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[International AIDS Conference, XIII, Durban, South Africa, 9-14 July 2000] [4]

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	4	1

Confirmed 6/28 via vm.

Dear Sandra + Mike, Albina sends warm regards and hopes to see you both in Durban.

Regards,
Carol DeVoe

VIDEOVISION ENTERTAINMENT

François-Xavier Bagnoud
US Foundation

Albina du Boisrouvray, Association François-Xavier Bagnoud and
Anant Singh and Videovision Entertainment
request the honour of your presence at a reception dedicated to the eradication of AIDS
and the promotion of health and human rights.

Please join us for a gathering of community members, field workers, researchers,
medical professionals
and journalists for an evening of relaxed and inspired discussion and unabashed
networking

Albina du Boisrouvray, Founder and President of AFXB
will announce the launch of FXBs South Africa project
for AIDS-affected children and more.

Date: Satuday, 8 July 2000
Time: 5:30pm - 8.30pm
Venue: DURBAN JEWISH CLUB
44 Old Fort Road, Durban

Please R.S.V.P. Carol DeVoe, Globalvision
by Friday, June 30 2000 212-246-0202, ext. 3022
or in Durban on 011-27-31-337-3601 after July 5

NATIONAL INSTITUTES OF HEALTH
OFFICE OF AIDS RESEARCH

Linda Jackson
Program Coordinator

Building 2, Room 5E22
Two Center Drive
MSC 0260
Bethesda, MD 20892
TEL: 301 402 3357
FAX: 301 402 3360
E-mail: jacksonl@od.nih.gov

June 19, 2000

Ms. Sandra Thurman
Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, N.W.
Washington, DC 20503

Dear Ms. Thurman:

Following is information that confirms the arrangements that have been made on your behalf for the XIII International AIDS Conference in Durban, South Africa. This information, along with the enclosures, may be inserted in the briefing book that was delivered to you several months ago.

Durban Airport/Ground Transportation:
Individuals entering South Africa will be cleared through customs in Johannesburg or Cape Town (depending upon your route). As the airport in Durban is currently under renovation, the OAR has made arrangements for you to be met by an SSS staff member and your driver (a close protection officer). You will then be escorted to your baggage and taken to your car. It will take approximately 15- to 20- minutes to reach the hotel. The car and driver will be available to you throughout the conference.

Hotel Accommodations:
The Royal Hotel, 267 Smith Street, P.O. Box 1041, Durban 4000, South Africa, Tel: +27-31-304-0331, Fax: +27-31-305-3504. A room has been confirmed for you at the Royal Hotel for check-in on Friday, July 7, and check-out on Saturday, July 15. Our on-site staff will meet you in the lobby of the Royal Hotel and assist you with check-in at the hotel. Your room and tax have been prepaid.

Registration Confirmation:
You have been registered for the conference and the registration fee has been prepaid. A copy of your registration confirmation is enclosed for you. Please note that your conference registration materials will be delivered to your hotel room when you arrive; you will not need to pick up your materials at the Conference Registration Check-In Desk.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

MEDIA ADVISORY

WASHINGTON, DC 20523
http://www.usaid.gov

Contact: Gabrielle Bushman
(202) 712-4320

2000-194
FOR IMMEDIATE RELEASE
Friday, June 30, 2000

USAID SITE VISIT SCHEDULE

XIII INTERNATIONAL AIDS CONFERENCE
DURBAN, SOUTH AFRICA

The U.S. Agency for International Development will sponsor several site visits open to a limited number of media representatives during the XIII International AIDS Conference in Durban, South Africa. To sign up for these site visits, please contact Gabrielle Bushman at 202-712-4320 before close of business on Wednesday, July 5.

Tuesday, July 11 **Medical Care Development International - Ndwedwe District**
Depart 10:30 a.m.
Accompany Sandy Thurman (The White House) and USAID officials to Ndwedwe (one hour outside of Durban), where USAID is funding a project to improve community care for children affected by AIDS.

Wednesday, July 12 **Ntinga Microenterprise Support Project/Thekwini Business Center**
Depart 1 p.m. **Cato Manor Development Association**
AIDS is no longer only a health issue. Over the past two years, USAID has focused on how it can incorporate HIV/AIDS prevention programs into other projects. Wednesday's site visits will be to two USAID programs to discuss how they are doing this. The Ntinga Microenterprise Support Project is looking at new ways to target and prevent HIV/AIDS through microenterprise programs. At Cato Manor Development Association, they are looking for the type of housing best-suited for the consequences of the AIDS epidemic.

Friday, July 14 **Orphan and vulnerable children site TBD**
Depart 7:30 a.m.
Accompany Ambassador Delano Lewis, (U.S. Ambassador to South Africa), Sandy Thurman (The White House), Vivian Lowery Derryck (USAID) and Achmet Dangor (CEO, Nelson Mandela Children's Fund) on a site visit to a program for orphans and vulnerable children. This visit will represent the type of project the Nelson Mandela Children's Fund will support through its USAID grant, which will be announced later Friday morning.

# # #

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

MEDIA ADVISORY

WASHINGTON, DC 20523
http://www.usaid.gov

Contact: Gabrielle Bushman
(202) 712-4320

2000-193
FOR IMMEDIATE RELEASE
Friday, June 30, 2000

USAID PRESS CONFERENCE SCHEDULE

XIII INTERNATIONAL AIDS CONFERENCE
DURBAN, SOUTH AFRICA

Monday, July 10 **The AIDS Pandemic in the 21st Century:**
The Demographic Impact in Developing Countries
USAID will release new Census Bureau data showing the tremendous impact of AIDS on the developing world. Life expectancy, population growth and infant mortality rates have all been dramatically affected.
9:45 - 10:45 a.m. Ground level of International Convention Center

Tuesday, July 11 **LIFE: One Year Later**
Three senior officials will discuss LIFE, the Clinton administration's $100 million initiative to fight AIDS.
9:15 - 10:15 a.m. Ground level of International Convention Center
Speakers: Sandy Thurman, The White House
Vivian Lowery Derryck, USAID
Dr. Helene Gayle, CDC

Wednesday, July 12 **Confronting Stigma and Denial: The Demand for Voluntary Counseling and Testing**
New studies in Africa show dramatic increases in demand for voluntary HIV counseling and testing , when the services are accessible, affordable and secure. This may be a key method for overcoming the HIV/AIDS stigma and denial that has paralyzed responses to the epidemic in the developing world.
10:15 - 11:15 a.m. Ground level of International Convention Center

Thursday, July 13 **Children on the Brink**
USAID will release a new report on AIDS orphans, which predicts the number of AIDS orphans over the next ten years, and discusses strategies to assist vulnerable children.
9:00 - 10:00 a.m. Ground level of International Convention Center

Friday, July 14 **USAID Awards Grant to Nelson Mandela Children's Fund**
The U.S. government and the Nelson Mandela Children's Fund join forces to meet the complex challenges of children living in a world of AIDS.
9:00 - 10:00 a.m. Royal Hotel
Speakers: The Honorable Nelson Mandela
Ambassador Lewis, U.S. Ambassador to South Africa
Sandy Thurman, The White House
Vivian Lowery Derryck, USAID

# # #

XIII International AIDS Conference: DHHS Presentations

LastName	FirstName	IC	Date	Time	Location	Presentation Type	Title
Arthos	James	NIAID	7/13	all day	Tent	Poster (Late-Breaker)	w/A. Kinter
Arya	Suresh	NCI	7/10	14:45	PlayHouse 12	Oral Presentation	HIV Replication (A04)
Biggar	Robert	NCI	7/9	13:15	ICC VI	Oral Presentation	HIV/AIDS in Children (B01)
Connors	Mark	NIAID	7/10	11:30	Tent A, 1st Corner	Poster (Oral) Presentation	HIV-1 Viremia Supression (w/A. McNeil)
Dybul	Mark	NIAID	7/13	16:00	ICC III	Late Breaker Oral	New Developments in Affordable Antiretroviral
Fauci	Anthony	NIAID	7/11	9:00	ICC I	Plenary	Host Factors in HIV Disease
Felber	Barbara	NCI	7/12	12:00	Tent A, 2nd Corner	Poster (Oral) Presentation	Animal Models II (A)
Flores	Jorge	NIAID	7/13	16:30	ICC IV	Late Breaker Oral	Vaccines Immunotherapy and Immunopathog
Flores	Jorge	NIAID	7/12	16:00	Royal XIV	Oral Presentation	HIV Vaccine Trials
Flores	Jorge	NIAID	7/12	15:30	Royal XIV	Oral Presentation	HIV Vaccine Trials
Gayle	Helene	CDC	7/13	14:45	ICC IV	Roundtable Panelist	Internat'l Support for the Prevention of Mother
Hatano	Hiroyu	NIAID	7/12	all day	Tent B	Poster Presentation	HAART
Hoff	Rodney	NIAID	7/13	15:30	ICC II	Late Breaker Oral	Effectiveness of Potent Antiretrovirals in Redu
Kinter	Audrey	NIAID	7/12	14:00	Hilton 10	Oral Presentation	Immune Reconstitution (B13) w/Cliff Lane
Lane	Cliff	NIAID	7/12	14:00	Hilton 10	Oral Presentation	Immune Reconstitution (B13)
LaSalvia	Thomas	NIAID	7/12	all day	Tent C	Poster Presentation	
Margolis	Leonid	NICHD	7/11	all day	Tent A	Poster Presentation	
McNamara	Jim	NIAID	7/12	15:45	Royal XIV	Oral Presentation	HIV Vaccine Trials (C15)

LastName	FirstName	IC	Date	Time	Location	Presentation Type	Title
McNeil	Andrew	NIAID	7/10	all day	Tent A	Poster Presentation	
Miotti	Paolo	NIAID	7/11	17:00	Hilton X	Symposium	Gender Issues in Disease Progression
Mofenson	Lynne	NICHD	7/13	15:30	ICC II	Late Breaker Oral	Effectivenss of Potent Antiretroviral...
Mofenson	Lynne	NICHD	7/11	12:00	Tent B, 1st Corner	Poster (Oral) Presentation	Correlates/Risk Factors for MTCT
Mofenson	Lynne	NICHD	7/13	16:45	ICC II	Late Breaker Oral	Genotypic Resistance Analysis...
Nathanson	Neal	OAR	7/13	15:15	ICC V	Symposium	Office of AIDS Research, NIH
Needle	Richard	NIDA	7/13	all day	Tent D	Poster Presentation	
Pequegnat	Willo	NIMH	7/12	all day	Tent D	Poster Presentation	Adolescent HIV Prevention Studies Sponsore
Pettinelli	Carla	NIAID	7/12	all day	Tent B	Poster Presentation	
Quinn	Thomas	NIAID	7/10	15:00	Royal XIV	Oral Presentation	Male Circumcision: An Ignored Intervention (
Quinn	Thomas	NIAID	7/11	16:30	City Hall XIII	Oral Presentation	Biological Determinants of Transmission (C10
Reichelderfer	Patricia	NICHD	7/10	all day	Tent B	Poster Presentation	
Robert-Guroff	Marjorie	NCI	7/11	14:00	Playhouse 12	Oral Presentation	New Vaccine Designs (A08)
Ruscetti	Frank	NCI	7/10	all day	Tent A	Poster Presentation	
Satcher	David	DHHS	7/12	13:00	ICC IV	Symposium Keynote	Accessing Vulnerable Groups: Youth
Stover	Ellen	NIMH	7/12	all day	Tent D	Poster Presentation	Adolescent HIV Prevention Studies Sponsore
Valdiserri	Ron	CDC	7/11	all day	Tent D	Poster Presentation	
Womack	Chad	NIAID	7/13	17:15	ICC IV	Late Breaker Oral	Vaccines Immunotherapy and Immunopathog

Ron MacInnis <RMACINNIS@globalhealth.org>
06/08/2000 06:32:33 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc: Mary Partlow <MPARTLOW@globalhealth.org>, Marianne Tshihamba <MTSHIHAMBA@globalhealth.org>

Subject: URGENT REPLY NEEDED: Global Health Council activities at the Durb an World AIDS Conference

---

Hi Cheryl,

I wanted to forward to you two key Global Health Council activities at the Durban World AIDS Conference. I would like to put them on to Sandy's schedule if she is available to participate during her week there. Since we do need to finalize details before the 15th of June on both of these,it would be great to have confirmation asap!

The Global Health Council has been active in helping the organizing committee of the 13th World AIDS Conference in Durban in the planning, fundraising, and community outreach for the July 9 - 13 conference. As an official partner organization to the conference, the Council will host several key events during the busy week of activities in Durban.

1. Co-Sponsorship (with the African Council of AIDS Service Organizations and National Minority AIDS Council) of an African and American NGO Twinning luncheon on Tuesday, July 11 from 12 - 2 p.m., at the Edward Hotel. The luncheon will be for 300 people (half from the US, half from around Africa) - the intent is to promote and offer examples of how community-based ASOs in African countries can twin/form direct partnerships with AIDS groups in the US. Special remarks will be made by UNDP Ambassadors author Nadine Gordimer, actor Danny Glover and Atlanta Hawks Dikembe Mutombo (all confirmed). We would love to have Sandy participate as we generate the details of the program.

3. We are organizing the official US Embassy Reception with the US Consulate in Durban and Ambassador Lewis' office, to be held Wednesday evening July 12, at the Holiday Inn, 63 Snell Parade, from 5:30pm to 7:30 pm. We are preparing the invitation this week and would like to put Sandy's name on it along with the Surgeon General's. Will she be available to attend, and can we put her on the official invitation?

There will be six Global Health Council staff attending the Durban Conference - President and CEO Nils Daulaire, Director of Conference Membership and Special Events Sadhana Hall, Director of Communications Annemarie Christensen, Global AIDS Program Officer Mary Partlow, Global AIDS

Program Assistant Marianne Tshihamba, and myself.

