FOIA Number: 2007-1550-F

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001. list	Distribution list for Interagency Meeting on US International Strategy on HIV/AIDS [partial] (1 page)	11/20/1995	P3/b(3), b(6)
002. list	Distribution list on US International Strategy on HIV/AIDS [partial] (1 page)	11/28/1995	P3/b(3), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

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FOLDER TITLE:
Interagency Meeting [US International Strategy]

2007-1550-F
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P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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Science, Technology, and Health
U.S. Department of State

Office of National AIDS Policy
The White House

Agenda

I. Welcome and Introductions – (Ms. Solomon and Ms. Fleming)

II. Clinton Administration activities in HIV/AIDS – (Ms. Fleming)
- Accomplishments to date and plans for the December White House Conference.
- Significance of International Cooperation
- Overview of the UNAIDS PPB meeting

III. Review of the International Strategy – (Ms. Solomon)
- Activites to date and planned for the next few months
  - State
  - USAID
  - DHHS
  - DoD
  - Peace Corps
- Coordinated multiagency activities

IV. Next steps: Meeting U.S. international HIV/AIDS goals – (Ms. Solomon and Ms. Fleming)
- Prepare a comprehensive status report of current and near-term actions to implement the Strategy
- Prioritize future implementation steps for research and prevention
- Ensure that implementation steps support and complement the National AIDS Prevention Plan.
- Future interactions with NGO's

Item Subject: INTERNATIONAL STRATEGY ON HIV/AIDS - BANGLADESH DISSEMINATION

PAGE 01 DHAKA 5312 061232Z NOV 95

DEPT FOR OES, SOLOMON, AND OES/STH, ROCK; USAID FOR G/PHN, PAUL DELAY, VICTOR BARNES, JOHN

SUBJECT: INTERNATIONAL STRATEGY ON HIV/AIDS - BANGLADESH DISSEMINATION

To 7336

REF: STATE 221617

1. SUMMARY: ON OCTOBER 25, AMBASSADOR MERRILL MET WITH THE MINISTER OF HEALTH AND SOCIAL WELFARE AND THE MAJOR HIV/AIDS DONORS, INCLUDING THE UNDP AND WHO RESIDENT REPRESENTATIVES, TO DISCUSS AND DISSEMINATE THE NEW U.S. INTERNATIONAL STRATEGY ON HIV/AIDS. IN ADDITION TO COVERING THE MAJOR POINTS OF THE REFTEL, THE AMBASSADOR RAISED KEY POLICY ISSUES CONFRONTING THE BANGLADESH NATIONAL AIDS PROGRAM. THESE INCLUDED THE NEED TO ESTABLISH AND STAFF A NATIONAL HIV/AIDS UNIT, THE IMPORTANCE OF COORDINATING GOB BUDGETARY CONTRIBUTIONS WITH THOSE OF THE DONORS, AND THE IMPORTANCE OF COMPLETING BOTH A NATIONAL POLICY STATEMENT ON AIDS AND A DETAILED NATIONAL HIV/AIDS PLAN AS SOON AS POSSIBLE. THE MAIN CONCLUSIONS OF THE MEETING WERE AS FOLLOWS: NOW IS THE TIME TO ADDRESS THE AIDS SITUATION IN BANGLADESH WHILE IT IS STILL A MANAGEABLE PROBLEM; AND THE GOB SHOULD COMMIT TO A TIMETABLE TO ESTABLISH THE NATIONAL HIV/AIDS UNIT, ISSUE THE NATIONAL POLICY STATEMENT, AND COMPLETE THE DETAILED NATIONAL PLAN. AS A FOLLOW-UP ACTION, THE AMBASSADOR PROPOSED THAT A MEETING BE CONVENED IN JANUARY TO ASSESS PROGRESS ACHIEVED ON THE MAJOR ISSUES MENTIONED ABOVE. MEETING RECEIVED LOCAL TV AND PRESS COVERAGE. END SUMMARY

BACKGROUND ON HIV/AIDS IN BANGLADESH

1. BANGLADESH, WITH AN ESTIMATED HIV PREVALENCE RATE OF ABOUT 0.05 PERCENT OF SEXUALLY ACTIVE ADULTS, IS IN THE EARLY STAGES OF ITS AIDS EPIDEMIC. AS OF JULY 1995, ONLY 7 AIDS CASES AND 44 HIV INFECTED INDIVIDUALS HAVE BEEN REPORTED IN THE COUNTRY. IN 1985, THE BANGLADESH GOVERNMENT (GOB) ESTABLISHED A NATIONAL AIDS COMMITTEE (NAC). SUBSEQUENTLY, THE GOB AND LOCAL NGO'S HAVE INITIATED A LIMITED NUMBER OF AIDS PREVENTION AND CONTROL ACTIVITIES. HOWEVER, OVERALL PROGRESS HAS BEEN SLOW DUE TO THE WEAK LEADERSHIP OF THE NAC, THE LACK OF A DESIGNATED HIV/AIDS NATIONAL UNIT, AND OVERALL INSUFFICIENT NATIONAL COMMITMENT TO ACKNOWLEDGE AND

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ADDRESS THE PROBLEM.

MEETING WITH MINISTER OF HEALTH AND FAMILY WELFARE

2. ON OCTOBER 25, THE AMERICAN AMBASSADOR MET WITH THE MINISTER OF HEALTH AND SOCIAL WELFARE (MOHFW), MR. CHOWDHURY KAMAL IBNE YUSUF, TO DISCUSS AND DISSEMINATE THE NEW U.S. INTERNATIONAL STRATEGY ON HIV/AIDS. ALSO ATTENDING THE MEETING WERE THE COUNTRY REPRESENTATIVES OF THE UNITED NATIONS DEVELOPMENT PROGRAM (UNDP) AND THE WORLD HEALTH ORGANIZATION (WHO), AND THE CHIEF OF HEALTH AND POPULATION OF THE WORLD BANK MISSION. THE MINISTER WAS ACCOMPANIED BY THE FOLLOWING MOHFW OFFICIALS: THE SECRETARY (MR. SYED AHMED), THE DIRECTOR GENERAL OF HEALTH SERVICES (PROFESSOR A.K. SHAMSUDDIN SIDDIQUE), THE DIRECTOR GENERAL OF FAMILY PLANNING (MR. KHAIRUZZAMAN CHOWDHURY), THE DIRECTOR OF PRIMARY HEALTH CARE (DR. S.M. ZAKIR HOSSAIN), AND THE JOINT SECRETARY OVERSEEING HIV/AIDS (DR. TEHMINA HOSSAIN). OTHER GOB OFFICIALS INCLUDED THE CHAIRMAN OF THE TECHNICAL COMMITTEE OF THE NAC (MAJOR GENERAL M.R. CHOWDHURY) AND THE MEMBER SECRETARY OF THE NAC (DR. NAZRUL ISLAM). ACCOMPANYING THE AMBASSADOR WERE THE USAID DIRECTOR AND SEVERAL MEMBERS OF HIS HEALTH/POPULATION STAFF.

3. IN ADDITION TO INTRODUCING AND DISSEMINATING THE NEW U.S. HIV/AIDS POLICY, THE AMBASSADOR WANTED TO USE THE MEETING TO INITIATE HIGH LEVEL DISCUSSIONS ON THE KEY PROBLEMS AFFECTING THE BANGLADESH NATIONAL HIV/AIDS CONTROL PROGRAM.

4. THE AMBASSADOR BEGAN BY EMPHASIZING THE VULNERABILITY OF BANGLADESH TO THE WORLDWIDE AIDS PANDEMIC. ALTHOUGH THE NUMBER OF IDENTIFIED AIDS CASES AND HIV-INFECTED INDIVIDUALS ARE SMALL AT THIS TIME, BANGLADESH IS AT RISK OF AN EPIDEMIC DUE TO: NEIGHBORING COUNTRIES (SUCH AS INDIA, BURMA, AND THAILAND) WITH SERIOUS AIDS PROBLEMS; GENERALIZED HIGH RATES OF SEXUALLY TRANSMITTED DISEASES (STDS); HIGH RATES OF MIGRATION AND OVERSEAS WORKERS; PARTICIPATION IN INTERNATIONAL PEACE KEEPING EFFORTS; UNSAFE BLOOD TRANSFUSION PRACTICES; AND SIGNIFICANT POPULATIONS OF COMMERCIAL SEX WORKERS AND OTHER HIGH RISK INDIVIDUALS. THE AMBASSADOR STRESSED THE URGENCY OF ACTING NOW TO HALT THE SPREAD OF THE DISEASE THROUGH

PREVENTIVE MEASURES WHILE HIV-INFECTION RATES ARE STILL LOW.

5. THE AMBASSADOR THEN RAISED THE KEY TALKING POINTS

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OUTLINED IN PARAS 13 AND 14 OF THE REFTEL. HE PLACED SPECIAL EMPHASIS ON THE FOLLOWING POINTS: INCREASING THE POLITICAL AND ECONOMIC COMMITMENT OF LEADERS TO STEM THE SPREAD OF THE DISEASE; THE IMPORTANCE OF RECOGNIZING THE HUMAN RIGHTS OF HIV-INFECTED PERSONS; VIEWING HIV/AIDS AS NO LONGER THE SOLE PURVIEW OF THE HEALTH SECTOR; AND VOICING STRONG SUPPPORT FOR UNAIDS (WHICH WAS REFLECTED BY HIS HAVING INVITED THE RESIDENT REPRESENTATIVES OF UNDP AND WHO TO THE MEETING).

6. FOLLOWING HIS OVERVIEW OF THE NEW U.S. POLICY, THE AMBASSADOR RAISED FOR DISCUSSION THE FOLLOWING CRITICAL ISSUES AFFECTING THE BANGADESH HIV/AIDS PROGRAM:

7. THE GOB NEEDS TO ESTABLISH A NATIONAL HIV/AIDS UNIT IN ORDER TO EFFECTIVELY LAUNCH AND COORDINATE NATIONAL CONTROL EFFORTS. THE UNIT SHOULD BE AT A HIGH ENOUGH LEVEL TO PROMOTE MULTISECTORAL COLLABORATION, INCLUDING WITH THE PRIVATE SECTOR. THE SELECTION OF AN APPROPRIATE SENIOR-LEVEL HIV/AIDS CHIEF AND GIVING HIM OR HER CLEAR DECISION-MAKING AUTHORITY ARE CRITICAL TO THE SUCCESS OF THE UNIT.

8. THE GOB IS COMMENDED FOR RECENTLY ESTABLISHING A LINE ITEM IN THE FY 1995/6 NATIONAL BUDGET FOR HIV/AIDS. THE U.S. ENCOURAGES THESE FUNDS TO BE USED TO COMPLEMENT THE EFFORTS OF MULTILATERAL AND BILATERAL DONORS, AND TO SUPPORT THE OPERATION OF THE NEWLY PROPOSED HIV/AIDS UNIT.

