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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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001. form	Indian Visa Application, Sandra Thurman (2 pages)	11/19/1998	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21064

FOLDER TITLE:

India [3]

2007-1550-F

kc1252

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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CATCH 'EM YOUNG

A Best Practice Case Study on
School Based AIDS Preventive Education Programmes
in Maharashtra, India





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

OCT 20 1998

699000.029

Joint United Nations Programme on HIV/AIDS

Telephone line: 41 22 791 4762

Reference: exr/pcb07

Ambassador Sally Shelton-Colby
Assistant Administrator
Bureau for Global Programs
U.S. Agency for International
Development
State Department Building
320 21st Street, N.W.
Washington, D.C. 20523

7 October 1998

Dear Ms. Sandra Thurman

We refer to the recommendations of the sixth meeting of the Programme Coordinating Board (PCB), which was held in Geneva from 25-27 May 1998, when it was agreed to hold a second *ad hoc* thematic meeting of the Board to take place before the end of the year. Therefore, we now have pleasure in confirming that this meeting will be held in New Delhi, India, from 9-11 December 1998.

On Wednesday, 9 December, an afternoon briefing will be held on the response by the Government of India to HIV/AIDS and the support from the UN System. Registration will take place prior to this briefing. The meeting itself will take place on 10 and 11 December. Simultaneous interpretation will be provided in Chinese, English, French, Russian and Spanish.

We have pleasure in inviting your Government to be represented at this meeting of the PCB. It would be appreciated if you could inform us of the name of your Government's representative, together with any additional member(s) of your delegation, no later than 23 October 1998.

We would further like to inform you that prior to the formal opening of the PCB proceedings, the Government of India has offered to arrange for interested PCB participants, field visits on Tuesday, 8 December. Simultaneous visits will be organized in Mumbai (Bombay), Chennai (Madras) and Calcutta. The visits will provide an opportunity to review State programme efforts focussed on vulnerable populations, including commercial sex workers, STD clinics and NGO outreach projects. Anyone interested in taking part in a field visit should inform us when confirming their participation in the meeting, using the enclosed form. At that time, we will follow up with more detailed information regarding types of projects in each of the venues, transport and hotel arrangements. It is critical that this deadline for response of 23 October be respected as field visits will require the maximum time possible for the necessary arrangements to be made.

cc: Ms Sandra Thurman, Director, Office of National AIDS Policy, The White House,
Washington D.C.

Ms Linda Vogel, International Health Attaché, United States Mission to the United Nations Office
at Geneva

Permanent Mission of the United States to the United Nations in New York

ENCL.: as mentioned

/cont'd over...

Ambassador Sally Shelton-Colby

A block booking for hotel rooms for all the participants has been made at the Hotel Inter-Continental (formerly Hilton Hotel) at a special reduced rate of US\$120 per night; this includes buffet breakfast and local taxes. If your representative and other member(s) of your delegation require a room, it would be appreciated if the enclosed reservation form could be returned to us when confirming your participation, i.e. no later than 23 October. After this date a reservation cannot be guaranteed.

We are enclosing herewith the provisional agenda for the meeting. Other documents are being prepared in English and French and will be despatched to participants during the second week of November.

It should be noted that visa formalities are the responsibility of the traveller and it is advisable to check on visa requirements as soon as possible. However, the nearest Indian Consulate will facilitate the issue of visas on presentation of this letter of invitation. Flight bookings should also be made as soon as possible, as December is a busy time for travel to India.

Participants are also requested to ensure vaccination requirements are in order since very strict entry regulations are in force in India, requiring in particular a yellow fever vaccination for anyone coming from a country where yellow fever is endemic, or for anyone who has recently visited one of these countries or even transitted through.

We look forward to meeting your delegation in December.