Best regards,

Ron

Global Health Council
Global AIDS Program
1701 K Street, NW
Suite 600
Washington, DC 20006
tel: 202-833-5900
fax: 202-833-0075
www.globalhealth.org

Ron MacInnis <RMACINNIS@globalhealth.org>
06/08/2000 06:32:33 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc: Mary Partlow <MPARTLOW@globalhealth.org>, Marianne Tshihamba <MTSHIHAMBA@globalhealth.org>

Subject: URGENT REPLY NEEDED: Global Health Council activities at the Durb an World AIDS Conference

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Best regards,

Ron

Global Health Council
Global AIDS Program
1701 K Street, NW
Suite 600
Washington, DC 20006
tel: 202-833-5900
fax: 202-833-0075
www.globalhealth.org

Mary Partlow <MPARTLOW@globalhealth.org>
06/29/2000 04:10:22 PM

Record Type: Record

To: Sarah T. Holewinski/OPD/EOP

cc:
Subject: RE: for Sandy Thurman

Okay, here is the scoop.

For the reception she will simply need to look for me, Ron, or Nils. she'll be introduced by the Ambassador and asked to say a few words.

At the Luncheon she will be seated with Nils, Paul Kawata, and Danny Glover. She will be recognized from the podium by Ron. Please note: the Surgeon General will also be there.

Thanks, Mary

-----Original Message-----
From: Sarah_T._Holewinski@opd.eop.gov
[mailto:Sarah_T._Holewinski@opd.eop.gov]
Sent: Thursday, June 29, 2000 1:50 PM
To: Mary Partlow
Subject: RE: for Sandy Thurman

THANK YOU MARY!! (ooo....i didn't mean to scream, just to thank you with more emphasis!)

We basically need what Sandy's role will be in these two events. Who will introduce her, what does she
need to say in general terms, and who will be the 'important' people there (no need to beat around the bush at this point, right?)....

If there are tables, who will she be sitting with?

That sort of information is soooo incredibly helpful to her when she's running around from one event to another.

Thanks!
Sarah

(Embedded
image moved Mary Partlow <MPARTLOW@globalhealth.org>
to file: 06/29/2000 02:38:30 PM
PIC15236.PCX)

Record Type: Record

To: Sarah T. Holewinski/OPD/EOP

cc:
Subject: RE: for Sandy Thurman

All of them! Details that is. Let me know what you need and I will be on top of it. Mary

-----Original Message-----
From: Sarah_T._Holewinski@opd.eop.gov
[mailto:Sarah_T._Holewinski@opd.eop.gov]
Sent: Thursday, June 29, 2000 12:27 PM
To: RMACINNIS@globalhealth.org
Cc: MPARTLOW@globalhealth.org
Subject: for Sandy Thurman

OH! And the US Delegation Reception.... THANK YOU!!!!!
(Mary, I had asked Ron for some specific details regarding the NGO Twinning Luncheon and now, about the US Delegation Reception. It just occurred to me that maybe you are handling some of those details? Thanks!)

If you have any questions after you have reviewed this information, please do not hesitate to call me. Enclosed is a contact sheet that provides the telephone and fax numbers where I can be reached both prior to and during the conference. I look forward to seeing you in Durban.

Sincerely yours,

Linda Jackson

Linda Jackson
Program Coordinator

Enclosures: Registration Confirmation Letter
On-site Appointment Schedule
Program Information (DHHS Presenter List, Presentation Guidelines, Conference Program)
Security Report
Contact Information for Linda Jackson

HIV/AIDS PREVENTION AND CARE DEPARTMENT

FAMILY HEALTH INTERNATIONAL
2101 WILSON BLVD., SUITE 700
ARLINGTON, VIRGINIA 22201
USA

FAX #: (703) 516-9781
TELEPHONE: (703) 516-9779
URL: http://www.fhi.org/

TO:

NAME: Ms. Sandra Thurman

LOCATION: Office of National AIDS Policy

FAX #: 202-456-2439

FROM:

NAME: Peter R. Lamptey, M.D., Dr.P.H.

DATE: June 28, 2000 **TOTAL # OF PAGES:** 2
(Including this page)

SUBJECT: Please see attached letter of invitation that we discussed.

FAMILY HEALTH INTERNATIONAL

Family Health Institute

Ms. Sandra Thurman
Director
Office of National AIDS Policy
The White House
Washington, DC

28 June 2000

Dear Ms. Thurman,

We would be honored if you will be able to attend the Family Health International reception at The Top of the Royal, on the top floor of the Royal Hotel, on 11 July 2000 from 6:30 to 8:30 in downtown Durban, South Africa, during the XIII International Conference on AIDS.

At 7:00 p.m. that evening we hope to bestow on you the first FHI Global Award for HIV/AIDS Prevention and Care in the Third Millennium. You will be the evening's honoree, and we will be delighted if you are able to participate in a short ceremony at that time. I will be honored on behalf of FHI to give you this special award for the globally important and historic work on the HIV/AIDS pandemic that you have so excellently performed around the world.

We would be very happy to accommodate the timing to coincide with your very busy schedule.

We look forward to hearing from you at (703) 516-9779.

With many thanks and all best wishes,

Sincerely,

Peter R. Lamptey, M.D., Dr.P.H.
Senior Vice President, AIDS Programs
Director, IMPACT Project

FHI

URL: http://www.fhi.org

Headquarters:
P.O. Box 13950, Research Triangle Park, NC 27709 USA
2224 E NC Highway 54
Durham, NC 27713 USA
Telephone: 919 544 7040 Fax: 919 544-7261

Washington Office:
HIV/AIDS Prevention and Care Department
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201 USA
Telephone: 703 516 9779 Fax: 703 516-9781

3RD INTERNATIONAL HIV PREVENTION WORKS SYMPOSIUM 2000

Secretariat enquiries mail: Box 37392 . Overport 4067 . Durban . South Africa **e-mail:** hivsymposium@global.co.za
tel: ++27 31 208 2578 **or** ++27 31 208 2588 . **fax:** ++ 27 31 208 0324

17 April 2000

Ms. Sandra Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place
Washington, D.C.
20503

Dear Ms Thurman

Re: 3rd International HIV Prevention Works Symposium -
Invitation to the Opening Plenary.
8th July 2000

We are delighted to hear from Paul Gaist that you have accepted our invitation to deliver a 15 minute address at the opening ceremony of the 3rd International HIV Prevention Works Symposium.

The Prevention Works Symposium provides a unique opportunity for in-depth and focused attention on prevention research, policy formulation and implementation. Previous symposia held in Vancouver and Geneva provided a useful platform to discuss best practices and model programmes in HIV prevention throughout the world.

The format for the 3rd Symposium is similar to that of the first 2 viz an opening and closing plenary with 30 concurrent sessions over one and a half days. The opening session is critical to setting the scene for the rest of the conference and is usually attended by key policy and decision makers, scientists, AIDS service organisations, donors and AIDS Programme staff.

As this is the first international AIDS conference taking place in a developing country, and in Africa, we want to ensure that the symposium profiles more

Programme enquiries: Vicci Tallis . **e-mail:** vicci@dbn.lia.net
tel: ++27 31 463 3349 . **fax:** ++ 27 31 464 0153

strongly challenges facing developing countries in the context of HIV prevention while not losing sight of the international component of the meeting.

The opening plenary is scheduled to take place on July 8th from 8H30 - 10H30 and will include inputs from a number of representatives of co-sponsoring organisations, a few cultural items and the key note address.

Should you require any additional information, please do not hesitate to contact me further.

Sincerely

Quarraisha Abdool Karim
Chairperson: 3rd HIV Prevention Works Symposium

Email: karimq@mrc.ac.za
Tel: 27 31 202 0777
Fax 27 31 202 0950

Press Statement

ACT UP PHILADELPHIA •
ACT UP NEW YORK •
For Immediate Release
Contact: Paul Davis ACT UP Philadelphia: mobile 082 4382894
082 858 0939

ACT UP
AIDS Coalition to Unleash Power

BREAKING NEWS:

ACTIVISTS JOIN FORCES: DROP THE DEBT—IT'S KILLING PEOPLE WITH AIDS

Protest against US government officials today, 5:30pm

Holiday Inn Crowne Plaza 63 Snell Parade

(12 July 2000, Durban) AIDS activists from ACT UP Philadelphia, ACT UP Paris, and ACT UP New York will join the South African organization Jubilee 2000 and conference delegates from the Durban International AIDS Conference and the Women of Durban Conference at a vocal protest at the US Government reception this evening at the Holiday Inn, Crowne Plaza in Durban. The action is endorsed by both ACT UP and Jubilee 2000.

Activists will demand that the US use its considerable influence with the International Monetary Fund and the World Bank to pressure them to cancel the foreign debt of developing nations and end structural adjustment programs. The United States, the largest shareholder at both institutions, maintains veto power over major decisions at both the IMF and the Bank. Voting at the IMF and the Bank is weighted, with bigger contributing countries having proportionally more say. The IMF in particular is generally viewed as following a line set by the U.S. Treasury Department. The US is the biggest contributor to both organizations.

The US Ambassador to South Africa Delano E. Lewis; the U.S. Surgeon General David Satcher, Director of the White House Office of National AIDS Policy Sandra Thurman, will be attending the reception.

Many developing nations are saddled with enormous foreign debts equal to a large portion of their gross national product. Largely because of these debts, countries are unable to provide basic healthcare and other services to their citizens. For example, in Malawi, where about 1 in 6 adults is infected with HIV, 40% of public expenditure is directed to debt service. In Uganda, government spending per person on healthcare is US $2.50 per year, while US$15.00 per person is spent on debt servicing.

Structural adjustment programs are currently a precondition for loans from organizations like the IMF and World Bank. They force a country to restructure its economy in order to raise money to service the debt. The poor countries of sub-Saharan Africa, for example, owe more than $200 billion in foreign debt—three times more than they earn annually in exports. About 20 percent of sub-Saharan African countries' export income (not counting South Africa) goes to service foreign debt. A huge part of their economies must be devoted to producing goods for export—with the resultant income sent back out of the economy and not available for domestic use.

Said ACT UP member Jose DeMarco, "As a result of structural adjustment programs, small farmers can lose their land if the government can find a more lucrative land use for it. Poverty increases dramatically." In the Ivory Coast, where one in ten adults is infected with HIV, structural adjustment has resulted in doubling the poverty rate, so that by 1995, 36.8% of Ivorians earned less than one US dollar per day, compared with 17.8% in the late 1980s.

-30-

STOP-THE-GENOCIDE, DROP-THE-DEBT

Why Africa Needs Debt Relief for HIV/AIDS, Now!

9-14 July 2000, Durban South Africa

by Chatinkha Nkhoma
email: chatinkha@erols.com

Even as an African woman living with AIDS and having lost half of my family and friends too numerous to count, I find the question of **"Why should we give African countries debt relief for HIV/AIDS?"** worth a response. Generally I would have labeled the question as 'racist'. That is to say, if this 'fire' was burning in a rich country-in the North, there would not have been the luxury of having such curiosity. However, I realise that this question is asked from a point of ignorance and not arrogance. So briefly, here is my sketched and hurried response.

Unfortunately the reasons for Africa's doomed economies come from historical miscalculation, misrepresentation, misleading, misrule, and many other 'mis's.' The faults lay in Africans, Colonialists, imperialists (people who care only for money and not people), Neo-colonists, Conmen, nature, politics, and the list goes on. But the **worst enemy is racism.**

In some cases, lenders, be they multilateral or bilateral, in an effort to make Africa so called 'civilized', attached conditions and standards, controlled market prices, so that African exported raw materials are sold very cheaply-to be competitive they say. Africans cannot import very many of the finished goods as they are very expensive. Africa is made to buy certain goods only from those they are told to do so. The African economy has been established to be export geared and not for local consumption, creating a **dependency syndrome** where the buyers rule the market and Africa never makes a profit and has to borrow for each and every thing it needs. Imported goods are so expensive that almost nobody in Africa can afford them. For every $1 loaned, over $100 has to be paid. Labour is so cheap it is a step back into 'serfdom'. Peasants (oh, I mean the African people) are paid only barely enough to 'survive'.

'Western' standards are being imposed on Africa as another way forward. The worst of all of the injustices is the money loaned to African countries for arms during the Cold War---which by the way we still paying for, even though we had nothing to do with. Africa was the only place where the Cold War was actually physically fought and many people lost lives, were displaced, and many children were orphaned. Mozambique's 16 year old war is one such vivid example. **We are still suffering from these Northern-rich country war games.**

It must also be noted that in many cases where money is loaned, **a huge amount is spent on catering for the so-called 'experts'** who are sent into Africa to implement many such projects. They are sent to hotels for long times, or big mansions, with servants, they use state-of-the-art 4x4s vehicles, etc and all of this wasted money comes from the same money that is loaned.

I would be naive if I stopped here and did not mention a few of the mistakes and conditions that were and are being made by African leader/rulers. **Many Africans leaders collaborate in many of these 'skimming' schemes**, some by coercion, others persuasion, with threat and with seduction. Some are conned and some are forced. Some collaborate out of personal greed and corruption even at the expense of their 'so called subjects'. Some collaborate out of ignorance. These crimes against humanity must also be stopped!

We must however, remember that Africa is only less than 50 years into independence, thus most of its loans were incurred after independence in an effort to 'jump start' Post-colonial Africa economically. Evidently the huge projects that most of these loans were taken for, are failing as they do not take in consideration the immediate needs and conditions of Africans. The pattern evolved in the IMF's structural adjustment programmes, where **Africans borrow to service an old debt and have to later borrow to service that debt and so goes the story until here we are in crises**. This is still happening now with the 'reforming' IMF, "Poverty Reduction Growth Facility." Africa is currently a puppet continent who has been driven into a 'dependency syndrome' and it is very difficult to get out from under the rock.

