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THE WHITE HOUSE

WASHINGTON

JAN 17 1996

MEMORANDUM FOR THE PRESIDENT

THROUGH Carol H. Rasco
Assistant to the President for Domestic Policy

FROM Patricia S. Fleming *PSF*
Director, Office of National AIDS Policy

SUBJECT The Global AIDS Epidemic

Over the past several months, I have participated in two significant international events. I represented the U.S. at a meeting of the governing board for the new United Nations Programme on HIV/AIDS (UNAIDS) and I gave a speech at the 9th International Conference on AIDS and STDs in Africa. On both occasions, I was reminded of the terrible effects of the AIDS epidemic worldwide. This memo is to brief you on these issues and efforts being made to alleviate them.

Scope of the International HIV/AIDS Pandemic

While HIV/AIDS continues to be a serious problem in the U.S., in many developing countries the epidemic is much more advanced. One million people in the U.S. have been infected with HIV; another 18 million people around the world suffer the same fate. Over three-quarters of worldwide HIV infection occurs through heterosexual transmission. At the global level, women and men are affected by HIV in almost equal numbers, usually in the prime of their economically productive years. By the year 2000, experts estimate that as many as 40 million people around the world will be HIV positive. Ninety percent will live in developing countries. Close to five million children will have been orphaned in this decade alone with estimates that the numbers will increase to 15 million worldwide by the year 2000.

Implications for Development

The pandemic's social and economic toll in the developing world is becoming increasingly apparent. As in the U.S., the health care costs for people with HIV/AIDS over the course of their illness is very high. Some countries currently spend one-quarter to one-half of their health budget on AIDS-related care, with studies indicating that this could rise to as much as 80 percent in parts of Africa and Asia by the year 2010. Socio-economic studies have shown decreases in overall domestic savings and investment levels, negative effects on foreign investments, reductions in the volumes of imports and exports, and reduction in receipts from tourism.

MEMORANDUM FOR THE PRESIDENT

Page 2

The epidemic is having serious effects on other areas of society. Industries such as mining and trucking in Southern Africa are already experiencing major labor shortages due to high HIV prevalence among workers. Some countries are reporting evidence of human rights abuses. Organized prostitution rings have been coercing young girls into having unprotected sex resulting in thousands of new infections. Civil strife and war have also resulted in the abuse of women and children including rape, fostering the spread of HIV and isolating individuals from their communities and families. High infection rates among police and military personnel are threatening not only internal and national security but social and political stability.

The Role of the United States

The U.S. has been a major source of bilateral and multilateral funds for international HIV/AIDS activities. The Agency for International Development, the Centers for Disease Control and Prevention and their non-governmental partners, and the National Institutes of Health have provided unparalleled technical assistance to AIDS programs in developing countries since 1986. If U.S. development assistance is reduced by the levels proposed by Congress, I am convinced that it will have a direct and immediate impact on the ability of the world to overcome the challenge of HIV, due not only to the diminished U.S. contribution, but also the political leverage that we bring to bear as a world leader. I am also convinced that important U.S. foreign policy goals including democratization, economic development and peacekeeping may be compromised as the number of AIDS cases worldwide escalates.

UNAIDS

Currently, a major effort towards greater coordination of resources allocated for HIV/AIDS within the UN system is underway. The governing bodies of WHO, UNICEF, UNDP, UNFPA, UNESCO and the World Bank have formed a new, joint and co-sponsored program which became operational on January 1, 1996. UNAIDS will strengthen national capacity through policy development and research, technical support, advocacy and coordination at county, intercounty and global levels. As one of the donor countries providing strong leadership on this new program, the U.S. has an obligation to commit the resources it has promised and see the initiative through. The U.S. is contributing approximately 25 percent of the budget and has provided significant leadership in the shaping of the program. A global appeal will solicit additional support from nontraditional donor countries as well as encourage developing countries to increase contributions from their own national budgets. We have high hopes that this program will make a difference.

Lessons and Challenges

We have learned many valuable lessons in our struggle against HIV/AIDS. We have learned that HIV/AIDS is not "an outbreak, but part of the human condition" according to Dr. Peter Piot, Executive Director of UNAIDS. We have learned that condoms will never be

MEMORANDUM FOR THE PRESIDENT

Page 3

enough; risk behaviors and the circumstances that lead people into them are complicated and dynamic. We have learned that we need to lower the social, cultural, religious and moral constraints on our ability to talk openly about human sexual behavior and raise the low status of women that impedes their capacity to negotiate safe sex with their partners. We have learned that we need to empower women around the world by increasing their access to economic resources and education. We also have learned that we need to end the marginalization and stigmatization of gay men, commercial sex workers, poor people and injecting drug users that limit their access to information, condoms, health care and social support for behavior change.

As the epidemic has progressed, so has our knowledge and understanding about what we need to do to prevent and control its spread. We must continue to build on successes exemplified by USAID's program in Thailand which has seen a decline in infection rates over the past several years. We are working with countries to improve services and education for people with sexually transmitted diseases which has been shown to reduce HIV transmission dramatically.

We have made important gains over the past decade and with your continued support, we can maintain our global leadership in bringing this pandemic to an end.



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

March 22, 1996

The Administrator

Ms. Patsy Fleming
Director
Office of National AIDS Policy
750 17th Street, NW
Suite 600
Washington, DC 20503

Dear Ms. ^{Patsy}Fleming:

This is a follow-up to our telephone conversation earlier this week concerning USAID's budget for HIV/AIDS programs in FY 1996. I must report that we have made no final decisions on a number of Congressional Directives under the Child Survival and Infectious Diseases earmark, including HIV/AIDS.

As you are aware, we have sustained substantial reductions in our FY 1996 budget and are facing a major challenge to the Agency and its leadership in areas of clear priority around the world such as HIV/AIDS.

Overall, our assistance budget was slashed by \$500 million. Absorbing this cut and meeting numerous Congressional Directives will be extremely difficult. Of added concern is the 35% cut Congress imposed on our Family Planning (FP) programs. In the past, the Family Planning account has largely covered the cost of condoms used by both FP and HIV/AIDS programs. With the Congressional mandated cut in family planning funding, we may now be forced to attribute some of the cost of HIV/AIDS program-related condoms to the HIV/AIDS Directive. However, as I said before, no final decisions have been made.

Please be assured of my personal commitment to HIV/AIDS prevention and the continuing commitment of USAID to maintain leadership in the response to the pandemic. I will do everything possible to minimize budget cuts to this vital program.

- 2 -

Since I will be leaving for Africa on Monday, I have asked Mike Feldstein, from my staff, to let you know as soon as we have final HIV/AIDS budget levels for FY 1996.

I very much appreciate your interest and continued support.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brian", followed by a period.

