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Global Health Council

HIV/AIDS Crisis in Africa Calls for Emergency Supplemental Funding

AIDS has emerged as the number one crisis of our time. Over 42 million people are HIV-positive. In some African countries, a quarter of the adult population is HIV-positive and AIDS will kill approximately one half of all 15 year-olds. Other reports estimate that 42 million children will be orphaned by the pandemic by 2010. The United States MUST step forward and take a leadership role in combating this pandemic in Africa.

The Global Health Council urges Congress to provide $275 million in emergency supplemental funds to provide a "jump start" to African countries that have shown a serious political commitment to addressing the HIV/AIDS epidemic.

These funds would be provided to non-governmental and faith-based organizations on the ground and committed African governments through new mechanisms at the U.S. Agency for International Development, the Centers for Disease Control and Prevention and the Department of Health and Human Services over the next two years. Approximately $25-$30 million would be provided to each country and these funds would be targeted to ten African countries:

- Burkina Faso
- Ethiopia
- Malawi
- Mozambique
- Nigeria
- Rwanda
- Senegal
- Tanzania
- Uganda
- Zambia

Each country would develop a plan for the expenditure of the funds in their country. An illustrative country budget follows:

- Standards of care: $3 million
- Testing and counseling: $7 million
- Diagnostic equipment and labs: $3 million
- Facilities focused on mother-to-child transmission: $5 million
- Expanded training in prevention and care: $8 million
- Information and communications technology: $2 million

<ghc@globalhealth.org>
<www.globalhealth.org>

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Fax (802) 649-1396

June 9, 2000

The Honorable Dennis Hastert
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable C.W. Young
Chairman, Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Speaker and Chairman Young:

On behalf of the 34 million people living with HIV/AIDS globally, the estimated 42 million children who will be orphaned by the pandemic by 2010, and the doctors, nurses and public health advocates who work to prevent further proliferation of the HIV virus, we call on you, as leaders of the United States Congress, to recognize this global emergency and provide **emergency** funding of no less than $275 million of Federal spending above the levels appropriated in FY 2000 for global HIV/AIDS prevention and treatment programs in the countries most deeply affected.

Unfortunately, the United States and the world community have been slow to address the HIV/AIDS pandemic, and infection rates are estimated to be as high as 60% in those between the ages of 15-25 in some parts of Africa. Virtually all those infected will die within the next decade unless we act now. The epidemic is having a devastating impact on families, women and children, which are the backbone of a healthy society. This destruction of the family will surely be reflected in the political environment and will lead to enormous political and social instability in coming years. As we embark on new trade agreements with Africa and Asia to capitalize on these emerging markets, we must recognize that lack of action **NOW** will result in the loss of the next generation of U.S. trading partners.

The HIV/AIDS pandemic should be declared a national and global emergency. The United States has an economic, political and moral imperative to more fully address this emergency. We urge you to take action in Congress to provide **emergency** spending for the global HIV/AIDS prevention and treatment programs of the federal government **this year**.

Congress has the ability to provide emergency funding for crisis situations without regard to the budgetary caps. Tens of millions of preventable deaths that undermine entire societies and regions are indeed an emergency. We urge you to use this authority in FY 2001 and develop a plan with other members of the House and Senate leadership to provide **emergency** spending of no less than $275 million in additional expenditures to expand U.S. support for HIV/AIDS prevention and treatment programs around the world. Your bold action will be remembered by future generations of Americans as a vital step in securing America's position as the leading nation in the world community.

Sincerely,

Africa Policy Information Center
African American AIDS Policy and Training Institute
AIDS Alliance for Children, Youth and Families
AIDS Memorial Quilt

AIDS Treatment News
American College of Nurse Midwives
American Medical Association
American Society for Microbiology
Association of Schools of Public Health
Association for Professionals in Infection Control and Epidemiology
Boston University School of Public Health
Center for Adolescent Research and Sexuality – NIGERIA
Center for Health and Gender Equity
Center for Reproductive Law and Policy
Childreach, US Member of PLAN International
Children Affected by AIDS Foundation
Concern America
Doorways, An Interfaith AIDS Housing Program
Draullnir Medical
Drew University Center for AIDS Research, Education, and Services
European Forum on HIV/AIDS Children and Families
Family Health International
Fenway Community Health
Freedom From Hunger
Gay Men's Health Crisis
General Board of Church and Society of the United Methodist Church
Global AIDS Action Network
Global Health Council
Global Initiative on AIDS in Africa
Heartland Alliance for Human Needs and Human Rights
ICASO
International African AIDS Network (IAAN)
International AIDS Vaccine Initiative
International Association of Physicians in AIDS Care (IAPAC)
International Community of Women Living with HIV/AIDS
International HIV/AIDS Alliance
International Humanitarian Association
John Snow, Inc. (JSI)
Journalists Against AIDS Nigeria
Just Like Me
Kenya Childrens' AIDS Project
Management Sciences for Health
Mothers' Voices
National Abortion and Reproductive Rights Action League
National AIDS Fund
National Alliance of State and Territorial AIDS Directors
National Council of Jewish Women
National Minority AIDS Council
NPCA
OnSphere Corporation
Pathfinder International
Pearl S. Buck International
Physicians for Social Responsibility
Planned Parenthood Federation of America
Program for Appropriate Technology in Health
Project Hope
Research!America
Search For A Cure
The Africa-America Institute
The Alan Guttmacher Institute
The Trickle Up Program
Walgreen Company
Wola Nani - A Caring Response to AIDS
World Education
World Neighbors
Wyoming: Positives for Positives

Global Health Council

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Association of Schools of Public Health
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Boston University School of Public Health
Center for Adolescent Research and Sexuality – NIGERIA
Center for Health and Gender Equity
Center for Reproductive Law and Policy
Childreach, US Member of PLAN International
Children Affected by AIDS Foundation
Concern America
Doorways, An Interfaith AIDS Housing Program
Draulloir Medical
Drew University Center for AIDS Research, Education, and Services
European Forum on HIV/AIDS Children and Families
Family Health International
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Gay Men's Health Crisis
General Board of Church and Society of the United Methodist Church
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National Council of Jewish Women
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NPCA
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Program for Appropriate Technology in Health
Project Hope
Research!America
Search For A Cure
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Wyoming: Positives for Positives

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Clinton

Global Health Council

O-GHC

Fax

To: Sandra Thurmon **From:** Global Health Council

Fax: 202-456-2438 **Date:** 4-7-00

Phone: **Pages:** 6

Re: HIV/AIDS Roundtable **cc:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

224-8515
224-2742 (Fax)

Global Health Council

April 6, 2000

Sandra Thurman
Director
Office of National AIDS Policy

FAX: 202.456.2438

Dear Sandy;

As you know, the Office of International and Refugee Health (OIRH) of the U.S. Department of Health and Human Services and the Global Health Council (GHC) have been working together to address the issue of increasing access to HIV/AIDS care and treatment through an ongoing series of HIV/AIDS Roundtables. OIRH and GHC convened the first two roundtables in the series with pharmaceutical companies and nongovernmental organizations on February 23 and 25, 2000, respectively.

The purpose of the first two roundtables was to attempt to foster open dialogues between leaders in government and civil society and industry on how HIV/AIDS diagnostics, medications, and therapies can be made more accessible to those in developing countries who most need them. These dialogues are especially important in the development and implementation of current initiatives such as the Leadership and Investment in Fighting an Epidemic (LIFE) Global AIDS Initiative of the United States Agency for International Development (USAID) and DHHS, the International Partnership Against AIDS in Africa of the Joint United Nations Program on HIV/AIDS (UNAIDS), and Intensifying Action Against AIDS in Africa of the World Bank as well as of future initiatives.

Therefore, the purpose of the third roundtable will be to attempt to translate the separate dialogues of the first two roundtables into coordinated actions. All of us have been able to set up successful individual programs in the short term; however, what we would like to do is create a successful and sustainable paradigm for the long term. In the first two roundtables, we discussed general ideas; in the third roundtable, we would like representatives of the pharmaceutical companies and the nongovernmental organizations to be prepared to discuss specific proposals for mechanisms to increase access. We believe that there is common ground to create this new paradigm through joint dialogues and actions. Most importantly, in this roundtable, we would like to develop a set of clearly defined next steps to be carried out across government, civil society, and industry.

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<www.globalhealth.org>

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OIRH and GHC are pleased to invite you (or your designee) to attend this third roundtable. It will take place on April 25 (Tuesday) at 2:00-6:00 p.m., in the in National Ballroom A of the Barcelo Radisson Hotel, 2121 P Street, NW, Washington, D.C. It will include participants from governmental agencies, international organizations, nongovernmental organizations, and pharmaceutical companies.

Like the first two roundtables, Thomas Novotny, M.D., M.P.H., Deputy Assistant Secretary for International and Refugee Health and Director, OIRH will chair and the Global Health Council will facilitate the meeting. I have attached a draft agenda, and, as you can see, unlike the first and second roundtables, the agenda, reflecting the shift from dialogue to action, will be very focused.

I look forward to your participation (or the participation of your designee) in this third roundtable. Your perspective and your expertise, as well as the expertise of the organization you represent, will be invaluable. Please RSVP to Marianne Tshihamba, Program Assistant, Global AIDS Program, Global Health Council, at (202) 833-5900 phone, (202) 833-0075 fax, or mtshihamba@globalhealth.org, and please contact Ronald MacInnis, Director, Global AIDS Program, at (202) 833-5900 phone, (202) 833-0075 fax, or rmacinnis@globalhealth.org or Jason Wright, International Health Officer, Office of International and Refugee Health at (301) 443-7246 phone, (301) 443-6288 fax, or jwright@osophs.dhhs.gov if you have questions. Thank you very much.

Sincerely,

Nils Daulaire, M.D., M.P.H.
President and CEO

Attachment

Third HIV/AIDS Roundtable convened by the Office of International and Refugee Health and the Global Health Council

April 25, 2000 (Tuesday)
2:00-6:00 PM

Barcelo Hotel
National Ballroom A
2121 P Street
Washington, DC

TENTATIVE AGENDA

1.	**Opening Remarks**	**2:00-2:10**
	Nils Daulaire, M.D., M.P.H. President and CEO Global Health Council (GHC)	
	Thomas Novotny, M.D., M.P.H. Deputy Assistant Secretary for International and Refugee Health and Director Office of International and Refugee Health (OIRH) Department of Health and Human Services (DHHS)	
2.	**Interagency Working Group (IWG) on International AIDS**	**2:10-2:20**
	Kenneth Bernard, M.D., M.P.H. Director Office of International Health Affairs National Security Council (NSC)	
3.	**Introductions**	**2:20-2:30**
	Participants	
4.	**Open Issues from First and Second Roundtables**	**2:30-2:45**
	Dr. Thomas Novotny	2:30-2:35
	Discussion	2:35-2:45

5.	**Purpose and Orientation for Third Roundtable**	**2:45-3:00**
	Dr. Thomas Novotny	2:45-2:55
	Discussion	2:55-3:00
6.	**International Organizations**	**3:00-4:00**
	Joint United Nations Program on HIV/AIDS	3:00-3:10
	Questions and Discussion	3:10-3:20
	World Health Organization	3:20-3:30
	Questions and Discussion	3:30-3:40
	World Bank	3:40-3:50
	Questions and Discussion	3:50-4:00
7.	**Pharmaceutical Companies**	**4:00-4:40**
	Presentation TBD	4:00-4:10
	Questions and Discussion	4:10-4:20
	Presentation TBD	4:20-4:30
	Questions and Discussion	4:30-4:40
8.	**Nongovernmental Organizations**	**4:40-5:20**
	Presentation TBD	4:40-4:50
	Questions and Discussion	4:50-5:00
	Presentation TBD	5:00-5:10
	Questions and Discussion	5:10-5:20

9.	**Next Steps**	**5:20-5:50**
	Dr. Thomas Novotny	
10.	**Closing Remarks**	**5:50-6:00**
	Dr. Thomas Novotny and Dr. Nils Daulaire	

Remarks at Global Health Council Congressional Briefing
"Confronting the AIDS Crisis: Moving Forward from Durban World AIDS Conference 2000"

Washington, D. C.
July 26, 2000

Dr. Jeffrey L. Sturchio
Executive Director, Public Affairs
Human Health – Europe, Middle East & Africa
Merck & Co., Inc./WS2A-55, One Merck Drive
Whitehouse Station, NJ 08889-0100 USA
(908) 423-3981

SUMMARY

- The meeting in Durban this month emphasized just how much remains to be done in finding a cure and in extending successes in HIV care and treatment to people in Africa and other parts of the developing world.

- There's a growing consensus that everyone has a stake in responding to the AIDS epidemic -- the governments most directly affected, donor governments like our own (which has provided real leadership on the issue), private sector organizations like Merck, foundations, non-governmental organizations – and that sustainable solutions to the challenge of HIV/AIDS in Africa will come from comprehensive, targeted approaches that draw on strong public/private sector partnerships.

- Merck is responding to the challenge in two ways: first, by doing what we do best – continuing to invest in research and development – and, second, by participating in public/private partnerships to find new approaches to this global health challenge.

- Improving access to HIV care and treatment involves many factors: building adequate healthcare infrastructure and distribution systems; educating health professionals and patients on the rational, safe, and effective use of drugs and other interventions; providing access to affordable medications; finding sustainable financing; involving all sectors of society in implementing solutions; and encouraging sustained investment in innovation for new medicines and vaccines. In May, together with four other pharmaceutical companies and five UN agencies, Merck endorsed a joint statement of intent on accelerating access to HIV care and treatment in the developing world that articulated this strategic framework for tackling the HIV/AIDS epidemic more effectively.