Maybe **accelerating debt relief for expanding the HIV/AIDS response is one way forward**. From my perspective, the debt originates from, from slavery, from colonialism, from neo-colonialism, most of all from racism, internationally-instituted racism. This is just a very small perspective, many other factors and calamities, such as social, political, economic and natural factors exist. We can go on and on and on and on about where the debts come from and why they are now being **BEGGED** to be cancelled. Why they should and should not be cancelled, we can differ and agree, but it will get us nowhere. We must remember though that the debt-for-aids initiative has come about, not out of vanity, but because Africa is facing an unspeakable tragedy. This initiative has come about because those that are requiring help need billions of dollars to extend a 'hose to extinguish Africa's fire'.

Millions of people are dying horrible painful deaths, people who if they had money would have been able to defend themselves against such evil diseases as HIV/AIDS. So debt cancellation is an attempt by well-wishers to appeal to those in 'hegemonic' power to assist.

With such immerse suffering currentiy going on and worsening, I must conclude that I believe that this is neither the time nor the place to be arguing about how and why debt relief should happen. **Let us stop this crime!** I have cried so much I have no more tears, ironically, now my voice has grown stronger. And that is why I will speak out against these evils. I have no fear, I live with a killer already.

It is time to stop the genocide!

Town Meeting on Globalization
Philadelphia Ethical Society

Asia Russell
ACT UP Philadelphia
asia@critpath.org
phone: (215) 731-1844

April 5, 2000

ACT UP Philadelphia is the AIDS Coalition to Unleash Power, the largest grassroots AIDS activist organization in the country. We regularly mobilize hundreds of people with AIDS and their allies to protest for real improvements to the lives of all infected with HIV.

I will focus this talk on the suffering of millions in poor countries economically enslaved by their unrepayable debts, and the impact of the global AIDS crisis. For the purpose of this talk I will concentrate on sub-Saharan Africa (SSA), as it is the region where the relationship between the crippling effect of debt repayment and the disproportionate impact of AIDS is clearest and strongest.

ACT UP Philadelphia has been at the forefront of a powerful domestic struggle to win affordable medication for the 90% of people with AIDS, almost all of them living in the third world, dying without access to treatment. The benefits of years of life gained from the effective use of the vital medications we often take for granted in the West are kept out of reach of millions of the world poorest and sickest people.

This is not because people with AIDS in poor regions like SSA donÕt want treatment. LetÕs be perfectly clear: itÕs because of greed. The multibillion dollar drug companies who hold patents on these therapies set prices as high as the markets of wealthy nations like the US will bear. And if millions die in poor countries as a result, the drug companiesÑthe Glaxo Wellcomes, the Pfizers, the Hoffman La Roches of the worldÑbelieve this is an acceptable situation. In ACT UP Philadelphia, we call it genocide, which is never acceptable.

ACT UP began working on global medication access more than a year ago, when we learned that politicians in Congress and in the White House had for years been bullying the leaders of developing countriesÑsovereign nationsÑthat were attempting to increase access to AIDS medication through obtaining generic versions of patented drugs that they simply could not afford by other meansÑcompletely legal policies. Clinton and Gore and

That Lovedance

A film based on true-life experiences of People Living with HIV

'That Lovedance' is the story of some of those lives that make the phenomenon of HIV.
The lives of people living with HIV in India.
It is a film that speaks the language of bodies.
Of pain and love. Of lust. Of touch.
It is a film that talks of the naked, the vulnerable.

'That Lovedance' is a mere precursor to the coming times of intimate conversations.

(Please turn over for venue and timing)

Dosage Calculations:

AZT:

Per month = 180 tablets, 100 mg [6 tablets each day]

Didanosine (ddI):

Per month = 120 tablets, 100 mg [4 tablets each day]

Zalcitabine (ddC):

Per month = 90 tablets, .75 mg [3 tablets each day]

Stavudine (d4T):

Per month = 60 tablets, 40 mg [2 tablets each day]

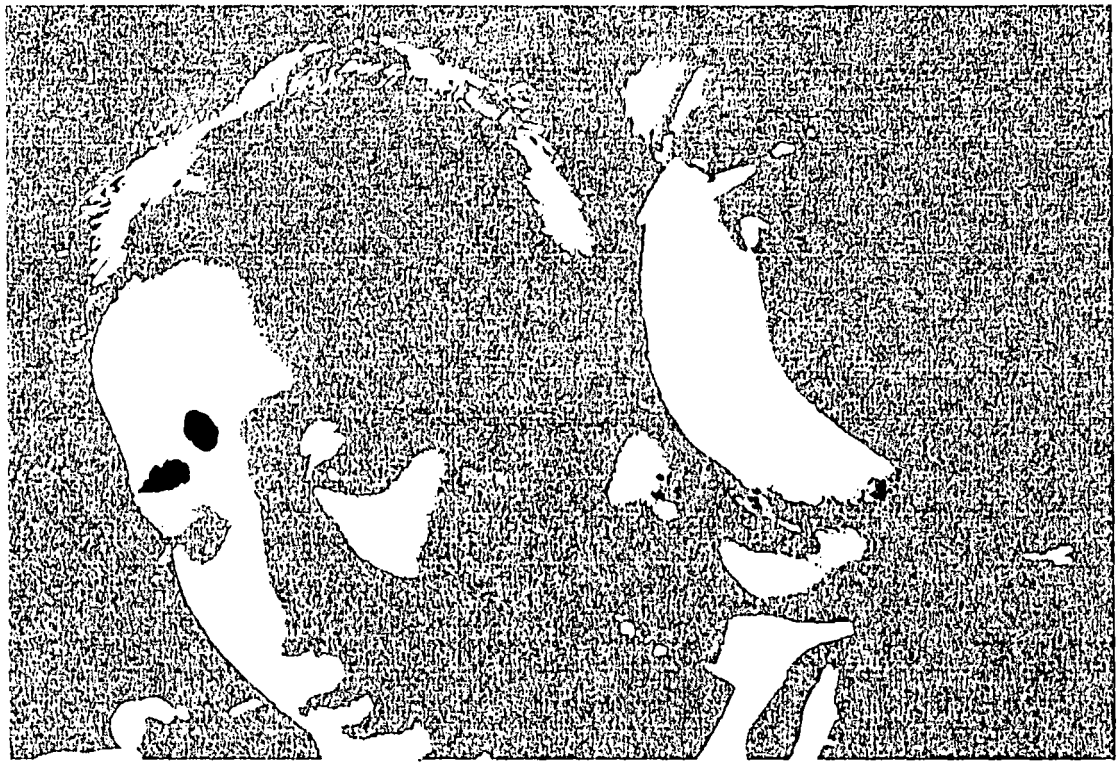
Lamivudine (3TC):

Per month = 60 tablets, 150 mg [2 tablets each day]

Dosage info from USP Dispensing Information book

That Lovedance

A film based on true-life experiences of People Living with HIV



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Sources of information for Pharmaceutical Companies and CEO's:

Abbott Laboratories SEC filing:	www.sec.gov/Archives/edgar/data/1800/0000912057-00-011377-index.html
AFL-CIO website:	http://www.aflcio.org/cgi-bin/aflcio.pl
AHP Annual Report:	www.ahp.com/annrpt99/intro.htm
AMGEN SEC filing:	www.sec.gov/Archives/edgar/data/318154/0000898430-00-000676-index.html
Biogen SEC filing:	www.sec.gov/Archives/edgar/data/714655/0000950135-00-001761-index.html
Bristol Myers Squib Annual Report:	www.bms.com/annual/ar1999/splash/data/front.html
Dupont Annual Report:	www.dupont.com/corp/ir/99/99ar/1999_1.html
Eli Lilly Annual Report:	http://www.lilly.com/about/investor/99report/english/downloads.html
Fortune 500 Pharmaceutical Industry:	http://www.fortune.com/fortune/fortune500/ind21.html
Genentech SEC filing:	www.sec.gov/Archives/edgar/data/318771/0000318771-00-000002-index.html
Glaxo Wellcome Annual Report:	www.glaxowellcome.co.uk/news/fr_news.html
Merck SEC filing:	www.sec.gov/Archives/edgar/data/64978/0000950130-00-001458-index.html
Novartis Annual Report:	www.info.novartis.com/investors/annual_rep.html
Pfizer SEC filing:	www.sec gov/Archives/edgar/data/78003/0000078003-00-000004-index.html
Pharmacia SEC filing:	www.sec.gov/Archives/edgar/data/949573/0000950123-00-002431-index.html
SEC website:	www.sec.gov
Schering-Plough SEC filing:	www.sec.gov/Archives/edgar/data/310158/0000310158-00-000001-index.html
SmithKline Beecham Annual Report	www.Sb.com/annualreport/index.html
Warner-Lambert:	www.sec.gov/Archives/edgar/data/104669/0000950117-00-000720-index.html

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Sources for ARV drug prices, dosages and patents:

Khalil Elouardighi: Paris	gerrold@wanadoo.fr
Charon Lessing: Zimbabwe	dpszim@icon.co.zw, clessing@healthnet.zw
Bolt Alistair: UK	alistair.bolt@norfolk-norwich.thenhs.com
Clarence Mini: South Africa	cmini@icon.co.za
Jorge Beloqui: Brazil	beloqui@ime.usp.br
Wilbert Bannenberg: India	Bannew@hltrsa.pwv.gov.za
Rino Meyers: Brazi	meyersr@unaids.org
Achara Eksaengsri: Thailand	acharae@loxinfo.co.th
Kirsten Myhr: Norway, Kenya, Sweden Tanzania, Uganda	myhr@online.no
Francisco Rossi: Columbia	francisco_rossi@hotmail.com
Gilles Poumerol: Philippines	poumerolg@wpro.who.int
Oscar Lanza: Bolivia	aisbolol@ceibo.entelnet.bo
Julie Tam: Ontario	tamj@cdma-acfpp.org
Vicki Ehrich: South Africa	vme87824@glaxowellcome.co.uk
Ayesha Ahmed: Pakistan	helpline@best.net.pk
Wong Wai See	ycwong@brunet.bn

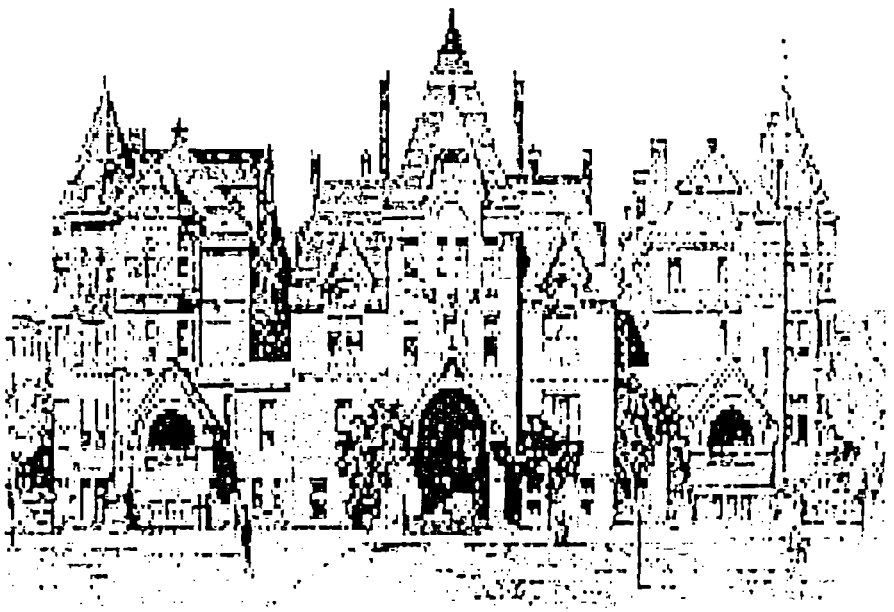
FDA Electronic Orange Book for approved drug products: http://www.fda.gov/cder/ob/default.htm

Cardinale, Valentine, Ed. *Drug Topics Red Book*. NJ: Medical Economics Co., Inc., 1999.

USPDI: Drug information for the Health Care Professional. 19th Ed., Volume I. Colorado: Micromedix, Inc., 1999.