J. Brian Atwood

THE WHITE HOUSE

WASHINGTON

JAN 23 1996

FILE COPY

The Honorable Brian Atwood
Administrator
Agency for International Development
Washington, D.C. 20523

Dear Brian:

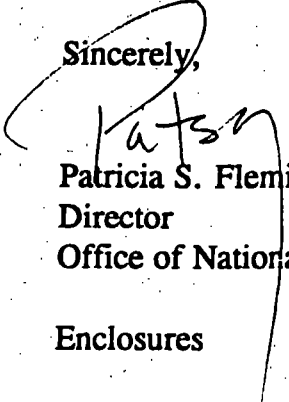
I realize that this is a very difficult time for USAID given the ongoing budget negotiations. We are all hoping that these matters will be resolved soon and that the resolution is satisfactory.

I am writing to express continued support for full funding -- \$121 million -- for the HIV/AIDS program. Over the past several months, I have participated in two significant international events; the governing board meeting for UNAIDS and the 9th International Conference on AIDS and STDs in Africa. On both occasions, I was reminded of the devastating impact this epidemic has had worldwide, and the critical role that your agency has played in leading the world through this crisis.

Full funding for the HIV/AIDS programs would allow us to maintain our strong bilateral activities and partnerships with communities, governments, international agencies and the private and voluntary sector. In addition, it would permit a US contribution of \$25 million to UNAIDS for 1996. As you know, the US led the initiative to create the UNAIDS program and has assumed a key leadership position on the governing board. I am very aware of the political and economic realities of our current environment, however we must also be aware of the global realities. It is important for us to make every effort to keep our commitment to our bilateral agreements, and to UNAIDS, by providing both the technical and financial assistance they need to carry out their HIV/AIDS programs.

I am sending you a copy of remarks made by President Clinton on the occasion of the recent White Conference on HIV and AIDS. We urge your complete support in helping the President fulfill his promises.

Sincerely,



Patricia S. Fleming
Director
Office of National AIDS Policy

Enclosures



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

DEC - 5 1995

The Honorable Brian Atwood
Administrator
Agency for International Development
Washington, D.C. 20523

Dear Brian:

I am writing to urge you to make the full contribution for 1996 to the new UNAIDS program. This U.S. contribution is critically important, not only because the HIV/AIDS epidemic is expanding, but also because it will demonstrate in a concrete way our support for the new UN program. The United States led the initiative to create the new UNAIDS program, both to meet the changing needs of the 1990s and to show our commitment to UN reform. As I wrote to Secretary Christopher in October, the United States must continue its critical investment in this program if it is to succeed.

The \$25 million that AID contributed in 1995 to the World Health Organization's Global Programme on AIDS (GPA) provided essential support for a program that is widely recognized to have had a significant impact on the epidemic. But the need continues. The \$10.5 million that will be transferred from GPA to UNAIDS will help significantly. However, if UNAIDS is to lead an expanded effort to prevent HIV transmission and provide care and support, it must have the resources to do the job.

At its last meeting, the Programme Coordinating Board approved an indicative budget for the 1996-97 biennium of \$120 million. A U.S. contribution of at least \$25 million for 1996 is absolutely essential if UNAIDS is to meet its strategic objectives. I know we can count on your support.

Sincerely,

A handwritten signature in black ink, appearing to be "Donna E. Shalala", with a large, stylized initial "D" and a horizontal line extending to the right.

Donna E. Shalala

National Organizations Responding to AIDS (NORA)
FAX MEMORANDUM

Date: 2 August 1996

To: NORA Coalition members

From: NORA Executive Committee

Re: NORA sign-on letter regarding USAID staff cuts
Deadline: Wednesday, 7 August 1996

Attached, please find the NORA sign-on letter submitted by the NORA International Issues working group expressing concern over the number of staff cuts to the Agency for International Development's Office of HIV/AIDS. The cuts, that will occur over the next few weeks will result in 75 percent loss of AIDS office positions, including that of the Director of Office of AIDS, the NGO Coordinator, and the overall USAID AIDS Policy Coordinator. These cuts will seriously undermine the US effort to halt the rate of HIV infection worldwide. If you would like to sign on to this letter, please fax the attached form to the attention of Gary Rose at AIDS Action Council, 202-986-1345 by **close of business Wednesday, 7 August**.

_____ Yes, I would like to sign on to the NORA letter regarding the USAID Office of AIDS staff cuts

_____ No, I do not wish to sign on to the letter

Organization (please print)

Your name

Please fax this form to: Gary Rose, AIDS Action Council, 202-986-1345

DRAFT NORA LETTER REGARDING AID'S OFFICE OF HIV/AIDS

8 August 1996

**President William J. Clinton
The White House
Washington, DC**

Mr. President

We the undersigned members of the National Organizations Responding to AIDS (NORA) coalition, are writing to express our concern that staff vacancies in the Agency for International Development Office of HIV/AIDS threaten to incapacitate US global AIDS programs.

As you know the World Health Organization (WHO) estimates that by the year 2000, over 40 million people will have become infected with HIV worldwide—a 100% increase over the 20,000,000 infected during the first fifteen years of the pandemic. Ninety percent of these infections are occurring in the developing world, mainly through heterosexual transmission. Half of all new infections occur among women, especially those under the age of twenty-five. In some urban areas of the hardest-hit countries, up to 30% of the sexually-active population now lives with HIV. This an unprecedented world crisis.

We believe that AIDS activities outside the US are of importance to America. Americans understand the horror of AIDS and the human suffering behind the WHO statistics. We have witnessed the devastation of this disease in our families, our communities, and our nation. If we can help prevent other people from undergoing this horror then we should do so.

In addition, Americans benefit from the international coordination of research, the sharing of prevention lessons from around the world, and the protection of the basic human rights of people living with HIV/AIDS.

Therefore we are troubled that many of the AIDS specific positions at the Agency for International Development—including the Director of the Office of AIDS, the Coordinator of NGO Programs, and the AIDS Policy Coordinator—will become vacant in the next several weeks. Soon a full 75% of the AIDS office positions will be empty. Further we have been informed by the agency that these positions may remain unfilled indefinitely.

It would be disastrous for US global AIDS programs to become leaderless and understaffed at this time. Three reasons stand out:

- 1. USAID is in the process of redesigning its core AIDS program—the AIDS technical Support Project which is the largest bilateral AIDS program in the world.**
- 2. UNAIDS—the new joint and cosponsored AIDS program of the United Nations—was just brought into existence by the US and other countries at the beginning of this**

year.

3. Scientific advances on both care and prevention, including those reported at the recent International Conference on AIDS in Vancouver, need to be incorporated into US global AIDS programs.

For over a decade the US has provided innovative leadership in response to the HIV pandemic such as in the creation of the Global Program on AIDS and more recently UNAIDS. This leadership has increasingly included lessons generated from our domestic AIDS response—to emphasize the inclusion of community based groups and people from affected communities including people with living with HIV. Much of the US vision was reflected in the 1994 Paris AIDS Summit Declaration which was signed on your behalf by Secretary Shalala. The seven global AIDS initiatives agreed to in this document are only now beginning.