Yours sincerely,



Sally G. Cowal
Director, External Relations

TRAVEL EXPENSE REPORT

FAMILY HEALTH INTERNATIONAL • RESEARCH TRIANGLE PARK • NORTH CAROLINA 27709

Name SONDRA L. THURMAN Date Submitted 01/07/99 Inclusive Dates of Travel 12/07/98 - 12/12/98

	Sunday	Monday 7	Tuesday 8	Wednesday 9	Thursday 10	Friday 11	Saturday 12	FHI Paid	Costs Claimed	Costs Allowed
City/Country		WASHINGTON, DC UNITED STATES					NEW DELHI INDIA			
Departure Time		19:00					2:20			
Arrival Time			13:00				14:55			
City/Country			NEW DELHI INDIA				WASHINGTON, DC UNITED STATES			
Departure Time										
Arrival Time										
Ticket Cost		3385.00					1741.75	5126.75	—	—
Mileage										
Parking										
Airport Tax										
Visa Fee		70.85	120	120	120	120		—	70.85	70.85
Lodging			107.75	107.75	107.75	107.75		—	431.00	480.00
Meals		18.50	74	24.20	74	116.98	55.50	—	119.08	370.00
Auto Rental						24				
Registration										
Communication				64.00	407.39	88.88			560.27	560.27
Taxi: \$ Amount										
Taxi: (from/to)										
Other										
TOTAL		3455.85	107.75	173.85	515.14	313.61	1741.75		1181.20	1481.12

Traveler's Signature

Sondra L. Thurman

Director's Signature

OK [Signature]

Attach the following receipts:

Hotel, communications, parking, auto rental, airport tax, and airline stubs. Individual taxi charges over \$25 must have a receipt and show origin and destination. Employees must submit time sheets and trip report. Enter amounts in US dollars only.

Travel Use Only
12337
T.A. Number
21469
Travel Approval/Date

Account Number	Amount	Advance	Amount Due Traveler	Amount Due FHI
41 587	1481.12	—	1481.12	

Exchange Rates



**Attendance at the second *ad hoc* thematic meeting of the
Programme Coordinating Board, 9-11 December 1998, New Delhi, India**

**** HOTEL BOOKING ****

Reservation at Hotel Inter-Continental (formerly Hilton Hotel)

Barakhamba Avenue, Connaught Place, New Delhi

Tel: 91 11 3320101

Fax: 91 11 3325335

e-mail: newdelhi@interconti.com

Special rate of US\$120 per single room including buffet breakfast and local taxes, only available for participants at this meeting.

Number of rooms required: *Five single rooms*

Arrival date: *12/9/98* Flight N° and arrival time: ?

Departure date and time: *12/12/98*

Name (s): *Sandy Therman, Duff Gillespie, Paul Delay*
Marsha Martin, Eric Goosby

Capacity (Member(s) / Observer(s)):

Government / Organization: *U.S.*

Address: *c/o Paul Delay, USAID, G/PHN/HN/HIV-AIDS,*
3.07-075 M, 3rd Flr, RRB, Washington, DC 20523-3700

Signature: *Paul Delay*

**** FIELD VISITS ON 8 DECEMBER ****

☒ I/we would like to participate in a field visit: Yes No ☒

I/we would like to take part in the field visit to (please circle one only):

Bombay / Madras / Calcutta.

Please return by facsimile to UNAIDS, Geneva, no later than 23 October 1998
to: +41 22 791 4898 or +41 22 791 4188



TRAVEL EXPENSES FROM OUTSIDE SOURCE

WHITE HOUSE OFFICE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule or 5 C.F.R. 2635.204(f), you must complete the information below. You must submit this form and related documentation and receive approval PRIOR to commencement of travel. Failure to receive PRIOR approval may result in you having to pay the travel expenses yourself. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

Please include a copy of the letter of invitation.