- In the spirit of that framework, Merck, the Republic of Botswana, and the Bill & Melinda Gates Foundation recently announced the *Botswana Comprehensive HIV/AIDS Partnership.* This initiative is designed to demonstrate the feasibility of a comprehensive, targeted approach to improving the entire spectrum of HIV care and treatment in one of the African countries hardest hit by the epidemic.

- Working together, we can make a world of difference for people living with HIV/AIDS if we focus on "what we know works," addressing all of the barriers to access and looking for new approaches to solve the complex puzzle of HIV/AIDS in developing countries.

The Durban conference was a dramatic and moving experience. No one could listen to Judge Edwin Cameron's eloquent testimony about living with HIV – and the health inequalities that define the response to the epidemic in Africa and other parts of the developing world –and not be jolted from complacency. President Thabo Mbeki's opening address perplexed many, but the week concluded with Nelson Mandela's clear and powerful call to action. In between, the meeting was as diverse, provocative, and hopeful as ever.

At earlier International AIDS Conferences, like those in Yokohama and Berlin, the future for people living with HIV/AIDS seemed bleak indeed, with concerns about the uncertain efficacy of AZT and the disheartening lack of alternatives. Later meetings were more optimistic, as the new protease inhibitors and public health initiatives -- such as safe sex education and needle-exchange schemes -- demonstrated a dramatic impact on the AIDS epidemic, at least in certain countries. At the last meeting in Geneva two years ago, it was clear that we had come a long way in understanding HIV infection and were learning how to treat the disease effectively.

The meeting in Durban this month emphasized just how much remains to be done, in finding a cure and in extending the successes in HIV care and treatment to people in Africa and in other parts of the developing world. Delegates learned of encouraging advances in vaccine research, of mounting evidence that new simple interventions could help prevent mother-to-child transmission of HIV, and of other important new clinical advances. *But the defining theme of the conference was how to extend access to HIV care and treatment to the tens of millions of HIV-infected people in Africa and other parts of the developing world.*

Where will we find viable and sustainable solutions to the global public health crisis of HIV/AIDS? There are two major points to note in understanding how companies like Merck – and others in the research-based pharmaceutical industry – are helping to respond to this challenge.

The first is to do what we do best – and continue to invest in research and development. The second – a newer movement, and one already

gaining momentum – is to participate in public/private sector partnerships to bring new resources and expertise to bear on the problem.

The importance of continued investment in R&D

Merck has been fighting the battle against HIV infection in our research laboratories for the last 15 years, and our AIDS research program has become one of the largest basic research efforts in Merck history. After investing hundreds of millions of dollars in research, and after several product candidate failures in the early stages, Merck developed CRIXIVAN (indinavir sulfate), a protease inhibitor for the treatment of HIV infection in adults. CRIXIVAN was an important breakthrough and is one of the most widely used antiretroviral therapies available today. However, like other protease inhibitors, treatment with CRIXIVAN is complex and suitable only in certain situations. Therefore, we are continuing to seek more effective anti-retroviral agents. (Merck scientists also discovered efavirenz, a non-nucleoside reverse transcriptase inhibitor -- which was then developed by and co-marketed with DuPont Pharmaceuticals, then a joint venture with Merck.)

Longer term, we believe that treatment and prevention of HIV infection with a vaccine is one solution and possibly the best hope for people living with HIV/AIDS worldwide. Merck remains committed to vaccine research and development. The Merck Research Laboratories are currently evaluating an HIV vaccine candidate in early human clinical trials for safety. The odds of success at this stage of development are not with us, but we're hopeful and confident about advancing scientific knowledge in this area.

The power of partnerships

All sectors of society have a stake in responding to the AIDS epidemic -- the governments most directly affected, donor governments like our own (which has provided real leadership on the issue), private sector organizations like Merck, foundations, and non-governmental organizations. There's a growing consensus about what works -- and that sustainable solutions will come from comprehensive, targeted approaches that draw on strong public/private sector partnerships to tackle effectively the challenges of HIV/AIDS in Africa.

Since the 1980s, Merck has worked hard to fight disease in Africa and other parts of the developing world. Our experiences with the Merck MECTIZAN Donation Program, the Enhancing Care Initiative, and, more recently, with the Global Alliance for Vaccines and Immunization, have taught us that the best way to address the HIV/AIDS crisis in Africa is through efforts that bring various stakeholders together to identify comprehensive and sustainable solutions to address the complex puzzle of HIV/AIDS.

Improving access to better care and treatment involves many factors: building adequate healthcare infrastructure and distribution systems; educating health professionals and patients on the rational, safe, and effective use of drugs and other interventions; providing affordable access to medications; finding sustainable financing; involving all sectors of society in implementing solutions; and encouraging continued investment in innovation for new medicines and vaccines.

In May, together with four other pharmaceutical companies and five UN agencies, Merck endorsed a joint statement of intent on accelerating access to HIV care and treatment in the developing world that articulated this strategic framework to more effectively address the HIV/AIDS epidemic in the developing world. As part of the UN/industry initiative, we agreed to make our HIV drugs available at more affordable prices in developing countries. But this framework goes beyond the focus of supplying less expensive medicines alone. It seeks to address the broader issues of finding sustainable solutions and comprehensive approaches to enhance the spectrum of HIV care and treatment.

The Botswana Comprehensive HIV/AIDS Partnership

At Durban, in the spirit of that framework, Merck, the Republic of Botswana and the Bill & Melinda Gates Foundation announced the *Botswana Comprehensive HIV/AIDS Partnership.* This initiative is designed to demonstrate the feasibility of a comprehensive, targeted approach to improving the entire spectrum of HIV care and treatment in one of the African countries hardest hit by the epidemic. Working together, we hope to transform Botswana's response to HIV/AIDS.

The Gates Foundation will dedicate $50 million over five years to help Botswana fundamentally strengthen its primary health care system.

Merck and The Merck Company Foundation will match the Gates Foundation funding through two major components: the development and management of the program and the contribution of antiretroviral medicines.

Two other companies, Boehringer-Ingelheim and Unilever, have already agreed to join in this partnership. Boehringer-Ingelheim has pledged to donate medication for the prevention of mother-to-child transmission of HIV infection, and Unilever PLC will contribute expertise in setting up distribution systems and public communications and awareness programs. The Gates Foundation and Merck will seek additional participants in the project.

The Botswana Comprehensive HIV/AIDS Partnership will be conducted with the participation of other national governments; the Harvard AIDS Institute and other academic centers; global health and development agencies, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS); non-governmental organizations (NGOs); HIV community organizations, and people living with HIV.

The initial five-year commitment will be managed through a local, multidisciplinary team, with the ultimate goal of catalyzing leadership and commitment within Botswana so that the project is sustainable after the pilot phase has been completed. An advisory panel of key stakeholders and global experts will be appointed to oversee the program.

We hope that the lessons learned from this project over the next few years will catalyze similar efforts by other donors in other countries and thus help strengthen the global response to the challenge of HIV/AIDS.

Mobilizing to make a difference

Nelson Mandela spoke eloquently to the importance of projects like the Botswana Comprehensive HIV/AIDS Partnership in his closing address to the International AIDS Conference in Durban:

> There is a need to focus on what we know works....[We need] to mobilise all of our resources and alliances, and to sustain the effort until this war is won....Let us, however, not underestimate the resources required to conduct this battle. Partnership with the international community is vital."

We agree with Nelson Mandela's comments: All sectors of society -- not just pharmaceutical companies -- must take responsibility and become engaged together in building better foundations for healthcare worldwide. Working alone, neither industry, nor health and development organizations, nor individual governments can create sustainable solutions.

Working together, we can make a world of difference for people living with HIV/AIDS if we focus on "what we know works," addressing all of the barriers to access and looking for new approaches to solve the complex puzzle of HIV/AIDS in developing countries. It is only our collective knowledge, resources and experience that will enable us successfully to address the global health challenges we face, and to defeat our common enemy -- HIV.

###

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The Newsletter of the Global Health Council

Global HealthLink

January — February 2000

Mexico City Gag Rule Revisited

Page 8

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Global Health Council

Fax

To: Ms. Sandra Thurman **From:**

Phone: **Date:** March 8, 2000

Fax: 456-2438 **Pages:** 3 incl. cover letter

Re: AIDSWatch 2000

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•Comments:

Global Health Council

Went Cancelled

March 8, 2000

Sandra Thurman
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Sandy:

I am writing to invite you to speak briefly at the AIDSWatch 2000 Reception and Rally, "Building the Global Response to AIDS," where we would like to highlight your leadership in working to draw more attention and leadership in the US to the global AIDS epidemic. The event will take place ***Sunday, March 26, 2000, at the Carnegie Endowment for Peace, 1779 Mass. Ave., NW, (right off Dupont Circle) in the main floor terrace, from 6:30 to 8:00 p.m.***

This reception and rally, coordinated by the Global Health Council, AIDS Action, and the National Association of People Living with HIV/AIDS, is the kick-off for AIDSWatch 2000, the largest annual constituent-based federal HIV/AIDS education and advocacy initiative in the United States. This advocacy event brings more than 400 AIDS activists and leaders from around the country to meet with members of Congress to urge government support for HIV/AIDS programs around the world.

This year, the AIDSWatch 2000 kick-off reception will have a global focus which we hope will urge AIDS advocates to bring the international perspective of HIV/AIDS to Congress when they meet with their representatives on Monday, March 27 and Tuesday, March 28. Your presence at the reception would be to offer words of support and encouragement to this crowd of front-line AIDS advocates and to encourage these mainly domestic activists to consider putting global messages into Hill visits. Other invited speakers include Actress Rosie Perez, Miss Universe 1999 Mpule Kwelagobe, POZ Magazine Editor Sean Strub, South African Ambassador Sheila Sisulu, and The Honorable Ron Dellums of Healthcare International.

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We would be honored by your presence. Please let me know about your availability. Your contributions, particularly with respect to the global AIDS epidemic, are greatly admired and appreciated. We hope that you can join us at the AIDSWatch 2000 reception and rally.

Sincerely,

Ron MacInnis, Director
Global AIDS Program

Global Health Council

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December 1, 1999

The Honorable William Jefferson Clinton
The White House
Washington, DC 20500

Dear Mr. President:

We, U.S. and international organizations working in HIV and AIDS prevention, care and support, signed-on to this letter at the US Conference on AIDS in Denver, Colorado, to call your attention to the rapid spread of HIV and AIDS around the world and to seek an increased American response to this global emergency. We are very pleased that your administration recognizes the global AIDS crisis through the introduction of the LIFE initiative, but **more must be done**.

Mr. President, people from around the world came together this week to recognize that while AIDS continues to decimate entire nations around the world, unraveling development advances, economic growth and destabilizing militaries, **AIDS is growing 3 times faster than the funding to combat it. We urge you to significantly increase funds for global HIV and AIDS and other international health and development programs in fiscal year 2001.** Here's why:

- **About 34 million people now have HIV-- far more than the combined population of Alaska, Florida, Pennsylvania, Alabama, and Kentucky**
- More than 7,000 children and youth become infected with HIV every day -- 5 every minute. And the numbers keep growing
- **HIV/AIDS is now the world's leading infectious disease killer and the number one killer in Africa**
- Entire militaries are being consumed by HIV and AIDS; over 50% of soldiers in the Central African Republic are HIV-positive
- Economies are being decimated by HIV; by 2005, Kenya's GNP will be 14.5% smaller -- International corporations are now hiring two employees for one skilled job in highly infected countries
- **By 2010, 40 million children will be orphaned in Africa, mostly due to AIDS**
- Research is delivering new tools to fight HIV and AIDS, but the funding and commitment to share these successes with the rest of the world is far from adequate

Global Health Council

- **AIDS affects all sectors;** by bolstering funding in other international health areas, such as infectious disease and maternal health, and other international development areas, such as micro-finance and infrastructure, the fight against HIV and AIDS is also advanced

We are aware of the budget pressures which you face, but HIV and AIDS truly constitutes a global public health emergency which directly impacts the lives of Americans. We are counting on your leadership and vision in supporting the desperately needed new funds for HIV and AIDS in fiscal year 2001. Thank you for your commitment towards building a world without AIDS.