Clearly Mr. President, now is not the time for USAID to allow its Office of HIV/AIDS to become vacant. Instead this is a time for US leadership to be expanded and for advances in care and prevention to be fully utilized. We urge that the vacant AIDS specific positions with USAID be filled immediately with personnel expert in global AIDS issues.

Thank you for your attention to this letter.

Sincerely,



Global AIDS Action Network

1931 13th Street N.W. Washington D.C. 20009 202-667-6300 202-483-1135-Fax globalaids@aol.com

To: Brian Atwood
Administrator--Agency for International Development

From: Regina Aregon--San Francisco AIDS Foundation
- Paul Boneberg--Global AIDS Action Network
Margaret Pruitt Clark--Advocates for Youth
Jeff Crowley--National Association of People with AIDS
Mary Guinn Delaney--National Council for International Health
Harold Phillips--National Minority AIDS Council
Gary Rose--AIDS Action Council
Winnie Stachelberg--Human Rights Campaign

RE: Meeting Request About Proposed Cuts in Global AIDS Programs

Date: April 1, 1996

We are writing to express our concern over the large cuts proposed in FY 96 and 97 global AIDS programs and to seek a meeting with you regarding this issue. We write on our own behalf and as members of National Organizations Responding to AIDS (NORA) Coalition's International Issues Working Group.

As we understand the figures released by the National AIDS Policy Office last week 1996 AID AIDS expenditures would drop to \$111,000,000. This represents a significant reduction. Moreover we understand that because the population account is eliminating the contribution of condoms an additional \$10,000,000 to \$25,000,000 of the proposed \$111,000,000 will need to be redirected for condom purchase. (In 1994 AID included \$23,000,000 in condoms as part of its total county obligations for HIV/AIDS programs of \$136,000,000.) We are concerned as to which elements of the existing global AIDS programs will be reduced or eliminated if these cuts go into effect.

Of even greater concern is the figure of \$97,000,000 for total AID AIDS expenses for FY 97. Not only is this another large cut--it is made in the context of the President's request for an overall increase of \$400,000,000 in development assistance this same year. Given the strong leadership of the administration on global AIDS policy it is startling that the President would propose that global AIDS programs be reduced 15% while overall assistance is increased 5%.

Administrator Atwood, no one knows better than you that this is critical time for global AIDS programs. The pandemic is expected to double in four years. The US has successfully launched the new UN AIDS program. And the basis of the US global response--the AIDS Technical Support Project is being redesigned. How these efforts can continue if these proposed cuts occur is not clear to us.

Therefore we request a meeting at your earliest convenience. Please contact Paul Boneberg at GAAN (202-667-6300) confirm the details.



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

February 14, 1996

The Administrator

Ms. Patricia S. Fleming
Director
Office of National AIDS Policy
The White House
750 17th Street, N.W.
Suite 600
Washington, DC 20503

Dear Patsy:

Thank you for your letter of January 23, 1996, sharing your concerns about the HIV/AIDS pandemic and underlining the importance of our continued international support. Let me assure you that I fully share those concerns. The United States, largely through the efforts of the U.S. Agency for International Development (USAID), has been at the forefront of the struggle to control this pandemic worldwide and we must continue to be a leader. This means sustaining our own activities and supporting those of UNAIDS. In light of this, we will do all we can to safeguard the funding level for the HIV/AIDS activities we support.

I also want to thank you for including a copy of President Clinton's remarks delivered to the White House Conference on HIV and AIDS. I am aware of USAID's participation in this historic conference, and I applaud and support the important work that you and the President are undertaking. Please be assured of my continuing support, as we all redouble our efforts to effectively respond to the pandemic.

If I can provide you with further information, please let me know.

Sincerely,


J. Brian Atwood

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G 2579

Date Rcvd: 2-20-96

From: J. Brian Atwood

USAID

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: PF

RCVD: _____ DONE: _____

Copy for
Latterman

Recommendations/Instructions:

To Support Staff: _____

Date of Response: _____

Office of
National AIDS Policy

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Please be assured of my personal commitment to HIV/AIDS prevention and the continuing commitment of USAID to maintain leadership in the response to the pandemic. I will do everything possible to minimize budget cuts to this vital program.

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J. Brian Atwood

DRAFT

→ Patsy Fleming

from David Holman

The Honorable Brian Atwood
Administrator
Agency for International Development
Washington, D.C. 20523

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The \$25 million that AID contributed in 1995 to the World Health Organization's Global Programme on AIDS (GPA) provided essential support for a program that is widely recognized to have had a significant impact on the epidemic. But the need continues. The \$10.5 million that will be transferred from GPA to UNAIDS will help significantly. However, if UNAIDS is to lead an expanded effort to prevent HIV transmission and provide care and support, it must have the resources to do the job.

At its last meeting, the Programme Coordinating Board approved an indicative budget for the 1996-97 biennium of \$120 million. A U.S. contribution of at least \$25 million for 1996 is absolutely essential if UNAIDS is to meet its strategic objectives. I know we can count on your support.

Sincerely,

Donna E. Shalala

David
690-613



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

DEC - 5 1995

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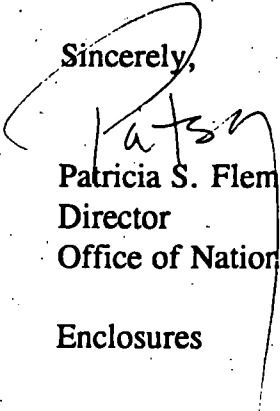
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Sincerely,



Patricia S. Fleming
Director
Office of National AIDS Policy

Enclosures

MEMORANDUM FOR THE PRESIDENT

THROUGH Carol Rasco
FROM Patsy Fleming
SUBJECT The Global AIDS Epidemic

DRAFT

Revision w/USAD's comments

~~attended~~ ^{is}
~~Recently returned from a meeting of the governing board for the United Nations Programme on HIV/AIDS (UNAIDS), a new program cosponsored by several UN agencies including UNICEF and the World Bank. Carol Rasco suggested that I inform you about the terrible effect of the AIDS epidemic worldwide and efforts being made by the new UN program to alleviate it.~~

*revised
This memo is to brief you on*

Spell out

Scope of the International HIV/AIDS Pandemic

While HIV/AIDS continues to be a serious problem in the US, in many developing countries the epidemic is much more advanced. One million people in the US have been infected with HIV; another 18 million people around the world suffer the same fate. Over three quarters ^{of world} of HIV infection around the world occurs through heterosexual transmission. At the global level, women and men are affected by HIV in almost equal numbers, usually in the prime of their economically productive years. By the year 2000, experts estimate that as many as 40 million people around the world will be HIV positive. Ninety percent will live in developing countries. Close to 5 million children will have been orphaned in this decade alone with estimates that the numbers will increase to 15 million worldwide by the year 2000.

