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001. list	Working Group Participant List [partial] (1 page)	05/07/1999	P3/b(3), b(6)

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[Global AIDS Emergency] Working Group, DC, 5/7/99

2007-1550-F
kc2202

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]

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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]

Global AIDS Emergency Working Group

Introductory Meeting
Friday
May 7, 1999
1:30 PM
OEOB, Room 476

AGENDA

- Welcome
- Introductions
- Charge from the President
- Overview of AIDS in Africa
  - AIDS as a health issue
  - AIDS as a development issue
  - AIDS as a trade issue
  - AIDS as a security issue
- Questions and Answers
- Discussion re: Strategic Approach to Task

Global AIDS Emergency Working Group

Participants List

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Office of National AIDS Policy

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African Affairs
National Security Council

Ambassador Harriet Babbitt
Deputy Administrator
US Agency for International Development

Mr. Jim Babbitt
Special Advisor to the Vice President for African Affairs

Ms. Katy Button
Assistant to the Chief of Staff to the First Lady

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Mr. Allen E. Clapp
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Lt. Col. Andrew Cox
Regional Director for Policy and Plans
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Mr. Philip Drouin
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Bureau of African Affairs
Department of State

Mr. Duff Gillespie
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US Agency for International Development

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[001]

Ambassador Bob Houdek
National Intelligence Officer for Africa
National Intelligence Council

Mr. Robert Kyle
Associate Director
National Security and International Affairs
Office of Management and Budget

(b)(6), (b)(3)

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Mr. Earl Yates
Regional Director for Africa
Peace Corps

Mr. Daniel M. Zelikow
Deputy Assistant Secretary for International Affairs
Department of the Treasury

THE WHITE HOUSE

WASHINGTON

May 7, 1999

MEMORANDUM TO THE GLOBAL AIDS EMERGENCY WORKING GROUP

FROM: Sandra Thurman, Director, Office of National AIDS Policy

SUBJECT: Background Memo Regarding Children Orphaned by AIDS in sub-Saharan Africa

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Summary

- In the next decade, 40 million children will be orphaned as a result of losing one or both parents to AIDS.
- AIDS is not just taking lives, it is threatening economics, stability, and civil society.
- AIDS is wiping out decades of progress on a variety of development fronts, including per capita GNP, infant mortality, and life expectancy.
- Leadership and investment can help, and has helped, to turn the tide.
- Political support for a more aggressive United States response is building.
- As goes Africa, so will go India, Asia, and the new Soviet states, and by 2005, more than 100 million people worldwide will be HIV+.

Background

This past World AIDS Day, the President highlighted the growing global tragedy of children orphaned by AIDS in sub-Saharan Africa. At that time, he directed me to lead a fact-finding mission to the region and to report back with recommendations for productive action. From March 27 through April 5, I led a Presidential Delegation to Zambia, Uganda, and South Africa. I was accompanied by Representatives Jackson-Lee, Kilpatrick, and Lee, and senior staff from the offices of Senators Hatch, Helms, and Kennedy, and Representative Pelosi. We were also joined by a select group of individuals from outside of government including Mayor Dinkins, Bishop Felton May, and William Harris.

Findings

AIDS is ravaging sub-Saharan Africa, shattering families and placing extraordinary burdens on the extended family and village systems that have been the backbone of African child rearing tradition.

AIDS in sub-Saharan Africa, notes the UN, is the "worst infectious disease catastrophe since the bubonic plague." While sub-Saharan Africa accounts for only one tenth of the global population, it now carries 80-95% of the AIDS burden. In the region, 21 million people are already living with HIV, and every day, 11,000 additional people are infected. Since the press conference on World AIDS Day, 225,000 people in South Africa alone have become HIV infected, 150,000 of

whom are teenagers. Nearly 10 million people in the region have died of AIDS and each day AIDS buries another 5,500. By 2005, the daily death toll will reach nearly 13,000.

While numbers vary from country to country, in nine sub-Saharan Africa countries, between one-fifth and one-third of all children are already orphaned by AIDS. Further, throughout the region, one-quarter of all children are already living with an HIV+ parent. During the next decade, more than 38 million children in sub-Saharan Africa will be orphaned by AIDS, causing unprecedented threats to child welfare. This vulnerability includes decreased access to food, education, health care, housing, and clothing and increased psychosocial distress brought on by death, isolation, and stigma. These children are also at extraordinary risk of physical and sexual abuse as well as child labor exploitation. This "slow burn disaster" is not expected to peak until at least 2030, leaving an entire generation in jeopardy.

