C - France

AMBASSADE DE FRANCE AUX ETATS-UNIS

4101 Reservoir Road, N.W.
Washington, DC. 20007
Téléphone : (202) 944-6232
Télécopie : (202) 944-6257

Le Conseiller
pour les Affaires Sociales

April 5, 2000

Ms. Sandy THURMAN
National AIDS Policy Director
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman:

We are preparing a working lunch at the invitation of France's Minister Delegate for Cooperation to be held Monday, April 17th. The subject of the discussions will be HIV/AIDS. We feel it would be useful to the outcome of the meeting if we could structure it around key elements on which we would have broad agreement and which would also build on our two countries' strong commitment to the issue and complementarity.

At this point, and based on the numerous contacts this embassy has had with a broad representation of key administrations involved in the global debate on AIDS (OVP, ONAP, NSC, State Department including Permanent Mission in NY, USAID, HHS) here are the points we feel are agreed upon, or could be further discussed in a constructive way:

1. We agree on the broad analysis that HIV/AIDS has become one of the most serious threats to human survival in history and that, undermining all development efforts of the last forty years, HIV/AIDS will also have the capacity to challenge most of our future development investments, threatening the social, economic and political stability of entire regions of the world, which are already the poorest, Africa, South Asia and NIS.

2. Such a serious, complex and lasting threat requires an unprecedented political, financial and technical mobilization of all bilateral and multilateral efforts to respond to and mitigate the effects of the epidemic.

3. Our two countries agree on the following points:

3.1. Strengthening international coordination and cooperation will require joint political leadership of Nations, it will also require full participation of the Secretary General of the UN as well as the political and socio-economic departments of the UN. To this end we support the establishment of a Focal Point on HIV/AIDS in the Office of the SG, an Advisory Group to the Secretary General on HIV/AIDS and a network of "Presidential Envoys for AIDS Coordination" (PEACs).

3.2. Our two countries will work closely together to make good use of the Multilateral Agenda (EU-US Summit, G7/G8, World Health Assembly, Durban Conference, Millennium GA) in order to further the discussion on all aspects of the issue, including debt relief.

3.3. Agreeing that prevention remains the main thrust of our efforts and that finding and distributing a vaccine would represent the ultimate goal we will work together in seeking the improvement of access to life-saving and life-improving drugs for countries in the south. This will be done in a broad discussion with relevant UN bodies, recipient countries and the pharmaceutical industry, leading to a "Tri-partite Conference" to be held at the end of this year or early next year for the endorsement of mutually agreed upon mechanisms.

(On this last point we are pleased to announce that, in a meeting with Dr Peter Piot in Geneva yesterday, we have reached an agreement with UNAIDS on the principle of the Tri-partite Conference. We will have further discussions in the following weeks to decide on dates and venue).

Considering that we are all quite busy, I am proposing to you that, instead of meeting, we could use telephone, fax and e-mail to come up with a consensus wording. I would appreciate receiving comments and suggestions before next Tuesday (April 11, 2000) end of business.

Sincerely,

Michel LAVOLLAY, MD

c-France

PROPOSED AGENDA FOR ONAP/USAID MEETING
02/16/00

1. Coordination between LIFE and the International Partnerships Against AIDS in Africa (IPAA)
   - -UNAIDS/cosponsors Peter, —
   - -OECD —
   - -Host country governments —
   - -Foundations
   - -Other Federal Agencies

2. OECD Meeting-March 2-3, Geneva

3. UNAIDS

4. PCB Meeting- May 25-26

5.

6. MERCK

2/19/00
Ishrat Husain

50 mil for 10 years -
- Replicating Uganda
- MERCK
- MCTC
- Orphans
- Microbicides
- Senegal model

★ Call Bill re Bill and Melinda mtg —
Kennedy mtg —

March 4th - Debra work Zewdie
473-9414

By: Alice V Arthur 02/14/2000 04:30:48 PM
EVA 905
CLASSIFIED
From: USMISSION GENEVA MRN: 905 Date/Time: 041613Z FEB 00

SUBJECT: FRENCH PROPOSING ANOTHER HIV/AIDS SUMMIT

1. THIS IS AN ACTION MESSAGE. SEE PARA 5 BELOW.

2. (SBU) SUMMARY: MISSION HAS LEARNED, VIA UNAIDS, THAT THE GOVERNMENT OF FRANCE HAS PROPOSED TO UNAIDS AND W.H.O. THE POSSIBILITY OF THEIR PLAYING A LEAD ROLE CONVENING AND CO-HOSTING WITH A HOST FRANCOPHONE AFRICAN COUNTRY ANOTHER INTERNATIONAL HIV/AIDS SUMMIT. UNAIDS AND W.H.O. ARE, WE UNDERSTAND, ATTEMPTING TO DISSUADE. MISSION UNDERSTANDS THAT THE GOF IS PLANNING TO SEEK SUPPORT FROM GOVERNMENTS, AS THEY DID IN PLANNING THE 1997 PARIS HIV/AIDS SUMMIT. END SUMMARY.

3. (SBU) ON FEBRUARY 3, 2000, WHEN A SENIOR USAID OFFICIAL (DR. DUFF GILLESPIE), ACCOMPANIED BY MISSION'S HEALTH ATTACHE, WENT TO UNAIDS FOR A MEETING WITH UNAIDS DIRECTOR, PETER PIOT, THEY ENCOUNTERED A FRENCH TEAM LEAVING DR. PIOT'S OFFICE. PIOT SHARED WITH U.S. VISITORS THAT THE FRENCH TEAM HAD JUST MET WITH HIM TO MAKE THEIR CASE FOR HOLDING A SECOND INTERNATIONAL AIDS SUMMIT. THEIR IDEA, WE UNDERSTAND, IS TO HOLD THIS MEETING IN A FRANCOPHONE AFRICAN COUNTRY, TO EMPHASIZE TREATMENT FOR PEOPLE LIVING WITH AIDS AND TO INCLUDE INDUSTRY IN THE EVENT. THE CONCEPT FOR THIS EVENT APPEARS TO BE LINKED TO FRANCE'S CONTINUING PURSUIT OF COUNTRIES TO PARTICIPATE IN THE INTERNATIONAL THERAPEUTIC SOLIDARITY FUND FOR HIV/AIDS, WHICH FRANCE INITIATED.

4. (SBU) DR. PIOT SAID THAT HE AND DR. DANIEL TARANTOLA (FRENCH), A SENIOR POLICY ADVISER ON INFECTIOUS DISEASES TO THE DIRECTOR GENERAL, W.H.O., WILL GO TO PARIS NEXT WEEK IN AN EFFORT TO DISSUADE FRENCH OFFICIALS.

5. (SBU) MISSION SUGGESTS THAT DEPARTMENT COORDINATE WITH APPROPRIATE USG OFFICIALS TO ARRIVE AT A U.S. POSITION ON THIS LATEST FRENCH PROPOSAL. WE BELIEVE IT IS HIGHLY LIKELY THAT FRANCE WILL MAKE CONTACTS WITH USG AGENCIES, POSSIBLY AT MULTIPLE LEVELS TO GAIN SUPPORT FOR THEIR PROPOSAL.
MOOSE

: Alice V Arthur 02/14/2000 11:37:38 AM
860

SSIFIED
USMISSION GENEVA MRN: 860 Date/Time: 041047Z FEB 00
ct: UNAIDS - PROGRAM COORDINATING BOARD
LAS GENEVA 000860

SUBJECT: UNAIDS - PROGRAM COORDINATING BOARD (PCB)

1. THIS IS AN ACTION MESSAGE. SEE PARA 4

2. SUMMARY: UNAIDS HAS ANNOUNCED THAT THE NINTH MEETING OF ITS PROGRAMME COORDINATING BOARD WILL BE HELD IN GENEVA MAY 25-26, 2000. AMONG THE SEVERAL AGENDA ITEMS ARE: THE INTERNATIONAL PARTNERSHIP AGAINST AIDS IN AFRICA FOR WHICH UNAIDS WILL BE SEEKING PCB APPROVAL. MISSION RECOMMENDS THAT DEPARTMENT, IN COOPERATION WITH APPROPRIATE USG OFFICIALS FORMALLY DESIGNATE MEMBERS OF A U.S. DELEGATION, INCLUDING A CHIEF AND A DEPUTY CHIEF DELEGATE, AS HAS BEEN DONE FOR RECENT POLICY MEETINGS AT W.H.O. END SUMMARY.

3. THE UNAIDS SECRETARIAT HAS ANNOUNCED THAT THE NINTH MEETING OF THE PROGRAMME COORDINATING BOARD (PCB) WILL BE HELD IN GENEVA, MAY 25-2, 2000.

AGENDA
---

4. IMPORTANT ITEMS ON THE AGENDA ARE THE FOLLOWING:

A. REPORT OF THE EXECUTIVE DIRECTOR COVERING 1998 AND 1999, THIS WILL INCLUDE A PROGRESS REPORT ON ACCESS TO CARE AND AN UPDATE ON MONITORING AND EVALUATION.

B. IMPACT OF HIV/AIDS ON THE DEVELOPMENT OF THE EDUCATION SECTOR.

C. THE INTERNATIONAL PARTNERSHIP AGAINST AIDS IN AFRICA.

D. STATUS OF THE DEVELOPMENT OF THE GLOBAL STRATEGY.

E. FINANCIAL AND BUDGETARY UPDATES, INCLUDING THE FINANCIAL REPORT FOR THE BIENNIUM 1998-1999; AND, A FINANCIAL UPDATE FOR THE PERIOD JANUARY THROUGH MARCH 2000.