Implications for Development

The pandemic's social and economic toll in the developing world is becoming increasingly apparent. As in the US, the health care costs for people with HIV/AIDS over the course of their illness is very high. Some countries currently spend one-quarter to one-half of their health budget on AIDS-related care, with studies indicating that this could rise to as much as eighty percent in parts of Africa and Asia by the year 2010. Socio-economic studies have shown decreases in overall domestic savings and investment levels, negative effects on foreign investments, reductions in the volumes of imports and exports, and reduction in receipts from tourism.

The epidemic is having serious effects on other areas of society. Industries such as mining and trucking in Southern Africa are already experiencing major labor shortages due to high HIV prevalence among workers. Some countries are reporting evidence of human rights abuses. Organized prostitution rings have been coercing young girls into having unprotected sex resulting in thousands of new infections. Civil strife and war have also resulted in the abuse of women and children including rape, fostering the spread of HIV and isolating individuals from their communities and families. High infection rates among police and military personnel are threatening not only internal and national security but social and

political stability.

The Role of the United States

The US has been a major source of bilateral and multilateral funds for international HIV/AIDS activities. The US Agency for International Development, the Centers for Disease Control and Prevention and their non-governmental partners, and the National Institutes of Health have provided unparalleled technical assistance to AIDS programs in developing countries since 1986. If US development assistance is reduced by the levels proposed by Congress, I am convinced that it will have a direct and immediate impact on the ability of the world to overcome the challenge of HIV, due not only to the diminished US contribution, but also the political leverage that we bring to bear as a world leader. I am also convinced that important US foreign policy goals including democratization, economic development and peacekeeping may be compromised as the number of AIDS cases worldwide escalates.

UNAIDS

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Lessons and Challenges

Though a vaccine is still far off, we have learned many valuable lessons in our struggle against HIV/AIDS. We have learned that HIV/AIDS is not "an outbreak, but part of the human condition" according to Dr. Peter Piot, Executive Director of UNAIDS. We have learned that condoms will never be enough; risk behaviors and the circumstances that lead people into them are complicated and dynamic. We have learned that we need to lower the social, cultural, religious and moral constraints on our ability to talk openly about human sexual behavior and raise the low status of women that impedes their capacity to negotiate safe sex with their partners. We have learned that we need to empower women around the world by increasing their access to economic resources and education. We also have learned that we need to end the marginalization and stigmatization of gay men, commercial sex workers, poor people and injecting drug users that limit their access to information, condoms, health care and social support for behavior change.

As the epidemic has progressed, so has our knowledge and understanding about what we need to do to prevent and control its spread. We must continue to build on successes exemplified by USAID's program in Thailand which has seen a decline in infection rates over the past several years. We are working with countries to improve services and education for people with Sexually Transmitted Diseases which has been shown to dramatically reduce HIV transmission.

We have made important gains over the past decade and with your continued support, we can maintain our global leadership in bringing this pandemic to an end.

THE WHITE HOUSE

WASHINGTON

November 29, 1995

MEMORANDUM FOR THE PRESIDENT
THROUGH Carol Rasco
FROM Patsy Fleming *Patsy*
SUBJECT The Global AIDS Epidemic

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AGENCY FOR INTERNATIONAL DEVELOPMENT

WASHINGTON, D.C. 20523

ASSISTANT
ADMINISTRATOR

NOV 29 1995

MEMORANDUM

FROM: AA/G, Sally Shalton 
TO: NAPO, Patsy Fleming
SUBJECT: AIDS in the World

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Contradicts
other
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I think the discussion on human rights violations is important but I would be concerned with the identification of specific countries (eg. Thai police and Rwandan soldiers). Perhaps a more general statement such as, "Human rights issues are intertwined with the pandemic. Organized prostitution rings coerce young girls into having unprotected sex resulting in thousands of new infections, and ensuring the continued spread of the virus."

Civil strife and war also result in abuse of women and children including rape, which fosters the spread of HIV and isolates individuals from their communities and families. The discussion of the UN Peace Keeping forces might be better cast as a discussion of the threat of HIV/AIDS to social and political stability, particularly when some countries are facing levels of HIV infection within military and police factions as high as 50 and 60 percent.

One additional point in your paragraph about UNAIDS; it would be illustrative of our "strong leadership" to note that we are not only contributing approximately 25 percent of the working budget to the program, but also USAID has exercised significant leadership in the shaping of UNAIDS. In addition, the Chair of the PCB happens to be a USAID official.

In the final section, the reference to "outbreak" seems too cryptic and could be developed to discuss the idea that unlike many epidemics of the past, HIV/AIDS is now part of the human condition that will be with us for the foreseeable future. We must learn to deal with it for this and future generations. You may want to incorporate into your conclusion some of the ideas about tolerance and the lowering of constraints and the empowerment of women and marginalized populations into the context of HIV/AIDS as part of the "new" human condition.

I do think a brief para needs to be added laying out what we are doing (the first part of the memo articulately describes the magnitude of the problem). I suggest the following, perhaps after the last paragraph:

"In addition, we must continue the successful programs aimed at prevention and education being carried out around the world by USAID. These have contributed to a decline in infection rates in some countries, such as Thailand. Also, we are learning that treatment of Sexually Transmitted Diseases can reduce HIV transmissions dramatically. In sum, results are beginning to be achieved though the road ahead is a long one."

I hope you find these comments useful; and please do not hesitate to contact me or my staff if you have further questions.

ANNOUNCEMENT OF IX INTERNATIONAL CONFERENCE
ON AIDS AND STDs IN AFRICA

**SECRETARIAT for
the IXth International Conference on AIDS
& STDs in Africa
P.O. Box 3935
Kampala
Uganda**

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PROF. R. MUMERWA, *Vice President*
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SECRETARIAT

The IXth International Conference
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P.O. Box 3935
Kampala
Uganda

Fax: 256 - 42 - 20600

IXth INTERNATIONAL
CONFERENCE ON

**AIDS
&
STDs in
AFRICA**

FIRST ANNOUNCEMENT



IXth INTERNATIONAL CONFERENCE ON AIDS & STDs IN AFRICA

10 - 14 December, 1995

**KAMPALA
UGANDA**

27th April 1994.

The 10th International Conference on AIDS and STD's in Africa will be held on 10th - 14th Dec. 1995 in Kampala, Uganda

I take this opportunity to invite you all to attend this important Conference, in the heart of Africa. The organizing committee has already started preparations to develop a programme that will prove interesting and fruitful.

The AIDS scourge is a serious threat to mankind and continues to spread. The major scientific and medical challenges remain, to which has been added the socio-economic consequences in many countries. Sub-Saharan Africa is experiencing a disproportionately high level of the epidemic, which is causing great human suffering. Uganda is one of those countries going through these experiences.

We invite you to come and share with us our experiences and that of our continent. The conference will focus on "Challenges & Hopes" in the fight against AIDS. This conference should enable us to promote the exchange of new ideas and new findings in a broad range of areas including epidemiology, medical science and social science.

I have no doubt that the outcome of this Conference will enable us develop better and more realistic solutions to contain this pandemic.

