts in dealing with AIDS ***Neal Nathanson, OAR***	Sy20 : Symposium Report back on the 3rd International HIV Prevention Works meeting	C22 : Oral Abstract Association of STI and HIV
16:30 - 18:00	Db14 . Debate Future microbicides research should focus on specific anti-HIV approaches *Kenneth Mayer/Zeda Rosenberg*	LB03 : Late Breakers See supplement for details	LB04 : Late Breakers See supplement for details	LB05 : Late Breakers Vaccines Immunotherapy & Immunopathogenesis ***C. Womack, NIAID***	E17 : Oral Abstract The Multisectoral Response: Making programmes work	B21 : Oral Abstract Structured treatment interruptions	C23 : Oral Abstract Sexually transmitted disease control interventions
18:30 21:00				NGO SAT: **Networking for effective responses to HIV/AIDS: Evidence from regional harm reduction networks**			

THURSDAY, 13 JULY 2000

Time	D.E.C. 7	D.E.C. 8	D.E.C. 9	HILTON 10	PLAYHOUSE 11	PLAYHOUSE 12	CITY HALL 13
06:30 08:50				NGO SAT: **HIV care & prevention - North & South: An international case conference II**			
11:30 - 13:00	Vukani Session : CV05 How can anti-retrovirals be made available with/without the required or weak infrastructure?	Marnelang : CM13 Nutrition in resource poor settings - the importance of education and counselling	Vukani : CV06 And the media plays on ...		Marnelang . CM14 Are the counsellors counselling? - Quality and effectiveness of counselling	Marnelang : CM15 Home and community care - challenging stigma	Marnelang . CM16 HIV/AIDS vaccines and the work for communities in Africa
13:00 - 14:30	D28 : Oral Abstract Recruitment for HIV vaccine trials	D29 Oral Abstract Prevention and action: Men who have sex with Men	D30 : Oral Abstract Caring for caregivers	B18 : Oral Abstract Hepatitis C and HIV Co-infection : Clinical aspects	C17 : Oral Abstract Microbicides	Sy17 : Symposium Immune recognition and immune escape	C18 : Oral Abstract Measuring the epidemic
14:45 - 16:15	Sy19 : Symposium HIV/AIDS families and communities	D31 : Oral Abstract "Where are we now?" Gays, Lesbians, Bisexual and Transgendered voices	D32 : Oral Abstract Positive people : Leading initiatives	B19 : Oral Abstract Palliative and Terminal care	C20 : Oral Abstract HIV in Men who have sex with Men	B20 . Oral Abstract Risk factors for lipodystrophy syndrome	C21 . Oral Abstract Trends in the epidemic
16.30 - 18:00	D33 Oral Abstract Protecting the children: Orphan care & support	D34 . Oral Abstract HIV discordant couples: Living with HIV	E18 : Oral Abstract Breaking the silence around traditional medicine for HIV/AIDS prevention and care	B22 Oral Abstract Training community and health care workers	E19 : Oral Abstract Responding to stigma and discrimination	B23 : Oral Abstract Lipid metabolism and cariovascular risk	Sy21 : Symposium Effect of HAART on HIV trends
18:30 21 00				NGO SAT: **Children on the brink: Principles and issues in program implementation**			

Plenary Debate Roundtable Symposium Satellite

THURSDAY, 13 JULY 2000	
Time	UNISA 6
18:30	NGO SAT:
	Community
21:00	mobilisation

FRIDAY, 14 JULY 2000		Fri, 14-Jul - Sun, 16-Jul	Sun, 16-Jul - Fri, 21-Jul
Time	UNISA 1,2,3,4,5	University	
13 30	NGO SAT:	NGO SAT:	NGO SAT:
	Gender, Human Rights, Sexuality & HIV:	Building epidemiological capacity to	Ethical issues in international
	New challenges for women in	respond to the challenge of infectious	health research
17:00	prevention, care, treatment and support	and communicable diseases	

T- Durban 7/8 URGENT

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS
HARLEM HOSPITAL CENTER

DEPARTMENT OF MEDICINE

7/5/00

Dear Ms Thurman,

It was wonderful meeting you in person at the congressional briefing on HIV/AIDS in India on 7th of June in Washington DC . This is to invite you to share your vision for India with colleagues from India and elsewhere at the upcoming satellite conference on HIV-India on 8th of July between 1 and 7 PM at University of South Africa in Durban.

We are expecting professionals from various walks of life interested in collaborative dialogues to come up with strategies for fight against HIV in India.

Please feel free to e-mail me at ssr12@columbia.edu or subharaghavan@aol.com. Enclosed is a copy of the program for your reference.

Looking forward to hearing from you.

Sincerely,

Subha Raghavan, Ph.D.,
Assistant Professor in Clinical Nutrition Medicine
Columbia University & Harlem Hospital Center
900 west, 190th St. # 15B
New York 10040
Ph: 212 939 2313
Fax 212 939 2869

Urgent ! Please Post, Distribute or E-mail to those attending XIII World AIDS Conference in Durban !

SATELLITE CONFEENCE ON HIV/AIDS ISSUES IN INDIA

Date: July 8th, 1 PM - 7 PM (Main program of the Satellite Conference)
Morning Pre-Satellite Workshops are cancelled

Venue: UNISA 3 (University of South Africa)

Please Register by Contacting :

India : Dr NM Samuel at nms_mds@yahoo.com **or 011 91 44 2354203**
USA : Dr. Subha Raghavan at : Subharaghavan@aol.com **or 212 939 2313**

Sponsoring or Participating Organizations:

AIDS Society of India (ASI)
Columbia University
François-Xavier Bagnoud Foundation (FXB)
Humsafar Trust, Bombay
International AIDS Society (IAS)
Indian Network of Positive People (INPPLUS)
International Association of Physicians in AIDS Care (IAPAC)
National AIDS Control Organization (NACO)
National Institute of Child Health and Human Development, (NICHD)
U.S. National Institutes of Health (NIH)
Solidarity Against the HIV Infection in India (SAATHI)
South Asia Against AIDS Foundation (SAAAIDS) in NYC
University of South Florida (USF)

Objectives:

1. To facilitate collaborative discussions and networking among various organizations and professionals working within India to identify gaps and set priorities in areas of

    - Testing, Prevention, Education, Research, Treatment, Ethics, Social Issues and Community Involvement

2. To facilitate collaborative discussions among various organizations and professionals working within India and who is interested to fund or work for India from the developed/developing world

Concurrent Pre-Conference Workshops: CANCELLED
MAIN PROGRAM: 1- 7 PM

1.00 – 2.00 : Session I : Introductions

1.00 –1.10 : Conference Announcements and Introductions

1.10- 1.25: Stark Reality - Absolute truth, Ashok Pillai, President, India Network of People Living with AIDS

1.25- 1.45: Gaps, Strategies and Priorities of HIV Prevention and Treatment in India, Dr. Suniti Solomon, YRG Care, India