9. THE GOB SHOULD FACILITATE DEVELOPMENT OF A DETAILED NATIONAL HIV/AIDS PLAN. THE U.S. BELIEVES THE DESIGN OF THE PLAN SHOULD:

--INVOLVE ALL RELEVANT GOVERNMENT AGENCIES, MINISTRIES, NGOS AND THE PRIVATE SECTOR;
--RECOGNIZE THE RELATIONSHIP BETWEEN HIGH RISK BEHAVIORS AND HIV INFECTION;
--FOCUS ATTENTION ON THE SPECIAL NEEDS OF WOMEN, CHILDREN, AND YOUTH; AND
-- BRING ATTENTION TO THE ISSUE OF DISCRIMINATION AND HUMAN RIGHTS ABUSES OF HIV-INFECTED INDIVIDUALS.

COMMENT: IN MID-1995, THE GOB APPROVED A ONE-YEAR UNDP-FUNDED PROGRAM TO PROVIDE FUNDING FOR THE DESIGN OF A FIVE-YEAR NATIONAL PLAN FOR HIV/AIDS.

10. THE AMBASSADOR ALSO ENCOURAGED THE FINAL APPROVAL AND DISSEMINATION OF A NATIONAL POLICY STATEMENT ON HIV/AIDS WHICH HAS BEEN DRAFTED BUT NOT YET APPROVED

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BY THE GOB.

COMMENT: THE RELEASE OF A POLICY STATEMENT ON HIV/AIDS SIGNED BY THE PRIME MINISTER OR PRESIDENT IS IMPORTANT AT THIS TIME TO OFFICIALLY AND OPENLY ACKNOWLEDGE THAT HIV/AIDS IS A SERIOUS ISSUE IN BANGLADESH, TO EXPRESS GOB COMMITMENT TO ADDRESSING THE PROBLEM, AND TO PROVIDE HIGH LEVEL SUPPORT FOR THE DESIGN OF THE NATIONAL HIV/AIDS PLAN.

11. THE MINISTER THANKED THE AMBASSADOR FOR HIS INITIATIVE ON HIV/AIDS AND MADE THE FOLLOWING SPECIFIC COMMENTS:

--THE GOB HAS CONDUCTED SOME IMPORTANT HIV/AIDS CONTROL ACTIVITIES TO DATE IN THE AREAS OF STDS, BLOOD TRANSFUSIONS, LABORATORY CAPABILITY, AND EDUCATION. HOWEVER, THESE INITIATIVES HAVE NOT BEEN ENOUGH AND MORE NEEDS TO BE DONE.

--THE REPORTED HIV INFECTIONS AND AIDS CASES TO DATE IN BANGLADESH REPRESENT THE TIP OF THE ICEBERG.

12. OTHER KEY COMMENTS WERE AS FOLLOWS:

--THE UNDP RESIDENT REPRESENTATIVE REITERATED THE URGENCY OF COMMENCING MEANINGFUL ACTION TO ADDRESS THE PROBLEM AND SPOKE OF THE FRUSTRATION OF HAVING WAITED TWO YEARS FOR GOB APPROVAL TO BEGIN THE DESIGN OF THE NATIONAL PLAN. SHE ALSO MENTIONED THAT THE BANGLADESH UNAIDS GROUP WOULD BE FORMALIZED BY JANUARY 1996.

--THE WHO RESIDENT REPRESENTATIVE RE-ENFORCED THE IMPORTANCE OF ESTABLISHING AND STAFFING A NATIONAL

HIV/AIDS OFFICE. HE STATED THAT ORGANIZATION RATHER THAN FUNDING IS THE CENTRAL ISSUE AT THIS TIME IN COMBATTING HIV/AIDS IN BANGLADESH.

--THE WORLD BANK'S HEALTH/POPULATION CHIEF STRESSED THAT NOW IS THE TIME TO DEVELOP A DETAILED NATIONAL HIV/AIDS PLAN.

--SEVERAL PARTICIPANTS STATED THAT THERE ARE SERIOUS PROBLEMS WITH THE NATIONAL AIDS COMMITTEE (NAC) INCLUDING LACK OF COORDINATION WITH THE MOHFW, LACK OF GOB OWNERSHIP OF THE COMMITTEE, AND LITTLE INVOLVEMENT OF WOMEN DESPITE A SPECIAL WOMEN'S WING OF THE COMMITTEE.

--THE HEAD OF THE TECHNICAL COMMITTEE OF THE NAC STRESSED THAT THERE SHOULD BE A SMOOTH TRANSITION

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BETWEEN THE PRESENT GLOBAL PROGRAM ON AIDS (GPA) AND THE NEW UNAIDS STRUCTURE.

13. THE MEETING RECEIVED POSITIVE COVERAGE ON BOTH THE ENGLISH AND BANGLA VERSIONS OF THE LOCAL TELEVISON NEWS.

14. IN ADDITION TO THE AMBASSADOR'S MEETING WITH THE MINISTER, USAID, ON OCTOBER 15, GAVE A SHORT PRESENTATION ON THE NEW POLICY TO THE BANGLADESH HIV/AIDS DONORS COORDINATION GROUP.

CONCLUSIONS

15. THE MAIN CONCLUSIONS OF THE MEETING WERE AS FOLLOWS:

--ALTHOUGH THE NUMBER OF HIV INFECTIONS AND AIDS CASES ARE PRESENTLY SMALL, MOST OF THE RISK FACTORS FOR AN EPIDEMIC ARE PRESENT. NOW IS THE TIME TO TAKE PREVENTIVE ACTIONS.

--ORGANIZATION RATHER THAN FUNDING IS THE CENTRAL PROBLEM FACING THE BANGLADESH NATIONAL AIDS CONTROL PROGRAM. IN PARTICULAR, THERE IS A CRITICAL NEED TO ESTABLISH AND STAFF A NATIONAL HIV/AIDS OFFICE TO MANAGE AND COORDINATE PROGRAMS AND ACTORS.

--THE GOB NEEDS TO RAPIDLY ESTABLISH A TIMETABLE FOR THE CREATION OF THE HIV/AIDS UNIT, THE RELEASE OF A NATIONAL POLICY STATEMENT SIGNIFYING GOVERNMENTAL COMMITMENT TO THE PROBLEM, AND THE DEVELOPMENT OF A DETAILED NATIONAL PLAN FOR HIV/AIDS CONTROL.

--THE NATIONAL AIDS COMMITTEE NEEDS TO STRENGTHEN ITS LINKS TO THE MOHFW, OTHER CONCERNED MINISTRIES, THE PRIVATE SECTOR, AND THE DONORS SO THAT IT CAN MORE EFFECTIVELY PLAY A LEADERSHIP ROLE IN THE NATIONAL PROGRAM.

NEXT STEPS

16. THE SUGGESTED FOLLOW-UP ACTIONS FROM THE MEETING ARE AS FOLLOWS:

--THE GROUP WILL MEET AGAIN IN JANUARY TO REVIEW PROGRESS ON THE KEY ORGANIZATIONAL ISSUES LISTED ABOVE. ALL INTERESTED DONORS WILL BE INVITED TO ATTEND AS WELL AS ADDITIONAL REPRESENTATIVES FROM THE NAC.

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--THE DONORS WILL BE INVITED TO THE NEXT TECHNICAL COMMITTEE OF THE NAC.

--THE NATIONAL POLICY STATEMENT ON AIDS SHOULD BE APPROVED AND ISSUED BY THE END OF 1995.

COMMENT

17. THE MISSION FELT THAT THIS MEETING WAS EXTREMELY USEFUL IN HIGHLIGHTING AND FOCUSING THE ATTENTION OF THE GOB ON THE KEY ORGANIZATIONAL ISSUES FACING THE NATIONAL HIV/AIDS CONTROL PROGRAM. UNDP AND WHO OFFICIALS EXPRESSED THEIR HOPE THAT THIS MEETING WILL HELP TO PROD THE GOB TO TAKE MORE DECISIVE AND TIMELY ACTIONS TO ADDRESS THE PROBLEM.

18. THROUGH CONTINUED DIALOGUE, THE UNITED STATES AND OTHER DONORS CAN HELP TO ASSURE THAT PROMISING PROPOSED ACTIONS (SUCH AS THE RELEASE OF A NATIONAL

POLICY STATEMENT) ARE CARRIED OUT IN A TIMELY MANNER.

19. FYI, USAID IS CONTRIBUTING TO HIV/AIDS CONTROL EFFORTS IN BANGLADESH THROUGH SUPPORT OF A CONDOM PROMOTION AND EDUCATION PROGRAM AIMED AT HIGH RISK INDIVIDUALS. THIS IS A TWO-YEAR PROGRAM THAT PROVIDES OVER USD 600,000 FOR THE SOCIAL MARKETING COMPANY. IN ADDITION, USAID IS PROVIDING USD 100,000 THROUGH THE CENTRAL AIDSCAP PROJECT TO PROVIDE TARGETTED TECHNICAL ASSISTANCE, WORKSHOPS, AND OTHER ACTIVITIES TO SUPPORT THE PROGRAM. MERRILL

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ACTION AID-00

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UNCLAS SECTION 01 OF 05 PHNOM PENH 003818