You are Welcome



DR. SAM LOMWARE
CHAIRMAN OF THE 10TH
INTERNATIONAL CONFERENCE ON
AIDS AND STD'S IN AFRICA

Date: December 10 - 14, 1995

Venue: International Conference Centre, Kampala

Organizer Organizing Committee for the 10th
International Conference on AIDS &
STDs in Africa

Sponsors World Health Organization
International AIDS Society
European Economic Community
Uganda Government

Exhibitions Booths will be provided for all types of exhibi-
tions at a cost. Details will be made available
on request

**Second
Announcement** Further details, including registration, call for
abstracts, information on accommodation,
and travel will be made available in a second
announcement around Sept. 1994. Those
who wish to receive this announcement are
requested to fill out the attached preliminary
registration form and mail it to the secretariat.

Preliminary Registration Form

Please use a typewriter or block letters.

Name in full: Dr. Sam Lomware

Full Mailing Address: Dr. Sam Lomware

Dr. Sam Lomware

Dr. Sam Lomware

Dr. Sam Lomware

Dr. Sam Lomware

Dr. Sam Lomware

Dr. Sam Lomware

☒ I plan to attend. Please send further information.

☐ I am interested in presenting a paper.

☐ I am considering participating in the exhibition(s) checked below

☐ Commercial Exhibition ☐ Non-commercial Exhibition

Tick all that applies

MEMORANDUM FOR THE PRESIDENT

THROUGH Carol Rasco
FROM Patsy Fleming
SUBJECT The Global AIDS Epidemic

not sent

Over the past several months, I have participated in two significant international events; a meeting of the governing board for the new United Nations Programme on HIV/AIDS (UNAIDS) and the 9th international conference on AIDS and STDS in Africa. On both occasions, I was reminded of the terrible effects of the AIDS epidemic worldwide. This memo is to brief you on these issues and efforts being made to alleviate them.

Scope of the International HIV/AIDS Pandemic

While HIV/AIDS continues to be a serious problem in the US, in many developing countries the epidemic is much more advanced. One million people in the US have been infected with HIV; another 18 million people around the world suffer the same fate. Over three quarters of worldwide HIV infection occurs through heterosexual transmission. At the global level, women and men are affected by HIV in almost equal numbers, usually in the prime of their economically productive years. By the year 2000, experts estimate that as many as 40 million people around the world will be HIV positive. Ninety percent will live in developing countries. Close to 5 million children will have been orphaned in this decade alone with estimates that the numbers will increase to 15 million worldwide by the year 2000.

Implications for Development

The pandemic's social and economic toll in the developing world is becoming increasingly apparent. As in the US, the health care costs for people with HIV/AIDS over the course of their illness is very high. Some countries currently spend one-quarter to one-half of their health budget on AIDS-related care, with studies indicating that this could rise to as much as eighty percent in parts of Africa and Asia by the year 2010. Socio-economic studies have shown decreases in overall domestic savings and investment levels, negative effects on foreign investments, reductions in the volumes of imports and exports, and reduction in receipts from tourism.

The epidemic is having serious effects on other areas of society. Industries such as mining and trucking in Southern Africa are already experiencing major labor shortages due to high HIV prevalence among workers. Some countries are reporting evidence of human rights abuses. Organized prostitution rings have been coercing young girls into having unprotected sex resulting in thousands of new infections. Civil strife and war have also resulted in the abuse of women and children including rape, fostering the spread of HIV and isolating individuals from their communities and families. High infection rates among police and military personnel are threatening not only internal and national security but social and

political stability.

The Role of the United States

The US has been a major source of bilateral and multilateral funds for international HIV/AIDS activities. The US Agency for International Development, the Centers for Disease Control and Prevention and their non-governmental partners, and the National Institutes of Health have provided unparalleled technical assistance to AIDS programs in developing countries since 1986. If US development assistance is reduced by the levels proposed by Congress, I am convinced that it will have a direct and immediate impact on the ability of the world to overcome the challenge of HIV, due not only to the diminished US contribution, but also the political leverage that we bring to bear as a world leader. I am also convinced that important US foreign policy goals including democratization, economic development and peacekeeping may be compromised as the number of AIDS cases worldwide escalates.

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Currently, a major effort towards greater coordination and rationalization of resources allocated for HIV/AIDS within the UN system is underway. The governing bodies of WHO, UNICEF, UNDP, UNFPA, UNESCO and the World Bank have formed a new, joint and co-sponsored program which became operational on January 1, 1996. UNAIDS will strengthen national capacity through policy development and research, technical support, advocacy and coordination at county, intercounty and global levels. As one of the donor countries providing strong leadership on this new program, the US has an obligation to commit the resources it has promised and see the initiative through. The US is contributing approximately 25 percent of the working budget and has provided significant leadership in the shaping of the program. A global appeal will solicit additional support from nontraditional donor countries as well as encourage developing countries to increase contributions from their own national budgets. We have high hopes that this program will make a difference.

Lessons and Challenges

Though a vaccine is still far off, we have learned many valuable lessons in our struggle against HIV/AIDS. We have learned that HIV/AIDS is not "an outbreak; but part of the human condition" according to Dr. Peter Piot, Executive Director of UNAIDS. We have learned that condoms will never be enough; risk behaviors and the circumstances that lead people into them are complicated and dynamic. We have learned that we need to lower the social, cultural, religious and moral constraints on our ability to talk openly about human sexual behavior and raise the low status of women that impedes their capacity to negotiate safe sex with their partners. We have learned that we need to empower women around the world by increasing their access to economic resources and education. We also have learned that we need to end the marginalization and stigmatization of gay men, commercial sex workers, poor people and injecting drug users that limit their access to information, condoms, health care and social support for behavior change.

As the epidemic has progressed, so has our knowledge and understanding about what we need to do to prevent and control its spread. We must continue to build on successes exemplified by USAID's program in Thailand which has seen a decline in infection rates over the past several years. We are working with countries to improve services and education for people with sexually transmitted diseases which has been shown to reduce HIV transmission dramatically.

We have made important gains over the past decade and with your continued support, we can maintain our global leadership in bringing this pandemic to an end.

THE WHITE HOUSE

WASHINGTON

November 29, 1995

Version 1

MEMORANDUM FOR THE PRESIDENT

THROUGH

Carol Rasco

FROM

Patsy Fleming *Patsy*

SUBJECT

The Global AIDS Epidemic

2 important

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Version 1
A: /presmemo

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Through: Carol Rasco

Subject: The Global AIDS Epidemic

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PANAFAX

TO: Ms. Pasty Fleming
ORGANIZATION: NAPO
FAX # : (202) 632-1096
TELEPHONE: (202) 632-1090

FROM: Ms. Sally Shelton
OFFICE: AAA/G/PHN
FAX # (703) 875-4693 or (703) 875-4412
TELEPHONE: (703) 875-4708
DATE: November 29, 1995

NUMBER OF PAGES (INCLUDING COVER SHEET) 3

<u> </u> As Requested	<u> </u> For Your Information
<u> </u> For Clearance	<u> </u> For Comment
<u> </u> Per Conversation	<u> </u> Per Memorandum

Message:

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

ASSISTANT
ADMINISTRATOR

NOV 29 1995

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FROM: AA/G, Sally Shelton 
TO: NAPO, Patsy Fleming
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- 2 -

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I do think a brief para needs to be added laying out what we are doing (the first part of the memo articulately describes the magnitude of the problem). I suggest the following, perhaps after the last paragraph:

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WASHINGTON

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I recently returned from a meeting of the governing board for UNAIDS, a new program cosponsored by several UN agencies including UNICEF, UNESCO, UNDP and the World Bank. Carol Rasco suggested that I inform you about the terrible effect of the AIDS epidemic worldwide and efforts being made by the new UN program to alleviate it.