MISSION COMMENTS AND ACTION ITEMS

---

5. THE INTERNATIONAL PARTNERSHIP AGAINST AIDS IN AFRICA IS A VERY HIGH PRIORITY ITEM FOR THIS MEETING. THE PCB IS BEING ASKED TO APPROVE THE PROPOSED FRAMEWORK FOR ACTION FOR THE PARTNERSHIP. TO HELP ASSURE THAT AGREEMENT WILL BE REACHED AT THE PCB MEETING, UNAIDS HAS PROPOSED A PROCESS, TO BE IMPLEMENTED DURING THE PERIOD FEBRUARY THROUGH APRIL, TO REVIEW, DEBATE AND REVISE THE "DRAFT FOR DISCUSSION" OF THE DOCUMENT "WORKING IN PARTNERSHIP: INTENSIFYING NATIONAL AND INTERNATIONAL RESPONSES TO AIDS IN AFRICA - A FRAMEWORK FOR ACTION." THE STARTING DRAFT IS DATED DECEMBER 3, 1999. MISSIONS HAVE BEEN TOLD THAT THIS DOCUMENT INCLUDES AMENDMENTS MADE IN NEW YORK ON THE DRAFT PRINCIPLES.

6. MISSION HAS FORWARDED COPIES OF THE DRAFT FOR DISCUSSION TO WHITE HOUSE AIDS POLICY OFFICE, USAID/GLOBAL BUREAU, HHS, AND IO/T. A SEPARATE CABLE ON THE PROCESS PROPOSED BY UNAIDS IS BEING SENT.

7. MISSION RECOMMENDS THAT, AS HAS BEEN THE DONE FOR RECENT POLICY-LEVEL MEETINGS AT W.H.O., MEMBERS OF AN OFFICIAL USG DELEGATION TO THE PCB MEETING BE DESIGNATED, INCLUDING A CHIEF AND DEPUTY CHIEF OF DELEGATION. THIS WOULD BE HELPFUL IN LIGHT OF THE RECENT BROADENING OF USG AGENCY ENGAGEMENT WITH THE AFRICA PARTNERSHIP INITIATIVE. HISTORICAL INVOLVEMENT IN AND SUPPORT FOR THE UNAIDS SECRETARIAT WOULD, WE BELIEVE, BE A USEFUL CONSIDERATION IN DETERMINING DELEGATION COMPOSITION AND LEADERSHIP.
MOOSE

Printed By: Alice V Arthur 02/16/2000 02:43:45 PM
GENEVA 1176

UNCLASSIFIED
From: USMISSION GENEVA MRN: 1176 Date/Time: 161336Z FEB 00
Subject: UNAIDS - MEETING ON FRAMEWORK FOR AFRICAN AIDS INITIATIVE

REF: A. GENEVA 860
B. VOGEL-DELAY TELCON

1. THIS IS AN ACTION MESSAGE FOR WHITE HOUSE OFFICE OF NATIONAL AIDS POLICY.

2. SUMMARY: UNAIDS HAS SCHEDULED A MEETING IN GENEVA ON MARCH 2-3, 2000, FOR DISCUSSION OF THE PARTNERSHIP FOR INTENSIFYING NATIONAL AND INTERNATIONAL RESPONSES TO AIDS IN AFRICA. MISSION BELIEVES PARTICIPATION BY APPROPRIATE U.S. AGENCY EXPERT(S) IS DESIRABLE. END SUMMARY.

3. IN KEEPING WITH THE DECISION MADE AT THE DECEMBER 6-7, 1999 MEETING AT THE UNITED NATIONS ON THE INTERNATIONAL PARTNERSHIP AGAINST HIV/AIDS IN AFRICA, THE UNAIDS SECRETARIAT HAS ADVISED MISSION THAT THEY HAVE SCHEDULED A MEETING ON MARCH 2-3, 2000. THIS MEETING IS OF THE OECD COUNTRY TRACK. ITS PURPOSE IS TO DISCUSS THE OVERALL STATUS OF THE INITIATIVE AND TO REACH CONSENSUS ON THE TEXT OF THE DRAFT "FRAMEWORK FOR ACTION" FOR THE A PARTNERSHIP FOR INTENSIFYING NATIONAL AND INTERNATIONAL REPOSE TO AIDS IN AFRICA." AS INDICATED IN REFTEL, AN AGENDA ITEM FOR THE MAY UNAIDS PROGRAM COORDINATION BOARD MEETING IS APPROVAL OF THE FRAMEWORK FOR ACTION.

4. MISSION WOULD APPRECIATE RECEIVING ADVICE BY FEB. 24 AT THE LATEST REGARDING PARTICIPATION FROM USG APPROPRIATE OFFICES/AGENCIES. MISSION'S HEALTH ATTACHE, LINDA VOGEL, IS PLANNING TO PARTICIPATE IN THE MEETING AS THE MISSION LIAISON WITH UNAIDS.
MOOSE

UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

DRAFT ONLY (12 January 2000)

PROGRAMME COORDINATING BOARD

Ninth Meeting
Geneva, 25-26 May 2000

Place of meeting: ***Room XVIII, Palais des Nations, Geneva***
Time of meeting: ***09h00 – 12h30***
14h00 – 17h30

Provisional Agenda

	Reference documents
1. Opening	
1.1. Opening of the meeting	
1.2. Election of officers	
1.3. Report by the Chairperson of the Committee of Cosponsoring Organizations	
1.4. Report by the NGO representative	
1.5. Adoption of the provisional agenda	UNAIDS/PCB(9)/00.1
2. Consideration of the report of the eighth meeting	UNAIDS/PCB(8)/99.7
3. Report of the Executive-Director, 1998-1999	UNAIDS/PCB(9)/00.2
Annexes: A. Access to Care: progress report	
B. Monitoring and Evaluation: update	
4. Impact of HIV/AIDS on the Development of the Education Sector	UNAIDS/PCB(9)/00.3
5. International Partnership against AIDS in Africa	UNAIDS/PCB(9)/00.4
6. Status of the development of the Global Strategy	UNAIDS/PCB(9)/00.5
7. Financial and Budgetary Updates	
7.1. Financial report for the biennium 1998-1999	UNAIDS/PCB(9)/00.6
7.2. Financial update, January – March 2000	UNAIDS/PCB(9)/00.7
8. Next PCB meeting	
9. Other business	
10. Adoption of decisions, recommendations and conclusions	

UNCLASSIFIED
From: USMISSION GENEVA MRN: 860 Date/Time: 041047Z FEB 00
Subject: UNAIDS - PROGRAM COORDINATING BOARD SUBJECT: UNAIDS - PROGRAM COORDINATING BOARD (PCB)

1. THIS IS AN ACTION MESSAGE. SEE PARA 4

2. SUMMARY: UNAIDS HAS ANNOUNCED THAT THE NINTH MEETING OF ITS PROGRAMME COORDINATING BOARD WILL BE HELD IN GENEVA MAY 25-26, 2000. AMONG THE SEVERAL AGENDA ITEMS ARE: THE INTERNATIONAL PARTNERSHIP AGAINST AIDS IN AFRICA FOR WHICH UNAIDS WILL BE SEEKING PCB APPROVAL. MISSION RECOMMENDS THAT DEPARTMENT, IN COOPERATION WITH APPROPRIATE USG OFFICIALS FORMALLY DESIGNATE MEMBERS OF A U.S. DELEGATION, INCLUDING A CHIEF AND A DEPUTY CHIEF DELEGATE, AS HAS BEEN DONE FOR RECENT POLICY MEETINGS AT W.H.O. END SUMMARY.

3. THE UNAIDS SECRETARIAT HAS ANNOUNCED THAT THE NINTH MEETING OF THE PROGRAMME COORDINATING BOARD (PCB) WILL BE HELD IN GENEVA, MAY 25-2, 2000.

AGENDA
---

4. IMPORTANT ITEMS ON THE AGENDA ARE THE FOLLOWING:

A. REPORT OF THE EXECUTIVE DIRECTOR COVERING 1998 AND 1999, THIS WILL INCLUDE A PROGRESS REPORT ON ACCESS TO CARE AND AN UPDATE ON MONITORING AND EVALUATION.

B. IMPACT OF HIV/AIDS ON THE DEVELOPMENT OF THE EDUCATION SECTOR.

C. THE INTERNATIONAL PARTNERSHIP AGAINST AIDS IN AFRICA.

D. STATUS OF THE DEVELOPMENT OF THE GLOBAL STRATEGY.

E. FINANCIAL AND BUDGETARY UPDATES, INCLUDING THE FINANCIAL REPORT FOR THE BIENNIUM 1998-1999; AND, A FINANCIAL UPDATE FOR THE PERIOD JANUARY THROUGH MARCH 2000.

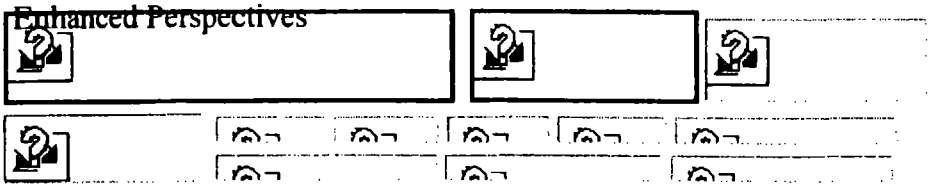
MISSION COMMENTS AND ACTION ITEMS

---

5. THE INTERNATIONAL PARTNERSHIP AGAINST AIDS IN AFRICA IS A VERY HIGH PRIORITY ITEM FOR THIS MEETING. THE PCB IS BEING ASKED TO APPROVE THE PROPOSED FRAMEWORK FOR ACTION FOR THE PARTNERSHIP. TO HELP ASSURE THAT AGREEMENT WILL BE REACHED AT THE PCB MEETING, UNAIDS HAS PROPOSED A PROCESS, TO BE IMPLEMENTED DURING THE PERIOD FEBRUARY THROUGH APRIL, TO REVIEW, DEBATE AND REVISE THE "DRAFT FOR DISCUSSION" OF THE DOCUMENT "WORKING IN PARTNERSHIP: INTENSIFYING NATIONAL AND INTERNATIONAL RESPONSES TO AIDS IN AFRICA - A FRAMEWORK FOR ACTION." THE STARTING DRAFT IS DATED DECEMBER 3, 1999. MISSIONS HAVE BEEN TOLD THAT THIS DOCUMENT INCLUDES AMENDMENTS MADE IN NEW YORK ON THE DRAFT PRINCIPLES.