AIDS is wiping out decades of progress on a host of development objectives. After hundreds of millions of dollars of donor investment and well-documented results, AIDS is now turning back the development clock to the 1960s. In the coming decade in sub-Saharan Africa, infant mortality (infants under the age of 1) will double and child mortality (children ages 1 to 5) will triple. In addition, despite steady increases in access to education, children caught in the crossfire of this epidemic will continue to drop out of school to work the fields and care for their dying parents, and far too few will find their way back. Finally, according to the US Census Bureau, AIDS has already reduced life expectancy in Zimbabwe by a quarter of a century and in Zambia from 56 to 37 years old. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 60 to 40 years old.

AIDS is not only causing unfathomable human suffering, it is jeopardizing the economies, stability, and civil society of many sub-Saharan African nations.

AIDS is a trade and investment issue. At the recent meeting with African trade and finance ministers, Professor Jeffrey Sachs, director of the Harvard Institute for International Development, stated that, "a frontal attack on AIDS in Africa may now be the single most important strategy for economic development." According to the *Economist*, "a recent study in Namibia estimated that AIDS cost the country almost 8% of GNP in 1996" and "Kenya's GNP will be 14.5% smaller in 2005 than it would have been without AIDS, and the per capita income will be 10% lower." AIDS has hit professionals hard in sub-Saharan Africa, particularly civil servants, engineers, teachers, miners, and military personnel. According to a World Bank study, 34% of people with post- secondary education were HIV positive, compared to 18% of those with primary education, and civil servants were more than three times more likely to be HIV positive than farmers. Finally, increased benefits and training costs, and disruption due to sick and bereavement leave are seriously affecting both the private and public sectors. Companies like British Petroleum and Barclay Bank told us that they are now hiring two employees for every one skilled job, assuming that one will die of AIDS.

AIDS is a security issue. According to the Economist, "the estimated HIV prevalence in the seven armies embroiled in the Congo range from 50% for the Angolans to 80% in Zimbabweans". Recent reports confirm that 40% of the South African military is also already HIV positive. US military and intelligence officials have raised this as a serious stability concern. According to a DCI classified document: "Extremely high levels of HIV infection among senior officers lead to rapid turnover in those positions. In countries where the military plays a central

or strong role in government, such rapid turnover could weaken central government authority or bring to the fore a military commander opposed to the government. In countries in political transition, instability in the military and security forces could slow or even reverse the process."

AIDS is a crime issue. A South African anti-crime institute has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. The assumption is that as the number of disaffected and undereducated young people increases, many sub-Saharan African countries may face serious threats to their social stability. Without appropriate intervention, many of the 2 million children projected to be orphaned by AIDS in South Africa alone, will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs to survive. This not only seriously affects stability but also promotes the spread of HIV.

Determined leadership and partnership have made, and can continue to make, an extraordinary difference -- and save millions of lives.

Leadership matters. Amidst the tragedy of AIDS, there is opportunity. Uganda has shown that even a country with limited resources and a low literacy level can turn the tide on this burgeoning epidemic. President Museveni demonstrated bold leadership early on by making every government ministry take the problem seriously, requiring them to develop and implement a plan to reduce stigma and transmission, and care for those who became sick. As a result, Uganda created an "enabling environment" for donors to assist in this effort. Over the past decade, the US invested $56 million in HIV prevention, care and support in Uganda and HIV rates among pregnant women dropped from 30% in 1991 to 15% in 1995 to 8% in 1998.

Effective solutions are community-based and multi-sectoral. In the longstanding African tradition, communities are searching for creative ways to support "the village" in its efforts to raise its children, but many of these villages are already overwhelmed by the growing number of young deaths and orphaned children. With support of non-governmental organizations (NGOs), communities are mobilizing to deal with school fees, food assistance, immunization and oral re-hydration, counseling, and the range of other services these children need. Through FINCA and other micro-finance programs, women are receiving loans, starting small businesses, and with increased household incomes, taking in children orphaned by AIDS. These efforts are low cost strategies designed to empower women (many of whom are HIV positive), protect children, and support extended families and communities in caring for their own. This community-based approach is universally preferred to the use of orphanages, a solution that can never keep pace with this burgeoning epidemic. For a small fraction of the cost of one orphanage bed, many more vulnerable children can receive care in a family setting. The problem is, only a very tiny fraction of those children in need receive even this modest level of support.