Sincerely,

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Lou Harris, Concerned Black Men, Philadelphia, Pennsylvania
Ruth M. Davis, Concerned Citizen, Cheyenne, Wyoming
Stephanie Burman, Red Cross, Reliance, South Dakota
Bettina Harmon, Colorado AIDS Project, Denver, Colorado
Sean Lloyd, USA Peer Health Education Sex Team, Mobile Alabama
Kenneth Allen, Concerned Citizen, Delaware
Wanda London, Statewide Consumer Advisory Board, Indiana
Deborah Campbell, Concerned Citizen, Denver, Colorado
Liora Berry, Cascade AIDS Project, Portland, Oregon
David Culp, Partnership Health Center, Missoula, Montana
Jaime V. Altamirano, Concerned Citizen, Atlanta, Georgia
Deborah Johnson, Southern Arkansas Fights AIDS, El Dorado, Arkansas
Marie C. Pierre Louis, Harlem Centers Council, Brooklyn, New York
Lina Sheth, MAAPP, Boston, Massachusetts
Frances Rucka-Barrister, Inner Summit, Atlanta, Georgia
Sonya Coley, Vannguard Urban Improvement, Brooklyn, New York
Trish Larwood, Texas HIV Connection, Austin, Texas
Barbara Zanders, Alliance of AIDS Service Care, Inc., Greensboro, North Carolina
Ayanna Weathersby, AMASSI, Inc., Oakland, California
Tony Ward, AMASSI, Inc., Oakland, California
Michael Ransom, Project Counsel, Jackson, Mississippi
Shawne Gibbs, Global Health Council, Norwich, Vermont
Willie Byrd, HIV Community Coalition, Washington, DC
Denise Ivens, ARK, Knox, Tennessee
Matthew Huyck, Concerned Citizen, Denver, Colorado
Rodney Balce, Concerned Citizen, Denver, Colorado
Cheryl Foster, Positive 4 Positive, Cheyenne, Wyoming
Deon Claiborne, Common Ground, Santa Monica, California
Jasmin Kiernan, BCAP, Boulder, Colorado
Siddhartha Kotwal, Concerned Citizen, Lake Forest, Illinois
Trent Royster, RATFA, Rochester, New York
Terri Ford, AIDS Healthcare Foundation, Los Angeles, California
Tom Hartman, AIDS Pastoral Care Network, Chicago, Illinois
Judi Laslwdi, Caring Hearts Ministry, Haddonfield, New Jersey
Becky Brotemarkle, HERO, Baltimore, Maryland
Glenn Johnson, BAAP, Brattleboro, Vermont
Joyce Sessoms, DSS, Georgetown, Delaware
Lara Vaz, La Clinica, Oakland, California
Pam Smes, CDPHE, Castle Rock, Colorado
Donald F. Carter, ACTION AIDS, Philadelphia, Pennsylvania

Jacque Cook, Charles Drew Health Center, Omaha, Nebraska
Dani P. Simpson, KC Free Health Clinic, Kansas City, Missouri
Karen Munter, Bonaventure House, Chicago, Illinois
E. Chanillo, Carept Q, San Francisco, California
Rachel Wilson, Northern Colorado AIDS Project, Ft. Collins, Colorado
Carlos Soles, NCLR, Washington, DC
Brenda Simmion, AidMed Miracles, Denver, Colorado
Patricia Lafayette, AIDS Interfaith, New Haven, Connecticut
Mary K. Bundy, Tulsa CARES, Tulsa, Oklahoma
Sharon Thoele, Tulsa CARES, Tulsa Oklahoma
Kerne Rodriguez, APICHA, New York, New York
Suk Terado Port, FHP, New York, New York
Sam Williams, Advocates for Youth, Missoula, Montana
Ann Pongracy, Medicalliance, Columbia, Maryland
Bonnie Nedrow, Groupware Technologies, Wamwatosa, Wisconsin
B.R. Alexsavich, Institute For Advanced Microbial Studies, Boston, Massachusetts
Rayfer Mainer, Concerned Citizen, Dallas, Texas
Lorraine Reed, Arise Consulting, LLC, Denver, Colorado
Kathryn Swartz, Concerned Citizen, Tiffin, Ohio
Leslie Burkholder, Idea Infusion, Denver, Colorado
Cecilia Graham, BEAT-AIDS, San Antonio, Texas
Yancy Pogue, South Mississippi AIDS Task Force, Biloxi, Mississippi
Bennet Williams, Brothers United in Support, Chicago, Illinois
Kristen Grover, Concerned Citizen, Olympia, Washington
Surita Nixon, Concerned Citizen, Olympia, Washington
Aaron Zee, Concerned Citizen, Atlanta, Georgia
Charles A. Falama, CAP, Maryland
Rose Winters, CANI, Scottsdale, Arizona
Elaine Rhodes, Regular AIDS Interfaith Network, Charlotte, North Carolina
Yvonne Williams, Concerned Citizen, Fairfax, Virginia
Teemen, Hemlock Society, Denver, Colorado
Hope A. Barrett, Balm In Gilead, New York, New York
Rosario C. deBaca, Concerned Citizen, Denver, Colorado
John Brady, Caring Community for AIDS, Bloomsburg, Pennsylvania
Luz Emiliano, St. Columbia Neighborhood Club, Newark, New Jersey
Lydia S. Brown, ACOS, Providence, Rhode Island
Frances Moose, Aliriane NO-AD, Inc., El Paso, Texas
Sterling Zinger, Praxa, New York, New York
Victor Audipe, Compass, Inc., West Palm Beach, Florida
Bill Seal, NCDAC, Lock Haven, Pennsylvania

Dale Stratford, CONCERNED CITIZEN, Atlanta, Georgia
Max Jean-Paul, Haitian Women's Program, Brooklyn, New York
Diana Ide, MDPH/SWCAB, Plymouth, Massachusetts
Priscilla Reeder, Heaven In View, Glengarden, Maryland
Patricia Mahelona, HART Center, Cheyenne, Wyoming
Steve Walker, HDHHS, Houston, Texas
Earl Fowlkes, Dominican Ministries, Inc., Washington, DC
Dave Culp, MCCHD, Missoula, Montana
Kristi Frisbie, HOPE, Tulsa, Oklahoma
Sharon LalBouty, Region I Advisory Council, Glosgow, Montana
Shui Clark, Concerned Citizen, Polson, Montana
Steve Case, Concerned Citizen, Denver, Colorado
Carter Case, Concerned Citizen, Denver, Colorado
Maryoui Lain Marsh, Presbyterian AIDS Network, Boston, Massachusetts
Trish Larwood, Texas HIV Connection, Austin, Texas
Jennie M. Clark, Navajo Nation AIDS Office, Indian Wells, Arizona
Marcia McRostie, Siouxland AIDS Coalition, Sioux City, Iowa
Erline Moore-Cobb, Just Like Me AIDS Awareness, Orlando, Florida
Susan E. Johnson, Chugachmiut, Anchorage, Alaska
Heather Davis, Chugachmiut, Anchorage, Alaska
Audrey Sullivan, Family Health International, Washington, DC
Susan Weissent, Maryknoll AIDS Taskforce, Maryknoll, New York
Lebibra Tarrayo, APICHA, New York, New York
Karen Meredith, South Jersey AIDS Alliance, Atlantic City, New Jersey
Mariba Gonzalez, Hope of Life, Orlando, Florida
Sam Taveras, CONCERNED CITIZEN, Atlanta, Georgia
Carlos Soles, NCLB, Washington, DC
Carol F. Clark, Piane International/ Childreach, Arlington, Virginia
Aaron Zee, CONCERNED CITIZEN, Atlanta, Georgia
Patricia Jones, TWCH Institute, Inc., Los Angeles, California
Cathy Lins, Midwest Hispanic AIDS Coalition, Chicago, Illinois
Willametta Venn, Vanguard Urban Improvement Association, Brooklyn, New York
Sonya Coley, Vanguard Urban Improvement Association, Brooklyn, New York
Pamela Olson, Malama Pono, Lihue, Hawaii
Dan Kyles, Life Foundation, Honolulu, Hawaii
Marshall Brewer, World Learning, Washington, DC
Leroy H. Mack, Uplift Ministries, Orlando, Florida
Erline Moore-Cobb, Just Like Me AIDS Ministry, Orlando, Florida
Sanni Amatulla, IMS Home, Inc., New Mexico
Andrea Barnwell, San Diego Urban League, San Diego, California

Barbara Benson, CONCERNED CITIZEN, Atlanta, Georgia
Joan Davenport, CONCERNED CITIZEN, Atlanta, Georgia
Susan E. Johnston, , Chugachmiut, Anchorage, Alaska
Tim Leighton, Greater Manchester AIDS Project, Manchester, New Hampshire
Claudine Weshali, SAE, Washington, DC
Sarah Kanough, AIDS Task Force, Inc., Fort Wayne, Indiana
Peniua Ochola, Plan International, Kenya, Africa
Misti Aas, Concerned Citizen, Denver, Colorado
Jo O'Shea, Concerned Citizen, Denver, Colorado
George W. Friou, The AIDS Project, Portland, Maine
Georgia Babatsikos, Concerned Citizen, Denver, Colorado
Stefanie Steele, SisterLove, Atlanta, Georgia
R. Darlene Hudson, SisterLove, Atlanta, Georgia
Reverend R. Kaeding, The Center in Asbury Park, Asbury Park, New Jersey
Ron Simmons, Us Helping Us, Washington, DC
Janice P. Emanuel, BCSS, Brooklyn, New York
Ynutte Ardra, WGBAN, Brooklyn, New York
Tokes Osubu, ENY/Brownsville Home Care Net, Brooklyn, New York
Judy Bassett, Concerned Citizen, Daytona Beach, Florida
Eugene Miller, Metrowest AIDS Program, Framingham, Massachusetts
Anna Forbes, Alliance for Microbicide Development, Silver Spring, Maryland
Allison Bolavong, NCSC-Southeast Asian Health Program, Falls Church, Virginia
Helen Cornman, Program for Appropriate Technology of Health, Washington, DC
Ernesto Hingtos, LAOAPP, Los Angeles, California
Judi Laskodi, Caring Hearts Ministry, Haddonfield, New Jersey
Avi Rose, Project Inform, San Francisco, California
Sasha Schamber, National Alliance of State and Territorial AIDS Directors, Wash., DC
Liz Brosnan, San Diego American Red Cross, San Diego, California
Tashi Chodon, Asian and Pacific Islanders Coalition on HIV/AIDS, New York, New York
Lisa Roland-Labiosa, Concerned Citizen, New Paltz, New York
Richard Durity, Concerned Citizen, Denver, Colorado
Georgia M. Simpson, Black HIV/AIDS Coalition, Boston, Massachusetts
Tanya Blackford-Colen, Allstate, Greenville, South Carolina
Lucy Bradley-Springer, Denver, Colorado
Anna Forbes, Concerned Citizen, Ardmore, Pennsylvania
Bruce Waring, ICAD, Montreal, Quebec
Sharon, Baxter, Canadian AIDS Society, Ottawa, Ontario
Shawn Mellors, XIII International AIDS Conference in Durban, Durban, South Africa
Susan Wible, HIV/AIDS Program, Monroe, Louisiana
Carl Eller, Minnesota Department of Human Services, St. Paul, Minnesota

Sandi Parrish, JCMI, Tulsa, Oklahoma
Delbert Harmon, Indianapolis Urban League, Indianapolis, Indiana
Julius Chez, AIDS Program of San Juan, Puerto Rico
Stuart A. Flavell, Connecticut Positive Action Coalition, Inc., Hartford, Connecticut
Kim Green, Global Health Council, Washington, DC
John Lloyd, Concerned Citizen, Ardsley, New York
Angela Davis, Faces-Children's Hospital, New Orleans, Louisiana
Luis Segundo, Concerned Citizen, San Juan, Puerto Rico
Paul Boneberg, Global AIDS Action Network, Washington, DC
Holly Cataria, The Lindesmith Center, New York, New York
Sandra Carty, PWAC, Fort Lauderdale, Florida
Ninon Larche, XIII International AIDS Conference-Durban, Durban, South Africa
Angela Kuo, VCSF, San Francisco, California
Scott Carrol, AIDS Vaccine Advocacy Coalition, Washington, DC
David Marinez, Advocates for Youth, Washington, DC
Kathryn Buhler, Peer HIV Education Organization, Hastings, Nebraska

GLOBAL HEALTH
COUNCIL

May 24, 1999

President William J. Clinton
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear President Clinton:

We write to urge you to take bold action to **increase America's response to the global spread of HIV**. We do so upon learning that the breadth of this problem has recently been brought to your personal attention as a result of your national AIDS policy director's fact-finding trip to southern Africa.

It is our hope that you will act immediately in light of the significant global worsening of this pandemic since you took office.

- Since 1993, the number of people infected with HIV worldwide has grown 300% -- from 14,000,000 to over 47,000,000. *HIV now kills more people annually than any other infectious disease in the world.*

- Since 1993, Africa has been devastated by the spread of HIV. In the Republic of South Africa, for example, 4% of pregnant women were infected in 1993. Now nearly 20% of pregnant women are infected with HIV nationwide, and in some provinces the figure rises above 35%. In rural areas of East Africa, 40% of children under the age of 15 have been orphaned by HIV.

- Since 1993, Asia has undergone a devastating spread of HIV, with whole nations that previously had little virus now reporting millions of cases. For example, India (which had virtually no cases in 1993) now has between 5 to 10 million infected people, and in some states we are seeing that 2% of pregnant women infected.

- The number of HIV infections in Eastern Europe has increased nine-fold in just three years, growing from less than 30,000 HIV infections in 1995 to an estimated 270,000 infections by December 1998.

In short, Mr. President, since 1993, we have witnessed the greatest development disaster in modern history: the explosive growth of HIV around the world and the death of tens of millions of people from this disease.

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This emergency demands an aggressive response not only for humanitarian reasons, but also to protect our nation's goals for global economic growth and political stability. In 1995 alone, experts estimated that the global economy had already lost 500 billion dollars due to HIV. The onslaught is having a serious effect on the long-term economic viability of many countries, decimating a limited pool of skilled workers and devastating health systems.

We are deeply concerned that the administration has essentially straightlined funding for global AIDS programs in your budget proposal to Congress. In a time when HIV/AIDS is ravaging the world, eliminating entire communities, severely undermining economies and destabilizing militaries, **your administration's FY 2000 budget request included no increase for USAID health programs**, and chose not to continue a $10 million emergency program for AIDS-affected children.

Mr. President, don't let this be your legacy on the global AIDS pandemic. We appeal to you to take bold action to strengthen our nation's response to AIDS. Specifically we urge you to:

- Increase funding for international AIDS and other health programs. We urge that you seek major increases for global AIDS programs immediately. These funds should be new money, not diverted from other development programs and they should be targeted to reach community groups in nations most at risk. These funds should be over and above the current level of funding in the 150 account. It does no good to rob Peter to pay Paul.