Scope of the International HIV/AIDS Pandemic

While HIV/AIDS continues to be a serious problem in the US, in many developing countries the epidemic is much more advanced. One million people in the US have been infected with HIV; another 18 million people around the world suffer the same fate. Over three quarters of HIV infection around the world occurs through heterosexual transmission. At the global level, women and men are affected by HIV in almost equal numbers, usually in the prime of their economically productive years. By the year 2000, experts estimate that as many as 40 million people around the world will be HIV positive. Ninety percent will live in developing countries. Close to 5 million children will have been orphaned in this decade alone with estimates that the numbers will increase to 15 million worldwide by the year 2000.

Implications for Development

The pandemic's social and economic toll in the developing world is becoming increasingly apparent. As in the US, the health care costs for people with HIV/AIDS over the course of their illness is very high. Some countries currently spend one-quarter to one-half of their health budget on AIDS-related care, with studies indicating that this could rise to as much as eighty percent in parts of Africa and Asia by the year 2010. Families with sick relatives will bear the burden of years of lost productivity and income. In some Asian countries, these indirect costs are projected to be almost fourteen times as high as the epidemic's direct health care costs.

In addition to fragile and ill-equipped health care systems overwhelmed with AIDS patients, in the hardest-hit countries, the epidemic is having serious effects on other areas of society. Industries such as mining and trucking in Southern Africa are already experiencing major labor shortages due to high HIV prevalence among workers. There is evidence of human rights abuses. For example, Thai police have been involved in the forced trafficking of Burmese girls into Thailand,

an activity involving around 30,000 girls, fifty to seventy percent of whom become HIV-positive. In Rwanda, evidence is emerging that HIV has been used as a weapon of war with women being deliberately captured and taken to HIV positive soldiers to be raped. In some African countries, high infection rates among police and military personnel threaten internal and national security. UN-led peacekeeping operations will become increasingly affected as some countries find it difficult to supply healthy troops.

The Role of the United States

The US has been a major source of bilateral and multilateral funds for international HIV/AIDS activities. The US Agency for International Development, the Centers for Disease Control and Prevention and their non-governmental partners, and the National Institutes of Health have provided unparalleled technical assistance to AIDS programs in developing countries since 1986. If US development assistance is reduced by the levels proposed by Congress, I am convinced that it will have a direct and immediate impact on the ability of the world to overcome the challenge of HIV, due not only to the diminished US contribution, but also the political leverage that we bring to bear as a world leader. I am also convinced that important US foreign policy goals including democratization, economic development and peacekeeping may be compromised as the number of AIDS cases worldwide escalates.

UNAIDS

Currently, a major effort towards greater coordination and rationalization of resources allocated for HIV/AIDS within the UN system is underway. The governing bodies of WHO, UNICEF, UNDP, UNFPA, UNESCO and the World Bank have formed a new, joint and co-sponsored program which will become operational on January 1, 1996. UNAIDS will strengthen national capacity through policy development and research, technical support, advocacy and coordination at country, intercountry and global levels. As one of the donor countries providing strong leadership on this new program, the US has an obligation to commit the resources it has promised and see the initiative through. A global appeal will solicit additional support from nontraditional donor countries as well as encourage developing countries to increase contributions from their own national budgets. We have high hopes that this program will make a difference.

Lessons and Challenges

Though a vaccine is still far off, we have learned many valuable lessons in our struggle against HIV/AIDS. We have learned that HIV/AIDS is not "an outbreak", according to Dr. Peter Piot, Executive Director of UNAIDS. We have learned that condoms will never be enough; risk behaviors and the circumstances that lead people into them are complicated and dynamic. We have learned that we need to lower the social, cultural, religious and moral constraints on our ability to talk openly about human sexual behavior and raise the low status of women that impedes their capacity to negotiate safe sex with their partners. We also have learned that we need to end the marginalization and stigmatization of gay men, commercial sex workers, poor people, injecting drug users, women and youth that limit their access to information, condoms, health care and social support for behavior change.

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090

Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Carol Rasco

FAX NUMBER: 456 - 2878

FROM: Patsy Fleming

DATE: 11/29/95

PAGES INCLUDING COVER SHEET: 3

COMMENTS:

Memo on the Global AIDS situation

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

ASSISTANT
ADMINISTRATOR

NOV 29 1995

MEMORANDUM

FROM: AA/G, Sally Shelton 
TO: NAPO, Patsy Fleming
SUBJECT: AIDS in the World

Thank-you for the opportunity to comment on this memorandum for the President and congratulations on capturing some of the essential elements important to his understanding of the international situation. I do have a few suggestions which might help to make the case stronger for continued U.S. support to this critical area.

First, by way of detail, I would spell out the United Nations Programme on HIV/AIDS (UNAIDS) the first time it appears; and after the word "cosponsored" simply list UNICEF, UNDP, UNESCO, UNFPA and the World Bank without reference to "several UN agencies", which leaves the impression that there are other UN participants not listed.

In a more substantive vein, the last two sentences of paragraph three which begins with, "The pandemic..." would be stronger if the discussion included economic and infrastructure impact on countries and/or communities; for example: World Bank economists project that over the next 15 years, the size of the Tanzanian economy could be 14 to 24 percent smaller than it would have been in the absence of AIDS; Other studies indicate that HIV/AIDS could reduce Kenya's gross domestic product by 14 percent within ten years, with per capita income declining by as much as 9 percent. The discussion of indirect costs may be a bit too unclear for your purposes in this memorandum. I would also expand the discussion beyond impact on healthcare infrastructure and healthcare costs to underline the point that the effects of the pandemic go well beyond the traditional health sector. 700

I think the discussion on human rights violations is important but I would be concerned with the identification of specific countries (eg. Thai police and Rwandan soldiers). Perhaps a more general statement such as, "Human rights issues are intertwined with the pandemic. Organized prostitution rings coerce young girls into having unprotected sex resulting in thousands of new infections, and ensuring the continued spread of the virus."

Civil strife and war also result in abuse of women and children including rape, which fosters the spread of HIV and isolates individuals from their communities and families. The discussion of the UN Peace Keeping forces might be better cast as a discussion of the threat of HIV/AIDS to social and political stability, particularly when some countries are facing levels of HIV infection within military and police factions as high as 50 and 60 percent.