1.45 – 2.15: Introductory remarks by various organizing representatives to share their vision and commitments towards HIV/AIDS issues in India

Dr. Sai Subhasree Raghavan, Solidarity Against the HIV Infection in India (SAATHI)
Dr. Hussein Coovadia, Chair, XIII World AIDS Conference
Dr. Mark Wainberg, President, International AIDS Society
Dr. Stephano Vella, President Elect, International AIDS Society
Mr Prasada Rao, Director, National AIDS Control Organization
Dr. NM Samuel, President AIDS Society of India
Countess Albina du Boisrouvray, , François-Xavier Bagnoud Foundation (FXB)
Dr. Peter Piot, UNAIDS (to be confirmed)
Dr. Gordon Alexander, UNAIDS

2.00 – 2.50 PM : Session II – Prevalence of HIV Infection in India

Facilitators: Dr. NM Samuel, President, and AIDS Society of India
Dr. Arthur Ammann, Global Strategies for HIV Prevention

2.00 – 2.15 PM: Prevalence of HIV Infection in India : An Update
Mr Prasada Rao, Director, National AIDS Control Organization

2.15 -- 2.50 PM: Panel discussion on Prevalence of HIV Infection in India: Gaps, Strategies and Priorities

Panel Discussants:
Dr. Alka Deshpande, Senior Doctor in a Government Setting, Bombay
Dr. Mehta, Blood Blank Specialist, SN Medical College, Rajasthan
Dr. Avadesh Gupta, Deputy Director, Rajasthan AIDS Control Unit
Dr. Alka Gogate, Project Director, Mumbai District AIDS Control Society
Dr. Dr. H.R. Jerajani, STD Specialist, SION Hospital, Bombay
Dr. Mannu Singh, Young Clinician focussing on MSM issues, SION Hospital
Dr. Rashmi Shah, Private Setting and Rotary Initiatives, Bombay
Mr. Ashok Rao Kavi, Activist focussing on MSM Issues, Humsafar Trust, Bombay
Hukum Singh, Out reach in Rural Setting, FXB, Rajasthan
Celina D'Costa , HIV + Community Representative

Issues of Interest during panel discussion : *Rapid Testing, Hepatitis and STDs, problems with reporting, cost of testing, testing methods, accessibility to testing and mandatory testing.*

2.50 –3.00 PM : Coffee Break

3.00 – 4.10 PM : Session III : Prevention, Education & Advocacy:

Facilitators:	**Dr. Suniti Solomon and Ms Lalitha Kumaramangalam**
3.00 – 3.15 PM :	Update on National Level Prevention Efforts: Dr. Rathore, Joint Director, NACO
3.15 – 3.30 PM	National Level Education and Advocacy Programs Ms. Neelam Kapoor, Joint Director, NACO
3.30 – 3.40 PM	Sate Level Prevention and Education, Dr. K Gopal
3.40 – 4.10 PM :	Panel discussion on Prevention, Education & Advocacy efforts in India: Gaps and Strategies, priorities

Panel Discussants:
Mr. S.S. Hussain, Secretary of Health, Government of Maharashtra
Dr. M. Ganapathy, STD Specialist, Madras Medical College, Madras
Mrs. Medha Gadgil, Project Director, Maharasthra AIDS Control Society
Dr. Dora Warren, USAID, New Delhi
Dr. Shilpa Merchant, Marginalized Communities, Population Services International
Dr. Eknath Naik, Adolescent Education, University of Florida
Dr. Ranne, Rotary Initiatives, Bombay
Dr. Pratap Thariyan, Counseling, CMC, Vellore, TamilNadu
Ms. Amunda, Teddy Trust, (Truck Drivers) Chennai
Mr. K.C.Joshi, Religious Sector, FXB Rajasthan
Dr. Laila Gardia, Rural women, KEM Hospital Research Center, Pune
Mr Rishi Saxena, Tourism Industry, FXB, Rajasthan

Issues of Interest for prevention : *Mother to child transmission, post exposure prophylaxis round the cock, access to PEP at private settings*
Issues of Interest for education: *school children, infected doctors, MSM/Ws, politicians, press, rural areas, house wives, elderly, truck drivers, commercial sex workers,*

4.10 – 4.25 PM : Break

4. 25 – 6.00 PM : Session IV: Panel Discussion on Treatment & Clinical Research
Facilitators: Dr. Janak Maniar, Mumbai and Dr. Joep Lange, Amsterdam

4.25– 4. 40 PM : Update on OI diagnoses and prophylaxis,
Dr. Alka Deshpande, JJ Hospital , Mumbai

4.40 – 4.55 PM : Update on Antiretroviral treatments,
Dr.Saple, GT Medical College, Mumbai

4. 55 - 5.10 PM : Update of MTCT, Dr. Janak Maniar, Mumbai

5.10 – 6.00 PM : Panel discussion on Treatments and Clinical Research: Gaps and Strategies, priorities

Panel Discussants:
Dr. Subash Hira, Epidemiological and clinical research, ARCON, Mumbai
Dr. Kumaraswamy, NGO setting, Young Clinician, YRG Care, Chennai
Dr. Atul Patel, Private Practice and Academia, Young Clinician, Ahmadabad
Dr. Rashid Merchant, Wadia Hospital Center, Pediatrics, Bombay
Dr. C.N. Deivanayagam, TB Treatments, Tambaram Sanatorium
Mr. Ashok Pillai, Community Representative, Chennai
Dr. Asim Jain, University of South Florida, Treatment Issues
Dr. Kenneth Mayer, Clinician Training, Brown University
Mr. Joe Thomas, Access to Antiretroviral in India
Mr. Jules Levin, Treatment Activist, NATAP, USA

Issues of Interest for Treatment: *Access to ARV low cost models, parallel imports, MTCT, PEP, diagnoses, surrogate markers, nutrition, education of clinicians and patients on treatments, resistance, structured interruption, alternative therapies*

Issues of interest for Research : *MTCT, clinical trials, infra-structure, behavior intervention, natural history studies, Vaccine, Host genetic factors, funding, training, rapid approvals*

6.00 – 6.30 PM: Session V: Panel Discussion on Networking
Facilitators : Dr. Gilada, PHO, Bombay and Mr. Anil Purohit, FXB

Panel Discussants:
Dr. Dora Warren, USAID, New Delhi
Dr. Suniti Solomon, YRG Care
Dr. Kenneth Mayer, Brown University, Fogarty Training
Dr. Lynn Moffenson, NICHD
Dr. Gray Hendley, NICHD
Ms Trish Devine, Pediatric AIDS Foundation
Dr. Arthur Ammann, Global Strategies for Prevention of Mother to Child Transmission
Dr. Zunega, International Association of Physicians in AIDS Care
Mr. Jules Levine, NATAP, USA
Ms. Yasmin Halima, ECAB, England
Ashok Pillai, Community Representative

Issues of Interest: Networking among National (Private, Pharma, Govt, Non-govt, NGOs, Political and religious) and International Organizations