- Direct the Agency for International Development, the Department of State, the Department of Health and Human Services, and the Department of Defense to immediately prioritize AIDS and related health programs, and to identify new and bold actions they will undertake jointly to expand their program activity. Lack of funding makes it very difficult for agencies to prioritize areas that are of great importance to the epidemic at this time, such as effective preventive strategies, vaccine development, and care for those affected.

- Launch a major White House initiative on global AIDS by convening a high level international meeting on the pandemic. This could take the form of an "AIDS Summit," as was held in 1994 in Paris, an AIDS- specific meeting of the G-8, or other high visibility event. The purpose would be to inform other nations that the US is committed to addressing HIV as a top global security issue.

Mr. President, time is short. Within the next decade, the cumulative number of HIV infections is projected to exceed 100 million by 2007. AIDS orphans are projected to exceed 40 million children by the year 2010.

We greatly appreciate your past role as a great champion on domestic AIDS funding. We challenge you to champion global AIDS funding as well. There is still time to alter the horrific projections of the spread of HIV in the next century. **We implore you to act now and to act boldly.**

Sincerely,

Agency for Cooperation and Research in Development (ACORD); UK
Angela Hadijipateras, Research and Policy Officer

The Alan Guttemacher Institute; Washington, DC
Susan A. Cohen, Assistant Director for Policy Development

Asian Pacific Islander Wellness Center: Community HIV/AIDS Services; California
John Manzon-Santos, Executive Director

Association of Academic Health Centers
Clyde H. Evans, Vice President

Atman International
Sylvia Dvorak, President

Center for Counseling, Nutrition and Health Care; Tanzania
Mary G. Materu, Executive Director

Centre for International Child Health, University College; UK
Professor Andrew Tompkins

Childreach/ PLAN USA; Maryland
Sam Worthington, President

Chilean Corporation for AIDS Prevention
Tim Frasca, General Manager

Christian Children's Fund; Washington, DC
Betty Meyer, Washington Director

City Action Against AIDS; Venezuela
Renate Koch, Executive Director

Concern America; California
Marianne Loewe, Executive Director

Cow Creek Creative Ventures; Vermont
Jeffrey P. Robert, President

Evaluation and Research Technologies for Health, Inc.
Lynne Gaffikin, President

Family Health International/ IMPACT; Virginia
Peter Lamptey, Senior Vice-President

Florida AIDS Action
Bill Skeen, Director of Public Policy

Florida Midwifery Resource Center
Anne Richter, Project Director

Friendship Bridge
David W. Silver, Board of Directors

The GALAEI Project
David Acosta, Executive Director

Global AIDS Action Network; Washington, DC
Paul Boneberg, Director

Global Health Access Program; Washington, DC
Heather Kuiper, Loren Rauch, Thomas Lee, Co-directors

Global Health Council; Washington, DC
Nils Daulaire, President & CEO

Global Network of People Living with HIV/AIDS, GNP+-North America; New York
Jairo Pedraza, North America Representative

Global Network of People Living with HIV/AIDS, GNP+; The Netherlands
Joseph Scheich, International Coordinator

Health, Family and AIDS Prevention; Burkina Faso
Youssouf Ouedraogo, Counselor

Heartland Alliance; USA
Sid Mohn, President

Iwamura Memorial Hospital & Research Center; Virginia
D.K. Gurang, Health Care Economist

John Snow, Inc./ MotherCare; Washington, DC
Marge Koblinsky, Director

Johns Hopkins University-CCP HIV/AIDS Working Group; Maryland
Omar A. Khan, Chair

Mailman School of Public Health, Columbia University; New York
Allan Rosenfield, Professor

Maternal Child Health Information & Resource Center, University of Capetown; South Africa
JH Irlam, Chief Scientific Officer

Midwest Hispanic AIDS Coalition; Illinois
Cathy Lins, Executive Director

National AIDS Fund; Washington, DC
Mary Wilson-Byrom, President

National AIDS Trust; UK
John Godwin, Head of Policy Development

National Network of Sexworker Projects; Washington, DC
Helen Comman, Washington, DC Representative

National School of Public Health, Medical University of Southern Africa
David M. Franch, Associate Dean

Network of Rational Use of Medication; Pakistan
Zafar Mirza, National Coordinator

Positives for Positives; Wyoming
Jeff Palmer, Executive Director

Program for Appropriate Technologies (PATH); Washington, Washington, DC
Gordon W. Perkin, President

Project Troubador
Louise Lindenmeyr, Executive Director

Research Triangle Institute; North Carolina
James E. Kocher, Director, Population and Health Programs

Santa Monica AIDS Project; California
Eric Wahlquist, Prevention Programs Coordinator

Save the Children; Massachusetts
Charlie MacCormick, President

South Jersey Council on AIDS; New Jersey
Anna Katz, Executive Director

University College of Rutgers University; New Jersey
Emmett A. Dennis, Dean

Women's Reproductive Health Initiative; Washington, DC
Elaine Murphy, Director

Women's Health Institute; Massachusetts
Catherine DeLorey, President

World Federation of Public Health Associations (WFPHA); Washington, DC
Allen Jones, Executive Secretary

Cc Sandy Thurman, Director, Office of National AIDS Policy
Jack Lew, Director, Office of Management and Budget
Bruce Reed, Domestic Policy Council
John Podesta, Chief of Staff
Sean Maloney, Assistant to the President
Donna Shalala, Secretary, Department of Health and Human Services
Madeleine Albright, Secretary, Department of State
Brian Atwood, Administrator, US Agency for International Development

Global Health Council

September 27, 1999

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The Honorable Arlen Specter
Senate Appropriations Subcommittee on Labor,
Health and Human Services, Education
711 - Hart Senate Office Building
Washington, DC 20510

Dear Mr. Chairman:

We, the undersigned advocates at the XIth International Conference on AIDS and STDs in Africa, in Lusaka, Zambia, urge you to commit **$35 million for global AIDS prevention and care programs** from the Labor, Health and Human Services, Education budget for Africa, Asia and other affected regions of the world this coming fiscal year, as part of the Administration's overall request for $100 million new dollars for global AIDS programs.

Mr. Chairman, you know the arithmetic of the global AIDS epidemic:

- That more than 7,000 children and youth become infected with HIV every day -- 5 every minute. And the numbers keep growing.
- That HIV/AIDS is now the world's leading infectious disease killer, and **the number one overall killer in Africa**
- That about 23 million people in Africa now have HIV; far more than the combined population of Alaska, Wisconsin, Iowa and Pennsylvania.
- That entire militaries are being consumed by HIV/AIDS; over 50% of soldiers in the Central African Republic are HIV-positive
- That TB is unleashed by HIV infection, which is largely responsible for today's TB epidemic; TB accounts for 40% of AIDS deaths in Africa and Asia.
- That economies are being decimated by HIV; by 2005, Kenya's GNP will be 14.5% smaller -- International corporations are now hiring two employees for one skilled job in highly infected countries
- That by 2010, 40 million children will be orphaned in Africa, due to AIDS

We are aware of the budget pressures you are facing, but AIDS truly constitutes a global public health emergency in Africa and other countries around the world. The $100 million will be used to care for children orphaned by AIDS, provide home and community-based care, work with militaries abroad, contain the epidemic through prevention programs, and strengthen health care delivery infrastructure.

We are counting on your leadership and vision in supporting this initiative desperately needed in Africa and in other affected areas. Thank you for your commitment to building a world without AIDS.

Sincerely,

Kelvin Mwitha, Kara Counselling; Zambia
Almay Amine; Ethiopia
Atsede Takele, MMMCounselling, Ethiopia
Onulolu Fatsen, Forndista Against AIDS; Nigeria
Dr. Kader Bachu, ENDA/Africa; Dakar, Senegal
Barbra Dembedza, WASN; Harare, Zimbabwe
Kangwa Motre, Zambia-UAB HIV Research; Zambia
Clement Mwape, Zambian Network of People with HIV/AIDS (NZP+); Zambia
Charles Mkamauga, NZP+; Zambia
Bishop P.R.C. Mutunpa, YCECZ/Apostles Churches; Zambia
Rov. J.K. Lumay, Y.C.E.C.Z.; Zambia
I. Shiripinda, WGT; Zimbabwe
A. Hungwe, HIVOS; Zimbabwe
Hic Mainfal, Ehibulunia Mines PLC
Nyirenda Derek, Solwezi Phmt; Zambia
Bwalya Peter, Kitwe General Hospital; Zambia
George Nkhuwa, Solwezi General Hospital; Zambia
Ralph Huih; DOG-Fimbablese; Zimbabwe
Toni Thomas, CIRBA; Cote d'Ivoire
Zade Logbo Sylvain, Ruban Rouge; Cote d'Ivoire
Sarah Kayesa, Ministry of Health; Zambia
Gladys C. Mubi, Ministry of Health; Zambia
Kate Waller, University of Zambia; Canadian Int. Devel. Agency; Zambia
Luann Hatane, National AIDS Convention of South Africa; South Africa
Marie Odilekabeyene, AFSU; Cameroun
Papa Salif Sou, Dakar University; Senegal
Mery M. Mberse, University Teaching Hospital; Zambia
Viveca Orwitz, RFSU, Swedish Assoc. of Sexuality Education; Sweden
Julie Oyegun, AIDS legal Network Gender Advocacy Program, South Africa
Thelunsa Chaara; Zambia
April Foster; Kenya
Matilya Mogale, Perinatal Research HIV Unit; South Africa
Barbra Dembedza, WASN; Zimbabwe
Benfone U. Unleys, BP Zambia; Zambia
Dr. Fwasa Sinjogo, Government Health Institution; Kitwe, Zambia
Lillian Mphuila, Ministry of Health; LSK, Zambia
Joyce K. Sauwungde, Ministry of Health; Zambia
Welcome Radebe, South African Youth Council; Johannesburg, South Africa
Liudd Adduesgaad, NGO KZN-AIDS Orphans; South Africa
Rev. J. Klurnayf, YCECZ-NGO; Zambia
Bishop P.R.C. Mutuopa, YCECZ-NGO; Zambia
Romeo Tshuma, Gays and Lesbians of Zimbabwe; Zimbabwe
Brigite Syamalgvwe, Zambian Network of People with HIV/AIDS (NZP+)

Kabanda Syamalgvwe, NZP+; Zambia
Nyirenda Derek, Government Health Institute; Zambia
George Nkhuwa, Solwez General Hospital; Zambia
Michael Bowaya; Ministry of Defense; Zambia
Ursula Gore, Ministry of Health; Zambia
Arsiodun Adetoro, FHI; Nigeria
Gloria Jere, Manet & PIB B377 LL3; Malawi
Judith Kachali, Manet & PIB B377 LL3; Malawi
Aliya Ahmad Adamu, PODEF; Nigeria
Charles J. Mfula, CBTO; Zambia
Banba Floriano, ZSCAO; Zambia
Wanhandi Mariette, PAHO; Zambia
Kamfwa Victor, Society for Women and AIDS in Africa (SWAAZ); Zambia
Maggie Musonda, SWAAZ; Zambia
Evelyn Chiposo, SWAAZ; Zambia
Sandie Simwinga, Kaque Mission Hospital; Zambia
Benedicto S. Chisuse, Mulanje District Hospital; Malawi
Rev. J. K. Lumayi, Y.CERZ, Kitwe
Dr. E. Keane, Ndola Hospital; Zambia
Aadam P. Sudas, Muslim Association; Zambia
Kagulula Solomon, Chainama College; Zambia
Maramadou H. Rabi, Nieux Virre Avec le Sida; Niger
Margaret Msukuer, Mponela AIDS Information; Malawi
Legendarme Prene, Sante Sans Frontiere; Marseille, France
Isabel K. Simukonda, United Church of Zambia; Lusaka, Zambia
Goodson B. Mulilo, Lufwanyama Development Program; Zambia
Leonard Sabina; Lumezi Mission Hospital; Lundazi, Zambia
Mbuanga Soki, AMSA; Angola
Antonio Neto, ANASO; Angola
Ward Siamusantu, NFNC; Zambia
F. Kapapula, Chambishi Clinic; Zambia
L. B. Simwanza, Chipenbi Farm Covese; Zambia
Abiud Zulu, University of Zambia Anti-AIDS Club; Zambia
John Muyo, Nchglenge District Task Force; Zambia
Joseph C. Muiale, NPHEP on AIDS; Zambia
Clara M. M. Chikwenya; Zambia
Lunaokie Siyambango; Zambia
Paolo Marelli, Chirvnav Hospital; Zambia
Ticharwa Masimira, MASO; Zimbabwe
Rose-Marie Meda, Centre Solidarite ACT; Burkina Faso
B. D. Paul Mershak, FCS Headquarters, Aid for AIDS Project; Nigeria
Mutale Bouaveuture, ZCF; Zambia
Evelyn Phiri, AVAP/ZIS; Zambia