AIDAC
STATE EAP
USAID/WASHINGTON
FOR ANE/SEA; ANE/EA; G/PHN

E.O. 12958: N/A
SUBJECT: CAMBODIA; HIV/AIDS; FINDINGS OF RECENT ASSESSMENT VISIT

PHNOM PENH 01 OF 05 3818

1. SUMMARY: AT THE REQUEST OF USAID/CAMBODIA, WITH FUNDING FROM THE ANE BUREAU, AN ASSESSMENT OF HIV/AIDS IN CAMBODIA TOOK PLACE FROM OCTOBER 7 TO 27, 1995. THE OBJECTIVE OF THE ASSESSMENT WAS TO PROVIDE AN ANALYSIS OF THE CURRENT HIV/AIDS SITUATION AND THE RESPONSE TO THE EPIDEMIC ON THE PART OF GOVERNMENT AND NON-GOVERNMENT GROUPS. BASED ON THIS INFORMATION THE TEAM RECOMMENDED OPTIONS FOR USAID ASSISTANCE DURING FY 96 THROUGH THE AIDSCAP PROJECT. THE PRINCIPAL FINDINGS OF THE TEAM WERE: (1) THE AIDS EPIDEMIC IS SERIOUS AND REAL IN CAMBODIA AND WILL HAVE A MAJOR NEGATIVE IMPACT ON ECONOMIC AND SOCIAL DEVELOPMENT. THIS IS EVIDENCED BY THE EXTENSIVE SPREAD OF HIV AMONG CORE TRANSMITTER GROUPS AND INTO THE GENERAL POPULATION AS DEMONSTRATED BY SERO-PREVALENCE STUDIES AMONG ANTENATAL CARE ATTENDERS. (2) ALTHOUGH THERE IS A WIDE VARIETY OF PREVENTION ACTIVITIES UNDERWAY, THEY HAVE NOT ACHIEVED A CRITICAL MASS AND COVERAGE OF THE VULNERABLE POPULATION IS INADEQUATE BECAUSE OF LIMITED HUMAN RESOURCES AND LOW GOVERNMENT BUDGET. (3) ALTHOUGH USAID DOES NOT CURRENTLY HAVE SIGNIFICANT RESOURCES FOR HIV/AIDS PREVENTION IN CAMBODIA, THERE ARE KEY AND IMPORTANT ACTIVITIES WHICH CAN BE UNDERTAKEN. THESE INCLUDE SUPPORT TO HIV SENTINEL SURVEILLANCE, SELECTED ACTIVITIES IN THE AREA OF SEXUALLY TRANSMITTED DISEASE (STD) CONTROL AND THE IN ADDITION TO REPORTING ON KEY FINDINGS AND RECOMMENDATIONS, USAID/CAMBODIA WOULD ALSO LIKE TO TAKE THIS OPPORTUNITY TO COMMEND THE TEAM OF JULIE KLEMENT, RSM, PAUL DELAY, G/PHN/H AND TONY BENNETT, AIDSCAP, WITH LOCAL ASSISTANCE FROM MIKE BERKELEY OF PSI, FOR AN EXCELLENT JOB AND THANK ANE, RSM, AND G/PHN FOR THE SUPPORT PROVIDED. END SUMMARY
2. BASED ON A REQUEST FROM USAID/CAMBODIA AN ASSESSMENT OP HIV/AIDS WAS UNDERTAKEN FROM OCT. 7 TO 27, 1995. THIS ASSESSMENT WAS MANDATED BY THE ANE BUREAU DURING ACTION PLAN WEEK AND PUNDING WAS PROVIDED BY THE BUREAU POR BOTH THE ASSESSMENT AND POLLOW-ON ACTIVITIES THROUGH AIDSCAP POR FY 1996. THE

TEAM CONSISTED OP JULIE KLEMENT FROM USAID/RSM AS TEAM LEADER, PAUL DELAY FROM G/PHN/H AND TONY BENNETT PROM AIDSCAP. PSI PROVIDED ON THE GROUND LOGISTIC SUPPORT. THE OBJECTIVE OP THE VISIT WAS TO PROVIDE AN ANALYSIS OF THE CURRENT HIV/AIDS SITUATION IN CAMBODIA AND THE STATUS OF THE RESPONSE TO THE EPIDEMIC ON THE PART OF THE ROYAL CAMBODIAN GOVERNMENT (RCG), THE UN AGENCIES, OTHER DONORS AND NGOS. BASED ON THIS ANALYSIS THE TEAM WAS TO PRESENT OPTIONS TO THE MISSION FOR PROGRAMMING THE CURRENTLY AVAILABLE ANE BUREAU FUNDS AND DEVELOP A DRAPT WORK PLAN TO INITIATE ACTIVITIES.

3. THE ASSESSMENT REVIEWED, USING SECONDARY SOURCES, THE CURRENT EPIDEMIOLOGIC SITUATION INCLUDING THE QUALITY OP DATA, CONTRIBUTING PACTORS AND THE POLICY ENVIRONMENT SURROUNDING THE EPIDEMIC IN CAMBODIA, AND THE RESPONSE TO DATE PROM BOTH GOVERNMENT AND NON-GOVERNMENTAL PARTNERS. WHEN CONSIDERING THE RESPONSE, THE TEAM SPECIPICALLY FOCUSED ON PROGRAMMATIC COMPONENTS INCLUDING SURVEILLANCE, STD INTERVENTIONS, BLOOD SUPPLY AND BLOOD SCREENING CAPACITY, CONDOM PROMOTION AND SUPPLY THROUGH THE PUBLIC AND PRIVATE SECTOR, IEC ACTIVITIES, THE STATUS OP COMMUNITY MOBILIZATION/NGO EFFORTS AT THE GRASS ROOTS LEVEL, AND PERCEIVED GAPS IN THE CURRENT RESPONSE.

4. THE EPIDEMIOLOGIC SITUATION.

THE TEAM FOUND THAT CAMBODIA IS POISED ON THE BRINK OF WHAT COULD BE ONE OP THE MOST SEVERE HIV/AIDS EPIDEMICS IN SOUTH-EAST ASIA. THE WORLD HEALTH ORGANIZATION GLOBAL PROGRAM POR AIDS (WHO/GPA) ESTIMATES THE ACTUAL NUMBER OP HIV INPECTED PERSONS TO DONORS IN PHNOM PENH WAS 0.08 PERCENT. SINCE THAT TIME, THERE HAS BEEN A DRAMATIC INCREASE AMONG BLOOD DONORS, WITH RATES MORE THAN DOUBLING EACH YEAR TO THE CURRENT LEVEL OF 6.09 PERCENT. COUNTRY-WIDE (INCLUDING PROVINCIAL BLOOD CENTERS) 4.07 PERCENT OF DONORS WERE HIV POSITIVE FOR THE SAME PERIOD. COMPARISON OF THE URBAN BLOOD DONOR DATA FOR A SINILAR TIME PERIOD IN THAILAND, WHICH NEVER EXCEEDED ONE PERCENT, DEMONSTRATES THE RAPIDITY OF THE RISE. EQUALLY DISTURBING ARE THE SERO-PREVALENCE RESULTS OBTAINED IN 1995 IN FIVE PROVINCES AND PHNOM PENH

PHNOM PENH 02 OF 05 3818

DURING THE FIRST ROUND OF SENTINEL SURVEILLANCE. THIS DATA WAS OBTAINED FROM GROUPS CONSIDERED HIGH RISK AND AGAIN, PARTICULARLY WHEN COMPARED TO NEIGHBORING COUNTRY DATA, DEMONSTRATES THE BRISK ADVANCE OF THE EPIDEMIC IN CAMBODIA. SEROLOGIC TESTING SHOWED HIV POSITIVE RANGES OF 13.6 TO 39.2 PERCENT IN COMMERCIAL SEX WORKERS, 4 TO 12.9 PERCENT AMONG THE MILITARY AND 3.9 TO 21.6 PERCENT AMONG POLICE. MOST ALARMING, HOWEVER, ARE STUDIES AMONG ANTENATAL CLINIC ATTENDERS. PREGNANT WOMEN TESTED IN TWO PROVINCES DEMONSTRATED A RANGE OF 4.0 TO 4.4 PERCENT. A SECOND WAVE OF TESTING IS CRITICALLY NEEDED TO CONFIRM THESE FINDINGS. IF, THESE FINDINGS ARE, AS EXPECTED, VALIDATED, THEN THE SPREAD FROM HIGH RISK GROUPS TO THE GENERAL ADULT POPULATION MAY BE OCCURRING MUCH MORE RAPIDLY THAN IN NEIGHBORING COUNTRIES. THIS INDICATES THAT AN INCREASING PORTION OF MARRIED MEN WITH HIV HAVE BEGUN TRANSMITTING THE VIRUS TO THEIR WIVES AND SUBSEQUENTLY, TO THEIR BABIES.

5. AN ANALYSIS OF THESE FINDINGS IS OMINOUS. THE

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RAPIDLY EXPANDING HIV/AIDS EPIDEMIC THREATENS THE TENUOUS ECONOMIC AND SOCIAL PROGRESS MADE TO DATE. THERE IS THE POTENTIAL FOR ADVERSE EFFECTS ON THE LABOR FORCE AND A PROFOUND IMPACT ON HOUSEHOLD INCOME, PARTICULARLY IN RURAL AREAS, DUE TO COST OF CARE OF TERMINALLY ILL FAMILY MEMBERS AND LOSS OF INCOME GENERATION. IMPACT ON SPECIFIC GROUPS, SUCH AS THE MILITARY, IS ALSO WORRISOME AS LESSONS FROM OTHER COUNTRIES SUCH AS RWANDA INDICATE THAT A HIGH PERCEIVED INFECTION RATE CAN FOSTER AN ATMOSPHERE OF FATALISM AND DESPAIR LEADING IN TURN TO INCREASED CAPACITY FOR VIOLENCE.

6. CONTRIBUTING FACTORS TO THE EPIDEMIC

HIGHEST RATES OF HIV IN THE WORLD. IT IS ESTIMATED THAT THAILAND HAS HAD MORE THAN 800,000 CASES OF HIV SINCE THE BEGINNING OF THE EPIDEMIC. HIV IS ALSO INCREASING SIGNIFICANTLY IN VIETNAM. THE IMPACT ON CAMBODIA IS SUPPORTED BY FINDINGS WHICH SUGGEST SIGNIFICANTLY HIGHER HIV PREVALENCE IN BORDER PROVINCES WITH THAILAND, ALONG ROAD ROUTES TO THAILAND AND IN THE PORT CITIES ON THE GULF OF SIAM. WITH RECENT LARGE SHIFTS IN POPULATIONS, OPEN BORDERS, SOCIOECONOMIC CHANGE AND LIMITED INFRASTRUCTURE IN BOTH THE PUBLIC AND PRIVATE SECTORS, CAMBODIA IS EXCEEDINGLY VULNERABLE TO INCREASES IN SEXUALLY TRANSMITTED DISEASES AND HIV TRANSMISSION. COMMERCIAL SEX APPEARS TO BE THE PRIMARY FACTOR RELATED TO THE RAPID PROGRESSION OF THE EPIDEMIC AND, IN CAMBODIA, WIDE ACCEPTANCE OF COMMERCIAL SEX PREVAILS. BROTHELS ARE PRESENT IN EVERY PROVINCE OF THE COUNTRY AND, IN ONE STUDY, EVERY MALE INTERVIEWED STATED THAT THEIR FIRST SEXUAL ENCOUNTER WAS WITH A COMMERCIAL SEX WORKER. ANOTHER ALARMING TREND IS THE INCREASE IN INDIRECT SEX WORKERS WHO ENGAGE IN MORE INFORMAL SEXUAL ARRANGEMENTS AS DANCE HALL PARTNERS, BEER AND CIGARETTE PROMOTION STAFF AND PEDDLERS. AGAIN, THIS PHENOMENA IS NOT LIMITED TO PHNOM PENH. FINALLY THE PRACTICE OF BROTHEL MANAGERS TO RECRUIT YOUNG WOMEN INTO PROSTITUTION AND ROTATE THEM AMONG RED LIGHT CENTERS ENSURES (#) TO (#)
(#) IMPLEMENTATION IS CARRIED OUT BY THE NATIONAL AIDS PROGRAM (NAP)IN THE MINISTRY OF HEALTH. NEEDLESS TO SAY THE EFFECTIVENESS OF THIS PROGRAM IS DEPENDANT ON THE AVAILABILITY OF RESOURCES. THESE ARE SERIOUSLY CONSTRAINED IN CAMBODIA AND HAVE BEEN ALMOST TOTALLY PROVIDED BY WHO/GPA. THIS SUPPORT IS SCHEDULED TO END INFORMATION CONCERNING THE ROLE AND SUPPORT UN AIDS WILL MAKE AVAILABLE TO THE PROGRAM.