CONTACT PERSON: SARAH HOLEWINSKI
PHONE NUMBER: 5-1441
DATE OF REQUEST: 12/1/98

Your Name and Position: <u>SANDRA THURMAN, DIRECTOR, OFFICE OF NATL AIDS POLICY</u>		
Nature of Meeting or Event: ☒ Official ☐ Political		
Meeting or Event Description and HOW IT RELATES TO YOUR OFFICIAL OR POLITICAL DUTIES: <u>PARTICIPATING IN THE SECOND AD HOC MEETING OF THE PROGRAM COORDINATING BOARD OF THE JOINT UNITED NATIONS PROGRAM ON HIV/AIDS.</u>		
Dates of Travel: <u>12/7-12/12/98</u> Destination(s): <u>New Delhi, India</u>		
Persons or Entity Making The Payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities): <u>IMPACT - FAMILY HEALTH INTERNATIONAL</u>		
Contact at Organization Making the Payment: <u>MARY O'GRADY</u>		
Address of Organization: <u>2101 WILSON BLVD. SUITE 700</u> <u>ARLINGTON, VA 22201</u>		
Phone: <u>(703) 516-9779</u>		
Expense:	Amount:	Method:
Transportation (specify): <u>AIR FARE</u>	<u>6,206⁰⁰</u>	☒ In Kind ☒ Reimbursable ☐ Other (Political Only)
Lodging:	<u>560</u>	☒ In Kind ☒ Reimbursable ☐ Other (Political Only)
Meals:		☐ In Kind ☒ Reimbursable ☐ Other (Political Only)
Misc. (specify): <u>PER DIEM</u>		☐ In Kind ☒ Reimbursable ☐ Other (Political Only)

*Payment may be made either in-kind or by check made payable to the U.S. Treasury; you may not directly receive payment by either cash or a check made out to you.

This form and any accompanying memorandum of approval must be attached to your travel authorization. You MUST complete a travel voucher listing all expenses (regardless of payment method) following the trip.

Please send this form to the Counsel's Office (Room 128, OEGB) at least three (3) days before commencement of travel

TO BE COMPLETED BY COUNSEL'S OFFICE

☐ Approved

☐ Disapproved

Pursuant to:

☐ 31 U.S.C. 51353

☐ 5 C.F.R. 2635.204(f)

Counsel's Signature

Date

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HIV/AIDS in INDIA:

Summary of Epidemiological Background, Donor Involvement, and USAID-Supported Program

Epidemiology of HIV in India

India currently has more HIV infections than any other country in the world and will become one of the largest contributors to the global epidemic in the next decade. Based on 1997 figures, the UN Joint Programme on AIDS (UNAIDS) estimates that there are 4,100,000 adults and children living with HIV/AIDS and currently over 100,000 children orphaned by HIV. The areas within India with the highest levels of HIV prevalence include Maharashtra (specifically Mumbai), and Tamil Nadu. Forty-nine percent of AIDS cases are in Maharashtra (80% of which are in Mumbai) and 22% are in Tamil Nadu.

Donor Involvement, the World Bank Loan(s) and UNAIDS:

USAID joins many other bilateral donors in its work to slow the transmission of HIV in India, such as DFID, JICA. Given the size and diversity of the Indian population, donors have chosen to focus their efforts by taking the lead in supporting programs in different states. For example, USAID is the lead bilateral donor for programs in Tamil Nadu and soon in Maharashtra. DFID is the lead bilateral donor for programs in West Bengal and Gujarat. Private foundations such as Ford Foundation and MacArthur Foundation have also played significant roles in working with local NGOs to strengthen their capacities in working in HIV/AIDS.

The World Bank is currently finalizing a new \$200 million AIDS loan with the Government of India. Funds from this loan will primarily be allocated to the state-level and will also be intended for support to Indian NGOs. This new loan has been constructed to avoid some of the bureaucratic pitfalls of an earlier \$80 million World Bank AIDS loan. The Government of India will work with state governments to establish private state-level AIDS societies and public sector state AIDS Cells which can receive funds more efficiently.

UNAIDS has been restructured and assigned new staff, has been involved in guiding the development of the World Bank AIDS loan. Technical Resource Groups (TRGs) have been proposed by UNAIDS as a means to coordinate technical resources internal to India to strengthen state programs and build centers of excellence.