6.30 – 7.15 PM : Session V: Panel Discussion on Community Involvement , Social issues and Ethical Dilemmas

Facilitators: Ashok Pillai, INP, India
Yasmin Halima, ECAB, England
Jules Levine, NATAP, USA

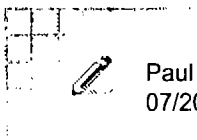
Panel Discussants:
Dr. NM Samuel, MGR Medical College, Madras
Dr. Suniti Solomon, YRG Care
Dr. Alka Deshpande, JJ Hospital, Bombay
Ms. Celina D'Souza, Community Rep
Ms. Lalitha Kumaramangalam, Prakrithi
Mr. Ashok Rao Kavi, Humsafar Trust
Dr. Poornima Madhavan, Women's Issues
Ms. P. Kousalya, President women's network Chennai --PWN+
Ms. Anandi, Indian Network of People Living with HIV
Ms Mary Julie : Community Representative

Issues of Interest: Education, Stigma, Poverty, Hygiene/safety, Employment, Homecare Sex workers , Human rights , Forming a national coalition of various PWA organizations in India, Youth oriented strategies, Prevention education to the infected, Visibility –social acceptance, Peer model programs, Technical assistance, placebo controlled studies, unethical research, Employment, stigma, Health care providers, heavy work, mortality, low payments, bankruptcy

7.15 PM : Concluding Remarks

Reporters/Writers:

Dr. Asim Jain, Co-ordinater of Reporting
TBA: Prevalence and Prevention
TBA: Research Issues
Dr. Shankaran on Clinical Issues
Dr. Kumara Swamy, Clinical Issues
Dr. Poornima Madhavan, Women's Issues
Dr. Mannu Singh, MSM/W Issues
Mr. Ashok Pillai, Community Issues
Ms Ketan Joshi, Conference Press
Ms Yasmin Halima for Europe Press
Mr. Jules Levine for US Press
Ms Kalpana Jain, The Times of India



Paul A. Gaist
07/20/2000 01:41:35 PM

Record Type: Record

To: ONAP/PACHA Staff

cc:
Subject: FW: Press release of the 3rd International Prevention Works Symposium

---

For your information - this is the text of one of the press releases from the 3rd International HIV Prevention Works Symposium held in Durban, South Africa. Sandy opened the meeting as one of the keynote speakers (see below).

- Paul

----- Original Message -----
From: <breakthesilence@aids2000.com>
To: <breakthesilence@aids2000.com>
Sent: Thursday, July 13, 2000 3:40 AM
Subject: BTS: Prevention Works!

> Prevention Works!
>
> DURBAN - 10 July 2000
> THE AIDS pandemic can be stopped by prevention, delegates to
> the Third Prevention Works Symposium at the weekend have said.
> The Symposium was part of the AIDS 2000 Conference.
>
> Dr Zweli Mkhize, KwaZulu-Natal Minister of Health, said:
> "Prevention, if we do it properly, works." Mr Obed Mlaba, the
> Mayor of Durban, said South Africa's past had opened the
> floodgates, allowing the epidemic in.
>
> Canada's Minister for International Co-operation, Maria Minna
> said: "Prevention works. It is the strongest and most powerful
> weapon against HIV/AIDS."
>
> Ms Sandra Thurman, director of the White House Office of
> National AIDS Policy, set the scenario by reminding
> participants that despite advancements in effective therapies,
> "this pandemic is far from over. In 1999 alone - nearly 6
> million people became infected - more than one every 8
> seconds. And, here in Africa, AIDS has claimed more lives than
> all armed conflicts waging on the continent combined. AIDS is
> not just a health crisis, it's a fundamental development

> crisis with serious economic, stability and security
> implications.
>
> "At this point in the pandemic," she continued, "when it comes
> to effective prevention strategies - we know what works. This
> symposium is an opportunity to advance dialogue and inspire
> action."
>
> Callisto Madavo, vice president, the World Bank Africa region,
> said: "The time is long overdue to move beyond talk to action.
> Investment in AIDS should be a precondition to all other
> investment."
>
> Mr Madavo announced the availability of $500 million from the
> World Bank for countries with national AIDS programmes and
> government commitment to fighting HIV/AIDS.
>
> This is the first Prevention Works Symposium to be held in a
> developing country. The number of participants has steadily
> increased since the first symposium held in 1996 in Vancouver,
> indicating worldwide interest in in-depth attention on HIV
> prevention research and implementation of research findings
> that prevent infections.
>
> This unique platform focuses on the challenges of timeously
> translating research into practice ensuring that tried-and-
> true prevention methods are available across the globe.
>
> Three overriding themes emerged. These were the identification
> of short and long-term strategies; implementation and capacity
> building; and addressing structural, economic, cultural and
> attitudinal barriers.
> Three strategies were suggested. The first was the use of
> Nevirapine to reduce mother-to-child transmission. This is a
> short-term strategy estimated to cost about $4 or even less
> per person in the South African context.
>
> The second strategy was the treatment of sexually transmitted
> diseases (STD), which is complicated and difficult to
> implement, as many people are not even aware of having an STD.
> However, STD screening in high-risk groups has been shown to
> be a cost-effective short-term intervention and treating STDs
> in already infected individuals lowers their infectivity.
>
> The third strategy aimed to increased life skills training for
> young people. For sustainability, young people must be
> involved in programme design and implementation. Programmes
> should focus on issues salient to young people (including
> rape, violence and drug use); peer counseling and education
> should be available; awareness needs to be translated into
> appropriate behaviours and behaviour change messages; and
> family and supporting social structures need to be involved.
> But above all, such programmes must start early - targeting
> five and six year olds. Emphasis was also placed on providing

> for orphans, prevention efforts targeting men, long-term
> strategies for microbicide development and to prevent emerging
> epidemics.
>
> Delegates agreed that capacity building needed to take place
> in all relevant sectors, including community-based
> organisations focusing in particular on developing skills in
> monitoring and evaluation and improving the ability to partner
> in and conduct research. Capacity development also needed to
> take place among academics.
>
> This could focus on some practical issues such as simplifying
> scientific research language and encouraging academics and
> community groups to work together - literally in the same
> locale. Governments, on the other hand, must continue to build
> capacity to forge linkages with other sectors, to mobilise a
> co-ordinated response and to utilise documented research
> results to craft policy and legislation.
>
> Implementation strategies that work include peer education,
> voluntary testing and counselling, targeted interventions that
> acknowledge population diversity, mobilising community leaders
> and partners, and innovative communication.
>
> Delegates felt that government responses which were not
> complementary to other sectoral responses were a hindrance to
> the implementation of interventions. Also, one plan doesn't
> fit all - interventions must match the needs of specific
> populations.
>
> Mr Justice Edwin Cameron said although prevention strategies
> had been known for many years, very few countries or their
> international partners had taken sufficient action to slow the
> spread of the epidemic. He described this as a "tantalising
> paradox".
>
> "We know what prevention methods work, yet prevention isn't
> working. The epidemic is washing the African continent in
> blood. Fearfulness is at its heart. I am filled with rage that
> we don't do more to change it."
>
> Structural and economic barriers include top-down decision-
> making excluding local stakeholders; inadequate infrastructure
> (trying to do prevention work on already overstretched
> budgets); inequality; poverty, gender roles and relations; and
> the lack of effective partnerships particularly between
> governments, international donors and non-governmental
> organisations.
>
> Cultural and social barriers include the lack of sex education
> in school curricula, denial by religious groups; conflicts
> between individual and collective rights; political
> instability and ethnic marginalisation. While attitudinal
> barriers include government inaction, stigmatisation and