One additional point in your paragraph about UNAIDS; it would be illustrative of our "strong leadership" to note that we are not only contributing approximately 25 percent of the working budget to the program, but also USAID has exercised significant leadership in the shaping of UNAIDS. In addition, the Chair of the PCB happens to be a USAID official.

In the final section, the reference to "outbreak" seems too cryptic and could be developed to discuss the idea that unlike many epidemics of the past, HIV/AIDS is now part of the human condition that will be with us for the foreseeable future. We must learn to deal with it for this and future generations. You may want to incorporate into your conclusion some of the ideas about tolerance and the lowering of constraints and the empowerment of women and marginalized populations into the context of HIV/AIDS as part of the "new" human condition.

I do think a brief para needs to be added laying out what we are doing (the first part of the memo articulately describes the magnitude of the problem). I suggest the following, perhaps after the last paragraph:

"In addition, we must continue the successful programs aimed at prevention and education being carried out around the world by USAID. These have contributed to a decline in infection rates in some countries, such as Thailand. Also, we are learning that treatment of Sexually Transmitted Diseases can reduce HIV transmissions dramatically. In sum, results are beginning to be achieved though the road ahead is a long one."

I hope you find these comments useful; and please do not hesitate to contact me or my staff if you have further questions.

Tell con Paul Bon-

7/30/76

Felosi did like to fill positions

NORA is doing an N60 sign on

lkr - positions have to be filled

- Want mtg to facilitate the

President's ~~AAA~~ attention to this

issue. Want conversation to

do this w/ Patsy

Will send lkr requesting contact

7/22/96

(Gayle, Buzz)
DG & DO say ² positions will remain vacate indefinitely because no one inside is qualified & prohibited from hiring from the outside

USAD no longer will fill H. Feldstein's because of the agency wide commitment

Request a conversation w/ PF

What are the options?

- Slowing the process of the RFP
- Transitioning
- Weighing in w/ people to respond
- Would the WH involve themselves

- #
- DOT agreed to meet w/ NMAC to discuss lessons w/o Borders

Check on
this Monday
— AM



Global AIDS Action Network

1931 13th Street N.W. Washington D.C. 20009 202-667-6300 202-483-1135-Fax globalaids@aol.com

To: Duff Gillespie
Deputy Assistant Administrator
USAID Center for Population, Health, and Nutrition

From: Paul Boneberg
Global AIDS Action Network
NORA International Issues Working Group

RE: Our Meeting on Friday, July 19

Date: July 15, 1996

Dr. Gillespie--

This note is to finalize the specifics of our meeting this coming Friday. Although I have spoken several times to your assistant Betty it seems best to clarify the details in writing as our original correspondence dates from April and May.

I have notified the members of the International Issues Working Group of the NORA AIDS Coalition of our meeting at 2 PM on Friday, July 19. I understand that this meeting will be in your office at 1601 North Kent room 709.

There are approximately 15 organizational members of the Working Group, but I expect less than ten will be able to attend. Confirmed as of today are:

- National Minority AIDS Council
- AIDS Action Council
- National Association of People with AIDS
- American Bar Association
- American Red Cross
- International Center for Research on Women
- Global AIDS Action Network

I will fax a final list of attendees to your office on Thursday.

Two major issues have prompted this meeting request and we hope to address them in some depth. I review below my understanding of the concerns of members of the Working Group.

1. The redesign of the AIDS Technical Support Project

1. A. Over the last several years organizations that are primarily domestic AIDS service providers have established links with like organizations in other nations. One aspect of this linkage that has been found to be highly beneficial is the exchange of skills building knowledge.

As you know this has been supported in a project-by-project manner via the AIDSCAP project and by some USAID field missions. It is our hope that the new technical support project will build upon this these successful projects to created a small, but on-going program element to facilitate the exchange of skills between domestic and non-US NGOs. We view this as a direct application of the "Lessons Without Borders" concept to global AIDS programs.

1. B. As you know the expiring ATSP focused almost exclusively on prevention programs. We understand that this will continue to be the focus of USAID's program activity, however we believe that a care component must be included.

2. Personnel Changes

We believe strongly that the positions now becoming vacant within the Office of HIV/AIDS must be filled immediately with individuals expert in global AIDS issues.

Further USAID some years ago made a commitment to create a high level position for AIDS Policy Coordination. This position has been held by Michael Feldstein as an assistant to the Deputy Administrator. We are concerned as to the future of this position after Mr. Feldstein departs this fall.

Thank you for your attention to this memo. I look forward to seeing you on Friday.

cc--NORA attendees

--Patsy Fleming



Global AIDS Action Network

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Thank you for your attention to this memo. I look forward to seeing you on Friday.

cc--NORA attendees

--Patsy Fleming

Increases in AIDS-related Spending: FY 1993 v. FY 1997

(in thousands)

Program	FY93 Budget (Bush Administration)	FY97 Clinton Budget	% change compared to FY93
HRSA	\$390,341	\$900,685*	+131%
<i>Ryan White CARE</i>	<i>(\$348,013)</i>	<i>(\$872,465)*</i>	<i>+151%</i>
<i>Title I</i>	<i>(\$184,757)</i>	<i>(\$423,943)</i>	<i>+129%</i>
<i>Title II</i>	<i>(\$115,288)</i>	<i>(\$349,954)*</i>	<i>+204%</i>
<i>Title IIIB</i>	<i>(\$47,968)</i>	<i>(\$64,568)</i>	<i>+35%</i>
<i>Title IV^a</i>		<i>(\$34,000)</i>	<i>+55%</i>
IHS	\$3,303	\$3,847	+16%
CDC	\$498,263	\$616,981	+24%
NIH	\$1,071,457	\$1,431,908	+34%
Total, HHS, Discretionary	\$2,079,191	\$3,047,592	+47%

*This reflects a budget amendment of \$65 million for the AIDS Drug Assistance Program.

^aThe HRSA pediatric demonstration projects were not incorporated into Title IV until FY94 at \$22 million.