6. MISSION HAS FORWARDED COPIES OF THE DRAFT FOR DISCUSSION TO WHITE HOUSE AIDS POLICY OFFICE, USAID/GLOBAL BUREAU, HHS, AND IO/T. A SEPARATE CABLE ON THE PROCESS PROPOSED BY UNAIDS IS BEING SENT.

7. MISSION RECOMMENDS THAT, AS HAS BEEN THE DONE FOR RECENT POLICY-LEVEL MEETINGS AT W.H.O., MEMBERS OF AN OFFICIAL USG DELEGATION TO THE PCB MEETING BE DESIGNATED, INCLUDING A CHIEF AND DEPUTY CHIEF OF DELEGATION. THIS WOULD BE HELPFUL IN LIGHT OF THE RECENT BROADENING OF USG AGENCY ENGAGEMENT WITH THE AFRICA PARTNERSHIP INITIATIVE. HISTORICAL INVOLVEMENT IN AND SUPPORT FOR THE UNAIDS SECRETARIAT WOULD, WE BELIEVE, BE A USEFUL CONSIDERATION IN DETERMINING DELEGATION COMPOSITION AND LEADERSHIP.



HIV:

French-Led Therapy Fund Kicks Off in Africa

Michael Balter

PARIS--Potent antiviral drugs have begun to cut the death rate from HIV infection in developed countries, allowing many infected people to live longer and relatively normal lives. But in the developing world, where 90% of the world's estimated 35 million HIV-infected people live, the high cost of these drugs makes them virtually unobtainable, and death rates continue to climb (see next story). In December 1997, French health minister Bernard Kouchner, supported by France's president, Jacques Chirac, launched a campaign to reduce this global inequity: He proposed the creation of an international fund to subsidize anti-HIV therapies in the developing world. Last month, after nearly a year and a half of often frustrating toil by Kouchner and his aides to raise money, the fund announced its first projects.

The Fund for International Therapeutic Solidarity (FSTI), as it is now called, will provide about $1.7 million over the next 4 years to support therapy and prevention programs for selected groups of patients in the West African nation of Côte d'Ivoire, with emphasis on preventing the transmission of HIV from infected mothers to their infants. In addition to FSTI's contribution, a charitable foundation set up by the French arm of the Glaxo Wellcome drug company will kick in about $250,000 and the Côte d'Ivoire government will supply $1 million. Other partners--including the U.S. Centers for Disease Control and Prevention in Atlanta and UNAIDS, the Geneva-based United Nations AIDS program--will lend logistical support and expertise.

Kouchner has had a tough time raising money for his fund: The sole contributor so far is the French government, which has provided $4 million in start-up money. "It has been a terrible battle" to get the FSTI started, says Eric Chevallier, Kouchner's senior adviser in charge of the effort. "Obviously we have been rather frustrated." On the other hand, Chevallier says, more recently there has been a "noticeable evolution" of positive attitudes from potential donors. For example, an additional $3.3 million may soon be forthcoming from the European Commission, after a vote by the European Parliament last October directing the commission to make a donation. And Chevallier says Kouchner's staff is currently talking with the World Bank about participating in the fund.

Because of the limited funds, the pilot project in Côte d'Ivoire will target a small fraction of the at least 700,000 people estimated to be HIV-positive in that country. It will subsidize "bitherapy"--two drugs that inhibit the key HIV enzyme reverse transcriptase (RT)--for just 500 patients, chosen among infected AIDS prevention activists and patients who have already participated in clinical trials for antiviral agents. A second, larger effort will support testing and therapeutic follow-up for 20,000 pregnant women and their families in Abidjan, the nation's capital. Those who test positive will be offered a "short course" of

antiviral drugs to prevent mother-child transmission, and mothers in the advanced stages of HIV infection will be offered triple therapy--generally two RT inhibitors and a protease inhibitor directed at another HIV enzyme.

Although they welcome the program, health officials agree that it will have only a small impact on the explosive AIDS epidemic. Makan Coulibaly, coordinator of the Côte d'Ivoire government's HIV treatment access program, says that with about 90,000 women giving birth each year in Abidjan, the program will catch only a fraction of the potentially infected population. "It is very easy to be paralyzed by the magnitude of the problem," says Joseph Saba, who is in charge of UNAIDS's drug-access initiatives. "But do we wait until everything is perfect and everyone has access, or should we go on a step-by-step basis?"

Despite Kouchner's limited success at raising money for the FSTI, a dozen other countries have lined up to request money from the fund. With the money remaining, new programs in Uganda and Morocco will be starting up soon, and Chevallier says that once the European Commission begins to contribute, the number of recipients should expand considerably. Says Saba: "This initiative has one great merit--it is trying to accomplish something."

Volume 284, Number 5417 Issue of 14 May 1999, p 1101

NATIONAL SECURITY COUNCIL

Important

FAX COVER SHEET

NATIONAL SECURITY COUNCIL

17th & Penn, N.W.
Washington, D.C.
20504

Did you get a complete, clear transmission? If not, please call:

(202) 456-9394

From: Dr. Kenneth W. Bernard
International Health Affairs

To: Sandy Thurman

Agency:

Fax Number: 456-2439

Date/Time:

No. of pages to follow:

Message:

The French are at it again (this is not for distribution.

-Ken

Mission Permanente de la France
auprès des Nations Unies
Le Représentant Permanent Adjoint

One Dag Hammarskjöld Plaza
245 East 47th Street, 44th Floor
New York, N.Y. 10017

N° 93

New York, le 31 janvier 2000

Monsieur le Secrétaire général adjoint,

J'ai l'honneur de vous transmettre ci-après le message que le Président de la République française, Monsieur Jacques Chirac, adresse au Secrétaire général :

Début de Citation

"Monsieur le Secrétaire général,

Cher ami (mention manuscrite)

Vous avez bien voulu me faire parvenir le discours que vous avez prononcé le 6 décembre dernier, à l'occasion du lancement des "partenariats internationaux contre le SIDA en Afrique". Je vous en remercie.

J'ai pris connaissance avec grand intérêt des projets d'ONUSIDA et me réjouis de votre mobilisation personnelle. Comme vous, je suis convaincu qu'une action énergique de la communauté internationale est indispensable pour épargner à l'Afrique une véritable catastrophe.

La France plaide avec vigueur pour que les malades de pays en développement puissent avoir accès aux thérapies disponibles. L'évidence dicte ce choix : en attendant la mise au point d'un vaccin et confrontés aux limites de la prévention, nous ne pouvons abandonner les millions de personnes contaminées. Les laisser mourir sans se préoccuper des moyens de les soigner serait inhumain. C'est l'esprit de l'initiative de solidarité thérapeutique que j'ai présentée à Abidjan en décembre 1997, avec M. Bernard Kouchner alors Ministre de la Santé.

Organisation des Nations Unies
Monsieur Iqbal Riza
Secrétaire général adjoint,
Directeur de Cabinet du Secrétaire général
Bureau S-3800-E
New York

2000374

/...

Je me réjouis de constater que cette idée semble faire son chemin, comme l'a montré le récent débat au Conseil de sécurité. A cette occasion, la France a proposé l'organisation d'une conférence qui serait consacrée à l'accès des pays pauvres aux médicaments. Elle réunirait donateurs, bénéficiaires et représentants des industries pharmaceutiques. Ce dialogue est impératif, pour répondre à un besoin urgent sans affecter les intérêts légitimes des entreprises. Les Nations Unies peuvent jouer un rôle moteur dans sa réalisation.

Je veillerai à ce que vous soyez pleinement associé aux suites de cette proposition.

Je vous prie d'agréer, Monsieur le Secrétaire général, l'expression de ma reconnaissance pour votre engagement et de ma très haute considération.

Bien amicalement (mention manuscrite)

Signé Jacques Chirac."

Fin de citation

Je vous serais reconnaissant de bien vouloir faire part à son haut destinataire de la teneur de ce message. L'original de ce courrier sera transmis au Secrétaire général dès son arrivée à New York.

Je vous prie d'agréer, Monsieur le Secrétaire général adjoint, l'assurance de ma haute considération.

Alain Dejammet

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF SCIENCE AND TECHNOLOGY POLICY
494 OLD EXECUTIVE OFFICE BUILDING
WASHINGTON, DC 20502

DATE: 5/19 **PAGES (Including Cover):** 9

TO: Paul Delaney
PHONE: Todd Summers 216-3046
FAX: C-2438

FROM: Laura Efros
PHONE: 456-6065
FAX: 456-6028

FYI - this paper just came in from the French. It looks like they'll push hard ~~for~~ for language on the Fund in the G-8 communiqué. I think we'll have to agree to reference the fund, but not ~~[redacted]~~ to put in any money. Any comments? Thanks, Laura

UNCLASSIFIED FACSIMILE

FROM THE NATIONAL SECURITY COUNCIL OF THE WHITE HOUSE

DATE: 19 May 1999

SENDER: JAMES B. STEINBERG

PHONE: (202) 456-9285
FAX: (202) 456-9290 8 pages, including cover

TO: CORE GROUP

STUART EIZENSTAT	State	fax	647-9763
Anne Pence		ph	647-7513
Dan Epstein		fax	647-5585
TIMOTHY GEITHNER	Treasury	fax	622-5117
Patrick Stuart		ph	622-1724
THOMAS PICKERING	State	fax	647-4780
Eric Rubin		ph	647-4315
Gary Clements	State	fax	647-2822
		ph	647-1688

CC: Gene Sperling (6-2878) Lael Brainard (6-2878)
Nina Hachigian (6-9490) Tony Blinken/Larry Butler (6-9150)
Jack Pritchard (6-9250) Pascual/Elkind/Weiss (6-9160)
Ken Bernard (6-9390) Laura Efros (6-6028)

SUBJECT: French Sherpa letter regarding AIDS Therapeutic Solidarity Fund.