USAID/India: Tamil Nadu AIDS Prevention and Control (APAC) Project

USAID's seven-year, \$10 million, **AIDS Prevention and Control (APAC)** activity in Tamil Nadu, focuses on prevention and control of sexual transmission of HIV among groups engaging in high risk behavior. APAC uses proven strategies of education for behavior change; expanding access to and utilization of high quality condoms; expanding access to and utilization of quality STD treatment; and supporting behavioral and operational research to improve program planning, to shape intervention strategies, and to measure impact. APAC also supports the participation of non-governmental (NGOs) and private/for profit institutions in AIDS prevention, capitalizing on their commitment, credibility and access to high-risk groups.

USAID has financed the establishment of a new AIDS unit at Voluntary Health Services (VHS), Madras, a well-respected Indian NGO, as the implementing agency to manage the project. Among its other activities, VHS provides sub-grants and technical assistance to NGOs working with high-risk groups, their spouses, children and communities. In the last 3 years 81 NGOs have been funded to work with high-risk groups on HIV/AIDS prevention. A training module has been designed for training physicians in diagnosis and management of sexually transmitted diseases (STDs). Five institutions in Tamil Nadu have been supported to train 1400 physicians, over the next three years, in providing high quality care for STDs. 250 physicians have already been trained.

A comprehensive research study on the availability and quality of condoms at retail outlets in Tamil Nadu was completed in 1996 and follow up action undertaken with private sector manufacturers to improve both the distribution and the quality of condoms. A significant collaborative venture with a major private sector manufacturer of condoms, resulted in sales volumes doubling in a twelve month period between November 1996 and November 1997. The collaboration demonstrated that investments in expanded distribution systems lead to both increased sales volumes and to reduction in the cost of sales. Though current levels of knowledge about methods of preventing sexual transmission of HIV are very high (90%), the challenge is to move people from knowledge to the adoption of safe behavior.

USAID/INDIA

AVERT: PROPOSED AIDS PREVENTION AND CONTROL PROJECT IN MAHARASHTRA

The proposed seven year \$41 million program for USAID's work in HIV in Maharashtra will work to increase the use of effective and sustainable responses to reduce the transmission and mitigate the impact of STDs, HIV/AIDS, and related infectious diseases. AVERT, the proposed USAID program for Maharashtra, will have two major components, one focusing on risks within the commercial sex industry and another focusing on building the capacity of organizations and institutions managing HIV programs in Maharashtra. The first component will concentrate a set of interventions to reduce risks within the commercial sex environment by improving the access, availability and quality of health services, related information, and products available to commercial sex workers, their children and clients. This set of activities will have the potential for significant impact not only in the state, but indeed in all of India.

The second set of interventions will focus on capacity building and institutional development in managing HIV/AIDS programs. Considerable support will also be provided to develop and implement a well-planned program of research to inform program implementation, policy development and to develop surveillance systems for STDs/ HIV/AIDS and related infectious diseases.

The program will be managed by an organization jointly selected by NACO, the National AIDS Control Organization, and USAID. This selected organization will have the requisite technical and managerial capacity, will be a registered society, and will be accountable to its Governing Board with representatives from NACO, USAID, the Government of Maharashtra, the Maharashtra State AIDS Control Society and the Mumbai District AIDS Control Society.

Other program partners will include the Municipal corporations, NGOs and other community based organizations, federation of medical practitioners, and for profit organizations such as condom manufacturers communications firms and research agencies.