DRUGS	TANZANIA	UGANDA	AVERAGES	MAXIMUMS	MINIMUMS	COUNT	WHO (6 countries)		
							MAX	MIN	MEDIAN
Zidovudine (AZT), 100mg caps (**PVT.**)	$2.29	$1.26	$1.36	$2.29	$0.47	10			
Zidovudine (AZT), 100mg caps (**PUBLIC**)			$0.76	$1.38	$0.18	7	$0.55	$0.27	$0.40
Didanosine (ddI), 100mg tabs (**PVT.**)	$1.89	$1.31	$1.97	$2.67	$1.31	9			
Didanosine (ddI), 100mg tabs (**PUBLIC**)			$0.87	$1.46	$0.51	4			
Zalcitabine (ddC), 0.75mg tabs (**PVT.**)			$2.06	$2.40	$1.72	6			
Zalcitabine (ddC), 0.75mg tabs (**PUBLIC**)			$1.23	$1.77	$0.08	4			
Stavudine (d4T), 40mg caps (**PVT.**)	$5.07	$3.15	$4.25	$5.73	$1.10	9			
Stavudine (d4T), 40mg caps (**PUBLIC**)			$1.99	$3.99	$0.28	5			
Abacavir (ABC), 300mg tabs (**PVT.**)			$5.77	$6.03	$5.25	3			
Abacavir (ABC), 300mg tabs (**PUBLIC**)			$5.80	$5.80	$5.80	1			
Lamivudine (3TC), 150mg tabs (**PVT.**)	$3.44	$2.74	$2.80	$4.13	$0.80	11			
Lamivudine (3TC), 150mg tabs (**PUBLIC**)			$1.88	$2.99	$0.83	6			
Nevirapine (NVP), 200mg tabs (**PVT.**)		$4.72	$4.89	$8.73	$3.00	7			
Nevirapine (NVP), 200mg tabs (**PUBLIC**)			$3.38	$4.31	$2.68	3			
Delavirdine (DLV), 100mg tabs (**PVT.**)									
Delavirdine (DLV), 100mg tabs (**PUBLIC**)			$0.46	$0.46	$0.46	1			
Efaviranez (EFV), 100mg tabs (**PVT.**)			$1.99	$2.13	$1.87	3			
Efaviranez (EFV), 100mg tabs (**PUBLIC**)			$1.83	$3.34	$0.65	3			
Saquinavir (SQV), 200mg caps (**PVT.**)			$1.29	$1.74	$0.83	2			
Saquinavir (SQV), 200mg caps (**PUBLIC**)			$0.97	$1.24	$0.75	5			
Ritonavir (RTV), 100mg caps (**PVT.**)			$2.22	$3.18	$1.26	2			
Ritonavir (RTV), 100mg caps (**PUBLIC**)			$0.88	$0.99	$0.69	5			
Indinavir (IDV), 400mg caps (**PVT.**)			$2.14	$2.99	$1.59	3			
Indinavir (IDV), 400mg caps (**PUBLIC**)			$1.67	$1.84	$1.37	5			
Nelfinavir(NFV), 250mg tabs (**PVT.**)			$1.55	$1.62	$1.40	3			
Nelfinavir(NFV), 250mg tabs (**PUBLIC**)			$1.27	$1.54	$0.92	5			

Compulsory Licensing and Parallel Imports will improve Access to AIDS Drugs



Richard Laing

Department of International Health, School of Public Health Boston University

11th July 2000

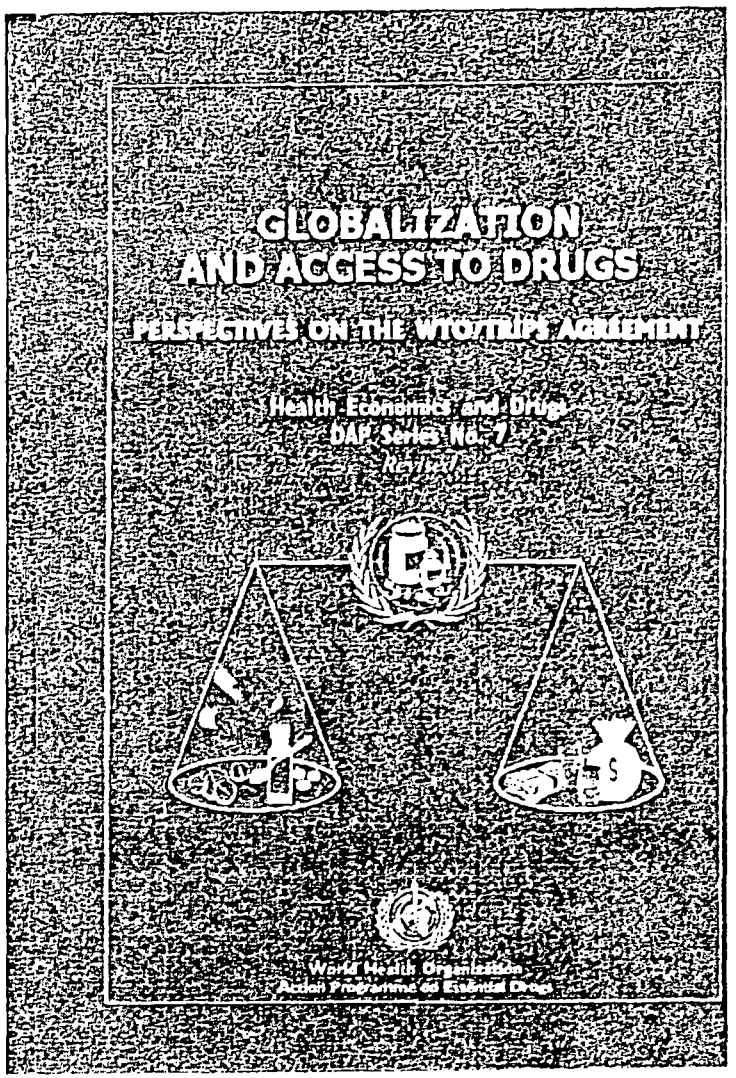
Durban South Africa

Overview

- Review definitions and examples
- Review global pharmaceutical market
- Suggest criteria for compulsory licensing and parallel imports
- Give examples of possible candidate drugs for compulsory licensing or parallel imports
- Discuss other methods of obtaining drugs at low cost

Definitions of Compulsory Licensing

- Compulsory licenses are mechanisms in which a patented object can be used without the permission of the rightful owner under special situations
- Canada had CL for drugs from 1923 to 1993 with the effect of making CL generics 53.6% of brand name prices



Definitions of Parallel Imports

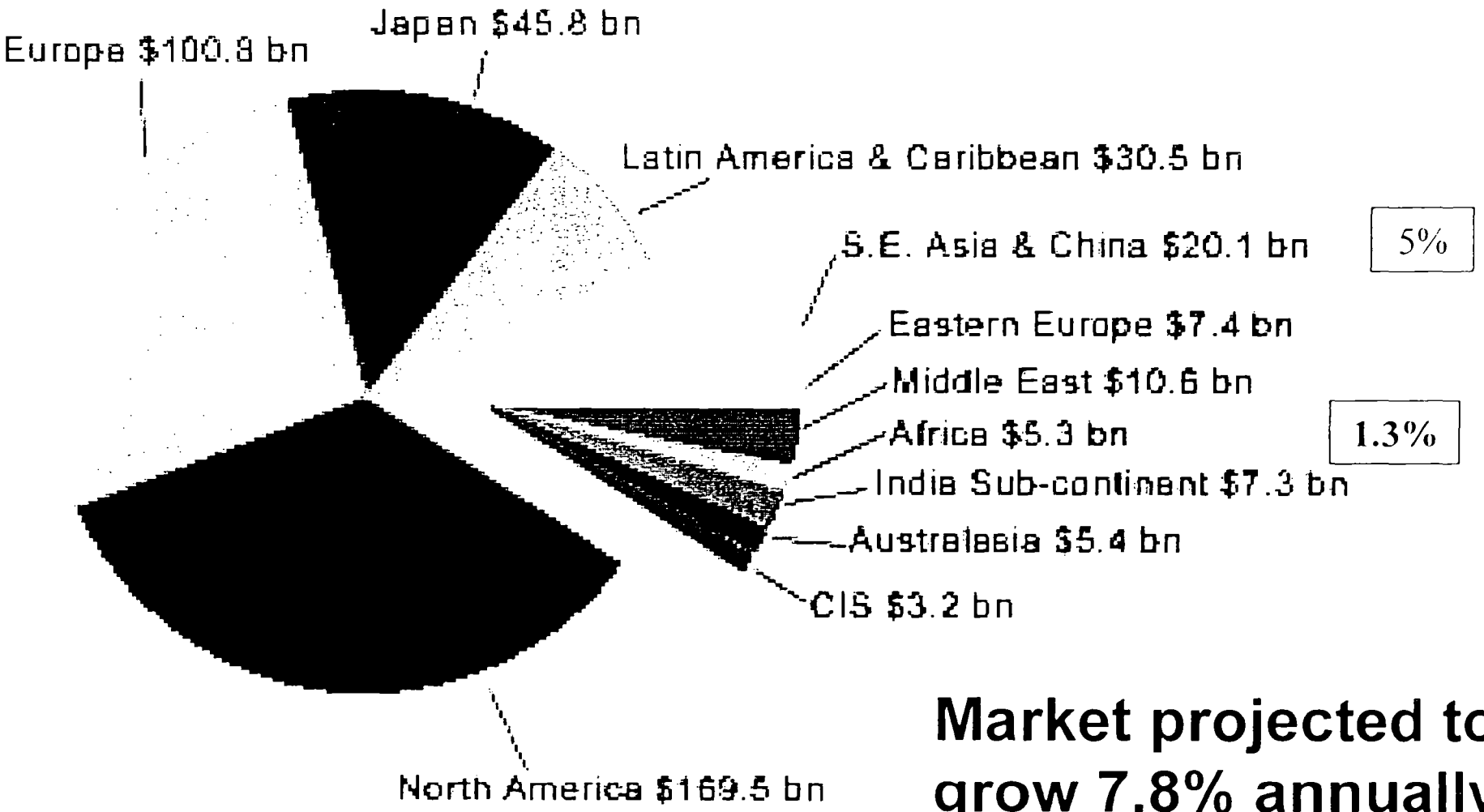
- Importation of a product without the authorization of the patent holder from another country where the drug is marketed at a lower price
- Common in European Union
- Legal in terms of TRIPS agreement but national laws and regulations may prevent

Global Burden of Disease (Selected Diseases)

Disease	Deaths(000s)
HIV/AIDS	2,673
Tuberculosis	1,669
Malaria	1,086
Depression & Suicide	894
Meningitis	171

WHO 1999 estimates from 2000 World Health Report
http://www.who.int/whr/2000/en/report

Global Pharmaceutical Market 2002 $406 billion



Market projected to grow 7.8% annually

Source www.ims-global.com/insight/report/global/report.htm

Country Expenditures Based on Economic Conditions

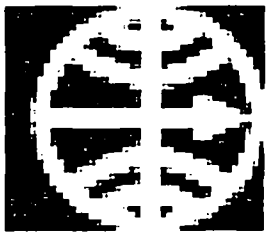
Country	1997 GDP (in US $ billions)	Military expenditure (% of 1996 GDP)	Health expenditure (% of 1995 GDP)
Brazil	820.4	1.9	1.9
Thailand	153.9	1.9	2
Kenya	10.2	2.2	2.7 **
Tanzania	6.9	2.5	2.5
Uganda	6.6	3.8	1.6
Zimbabwe	6.52 *	2.7	1.7
Botswana	5.1	3.2	..
Zambia	3.9	1.1	2.9
Malawi	2.5	0.8	2.3

* = 1995 GDP

** = % of 1990 GDP

Data from Human Development Report 1999 and http://global.finland.fi/lomenet/english/maat/

US Pharmaceutical Market 1998-99



- **Total pharmaceutical prescription sales: $107.1 billion: up 15.6% (98)**
- **Promotional Spending: $5.9 billion (98)**
- **Leading Sellers:**

Prilosec	$4.19 billion (99)	Rocephin	$517 million (99)
Prozac	$2.57 billion (99)	Combivir	$465 million (99)
Augmentin	$1.16 billion (99)	Viracept	$448 million (99)
Cipro	$921 million (99)	Crixivan	$223 million (99)

Sources: MM&M IMS America Business Watch May 1999 & Top 200 Drugs, Pharmacy Times April 2000

1999 Pharmaceutical Company Reports

COMPANY	TOTAL REVENUE **(in millions)**	Cost of Goods (% revenue)	Market and Admin (% revenue)	R&D (% revenue)	PROFITS (% revenue)
Merck	**$32,714**	53.6%	15.9%	**6.3%**	18.0%
Novartis	$32,465	20.0%	35.0%	13.1%	
BMS	$20,222	27.4%	22.6%	9.1%	21.0%
Pfizer	$14,133	17.9%	44.9%	19.6%	20.0%
Glaxo Wellcome	$13,754	20.0%	35.2%	14.9%	
AHP	$13,550	27.3%	37.2%	12.8%	-9.0%
Abbot	$13,178	45.4%	21.7%	9.1%	19.0%
Warner-Lambert	$12,929	23.5%	**46.1%**	9.7%	13.0%
SmithKline	$12,622		38.4%	13.1%	
Eli Lilly	$10,003	21.0%	27.6%	17.8%	**27.0%**
Schering-Plough	$9,176	19.6%	37.4%	13.0%	23.0%
Pharmacia	$7,253	26.1%	38.6%	19.8%	11.0%
AMGEN	$3,043	13.2%	21.5%	**27.0%**	33.0%
Genentech	$1,039	27.4%	45.0%	**35.0%**	
Biogen	$621	17.9%	23.5%	**35.6%**	

Data from SEC 10K filings and 1999 Company Annual reports

1999 CEO Income

Charles A. Heimbold, Jr.
CEO, Briston Myers Squibb
1999 Total Salary:
$39,752,611

Note: in thousands of US dollars

Melvin R. Goodes
CEO, Warner-Lambert
Unexercised stock options:
$250,680,776

Name	Company	Salary *	Total **	Unexercised Stock Options
C. A. Heimbold, Jr.	BMS	$31,424	$39,753	$159,691
W.C. Steere, Jr.	Pfizer	$15,159	$38,983	$107,115
R.V. Gilmartin	Merck	$6,032	$26,424	$80,559
M. R. Goodes	Warn-Lam	$16,486	$22,061	$250,681
R.J. Kogan	Schering-Plough	$12,505	$18,525	
M.D. White	Abbott	$4,381	$16,272	$830
S. Taurel	Lilly	$6,041	$12,940	$33,667
J.R. Stafford	AHP	$4,093	$11,779	$29,867
G.M. Binder	AMGEN	$2,119	$6,385	$104,506
F. Hassan	Pharm & Upjohn	$2,366	$5,042	$17,291

* = includes salary, bonus and other compensation
** = includes salary listed above with stock option grants

Data from SEC filings and AFL-CIO website
http://www.aflcio.org/cgi-bin/aflcio.pl
http://www.sec.gov

Suggested Criteria for Compulsory Licensing

- Serious Disease in terms of Mortality or Morbidity
- Effective drug available to treat the condition
- Drug could be utilized in the country, infrastructure exists
- Drug could be used without sophisticated or expensive monitoring tests