PRESIDENCE
DE LA
RÉPUBLIQUE

Paris, May 19, 1999.

Le Conseiller Diplomatique

Dear Klaus,

I send to your herewith a new non paper on our endeavour to create an International Therapeutic Solidarity Fund for AIDS.

We have been making good progress during the last few months, in particular with UNAIDS and several partners, including the US.

In order to choose among several possibilities, we are going to organize a G8 experts meeting on June 4. Invitation will be sent soon through the Health Ministry. This non paper will be the basis of their work.

Our aim remains that Heads endorse the project in Cologne.

I copy this letter to our G8 colleagues.

Yours Sincerely,

Jean-David

Jean-David LEVITTE

Prof. Dr. Klaus GRETSCHMANN
Persönlicher Beauftragter des Bundeskanzlers

INTERNATIONAL THERAPEUTIC SOLIDARITY FUND

The global epidemiological situation

Nearly 40 million people in the world are currently living with the AIDS virus. 90 percent of them are in the developing world.

The epidemic has stabilized somewhat, and is even declining in some industrialized countries. In the South, on the other hand, AIDS has become a major preoccupation, with 16,000 new cases of contamination each day. A thousand of those cases concern children.

Africa is worst-affected. AIDS is now the number one cause of mortality on that continent. More than two-thirds of all contaminated people live there, and life expectancy at birth has declined since the beginning of the 1990s. In several countries, it has fallen back to the level of the 1960s.

In Asia too, the epidemic is spreading fast.

In 1997, there were an estimated 2.3 million deaths from AIDS—more than the number of deaths due to malaria (estimated 2 million). This number is still rising (3 million in 1998), whereas the degree of fatality of malaria is stable.

Treating AIDS

Yet therapeutic means now exist to improve and prolong the lives of people with AIDS, to reduce mortality and considerably diminish the transmission of the virus from mother to child, hence protecting future generations.

For structural and economic reasons, the worst-affected countries have little or no access to these treatments.

France proposes the creation of a therapeutic solidarity mechanism, designed to widen the scope of prevention, broaden the availability of treatment for People living with AIDS, and expand access to anti-retroviral treatment.

This Solidarity Fund needs the commitment and support of all, and would seek to mobilize the entire international community, so that, henceforward, prevention might be combined with treatment.

The Solidarity Fund, an initiative in support of the UNAIDS programme

In November 1997, UNAIDS (the programme coordinated by the United Nations to fight HIV infection, established on January 1, 1996 under the aegis of 6 co-sponsoring agencies) launched an initiative to improve access to drugs, in order to provide care for HIV-infected people in the developing countries.

Under this initiative, countries are called upon to adapt their health infrastructures to guarantee appropriate distribution and utilization of medications, and to create the conditions for better prevention and treatment policies.

In partnership with UNAIDS and the countries concerned, **the chief aim of the International Therapeutic Solidarity Fund (ITSF) is to work through coherent prevention and treatment programmes to provide greater access to treatment, including anti-retroviral treatment, for HIV and AIDS sufferers in the developing countries. Initially, priority is being given to the implementation of programmes to prevent mother-child transmission and to post-natal care for women and children.**

The ITSF thus supports UNAIDS, the latter's mission being to facilitate action, not to implement it.

Projects must be supported by national authorities, must exhibit a powerful community commitment, give priority to preventing mother-child transmission via a coherent programme of prevention and treatment, including after childbirth. In addition, provision must be made, in these projects, for their integration into public health activities.

The work of the ITSF is based on financial and technical partnership.

Its action is intended to be progressive, starting by putting in place in a series of demonstration projects that are limited in scope.

With that in mind, special emphasis is placed on clinical evaluation, on evaluating the public health and economic impact of projects, and on evaluating psycho-social repercussions.

An evaluation protocol is now being designed, in partnership with the United Nations, ANRS (the French national aids research agency), and the Centers for Disease Control and Prevention (CDC) in the United States.

Provisional structure of the ITSF

A provisional structure has been established in order to put in place these initial, limited projects, is organized as follows:

1) **Fund administration** (FRF 25.3 million provided by the French Government) The Fund will be administered by a French-law foundation, which is provisionally hosting the Fund.

2) **General secretariat** of the ITSF

For the time being, this is being provided by the *Secrétariat d'Etat à la Santé et à l'Action Sociale* (French State Secretariat for Health and Social Action).

3) **Consultative bodies** attached to the temporary Foundation :

- An International Steering Committee consisting of about thirty members. It is chaired by Professor Catherine Peckham (London), with as its Vice-Chairman Professor Awa Coll Seck (UNAIDS). The WHO is a member in its capacity as Chair of the UNAIDS co-sponsors.

- A small 9-member Technical Committee which reviews pilot projects submitted by countries, expresses opinions, and makes recommendations. This committee meets approximately every eight weeks, and invites contributions from international experts (University of Padua, the CDC in Atlanta, the Belgian Health Ministry, etc.).

Ten or so countries have already applied to the ITSF for financial support to implement pilot projects. Projects selected to date concern Côte d'Ivoire, South Africa, Morocco, and Vietnam.

4) **An exemplary project : Côte d'Ivoire** :

This project has been the subject of widespread technical consultations, including a seminar in Abidjan with all of the partners involved (e.g. AIDS workers in Côte d'Ivoire, associations of people living with AIDS, UNAIDS and its co-sponsors, bilateral cooperation bodies, research centres, hospital practitioners, private bodies, etc.).

The project entails putting in place coherent prevention and treatment programme designed to integrate the fight against HIV and AIDS into the country's maternal and child welfare policy.

It began in mid-April 1999 and concerns 20,000 women and their newborn babies. It is providing care in the following areas:

- Counselling for voluntary screening,
- Screening and treatment of sexually transmitted diseases (for women and their partners),
- Chemoprophylaxis for prevention of mother-child transmission of HIV,
- Prevention of opportunistic infections,
- Nutritional counselling for mothers and children,
- Psycho-social care,
- Treatment by means of anti-retrovirals if necessary, based on criteria established by the consensus group.

Partners involved in implementation of the Côte d'Ivoire project:

- The Government of Côte d'Ivoire,
- UNAIDS,
- ITSF,
- ANRS (French national agency for AIDS research),
- The Retro-ci project (CDC Atlanta),
- The Glaxo Wellcome Foundation France,
- The PAC-CI Programme (French Department of Overseas Development).

Activities supported by the ITSF incorporate the priorities of the WHO, namely:

- The fight against communicable diseases,
- Promoting maternal and child health (maternity without risk),
- Promoting health systems,
- Improving nutrition.

Proposals for the future organization of the ITSF

Two main possible organizational structures are worth considering:

Hypothesis A : Governments, international institutions, national public and private bodies could contribute to an "ITSF" identified in a budget line created for this purpose by one of the international agencies.

In order to safeguard the underlying principles of the ITSF initiative, an international scientific committee made up of experts from the different donor countries, and an international management committee also consisting of representatives of the donors, would be attached to the Agency hosting the ITSF.

This hypothesis has the advantage that it would integrate the ITSF into a clearly identified international organization and would be relatively easy to implement.

On the other hand, the fact that a simple budget item lacks visibility might be a difficulty.

Hypothesis B : this would entail the creation of a Foundation with an international mission, incorporated under the laws of one of the G8 countries or of a European country not part of the G8.

This Foundation would have a Scientific Committee placed under the aegis of UNAIDS, and it would have a Secretary General.

The Fund hosted by this Foundation would be administered by an international agency.

A clearly identified Fund might, in that respect, be better able to mobilize governments, international organizations and private partners around a concrete programme to combat AIDS.

Implementing this solution, however, would entail working out the most appropriate legal structure (i.e. determining the most advantageous national legislation) and identifying the competent international body to administer it (which presumably cannot be UNAIDS, since it has no legal personality).

Experts are invited to consider the benefits and drawbacks of these hypotheses and make suggestions regarding the structural organization of the ITSF.

G8 communiqué on the ITSF

In Cologne, Heads would :

- Support the ITSF initiative whose chief aim is to provide greater access to treatment for people living with HIV and AIDS in the developing countries, within the framework of complementary AIDS prevention and care programs.

- Note the current status of the project in certain countries and the applications made by others for financial assistance from the ITSF.

- Recommand the ITSF organization to be operational by the time of the next G8 meeting.

- Call upon Governments, international organisation concerned and private sponsors to take part in this initiative motivated by considerations of international solidarity, and to make voluntary contributions to it.

Declined

REPUBLIQUE FRANÇAISE

AMBASSADE DE FRANCE AUX ETATS-UNIS

Bureau du Ministre-Conseiller

4101 Reservoir Road, NW
Washington, D.C. 20007

A l'attention de / To : Ms. Sandy THURMAN
National AIDS Policy Director
White House Office of National AIDS Policy

Fax : (202) 456 24 39

De la part de / From : François BARRY DELONGCHAMPS
Ministre-Conseiller (Deputy Chief of Mission)

Tel : (202) 944.61.23
Fax : (202) 944.61.66

Date : March 31, 2000

Nombre de pages / Number of pages (This one included) : 2

OBJET/ COMMENTS : Luncheon invitation

On the occasion of the visit to Washington of Mr. Charles JOSSELIN, Minister Delegate for Cooperation and Francophony, Member of the French Cabinet, I am hosting a luncheon at my Residence: 2303 California Street, N.W., Washington, D.C. , on Monday April 17, 2000.