Josephine C. Phiri, Sepo Centre; Zambia
Chirfi Guindo, MERCGO; Mali
Million Wolde, CPAR; Ethiopia
Belaytv Tadesse, CPAR; Ethiopia
A. Moyo, ICASA; Zambia
B.G. Chongue, medical student; Zambia
Lisa Loeb, University of Zimbabwe; Zimbabwe
S. Moulo, ICASA; Zambia
Crispin Melelf, Central Board of Health; Zambia
Benedicto S. Chisuse, Murarye District Hospital; Malawi
Yoram Chinwa, Lusaka TB Project; Zambia
Mauko Mubeaus, UTH Lusbled; Zambia
Basi Polelo, S.C., Health Department; South Africa
Alice Lauptey, Health Point (2) Limited, Zambia
Dr. Jow Lacey, Council of National Religious AIDS Networks; USA
B.S. Kalvba, Ministry of Science and Technology; Zambia
E.N. Nyanga, Ministry of Science and Technology; Zambia
Sister Mary Courtney; Zambia
Jane Chingamba, MACAED; Zambia
Willy Goma, PALS; Zambia
Bupe Beverly, University of Zambia
Phin Elise, FIAT; Zambia
Bebisi Siamwarda, YWCA; Zambia
Alick Nyirewda, CHEP; Zambia
Ernest Kauoma, Ministry of Health; Zambia
Ken Mwanza, Africare; South Africa
M.C. Nyendwa; Zambia
Dr. Tim Kapakazo, UTH-Lusaka; Zambia
Felix Muleya, YFC, NDOLA; Zambia
Kapila Agara, Blood Transfusion; Congo
Lolaol Mudeseda, Chainama College; Zambia
Dr. Rex Musukua, ZFDS; Zambia
T. Mubukuriancy, Society for Women and AIDS; Zambia
D.Y. Makukula, SWAAZ; Zambia
Grace Tembo Mubor, Society for Women and AIDS
Martin Chembe, ZCTU; Zambia
Frances Kasonde, KARA; Zambia
Toyin Tolaye, PI; Nigeria
Niekwa Mate, Youth Alive UNZA Club; Lusaka, Zambia
Kaluba M.L.S.Zue, Lusaka Home Based Care; Zambia
Louisa Amaene, SWAAZ; Zambia
Aurrie S. Mwenyi, Sevago Home Based Care; Zambia
S. Prakash, University of Zambia; Zambia

Dr. M.O. Sahid, Lagos State Ministry of Health, Ikeja; Nigeria
Maston Kasubenis, SFH; Zambia
Kakoma Chivunda, SADCELS; Zambia
Nebert Mwanla, Lufwanyama District A Team; Zambia
Gladys-Linda Malulu, St. Mary's School Youth Alive Club; Zambia
Walion Zibani, PSI; Zimbabwe
Emily Lemisa, SAT Programme; Zambia
Tope Mtonga, University of Zambia; Zambia
Eugene Kalliba Chileshe, St. Anthony Youth; Zambia
Anthony Mwelkia Kunda, Lilayi Youth Friendly Service; Lilayi, Zambia
Anuina Kaubast, Zambia AIDS TB Project; Zambia
Luyigak Linda, OXFAM Canada; Namibia
Bernard A. Nwabuko, STOPAIDS Organization; Nigeria
K. Like, ZNS; Zambia
Miriam Simbota, Project Hope; Malawi
Antoinette Mukankwaya, YMCA; Zambia
Ignace Simpalinka, YMCA/Refugee Project; Zambia
Gaspar Kategile, WAMATA; Dares-Salaam, Tanzania
Francis Sinendar, UTH; Zambia
Watson Milanto, University of Zambia
Kenneth Kapembwa, UTH; Zambia
Misa Funjiks, UTH; Zambia
Annie C. Mwila, Ridgeway Campus; Zambia
Peter Motale, Chainama College, Zambia
Nana Fosus Clement, Family Health International; Ghana
Samuel Clement, Ghana Red Cross; Ghana
David Chama, Zambia National Blood Transfusion Service; Zambia
Charrie Kosh, Director of Health; Zambia
Chituvo Omega, UTH; Zambia
Museuge Narbmi, UTH; Zambia
Buderi Audace, PNLSIORST; Burundi
Issoufou Tienarebrerro, AAS; Burkina Faso
Frank Hachombna, RFC; Zambia
Kabalon Abel, UTH; Zambia
Rowland O. Swai, NACP-ROH; Tanzania
Chrispin Sampa, Ndola C. Hospital; Zambia
Paul Muleria, Teachers Against HIV/AIDS Network; Zambia
Stephen Mulambia, Ministry of Health; Zambia
Omololu Falobi, Journalists Against AIDS; Nigeria
Comfort Asamoah Adu, West Africa Project to Combat AIDS; Ghana
Dr. Agnus Dzolcau, West Africa Project to Combat AIDS; Ghana
Lottie Bob Hachombwa; Zambia
John Musune, Sichili Mission Home Based Care; Zambia

Muntabaye Fiace, Famille Pour Vaccine le SIDA au Burundi; Burundi
Ayokoin Michel, PPP/PNLS; Cote d'Ivoire
Banda Aaron, VC2 Cindi Chipembi Project; Zambia
Rosemary Nzissi, Ministry of Health; Kenya
Col. Joyce Puta, Civil Military Alliance; Zambia
Dr. M. Sinsani, LUPITMT; Zambia
Dr. Lise Mohamed; UNICEF; Malawi
Bernard Phiri Oiri, Hope House; Zambia
Sydney Camela; Zambia
Livry L. Michelo; Zambia
Dr. J. E. Advungois, Ministry of Health; Kenya
Rev. Charles Banda, Ministry of Finance; Zambia
Solomone Zulu, Archdiocese of Lusaka; Zambia
Agness Ngweryuju; Zambia
Zeha Miti; Zambia
Agness Kasonho, Changa Catholic Church; Zambia
Suzyo Simwinga, Tauka Anti-AIDS Club; Zambia
Wole Hemniolape, Community Life Project; Nigeria
Charity Sichone, Zambia Sugar; Zambia
Joseph Phiri, University of Zambia
Justine Mwango, CASSA_BCP; Zambia
Nanwey Mpondela, Mvelani Anti-AIDS Group; Zambia
Patrick Hachinin, Chikankata Health; Zambia
Phiri Evaristo, Tryda; Zambia
Moses Milenga, Youth ALIVE; Zambia
Dr. Endalamaw Aberra, Amhara Regional Health Bureau; Ethiopia
Sikazwe William, Youth Alive; Zambia
Dickens Kolundo, National Association of People Living with HIV/AIDS; Malawi
Suzgo Kapanda, Virology Lab UTH; Zambia
Stanslavs Chulu, Ministry of Health; Zambia
Dalley Kafwiinbi, Kitwe City Council; Zambia
Violet Yanduli, Kitwe City Council; Zambia
Arnold Mambhie, St. Ignatius Catholic Church; Zambia
Henry Mware, WINGS; Zambia
Mwape Chalowawya, Family Health Trust; Zambia
Mariam Esat; Zambia
Dr. Patrick R. Swai; Tanzania
Gertrude Muyunda, Tusksi Project; Zambia
Margaret Mutcruko; Zambia
M. Siyanda, WRC-UNZA; Zambia
Tony Zitta, Life Link Organization; Nigeria
Linnal Tiyo, SWAAZ; Zambia
Margaret Chisale, Chineola HBCP; Zambia

Ruth Mbabaz, ORINFOR; Rwanda
Aulora Stally, SAFAIDS; Zimbabwe
Yusuf Ahmfas, UTH; Zambia
James Mulolo, University of Zambia; Zambia
K.A. Sangare, Institute Pasteur; Cote d'Ivoire
Muzyamba Pimmry, CHEP-KITWE; Zambia
Kathendy Zimba, Lay's Business Center; Zambia
Mary Kashinger; Lay's Business Center; Zambia
Marriot Nyangu, Uplift Zambia; Zambia
Kristin Kalla Jabri, AIDSmark/PSI; Rwanda
Nakyanu Jeopista, Theta Uganda; Uganda
Wisdom Kangonge, Lusaka Interfaith; Zambia
Kabega Gherese, YMCA; Zambia
Filomena Maxwell; Angola
Dr. N. Sani-Swarzo, National AIDS/STDs Program; Nigeria
Wendy Githeus Benazerga; Madagascar
Olu Oaunrotimi, EDFHO; Nigeria
Ablodun Adetoro, FHI; Nigeria
Aliya Ahmad Adamy; Nigeria
Linda Dhammika, Titmandrane Phc. Center; Zambia
Larry Steintz, Catholic AIDS Action; Namibia
Eliade Manero, SAT Programme; Tanzania
Pfiriabel Kewia, Kimara Peer Educators; Tanzania
Otilia Tasiilani, Mashambanzou Trust; Zimbabwe
Mary Musesengwa, NACP; Zimbabwe
Nictor Mc Geachy, Kohiura Hose Base Care; Zambia
Farl M. Spence; Zambia
Eva Suhnson, Hamden School System; USA
Irvin Rasai Kahonga, SFH and Youth Outreach; Zambia
C. Chistu, University of Zambia
Fronk M. Guist, Midianos AIDS; Zimbabwe
A. Beyer; Zambia
Gladstone Mazhamd, Project 2000; Zambia
Rui Vaz; Angola
Kelvin Sikwibele, PPAZ; Zambia
Absolom B.K. Nzala, CDC; Zambia
Kenneth Owiyo, Nyawita Safari Youth Club; Kenya
Rosemary M.K. Kabaso, Ministry of Sport, Youth and Child Development; Zambia
Tobias Rinkedwit, EHNRI-ENARP; Ethiopia
Gathecha Kama, Arthet Waves Communications; Kenya
Amos Mwale, PPAZ; Zambia
Jones Blantari, FIH; Ghana
Christina Binkeer, Police AIDS Project; Ghana

Robert Chulu; Sepocentre HBC; Zambia
Patrick hachiter, Chikokala Hospital; Zambia
David N. Dhorn, Zambia Army; Zambia
Phillip S. Zulu, Mufulira Health Board; Zambia
Chali Tresford, St. Mary's Secondary School; Zambia
Winner K. Simposya, Christian Council of Zambia; Zambia
Dr. Alemayehu H. Gabriel, Ethiopian Kale Hewit Church; Ethiopia
Nsengiyumua Hassan, PSI Rwanda; Rwanda
Samira Au-Higo, Ministry of Health; Djibouti
Dr. K.M. Vaidya, United Bulawayo Hospital; Zimbabwe
Masauso Nzima, Project Connection International; Zambia
Moto John, Nchglenge HIV/AIDS Task Force; Zambia
Chris Mzembe, District AIDS Coordinating Committee; Malawi
Manengu Musambo; Zambia
Dr. Astridah Chibale, Dominican Sisters; Zambia
Ben Auin Muma, AMO-Congo; Congo
Osiwupebi, Ogun State Teaching Hospital; Nigeria
CP Lebeloe, National Department of Health; South Africa
Eustace Bobo; Zambia
Bessie Thornicroft; Zambia
Clarence Mini; Durban 2000 AIDS Conference; South Africa
Olive Mujanja, Commonwealth ECSA Office; Tanzania
Folami Harris; Margaret Sanger International JHB; South Africa
Nakeck Kaoontz Darice, Project SIDA; Congo
Oibuch Bicihue; Project International; Zambia
Aatou Mucils, CARE International; Zambia
Dorris Chumpinde; Malawi
Hope Carter, Mukinge Orphan Support Project; Zambia
Prince Masauso; Rooney's; Zimbabwe
Kennedy Chileshe, Kara Counselling; Zambia
Rucamihibo Callixte, AFRAPTON Care; Rwanda
Dr. Richard Emmanuel, CRIPS; France
Ho-Van-Cam, CRIPS; France
Peter Labouchere, VSO; UK
E. Mfonya, Gu AIDS Project; Malawi
Libarnard Wanro, TVT Associates; USA
Charles Kouanforck, Hopital du Jour; Cameroon
Mr. Ella Mam Emmanual, Ministry of Public Health; Cameroon
Charles Mandika, Zambia Peer Education; Zambia
Marlon Banda, Churches Medical Association; Zambia
Christopher Mpolomoka, UNZA Anti-AIDS Club; Zambia
Terra M. Bawda, UNZA Anti-AIDS Club; Zambia
Tobou Abdoul Hamane, ASMA-ONG; Benin

Dierdre Gilmore, TvT Associates; USA
Dorothy Logil, Primary Care Physicians; UK
Allen W. Logie, Consultant Physicians, UK
Augustine Seyvba, Lambian Breweries PIC; Zambia
Robert A. Carter, SIM/ECZ/CMAZ; USA, Zambia
Martin Methot, MEACTIM Canada; Canada
Suzanne Levaetz, National Schide Hospital; Zimbabwe
Anne Byamukama, JCRC; Uganda
Dr. Gwet Bell Eristomi, Society for Women and AIDS in Africa; Cameroon
Hideki Yamamto, JICA- Zambia; Japan
Vera M. Siouwanza, Alliance for Orphaned Children; Zambia
Tembi Mtime, National Assembly; Zambia
Maddalena Manenti, CHBC; Zambia
Aaron Mhango; Malawi
D.G. Sserukggra, Uganda AIDS Action; UK
Catherine Muthira, Kenya Medical Research; Kenya
Cathreine Nyirendi, Kara Counselling Training Trust; Lusaka
Dr. J. Tembo, Zambia Railways; Zambia
Teddy M.K. Nyemba, Ministry of Environment and Natural Resources; Zambia
Dr. David Koetsier, Ministry of Health, Kaong Hospital; Zambia
Doris Mwanga, Education; Zambia
Jvonne Banda, Drug Enforcement Commission; Zambia
Sharon Kundiona, Drug Enforcement Commission; Zambia
Jacob K. Chinyimba, ISENI Drop-in Center; Zambia
Margaret M. Chisaka, Chinwora Home Base Care; Zambia
David Mwanng, Palesa News Agency; Zambia
Maggie Musonda; Zambia
Dr. Ekessa, Department of Defense; Kenya
Dr. KL Chebet, Ministry of Health; Kenya
Paul Mershak, FCS Aid for AIDS Project; Nigeria
Goodson M. Chrolowe, RMRMR, Zambia
Samuel Bugez, Petra Study; Uganda
Dr. K.M. Vaidya, United Bulaway Hospital; Zimbabwe
F.M. Chinanda; Zambia
Dr. B. Fuibo, NACP; Tanzania
M.K. Mumba, Youth Alive; Zambia
Mumba Martin, Chivunga Mission Monze; Zambia
Kasumbalesa Flolics, CBWDO; Zambia
Mbuanga Soki, AMSA; Angola
Antonio Neto, ANASO; Angola
Kangwa Mvtare, Hope House; Angola
Mike Moore, Genzlabs Diagnostics; Switzerland
Annie Musanda; Zambia