> denial, and attitudes of health workers. There are models from
> all over the world that have successfully overcome barriers.
>
> Cameron said: "We need to offer people reasons to come forward
> for testing, People come to care when there is something to
> care for."
>
> In describing his own experience of using antiretroviral
> therapy he said, "I began to feel that I might become old,
> might even fall under a bus. I refuse to simply accept the sad
> truth that I can be here, that I can face this epidemic with
> energy, conviction and purpose while others are falling sick.
> We must force governments to take action now."
>
> This sentiment was echoed by UNAIDS Director, Peter Piot:
> "Let's put into the dustbin the idea that simplistic solutions
> will end this epidemic. Single interventions are ineffective
> without an enabling environment and broader action. We need an
> expanded response. There is good evidence that prevention
> works. There's no excuse for governments not to invest in
> prevention."
>
> The 4th Prevention Symposium will take place before the XIVth
> International AIDS Conference in 2002.
>
> http://www.aids2000.com
>
> AIDS2000 Key Correspondent Team
> E-mail: kcteam@aids2000.com
>
> ---
> You are currently subscribed to breakthesilence as: vicci@mweb.co.za
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>
> XIIIth International AIDS Conference,
> Durban, South Africa, 9 - 14 July 2000
> http://www.aids2000.com
> To join: join-breakthesilence@aids2000.com
>
> Coordinated by Health & Development Networks
> Internet: http://www.hdnet.org
> With help from the Health Systems Trust (RSA)
>

US Department of State
Office of Emerging Infectious Disease
and HIV/AIDS
2201 C. Street, NW
Washington DC, 20520

To:	Sarah (ONAP)	**From:**	Elizabeth Scharl
Fax:	202-456-2439	**Fax:**	202-736-7336
Phone:	202-456-2959	**Phone:**	202-647-4689
Pages	2 (including cover)	**Date:**	07/12/2000

Hi Sarah,

Thanks very much for faxing the press releases.

Please find following the statement about the Durban conference that State would like to clear through ONAP as soon as possible.

Also, your help in identifying a point of contact for questions about drug therapies and/or vaccines related to HIV/AIDS would be very helpful. We would like to forward this point of contact name to our public affairs office.

Thanks again!

Got that

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

June 26, 2000

Cheryl S. Bauerle
Office of National AIDS Policy
Executive Office of the President
The White House
736 Jackson Place
Washington, DC 20503

Cheryl:

Enclosed please find Michael Iskowitz travel orders for Durban, South Africa and his airline ticket. Cheryl, once you have received this information, please email me or call me.

Michael Vance

Michael Vance

Assistant to the Director
National Center for HIV, STD, & TB Prevention
404-639-8000
mvance@cdc.gov

From: Robert J. Pellicci on 06/22/2000 04:50:28 PM

Record Type: Record

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

cc: Ingrid M. Schroeder/OMB/EOP@EOP, James J. Jukes/OMB/EOP@EOP

Subject: LRM RJP317 - - HEALTH & HUMAN SERVICES Oversight Testimony on infectious diseases, including the West Nile virus

COMMENTS ARE DUE NO LATER THAN 10:00 A.M. MONDAY - JUNE 26TH. U.S. SURGEON GENERAL SATCHER'S TESTIMONY FOLLOWS--

tst629d8.wpd

HEARING IS BEFORE THE HOUSE COMMITTEE ON INTERNATIONAL RELATIONS ON THURSDAY, JUNE 29TH.

---------- Forwarded by Robert J. Pellicci/OMB/EOP on 06/22/2000 04:35 PM ----------

LRM ID: RJP317

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
Washington, D.C. 20503-0001

S-7813
Marshall
Rodgers

Thursday, June 22, 2000

LEGISLATIVE REFERRAL MEMORANDUM

TO:	Legislative Liaison Officer - See Distribution below
FROM:	Ingrid M. Schroeder (for) Assistant Director for Legislative Reference
OMB CONTACT:	Robert J. Pellicci
	PHONE: (202)395-4871 FAX: (202)395-6148
SUBJECT:	**HEALTH & HUMAN SERVICES Oversight Testimony on infectious diseases, including the West Nile virus**

DEADLINE: **10:00 a.m. Monday, June 26, 2000**

In accordance with OMB Circular A-19, OMB requests the views of your agency on the above subject before advising on its relationship to the program of the President. **Please advise us if this item will affect direct spending or receipts for purposes of the "Pay-As-You-Go" provisions of Title XIII of the Omnibus Budget Reconciliation Act of 1990.**

COMMENTS: Hearing is before the House Committee on International Relations on Thursday, June 29th. U.S. Surgeon General Satcher is the Administration's witness.

DISTRIBUTION LIST

AGENCIES:

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Ingrid M. Schroeder
James J. Jukes

CLOSING ADDRESS AT THE 13TH INTERNATIONAL AIDS CONFERENCE

Durban 14 July 2000,

To have been asked to deliver the closing address at this conference which in a very literal sense concerns itself with matters of life and death, weighs heavily upon me for the gravity of the responsibility placed on one.

No disrespect is intended towards the many other occasions where one has been privileged to speak, if I say that this is the one event where every word uttered, every gesture made, had to be measured against the effect it can and will have on the lives of millions of concrete, real human beings all over this continent and planet. This is not an academic conference. This is, as I understand it, a gathering of human beings concerned about turning around one of the greatest threats humankind has faced, and certainly the greatest after the end of the great wars of the previous century.

It is never my custom to use words lightly. If twenty-seven years in prison have done anything to us, it was to use the silence of solitude to make us understand how precious words are and how real speech is in its impact upon the way people live or die.

If by way of introduction I stress the importance of the way we speak, it is also because so much unnecessary attention around this conference had been directed towards a dispute that is unintentionally distracting from the real life and death issues we are confronted with as a country, a region, a continent and a world.

I do not know nearly enough about science and its methodologies or about the politics of science and scientific practice to even wish to start contributing to the debate that has been raging on the perimeters of this conference.

I am, however, old enough and have gone through sufficient conflicts and disputes in my life-time to know that in all disputes a point is arrived at where no party, no matter how right or wrong it might have been at the start of that dispute, will any longer be totally in the right or totally in the wrong. Such a point, I believe, has been reached in this debate.