AIDS Spending: Health and Human Services Discretionary Programs
(in thousands)

Program	FY93	FY94	FY95	FY96	FY97 Pres. Budget	Change compared to FY96
FDA	\$72,628	\$72,399	\$72,745	\$72,745	\$72,745	...
HRSA	\$390,341	\$607,796	\$661,185	\$763,526	\$900,685*	+18%
<i>Ryan White CARE</i>	(\$348,013)	(\$579,365)	(\$632,965)	(\$738,465)	(\$872,465)*	+18%
<i>Title I</i>	(\$184,757)	(\$325,500)	(\$356,500)	(\$391,700)	(\$423,943)	+8%
<i>Title II</i>	(\$115,288)	(\$183,897)	(\$198,147)	(\$260,847)	(\$349,954)*	+34%
<i>Title IIIB</i>	(\$47,968)	(\$47,968)	(\$52,318)	(\$56,568)	(\$64,568)	+14%
<i>Title IV^a</i>		(\$22,000)	(\$26,000)	(\$29,000)	(\$34,000)	+17%
<i>Other HRSA AIDS</i>	(\$42,328)	(\$28,431)	(\$28,220)	(\$25,061)	(\$28,220)	+13%
IHS	\$3,303	\$3,556	\$3,637	\$3,660	\$3,847	+5%
CDC	\$498,263	\$543,253	\$588,731	\$583,433	\$616,981	+6%
NIH	\$1,071,457	\$1,296,471	\$1,333,875	\$1,407,824	\$1,431,908	+2%
SAMHSA ^b	\$25,656	\$27,320	\$24,095	\$14,300	\$11,939	-17%
AHCPR	\$9,824	\$10,624	\$9,084	\$6,634	\$4,755	-28%
OHAP/OMH/OCR	\$7,930	\$7,503	\$6,046	\$4,523	\$4,732	+5%
Total, HHS	\$2,079,191	\$2,568,922	\$2,699,398	\$2,856,645	\$3,047,592	+7%

*This reflects a \$65 million budget amendment for the AIDS Drug Assistance Program

^aThe HRSA pediatric demonstration projects were not incorporated into Title IV until FY94 at \$22 million.

^bThe FY97 request for substance abuse and treatment overall at SAMHSA is \$1.6 billion, an increase of \$207 million over FY96.

AIDS Spending
Other Departments & Agencies
(in thousands)

Department/Agency	FY93	FY94	FY95	FY96	FY97 President's Budget
AID	\$117,000	\$115,000	\$121,000	\$111,000	\$97,000
Defense	\$159,000	\$129,000	\$112,000	\$103,000	\$85,000
HUD/HOPWA	\$100,000	\$156,000	\$171,000	\$171,000	\$196,000*
Justice/Prisons	\$5,000	\$6,000	\$6,000	\$6,000	\$7,000
Labor	\$1,000	\$1,000	\$1,000	\$1,000	\$2,000
OPM	\$175,000	\$193,000	\$212,000	\$226,000	\$241,000
Veterans	\$299,000	\$312,000	\$317,000	\$337,000	\$347,000

*This reflects a budget amendment sent by the President to increase the request for the Housing Opportunities for People with AIDS Program

**AIDS Spending
Entitlement Spending**
(in thousands)

Program	FY93	FY94	FY95	FY96	FY97 President's Budget	% change compared to FY96
Medicaid (Federal Share)	\$1,290,000	\$1,490,000	\$1,640,000	\$1,800,000	\$1,970,000	9
Medicare	\$386,000	\$500,000	\$600,000	\$690,000	\$780,000	13
Social Security (SSI)	\$200,000	\$240,000	\$300,000	\$370,000	\$450,000	22
Social Security (DI)	\$515,000	\$600,000	\$705,000	\$710,000	\$795,000	12
Total	\$2,391,000	\$2,830,000	\$3,245,000	\$3,570,000	\$3,995,000	8

National Organizations Responding to AIDS (NORA)
FAX MEMORANDUM

Date: 2 August 1996

To: NORA Coalition members

From: NORA Executive Committee

Re: NORA sign-on letter regarding USAID staff cuts
Deadline: Wednesday, 7 August 1996

Attached, please find the NORA sign-on letter submitted by the NORA International Issues working group expressing concern over the number of staff cuts to the Agency for International Development's Office of HIV/AIDS. The cuts, that will occur over the next few weeks will result in 75 percent loss of AIDS office positions, including that of the Director of Office of AIDS, the NGO Coordinator, and the overall USAID AIDS Policy Coordinator. These cuts will seriously undermine the US effort to halt the rate of HIV infection worldwide. If you would like to sign on to this letter, please fax the attached form to the attention of Gary Rose at AIDS Action Council, 202-986-1345 by **close of business Wednesday, 7 August**.

_____ Yes, I would like to sign on to the NORA letter regarding the USAID Office of AIDS staff cuts

_____ No, I do not wish to sign on to the letter

Organization (please print)

Your name

Please fax this form to: Gary Rose, AIDS Action Council, 202-986-1345

DRAFT NORA LETTER REGARDING AID'S OFFICE OF HIV/AIDS
8 August 1996

President William J. Clinton
The White House
Washington, DC

Mr. President

We the undersigned members of the National Organizations Responding to AIDS (NORA) coalition, are writing to express our concern that staff vacancies in the Agency for International Development Office of HIV/AIDS threaten to incapacitate US global AIDS programs.

As you know the World Health Organization (WHO) estimates that by the year 2000, over 40 million people will have become infected with HIV worldwide—a 100% increase over the 20,000,000 infected during the first fifteen years of the pandemic. Ninety percent of these infections are occurring in the developing world, mainly through heterosexual transmission. Half of all new infections occur among women, especially those under the age of twenty-five. In some urban areas of the hardest-hit countries, up to 30% of the sexually-active population now lives with HIV. This an unprecedented world crisis.

We believe that AIDS activities outside the US are of importance to America. Americans understand the horror of AIDS and the human suffering behind the WHO statistics. We have witnessed the devastation of this disease in our families, our communities, and our nation. If we can help prevent other people from undergoing this horror then we should do so.

In addition, Americans benefit from the international coordination of research, the sharing of prevention lessons from around the world, and the protection of the basic human rights of people living with HIV/AIDS.

Therefore we are troubled that many of the AIDS specific positions at the Agency for International Development—including the Director of the Office of AIDS, the Coordinator of NGO Programs, and the AIDS Policy Coordinator—will become vacant in the next several weeks. Soon a full 75% of the AIDS office positions will be empty. Further we have been informed by the agency that these positions may remain unfilled indefinitely.

It would be disastrous for US global AIDS programs to become leaderless and understaffed at this time. Three reasons stand out:

1. USAID is in the process of redesigning its core AIDS program—the AIDS technical Support Project which is the largest bilateral AIDS program in the world.
2. UNAIDS—the new joint and cosponsored AIDS program of the United Nations—was just brought into existence by the US and other countries at the beginning of this

year.

3. Scientific advances on both care and prevention, including those reported at the recent International Conference on AIDS in Vancouver, need to be incorporated into US global AIDS programs.

For over a decade the US has provided innovative leadership in response to the HIV pandemic such as in the creation of the Global Program on AIDS and more recently UNAIDS. This leadership has increasingly included lessons generated from our domestic AIDS response—to emphasize the inclusion of community based groups and people from affected communities including people with living with HIV. Much of the US vision was reflected in the 1994 Paris AIDS Summit Declaration which was signed on your behalf by Secretary Shalala. The seven global AIDS initiatives agreed to in this document are only now beginning.

Clearly Mr. President, now is not the time for USAID to allow its Office of HIV/AIDS to become vacant. Instead this is a time for US leadership to be expanded and for advances in care and prevention to be fully utilized. We urge that the vacant AIDS specific positions with USAID be filled immediately with personnel expert in global AIDS issues.

Thank you for your attention to this letter.

Sincerely,