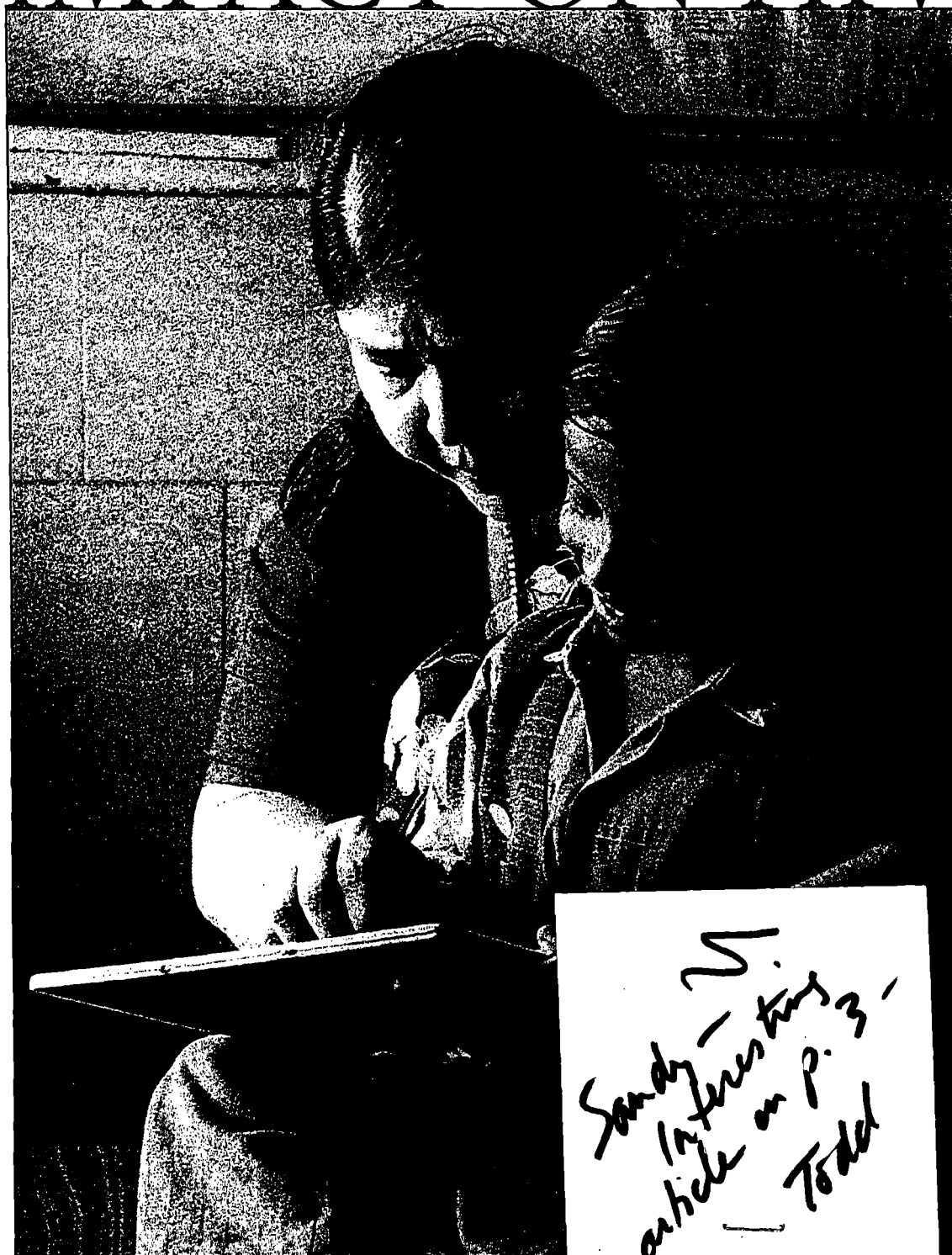
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IMPACT ON HIV



Sandy -
Interesting 3-
article on p.
Today

Impact

Family Health International
Implementing AIDS Prevention and Care (IMPACT) Project
Cooperative Agreement HRN-A-00-97-00017-00





Ms. Sandra L. Thurman
Office of National AIDS Policy
736 Jackson Place, NW
Suite 820
Washington, DC 20503

December 9, 1999

Dear Ms. Thurman

As an intern at the Global Health Council, I was afforded the opportunity to participate as a volunteer at this year's World AIDS Day event held at the United Nations. In between directing participants to the conference room, I was able to attend some sessions. I was especially happy to hear you say that you are planning a fact-finding mission to India early next year. I know you must be surrounded by people so much more knowledgeable about the situation in India than I, but I do hope you consider my suggestion. Last semester (I am a senior in college), I had the opportunity to study abroad and chose to do my independent study project about the status of women living with HIV/AIDS in India. Like the little 12 year old girl from Thailand that Hillary Rodham Clinton spoke of at the event, I, too, cannot forget a little girl. Almost six months have passed since I worked at the Freedom Foundation, a rehabilitation center for persons living with HIV/AIDS in Bangalore, India. When I left, D's death seemed so near. The pre-monsoon searing heat, combined with tuberculosis and meningitis from a dying immune system, left her unable to care for her three children. Each day I watched as her HIV positive daughter, A, became an 8 year old mother to her 5 year old positive sister and her 3 year old brother who is negative through the statistics of chance. By the grace of God, the Foundation's last letter tells me, D is improving and is no longer bed-ridden. A, on the other hand, who's only visible sign of harboring the virus in her young body were skin infections, is beginning to worsen as her white blood cell count decreases.