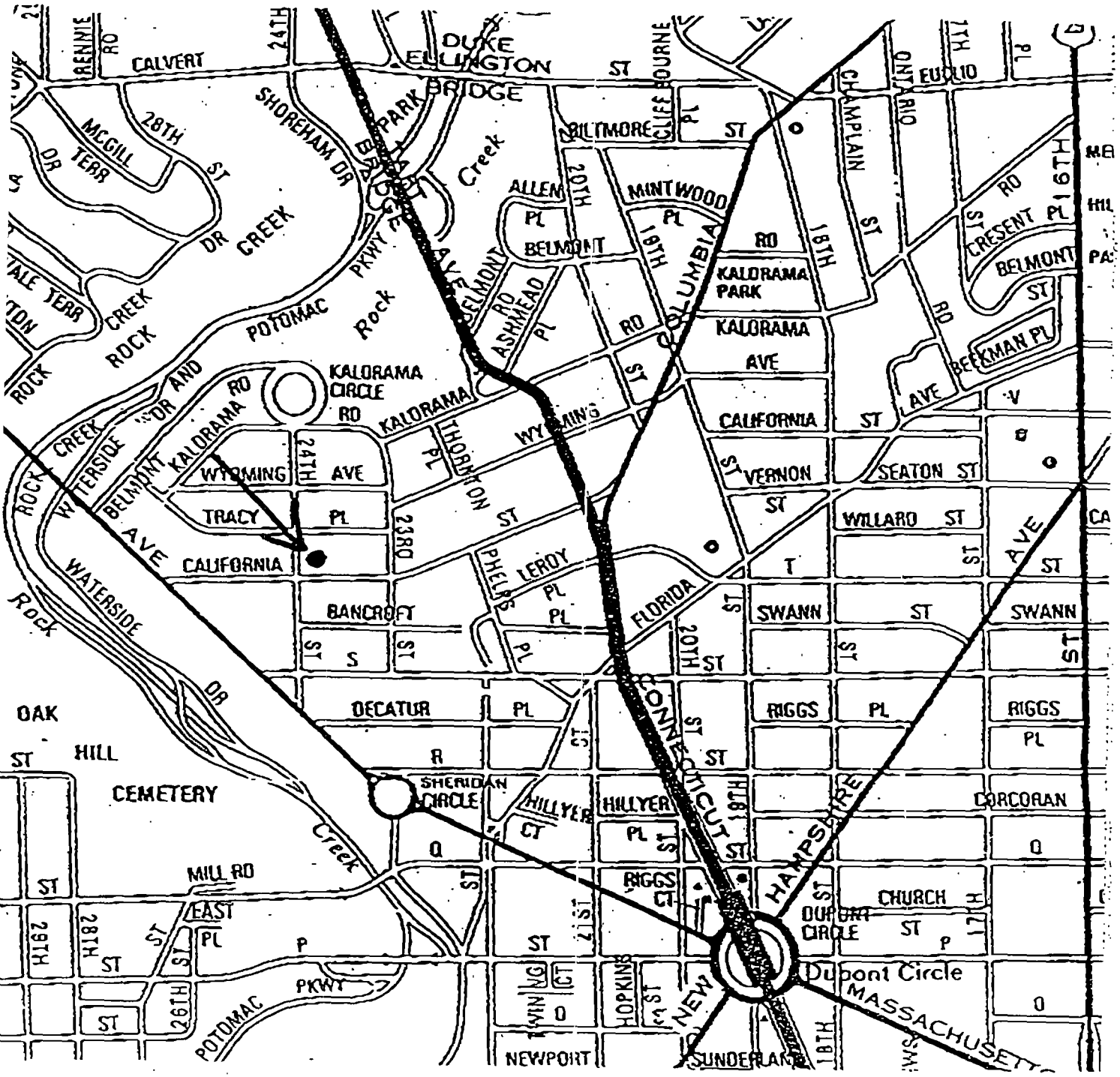
The purpose of this luncheon is mainly to discuss AIDS in Africa.

The exact time of this luncheon will be communicated to you latter on.

I would appreciate your letting me know at your earliest convenience whether you will be able to attend or not.

Résidence of :

Mr. François BARRY DELONGCHAMPS
2303 California Street, N.W.
WASHINGTON, D.C. 20008



U.S. Department of State
Bureau of Oceans and International
Environmental and Scientific Affairs
Washington, DC 20520

Facsimile Transmittal

TO: (by fax, 4 pages to follow)

NSC – Ken Bernard (456-9390)
ONAP – Sandy Thurman (456-2439)
HHS – David Hohman (690-7127)
DHHS/FIC – Sharon Hyrnkow (301-480-3414)

FROM: OES/SEID- David Wagner
Phone: (202) 647-4542
Fax: (202) 736-7336

SUBJECT: Your clearance on cable

DATE: June 8, 2000

OES/SEID is providing guidance to Paris post on USG response to French proposal for conference on access to AIDS drugs.

Please clear by 10 am on Friday (6/9). If no response, we'll assume you're ok with it. Thanks - Dave

INITIALS	
APPR:	KB ...
DRAFT:	DW ...
CLR 1:	RW ...
CLR 2:	JC ...
CLR 3:	NCF ...
CLR 4:	AF ...
CLR 5:	KS ...
CLR 6:	DH ...
CLR 7:	LL ...
CLR 8:	TN ...
CLR 9:	ST ...
CLR 9:	KB ...
CLR 9:	SH ...
CLR 9:	DV ...

UNCLASSIFIED

OES/SEID:DWAGNER
6/8/00 X74542
OES:KBRILL

EUR:RWALSER
E:APENCE
IO:LLAMBERT
NSC:KBERNARD
G:JCHOW
EB:KSHIGATOMI
AF:TNIBLOCK
EUR/WE:DVANCLEVE
OES/SEID:NCARTER-FOSTER
HHS:DHOHMAN (INFO)
ONAP:STHURMAN (INFO)
FIC:SHYRNKOW (INFO)

ROUTINE PARIS

E.O. 12958: N/A

TAGS: KHIV, TBIO, TSPL, TSPA, SENV, KSCA, FR

SUBJECT: GUIDANCE ON USG REPONSE TO FRENCH PROPOSAL FOR CONFERENCE ON ACCESS TO DRUGS

REF: (1) PARIS 4958 (2) STATE 58033

1. (U) SUMMARY: THE GOVERNMENT OF FRANCE HAS PROPOSED A TRIPARTITE CONFERENCE ON ACCESS TO HIV/AIDS IN THE DEVELOPING WORLD. THE CONFERENCE WOULD LINK DONOR COUNTRIES, RECIPIENT COUNTRIES, AND PHARMACEUTICAL COMPANIES IN AN EFFORT TO INCREASE ACCESS TO AFFORDABLE DRUGS FOR THE TREATMENT AND PREVENTION OF HIV/AIDS. THE PROPOSED TRIPARTITE CONFERENCE MAY BE PREMATURE. THE USG WOULD ENCOURAGE THE GOF TO SUPPORT THE INITIATIVES ANNOUNCED BY THE EU-U.S. SUMMIT TO IMPROVE INTERNATIONAL PARTNERSHIPS, INCREASE PUBLIC AWARENESS, AND IMPROVE VACCINE RESEARCH AND DRUG ACCESSIBILITY, AND MOBILIZE ADDITIONAL RESOURCES. WE SUGGEST THAT POST ENCOURAGE THESE EFFORTS AND SEEK SUPPORT FOR THE COMMITMENTS OF THE G-8 AND ONGOING EFFORTS THROUGH UNAIDS, INTERNATIONAL FINANCING INSTITUTIONS, AND OTHERS.

2. ON THE ISSUE OF ACCESS TO HIV/AIDS DRUGS, A RECENT EXECUTIVE ORDER UNDERSCORES THE ADMINISTRATION'S POSITION WITH RESPECT TO HEALTH-RELATED INTELLECTUAL PROPERTY MATTERS AS THE U.S. HELPS AFFECTED COUNTRIES GAIN ACCESS TO AFFORDABLE MEDICINES. END SUMMARY.

GUIDANCE ON USG RESPONSE TO TRIPARTITE CONFERENCE

---

3. THE TRIPARTITE CONFERENCE ON HIV/AIDS DRUG ACCESS APPEARS TO BE AN EFFORT BY FRANCE TO PROMOTE ITS INTERNATIONAL THERAPEUTIC SOLIDARITY FUND (ITSF). THROUGH THE G-8 AND OTHER FORA, THE GOF HAS PROMOTED THE ITSF FOR THE PURCHASE OF ANTI-RETROVIRAL DRUGS AND THE TREATMENT OF HIV-INFECTED PERSONS IN DEVELOPING COUNTRIES. THE USG HAS TAKEN THE IDEA OF THE ITSF INTO CONSIDERATION BUT HAS NOT BEEN A STRONG SUPPORTER OF THE ITSF AS A MECHANISM FOR GREATER ACCESS TO DRUGS. OTHER ALTERNATIVES BEING EXPLORED BY UNAIDS IN CONCERT WITH OTHER INTERNATIONAL ORGANIZATIONS AND THE PRIVATE SECTOR ARE BEGINNING TO BEAR FRUIT AND SHOULD BE EXPANDED. THE PROPOSED TRIPARTITE CONFERENCE MAY BE PREMATURE.