NOTE BY SO/DO: (#) OMISSIONS. CORRECTIONS TO FOLLOW.

PHNOM PENH 03 OF 05 3818

IN ORDER TO EFFECTIVELY ENGAGE IN COMBATTING THE EPIDEMIC THERE HAS BEEN INCREASING INVOLVEMENT OF A BROADER RANGE OF PLAYERS INCLUDING NON-GOVERNMENTAL GROUPS AND THE PRIVATE SECTOR. SPECIFIC EFFORTS HAVE RECENTLY BEEN MADE TO FURTHER ENGAGE THESE GROUPS BUT THEY ARE STILL AT A NASCENT STAGE. FINALLY, IN TERMS OF THE OVERALL POLICY ENVIRONMENT, WHILE MOVEMENT TOWARDS MORE OPEN DISCUSSION OF AIDS/STD PREVENTION AND REPRODUCTIVE HEALTH ISSUES HAS RECENTLY DRAMATICALLY IMPROVED, THERE CONTINUE TO BE SENSITIVITIES RELATED TO THE MORAL VALUES OF CAMBODIAN FAMILIES, PARTICULARLY AS CONCERNS THE NEED FOR MORE EXPLICIT SEX RELATED MESSAGES AND INFORMATION.

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8. THE RESPONSE

IN 1995 IN CONSULTATION WITH WHO/GPA, THE NAP REPRIORITIZED ACTIVITIES TO DEVELOP AN INTENSIFIED RESPONSE. AS A RESULT, NAP NOW INTENDS TO : A.) FOCUS ON INTERVENTIONS FOR COMMERCIAL SEX WORKERS; B.) DEVELOP SERVICES FOR THE TREATMENT OF SEXUALLY TRANSMITTED DISEASES; C.) INCREASE GENERAL AWARENESS OF THE EPIDEMIC; D.) EXPAND HIV/STD EPIDEMIOLOGICAL SURVEILLANCE; E.) IMPROVE PROGRAM MANAGEMENT AND PLANNING; AND F.) EXPAND TRAINING OPPORTUNITIES. AS THE NAP HAS A VERY LIMITED BUDGET WITH THE VAST MAJORITY OF ITS FUNDING COMING FROM WHO/GPA, THEY ARE SEEKING A WIDE RANGE OF SUPPORT THROUGH OTHER DONORS AND THE NGO COMMUNITY. THE TEAM FOCUSED ON SEVERAL KEY PROGRAMMATIC COMPONENTS OF THE RESPONSE.

- SURVEILLANCE: THE NAP HAS, WITH ASSISTANCE FROM WHO/GPA, IMPLEMENTED SENTINEL SURVEILLANCE IN 8 PROVINCES AMONG SEVEN TARGET GROUPS WITH SAMPLE SIZES OF 100 TO 200 IN EACH GROUP AT EACH SITE. THE FIRST ROUND OF SURVEILLANCE WAS COMPLETED IN 1995 HOWEVER THERE IS NO ADDITIONAL FUNDING FOR SURVEILLANCE WITH THE ENDING OF WHO/GPA SUPPORT. THE WORLD BANK HAS STATED AN INTENTION TO CONTINUE THIS EFFORT WHEN ITS HEALTH SECTOR LOAN COMES ON LINE IN 1997.

- STD INTERVENTIONS: CURRENT SURVEILLANCE DATA ON STD PREVALENCE AMONG VARIOUS POPULATIONS IS SCANT TO NON-EXISTENT. THERE IS ESSENTIALLY NO LABORATORY SUPPORT, IN 4 PROVINCES. THERE IS ALSO A CRITICAL DEFICIT OF DRUGS SUITABLE FOR STD MANAGEMENT. MOST CLINICIANS ARE UNFAMILIAR AND UNCOMFORTABLE WITH STD MANAGEMENT AND SYNDROMIC MANAGEMENT PROTOCOLS ARE NOT WIDELY AVAILABLE. MEN NORMALLY SEEK CARE INITIALLY FROM TRADITIONAL HEALERS OR DRUG SELLERS AND SERVICES FOR SYMPTOMATIC OR ASYMPTOMATIC WOMEN ARE SCARCE.

- STATUS OF THE BLOOD SUPPLY AND BLOOD SCREENING CAPACITY: THE INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC) ASSISTS THE RCG IN MANAGEMENT OF THE NATIONAL TRANSFUSION CENTER. TWELVE OF TWENTY TWO PROVINCES NOW HAVE FUNCTIONING BLOOD BANKS AND IT IS BELIEVED THAT ALMOST 90 PERCENT OF THE BLOOD BEING TRANSFUSED IN CAMBODIA IS SCREENED FOR HIV, HEPATITIS B, SYPHILIS AND, IN THE PROVINCES, MALARIA. THE TOTAL NUMBER OF UNITS OBTAINED IN 1994 WAS APPROXIMATELY 12,000.

- CONDOM PROMOTION AND SUPPLY THROUGH THE PUBLIC AND PRIVATE SECTOR: ALTHOUGH THERE IS LIMITED AVAILABLE DATA ON ACTUAL CONDOM USE, IMPRESSIONS ARE THAT IT REMAINS SERIOUSLY LOW. IN ONE SURVEY 98 PERCENT OF MEN REPORTED THEY NEVER USED CONDOMS WITH THEIR WIVES AND 76 PERCENT ANSWERED THAT THEY NEVER US E THEM WITH COMMERCIAL SEX WORKERS. CONDOMS ARE DISTRIBUTED FREE THROUGH THE PUBLIC SECTOR AND THE GOVERNMENT OF FRANCE IS PROVIDING APPROXIMATELY 3 MILLION CONDOMS FOR FREE DISTRIBUTION OVER THE NEXT SEVERAL YEARS. PRIVATE SECTOR DEMAND AND USE OF CONDOMS HAS BEEN INCREASING AT A RAPID RATE WITH THE PROMOTION OF PSI'S NUMBER ONE CONDOM WHICH IS SOCIALLY MARKETED WITH USAID SUPPORT. NUMBER ONE IS NOW SOLD IN 15 OF CAMBODIA'S 21 PROVINCES THROUGH A NETWORK OF PVOS, NGOS AND DIRECT DISTRIBUTION TO BROTHELS AND PHARMACIES. THE RETAIL PRICE IS AFFORDABLE AT ABOUT EIGHT CENTS FOR FOUR CONDOMS AND SALES HAVE BEEN GROWING STEADILY. THE

PROGRAM WAS LAUNCHED IN DECEMBER 1994 AND TO DATE OVER 3.1 MILLION UNITS HAVE BEEN SOLD. SALES FOR AUGUST

WERE 56 PERCENT GREATER THAN THE TOTAL SALES FOR THE PREVIOUS TWO MONTHS AND THIS DRAMATIC INCREASE IS EXPECTED TO CONTINUE. PSI ESTIMATES THAT OVER 15 MILLION CONDOMS WILL BE SOLD BY THE END OF 1996.

-IEC ACTIVITIES: (A.) MASS MEDIA - THE TEAM FOUND THAT THE FULL RANGE OF IEC CHANNELS ARE BEING UTILIZED AND WERE IMPRESSED BY THE WAYS THAT THE GOVERNMENT AND INFLAMMATORY MESSAGES THROUGH TV AND RADIO PROGAM'S. ADDITIONAL SUPPORT FOR THESE EFFORTS ARE TO BE FORTHCOMING IN THE NEAR FUTURE THROUGH UNICEF, WITH FUNDING FROM THE DUTCH GOVERNMENT AND THROUGH HEALTH UNLIMITED WITH THE SUPPORT OF MULTIPLE DONORS. (B.) INTERPERSONAL COMMUNICATION - THIS APPEARS TO BE A MORE DIFFICULT CHALLENGE, PARTICULARLY TO REACH THE MOST VULNERABLE CAMBODIANS. BOTH THE NAP, AT THE PROVINCIAL LEVEL AND SEVERAL PVOS HAVE OUTREACH WORKERS TO UNDERTAKE THIS FORM OF HIV EDUCATION. THE TEAM FELT, HOWEVER, THAT ONLY A FRACTION OF THE NECESSARY POPULATION WAS BEING REACHED AND THAT ALL THESE PROGRAMS ARE OPERATING AT CAPACITY.

- GRASS ROOTS COMMUNITY MOBILIZATION: THE TEAM DID NOT HAVE TIME FOR A COMPLETE ANALYSIS OF THIS ASPECT OF THE PROGRAM BUT DID SPEAK TO SEVERAL ACTIVE GROUPS. THEY FOUND THE EMERGENCE OF A NUMBER OF INDIGENOUS CAMBODIAN NGOS COMMITTED TO HIV PREVENTION WHO ARE RECEIVING SUPPORT THROUGH USAID-FUNDED PACT/JSI PROGRAM AND THROUGH THE WORLD VISION AIDS AWARENESS PROJECT. THESE ACTIVITIES ARE STILL IN THE EARLY STAGES. IN ADDITION, UNICEF PLANS TO FOCUS ON THIS APPROACH IN ITS NEW "COMMUNITY MOBILIZATION" STRATEGY WHICH WILL BE PATTERNED AFTER SIMILAR SUCCESSFUL EFFORTS IN POLIO VACCINATION AND MINE AWARENESS.

- PERCEIVED GAPS IN THE CURRENT RESPONSE: DURING INTERVIEWS THE TEAM ASKED ABOUT AREAS IN THE CURRENT STRATEGY WHICH WERE NOT BEING ADEQUATELY ADDRESSED. KEY RESPONSES INCLUDED: THE COMMUNITY MANAGEMENT OF CARE FOR PERSONS WITH AIDS AND THEIR FAMILIES; SPECIAL HIGH RISK GROUPS WHICH ARE NOT CURRENTLY ADEQUATELY TARGETED SUCH AS THE MILITARY AND POLICE; A FOCUS ON PRIVATE SECTOR BUSINESSES IN LARGE URBAN AREAS; AND HIV/AIDS TESTING AND COUNSELLING, FOR WHICH THERE ARE NO NATIONAL GUIDELINES OR POLICIES.