Unfortunately India, as you know, is not immune to the stigma that surrounds HIV, especially with women. The Freedom Foundation, though it is not perfect, seeks to help those persons who have been excommunicated from their villages, from their families and from their jobs. The Foundation becomes home for many who have none, including commercial sex workers, orphaned children and married couples. It not only provides the residents with nutritional food and medicine (unfortunately not antiretrovirals), but it also provides education about the disease, counseling and daily work. It really is a model of care for persons living with HIV and dying from AIDS-related complications in a country with few resources to spend on HIV/AIDS care.

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

1701 K Street, NW Suite 600
Washington, DC 20006-1503

Tel. (202) 833-5900
Fax (202) 833-0075

20 Palmer Court
White River Junction, VT 05001

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

(Interestingly, the Freedom Foundation II developed in response to the significant correlation between alcoholics being treated at Freedom Foundation I and their HIV status.)

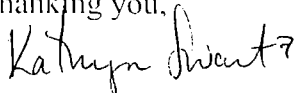
Ms. Thurman, I am hoping that by writing to you, you will take time to visit the Freedom Foundation. It isn't hard to find...just go to the bus stop and take the blue bus with the number 38 on the front to Hennur Cross. It will only cost you about 2 rupees. Maybe the children will ask you for a "monkey ride"—if so, that is my fault, but all you have to do is carry one on your back and the other on your stomach. If you see Anu, maybe you could sing to her the song I sang each day "Miss Anu, how do you do? Are you well, Miss Anu? You're beautiful, Miss Anu." (It sounds better if you sing it.)

I thank you and admire you for all the wonderful work you have done in HIV/AIDS. As a young woman beginning her journey into the field of prevention and care, I look up to you as a role model. I thank you for taking time to read this as I know you must be extremely busy.

The following is the address and contact name of the Freedom Foundation:

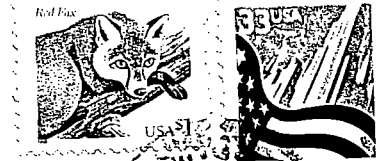
ASHOK K. RAU,
FREEDOM FOUNDATION
180, HENNUR CROSS,
BANGALORE - 560 043. (INDIA)
FAX: 91-80-2215513
freedom@bgl.vsnl.net.in

Thanking you,



Kathryn Swartz
166 Prospect Street
Tiffin, Ohio 44883
kathryness@hotmail.com

EXPRESS INDIA
8020 New Hampshire Ave.
Suite 134
Hyattsville, MD 20783



Sandra L. Thurman
Director
Office of National
AIDS Policy

736 Jackson Place, NW
Washington, DC 20503

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India, US Sign Health Accords

by Geeta Toteja

WASHINGTON, June 13 — With an intent to curb the AIDS epidemic and improve maternal and child health, both in India and the US, two major agreements were signed by Indian Minister of Health and Family Welfare Dr. C.P. Thakur and US Secretary of Health and Human Services Donna Shalala.

The agreements called for greater Indo-US collaboration in research and development when it comes to health and family welfare.

Addressing journalists here, the Indian Minister stressed the importance of the HIV-AIDS accord which, he said, will help in developing partnerships with institutes of excellence like the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) for technical collaboration in a number of areas including development of an HIV vaccine.

More than 16 million people have died from the disease since the 1980s, 60 percent of them in Sub-Saharan Africa.

The Cabinet Minister noted that some 3.5 million people are infected with the human immunodeficiency virus (HIV) in India. The priority, he said, is "prevention". He was optimistic that the epidemic is under control and there would not be any increase in the number of HIV-positive cases.