Dr. Elizabeth N. Gugi, University of Nairobi; Kenya
Stephen Mulambia, Jawest General Distributors; Kasama
Clara Banda, Bread of Life Church; Zambia
Goodson B. Mulilo, Lufwanyama Development Program; Zambia
Joyce Mulilo, Lufwanyama Women Development Association; Zambia
A.M. Machaliwa, Masaiti Council; Zambia
M. Shakulamba, Prison Fellowship Zambia; Zambia
Asa Ebleme, Society for Women with AIDS in Africa; Nigeria
Alick Muvula, Registration Headquarters; Zambia
Evaristo Chinanda, Home Affairs Headquarters; Zambia
JBO Okanga, Algerian Health Services; Kenya
J. Chibemba, Ministry of Health; Zambia
L. Chisenga, Ministry of Health; Zambia
W.M. Chelu, Ministry of Health; Zambia
P.C. Kalenga, SFA; Zambia
J. Odontio, East London health Authority; UK
E. Kalichi, Chicamata Health Services; Zambia
Andrew Chibanga, School Anti-AIDS Coordinator; Zambia
Rev. J.K. Lumati, YCECZ; Zambia
A. Nokslole, ASAY; Zambia
Christabel Motsa, DPM's Office; Swaziland
Ester Dcamini, DPM's Office; Swaziland
Elijah N.M. Mwaba, Teachers against HIV/AIDS; Zambia
Susyo Simwinga, Tawka Anti-AIDS Club; Zambia
Rosemary Mumbi, Advancement of Women in Africa; Zambia
Renee Sharpe, Imperial College; London, UK
Jeanne Samecken, AC SIDA; Cote d'Ivoire
Wisdom Chanda, USAC; Zambia
Hendrix Mwanza, MANSO; Malawi
Donna Kabaresi, THETA; Uganda
Uelvin C. Wlenga; Zambia
Tina Nyirenda; Zambia
Helen Mytambo; Zambia
Come Niyoneabn; Burundi
Cheick Tall; ENDA; Mali
Charles Lwiindi; Zambia
Samuel Bwalya; Zambia
Dr. Elizabeth Sentonao, JCRC; Uganda
Dr. Fabian S. Kabulubyln; Zambia
Mirian Simbota, Project Hope; Malawi
Therese Kondaoule, PNLS; RCA
Ye Diarra, Actions Femme Mineurs Milieu Concerat; Burkina Faso
Aguh Christine, Socadido Kumi Catholic Church; Uganda

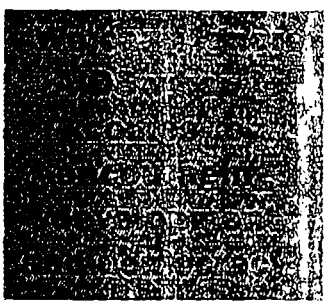
Global Health Council
JANUARY/FEBRUARY 2000

AIDS Is A Security Issue

Ken Bernard advises NSC on international health

By William Craig — AIDSLink Editor

The international response to the HIV/AIDS pandemic often seems maddeningly hesitant. Though AIDS has killed 16 million people worldwide, and HIV infected another 35 million more, governments of some of the hardest-hit countries still refuse to recognize the emergency. Even the world's wealthiest nation, the United States of America, has yet to devote significant resources to the crisis; annual U.S. AIDS expenditures would hardly fund a day's peacekeeping in Bosnia.



But there are signs that the magnitude of the AIDS pandemic is finally being recognized in the corridors of power.

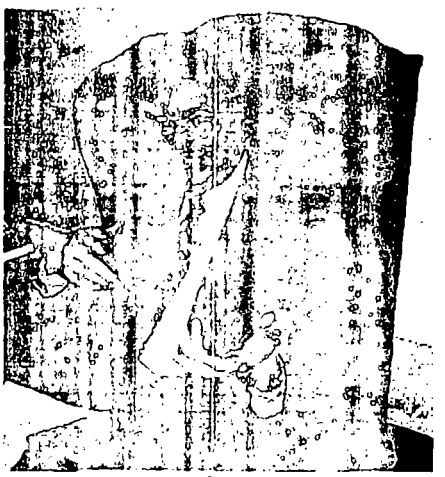
One of them is the sign on one of the hundreds of imposing paneled doors in the corridors of the Old Executive Office Building in Washington, D.C., which announces that the occupant of the office beyond is Kenneth W. Bernard, special advisor for international health affairs to the National Security Council.

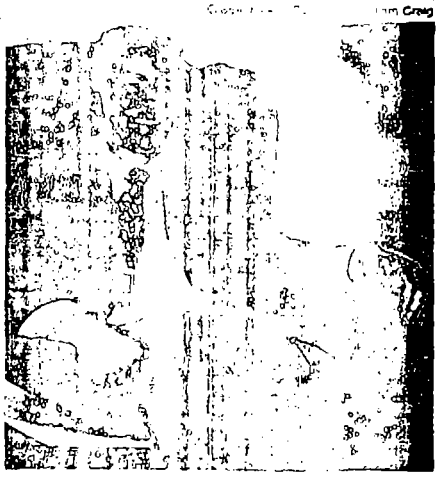
Bernard is the first bearer of that title, which was created in 1998 as a result of discussions between Health and Human Services Secretary Donna Shalala and National Security Advisor Sandy Berger. They talked "about a number of health issues which she felt had substantial security impact," Bernard said in a recent interview, "ranging from civilian defense against the threat of bio-terrorism to emerging diseases moving across borders — Ebola or HIV or multi-drug-resistant tuberculosis — to the importation of foodstuffs.

"There was a whole long list of things," Bernard said. "Look at Africa, where the reduction in life expectancy and the increase in orphans — the fact that companies have to hire multiple managers in order to have enough trained personnel to do business — is having such an effect on nation's economic policies. We can't ignore AIDS when it comes to encouraging development and democracy."

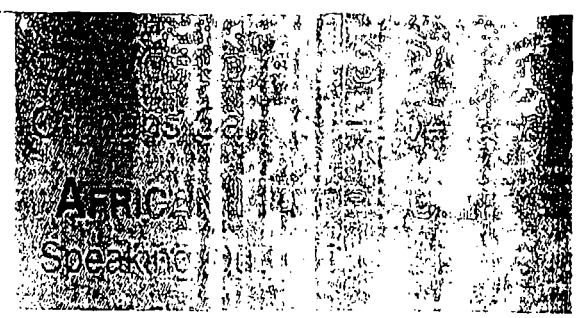
Bernard, whose résumé includes international health work for HHS, the Peace Corps and the Centers for Disease Control, now advises both Shalala and the surgeon general as well as Berger and the National Security Council, serv-

Continued on Page 12 — Bernard





INSIDE...



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tel: 202-833-5900
fax: 202-833-0075
e-mail: AIDS@globalhealth.org

Global Health Council
Global AIDS Program

Fax

To: Sandy Thurman, Director, ONAP

From: Kim Green

Fax: **Pages:** 2

Phone: **Date:** January 4, 2000

Re: African Mayors **CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:**

Sandy:

Mina Mauerstein Bail is the Director of HIV/AIDS activites at UNDP and is the UNDP liaison to UNAIDS; Tel: 212-906-6349, Fax: 212-906-6350, Email: <mina.mauerstein-bail@undp.org>.

See below the list of African civic leaders who are part of UNDP's 'Alliance of African Mayors and Municipal Leaders' :

- Fisho Mwale, Former Mayor of Lusaka, Zambia
- Fikile Mthembu, Lady Mayor, Manzini, Swaziland
- Dr. Emmanual Ibo Bainguie, General Secretary, Alliance; Director, Quality of Life, Abidjan, Cote d'Ivoire
- Major Rubaramira Ruranga, National Coordinator, National Guidance and Empowerment Network of People Living with HIV/AIDS, Uganda
- Charles Keenja, Chairman of the City Commission, Dar es Salaam, Tanzania
- Peter Anthony Mavunde, Lord Mayor, Dodoma, Tanzania

1701 K Street, NW, Suite 600
Washington, DC 20006-1503
Phone: (202) 833-5900
Fax: (202) 833-0075

Global Health Council

Fax

To: Sandra Thurman From: Michele Seimitas
Carol Miller

Fax: 456-2438 Date: Aug. 8th

Phone: Pages: 6

Re: Req. for Appt. CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

We are trying to arrange the attached appointments to update the White House on our proposal to increase funding for HIV/AIDS in Africa. Any assistance you can provide would be appreciated.

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<www.globalhealth.org>

July 28, 2000

Ms. Sylvia Mathews
Deputy Director, Office of Management and Budget
Eisenhower Executive Office Building, Room 252
Washington, DC 20503

Dear Ms. Mathews:

I am writing to request an appointment with you during the month of August to discuss a proposal to provide emergency funding this year to jumpstart the provision of care and treatment for AIDS as an essential new component in the effort to combat the HIV/AIDS pandemic in Africa. This proposal was developed by the Global Health Council, the world's largest alliance of organizations dedicated to global health, in collaboration with delegates to the XIII International AIDS Conference in Durban, South Africa earlier this month. During the conference, several major private pharmaceutical companies announced initiatives to provide medicines to those infected with HIV. Unfortunately, their efforts may be doomed to fail as long as most African countries lack the public health infrastructure to support the provision and administration of these medicines.

We would like to meet with you to discuss our proposal, announced before the U.S. Congress earlier this week, that the United States provide emergency supplemental funding of $275 million this year. These funds would be targeted to ten African countries that have demonstrated a commitment to addressing the HIV/AIDS problem in their countries and they would be used to support the development of standards of care; improve testing, counseling and mother-to-child transmission clinics; expand availability of diagnostic equipment; and train health care workers in HIV prevention and care.

I have enclosed some summary handouts that were developed for the Congressional briefing, and I look forward to providing additional details on our proposal to you and working with the Clinton administration to secure these emergency supplemental funds this year. Our many contacts with Congress have made it clear that active Administration support is the essential ingredient in moving a proposal such as this forward at this stage in the Congressional session. It would be an enormous shame to lose the momentum that has been generated over the past 9 months, and it is our sense that Congress would be prepared to act on this request given White House leadership. We will contact your office early next week to determine your availability for a meeting. I have also sent a letter to Maria Echaveste requesting an appointment and would be pleased to meet with both of you at the same time.

Sincerely,

Nils Daulaire, MD, MPH
President and CEO

Global Health Council

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<ghc@globalhealth.org>

<www.globalhealth.org>

July 28, 2000

Ms. Maria Echaveste
Deputy Chief of Staff
The White House
Washington, DC 20502

Dear Ms. Echaveste:

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Sincerely,

Nils Daulaire, MD, MPH
President and CEO

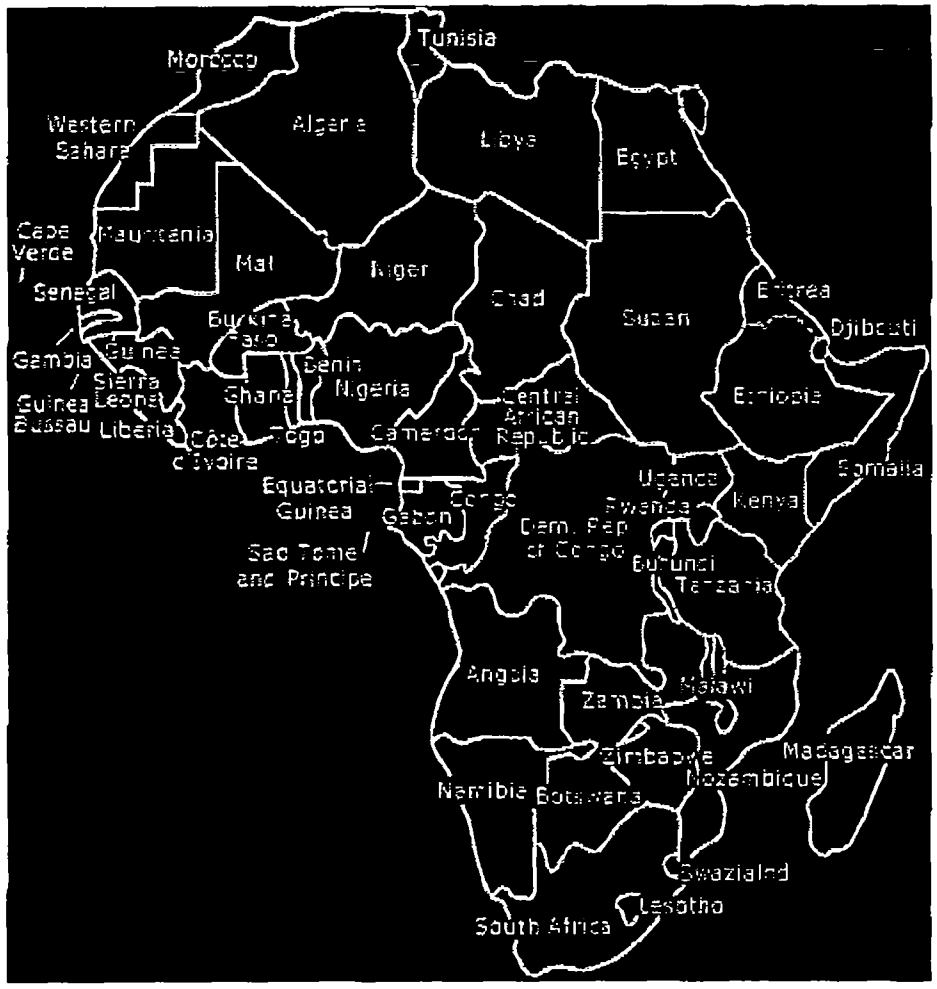
Why Does the AIDS Crisis Call for Emergency Funding?