9. RECOMMENDATIONS FOR USAID ASSISTANCE

IN ORDER TO ARRIVE AT RECOMMENDATIONS FOR USAID ASSISTANCE IN FY 96 THE TEAM CONSIDERED THE FINDINGS IN LIGHT OF SEVERAL CRITERIA INCLUDING CONSISTENCY WITH AGENCY AIDS POLICY, USAID/CAMBODIA'S STRATEGY AND THE CURRENT CAMBODIAN NATIONAL PLAN FOR AIDS PREVENTION; THE POTENTIAL FOR MEASURABLE IMPACT INCLUDING POLICY CHANGE OR REFORM AND THE ABILITY TO FILL AN IMPORTANT GAP, SERVE AS A BRIDGING FUNCTION, AND ARE SIMPLE, FOCUSED AND IN A PROGRAM AREA WHERE USAID HAS A COMPARATIVE ADVANTAGE. TIME REQUIRED FOR IMPLEMENTATION IS A PARTICULARLY SIGNIFICANT CONSTRAINT AS THE FUNDING IS THROUGH THE AIDSCAP PROJECT WHICH IS DUE TO END IN SEPTEMBER 1996. BASED ON THESE CRITERIA THE FOLLOWING KEY ACTIVITIES WILL BE UNDERTAKEN IN FY 96 USING ANE REGIONAL FUNDS THROUGH

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THE AIDSCAP PROJECT:
A. HIV SURVEILLANCE - PROVIDE SUPPORT TO CONTINUE AND EXPAND THE EXISTING HIV SENTINEL SURVEILLANCE SYSTEM AND PROVIDE TECHNICAL ASSISTANCE TO REFINE PROTOCOLS. (IT IS ANTICIPATE D THE WORLD BANK WILL PROVIDE ONGOING SUPPORT TO THIS ACTIVITY IN 1997.)

B. STD CONTROL - PROVIDE TECHNICAL ASSISTANCE AND OTHER SUPPORT TO COMPLETE A NUMBER OF TARGET STD PREVALENCE AND DRUG RESISTANCE STUDIES TO PROVIDE DATA TO REFINE SYNDROMIC MANAGEMENT PROTOCOLS. DISSEMINATE AND INITIATE TRAINING IN THESE PROTOCOLS AND BEGIN INTEGRATION OF STD MANAGEMENT INTO MATERNAL CHILD HEALTH CARE FACILITIES.

C. POLICY FOR HIV TESTING AND COUNSELING - CONVENE A SERIES OF WORKING MEETINGS WITH TECHNICAL ASSISTANCE TO DEVELOP PROTOCOLS AND GUIDELINES AND ORIENT PROGRAM STAFF TO NEW

PHNOM PENH 05 OF 05 3818

TESTING RECOMMENDATIONS.

THESE PROPOSED ACTIVITIES HAVE BEEN REVIEWED WITH KEY PARTNERS AND CUSTOMERS AND HAVE RECEIVED ENTHUSIASTIC SUPPORT.

10. USAID/CAMBODIA BELIEVES THAT THIS ASSESSMENT HAS MADE A SIGNIFICANT CONTRIBUTION TO THE UNDERSTANDING OF THE EPIDEMIC AND THE STATUS OF THE CURRENT RESPONSE IN CAMBODIA. IT IS LIKELY THAT THE ASSESSMENT WILL RECEIVE WIDE DISTRIBUTION AND WILL ASSIST TO BETTER INFORM OFFICIALS, BOTH HERE IN CAMBODIA AND AMONG THE DONOR COMMUNITY AS TO THE SERIOUS NATURE AND POTENTIAL CONSEQUENCES OF THE EPIDEMIC. USAID/CAMBODIA ALSO FINDS THAT IMPLEMENTATION OF THE PROPOSED ACTIVITIES WILL MAKE A SIGNIFICANT CONTRIBUTION AND IS FEASIBLE GIVEN CURRENT CONSTRAINTS. USAID/CAMBODIA, WOULD, HOWEVER, APPRECIATE MOVEMENT ON THE PROPOSED EXTENSION THE ACTIVITIES MORE FULLY INTO TRAINING AND PROGRAM INTEGRATION. AGAIN, USAID/CAMBODIA WOULD LIKE TO EXPRESS THANKS TO THE ANE BUREAU, G/PHNEH AND THE RSM FOR THEIR SUPPORT OF THIS ASSESSMENT AND COMPLIMENT THE TEAM ON A JOB WELL DONE. PORTER

CP – LaHoma

I need a copy of the strategy ⇒ Any points on agenda?

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

TO: See Distribution list

FROM: Anne Keatley Solomon
Deputy Assistant Secretary
for Science, Technology and Health

SUBJECT: Interagency Meeting on U.S. International Strategy on HIV/AIDS

On August 8, Under Secretary Wirth announced the completion of the U.S. International Strategy on HIV/AIDS. The Strategy sets out an ambitious agenda for action to assist U.S. efforts in combatting the spread of HIV/AIDS and mitigating its impact. By now you should have received a copy of the Strategy. (If not, please contact Dr. Jonathan Davis, tel: 202-647-4542).

I am convening an interagency meeting of all of the U.S. Departments and Agencies that participated in the development of the Strategy. At the meeting I will ask each agency to report on its plans and progress in meeting the challenges set out in the Strategy, and; will discuss the action items designated for the State Department.

I look forward to seeing you or a representative of your office on Wednesday, 29 November 1995, at 2:00 P.M., in Room 7835 of the State Department building. Please provide the name, social security number, and date of birth of the person(s) who will be attending to Ms. Lisa Sockwell at 202-647-3955, so that we may arrange for pre-clearance at the Department's "C" Street entrance.

I look forward to meeting with you.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Distribution list for Interagency Meeting on US International Strategy on HIV/AIDS [partial] (1 page)	11/20/1995	P3/b(3), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19423

FOLDER TITLE:
Interagency Meeting [US International Strategy]

2007-1550-F
kc2203

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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P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[007]

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OMB	Mr. Philip DuSault	395-5651
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Peace Corps	Carol Bellamy, Dir.	606-4458
Education	A/S Sharon Robinson	219-1402
Commerce	Mr. Anthony Phipps	482-0432
	(b)(3), (b)(6)	
DOD	DAS John Mazzuchi	703-695-8691
OSTP	Ms. Jane Wales	456-6028
NAPD	Ms. Patsy Fleming, Dir.	632-1096
OVP	Mr. Mark Thomas	395-6042
USIA	Mr. Jess Bailey	205-0655

Drafted: SHrynkow/ALevitt/JDavis
SESTH 1403

Cleared: OES/STH:EShippe
OES/STH/TCH:ARock

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

FAX COVER SHEET

TO: Agency Representatives
US International Strategy on HIV/AIDS
(See Distribution List)

FROM: Jonathan Davis JD
STATE/OES/STH
Tel: 202.647.4542
Fax: 202.736.7336

DATE: 27 November 1995

RE: November 30th meeting on the US International Strategy on HIV/AIDS

By now you should have received notice requesting your (or designated representative) attendance of a meeting to discuss the implementaion of the US International Strategy on HIV/AIDS. At this meeting, we intend to review ongoing activites and to take the next steps in implementing this Strategy.

Attached please find a draft agenda for the meeting and a summary of your agency responsibilities as they appear in the Strategy. During the meeting, we hope that you will be prepared to present a brief overview of your agencies current and near-term activities with regard to the Strategy.

I look forward to seeing you at the meeting. Please contact me should you have any questions or comments regarding the agenda (tel: 202/647-4542; fax: 202/736-7336; Email: jdavis@state.gov)

Thank you very much.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. list	Distribution list on US International Strategy on HIV/AIDS [partial] (1 page)	11/28/1995	P3/b(3), b(6)

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OVP	Mr. Mark Thomas	395-6042
USIA	Mr. Jess Bailey	619-5646
NIH	Dr. William Paul	301-496-2119
NIH	Dr. Sharon Hrynkow	301-594-1211

Drafted: SHrynkow/ALevitt/JDavis
SESTH 1403

Cleared: OES/STH:EShippe
OES/STH/TCH:ARock

United States International Strategy on HIV/AIDS

Implementation Working Group Meeting

29 November 1995
2:00 to 3:30 PM
Room 7835, State Department

Co-chairs

Anne K. Solomon
Deputy Assistant Secretary
Science, Technology, and Health
U.S. Department of State

Patricia A. Fleming
Director
Office of National AIDS Policy
The White House

Agenda

I. Welcome and Introductions -- (Ms. Solomon and Ms. Fleming)

II. Clinton Administration activities in HIV/AIDS -- (Ms. Fleming)
- Accomplishments to date and plans for the December White House Conference.
- Significance of International Cooperation
  - Overview of the UNAIDS PCB meeting

III. Review of the International Strategy -- (Ms. Solomon)
- Brief background on preparation of the Strategy
- Activities to date and planned for the next few months
  - State
  - USAID
  - DHHS
  - DoD
  - Peace Corps
- Coordinated multiagency activities

IV. Next steps: Meeting U.S. international HIV/AIDS goals -- (Ms. Solomon and Ms. Fleming)
- Prepare a comprehensive status report of current and near-term actions to implement the Strategy
- Prioritize future implementation steps for research and prevention
- Ensure that implementation steps support and complement the National AIDS Plan.
- Future interactions with NGO's

→ Clinton Admin Accomplishments
- UNAIDS - PCB mtg
- Dec 6th conf.