4. (U) WE ENCOURAGE FRENCH SUPPORT OF U.S. AND INTERNATIONAL PRIORITIES FOR COLLABORATIVE RESEARCH OF VACCINES AND TO INCREASE FINANCIAL INCENTIVES FOR THE DEVELOPMENT OF VACCINES AGAINST HIV/AIDS, MALARIA AND TUBERCULOSIS, THROUGH THE GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION (GAVI), OTHER MULTILATERAL EFFORTS, AND THROUGH DIRECT BILATERAL COLLABORATIONS. IN HIS FEBRUARY STATE OF THE UNION ADDRESS, PRESIDENT CLINTON PROPOSED A $50 MILLION USG CONTRIBUTION IN FY-2001 TO GAVI FOR THE PURCHASE OF VACCINES FOR CHILDREN.

5. (U) PURSUANT TO THE SECRETARY'S DIPLOMATIC INITIATIVE TO HIGHLIGHT HIV/AIDS AS AN IMPORTANT FOREIGN POLICY AND SECURITY ISSUE, WE ARE RAISING AIDS AS A CRITICAL ISSUE IN KEY INTERNATIONAL FORA, SUCH AS THE U.S.-E.U. SUMMIT, THE G-8 SUMMIT, THE ASEAN DIALOGUE, AND THE UN'S MILLENIUM ASSEMBLY. WE ALSO HIGHLIGHTED THE MULTISECTORAL ASPECTS OF THE PANDEMIC AT THE RECENT US - SOUTHERN AFRICA DEVELOPMENT COMMUNITY FORUM IN

MOZAMBIQUE. WE ARE WORKING TO EMPHASIZE THE NEED TO INCREASE THE RESOURCES DEVOTED TO HIV/AIDS AND OTHER INFECTIOUS DISEASES, ESPECIALLY AMONG G-8 COUNTRIES. WE ENCOURAGE OTHER DONORS AND MULTILATERAL DEVELOPMENT BANKS TO DO THE SAME.

EU-U.S. SUMMIT STATEMENT ON HIV/AIDS

---

6. THE EU AND THE U.S. REITERATED THEIR COMMITMENT TO COMBAT HIV/AIDS, MALARIA AND TUBERCULOSIS IN A RECENT EU-U.S. SUMMIT STATEMENT. IN AGREEING TO JOIN FORCES AND DEVELOP NEW MECHANISMS AND PARTNERSHIPS IN RESPONSE TO THESE DISEASES, FOUR OBJECTIVES WERE IDENTIFIED AT THE SUMMIT: IMPROVING INTERNATIONAL PARTNERSHIPS, INCREASING PUBLIC AWARENESS, IMPROVING VACCINE RESEARCH AND DRUG ACCESSIBILITY, AND MOBILIZING ADDITIONAL RESOURCES. THE USG HOPES TO WORK WITH THE EU UNDER THE FRENCH PRESIDENCY ON HIV/AIDS COLLABORATION IN AFRICA, ESPECIALLY IN DIPLOMATIC AND OTHER AREAS WHICH PROMOTE INCREASED AWARENESS, NATIONAL OWNERSHIP, AND ACTION ON THE PART OF AFRICAN LEADERS AND THE INTERNATIONAL COMMUNITY.

U.S. POLICY ON DRUG ACCESS

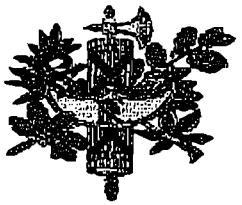
---

7. (U) ON MAY 10, PRESIDENT CLINTON ISSUED AN EXECUTIVE ORDER 13155, ACCESS TO HIV/AIDS PHARMACEUTICALS AND MEDICAL TECHNOLOGIES. THE E.O. DECLARES THAT QUOTE: THE UNITED STATES SHALL NOT SEEK, THROUGH NEGOTIATION OR OTHERWISE, THE REVOCATION OR REVISION OF ANY INTELLECTUAL PROPERTY LAW OR POLICY OF A BENEFICIARY SUB-SAHARAN AFRICAN COUNTRY, AS DETERMINED BY THE PRESIDENT, THAT REGULATES HIV/AIDS PHARMACEUTICALS OR MEDICAL TECHNOLOGIES IF THE LAW OR POLICY: (1) PROMOTES ACCESS TO HIV/AIDS PHARMACEUTICALS OR MEDICAL TECHNOLOGIES FOR AFFECTED POPULATIONS IN THAT COUNTRY; AND (2) PROVIDES ADEQUATE AND EFFECTIVE INTELLECTUAL PROPERTY PROTECTION CONSISTENT WITH THE [TRIPS AGREEMENT]. END QUOTE.

8. (U) THIS EXECUTIVE ORDER FOLLOWS PRESIDENT CLINTON'S DECEMBER STATEMENT IN SEATTLE THAT WE MUST BE FLEXIBLE IN OUR APPROACH TO HEALTH-RELATED INTELLECTUAL PROPERTY MATTERS CONSISTENT WITH OUR GOAL OF HELPING POOR COUNTRIES GAIN ACCESS TO AFFORDABLE MEDICINES.

9. (U) IN ADDITION, THE U.S. IS SUPPORTIVE OF THE MAY 11 JOINT STATEMENT OF INTENT AMONG UNAIDS AND FIVE PHARMACEUTICAL COMPANIES TO REDUCE THE PRICES OF HIV DRUGS IN DEVELOPING COUNTRIES. THE JOINT AGREEMENT ALSO CALLS FOR NEW EFFORTS IN PREVENTION, HEALTH CARE INFRASTRUCTURE, INTERNATIONAL FUNDING, AND POLITICAL COMMITMENT BY AFFECTED NATIONS.

Y



Mission Permanente de la France
Auprès des Nations Unies

TELECOPIE

NOMBRE DE PAGES : **5** (y compris celle-ci) **DATE : le 18 février 2000**

EXPEDITEUR : **M. Michel LAVOLLAY**

DESTINATAIRES : **Mrs Sandy THURMAN**
Director
Office of National Aids Policy
The White House
Fax : 202 - 456 24 39

Dear Sandy

Please find attached document prepared for the Secretary General of the U.N..

M. LAVOLLAY

One Dag Hammarskjöld Plaza, 245 East 47th Street. NEW YORK, N.Y. 10017
(212) 308 57 00 Fax : (212) 826 04 03 - (212) 421 68 89
http://www.un.int/france

Responding to the challenge of HIV/AIDS
A political and moral role for the Secretary General of the United Nations

1. A health phenomenon becomes one of the greatest threats to human survival

The end of the twentieth century is witness to one of the greatest threats to human survival. The HIV pandemic has been spreading for almost twenty years. So far 50 million people have been infected, of whom approximately one third have died and of the 33 million infected today and 95 % live in developing countries.

A generation has gone by, and over this period of time the pandemic has continued to serve as a powerful revelator of human shortcomings and strengths. It is indeed striking to see how the virus has followed a path of human vulnerability and how in their response to the epidemic an overwhelming proportion of the public and private efforts have been channeled to the north. This has resulted in tremendous advances in both prevention and care, but most of the benefits have gone to the north or to wealthy minorities in developing countries, and most remain inaccessible to the underprivileged in all countries.

The fact that an avoidable disease has become the greatest threat to human survival and that the international and national safety nets have been unable to prevent the HIV pandemic from following the pattern of poverty and human vulnerability can only be interpreted as a failure of those mechanisms. More profoundly, the HIV pandemic has revealed how weak health systems in developing countries were, and how, in itself, a single epidemic event, has been capable of undermining all development gains of the last forty years.

2. A human crisis which is beyond what nations have had to deal with

Adding to the gravity and complexity of the phenomenon, the dynamics of an epidemic that is expected to grow for several decades, separates it from what the international community has had to confront in recent history. Wars and natural disasters of the last century have put a tremendous burden on humanity, but none as great as the global burden which will be added through AIDS. The HIV pandemic is a slow moving and invisible enemy that is capturing the lives of the most productive segment of societies, men and women alike. 15.000 new infections occur every day. The impact on development will be staggering, hard won gains in every sector from agriculture to education will be erased. Further, as the social and economic fabric and the military and security capacities of nations are undermined, peace and security of entire regions will be threatened.

3. A challenge to existing mechanisms

In the face of such a dire phenomenon the international community has supported multilateral and bilateral efforts to prevent the spread and mitigate the effects of the epidemic. From the outset the UN has played an important role in showing the way to addressing the challenge as a social and development issue, not merely a health problem. However, mobilization has not been easy. As is the case in most disaster situations, the willingness to engage in preventive measures and to respond early and adequately is affected by competing national priorities, complacency and denial. In the case of AIDS, these common obstacles have been compounded by health specific factors. On one hand, over confident health specialists claimed they had the capacity to respond fully to the challenge, and on the other, decision makers, politicians and planners, have systematically deflected their responsibilities to the Health Ministries

4. A growing gap

Over time, however, there appears to be a fuller realization of the gravity of the phenomenon that is now understood as a development crisis. Twenty years into its history the epidemic is confronting the international community with new and even greater challenges. The intensive mobilization in industrialized countries has achieved significant results in mainstreaming HIV in existing social and health programs, with notable exceptions concerning vulnerable populations in these rich countries. In many ways responses to HIV in industrialized countries were based on the proper functioning of democratic processes, citizens and communities claiming their basic rights to care, socioeconomic dignity and compassion.

The advent of therapies which are bringing the hope that HIV infection would be manageable in rich countries and in communities which can afford them is creating a false sense of security. In fact, the gap has been widened between the rich and poor nations and within nations between the haves and the havenots. The HIV pandemic is revealing how weak and how poorly equipped health systems and international institutions were to cope with such a challenge. In a matter of a decade a message of «Health for all in year 2000» has been replaced with the warning that all development gains of the last forty years would be erased.

Not only is there very little hope that poor countries will ever have the means to purchase treatments but we have now to face the reality that an overwhelming majority of those infected in poor countries do not know they are infected.