Cand date Drugs for Compu sory Licensing or Parallel Importation of HIV AIDS Drugs

Drug	Patent Date Expiry	US Cost/mth	Brazil Cost/mth	Ratio
AZT (180 tabs)	2005	$304.20	$32.40	9.39
ddI (120 tabs)	2007	$218.40	$61.20	3.57
ddC (90 tabs)	2006/2008	$169.20	$7.20	23.5
d4T (60 tabs)	2008	$273.60	$16.80	16.29
3TC (60 tabs)	2009/2016	$259.80	$49.80	5.22

Data sources Brazil MoH Prices & US Red Book prices (no rebates)

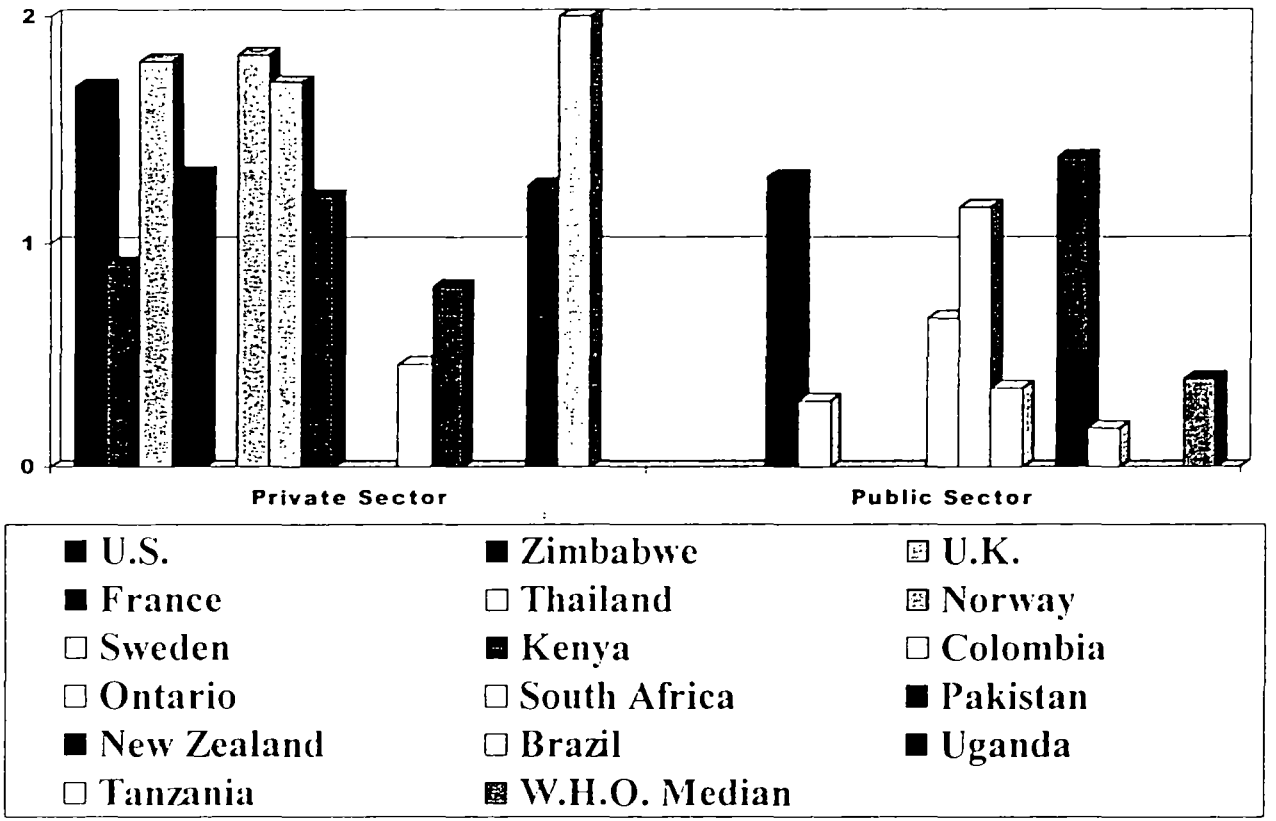
Suggested Criteria for Parallel Imports and Example

- Price Differentials between countries
- No obstacle in national laws
- Drug Regulatory Authority allows PI
- Drug can be used effectively

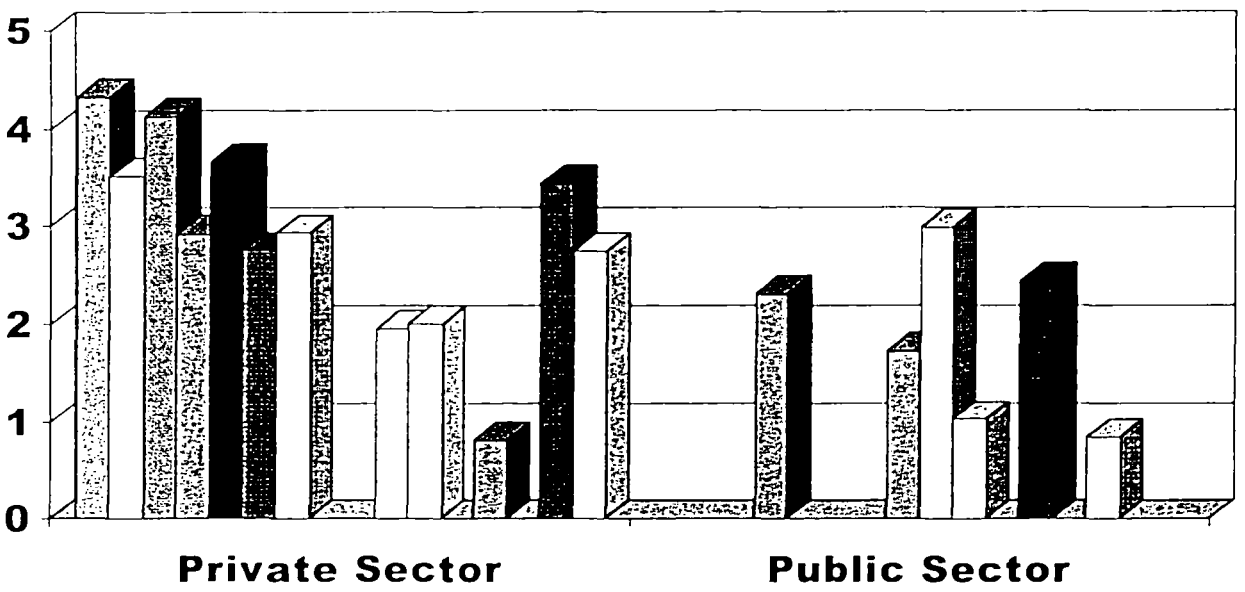
Example from Brunei (US$1 = B$1.73)

Intron A Injection 10mu/vial	B$194.60	vs	B$150.80
Zantac 150mg/5ml Syrup	B$29.75	vs	B$15.80
Epilim 400mg Injection	B$54	vs	B$29.80
Advantage Blood Glucose reageant strips	B$75/50	vs	B$32/50

AZT Price/Tablet (in U.S. Dollars)



3TC Price/Tablet (in U.S. Dollars)



Conclusion 1

- Case for compulsory licensing and parallel importation of AIDS drugs is clear
- Governments are responsible for the health of their people. Ensuring access to effective drugs is one of their many responsibilities.
- Pharmaceutical companies have a responsibility to their shareholders to develop effective drugs which can be sold profitably
- Conflict between these responsibilities are inevitable and for this reason are regulated by national and international law

Countries Responsibilities for Improving Drug Access

- Provide adequate funds for drug purchases by
  - Reduced defense spending
  - Stop wasting subsidies on inefficient programs
  - Reallocate funds to health to cope with emergency
- Control drug prices by:
  - Remove taxes and duties on drugs
  - Use price controls (therapeutic pricing)
- Provide effective drugs first:
  - Treat infections effectively e.g. TB
  - Treat prophylacticaly e.g. CTM, INH

Final Conclusion

- Compulsory licensing and parallel importing are blunt swords that may be difficult to use effectively
- The threat of compulsory licensing may be effective in establishing differential pricing practices
- CL and PI are not easy answers to solving drug access problems
- The primary responsibility for improving access to drugs lies within countries
- However having CL and PI available will help countries improve access to AIDS related drugs

AIDS Drug Prices

DRUGS	U.S.	ZIMBABWE	U.K.	FRANCE	THAILAND	NORWAY	SWEDEN	KENYA	COLUMBIA
Zidovudine (AZT), 100mg caps (PVT.)	$1.69	$0.91	$1.80	$1.31		$1.83	$1.71	$1.21	
Zidovudine (AZT), 100mg caps (PUBLIC)				$1.29	$0.30				$0.67
Didanosine (ddI), 100mg tabs (PVT.)	$1.82	$1.34	$2.22	$1.77		$2.10	$2.33	$2.15	
Didanosine (ddI), 100mg tabs (PUBLIC)					$0.65				$0.85
Zalcitabine (ddC), 0.75mg tabs (PVT.)	$1.88	$2.00	$2.29	$1.94		$2.40	$2.01		
Zalcitabine (ddC), 0.75mg tabs (PUBLIC)				$1.77					$1.41
Stavudine (d4T), 40mg caps (PVT.)	$4.56	$4.85	$4.66	$3.68		$5.73	$4.93	$5.04	
Stavudine (d4T), 40mg caps (PUBLIC)					$0.38				$2.40
Abacavir (ABC), 300mg tabs (PVT.)	$5.82	NA	$6.02			$6.03	$5.25		
Abacavir (ABC), 300mg tabs (PUBLIC)				$5.80					NA
Lamivudine (3TC), 150mg tabs (PVT.)	$4.33	$3.52	$4.13	$2.92		$3.67	$2.75	$2.93	
Lamivudine (3TC), 150mg tabs (PUBLIC)				$2.30					$1.73
Neverapine (NVP), 200mg tabs (PVT.)	$4.25	$5.18	$4.25	Still in		$4.53	$3.80	$8.73	
Neverapine (NVP), 200mg tabs (PUBLIC)				negotiation					$4.31
Delavirdine (DLV), 100mg tabs (PVT.)	$0.67	NA	NA	NA					
Delavirdine (DLV), 100mg tabs (PUBLIC)				NA					$0.46
Efaviranez (EFV), 100mg tabs (PVT.)	$2.19	NA	$1.97	Still in		$2.13	$1.87		
Efaviranez (EFV), 100mg tabs (PUBLIC)				negotiation					$3.34
Saquinavir (SQV), 200mg caps (PVT.)	$1.09	$1.74	$0.83						
Saquinavir (SQV), 200mg caps (PUBLIC)				$0.79					$1.15
Ritonavir (RTV), 100mg caps (PVT.)	$1.86	$1.26	$3.18						
Ritonavir (RTV), 100mg caps (PUBLIC)				$0.91					$0.99
Indinavir (IDV), 400mg caps (PVT.)	$2.58	$2.99	$1.83	$1.59					
Indinavir (IDV), 400mg caps (PUBLIC)				$1.57					$1.84
Nelfinavir(NFV), 250mg tabs (PVT.)	$2.16	$1.61	$1.62	$1.40					
Nelfinavir(NFV), 250mg tabs (PUBLIC)				$1.29					$1.54

DRUGS	BOLIVIA	ONTARIO	SOUTH AFRICA	PAKISTAN	NEW ZEALAND	INDIA	BRAZIL
Zidovudine (AZT), 100mg caps (PVT.)			$0.47	$0.81			
Zidovudine (AZT), 100mg caps (PUBLIC)		$1.16	$0.36		$1.38		$0.18
Didanosine (ddI), 100mg tabs (PVT.)	$2.67					NA	
Didanosine (ddI), 100mg tabs (PUBLIC)					$1.46		$0.51
Zalcitabine (ddC), 0.75mg tabs (PVT.)				$1.72		NA	
Zalcitabine (ddC), 0.75mg tabs (PUBLIC)					$1.64		$0.08
Stavudine (d4T), 40mg caps (PVT.)						$1.10	
Stavudine (d4T), 40mg caps (PUBLIC)		$2.89			$3.99		$0.28
Abacavir (ABC), 300mg tabs (PVT.)						NA	
Abacavir (ABC), 300mg tabs (PUBLIC)							
Lamivudine (3TC), 150mg tabs (PVT.)			$1.95	$2.00		$0.80	
Lamivudine (3TC), 150mg tabs (PUBLIC)		$2.99	$1.02		$2.43		$0.83
Neverapine (NVP), 200mg tabs (PVT.)						$3.00	
Neverapine (NVP), 200mg tabs (PUBLIC)		$3.16					$2.68
Delavirdine (DLV), 100mg tabs (PVT.)						NA	
Delavirdine (DLV), 100mg tabs (PUBLIC)							
Efaviranez (EFV), 100mg tabs (PVT.)						NA	
Efaviranez (EFV), 100mg tabs (PUBLIC)		$1.50					$0.65
Saquinavir (SQV), 200mg caps (PVT.)						NA	
Saquinavir (SQV), 200mg caps (PUBLIC)		$1.24			$0.92		$0.75
Ritonavir (RTV), 100mg caps (PVT.)						NA	
Ritonavir (RTV), 100mg caps (PUBLIC)		$0.91			$0.69		$0.88
Indinavir (IDV), 400mg caps (PVT.)						NA	
Indinavir (IDV), 400mg caps (PUBLIC)		$1.83			$1.37		$1.72
Nelfinavir(NFV), 250mg tabs (PVT.)						NA	
Nelfinavir(NFV), 250mg tabs (PUBLIC)		$1.24			$0.92		$1.36

CHERYL BAUERLE
ROOM 1835

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Cheryl Bauerle, Room 1835
FROM: Sarah Holewinski
COMPANY:
DATE: July 11, 2000
FAX NUMBER: 011 27 31 307 6884
TOTAL NO. OF PAGES INCLUDING COVER: 16
PHONE NUMBER:
RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

The first two articles have Sandy quoted.