- AIDS has emerged as the number one crisis of our time
- Care and treatment of persons living with HIV/AIDS has gained new importance
- In most African countries, the health infrastructure is not adequate to the task
- In countries that have shown serious political commitment, what is needed is a "jump start"

How $275 Million in Emergency Funds Should Be Spent

- Focused on ten African countries that have demonstrated commitment, $25-30 million each
- Outside regular mechanisms for accelerated deployment through USAID, CDC, HHS
- Deployed over next 2 years

Countries



- Burkina Faso
- Ethiopia
- Malawi
- Mozambique
- Nigeria
- Rwanda
- Senegal
- Tanzania
- Uganda
- Zambia

Illustrative Country Budget

- Standards of care: $3m
- Testing and counseling: $7m
- Diagnostic equipment and labs: $3m
- Facilities focused on Mother To Child transmission: $5m
- Expanded training in prevention and care: $8m
- Information and communications technology: $2m

D - Global Health Council

1701 K Street, NW, Suite 600
Washington, DC 20006-1503
Phone: (202) 833-5900
Fax: (202) 833-0075

Global Health Council

Fax

To: Office of Sandy Thurman **From:** Marianne Tshihamba - Global Health council

Phone: **Date:** February 7th, 2000

Fax: (202) 456-2439 **Pages:** 8

Re:

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

Dear Ms. Thurman,

I have faxed to you in reguards to what we spoke about earlier. Enclosed is a copy of the 2000 Global Health Bill and various articles. However, there may be changes in the final wording of the bill. Your participation is greatly appreciated. Thank you very much.

Marianne Tshihamba.

THE WASHINGTON POST FRIDAY, FEBRUARY 4, 2000 C11

JUDY MANN

Getting a Bargain on a Medical Miracle

In the vibrant world of biotechnology and genetic engineering, everything seems possible, even a cure for the common cold. Stem cells offer hope to victims of stroke and infant brain damage. We've wiped out some of the most deadly infectious diseases. People are living into their nineties, and more will be doing so in the future.

We complain loudly and often about our medical system and the high cost of pharmaceuticals, but the medical advances occurring every month are breathtaking. Those of us fortunate enough to live in rich, developed countries are reaping the benefits of a golden age in science and medicine. Meanwhile, people in poor countries are still succumbing to diseases we've conquered. This does not have to be.

"While we pole-vault into the 21st century, there are still people in the 19th century," says Nils Daulaire, head of the Global Health Council, an umbrella organization that includes pharmaceutical manufacturers, universities, international relief organizations and nongovernmental organizations. "It's as if the 20th century is all wrapped up and gone and what's left is a hole. There are still 2 billion people standing on the far side of that gap, in the 19th century, in terms of health conditions.

"There are very self-interested reasons for us to be concerned about their well-being. I see humanity bound together with a highly elastic but strong bond that can stretch an awful lot. But ultimately that bond can snap, which would be a disaster for the 2 billion living in poverty and probably cause a world of chaos and terrorism and deterioration that would make things over the last 20 years look like a picnic."

Drug-resistant diseases such as tuberculosis and malaria could emerge from poor countries to ravage the United States, he says. We can pull these countries forward, or they could pull us back.

"The technology and know-how that has been gained over the past 20 years in health internationally puts us at the point where we could address the majority of health issues of people living in poverty at incredibly low cost," Daulaire says. He cites a 1993 World Bank study that estimated a basic health package could be delivered to all those persons for $13 to $15 a year. This would include all immunizations, curative health care for children and adults, particularly cures for infectious diseases, reproductive health needs, education and treatment for sexually transmitted diseases. "This is not beyond our means, but as long as the attention of the U.S. was on the deficit, there was no point in doing this. That's behind us."

The Global Health Council and 118 organizations around the world have signed a letter to President Clinton asking for an additional $1 billion a year for the next 10 years to target child survival, safe motherhood, family planning, HIV/AIDS and the major infectious diseases. "It constitutes a doubling of the U.S. commitment to global health," says Daulaire. The letter outlining the initiative was delivered to Clinton five weeks before his State of the Union speech, and already the groups are seeing evidence this initiative will get major support. The administration has announced it will seek $100 million more for HIV/AIDS efforts in Africa, $50 million more for vaccines and $160 million more for family planning.

Groups trying to help with these problems have tended to target their specialties—such as getting more funding for immunizations. "They haven't in the past come together," Daulaire says. "All of these groups are represented in our letter." (The full text is at *www.globalhealth.org*.)

Charles MacCormack, president of Save the Children, says it is "a tragedy" that in a world with as many resources as we have, average life expectancy is 45 years, and "over 10 million children die of preventable diseases. Save the Children and CARE have been doing our best to let the public know there are solutions. They are affordable." He says the groups want to make sure this $1 billion initiative gets some of the budget surplus. "There will be no other investment that will save as many lives as this one will." And, he points out, it has the support of the American people, who when asked whether they'd be willing to have another tenth of their tax dollars spent on this, say yes. But it has not become a priority yet for them.

The initiative is gaining bipartisan support in Congress, says Daulaire. While $1 billion from the United States won't do the job, it would provide the catalyst for other donor nations such as France, Germany and Japan to increase their contributions. Pharmaceutical giants have made major commitments of resources, as have foundations.

Daulaire says we have "a closing window of opportunity." An American serviceman died from infection after being vaccinated for smallpox in 1980, before the disease had been declared eradicated. Later, it was discovered he had AIDS. "Once AIDS took hold, we could not have carried out this global smallpox vaccination effort. The vaccine would have carried an unbearable risk to those with HIV/AIDS. What we can do now, we may not be able to do in 15 years. There is an urgency to this that goes beyond opportunity."

The global health initiative is a 10-year commitment that is crucial for the United States to undertake, along with other rich nations and the developing countries that would shoulder most of the costs. "When we get to the year 2010," says Daulaire, "we will be able to look back and see that those living in the 19th century have been airlifted across to the 21st century and the risk we will all face will be tremendously diminished."

It's a gold-plated investment that would pay dividends for all of us.

N.Y. congressman proposing rise in global health aid

The Washington Times

★★ MONDAY, FEBRUARY 7, 2000 / PAGE A9

By Ben Barber
and Geoffrey Smith
THE WASHINGTON TIMES

THE WASHINGTON TIMES

The threat of disease spreading to the United States from abroad, as well as compassion for millions who needlessly die of preventable or curable diseases in the Third World, is behind a new move to double U.S. aid for global health to $2 billion.

President Clinton proposed the increases in his State of the Union address last month and they will be introduced as a bill in the House this week by Rep. Joseph Crowley, New York Democrat.

Mr. Crowley's Queens district was hit by the deadly West Nile encephalitis virus last year — spread by birds after most likely being imported into the United States via a New York airport.

"Over 10 million children [around the world] under the age of 5 die from preventable causes," said Mr. Crowley last week at a Capitol Hill briefing.

"Seventeen million people die annually of infectious diseases, 1 million of which are preventable. The legislation will seek to make global health a priority of the U.S. government."

The proposal would increase funding:

- For child survival, from $300 million in 1999 to $525 million in 2000.
- For maternal health, from $50 million to $150 million.
- For family planning (with no money going to abortion), from $410 million to $610 million.
- For HIV and AIDS, from $225 million to $500 million.
- For fighting infectious diseases such as tuberculosis, from $114 million to $314 million.

A spokesman for Rep. Sonny Callahan, Alabama Republican and chairman of the Appropriations subcommittee on foreign operations, said that increasing cash for child survival would win Republican support.

"Sonny Callahan supports the child-survival account and if he had his druthers, he'd like to see more money go there," said Jo Bonner, his spokesman. "We need to look at the requests and see if they come under the umbrella of child survival."

Mr. Crowley is seeking support from Republicans on the Hill.

"Last year, we debated debt relief and were able to reduce the burden for a lot of underdeveloped countries," said Chris McCannell, chief of staff for Mr. Crowley. "This is the year we hope to see the United States be a leader in promoting health worldwide."

Working with Mr. Crowley to formulate the international health policy is the Global Health Council (GHC) — an amalgam of groups such as the American Medical Association, major drug companies and relief agencies.

The GHC President Nils Daulaire said that after years of foreign-aid cuts it is time to attack world health problems.

"With large federal budget surpluses this year and a booming U.S. economy, now is the time to increase spending on world health," said Mr. Daulaire, formerly the senior U.S. international public health official at the Agency for International Development (AID).

"This legislation would substantially increase U.S. support for child welfare."

He noted that new bacteria and viruses that are created through mutations anywhere in the world take only two weeks to spread to the United States due to the increased density of population and rapid international communications.

He spoke of the increased threat of epidemics from diseases such as malaria and tuberculosis strains that become resistant to treatment due to improper use of antibiotics.

In poor countries, patients often take insufficient amounts of a drug to fully kill off an infection, leaving the surviving bacteria to form even more potent forms of the illness.

AID Administrator J. Brady Anderson spoke last week in support of the bill, saying that "child survival should be a central focus of U.S. policy."

"Infant child mortality in developing countries is still 10 times the rate in the U.S. In some areas [around the world], complacency has led to a slowing of progress [and] drops in immunization rates."

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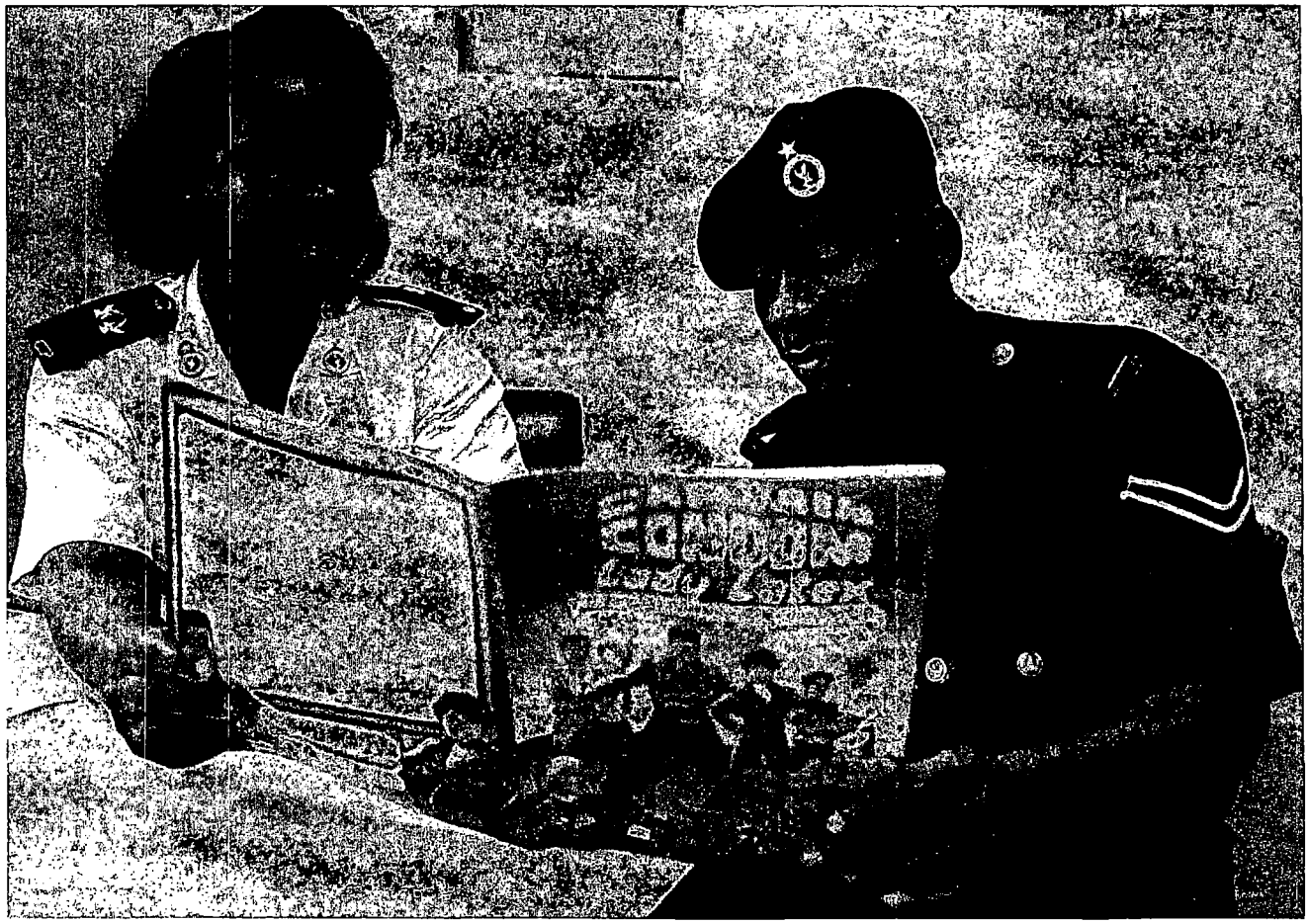
Global Health Council
OCTOBER/NOVEMBER 1999



Two members of Ghana's Police Service read an informational comic book to learn about preventing HIV/AIDS. Marcus Rose/ Panos Pictures

Police Seek To Arrest Spread Of HIV

By Kathleen Henry

"Stay healthy. Protect yourself from sexually transmitted diseases (STDs) and AIDS."