5. A governance gap

While the HIV pandemic has continued to pour into the most vulnerable regions of the world, development assistance and specific allocations for AIDS programs have stagnated if not decreased. During that same period, the private sector and philanthropic sources have begun to allocate significant amounts of funds towards medical research and prevention programs in developing countries.

Many efforts are now put into supporting the establishment of new mechanisms for the purchase and distribution of drugs and for developing a vaccine that would be made available to poor nations. While these initiatives are clearly in the right direction, they are late in coming and will take time to yield their intended effects. Only in the last two years have we heard voices calling for making treatments available in poor countries. Health and financial institutions are holding on to econometric principles of cost-effectiveness that have opposed prevention leading to a reluctance to support care initiatives. All this has been made obsolete by the epidemic.

While political commitment has been progressively increasing, it is still a very far cry from the goal.

6. A political and moral responsibility for the Secretary General of the UN.

Confronting a challenge of the magnitude, complexity and dynamics of AIDS reaches to the core of the foundation of the United Nations in the aftermath of the Second World War. Indeed, the AIDS phenomenon can only be compared with events in history such as the great plague in the 14th century which decimated one quarter of the population of Europe. As such these «sanitary events» deeply and lastingly affected the populations, economies and trade of entire continents and were responsible for the foundation of most social policies.

Although today some of the aspects of the epidemic are usefully addressed by specialized agencies, UNAIDS and bilateral, or national authorities, as well as a strong envolvement of civil society, the global challenge of AIDS will require strong political and moral leadership from the highest levels of the United Nations in a renewed partnership with nations and civil society.

The Secretary General of the UN will have a crucial role in shaping the moral and political commitments in response to a phenomenon that will deeply affect the poorest nations in the world in decades to come and, by way of consequence, the community of nations as a whole. He will play an important role in bringing together the appropriate commitments from governments, the private sector and civil society.

7. Building a capacity to anticipate and drawing on collective wisdom

To fully play this role, the Secretary General of the UN must be in a position to anticipate the full scope of social, economic, political and security implications that will accompany the epidemic. To do so, however, the Secretary General, must be able to count on the capacity within the political arm of his administration to translate the technical information it is receiving into moral positions and political decisions.

History has shown us that in dealing with great challenges or threats, leaders and governments have often benefited from the guidance of individuals which were respected for their lifetime accomplishments and their wisdom, operating outside the immediate pressures and responsibilities of government and administration. The Secretary General of the UN would certainly benefit from the guidance of a group of such wise individuals, not only for assisting him in the formulation of moral and political positions, but to help him better anticipate the global impacts of the phenomenon as well as the requirements of a global compassionnate response.

In practical terms, the Secretary General would seek the support of member states in the establishment of a high level advisory group on AIDS. Such a group could be established within a year and would meet every six months in order to report to the SG on various global aspects of HIV such as its social and economic impact, the link between HIV and security, access to treatments and testing, the link between debt relief and AIDS. The Millenium General Assembly could serve as the appropriate forum to formulate the renewed commitment of nations to the challenge of AIDS.

INITIALS	
APPR:	KB ...
DRAFT:	DW ...
CLR 1:	RW ...
CLR 2:	JC ...
CLR 3:	NCF ...
CLR 4:	AF ...
CLR 5:	KS ...
CLR 6:	DH ...
CLR 7:	LL ...
CLR 8:	TN ...
CLR 9:	ST ...
CLR 9:	KB ...
CLR 9:	SH ...
CLR 9:	DV ...

UNCLASSIFIED

OES/SEID:DWAGNER
6/8/00 X74542
OES:KBRILL

EUR:RWALSER
E:APENCE
IO:LLAMBERT
NSC:KBERNARD

G:JCHOW
EB:KSHIGATOMI
AF:TNIBLOCK
EUR/WE:DVANCLEVE

OES/SEID:NCARTER-FOSTER
HHS:DHOHMAN (INFO)
ONAP:STHURMAN (INFO)
FIC:SHYRNKOW (INFO)

ROUTINE PARIS

E.O. 12958: N/A

TAGS: KHIV, TBIO, TSPL, TSPA, SENV, KSCA, FR

SUBJECT: GUIDANCE ON USG REPONSE TO FRENCH PROPOSAL FOR CONFERENCE ON ACCESS TO DRUGS

REF: (1) PARIS 4958 (2) STATE 58033

1. (U) SUMMARY: THE GOVERNMENT OF FRANCE HAS PROPOSED A TRIPARTITE CONFERENCE ON ACCESS TO HIV/AIDS IN THE DEVELOPING WORLD. THE CONFERENCE WOULD LINK DONOR COUNTRIES, RECIPIENT COUNTRIES, AND PHARMACEUTICAL COMPANIES IN AN EFFORT TO INCREASE ACCESS TO AFFORDABLE DRUGS FOR THE TREATMENT AND PREVENTION OF HIV/AIDS. THE PROPOSED TRIPARTITE CONFERENCE MAY BE PREMATURE. THE USG WOULD ENCOURAGE THE GOF TO SUPPORT THE INITIATIVES ANNOUNCED BY THE EU-U.S. SUMMIT TO IMPROVE INTERNATIONAL PARTNERSHIPS, INCREASE PUBLIC AWARENESS, AND IMPROVE VACCINE RESEARCH AND DRUG ACCESSIBILITY, AND MOBILIZE ADDITIONAL RESOURCES. WE SUGGEST THAT POST ENCOURAGE THESE EFFORTS AND SEEK SUPPORT FOR THE COMMITMENTS OF THE G-8 AND ONGOING EFFORTS THROUGH UNAIDS, INTERNATIONAL FINANCING INSTITUTIONS, AND OTHERS.

2. ON THE ISSUE OF ACCESS TO HIV/AIDS DRUGS, A RECENT EXECUTIVE ORDER UNDERSCORES THE ADMINISTRATION'S POSITION WITH RESPECT TO HEALTH-RELATED INTELLECTUAL PROPERTY MATTERS AS THE U.S. HELPS AFFECTED COUNTRIES GAIN ACCESS TO AFFORDABLE MEDICINES. END SUMMARY.

GUIDANCE ON USG RESPONSE TO TRIPARTITE CONFERENCE

---

3. THE TRIPARTITE CONFERENCE ON HIV/AIDS DRUG ACCESS APPEARS TO BE AN EFFORT BY FRANCE TO PROMOTE ITS INTERNATIONAL THERAPEUTIC SOLIDARITY FUND (ITSF). THROUGH THE G-8 AND OTHER FORA, THE GOF HAS PROMOTED THE ITSF FOR THE PURCHASE OF ANTI-RETROVIRAL DRUGS AND THE TREATMENT OF HIV-INFECTED PERSONS IN DEVELOPING COUNTRIES. THE USG HAS TAKEN THE IDEA OF THE ITSF INTO CONSIDERATION BUT HAS NOT BEEN A STRONG SUPPORTER OF THE ITSF AS A MECHANISM FOR GREATER ACCESS TO DRUGS. OTHER ALTERNATIVES BEING EXPLORED BY UNAIDS IN CONCERT WITH OTHER INTERNATIONAL ORGANIZATIONS AND THE PRIVATE SECTOR ARE BEGINNING TO BEAR FRUIT AND SHOULD BE EXPANDED. THE PROPOSED TRIPARTITE CONFERENCE MAY BE PREMATURE.

4. (U) WE ENCOURAGE FRENCH SUPPORT OF U.S. AND INTERNATIONAL PRIORITIES FOR COLLABORATIVE RESEARCH OF VACCINES AND TO INCREASE FINANCIAL INCENTIVES FOR THE DEVELOPMENT OF VACCINES AGAINST HIV/AIDS, MALARIA AND TUBERCULOSIS, THROUGH THE GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION (GAVI), OTHER MULTILATERAL EFFORTS, AND THROUGH DIRECT BILATERAL COLLABORATIONS. IN HIS FEBRUARY STATE OF THE UNION ADDRESS, PRESIDENT CLINTON PROPOSED A $50 MILLION USG CONTRIBUTION IN FY-2001 TO GAVI FOR THE PURCHASE OF VACCINES FOR CHILDREN.

5. (U) PURSUANT TO THE SECRETARY'S DIPLOMATIC INITIATIVE TO HIGHLIGHT HIV/AIDS AS AN IMPORTANT FOREIGN POLICY AND SECURITY ISSUE, WE ARE RAISING AIDS AS A CRITICAL ISSUE IN KEY INTERNATIONAL FORA, SUCH AS THE U.S.-E.U. SUMMIT, THE G-8 SUMMIT, THE ASEAN DIALOGUE, AND THE UN'S MILLENIUM ASSEMBLY. WE ALSO HIGHLIGHTED THE MULTISECTORAL ASPECTS OF THE PANDEMIC AT THE RECENT US - SOUTHERN AFRICA DEVELOPMENT COMMUNITY FORUM IN

MOZAMBIQUE. WE ARE WORKING TO EMPHASIZE THE NEED TO INCREASE THE RESOURCES DEVOTED TO HIV/AIDS AND OTHER INFECTIOUS DISEASES, ESPECIALLY AMONG G-8 COUNTRIES. WE ENCOURAGE OTHER DONORS AND MULTILATERAL DEVELOPMENT BANKS TO DO THE SAME.

EU-U.S. SUMMIT STATEMENT ON HIV/AIDS

---

6. THE EU AND THE U.S. REITERATED THEIR COMMITMENT TO COMBAT HIV/AIDS, MALARIA AND TUBERCULOSIS IN A RECENT EU-U.S. SUMMIT STATEMENT. IN AGREEING TO JOIN FORCES AND DEVELOP NEW MECHANISMS AND PARTNERSHIPS IN RESPONSE TO THESE DISEASES, FOUR OBJECTIVES WERE IDENTIFIED AT THE SUMMIT: IMPROVING INTERNATIONAL PARTNERSHIPS, INCREASING PUBLIC AWARENESS, IMPROVING VACCINE RESEARCH AND DRUG ACCESSIBILITY, AND MOBILIZING ADDITIONAL RESOURCES. THE USG HOPES TO WORK WITH THE EU UNDER THE FRENCH PRESIDENCY ON HIV/AIDS COLLABORATION IN AFRICA, ESPECIALLY IN DIPLOMATIC AND OTHER AREAS WHICH PROMOTE INCREASED AWARENESS, NATIONAL OWNERSHIP, AND ACTION ON THE PART OF AFRICAN LEADERS AND THE INTERNATIONAL COMMUNITY.