→ Review of Act. conference

→ Next steps - Put together a status report of what is being done -

Doing a comprehensive
- Future actions w/ugs

FACSIMILE TRANSMISSION SHEET

FROM: LINDA A. VOGEL

Acting Director
Office of International and
Refugee Health

AND

Director
Office of International Health

Department of Health and Human services
5600 Fishers Lane
Rockville, Md. 20857
RM.18-87

TEL: 301-443-1774
FAX: 301-443-6288
E-Mail: LVOGEL_OASH
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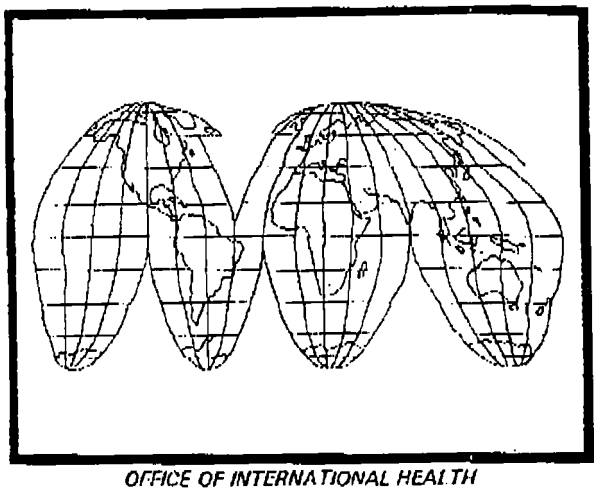

OFFICE OF INTERNATIONAL HEALTH

TO: Ms. Lahoma Romacki FAX NUMBER: 202-632-1096

DATE: 10/6/95 NUMBER OF PAGES: 3
(INCLUDING COVER SHEET)

☐ FYI ☐ FY ACTION
☐ AS REQUESTED ☐ AS DISCUSSED

MESSAGE:

Because the agenda for this meeting will be of interest to others in your agency, I encourage you to distribute this invitation beyond your immediate office. Others who are interested in these topics are welcome to participate.

Please feel free to invite interested individuals in your agency to participate in this meeting.

Linda A. Vogel

Addressees

Dr. Jo Ivey Boufford, PDASH
Mrs. Barbara Cohen, OPA/OASH
Dr. Susan Blumenthal, OWH/OASH
Mr. Bruce Chelikowsky, IHS
Dr. Mary Cummings, AHCPR
Dr. Joe Davis, CDC
Mr. George Dines, HRSA
Ms. Julia Plotnick, HRSA
Dr. Philip Schambra, NIH
Ms. Linda Staheli, NIH
Ms. Georgia Buggs, OMH/OASH
Mr. Stephen Sawmelle, SAMHSA
Dr. George Coelho, SAMHSA
Dr. Stuart Nightingale, FDA
Mr. Walter Batts, FDA
Mr. James Harrell, ODPHP/OASH
Dr. Frank Young, OEP/OASH
Dr. Roz Lasker, OASH
Ms. Ellen Shippe, DOS/STH
Mr. Anthony Rock, DOS/STH
Ms. Valerie Welsh, OHPE/OASH
Mr. Joseph Baldi, HRSA
Ms. Lahoma Romacki, NAPO
Dr. Robert Hartford, NCHS
Mr. David Hohman, OS
Mr. Ronald Lorton, DOS/SCP
Mr. David Oot, AID
Dr. Juan Ramos, NIMH/NIH
Dr. Faye Calhoun, NIAAA/NIH
Dr. Pat Needle, NIDA
Dr. Glen Post, USAID
Ms. Carol Dabbs, USAID
Dr. Noreen Hynes Carus, Peace Corps
CAPT Stephen Corbin, OSG
OIH Staff - AID and Parklawn

DEPARTMENT OF HEALTH & HUMAN SERVICES — Public Health Service

Memorandum

Date: October 4, 1995

From: Director
Office of International Health

Subject: International Health Representatives Meeting - October 12, 1995

To: Addressees

The next PHS International Health Representatives' Meeting will be held on Thursday, October 12, 1995, from 2:00-4:00 p.m. in room 17-09 of the Parklawn Building.

The program has been arranged:

Guest Speakers

PAHO Home Page on Internet

Dr. Judith K. Navarro
Chief, Publications and Editorial Services
Pan American Health Organization

(Dr. Navarro will do a computer demonstration of the PAHO Web Site for Accessing Public Health Information in this hemisphere)

****

USAID in Health Internationally - Recent Developments

Mr. David Oot
Director
Office of Health
Global Bureau
U.S. Agency for International Development

Other Agenda Items

Multilateral Program Updates

Bilateral Program Matters

Agency Reports

Other Issues

→ spell out PCB

→ Rational Plan –

[illegible] pts

[illegible] pts [illegible]

people [illegible]

[illegible] to [illegible]

→ [illegible] other couple

→ [illegible] of [illegible]

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

FAX COVER SHEET

TO: LaHoma Remarke
Office of National AIDS Policy
Tel: 632-1090
Fax: 632-1096

FROM: Jonathan Davis
STATE/OES/STH
Tel: 202.647.4542
Fax: 202.736.7336

DATE: 27 November 1995

RE: US International Strategy on HIV/AIDS

As per our phone conversation, enclosed please find a draft copy of the agenda for the upcoming HIV/AIDS meeting here at State. I look forward to your and Patsy's comments on the agenda.

Thank you very much.

Science, Technology, and Health
U.S. Department of State

Office of National AIDS Policy
The White House

Agenda

I. Welcome and Introductions -- (Ms. Solomon and Ms. Fleming)

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- Ensure that implementation steps support and complement the National AIDS Prevention Plan.
- Future interactions with NGO's

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

FAX COVER SHEET

TO: LaHoma Remarke
Office of National AIDS Policy
Tel: 202.632.1090
Fax: 202.632-1096

FROM: Jonathan Davis
STATE/OES/STH
Tel: 202.647.4542
Fax: 202.736.7336

DATE: 27 November 1995

RE: US International Strategy on HIV/AIDS

Enclosed, please find the meeting announcement and distribution list for the HIV/AIDS meeting. Also, I have arranged for a courier to deliver copies of the report to you, today.

Thank you very much.

Talking points for International Interagency meeting

Draft

Clinton Administration activities in HIV/AIDS

Accomplishments to date

Overall

- Increase in funding by 40 percent while the rest of the budget is frozen
- Revising Social Security Disability benefit criteria to help people with HIV/AIDS get benefits more quickly
- Creating the Office of National AIDS Policy and the Presidential Advisory Council to provide him with expert advice (it includes members with international expertise)
- Establishing a separate office at HUD for housing for people with AIDS
- Offering AIDS education to all Federal workers

Plans for the December 6th conference

(Distribute 2 page Q & A?)

- The President will hold a national conference on HIV and AIDS at the White House
- This will be an historic event and will serve as a wake-up call for the nation - that despite 15 years of this epidemic, public awareness is still vital.
- Epidemic is shifting toward younger people, women,and poor minority communities; need to review lessons learned and gain new momentum for the concerns, ideas and stories of people from all over the country.
- The conference workshop will be divided into several tracks, including international activities
  (Even though this is a conference focusing primarily on domestic concerns, the President understands the importance of the US leadership role in international HIV/AIDS prevention and research activities.)

International cooperation

(Distribute copies of the 5 page Clinton Administration accomplishments and focus on International section??)

- Representatives of US participated in the Tenth Annual

international conference in Japan and the World AIDS summit in Paris in 1994.

- The US is also participating in regional conferences in Latin America and the Caribbean, Asia and Africa.

- The US, through USAID is the largest bilateral donor in international assistance for preventing HIV/AIDS transmission, providing more than 120 million annually for programs in over 40 countries.

- The President has threatened to veto legislation eliminating the Agency for International Development, which would also eliminate the US contribution to international HIV/AIDS prevention.

PCB

- Until recently, the United Nation's response to the HIV epidemic has been concentrated in the World Health Organization's Global Programme on AIDS (GPA), with a number of other UN organizations playing increasingly important roles.

- As of January 1, 1996, six UN agencies (UNICEF, UNFPA, UNDP, UNESCO, WHO and the World Bank) will combine efforts to create one Joint and Cosponsored Programme of HIV\AIDS (UNAIDS). This decision reflects the need for better policy and technical coordination within the UN system.

- The PCB (Programme Coordinating Board) comprises 22 member states of the UN system, both donor and recipient countries. The United States was elected as a member of the Board on June 1, 1995 and subsequently elected as Chair of the Board.

- The PCB has already held two meetings in Geneva. The first in July, and the second one in November (two weeks ago).

Ken Bernard

UNAIDS - Members of the Program Coordinating Board

WEOG:

U.S.
UK
Australia
France
Netherlands
Sweden
Canada

Africa:

Algeria
Congo
Cote d'Ivoire
South Africa
Uganda

Asia:

China
India
Japan
Pakistan
(undecided member)

Thailand or Philippines

Eastern Europe:

Russian Federation
Bulgaria

Latin America/Caribbean:

Barbados
Mexico
Paraguay

Called CONRAD.
11/14 - Lee will send materials by the end of the week. —

Patsy to call a mtg candidate on microbicides → ? discussing how we are getting this done? → Pop Council

CONRAD →

Pop Council →

International Interagency working grp on microbicides = (developing guidelines)

British - Phase I Clinical Trial →

ONGOING ACTIVITIES RELATED TO MICROBICIDES DEVELOPMENT AND RESEARCH AT THE POPULATION COUNCIL

October 1995

1. *Test compounds for anti-HIV activity with new in vitro assay*

   The improved assay is nearly completed and Dr. Phillips' group plans to begin testing new compounds in the near future. There are many sulphated polymers available commercially. This class of compounds is generally inexpensive, safe, and water soluble. All of these characteristics are desirable for a vaginal formulation. The investigators are anxious to find out which of these compounds is most effective in preventing the sexual transmission of various pathogens.

2. *Develop assay for gonococcal infection*

   Gonorrhea is a common STD which can cause both pelvic inflammatory disease and infertility. The laboratory is currently devoloping an in vitro model for sexual transmission of gonococci.

3. *Animal testing for Chlamydia*

   The laboratory has developed an animal model to test whether candidate microbicidal compounds can prevent chlamydia infection.

4. *Completion of Human Clinical Trials of PC 213*

   A Phase 1 vaginal irritation study of PC 213 (a vaginal gel formulation comprised of sulphated polysaccharides) is nearly complete. We anticipate that the results of this trial will be presented at the next ICCR (International Committee for Contraception Research) investigators meeting in early November 1995. At that meeting we will also determine whether to pursue additional trials for PC 213.

5. *Consultation with Women's Health Advocates*

   We continue to work in a consultative process with the group of women's health advocates, now called the Women's Health Advocates for Microbicides (WHAM). This will involve further efforts with the International Women's Health Coalition and the Pacific Institute for Women's Health, as well as the group of women's advocates first convened in May 1994, to identify effective strategies for incorporating women's perspectives in all aspects of research, development, and introduction related to vaginal microbicides. The next meeting of this group will be held at the Population Council in November 1995, at which time plans will be laid for the organization of a symposium concerning clinical trial design, implementation, and monitoring. This symposium will highlight the challenges of

responsibly conducting research among vulnerable groups of women at heightened risk of acquiring HIV and other sexually transmitted infections and will be held in 1996.