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

Room 1835

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Cheryl Bauerle	Sarah
COMPANY:	DATE:
	July 11, 2000
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
27 31 307 6884	2
PHONE NUMBER:	
RE:	
GUIDANCE!!!!!!	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Hey there,

Thought you might be able to talk this over with the crew if you feel it is important enough of a request. Though Cara is apparently an intern, she is working with Karen Tramantano and would like to have this information relatively soon.

Given the Sheridan reference, etc., I want to check with ya'll about what we might send over

Will you give me a call about this when you can?

La la la thanks!

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

not affect the woman's risk of acquiring HIV.

There was a major exception, however. None of the circumcised men who had relatively small amounts of virus circulating in their bloodstream passed HIV to their partners, while many uncircumcised--but otherwise similar--men did.

Researchers at the University of Illinois at Chicago and the health ministry of Kenya are running a study in which circumcision is being introduced to a region of about 3 million people in western Kenya, where the practice is currently rare.

Researchers recently interviewed residents of the region in 36 focus groups and found high enthusiasm for circumcision, although only a half-dozen procedures had been performed in the region the previous year. Forty-eight percent of men and 56 percent of women said they thought uncircumcised men enjoyed sex less than circumcised men. At the same time, 60 percent of uncircumcised men said they would prefer to be circumcised, and a similar proportion of women said they'd prefer a circumcised partner.

Circumcision Debated In Control of AIDS

By David Brown
Washington Post Staff Writer
Tuesday, July 11, 2000 ; A17

DURBAN, South Africa, July 10 — Millions of cases of AIDS around the world might have been avoided if circumcision of men were more customary in sub-Saharan African countries where the disease is prevalent. On the other hand, it may be that circumcision is simply more common in populations at low risk for AIDS for different reasons.

Those were the possibilities pondered today by AIDS researchers who heard provocative--although far from definitive--information about the links between male circumcision and infection with HIV, the virus that causes AIDS.

Papers presented at the 13th International AIDS Conference here noted that while circumcision is common in broad swaths of Africa, it is uncommon in precisely those parts of the continent where HIV infection is most prevalent and the epidemic is spreading most rapidly.

"If there were a vaccine announced at this conference that could be given in one procedure, no booster needed, that was safe and culturally acceptable, and which was effective 50, 75 or 100 percent of the time, would that be news or not?" Daniel T. Halperin, an AIDS researcher at the University of California at San Francisco, asked delegates.

His question suggested that circumcision might be the equivalent of such a treatment but has been overlooked. Only a controlled experiment could prove or disprove that idea, and delegates appeared to agree that one is urgently needed.

At the level of national populations, circumcision is highly associated with relatively low rates of HIV infection. Southern Africa contains six countries in which at least 20 percent of adults are HIV-positive and less than 20 percent of men are circumcised. In such West African countries as Nigeria, Liberia and Benin, however, infection with HIV, the human immunodeficiency virus, is only one-fourth as common, while the circumcision rate is four times as high.

In various studies, HIV has infected uncircumcised men two to eight times as readily as those who are circumcised. If even the low end of that range is correct, nearly half the infections in men in such high-prevalence countries as Zambia may be "attributable" to lack of circumcision, Halperin said.

But data presented at the conference here today demonstrated how tricky such conclusions may be.

In the Rakai District of Uganda, 17 percent of men are circumcised. Among Muslims, the rate is 99 percent; among non-Muslims, 4 percent. Overall, the infection rate among circumcised men is about half that among the uncircumcised. But in the subgroup of circumcised non-Muslims, it has virtually no effect on risk.

Those findings suggest that religion, not circumcision, may be the protective characteristic. Possible explanations are that Muslim men may have fewer casual sex partners--because they are allowed multiple wives--or that religious teaching requires frequent washing, which may decrease viral transmission.

Among married couples, the benefit of circumcision seems more apparent. In the Rakai study, 50 circumcised men were married to HIV-positive women, and none acquired the virus over more than a year's observation. In couples in which the man was infected and the woman not, circumcision did

at Mbeki's speech which, though repeating the government's determination to fight Aids, focused more on the devastating role of poverty.

Mbeki has been condemned by the medical establishment since he invited "Aids dissidents" onto his own advisory panel on the disease which has infected at least four million South Africans.

His decision to deny the anti-Aids drug AZT to pregnant women and rape victims on cost grounds has also landed Mbeki in hot water.

The president's office dismissed Ho's criticism.

"It's unfair to jump to the conclusion that, because he (Mbeki) has the right to ask questions, we are going backwards," Mbeki's spokesperson said.

"None of our programmes to fight the disease has stopped. Everything is continuing as it was before."

Mbeki's health minister said on Monday that Mbeki had never denied the existence of Aids or the causal connection between HIV and Aids. - Reuters

Published on the Web by IOL on 2000-07-11 15:05:01

Scientist warns Mbeki of 'legacy of tragedy'

By Steven Swindells

A leading US Aids researcher added his voice on Tuesday to a growing chorus of criticism of South African President Thabo Mbeki for his attitude to the causes of the deadly disease.

"President Mbeki, I beg you not to let your legacy be defined by inaction on this human tragedy," Dr David Ho said in a speech to the 13th International Aids Conference.

The fears of the South African government that the conference would become a "Mbeki-bashing affair" were realised as fresh salvoes were launched against him for courting so-called "Aids dissidents" who deny that HIV causes Aids.

South Africa was in severe danger from Aids

Ho, of the Aaron Diamond Aids research centre at New York's Rockefeller University and the researcher best known for showing that strong drug cocktails can keep Aid at bay, showed a microscope photograph of the HIV virus attacking a cell.

"This, ladies and gentlemen, is the cause of Aids," he declared.

Ho later said South Africa was in severe danger from Aids because of the controversy.

His attack was the latest in a string of criticisms of Mbeki's opening speech to the conference on Sunday night.

'Programmes to fight Aids are continuing'

Many of the 10 000 delegates saw the speech as a wasted opportunity for Mbeki to draw a line under his controversial stance on the disease.

The furore surrounding Mbeki has overshadowed the conference's purpose of fighting the scourge of HIV-Aids which now infects about 35 million people and poses a major economic and security threat to the developing world.

The London-based Panos Institute told the meeting that at least 12 million people with the HIV virus worldwide needed drugs to suppress it which would cost an estimated $60-billion a year at current prices.

Scientists also said the first Aids vaccine designed specifically to fight the strain of virus seen in Africa had been cleared for testing in humans in Britain.

But Mbeki's role in the debate remained centre stage.

"It is incumbent on him to give a clear message about the cause of Aids. His job is not to orchestrate debate in a quiet college classroom. It is giving the best scientific information to the people in his country...(He is) failing miserably," said Kenneth Roth, executive director of Human Rights Watch.

Eminent researchers from the United States, Europe and South Africa have hit out

Experts note that programmes to educate people about condoms and other ways of avoiding infection clearly can work in southern Africa. Because of early efforts, the pandemic never happened in Senegal, and Uganda has reversed its high infection level.

Aids medicines had dramatically improved survival in the United States and Europe, but these drugs were simply too expensive and hard to deliver for most of the world's infected people. Five drug companies had pledged to lower their prices for the developing world, although health officials noted that they lacked the healthcare services necessary to offer these medicines to the sick.

On Monday, the Bill and Melinda Gates Foundation, created by Microsoft's founder, said it would spend $50-million (about R340-million) in Botswana to strengthen its healthcare system. Merck & Co said it would match the donation in Botswana, mostly by providing Aids drugs. - Sapa-AP

The Star

Published on the Web by IOL on 2000-07-10 21:25:06

Aids chipping away at African life expectancy

The populations of some Aids-stricken African countries will soon begin to fall as millions die of the disease, and life expectancy by the end of the decade will plunge to about 30 - a level not seen in at least a century, according to new estimates.

The figures, released on Monday, are the latest attempt by demographers to grasp the devastation of the Aids pandemic, which has swept across southern Africa during the past few years with staggering speed and range.

"It's hard to comprehend the amount of mortality we will see in these countries," said Karen Stanecki, of the US Census Bureau, which compiled the projections.

Stanecki presented the new figures at the 13th International Aids Conference, which is being held for the first time in Africa - ground zero of the pandemic.

'Africa's worst social catastrophe since slavery'

Speakers at the meeting struggled for strong enough words to describe the scope of this disease in the poorest parts of the world, especially sub-Saharan Africa, where nearly three-quarters of all HIV-infected people live.

"The problem will get much worse before it gets better," said Dr Roy Anderson of Oxford University. "This is undoubtedly the most serious infectious disease threat in recorded human history."

Dr Kevin DeCock of the US Centres for Disease Control called the pandemic "Africa's worst social catastrophe since slavery".

Experts estimate that 25 million Africans already are infected with HIV, and most of them will die within the next five to eight years. In Botswana, the world's worst-hit country, more than one-third of all adults carry the virus.

'The problem will get much worse before it gets better'

Stanecki said that by 2003, the populations of Botswana, South Africa and Zimbabwe would begin to fall because of Aids deaths and dropping fertility resulting from the pandemic. In these countries, the populations would drop between 0,1 percent and 0,3 percent. Without Aids, they would have grown between one and three percent.

She said this was the first time the bureau had projected negative population growth due to Aids. The population growth of several other countries - including Malawi, Namibia, Swaziland and Zambia - would be near zero because of Aids.

Aids already has sharply reduced life expectancy in many African countries. For instance, it is now 39 in Botswana, instead of 71, as it would have been without the disease. And this will get much worse.

Stanecki projected that by 2010, life expectancy would be 29 in Botswana, 30 in Swaziland and 33 in Namibia and Zimbabwe. Without Aids, it would have been about 70 in these countries.

"Rigor should be adopted in some instances, particularly where controversy exists about cost-effectiveness," he said. "But common sense argues that rough and ready observational studies should be used in high-incidence regions with limited resources."

In providing a possible biological explanation, a paper in a recent issue of the British Medical Journal said the inner surface of the foreskin contains so-called Langerhans cells that have an area on their surface that allows the entry of H.I.V.

And in a new report, the Population Council in New York City urged more research to determine the cost-effectiveness of male circumcision.

In the United States, 40,000 people become infected with H.I.V. each year. Although officials of the Centers for Disease Control and Prevention consider that number unacceptably high, they gave a more encouraging view of the H.I.V. epidemic in the United States, saying American teenagers were heeding warnings about the virus. Surveys found that in 1999, 50 percent of teenagers reported having had sex at least once, compared with 54 percent in 1991. And 58 percent of teenagers said they used a condom the last time they had sex, up from 46 percent.

H.I.V. infections among American women fell by 9 percent from 1994 to 1998. But the number of women 21 to 25 years old had more than doubled in that period, suggesting that the downward trend among women overall may be masking increases in incidence among young women, said Dr. Rob Janssen of the C.D.C.

epidemiologic studies has led scientists to debate whether to promote large-scale circumcision programs as a means to help stop the AIDS epidemic.

Agence France-Presse

Magdaline Ramaota, a South African traditional healer, spoke to patients in Durban on the second day of the international AIDS meeting.

While discussion at the session devoted to circumcision was largely academic, one participant, Dr. Daniel T. Halperin, an anthropologist at the University of California at San Francisco, addressed the reality.

"Let's not fool ourselves into thinking that we experts will decide whether men will get circumcised," Dr. Halperin said. "It is happening right now" as a small number of clinics have sprung up in Africa to offer circumcision to adult men, he said.

In studying the Luo people in Kenya, who do not practice circumcision, Dr. Robert C. Bailey of the University of Illinois at Chicago said he had found that most Luo men and women voiced the opinion that sex would be more pleasurable if the man was circumcised and that most men would prefer to be circumcised.

Dr. Bailey and other experts expressed concern about the safety of the procedure in Africa, because many of those performing it lack medical expertise and do not secure informed consent. Hygiene is a problem, and only one of eight clinics surveyed had all of the instruments needed to perform a circumcision safely, Dr. Bailey said.

Ann Buve of the Institute of Tropical Medicine in Antwerp, Belgium, studied two African cities with high H.I.V. rates and two with low rates. In Yaoundé, Cameroon, and Cotonou, Benin, where the prevalence of H.I.V. among sexually active men was 3.8 and 4.4 percent, respectively, 99 percent of the men were circumcised. The practice was less common in Kisumu, Kenya, and Ndola, Zambia, where infection rates were 26.8 percent and 25.9 percent.

Dr. Ronald Gray of the Johns Hopkins University School of Public Health expressed reservations about recommending circumcision, based on his team's studies in Rakai, Uganda. A rigorous type of study, known as a randomized controlled trial, is needed to scientifically determine the degree of protection from circumcising males at birth and as adults, Dr. Gray and others said.

Such trials could determine whether religious, cultural, behavorial and hygienic factors account for an important part of the protection that seems to be related to circumcision. But the impact of rigorous trials on the epidemic could be limited, because answers might not come until 15 to 20 years after they are started.

Researchers must decide between scientific rigor and immediate need, said Dr. Roy M. Anderson of Oxford University at a separate session about the general problem of conducting research in the face of the AIDS pandemic.

July 11, 2000

Mystery Factor Is Pondered at AIDS Talk: Circumcision

By LAWRENCE K. ALTMAN

DURBAN, South Africa, July 10 -- Scientists meeting here debated today what to do about a puzzling but potentially important finding about AIDS: that circumcised men are much less likely to become infected than uncircumcised men.