The President of this country is a man of great intellect who takes scientific thinking very seriously and he leads a government that I know to be committed to those principles of science and reason.

The scientific community of this cuntry, I also know, holds dearly to the principle of freedom of scientific enquiry, unencumbered by undue political interference in and direction of science.

Now, however, the ordinary people of the continent and the world -and particularly the poor who on our continent, will again carry a disproportionate burden of this scourge - would, if anybody cared to ask their opinions, wish that the dispute about the primacy of politics or science be put on the backburner and that we proceed to address the needs and concerns of those suffering and dying. And this can only be done in partnership.

I come from a long tradition of collective leadership, consultative decision-making and joint action towards the common good. We have overcome much that many thought insurmountable through an adherence to those practices. In the face of the grave threat posed by HIV/Aids, we have to rise above our differences and combine our efforts to save our people. History will judge us harshly if we fail to do so now, and right now.

Let us not equivocate: a tragedy of unprecedented proportions is unfolding in Africa. AIDS today in Africa is claiming more lives than the sum total of all wars, famines and floods, and the ravages of such deadly diseases as malaria. It is devastating families and communities; overwhelming and depleting health care services; and robbing schools of both students and teachers.

Business has suffered, or will suffer, losses of personnel, productivity and profits; economic growth is being undermined and scarce development resources have to be diverted to deal with the consequences of the pandemic.

HIV/Aids is having a devastating impact on families, communities, societies and economies. Decades have been chopped from life expectancy and young child mortality is expected to more than double in the most severely affected countries of Africa. Aids is clearly a disaster, effectively wiping out the development gains of the past decades and sabotaging the future.

Earlier this week we were shocked to learn that within South Africa 1 in 2, that is half, of our young people will die of AIDS. The most frightening thing is that all of these infections which statistics tell us about, and the attendant human suffering, could have been, can be, prevented.

Something must be done as a matter of the greatest urgency. And with nearly two decades of dealing with the epidemic, we now do have some experience of what works.

The experience in a number of countries has taught that HIV infection can be prevented through investing in

information and life skills development for young people. Promoting abstinence, safe sex and the use of condoms and ensuring the early treatment of sexually transmitted diseases are some of the steps needed and about which there can be no dispute. Ensuring that people especially the young, have access to voluntary and confidential HIV counselling and testing services and introducing measures to reduce mother-to-child transmission have been proven to be essential in the fight against AIDS. We have recognised the importance of addressing the stigmatisation and discrimination, and of providing safe and supportive environments for people affected by HIV/Ai ds.

The experiences of Uganda, Senegal and Thailand have shown that serious investments in and mobilisation around these actions make a real difference. Stigma and discrimination can be stopped; new infections can be prevented; and the capacity of families and communities to care for people living with HIV and AIDS can be enhanced.

It is not, I must add, as if the South African government has not moved significantly on many of these areas. It was the first deputy president in my government that oversaw and drove the initiatives in this regard, and as President continues to place this issue on top of the national and continental agenda. He will with me be the first to concede that much more remains to be done. I do not doubt for one moment that he will proceed to tackle this task with the resolve and dedication he is known for.

The challenge is to move from rhetoric to action, and action at an unprecedented intensity and scale. There is a need for us to focus on what we know works.

- We need to break the silence, banish stigma and discrimation, and ensure total inclusiveness within the struggle against AIDS;
- We need bold initiatives to prevent new infections among young people, and large-scale actions to prevent mother-to-child transmission, and at the same time we need to continue the international effort of searching for appropriate vaccines;
- We need to aggressively treat opportunistic infections; and
- We need to work with families and communities to care for children and young people to protect them from violence and abuse, and to ensure that they grow up in a safe and supportive environment.

For this there is need for us to be focussed, to be strategic, and to mobilise all of our resources and alliances, and to sustain the effort until this war is won.

We need, and there is increasing evidence of, African resolve to fight this war. Others will not save us if we do not primarily commit ourselves. Let us, however, not underestimate the resources required to conduct this battle. Partnership with the interna tional community is vital. A constant theme in all our messages has been that in this inter-dependent and globalised world, we have indeed again become the keepers of our brother and sister. That cannot be more graphically the case than in the common fight against HIV/Aids.

As one small contribution to the great combined effort that is required, I have instructed my Foundation to explore in consultation with others the best way in which we can be involved in the battle against this terrible scourge ravaging our continent and world.

I thank all of you most sincerely for your involvement in that struggle. Let us combine our efforts to ensure a future for our children. The challenge is no less.

I thank you.

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS
HARLEM HOSPITAL CENTER

DEPARTMENT OF MEDICINE

URGENT

7/5/00

Dear Ms Thurman,

It was wonderful meeting you in person at the congressional briefing on HIV/AIDS in India on 7th of June in Washington DC . This is to invite you to share your vision for India with colleagues from India and elsewhere at the upcoming satellite conference on HIV-India on 8th of July between 1 and 7 PM at University of South Africa in Durban.

We are expecting professionals from various walks of life interested in collaborative dialogues to come up with strategies for fight against HIV in India.

Please feel free to e-mail me at ssr12@columbia.edu or subharaghavan@aol.com. Enclosed is a copy of the program for your reference.

Looking forward to hearing from you.

Sincerely,

Subha Raghavan, Ph.D.,
Assistant Professor in Clinical Nutrition Medicine
Columbia University & Harlem Hospital Center
900 west, 190th St. # 15B
New York 10040
Ph: 212 939 2313
Fax 212 939 2869

Urgent ! Please Post, Distribute or E-mail to those attending XIII World AIDS Conference in Durban !

SATELLITE CONFEENCE ON HIV/AIDS ISSUES IN INDIA

Date: July 8th, 1 PM - 7 PM (Main program of the Satellite Conference)
Morning Pre-Satellite Workshops are cancelled

Venue: UNISA 3 (University of South Africa)

Please Register by Contacting :
India : Dr NM Samuel at nms_mds@yahoo.com **or 011 91 44 2354203**
USA : Dr. Subha Raghavan at : Subharaghavan@aol.com **or 212 939 2313**

Sponsoring or Participating Organizations:

AIDS Society of India (ASI)
Columbia University
François-Xavier Bagnoud Foundation (FXB)
Humsafar Trust, Bombay
International AIDS Society (IAS)
Indian Network of Positive People (INPPLUS)
International Association of Physicians in AIDS Care (IAPAC)
National AIDS Control Organization (NACO)
National Institute of Child Health and Human Development, (NICHD)
U.S. National Institutes of Health (NIH)
Solidarity Against the HIV Infection in India (SAATHI)
South Asia Against AIDS Foundation (SAAAIDS) in NYC
University of South Florida (USF)

Objectives:

1. To facilitate collaborative discussions and networking among various organizations and professionals working within India to identify gaps and set priorities in areas of

    - Testing, Prevention, Education, Research, Treatment, Ethics, Social Issues and Community Involvement