U.S. POLICY ON DRUG ACCESS

---

7. (U) ON MAY 10, PRESIDENT CLINTON ISSUED AN EXECUTIVE ORDER 13155, ACCESS TO HIV/AIDS PHARMACEUTICALS AND MEDICAL TECHNOLOGIES. THE E.O. DECLARES THAT QUOTE: THE UNITED STATES SHALL NOT SEEK, THROUGH NEGOTIATION OR OTHERWISE, THE REVOCATION OR REVISION OF ANY INTELLECTUAL PROPERTY LAW OR POLICY OF A BENEFICIARY SUB-SAHARAN AFRICAN COUNTRY, AS DETERMINED BY THE PRESIDENT, THAT REGULATES HIV/AIDS PHARMACEUTICALS OR MEDICAL TECHNOLOGIES IF THE LAW OR POLICY: (1) PROMOTES ACCESS TO HIV/AIDS PHARMACEUTICALS OR MEDICAL TECHNOLOGIES FOR AFFECTED POPULATIONS IN THAT COUNTRY; AND (2) PROVIDES ADEQUATE AND EFFECTIVE INTELLECTUAL PROPERTY PROTECTION CONSISTENT WITH THE [TRIPS AGREEMENT]. END QUOTE.

8. (U) THIS EXECUTIVE ORDER FOLLOWS PRESIDENT CLINTON'S DECEMBER STATEMENT IN SEATTLE THAT WE MUST BE FLEXIBLE IN OUR APPROACH TO HEALTH-RELATED INTELLECTUAL PROPERTY MATTERS CONSISTENT WITH OUR GOAL OF HELPING POOR COUNTRIES GAIN ACCESS TO AFFORDABLE MEDICINES.

9. (U) IN ADDITION, THE U.S. IS SUPPORTIVE OF THE MAY 11 JOINT STATEMENT OF INTENT AMONG UNAIDS AND FIVE PHARMACEUTICAL COMPANIES TO REDUCE THE PRICES OF HIV DRUGS IN DEVELOPING COUNTRIES. THE JOINT AGREEMENT ALSO CALLS FOR NEW EFFORTS IN PREVENTION, HEALTH CARE INFRASTRUCTURE, INTERNATIONAL FUNDING, AND POLITICAL COMMITMENT BY AFFECTED NATIONS.

Y

FRANCE

AMBASSADE DE FRANCE AUX ETATS-UNIS

TELECOPIE / FAX TRANSMISSION

De / From
Office of :/ Bureau de:

Dr Michel LAVOLLAY
Conseiller pour les Affaires sociales/Santé
Counselor, Health Affairs
Téléphone/Phone #: (202) 944-6232
Télécopie/Fax #: (202) 944-6257
e-mail: mlavollay@amb-wash.fr

A / To

Ms. Sandy THURMAN
National AIDS Policy Director
White House Office of National AIDS Policy
and "PEAC"
Téléphone/Phone #: (202) 456-2437
Télécopie/Fax #: (202) 456-2439

Date: August 22, 2000

Nombre de pages, celle-ci comprise: 2 page(s), including this one.

Dear Sandy: Great news!

I am personally thrilled that you have been appointed as the first PEAC. Congratulations.

I should certainly hope that France would be your first country visited in your new functions

I am already making the case with my government as well as UN Secretariat for including a discussion with you at the moment of the millennium summit in New York early September. I think R.P. Eddy might have already talked to you about this..

Let's try to talk before you leave for Africa.

Best wishes.

Michel

Michel Lavollay, MD

Ambassade de France
aux Etats-Unis

Le Chargé d'Affaires

August 22, 2000

Dear Mrs. Thurman :

In the name of my government I wish to congratulate you on your recent appointment by President Clinton to become the first Presidential Envoy on AIDS Cooperation.

We feel that the establishment of such a high level function to speak in the name of the United States is a significant step forward that will contribute to defining a more appropriate international political commitment to dealing with HIV and AIDS.

We are also very glad that you have been chosen to carry out this important function. We have, indeed, over the years, seen you excel in your position as director of the Office of National AIDS Policy of the White House.

This Embassy appreciates having established a close and trusting relationship with you addressing an issue, which France, as the US, considers as one of the greatest challenges to human survival for the decades to come.

It is our hope that, through you, our two countries will be able to expand cooperation on a truly important matter.

Our best wishes accompany you in your new endeavors,

and warmest regards

François Barry Delongchamps

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

François BARRY DELONGCHAMPS, French Embassy, 4101 Reservoir Rd.N.W. , Washington DC 20007
Tel. (202) 944 6120 - Fax. (202) 944 6166
E-mail: FRANCOIS.BARRY-DELONGCHAMPS@diplomatie.fr

C - France

Ambassade de France
aux Etats-Unis

Le Chargé d'Affaires

August 22, 2000

Dear Mrs. Thurman :

In the name of my government I wish to congratulate you on your recent appointment by President Clinton to become the first Presidential Envoy on AIDS Cooperation.

We feel that the establishment of such a high level function to speak in the name of the United States is a significant step forward that will contribute to defining a more appropriate international political commitment to dealing with HIV and AIDS.

We are also very glad that you have been chosen to carry out this important function. We have, indeed, over the years, seen you excel in your position as director of the Office of National AIDS Policy of the White House.

This Embassy appreciates having established a close and trusting relationship with you addressing an issue, which France, as the US, considers as one of the greatest challenges to human survival for the decades to come.

It is our hope that, through you, our two countries will be able to expand cooperation on a truly important matter.

Our best wishes accompany you in your new endeavors,

and warmest regards

François Barry Delongchamps

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

François BARRY DELONGCHAMPS, French Embassy, 4101 Reservoir Rd.N.W , Washington DC 20007
Tel. (202) 944 6120 - Fax. (202) 944 6166
E-mail: FRANCOIS.BARRY-DELONGCHAMPS@diplomatie.fr

NATIONAL SECURITY COUNCIL

Important

FAX COVER SHEET

NATIONAL SECURITY COUNCIL

17th & Penn, N.W.
Washington, D.C.
20504

Did you get a complete, clear transmission? If not, please call:

(202) 456-9394

From: Dr. Kenneth W. Bernard
International Health Affairs

To: Sandy Thurman
Agency:
Fax Number: 456-2439

Date/Time:
No. of pages to follow:

Message:

The French are at it again (this is not for distribution.

-Ken

Mission Permanente de la France
auprès des Nations Unies
Le Représentant Permanent Adjoint

One Dag Hammarskjöld Plaza
245 East 47th Street, 44th Floor
New York, N.Y. 10017

N° 93

New York, le 31 janvier 2000

Monsieur le Secrétaire général adjoint,

J'ai l'honneur de vous transmettre ci-après le message que le Président de la République française, Monsieur Jacques Chirac, adresse au Secrétaire général :

Début de Citation

"Monsieur le Secrétaire général,

Cher ami (mention manuscrite)

Vous avez bien voulu me faire parvenir le discours que vous avez prononcé le 6 décembre dernier, à l'occasion du lancement des "partenariats internationaux contre le SIDA en Afrique". Je vous en remercie.

J'ai pris connaissance avec grand intérêt des projets d'ONUSIDA et me réjouis de votre mobilisation personnelle. Comme vous, je suis convaincu qu'une action énergique de la communauté internationale est indispensable pour épargner à l'Afrique une véritable catastrophe.

La France plaide avec vigueur pour que les malades de pays en développement puissent avoir accès aux thérapies disponibles. L'évidence dicte ce choix : en attendant la mise au point d'un vaccin et confrontés aux limites de la prévention, nous ne pouvons abandonner les millions de personnes contaminées. Les laisser mourir sans se préoccuper des moyens de les soigner serait inhumain. C'est l'esprit de l'initiative de solidarité thérapeutique que j'ai présentée à Abidjan en décembre 1997, avec M. Bernard Kouchner alors Ministre de la Santé.

Organisation des Nations Unies
Monsieur Iqbal Riza
Secrétaire général adjoint,
Directeur de Cabinet du Secrétaire général
Bureau S-3800-E
New York

2000374

.../...

Je me réjouis de constater que cette idée semble faire son chemin, comme l'a montré le récent débat au Conseil de sécurité. A cette occasion, la France a proposé l'organisation d'une conférence qui serait consacrée à l'accès des pays pauvres aux médicaments. Elle réunirait donateurs, bénéficiaires et représentants des industries pharmaceutiques. Ce dialogue est impératif, pour répondre à un besoin urgent sans affecter les intérêts légitimes des entreprises. Les Nations Unies peuvent jouer un rôle moteur dans sa réalisation.

Je veillerai à ce que vous soyez pleinement associé aux suites de cette proposition.

Je vous prie d'agréer, Monsieur le Secrétaire général, l'expression de ma reconnaissance pour votre engagement et de ma très haute considération.

Bien amicalement (mention manuscrite)

Signé Jacques Chirac."

Fin de citation

Je vous serais reconnaissant de bien vouloir faire part à son haut destinataire de la teneur de ce message. L'original de ce courrier sera transmis au Secrétaire général dès son arrivée à New York.

Je vous prie d'agréer, Monsieur le Secrétaire général adjoint, l'assurance de ma haute considération.

Alain Dejammet