Indian Minister of Health and Family Welfare Dr. C.P. Thakur (right) and US Secretary of Health and Human Services Donna Shalala exchange greetings after signing two major agreements to check the AIDS pandemic and improve maternal and child health in India and the US (photo credit: Ahamed Nazar)

five cases.

Regarding cheaper access to AIDS drugs, he admitted that this was a problem in India, compounded by drugmakers' intellectual property rights.

Here in the US, five leading pharmaceutical companies have announced that they will cut the price of such life-saving medicines sold to developing countries. Although the extent of future price cuts hasn't been specified, there

are many who hope the drugs will be sold at manufacturing cost.

Dr. Thakur, however, was skeptical that the price reduction would have any impact on the availability of AIDS drugs to the common man. He felt it would just increase pressure on national governments to provide the drugs, but with limited resources at their disposal, this was unlikely to happen.

India, he added, is "manufacturing some of the drugs under

license".

Also present at the press briefing was Mr. J.V.R. Prasada Rao, Project Director of the National AIDS Control Organization (NACO) and permanent secretary in the Department of Health, who emphasized the importance of preventive efforts and life-saving combinations of anti-retroviral drugs which have been known to cut the transmission rate of HIV from pregnant mothers to their

EXPRESS INDIA

GEETA TOTEJA
Special Correspondent

116 Gresham Place
Falls Church, VA 22046

Tel/Fax (703) 534-4848
E-Mail: GComCal@aol.com

babies by almost half.

He mentioned that the government gives anti-retrovirals in two situations: to prevent infection from mother to child; and in accidents involving health-care professionals who are at risk of being contaminated by infected needles.

"Apart from these two (instances), we would not be able to provide anti-retroviral drugs to the HIV-positive in India because of the highly prohibitive prices, even after the reduction of prices by drug manufacturers", Mr. Rao said. "It is beyond the reach of not only the common man, but an upper middle class person in developing countries. So, unless countries like India can manufacture these drugs, I don't think the developing world will ever be able to have access to them", he added.

At a briefing on Capitol Hill last week, which examined the impact of HIV-AIDS in India, Sandra Thurman, Director of the Office of National AIDS Policy at the White House, cited a recent report of the National Intelligence Council which has forecasted that the epicenter of the AIDS epidemic, 15 years hence, will be in India and not Africa.

At President Clinton's behest, she will be leading a delegation to India, this Fall, to examine the ramifications of the disease and what needs to be done to prevent proliferation of the AIDS virus. The trip is bound to go a long way in focusing attention on India, as well as the rest of Asia.

When asked by a reporter to comment on the high-level, high-profile, forthcoming visit, Dr. Thakur said: "We welcome the attention on AIDS. It is a big problem".

Regarding the agreement on maternal and child health, the Minister pointed out that it would not interfere with the population and stabilization program which the Indian government is going to actively pursue. The intent is to educate people about the problems associated with a one billion population without introducing any legislation, he said.

The Minister's short trip here included a meeting with Mr. Brady Anderson, Administrator of the United States Agency for International Development (USAID), and visits to the John Hopkins University and NIH.

He also met with officials of the Association of American Physicians of Indian Origin (AAPI), the most influential organization of its kind. AAPI members are not only concerned about the health needs of the community here, but also the availability of medical care in India.

Dr. Thakur, a reputed cardiologist himself, mentioned that they were keen on setting up health centers in India, but had encountered difficulties in the past - procedures were cumbersome and time-consuming. He assured them that he would establish a cell in his department to facilitate the process.

Maharashtra govt scraps AIDS project

INDIAN EXPRESS, DEWH - 7-12-2000

RAJIV SHARMA
MUMBAI, DEC 6

THE state government has sent a notice to the "Aids Research and Control Centre" (ARCON), directing it to cancel the agreement between the two parties due to the failure to deliver on almost all the terms in the Memorandum of Understanding (MoU) that was signed in 1994 and extended in 1999 for another five years.