2. To facilitate collaborative discussions among various organizations and professionals working within India and who is interested to fund or work for India from the developed/developing world

Concurrent Pre-Conference Workshops: CANCELLED
MAIN PROGRAM: 1- 7 PM

1.00 – 2.00 : Session I : Introductions

1.00 –1.10 : Conference Announcements and Introductions

1.10- 1.25: Stark Reality - Absolute truth, Ashok Pillai, President, India Network of People Living with AIDS

1.25- 1.45: Gaps, Strategies and Priorities of HIV Prevention and Treatment in India, Dr. Suniti Solomon, YRG Care, India

1.45 – 2.15: Introductory remarks by various organizing representatives to share their vision and commitments towards HIV/AIDS issues in India

Dr. Sai Subhasree Raghavan, Solidarity Against the HIV Infection in India (SAATHI)
Dr. Hussein Coovadia, Chair, XIII World AIDS Conference
Dr. Mark Wainberg, President, International AIDS Society
Dr. Stephano Vella, President Elect, International AIDS Society
Mr Prasada Rao, Director, National AIDS Control Organization
Dr. NM Samuel, President AIDS Society of India
Countess Albina du Boisrouvray, , François-Xavier Bagnoud Foundation (FXB)
Dr. Peter Piot, UNAIDS (to be confirmed)
Dr. Gordon Alexander, UNAIDS

2.00 – 2.50 PM : Session II – Prevalence of HIV Infection in India

Facilitators: Dr. NM Samuel, President, and AIDS Society of India
Dr. Arthur Ammann, Global Strategies for HIV Prevention

2.00 – 2.15 PM: Prevalence of HIV Infection in India : An Update
Mr Prasada Rao, Director, National AIDS Control Organization

2.15 -- 2.50 PM: Panel discussion on Prevalence of HIV Infection in India: Gaps, Strategies and Priorities

Panel Discussants:
Dr. Alka Deshpande, Senior Doctor in a Government Setting, Bombay
Dr. Mehta, Blood Blank Specialist, SN Medical College, Rajasthan
Dr. Avadesh Gupta, Deputy Director, Rajasthan AIDS Control Unit
Dr. Alka Gogate, Project Director, Mumbai District AIDS Control Society
Dr. Dr. H.R. Jerajani, STD Specialist, SION Hospital, Bombay
Dr. Mannu Singh, Young Clinician focussing on MSM issues, SION Hospital
Dr. Rashmi Shah, Private Setting and Rotary Initiatives, Bombay
Mr. Ashok Rao Kavi, Activist focussing on MSM Issues, Humsafar Trust, Bombay
Hukum Singh, Out reach in Rural Setting, FXB, Rajasthan
Celina D'Costa , HIV + Community Representative

Issues of Interest during panel discussion : *Rapid Testing, Hepatitis and STDs, problems with reporting, cost of testing, testing methods, accessibility to testing and mandatory testing.*

2.50 –3.00 PM : Coffee Break

3.00 – 4.10 PM : Session III : Prevention, Education & Advocacy:

Facilitators: **Dr. Suniti Solomon and Ms Lalitha Kumaramangalam**

3.00 – 3.15 PM : Update on National Level Prevention Efforts: Dr. Rathore, Joint Director, NACO

3.15 – 3.30 PM National Level Education and Advocacy Programs Ms. Neelam Kapoor, Joint Director, NACO

3.30 – 3.40 PM Sate Level Prevention and Education, Dr. K Gopal

3.40 – 4.10 PM : Panel discussion on Prevention, Education & Advocacy efforts in India: Gaps and Strategies, priorities

Panel Discussants:
Mr. S.S. Hussain, Secretary of Health, Government of Maharashtra
Dr. M. Ganapathy, STD Specialist, Madras Medical College, Madras
Mrs. Medha Gadgil, Project Director, Maharasthra AIDS Control Society
Dr. Dora Warren, USAID, New Delhi
Dr. Shilpa Merchant, Marginalized Communities, Population Services International
Dr. Eknath Naik, Adolescent Education, University of Florida
Dr. Ranne, Rotary Initiatives, Bombay
Dr. Pratap Thariyan, Counseling, CMC, Vellore, TamilNadu
Ms. Amanda, Teddy Trust, (Truck Drivers) Chennai
Mr. K.C.Joshi, Religious Sector, FXB Rajasthan
Dr. Laila Gardia, Rural women, KEM Hospital Research Center, Pune
Mr Rishi Saxena, Tourism Industry, FXB, Rajasthan

Issues of Interest for prevention : *Mother to child transmission, post exposure prophylaxis round the cock, access to PEP at private settings*
Issues of Interest for education: *school children, infected doctors, MSM/Ws, politicians, press, rural areas, house wives, elderly, truck drivers, commercial sex workers,*

4.10 – 4.25 PM : Break

4. 25 – 6.00 PM : Session IV: Panel Discussion on Treatment & Clinical Research
Facilitators: Dr. Janak Maniar, Mumbai and Dr. Joep Lange, Amsterdam

4.25– 4. 40 PM : Update on OI diagnoses and prophylaxis,
Dr. Alka Deshpande, JJ Hospital , Mumbai

4.40 – 4.55 PM : Update on Antiretroviral treatments,
Dr.Saple, GT Medical College, Mumbai

4. 55 - 5.10 PM : Update of MTCT, Dr. Janak Maniar, Mumbai

5.10 – 6.00 PM : Panel discussion on Treatments and Clinical Research: Gaps and Strategies, priorities

Panel Discussants:
Dr. Subash Hira, Epidemiological and clinical research, ARCON, Mumbai
Dr. Kumaraswamy, NGO setting, Young Clinician, YRG Care, Chennai
Dr. Atul Patel, Private Practice and Academia, Young Clinician, Ahmadabad
Dr. Rashid Merchant, Wadia Hospital Center, Pediatrics, Bombay
Dr. C.N. Deivanayagam, TB Treatments, Tambaram Sanatorium
Mr. Ashok Pillai, Community Representative, Chennai
Dr. Asim Jain, University of South Florida, Treatment Issues
Dr. Kenneth Mayer, Clinician Training, Brown University
Mr. Joe Thomas, Access to Antiretroviral in India
Mr. Jules Levin, Treatment Activist, NATAP, USA

Issues of Interest for Treatment: *Access to ARV low cost models, parallel imports, MTCT, PEP, diagnoses, surrogate markers, nutrition, education of clinicians and patients on treatments, resistance, structured interruption, alternative therapies*

Issues of interest for Research : *MTCT, clinical trials, infra-structure, behavior intervention, natural history studies, Vaccine, Host genetic factors, funding, training, rapid approvals*

6.00 – 6.30 PM: Session V: Panel Discussion on Networking
Facilitators : Dr. Gilada, PHO, Bombay and Mr. Anil Purohit, FXB