A focus on children can be a catalyst. The only way to slow the number of children orphaned by AIDS is to reduce the transmission of HIV. Until there is an available vaccine, this means more aggressive prevention efforts. In addition, the delivery of nutritional counseling and low cost treatments for opportunistic infections, STDs, and TB to parents with AIDS can help them to live longer and better lives and enable them to plan for the future of their children. Finally, community mobilization to save orphans empowers those involved and enables them to believe that they can change their circumstances for the better. It brings home the very real consequences of HIV, something that is too often denied due to the long latency period and the "conspiracy of

silence" that surrounds this illness. These additional benefits of orphan work have far reaching implications for the epidemic, and for development at large.

As the awareness of the disaster of AIDS in Africa intensifies, so does the politics push for a more aggressive United States response.

A recent Peter Hart Research poll finds major support for increased US assistance for AIDS in Africa among African American voters, and among voters generally. Although only 19% of voters said that they have heard or read a lot about AIDS in Africa, two-thirds of voters believe it is a serious problem, that it is not under control, and three-fourths of voters think that AIDS in Africa will directly affect people in the US. Despite the fact that most voters believe we are spending far more on foreign aid than we actually are, by nearly a two-to-one margin (54% - 29%), voters favor a proposal to increase US assistance to fight AIDS in Africa. This support is particularly intense in the African American community where 83% favor such a proposal (55% favor it strongly).

Rev. Leon Sullivan is organizing African American and other leaders to join in the fight against AIDS in Africa. As with Rev. Sullivan's anti-apartheid campaign, he is circulating "Sullivan Principles" for development in Africa. These principles, including our response to AIDS in Africa, will be at the top of the agenda at the African-African American Summit in Ghana, May 17–20, 1999. Political, religious, and other leaders from across the US will participate in the summit, including more than 100 mayors. Rev. Jackson also seeks to actively engage in this issue.

Within the Congressional Black Caucus, there is a growing sense that the time to act is now. Given the magnitude of the crisis described above, the issue of children orphaned by AIDS, and AIDS in Africa generally, is getting increased attention within the CBC. While AIDS will clearly kill more people in Africa than all previous wars combined, most believe that our response is not on "a war footing." The CBC is anxious to escalate our efforts.

Representative Jesse Jackson, Jr. has focused on the link between trade and AIDS. The Jackson HOPE for Africa alternative to the Administration's Economic Growth and Opportunity Act has received increased attention within the CBC, including Representative Clyburn, the new CBC Chair. His premise is that given the impact of AIDS on African economies and the African work force, AIDS is an economic development issue. This general principal finds fertile ground among a growing number of political bodies and intellectuals.

Former Congressman Ron Dellums is vigorously pushing a "Marshall Plan for AIDS in Africa." For Dellums, this is a moral crusade. He has been making the rounds in Washington and throughout the country asking, "Will we stand idly by and watch the biggest human tragedy in history, knowing there is much more that can be done? If we do, what will we tell our children?" He recently joined the board of AIDS Action in Washington and plans to invest considerable energy in this fight. His efforts are likely to call for a much more vigorous US response.

Among others in the Congress, there is a shared sense of foreboding that this issue could explode into the American consciousness and onto the political scene at any moment. Both Representative Pelosi and Senator Leahy (ranking Democrats, Foreign Operations Appropriations) are extremely interested in securing new money for our global AIDS program in

FY2000. It was Pelosi who got the $10 million increase for children orphaned by AIDS, and Representatives Kilpatrick and Jackson are also now on the subcommittee and will be pushing hard for more action. Further, Hatch and Kennedy staff accompanied us on this trip, and returned motivated to do something. Hatch has helped to make AIDS a bipartisan issue and his staff is seeking to put together a Republican working group on AIDS in Africa. Finally, while on Rep. Gephardt's Congressional Delegation to India, Representatives McDermott and DeLauro circulated information on AIDS in India, making the case that the AIDS related suffering and instability now gripping Africa will soon hit India, Asia, and the emerging Soviet states. They, too, believe we need to act now to avoid catastrophe.

Recommendations

Throughout our travel in Africa, it was clear that this Administration's "Partnership with Africa" has made hope a reality, even at the village level. Unfortunately, AIDS threatens to decimate this partnership, as it has decimated everything else in its path. To protect and defend this legacy, and the children and families who depend on it, an aggressive AIDS initiative, involving concrete action both here at home and abroad, is needed.

Given the magnitude of the AIDS pandemic and its devastating impact on economic development, trade, regional stability, and civil society in Africa today, and in India tomorrow, the President has directed that we establish a Global AIDS Emergency Working Group to make specific recommendations for an invigorated US response. Areas of consideration will include the following:

- New Funding
- Debt Swap for AIDS
- Consistent and coordinated US response
- Mobilizing other donors
- Promoting African leadership
- Public-private partnerships