ARCON is a collaboration between the state government and University of Texas for research and training in the field of HIV and sexually transmitted diseases.

At a meeting between senior officials of the state government and the government-run JJ Hospital, a notice of cancellation was served on

ARCON for failing to meet its objectives. The meeting was held to review the performance of ARCON, which has its headquarters at JJ Hospital. It was attended by state Secretary of Medical Education and Drugs and Chairperson of ARCON, Thomas Benjamin, dean of JJ Hospital, Dr V R Bhutada, Director of ARCON, Dr Subhash Hira and the director, Infectious Diseases

Centre, University of Texas and the Co-Chairperson of ARCON, Dr Herbert Dupont.

Government officials said that there was lack of transparency at ARCON, which was supposed to be a collaborative effort with the hospital in various educational programmes.

A senior doctor from the Department of Skin and VD told *The*

Indian Express that even though the ARCON department was across the passage from his department, they were not aware of the nature of research activities. Further, it is reported that the centre was blatantly using the OPD case papers of the department, which was illegal. This has been brought to the notice of the hospital authorities.

It has cancelled agreement with ARCON, a joint project with the University of Texas, for failure to achieve objectives

Besides, finances for research were to be placed in a special fund and operated jointly with the hospital dean. However, the dean was never consulted, the officials pointed out and added that Dr Hira had in fact had refused to accept the

dean's authority. He had apparently said that he would only talk with the secretary of medical education.

Finally, it was litigation regarding encroachment of about 500 sq ft by ARCON at the hospital that is supposed to have been the final nail in the coffin. The Mumbai district collector had served an eviction notice on ARCON to vacate this encroached area, sources added.

Instead of occupying the 1,500 sq ft allotted to it, ARCON had encroached on a lecture hall that was used by the Department of Skin and VD. However, in May, 1999, when the hospital dean had asked ARCON to hand over a duplicate key so that both departments could use the area, ARCON filed a case

against the state government in the City Civil Court. The case was eventually referred to the collector.

At the meeting, it was also pointed out that ARCON had made no contribution in the intervention for high-risk HIV groups and students, and had therefore not lived up to expectations. In fact, it was pointed out that Dr Hira had been collaborating more with a private hospital in Navi Mumbai than with JJ Hospital and this was definitely not in the agreement. Under such circumstances, there was no option but to cancel the agreement. ARCON has now been asked to submit its reply on the matter, according to a senior government official.

A N Raina, administrative officer of ARCON refused to confirm or deny that a cancellation notice had been received.

R. R. DASH
Counsellor (Political & Culture)



EMBASSY OF INDIA
2107 Massachusetts
Avenue, NW
Washington, DC 20008
Tel: (202) 939-7020
Fax: (202) 265-4351

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September 6, 2000

My dear Ms Bauerle,

We understand that Ms. Sandra L. Thurman, Director of National AIDS Policy has announced that she would like to lead a delegation to India sometime in future on a "fact-finding mission". We would welcome a visit if Mr. Thurman were to term it as an exploratory visit for expanding Indo-US collaboration in the field of HIV/AIDS in the background of the Agreement recently signed between India and USA. Calling it a 'fact-finding mission' may not be appropriate as it is well known that the Government of India have no facts to hide. National AIDS Control Programme of the Government is an open and transparent one. There is also a certain amount of sensitivity in our country about comparing the HIV/AIDS situation with that obtaining in South Africa and other sub-Saharan countries, mainly because the prevalence rates in India are much less.

USAID is already having a large programme in India for prevention and control of HIV/AIDS. For the last five years, they are working in Tamil Nadu under the APEC project. Under the second phase of the National AID Control Programme they have added \$ 45 million for a seven-year project in India called AVERT. We are in close touch with the USAID in India and in Washington to find ways and means of expanding this collaboration.

We would appreciate it if the above facts could please be conveyed to Ms Thurman at the earliest possible.

Sincerely,

(R.R. Dash)
Counsellor(Health)

Ms Cheryl Bauerle
Office of the Director of National AIDS Policy
736 Jackson Place,
Washington DC 20503
FAX: 202-456-2439