Panel Discussants:
Dr. Dora Warren, USAID, New Delhi
Dr. Suniti Solomon, YRG Care
Dr. Kenneth Mayer, Brown University, Fogarty Training
Dr. Lynn Moffenson, NICHD
Dr. Gray Hendley, NICHD
Ms Trish Devine, Pediatric AIDS Foundation
Dr. Arthur Ammann, Global Strategies for Prevention of Mother to Child Transmission
Dr. Zunega, International Association of Physicians in AIDS Care
Mr. Jules Levine, NATAP, USA
Ms. Yasmin Halima, ECAB, England
Ashok Pillai, Community Representative

Issues of Interest: Networking among National (Private, Pharma, Govt, Non-govt, NGOs, Political and religious) and International Organizations

6.30 – 7.15 PM : Session V: Panel Discussion on Community Involvement , Social issues and Ethical Dilemmas

Facilitators: Ashok Pillai, INP, India
Yasmin Halima, ECAB, England
Jules Levine, NATAP, USA

Panel Discussants:
Dr. NM Samuel, MGR Medical College, Madras
Dr. Suniti Solomon, YRG Care
Dr. Alka Deshpande, JJ Hospital, Bombay
Ms. Celina D'Souza, Community Rep
Ms. Lalitha Kumaramangalam, Prakrithi
Mr. Ashok Rao Kavi, Humsafar Trust
Dr. Poornima Madhavan, Women's Issues
Ms. P. Kousalya, President women's network Chennai --PWN
Ms. Anandi, Indian Network of People Living with HIV
Ms Mary Julie : Community Representative

Issues of Interest: Education, Stigma, Poverty, Hygiene/safety, Employment, Homecare Sex workers , Human rights , Forming a national coalition of various PWA organizations in India, Youth oriented strategies, Prevention education to the infected, Visibility –social acceptance, Peer model programs, Technical assistance, placebo controlled studies, unethical research, Employment, stigma, Health care providers, heavy work, mortality, low payments, bankruptcy

7.15 PM : Concluding Remarks

Reporters/Writers:

Dr. Asim Jain, Co-ordinater of Reporting
TBA: Prevalence and Prevention
TBA: Research Issues
Dr. Shankaran on Clinical Issues
Dr. Kumara Swamy, Clinical Issues
Dr. Poornima Madhavan, Women's Issues
Dr. Mannu Singh, MSM/W Issues
Mr. Ashok Pillai, Community Issues
Ms Ketan Joshi, Conference Press
Ms Yasmin Halima for Europe Press
Mr. Jules Levine for US Press
Ms Kalpana Jain, The Times of India

URGENT

To: internet[Cheryl_S._Bauerle@opd.eop.gov]
From: Neen Alrutz@USAID.PHD@NAIROBI
Cc: Christian Barratt@USAID.HARR@Kigali,danav
Subject: re: Sandy Thurman in Kenya this Thursday
Attachment: BEYOND.RTF
Date: 07/19/2000 1:38 PM

HI Cheryl: We'll meet Sandy at the airport in the morning. From there we will go to lunch with Kevin DeCock the head of CDC here.

For the sake of protocol, we contacted the Ambassador to inform him that Sandy was coming. He would like to see her but his secretary has told us schedule is packed tomorrow afternoon and it may not be possible. We're keeping things flexible just in case they can figure out a time for meeting, and so haven't set up any official meetings with anyone else such as Elizabeth Ngugi. However, we could do that after she gets here if she has something special in mind.

While we don't want to appear to be having too much fun, after the lunch with CDC, we propose the ever-popular art or jewelry shopping (we never did make it to Gemini, the fabulous jeweler).

Should we arrange for a dayroom at one of the hotels? We'll have dinner somewhere prior to departure at 10:15.

All the best.

Neen Alrutz
Senior Health Program Manager
Office of Population and Health

From: <Cheryl_S._Bauerle@opd.eop.gov>, on 07/18/2000 9:20 PM:

HI Neen- Sandy Thurman will have a layover in Kenya on Thursday and would love to see you and I think she mentioned Elizabeth? (and whoever else may be around) socially if you've got the time. She arrives on Kenya Airways #473 at 11:10AM and departs on NW #8566 at 10:15PM to Amsterdam. Would you have anytime available that day?

Thanks!
Cheryl

Cheryl Bauerle

Fax to 202 456-2438

Sally-fax change
301-585-
1898/president
on HTCC

T - Durban

JAMES H. LOWRY & ASSOCIATES
MANAGEMENT CONSULTANTS

211 WEST WACKER DRIVE
SUITE 950
CHICAGO, IL 60606
(312) 223-9570
FAX: (312) 223-9575

August 22, 2000

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

Dear Sandra:

Congratulations on a highly successful world meeting in Durban. I hope to get over there soon. I'll give you a call before I leave.

I wish you the best.

Sincerely,

James H. Lowry
President and CEO

L1105

Social &
Scientific
Systems

August 1, 2000

INVOICE FOR MICHAEL ISKOWITZ

XIII INTERNATIONAL AIDS CONFERENCE, DURBAN, SOUTH AFRICA
JULY 9-14, 2000

Accommodations

July 5 - July 7 (2 nights) 1 Standard Room at the Durban Hilton @ $171/night	U.S.$342
July 7 - July 16 (9 nights) 1 Standard Room at the Royal Hotel @ $327/night	U.S.$2,943

Registration

Conference Registration Fee	U.S.$700
TOTAL INVOICE:	**U.S.$3,985**

(Please make the check payable to Social & Scientific Systems, Inc.
and remit to the attention of Ms. Cathy Maimon at the address below)

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June 22nd

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June 23, 2000

INVOICE FOR MICHAEL ISKOWITZ

XIII INTERNATIONAL AIDS CONFERENCE, DURBAN, SOUTH AFRICA JULY 9-14, 2000

Accommodations

July 5 - July 16 (11 nights) 1 Standard Room at the Royal Hotel @ $327/night	U.S. $3,597

Registration

Conference Registration Fee	U.S. $ 700
TOTAL INVOICE:	U.S. $ 4,297

(Please make the check payable to Social & Scientific Systems, Inc. and remit to the attention of Ms. Cathy Maimon at the address below)