6. *Acceptability Research*

In an effort to "hear from women" prior to the actual formulation of a new vaginal product, Council staff in the Programs Division spent 1994 developing, revising and finalizing a clinical protocol for determining the dimensions of acceptability influencing the use of currently available vaginal spermicide products. This study is entitled *A Study of the Formulation Preferences of Existing Over-the-Counter Vaginal Preparations,* and is being supported by the Research Division of USAID Office of Population. With data collection currently underway, this study involves 25 women volunteers in each of five sites (Côte d'Ivoire, Thailand (2 sites), the United States, and Zimbabwe) who agree to use three nonoxynol-9 containing products (including a gel, a film, and a vaginal insert) for one month each. It is hoped that data generated from this study will provide valuable insights into women's preferences and will guide the ultimate formulation of a new microbicidal products.

The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017
tel: (212) 339-0500
fax: (212) 755-6052

FACSIMILE

DATE: 6 November 1995
TO: LaHoma Romocki
CC: Jeanine Buzy
FAX: (202) 632-1090
FROM: Sue Kelleher
NUMBER OF PAGES: -3-

Per Jeanine Buzy's request, following please find an update of the Population Council's ongoing activities related to microbicides development and research.

If I can be of any further assistance, please don't hesitate to contact me at tel: (212) 339-0629, fax: (212) 755-6052, or Internet address: skelleher@popcouncil.org.

Best regards.

Sue

The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017
tel: (212) 339-0500
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Best regards.

Sue

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October 1995

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CONRAD Program *Fax Transmittal*

Contraceptive Research and Development Program
Eastern Virginia Medical School
1611 North Kent Street, Suite 806
Arlington, VA 22209 USA

Phone: (703) 524-4744
Fax: (703) 524-4770

This transmission includes a total of 5 page(s). If there are any problems, please contact us at the number above.

TO: Lahoma Romocki FAX NUMBER: (202) 632-1096

FROM: Lee E. Claypool, Ph.D.

DATE: 20 November 1995

SUBJECT: CONRAD microbicide development activities

A summary of our activities related to contraception and the prevention of HIV transmission is attached.

If you have any questions, or if any other materials would be useful to you, please do not hesitate to let me know.

CONRAD PROGRAM

A Program For Contraceptive Research and Development

1611 North Kent Street • Suite 806 • Arlington, Virginia 22209 U.S.A.
(703) 524-4744 • Telefax (703) 524-4770

Development of Microbicidal Products by the CONRAD Program

The Contraceptive Research and Development (CONRAD) Program operates under a Cooperative Agreement with the U.S. Agency for International Development (USAID) in order to develop more effective, safe, and acceptable contraceptive methods that are suitable for use in developing countries as well as in the United States. Following competitive peer review, targeted research is supported at universities, research institutes, and private companies. All research is actively coordinated with related efforts by USAID, NIH, CDC, WHO, other agencies and foundations, and the private sector.

Developing microbicidal products that provide protection against sexual HIV transmission is a key element of this program. The overall objectives of the CONRAD Program in the area of contraception and prevention of HIV/AIDS are to: 1) better define how existing and potential contraceptive methods might either reduce or enhance the risk of transmission for HIV and other STDs; 2) contribute to more appropriately tailored and responsible family planning services, including improved counseling and products; and 3) prevent HIV/AIDS and other STDs. Vaginal barrier methods that not only prevent unwanted pregnancy, but also offer protection against sexually transmitted diseases are urgently needed, especially those that can be used by women at their own discretion, for example, when condom use cannot be successfully negotiated or implemented. New and better products are also needed because existing spermicidal products may cause irritation under certain conditions of use, and thereby potentially contribute to a higher risk of HIV transmission.

To date, CONRAD-sponsored research has focused on the areas summarized below.

Development of New Microbicidal Agents and Formulations

In vitro methods are being used to evaluate the ability of various compounds to inactivate cell-free and cell-associated HIV or to prevent attachment of HIV to target cells in the reproductive tract. Recent progress has been marked by the identification of several classes of compounds that appear to be promising leads with high spermicidal and virucidal activity and potentially low levels of tissue irritation. Investigators in the US and abroad are conducting targeted synthesis programs to optimize the structure and activity of these compounds. One of these investigators has synthesized several series of hemicholinium compounds and several lead compounds have been selected for rabbit vaginal irritation testing.

A number of new formulations for nonoxynol-9 (N-9) are also being explored in order to optimize bioavailability while at the same time minimizing dose and thereby reducing the likelihood of irritation. In addition, the manufacture of derivatized polysaccharides has been scaled up to provide sufficient material for clinical trials and any additional toxicology that may be required. These polysaccharides enhance the utility of N-9 by coating the vaginal walls and also blocking penetration of sperm into cervical mucus. Another investigator is evaluating a new vehicle that can release N-9 at vaginal pH and then increase release when exposed to the higher pH of cervical mucus or semen, thus enhancing delivery of the active agent when it is most needed.

EASTERN VIRGINIA MEDICAL SCHOOL
Established 1973
Department of Obstetrics and Gynecology

Another subproject has developed an *in vitro* model to study the mechanisms by which virus is transmitted from infected blood cells like those in semen to epithelial target cells like those in the cervix. This model is now being used to evaluate the efficacy of various compounds in preventing this mode of HIV transmission, with some promising data for sulfated polysaccharides. CONRAD has also provided substantial partial funding to the TOPCAD Program which is evaluating and developing a number of promising agents with similar properties.

Development of topical products using antibodies to prevent pregnancy and infection has also been undertaken.

Preclinical evaluation of these leads for efficacy and toxicology is being performed in animal models when warranted. Such agents could potentially be delivered as vaginal films or suppositories, which might be more acceptable to users than creams and gels, or delivered in conjunction with barrier devices such as sponges or diaphragms. The cost and practicality of providing such products through public sector programs is also an important consideration.

Mechanisms of Sexual HIV Transmission

A CONRAD subproject has examined the mechanisms and cofactors of HIV secretion in the male reproductive tract and identified cells in semen that carried HIV, the tissues from which infected cells and free virus are secreted, and their relationship to disease stage, therapy, and immune function. This subproject also tested a number of relevant hypotheses and found that vasectomy would not prevent HIV secretion, HIV in semen is greatly reduced by AZT treatment, HIV is not carried by sperm, and survival of free and cell-associated HIV is highly pH dependent.

These studies provided novel techniques that are now being used to look at localization and secretion of HIV in the female reproductive tract using surgical and autopsy tissues, which are now increasingly available. Data will be correlated with disease stage, pathological condition, therapy, coinfections, and other factors such as menstrual stage and endometriosis.

A much improved ELISA-based quantitative PCR method has also been developed and can now be used to examine factors which influence HIV levels in tissues and fluids of the reproductive tract. *In situ* PCR has also been improved and used to demonstrate, to date, that testicular HIV is in macrophage-like cells but not in germ cells. A double labeling technique is also planned to definitively determine if HIV-positive lymphocytes bind to and infiltrate across the intact human endocervical mucosa.

Development of Animal Models for HIV Transmission

Initial CONRAD investigations included immune deficiency viruses in African green monkeys, mice, cats, and chimpanzees. The rhesus monkey and SIV model continues to be the most promising. Past studies have characterized the relevant biology in this model, and have demonstrated partially protective effects of N-9-containing foam and gel contraceptives against very highly infectious inocula of SIV. Current studies are examining the role of seminal plasma, pH, repeated N-9 exposure, and other factors on transmission.

In a preliminary study, a rigorous regimen of exposure to an N-9-containing vaginal spermicide (twice-a-day for 28 days) did not increase the likelihood of SIV infection following vaginal inoculation. The effects of this treatment regimen and others are now being more extensively characterized using video colposcopy and histological analysis of vaginal biopsies. The profile of N-9 concentration in the vagina following treatment is also being determined, and a replication of the earlier transmission study is planned.

In another study, progesterone-implanted and placebo-implanted monkeys have been vaginally inoculated with a dose of SIV which infected less than 50% of monkeys in previous control groups. The effect of treatment on transmission, circulating steroid levels, and the vaginal epithelium will be characterized, and additional studies considered as warranted.

Activity of Existing and New Agents Against Other STDs

In the pigtail macaque model of sexually transmitted chlamydial infection, a single vaginal application of a spermicidal product containing 4% N-9 inhibited infection, with a minimal temporary shift in vaginal flora, and only mild irritation to the vaginal and cervical mucosa. In contrast, with benzalkonium chloride the alteration of vaginal flora and irritation were more marked. The protective effects of benzalkonium chloride against chlamydial infection are currently being determined. This model could be used to evaluate the *in vivo* anti-chlamydial activity of other spermicides and/or microbicides in the future.

Other investigators, including those in the TOPCAD Program, are conducting *in vitro* studies to define the efficacy of promising agents against a variety of microbes, including chlamydia, herpes virus, gonococci, haemophilus, trichomonas, and candida, while minimizing the impact on normal lactobacilli.

Clinical Studies

The CONRAD clinical research unit has finished two Phase I studies on new contraceptive films and a duration of action study on the currently available VCF film which contains N-9. Women inserted the film and at intervals up to four hours, lavages were done to recover the remaining N-9. Intercourse did not occur in this initial study; nevertheless, the fact that several women had significant amounts of undissolved film as long as two hours after insertion was an interesting finding. Furthermore, a considerable drop in N-9 remaining occurred between two and four hours. Further studies are planned on the duration of action and also the impact of N-9 on vaginal ecology.

With respect to mechanical barriers, a comparative study of Femcap®, a new cervical cap, is ongoing. Another project is using a design feedback approach to develop an improved silicone diaphragm. Finally, a slippage and breakage study is being organized to evaluate several new condom designs made with a synthetic elastomer called Tactylon®.

If additional products continue to look promising, clinical evaluations in humans will be planned.

Epidemiological Studies

These include a study being conducted in Chiang Mai, Thailand to investigate whether and how the use of specific contraceptive products is related to rates of HIV transmission; studies on HIV disease, gynecologic health, and PID, with contraceptive use as a cofactor; and behavioral studies on contraceptive use and disease prevention.

International Workshops

CONRAD has also organized a variety of forums for programmatic and technical reviews and conducted larger and more comprehensive International Workshops on AIDS Transmission and on Barrier Contraceptives. Published proceedings of the workshops are available in limited numbers.

Future Directions

Future efforts will include continued development of potential product leads, including formulation, preclinical evaluation, and clinical testing. Additional studies could address the effect of steroids on immune function in the reproductive tract or the role of specific STDs as cofactors for transmission of HIV to or from infected individuals. Others will be considered if justified in the context of contributing to better products and service delivery.

Sources of CONRAD Funding

In addition to the funds received from USAID, many of the CONRAD activities in this area have been supported with funds from the Contraceptive Development Branch at NICHD, the Division of Microbiology and Infectious Diseases at NIAID, and the Division of Reproductive Health at CDC, all by means of interagency transfers through USAID, as well as with funds from the Mellon Foundation and the Rockefeller Foundation.