An appeal to police officers' pride in their own physical fitness, and a reminder that AIDS is linked to the other STDs that some of them have experienced: This message is part of a comprehensive effort by the Ghana Police Service to change the sexual behaviors that put its members at high risk of HIV infection.

With technical assistance from Family Health International's IMPACT (Implementing AIDS Prevention and Care) Project and funding from the U.S. Agency for International Development, the service's AIDS Control Programme will motivate and support police officers to be faithful to their partners, use condoms and seek early treatment for STDs.

Studies from many countries have shown that police and other security forces have higher rates of HIV infection than civilian populations, and Ghana's Police Service is no exception. Statistics from the service's hospital show that accidents and AIDS-related illnesses are the leading causes of death among jun-

Continued on Page 6 — Police

THE GLOBAL AIDS HOLOCAUST

HIV/AIDS is on the way to killing more people than all major 20th Century Wars

WAR CASUALTIES (combat NOT)		AIDS CASUALTIES	
WWI:	9,200,000	Total Deaths:	13,900,000
WWII:	20,000,000	Total Infections:	33,400,000
Korea:	1,500,000		
Vietnam:	2,100,000		
Gulf War:	100,000		
TOTAL:	**32,900,000 People**	**TOTAL:**	**47,300,000 People**

Research: Ron MacInnes, Global Health Council 1999

D-GHC

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Global Health Council
JANUARY/FEBRUARY 2000

AIDS Is A Security Issue

Ken Bernard advises NSC on international health

By William Craig — AIDSLink Editor

The international response to the HIV/AIDS pandemic often seems maddeningly hesitant. Though AIDS has killed 16 million people worldwide, and HIV infected another 35 million more, governments of some of the hardest-hit countries still refuse to recognize the emergency. Even the world's wealthiest nation, the United States of America, has yet to devote significant resources to the crisis; annual U.S. AIDS expenditures would hardly fund a day's peacekeeping in Bosnia.

But there are signs that the magnitude of the AIDS pandemic is finally being recognized in the corridors of power.

One of them is the sign on one of the hundreds of imposing paneled doors in the corridors of the Old Executive Office Building in Washington, D.C., which announces that the occupant of the office beyond is Kenneth W. Bernard, special advisor for international health affairs to the National Security Council.

Bernard is the first bearer of that title, which was created in 1998 as a result of discussions between Health and Human Services Secretary Donna Shalala and National Security Advisor Sandy Berger. They talked "about a number of health issues which she felt had substantial security impact," Bernard said in a recent interview, "ranging from civilian defense against the threat of bio-terrorism to emerging diseases moving across borders — Ebola or HIV or multi-drug-resistant tuberculosis — to the importation of foodstuffs.

'We can't ignore AIDS when it comes to encouraging development and democracy.'

"There was a whole long list of things," Bernard said. "Look at Africa, where the reduction in life expectancy and the increase in orphans — the fact that companies have to hire multiple managers in order to have enough trained personnel to do business — is having such an effect on nation's economic policies. We can't ignore AIDS when it comes to encouraging development and democracy."

Bernard, whose rèsumè includes international health work for HHS, the Peace Corps and the Centers for Disease Control, now advises both Shalala and the surgeon general as well as Berger and the National Security Council, serv-

Continued on Page 12 — Bernard

Global Health Council — William Craig

Global Health Council

0-6HC

January 15, 2000

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

Invitation to co-sponsor the 17th International AIDS Candlelight Memorial

Dear Karen,

It is my great pleasure to invite you to join as a co-sponsor of the 17th International AIDS Candlelight Memorial, to be observed around the world on May 21, 2000.

This year's theme is: *"Break the Silence: Honor Every Death, Value Every Life."*

As a past co-sponsor of this event, you know the important impact of the Candlelight Memorial. It has become the world's largest annual grassroots HIV/AIDS event. For communities around the world the International AIDS Candlelight Memorial honors the memory of those lost to AIDS; it shows support for those living with HIV and AIDS; it raises community awareness of HIV/AIDS; and it mobilizes community involvement in the fight against HIV/AIDS.

The original International AIDS Candlelight Memorial was held in 1983. At that time the cause of AIDS was unknown and no more than a few thousand AIDS deaths had been recorded. Last year, the Candlelight was observed in over 300 locations in 43 countries. And this year, with the epidemic continuing to worsen, the Candlelight memorial will undoubtedly be the largest ever.

The Global Health Council will provide materials to all local event coordinators to make their coordination efforts easier and more effective, including a complete event coordination kit. The kit includes full-color posters, graphics for reproduction on letterhead and event programs, sample press releases and public service announcements for newspapers and radio and television stations, sample invitations to public officials, and a step-by-step guide with suggestions for local event coordination and fundraising. The Global Health Council also stays in contact with local event coordinators by phone, e-mail and fax to answer any questions that come up along the way.

<ghc@globalhealth.org>
<www.globalhealth.org>

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20 Palmer Court
White River Junction, VT 05001

Tel. (802) 649-1340
Fax (802) 649-1396

Support from organizations like yours who can contribute to the Candlelight allows the Global Health Council to continue the tradition of the Candlelight Memorial.

For many communities around the world, this is the one opportunity each year for them to publicly remember those who have succumbed to AIDS, or to publicly promote HIV awareness and prevention messages.

I invite you to become a sponsor of this year's event, with your organizational contribution of $500 - $1,000. Your contribution allows your organization's name to be listed on the official poster for the Candlelight Memorial, the official web-site, your logo printed in the coordination kit, and your sponsorship listed in the press and media outreach before and during the May 21 event.

If your organization is able to support this year's International AIDS Candlelight Memorial, please send a check before Feb. 15, 2000 to Global Health Council, 20 Palmer Court, White River Junction, VT 05001. Please mark your check "Candlelight".

If I can do anything to answer questions for you, please do not hesitate to contact me.

In solidarity,

Ron MacInnis, Jr.
Director
Global AIDS Program

17th International AIDS Candlelight Memorial

Global Health Council

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<ghc@globalhealth.org>

<www.globalhealth.org>

July 21, 2000

Sandra Thurman, Director
Office of National AIDS Policy
736 Jackson Place NW
Suite 820
Washington, D.C. 20503

Dear Ms. Thurman:

As a follow-up to the XIII Annual AIDS Conference held in Durban, South Africa last week, we at the Global Health Council, along with UNAIDS and Merck & Co, Inc., are sponsoring both a congressional breakfast and briefing. I would like to extend an invitation to you to speak at our event, which bears the same title as the afternoon briefing in which you have already been invited to speak, "Confronting the AIDS Crisis: Moving Forward from Durban 2000."

The breakfast will be an update on the issues confronted and plans for action from Durban, and will take place on ***Wednesday, July 26***, from ***8:30-10:30 a.m.*** in the ***Dirkson Senate Office Building, Room 138***.

Honorary cosponsors of the event are the following Members of the Senate: Barbara Boxer (D-CA), Jim Jeffords (R-VT), Edward Kennedy (D-MA), and John Kerry (D-MA), as well as others who are yet to be confirmed.

The program will feature a distinguished list of speakers, including:

Impressions of Durban; Setting the Scene

*Danny Glover, Actor and United Nations Development Programme Goodwill Ambassador
*Helene Gayle, Director National Center for HIV, STD and TB Prevention at the Centers for Diseases Control
*Sophia Mukasa-Monico, Executive Director, TASO, Uganda

The Solution; the US Response

*Sandra Thurman, Director, White House Office on National AIDS Policy (invited)
*Dr. Nils Daulaire, President and CEO, Global Health Council
*Dr. Jeff Sturchio, Executive Director, Public Affairs, Europe, Middle East & Africa, Merck & Co., Inc.

We would warmly welcome your perspectives and comments at both the breakfast and afternoon briefing. If you have any questions, please feel free to contact Carol Miller, Director, Public Policy, Global Health Council (202-833-5900, cmiller@globalhealth.org).

Sincerely,

Nils Daulaire, MD, MPH
President & CEO

1701 K Street, NW, Suite 600
Washington, DC 20006-1503
Phone: (202) 833-5900
Fax: (202) 833-0075

Global Health Council

Fax

To: Sandy Thurman From: N. Dauraire

Phone: Date: 25 FEB 00

Fax: ~~338-2965~~ 456-2439 Pages: 3

Re:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

Per our discussion, letter and forum description.

Global Health Council

February 25, 2000

Senator John McCain
241 Russell Senate Office Building
Washington, DC 20510

Dear Senator McCain:

I am pleased to invite you to serve as the keynote speaker for a Local-Global Health Forum on the issue of Cross-Border TB, to be held in San Diego, California, at the Hanalei Hotel Conference Center on March 3, 2000. Ideally, we would like you to speak at the luncheon plenary of the conference, between 12:30 pm and 2 pm, but understanding your demanding schedule in early March, we could accommodate our schedule to your availability any time during that day.

This forum is dedicated to exploration of the important issue of cross-border TB in the broader context of the global TB threat, which kills nearly 3 million people a year. The forum is hosted by the Global Health Council, the world's largest alliance of health professionals and organizations dedicated to improving global health. Co-sponsors include the American Lung Association of San Diego and Imperial Counties, the American Public Health Association, the Association of Academic Health Centers, the Migrant Clinicians Network and the Global Health Group of the Californias.

Your position on increasing access to health care and your knowledge of the challenges associated with border health issues are widely recognized. This forum would provide an opportunity to demonstrate your leadership on an issue important to the people of southern California, and deserving attention of all Americans.

We anticipate several hundred health professionals and community leaders from both sides of the border to be present, and are working with electronic and print media in southern California to make sure that the message from the conference reaches a wide audience throughout the state.

I hope you will be able to accept our invitation, and look forward to working with you and your staff to give this issue the prominence it deserves.

Sincerely,

Nils Daulaire, M.D., M.P.H.
President and CEO

1701 K Street, NW
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20006-1503

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Fax (802) 649-1396

<ghc@globalhealth.org>

<www.globalhealth.org>

REGISTER NOW FOR:

"U.S. & Mexico: Together Against TB in the 21st Century"
"Los Estados Unidos y México: Juntos contra la tuberculosis en el siglo 21"

Hanalei Hotel
2270 Hotel Circle North
San Diego, CA
Thursday & Friday March 2-3, 2000

The purpose of the Forum is to further strengthen collaboration to address cross border Tuberculosis issues, and provide a venue to discuss state of the art technical information and program strategies while building community awareness of Tuberculosis as a global issue.

Featured Speakers

- Dr. William R. Archer, III, Texas Commissioner of Health
- Dr. Amy Bloom, Technical Advisor for TB, USAID
- Dr. Kenneth G. Castro, Director of the Division of TB Elimination, CDC
- Dr. Elizabeth Ferreira, Chief of TB Control-Mexico
- Dr. Kathleen Moser, Chief of TB Control-San Diego County, CA
- Dr. Lee Reichman, Executive Director, National Tuberculosis Center
- Dr. Sarah Royce Chief Tuberculosis Control Branch California Department of Health Services
- Dr. Alfonso Ruiz, Chief, El Paso, TX Field Office, US/Mexico Border, Pan American Health Organization, El Paso, TX

We hope you will join us for a reception on March 2, 2000 from 6:30 pm to 8:30 pm in the Pacific Surf Room at the Hanalei Hotel. On-site registration will also begin at 5:30 pm and close at 7:00 pm on this day. On-site Registration will also be available at 7:30 am before the opening session of the Forum on March 3, 2000.

Visit our web site http://www.globalhealth.org for more information about the Forum or contact Jim Wiggins, (202) 833-5900 ext. 210 Email: jwiggins@globalhealth.org.

Sponsored by

Global Health Council

Pan American Health Organization
U.S. Agency for International Development
In partnership with the
American Lung Association of San Diego & Imperial Counties
American Public Health Association
Association of Academic Health Centers
Association of Public Health Laboratories

The Hanalei Hotel is located in Mission Valley in the heart of San Diego, on Hotel Circle North just east of the Interstate 5 & 8 interchange.

Global Health Council

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<www.globalhealth.org>

August 28, 2000

Sandy Thurman
Office of National AIDS Policy
FAX: 202-456-2439

Dear Ms. Thurman:

On behalf of the Global Health Council we would like to invite you to speak at a Congressional Briefing on children affected by HIV/AIDS sponsored by the Congressional Task Force on International HIV/AIDS and co-sponsored by the Global Health Council and the Association Francois-Xavier Bagnoud . The briefing will be held on September 12, 2000 from 12:30-2:30. The exact location will be announced.

Speakers include Peter Piot, UNAIDS, Albina du Boisrouvray, FXB, Rodgers Mwewe, Street Children Project-Zambia, and Penina Ochoa, Community Response, Uganda. There will also be an overview of "Children on the Brink" by one of the editors. Representative Jim McDermott (D-WA), Co-Chair of the Congressional Taskforce on International HIV/AIDS will moderate.

We would like to invite you to close the briefing by presenting the role of the United States in the response to the needs of AIDS orphans and what we can do as advocates to support children affected by AIDS. The previous presenters will have presented the magnitude of the problem and offered at least two programs designed to meet the needs of children. We will look to you for a "next steps" approach.

This event has been put together in collaboration with Association Francois-Xavier Bagnoud, and PLAN International.

Please confirm you participation with Mary Partlow, 202-833-5900, ext. 215 or by email at mpartlow@globalhealth.org.

Sincerely,

Nils Daulaire, M.D., M.P.H.
President and CEO