PAYMENT DUE BY JUNE 26, 2000

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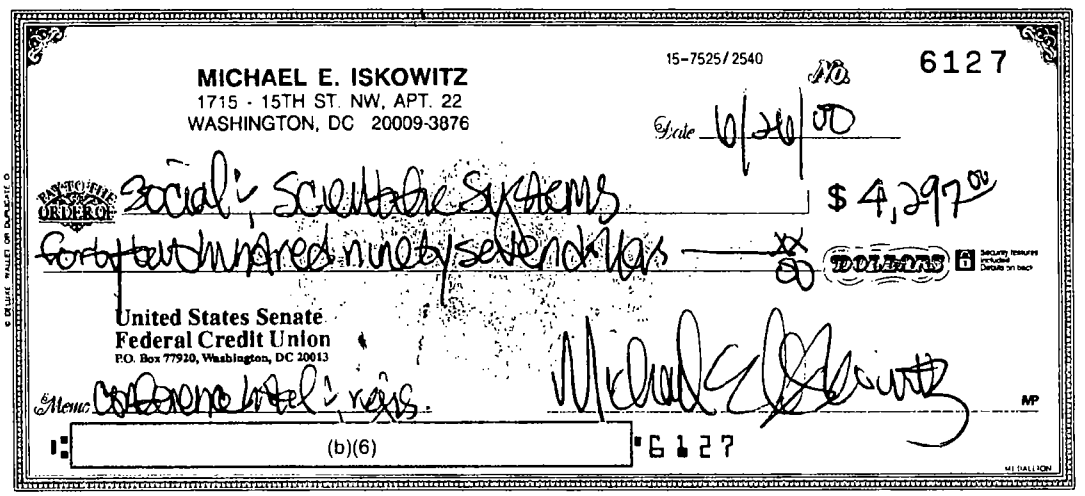

MICHAEL E. ISKOWITZ
1715 - 15TH ST. NW, APT. 22
WASHINGTON, DC 20009-3876

15-7525/2540

NO. 6127

Date 6/26/00

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P.O. Box 77920, Washington, DC 20013

Memo Conference hotel + regs.

Michael E. Iskowitz MP

(b)(6)

⑆6127

THE WHITE HOUSE

WASHINGTON

October 30, 2000

Lieutenant Annebaut Ufiteyezu
P.O. Box 3019
Kigali, Rwanda

Dear Lieutenant Ufiteyezu:

Please accept my very belated thanks for all of your wonderful support during my recent visit to Rwanda. In addition to having a wonderful time the visit was very productive. While the trips across the country and meetings with officials were very impressive, I must admit that our outing to see the gorillas was my favorite part of the trip. I can't remember the last time I was that excited about going anywhere!

I realize that you do this sort of thing all the time and are quite accustomed to the long hours, but you must have been completely exhausted by the time I left. I certainly was! However, I just wanted to tell you that you made the trip much less tiring by your constant and gracious support.

Please express my gratitude to all of your colleagues as well. You guys do a great job!

I hope to see you again the next time I am in Rwanda.

With warm regards,

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation, and
Director, Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

October 30, 2000

Ms. Veronica Shao
Project Manager
Kilimanjaro NGO Cluster
PO Box 7445
Moshi, Tanzania

Dear Veronica:

Please accept this *very* belated note of thanks for the wonderful visit I made to Kilimanjaro during my visit to Tanzania with President Clinton in August. The wonderful overview you presented of the NGO network in the region was very helpful.

I cannot begin to tell you how impressed I was with all of the wonderful people I met. However, I was especially glad to meet with the representatives of the community of people living with HIV and AIDS. What an inspiration they are! As in the United States, their willingness to openly disclose their HIV status and their personal stories provides great inspiration to others.

I hope you will express my heartfelt appreciation to everyone who made my visit so memorable. Keep up the great work and I hope I will have an opportunity to come back and visit you soon.

With warmest regards,

Sandy

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation, and
Director Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

October 30, 2000

Ms. Margaret Mshana
Chairperson
Kiwakuki
PO Box 567
Moshi, Tanzania

Dear Margaret:

Please accept this *very* belated note of thanks for the wonderful visit I made to Kiwakuki during my visit to Tanzania with President Clinton in August. As you may know we are in the middle of our national elections in the United States and that always means life in our nation's capital is even busier than normal!

I cannot begin to tell you how impressed I was with all of the wonderful people at Kiwakuki. However, I was especially taken with the extraordinary group of young people. What an inspiration they are! It gives me great hope for the future when I see youth from all around the world taking responsibility for educating themselves and their peers about HIV and AIDS.

I hope you will express my heartfelt appreciation to everyone who made my visit so memorable. Keep up the great work and I hope I will have an opportunity to come back and visit you soon.

With warmest regards,

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation, and
Director, Office of National AIDS Policy

3RD INTERNATIONAL
PREVENTION WORKS SYMPOSIUM

durban, south africa, 8th - 9th july 2000

CO-SPONSORS

The co-sponsors for the symposium are:

UNAIDS

Health Canada

Family Health International [FHI]

AIDS Training and Information Centre [ATIC] Durban

Centers for Disease Control and Prevention [CDCP]

Medical Research Council [MRC] South Africa

National AIDS Convention of South Africa [NACOSA]

National Institutes of Health [NIH]

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CDC
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Health Canada / Santé Canada

Joint United Nations Programme on HIV/AIDS
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Overport 4067
Durban, South Africa

Telephone ++ 27-31-208-2578
++ 27-31-208-2588

Fax ++ 27-31-208-0324

Email hivsymposium@global.co.za

Introduction

The Third Prevention Works symposium will be hosted in Durban on July 8 & 9, 2000 - two days prior to the 13th International AIDS Conference. Whilst it is anticipated that issues relating to the prevention of HIV infection will feature strongly in the Conference Programme, the Prevention Works symposium still provides a unique opportunity for in-depth and focused attention on prevention research, policy formulation and implementation. Previous Symposia held in 1996 in Vancouver, Canada and in 1998, Geneva, Switzerland provided a useful platform to discuss best practices in HIV prevention and model programmes throughout the world.

Goals and Objectives

The Symposium will provide an international forum to profile advances and issues in HIV prevention research, program, and policy. Symposium sessions will:

- focus on implementation and capacity-building for HIV prevention
- address structural, economic, cultural, and attitudinal barriers to effective HIV prevention
- identify short and long-term strategies for HIV prevention

Where appropriate, these discussions will pay particular attention to the African context, drawing on experiences from this continent that are relevant to other settings.

Participants

Symposium participants will include those who:

- work in HIV prevention programs
- develop HIV prevention strategies or formulate HIV prevention policies
- support or evaluate HIV prevention programs
- conduct or support HIV prevention research
- live with HIV/AIDS

Format and Content

The one and one-half day Symposium will consist of two plenary sessions as well as multiple interactive sessions. The plenary session speakers will highlight the themes of implementation and capacity building for HIV prevention programs and research, barriers to effective HIV prevention, and short- and long-term strategies for HIV prevention. The concurrent sessions will address a number of important HIV prevention issues in interactive sessions.

Throughout the Symposium, an effort will be made to maximize active participation among attendees, and to highlight creative and innovative approaches to HIV prevention research, program, and policy.

Registration

It is anticipated that registration fee will be set at ± $ 100 - 00 US. The second announcement, which will include a draft programme and registration form, will be mailed in early January 2000.

YOU ARE REMINDED TO EXTEND THE DATES OF YOUR ACCOMMODATION REQUEST TO COVER THE DATES OF THE PREVENTION WORKS SYMPOSIUM WHEN COMPLETING THE REGISTRATION FORM FOR THE AIDS 2000 CONFERENCE

tear here

Should you be interested in receiving further annoucements, please complete the following:

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