Lee Claypool
CNRDCIDE.ACT
Nov 17, 1995

thought it might help

International Cooperation. The United States is actively participating in a new joint and co-sponsored United Nations program on HIV/AIDS to coordinate worldwide efforts to confront the pandemic. The U.S. has sent AIDS educators to other countries to assist in the development of effective prevention strategies. Representatives of the U.S. participated in the Tenth International AIDS Meeting in Yokohama, Japan, and the World AIDS Summit in Paris. The President has threatened to veto legislation eliminating the Agency for International Development, the prime source of international AIDS assistance.

Mental Health. HHS awarded the first Federal grants to develop mental health services for persons living with HIV/AIDS and their families and partners.

Minority Communities. The Public Health Service convened the National Congress on the State of HIV in Racial and Ethnic Communities, bringing together individuals and organizations to develop plans to alter the course of HIV in those communities. The National Institutes of Health (NIH) added four new sites to its AIDS Clinical Trials Group at institutions that serve predominantly minority populations.

Perinatal Transmission. An NIH-sponsored clinical trial (ACTG 076) provided strong evidence that use of AZT by HIV-positive pregnant women dramatically reduced the rate of HIV transmission from mother to infant. The FDA expeditiously approved changes in labelling indications for AZT to include treatment of HIV-infected pregnant women. The Health Care Financing Administration has asked all states to include coverage of AZT for pregnant women and infants in their Medicaid drug formularies. The Public Health Service published "Recommendations on the Use of Zidovudine to Reduce Perinatal Transmission of HIV," to assist women and their doctors in making decisions about use of AZT to prevent transmission of HIV to fetuses and the CDC has issued guidelines regarding routine counseling and voluntary testing of pregnant women.

Policy Coordination. To provide a central focus for governmental efforts against HIV/AIDS, the President created the Office of National AIDS Policy within the White House, to advise him on AIDS policy issues and coordinate interdepartmental activities. An Interdepartmental Task Force on HIV/AIDS, chaired by National AIDS Policy Director Patricia Fleming, was created to assist in that effort.

Prevention. CDC has initiated a comprehensive community planning process for HIV prevention programs, placing control of such programs in the hands of local community organizations rather than having them dictated by the Federal government. CDC also initiated an unprecedented review of government-funded HIV/AIDS prevention activities conducted by panels of individuals from outside of the government. In January 1994, the Centers for Disease Control and Prevention (CDC) launched the Prevention Marketing Initiative aimed at young adults (ages 18-25) to change behaviors that contribute to the transmission of HIV. The initiative features production of frank, forward-thinking public service announcements promoting both abstinence and the consistent and correct use of latex condoms.

To: Jeanine Margarite Buzy@G.PHN.HN@AIDW
Cc: Victor Barnes@G.PHN.HN@AIDW,Erik Delay@OED@pretoria
Barbara de Zalduondo@G.PHN.HN@AIDW
Karen Y Morita@G.PHN.HN@AIDW
Bcc:
From: Jacob A. Gayle@G.PHN.HN@AIDW
Subject: Patsy's Talking Points for the Prevention Conference
Date: Tuesday, August 1, 1995 18:47:49 EDT
Attach:
Certify: N
Forwarded by:

Jeanine: Would you fill in the blanks where requested? What do folks think? Given that Duff will discuss the impact of the Cairo conference on HIV and reproductive health, and Peter Piot will discuss the role of UNAIDS, it would be very helpful for Patsy to discuss the Paris Summit and the impact it has upon US domestic and international efforts against HIV/AIDS from hereon in.

1. HIV/AIDS knows no borders. To speak of AIDS as an "either/or," "domestic or international" perspective denies the reality that the world is truly united by HIV.

2. Our domestic efforts against HIV/AIDS contribute to the worldwide struggle against HIV/AIDS.

3. Any impact which HIV/AIDS has upon the rest of the world affects us in the US - whether directly or through indirect means.

4. On December 1, 1994 (World AIDS Day), the US took a major step, along with 41 other nations, to commit its domestic and international efforts to global solidarity against HIV/AIDS.

5. Through the Paris Summit, each country committed to improving efforts within its borders and across its borders to reduce the spread and impact of HIV upon its peoples and all people of the world.

6. The US took leadership roles in highlighting the need to include greater involvement of people affected by HIV (including people living with HIV), in all phases of HIV/AIDS action;

7. the urgency of dealing with the impact of HIV upon women, as well a s populations deemed "vulnerable" within their societal contexts;

8. and the need to continue improving prevention and care efforts worldwide.

9. USAID was centrally involved in the planning and implementation of the PAris Summit, and for incorporating the Paris Summit principles within its activities.

JEANINE: CITE EXAMPLES

10. As we enter this new era with new challenges, we must continue to incorporate the Paris Summit principles in our actions. We must remeber that, as Americans and as world citizens, we struggle against the global epidemic b\y serving within our borders and outside. Only with this perspective will a worldwide challenge be successfully confronted.

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

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

Phone: 202-632-1090
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FACSIMILE COVER SHEET

TO: Jonathon Davis

FAX NUMBER: 202-736-7336

FROM: LaTonia S. Romack

DATE: November 27, 1995

PAGES INCLUDING COVER SHEET: 6

COMMENTS:

As promised.

The Working Groups

The working groups will give participants an opportunity to discuss, in-depth, the numerous issues surrounding the AIDS epidemic. Discussion leaders will include members of the Presidential Advisory Council on HIV and AIDS, leading government experts, and members of the community. Those discussions will lead naturally into the plenary session. Topics include research, vaccines, prevention, care, housing, substance abuse, international activity, discrimination, and entitlement programs.

The Plenary Session

The plenary session will serve as a national forum for the discussion of the impact of the epidemic on American society. It will feature remarks from individuals living with HIV or AIDS and a major address from the President. Individuals from each working group will make presentations that will combine their own experiences with the views of the group. The President and those individuals will then engage in a wide-ranging discussion.

Reaching Out

While the conference is, by its nature, limited in size, efforts are being made to broaden the reach of the conference to the nation. A home page will be established to enable individuals to share their thoughts and experiences prior to the conference. A series of regional "satellite conferences" will be set up in communities across the nation to allow people to observe the plenary session of the conference. And efforts are being made to ensure live broadcast of the plenary session.

# # #

White House Conference on HIV and AIDS

November 8, 1995

Fact Sheet

On December 6, President Clinton will convene the first-ever White House Conference on HIV and AIDS. This historic conference will include more 200 Americans with experience and expertise in coping with and responding to the HIV/AIDS epidemic.

Primary Goal/Purpose

The primary purpose of the White House Conference on HIV and AIDS is to raise public awareness about the tremendous impact the epidemic is having on individuals and their families, communities, institutions, and society as a whole. Public awareness is a critical factor in effectively responding to HIV and AIDS.

Second Goal/Purpose

The second purpose of the Conference is to gain additional information to help guide the national response to HIV and AIDS. Individuals with expertise -- including those who are living with HIV and AIDS -- will discuss issues including research, prevention, care, housing, vaccine development, substance abuse, health and disability benefits, international cooperation, and discrimination.

Third Goal/Purpose

The third purpose of the Conference is for the President to demonstrate his ongoing leadership on HIV and AIDS, calling the nation's attention to the serious nature of this epidemic and the need for additional action.

How Will it Work?

Participants will be assigned to a specific working group focused on one nine topics. They will spend much of the morning discussing those issues in small breakout sessions before joining together for a plenary session with the President.

Questions and Answers

White House Conference on HIV and AIDS

Question

What is the significance of this conference?

Answer

This is an historic event. For the first time in the 15-year history of this epidemic, the President of the United States is holding a national conference on HIV and AIDS at the White House. He is using the "bully pulpit" of the White House to call national and international attention to the ongoing and devastating impact of the AIDS epidemic on our nation.

Question

Why is the President holding this conference?

Answer

The President wants to receive the most up-to-date information possible on the status of this epidemic and its impact on American society. Second, an important element of disease prevention is public awareness. This conference will serve to remind the nation that AIDS remains an urgent public health priority. Public awareness is a critical component of an effective effort to prevent HIV infection.

Question

Why now?

Answer

In many ways, the epidemic is shifting. It's shifting toward younger people (i.e. 1-in-4 new infections are among teenagers, 1-in-2 infections are among people under 25). It's shifting toward women (14,000 cases last year alone). And it's shifting toward poor minority communities (where the ability to cope is less because of income).

It's also clear that public concern has waned. That's understandable since we've been fighting AIDS for nearly 15 years. But public awareness is vital to effective prevention. The conference will serve as a "wake up call" for the nation.

Question

Why did it take so long for the President to pay attention to this issue? Does this mean he finally "gets it"?

Answer

The President has always recognized the importance of aggressively fighting the AIDS epidemic. That's why it has been a priority of his Administration since the beginning. This conference is part of a continuum of actions taken to directly confront HIV and AIDS and to raise the public's awareness of the importance of this fight.

Since he was elected, the President has been aggressively combatting the AIDS epidemic through a series of actions. They include:

- Increasing funding by 40 percent while the rest of the budget is frozen.
- Revising Social Security Disability benefit criteria to help people with HIV/AIDS get benefits more quickly.
- Creating the Office of National AIDS Policy and the Presidential Advisory Council on HIV and AIDS to provide him with expert advice.
- Establishing a separate office at HUD for housing for people with AIDS.
- Offering AIDS education to all Federal workers.

Question

Who will attend and how will they be chosen?

Answer

This is really a grassroots conference that will bring people from all over the country to the White House to share with the President their concerns, their ideas, their stories. It will help to put a human face on the epidemic. Americans need to see that AIDS affects us all. Our sons and daughters, our brothers and sisters, our neighbors and loved ones.

Question

How will this conference affect AIDS care providers?

Answer

By raising public awareness of the impact of the epidemic, the conference will help community-based AIDS organizations gain support from local communities. Individuals living with HIV or AIDS will gain a greater knowledge of the kind of care that is available to them. And public officials will gain a greater understanding of the very real and unmet needs in the country.

Question

What is the expected outcome of this meeting?

Answer

Heightened public awareness, an up-to-the-minute update on the status of the epidemic and efforts to respond to it, and a clear direction for the future.

Those attending the conference will participate in a series of working groups covering:

- Research
- Prevention
- Treatment and care
- Housing
- Discrimination and legal issues
- Entitlement benefits (Medicaid, Medicare, Social Security)
- Substance Abuse
- Vaccines
- International activity

Question

What will the President have to say?

Answer

The President will talk about the progress we have made, as a nation, in the battle against HIV and AIDS. He will also discuss what needs to be done in the future and his vision for where we are going in this battle.