The finding was first made in Africa more than a decade ago and has been noted in more than 40 studies since then. Now many scientists, some of whom are in Durban taking part in the 13th international conference on AIDS, have come to suspect that circumcision is an important factor in the vast differences among African countries in rates of infection from H.I.V., the virus that causes AIDS.

In many countries in southern Africa the rates of H.I.V. infection among adults exceed 20 percent, while among central and west African countries the rates are lower, some below 3 percent.

No one believes that circumcision, which has been widely and traditionally practiced in Africa, could be the sole explanation of such differences. Differing rates could be caused by other cultural or religious practices, or by differences in hygiene or other factors.

Yet compelling evidence from

The Associated Press
Justice Edwin Cameron of South Africa's High Court, who is H.I.V.-positive, at the conference.

Issue in Depth
• The AIDS Epidemic

Forum
• Join a Discussion on The AIDS Epidemic

She added that "clearly, the relationship between H.I.V. and other social ills afflicting our society such as poverty and disease" is complex.

But in the corridors and halls of the conference here, many participants remained perplexed and confused by the president's reluctance to say what so many people wanted to hear. Some wondered whether he was too proud to back down. Others wondered whether Mr. Mbeki, who is an economist and an intellectual, simply remains unconvinced of the links between H.I.V. and AIDS.

No one disputes the link between poverty and H.I.V. and AIDS. Prostitutes, migrant laborers, the uneducated and victims of sexual violence are more vulnerable to infection. And poor people typically lack access to drugs that might prolong their lives.

But scientists and researchers fear that Mr. Mbeki's heavy emphasis on poverty may confuse people and cause them to continue risky sexual behavior.

Mark Wainberg, the president of the International Aids Society, the co-organizer of this conference, described Mr. Mbeki's speech, which was broadcast live on national television, as a "lost opportunity." American officials said privately that they feared that Mr. Mbeki had raised broader questions about the quality of his leadership.

A South African judge, Edwin Cameron, received a standing ovation after he delivered the conference's opening speech today and condemned Mr. Mbeki for wasting time on discredited theories while people were dying.

"This has shaken almost everyone responsible for engaging the epidemic," Judge Cameron, who is infected with H.I.V., said of Mr. Mbeki's stance. "It has created an air of unbelief among scientists, confusion among those at risk of H.I.V., and consternation among AIDS workers."

The health minister emphasized today that Mr. Mbeki was committed to combating the disease vigorously by encouraging safe sex and by sponsoring research on drug therapies and a possible vaccine, which has been applauded by researchers here.

Dr. Awa Coll-Seck, the director of the United Nations' department of aids policy, said she was encouraged to hear Mr. Mbeki mention the program in his speech on Sunday night. But Dr. Coll-Seck, who is from Senegal, said she feared that the safe-sex message might get lost in the emphasis on poverty.

"I was discouraged," Dr. Coll-Seck said.

"We were expecting him to be a leader."

July 11, 2000

South Africa Faults Critics of Its President on AIDS Stance

By RACHEL L. SWARNS

DURBAN, South Africa, July 10 -- Striking a defiant and combative tone, the South African government today lashed out at its increasingly vocal critics at the 13th International AIDS Conference, saying there was no need for President Thabo Mbeki to affirm that the human immunodeficiency virus, H.I.V., causes AIDS.

In Today's Times
• AIDS Conference Continues in South Africa

Issue in Depth
• Health: The AIDS Epidemic

The government was responding to the chorus of criticism from prominent scientists, physicians and activists here who today expressed their disappointment with Mr. Mbeki. He opened this conference on Sunday night with a speech in which he described extreme poverty, rather than AIDS, as the biggest killer in this country.

In recent months, Mr. Mbeki has consulted with two American researchers who argue that poverty and malnutrition -- and not H.I.V. -- cause AIDS, an argument that most established scientists say was debunked years ago. Today, in panel sessions and interviews, several participants said the president had squandered an opportunity to clarify his position and to take a leadership role in fighting the disease and preventing the spread of the virus, which has infected four million people here.

Health Minister Manto Tshabalala-Msimang dismissed the criticism and accused the news media of distorting Mr. Mbeki's message. "The president of this country has never denied either the existence of AIDS nor this causal connection between H.I.V. and AIDS," she said at a news conference today. "But we reiterate our view that it is inappropriate to blame everything around this epidemic on the H.I.V. virus."

"We reiterate our view that it is inappropriate to blame everything around this epidemic on the HIV virus, " she said.

"Clearly the relationship between HIV and other social ills afflicting our society, such as poverty and disease, particularly TB and STDs, is complex. We reaffirm, unapologetically, our view that a comprehensive response in our country needs to recognise this reality."

Professor Roy Anderson, a renowned Aids expert at Oxford University, said he, too, saw the speech as a lost opportunity. "I was disappointed, to put it bluntly," he said.

However, others said the activists were expecting too much of Mbeki.

Dr Helene Gayle, head of HIV programmes at the United States Centres for Disease Control and Prevention, said some people would be disappointed that Mbeki had not gone further.

"But he is not going to come out and say, 'I was wrong'," she said.

The office of national Aids policy in the White House, saluted Mbeki's pledge to intensify South Africa's efforts to combat HIV/Aids.

Director Sandra Thurman said she wanted to reaffirm the United States' partnership in the growing effort to expand prevention programmes, prevent mother-to-child transmission and to provide the best care to people living with Aids.

THE MERCURY

Published on the Web by IOL on 2000-07-10 21:25:06

Health minister defends Mbeki's stand on Aids

By Phindile Ngubane, Patrick Leeman and Reuters

President Thabo Mbeki came under fresh criticism from Aids activists on Monday after ducking an opportunity to end a damaging debate on the causes of the disease.

Mbeki, who has been attacked by activists and health experts for appearing to give credence to dissidents who deny that HIV causes Aids, was back in the firing line after his opening speech to the 13th International Aids Conference in Durban on Sunday.

His eagerly awaited speech gave no insight as to whether Mbeki believed that HIV led inevitably to Aids.

'He talks about a plan. He doesn't talk about action'

"I was hoping and praying that he would find a way to gracefully back out of this madness," said Phil Wilson of the African-American Aids Initiative.

"The house is on fire and Mr Mbeki is sitting around trying to decide whether it was started by a lighter or a match," Wilson said.

"He talks about a plan. He doesn't talk about action. This should have been a call to action."

Chief organiser of the conference Professor Hoosen Coovadia said the speech had disappointed a lot of people.

'Mbeki is not going to come out and say he was wrong'

"What I'm sensing from people is an absolute sense of disappointment ... Many people believed the president would use the occasion to try to quell some of the disquiet around the government's position on HIV/Aids."

At a plenary session, HIV-positive constitutional court judge Edwin Cameron took a swipe at the government, which he accused of mismanaging the pandemic.

Judge Cameron said that in 1998 South Africa already had the highest rate of infection in the world, but had done nothing to tackle this.

He said that, to South Africans' shame, the government had not implemented a strategy to prevent mother-to-child transmission: "The result has been that every month 5 000 children are unnecessarily born with HIV.

"In our national struggle to come to grips with the epidemic, perhaps the most intractably puzzling episode has been our president's flirtation with those who, in the face of all reason and evidence, have sought to dispute the aetiology of Aids."

But the government said on Monday it would not apologise for its view that HIV could not be looked at as the sole reason behind the Aids scourge.

Speaking at a press conference, Health Minister Manto Tshabalala-Msimang said the government would not respond to "narrow sectoral agendas and interests".

Cameron has publicly confessed to being gay and living with HIV for the past three years.

On Monday he said he was only still alive because he was able to "pay for life itself".

Cameron criticised Mbeki and his government for failing South Africans suffering from HIV/Aids. He also criticised the government's decision not to give the anti-retroviral drug AZT to HIV positive pregnant women dependent on the public health care system. He said because of this, about 5 000 HIV-positive babies were born every month.

Cameron added that Mbeki's "intractably puzzling" statement and his flirtation with revisionists had shocked almost everyone involved in fighting the pandemic.

He said as a Constitutional Court judge, responsible for maintaining human rights in the country, he felt compelled to speak out about what was keeping him alive, while millions of South Africans were dying.

Oxford University's Professor Roy Anderson said the South African government had failed to intervene timeously to curb the spread of HIV/Aids. Referring to a recent UNAIDS report which stated that South Africa had one of the highest HIV/Aids incidences globally, he said political will and leadership could act as catalysts to slow down the spread of the scourge.

Anderson was also critical of the dissident theorists and said he was disappointed that Mbeki had failed to publicly reject their view.

He said the explosive spread of Aids in Africa, of which South Africa had one of the highest rates, could have been curtailed over the past 13 years had it been nipped in the bud, since it was already known back in 1987 how to prevent the transmission of Aids.

Anderson urged the industrialised world to assist developing nations with affordable anti-retroviral medicine so the "patchy" pattern in the global fight against Aids could change. He said a cure for Aids was still a long way off. "Vaccines are the only hope for the future... and that is not going to happen quickly."

Coovadia agreed that the South African government had started its Aids awareness campaign far too late. The government had also made serious mistakes along the way, including the fiascos surrounding the Aids play, Sarafina II, and the purported Aids drug Virodene, followed by the revisionist statements.

He said Uganda, one of the only African countries where the HIV infection rate was dropping, started its campaign in 1990. South Africa's Aids campaign only kicked off in 1994, when the African National Congress took over from the apartheid government, which had spectacularly failed to address the disease.

Tshabalala-Msimang said prior to the election of the ANC government, there had been hardly any Aids fighting infrastructure in place. The ANC had set in place structures to start fighting the killer disease, she said.

The United States government on Monday applauded Mbeki's commitment to fighting Aids in South Africa, but warned that the window of opportunity was closing fast to do something about it.

Director in the Office of National Aids Policy in the White House, Sandra Thurman, agreed with Mbeki's stance that poverty was indeed a primary Aids issue, but said that in the absence of poverty, HIV/Aids still existed.

"It is true that we will never win the battle against HIV/Aids unless we reduce poverty. But it is also true that even in the absence of poverty, we still have HIV/Aids," Thurman said. - Sapa

The Star

Aids conference becomes Mbeki-bashing circus

By Lynne Altenroxel and Sapa

The government's worst fears have been realised: no sooner had the 13th International Aids Conference opened than it became an Mbeki-bashing event.

Among the voice of dissent has been that of Edwin Cameron, a Constitutional Court acting judge, who used one of the first sessions, in which he delivered a memorial lecture to a hall packed with more than a thousand delegates, to slam the government.

In a rousing speech that received a standing ovation, Judge Cameron accused the government of mismanaging the HIV epidemic "almost at every conceivable turn" and declared his disappointment at President Thabo Mbeki's opening night speech.

'Why should Mbeki deny something he has not said'

The speech, in which Mbeki insisted that his government was committed to the fight against HIV, did not do enough to counter government blunders, Cameron said.

He said that, to his "grief and consternation", Mbeki had made no announcement about providing pregnant women with AZT.

Delegates expressed bitter disappointment with President Thabo's Mbeki's failure to come clean on his controversial HIV/Aids position.

While the health minister, Manto Tshabalala-Msimang, defended Mbeki's interest in the revisionist theory that HIV does not cause Aids, Mbeki was criticised by a number of eminent delegates.

Tshabalala-Msimang said South Africa would not be dictated to by the world on how it should formulate it's health policy. Mbeki, she said, was fully committed to fighting the HIV/Aids scourge holistically.

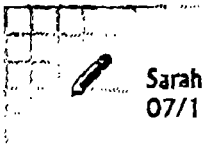
"The president of this country has never denied either the existence of Aids nor this casual connection between HIV and Aids," Tshabalala-Msimang said. "Why should he deny something he has not said?"

Conference chairperson Jerry Coovadia said there was an air of disappointment among thousands of conference delegates from across the globe that Mbeki did not reverse perceptions that he supported the dissident view that HIV was not the cause of Aids when he officially opened the conference on Sunday night.

Mbeki instead maintained his stance that poverty was the biggest "disease" causing death in Africa. Mbeki also questioned the effectiveness of the conference in dealing with the major issues surrounding Aids in Africa.

Coovadia said while he understood that Mbeki, as a president, could not simply backtrack on his position, "delegates expected him to make a major policy announcement to shift away from controversial issues".

This did not happen and disappointment was most acute in the address of Cameron.



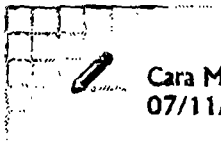
Sarah T. Holewinski
07/11/2000 11:07:22

Record Type: Record

To:

cc:
Subject:

---------- Forwarded by Sarah T. Holewinski/OPD/EOP on 07/11/2000 11:07 AM ----------



Cara M. Cluffani
07/11/2000 11:06:34

Record Type: Record

To: Sarah T. Holewinski/OPD/EOP@EOP

cc:
Subject:

Sarah-

Thank you so much for getting back to me. I would really like to find out about this issue before Sandra returns, so any help you can give me would be greatly apprecited. Karen Tramantano asked me to look into the Ryan White CARE Act Reauthorization and Devorah Adler suggested that Sandra might have some information for me. Specifically, Karen is looking for an update on the issue. We received a lettter from Tom Sheridan asking for Presidential support on gettting the Ryan White Act reauthorized in the House. We need to know what is going on in the House and what the word is within the White House about this issue. Any information that you might have would be greatly appreciated. Feel free to contact me via e-mail or on extension 6-1977(I do not have voice mail). Thank you for your assistance.

Cara

XIII International AIDS Conference

African American AIDS Policy and Training Institute

Special Breakfast Roundtable

Africans, African Americans and AIDS: *What is the Connection?*

Wednesday

6:30 – 8:30 am

Royal Hotel, Salon B

Full breakfast served

Special appearances by:

Danny Glover

Dikembe Mutombo

Goodwill Ambassadors to the
United Nations Development Programme

Dr. David Satcher

U.S. Surgeon General

Sandra Thurman

White House Office of National AIDS Policy

Dr. Wilbert Jordon

Dr. Robert Scott

Moderated by Phil Wilson

Everyone is welcome!

Shuttle from the Royal Hotel to the conference center after the breakfast

Printed by: **Patricia Carter** Monday, July 10, 2000 4:04:05 PM
Title: **Fwd: PWA Meeting** Page 1 of 1

Monday, July 10, 2000 10:48:37 AM
Message

From: Patricia Carter
BabaluAye@aol.com

Subject: Fwd: PWA Meeting

To: SCarraway@osophs.dhhs.gov

Cc: Richard Marlink
Kimberly Hensle
Ann Hannum
Molly Holme

Miguel--

Here is the list of PWA invited to the roundtable. As we (OHAP/HARVARD) planned the meeting we speculated that all confirmed invites would not attend the meeting. So despite the length of the invitee list, we are still only anticipating that 10 - 12 people will attend the actual meeting in the Inzinga Room at the Hilton at 3pm on 7/11. Food will be provided at the event. One participant requested a translator, which I have thus far been unable to secure but that invitee was encouraged to bring a bilingual colleague to the meeting, in lieu of a translator.

Jurek Domaradzki, Poland — GNP+ contacted
Joseph Scheich, GNP secretariat
Yolanda Simon, Trinidad
Brenton Wong, Singapore > GNP contacted
Michael Angaga, Kenya
Milly Katana, Uganda > Harvard contacted
Geena Gonzales, Phillipines
Ashok Pillai, India
Javier Luis Hourcade Bellocq -Latin America — PLWA Network - Red Plus, Board Member GNP+
Maria Julia Rodriguez -Cuba
Ms. Jaqueline Rochas, Brazil — Brazil's NAT'L PLWA network
Giovanna Torres -Peru
Philippa Lawson -ICW secretariat -London — International Council of Living w/AIDS from U.S. Cont. Speaker
Fiona Pettitt -ICW secretariat -London
Antigone Hodgins -ICW key contact
Ms Helen Ditsebe-Mhone, Botswana — Pan African PLWA group/think tank
Jario Pedraza, GNP+ North American Rep, New York — Global Network of People w/ AIDS
Ronaldo Mussauer de Lima, Brazil — Re Marlink (she help developed list)
Terje Anderson, DC — Harvard invited
Kim Nichols, Africa

Contact = works w/ this person (Personal or professional relationship)

336
2534

Plenary : PL04

Chairs on stage:

Gro Harlem Brundtland
Ms Sandra Thurman, Director: White House Office of National AIDS Policy
Minister Dlamini, Swaziland
Salim S Abdool Karim

Speakers on stage:

P Lamptey
G Gupta
C Luo
L van Damme

Programme:

09:00 – 09:02	Introduction of Peter Lamptey *Gro Harlem Brundtland*
09:02 – 09:28	Prevention does work! *Peter Lamptey*
09:28 – 09:30	Introduction of Geeta Rao Gupta *Sandra Thurman*
09:30 – 10:00	Gender, sexuality and HIV *Geeta Rao Gupta*
10:00 – 10:02	Introduction of Chewe Luo *
10:02 – 10:30	Strategies to reduce mother-to-child transmission *Chewe Luo*
10:30 – 10:32	Introduction of Lut van Damme *
10:32 – 11:00	Advances in topical microbicides *Lut van Damme*

PI04 : Biosketch

Gēēta Rao Gupta, PhD
President, International Center for Research on Women, Washington DC

As President of the International Center for Research on Women, Dr Geeta Rao Gupta leads a 40 member multi-disciplinary team that conducts research, provides technical assistance and advocates for the full participation of women in economic and social development. Dr Gupta is a social psychologist and internationally recognized as the leading expert on women and AIDS. Under her leadership, from 1990 – 1994, groundbreaking research on women and AIDS was undertaken through a 15 country project. This project marks a critical milestone in our understanding of women's vulnerability to HIV infection. Dr Gupta is an unparalleled international advocate on women and AIDS, drawing attention of policymakers and the public to the need for women's social and economic empowerment to prevent the spread of HIV. She is the author of numerous scientific publications and policy reports on gender, women and HIV. Her leadership role in the field of HIV/AIDS is evident by her appointment to numerous scientific and policy-making committees and boards including the International AIDS Vaccine Initiative and the DC Women's Council on AIDS.

FHI Reception

6:30 - 8:30 PM

Royal Hotel
'The Top of the Royal'

You will receive the 1st ever FHI Global Award for HIV/AIDS Prevention & Care in the Third Millennium.

2 minutes of informal welcome and thanks, you're glad to be doing this work, the Administration remains committed, building community, working together, encouragement…

Attendees	300 people, Gayle, DeLay, Piot (if in country)
Press	No press invited

Contact	Sheila Mitchell	27 82 858 0815
Contact	Mary O'Grady @ 703-516-9779	

AIDS 2000

Durban, South Africa

9-14 July 2000

Conference

Executive Security Review

AIDS 2000

Durban, South Africa

9-14 July 2000

Conference

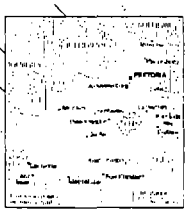
Executive Security Review

SECURITY REVIEW

AIDS 2000

Durban, Republic of South Africa

- Conference Overview
- Security Environment
  - Terrorism
  - Crime
  - Protests
- Conference Site Security Measures



2

SECURITY REVIEW

Conference Overview

- 10,000 participants
- Largest event in South Africa
- Five Venues
- Extensive Security Measures
  - Pharmaceuticals Security
  - Local & National Forces
  - Gray Security

3

SECURITY REVIEW

USATREX

- Michael Shanklin
  - Experienced international security consultant
  - Former Senior Operations Officer in USG agency including service in Africa
  - Strong background in executive protection
  - Good links to security services in South Africa, including Gray Security, USG, and South Africa Govt/Law Enforcement

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SECURITY REVIEW

Security Environment

- Security Environment
  - Terrorism
  - Crime
  - Activists & Protests

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SECURITY REVIEW

Terrorism

- There are no known terrorist threat indicators for Durban
- There is no indication of AIDS motivated terroristic tendencies
- Islamist militants associated with Qibla and People Against Gangsterism and Drugs (PAGAD)
- Osama Bin Ladin continues to be the major threat to US citizens abroad

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SECURITY REVIEW

Crime
Specific to Durban

- Firearm use in crime
- Rapes
- Con-artists
- Thefts +
- Carjackings
- Assault +
- Aggravated Robbery +
- Smash & Grab
- Credit Card Switch
- False taxies
- Fraud +

100% of privately owned licensed guns belong to less than 7% of South Africans. Eighty of these firearms are reported lost or stolen every day.
National Crime Prevention Center, S.A.

Analysis of Durban Police Reports Recent 6 months

SECURITY REVIEW

Potential Demonstrations

- ACT-UP
- Students Against AIDS
- Health Gap Coalition
- HEAL
- Women United Against AIDS
- TAC (Treatment Action Campaign)
- NAPWA (National Association of People With AIDS)
- Positive Women
- YPLA
- Partnership Against AIDS
- Congress of South African Trade Unions
- Health Workers Against AIDS

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SECURITY REVIEW

"No Seattle-type Demonstration"

"TAC and its constituencies believe that the conference will attract the attention of the world...it is in the best interest of all participants that the march be a peaceful one..."
–Mr Achmat, TAC spokesman

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SECURITY REVIEW

Conference Site Security

- Security Preparations & Countermeasures
  - Gray Security Services
  - USATREX
    - » SA GOVT SECURITY FORCES
      - South Africa Police Service (SAPS)
      - SA National Defense Force (SANDF)
      - Metro (Local) Police

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SECURITY REVIEW

Police

- Durban Metro (Local) Police Augmented by South African Police Service (SAPS)
- SAPS is a Professional National Police
- Extensive Presence Throughout Conference Center and Some Off Sites
- (toll free)

SECURITY REVIEW

Counterterrorism Forces

- Special Task Force (STF) - Among The Best in The World
- Since 1995, dealt with more incidents than any other anti-terrorist unit in the world
- Very high success rate

SECURITY REVIEW

Conference Site Plan

- Security tolerance measures have been established
  - Zero tolerance for:
    - » opening ceremonies
    - » VIP areas
- Conference activities and areas divided into "zones" outlining when demonstrations are allowed

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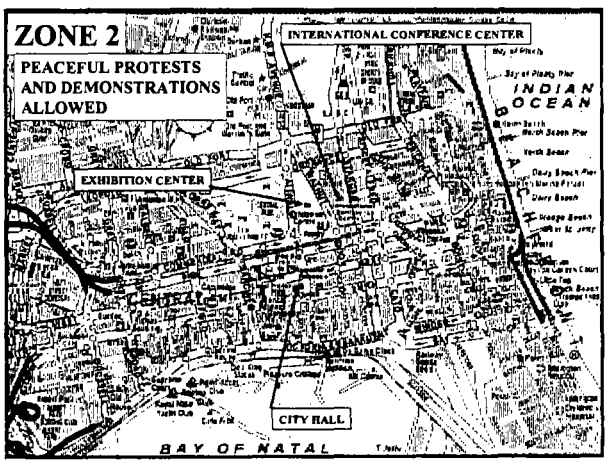
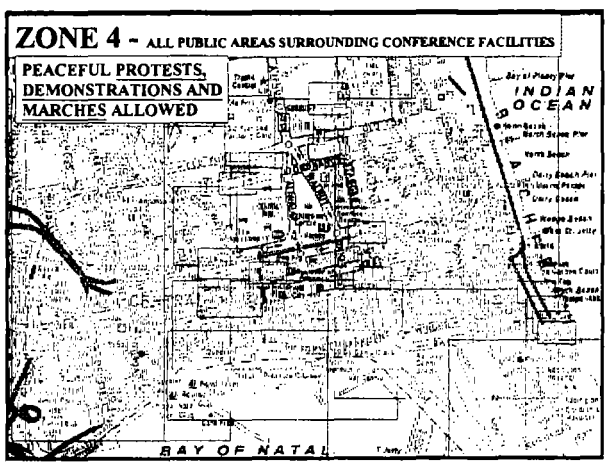
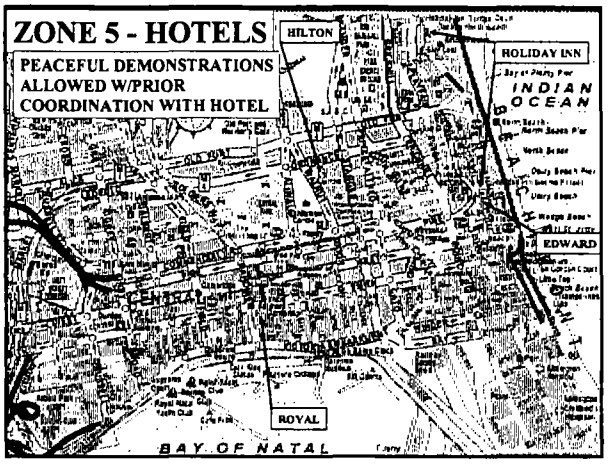


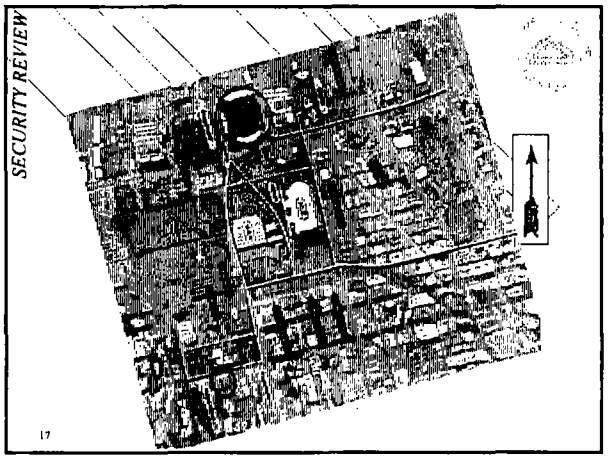


ZONE 5 - HOTELS

PEACEFUL DEMONSTRATIONS ALLOWED W/PRIOR COORDINATION WITH HOTEL



SECURITY REVIEW



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SECURITY REVIEW

Individual Safety & Security Measures

- Hotel
- On the Street
- Traveling By Car
- Airport
  - Flight Transfer
  - Customs
  - Ground Transportation

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SECURITY REVIEW

Emergency Contact Information

- South African Police Service (SAPS) at 10111 (tollfree)
- Mike Shanklin, USATREX
- Gray Security Operations Center

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SECURITY REVIEW

DURBAN

- Durban is a great cosmopolitan city catering to tourism
- Practical security awareness key to enjoying your visit

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SECURITY REVIEW

USATREX Web Site

For Current Information we have established a website with key links to information on the AIDS conference and Durban for the convenience of authorized NIH users.

- The site is located at **http://www.usatrex.com/private/africaaids.htm**

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SECURITY REVIEW
USATREX
International, Inc.
A Subsidiary of US Investigations Services, Inc.
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Safety and Security Guidelines

Provided by XIII International AIDS Conference Organizers

http://www.aids2000.com

SAFETY AND SECURITY

In an attempt to make your visit as comfortable as possible the organisers of the XIII International AIDS Conference have put together some safety and security tips.

Security Plan

This policy has been developed to ensure your safety during your visit to South Africa, and the tips highlighted are there to ensure that your visit is both safe and enjoyable by taking the following simple precautions, that you would in any other country.

The organisers of AIDS 2000 have also put together a multi-faceted security co-ordination team for the duration of the Conference. This team consists of members of South African Police Services, Durban City Police, Private security companies and AIDS 2000.

The policy is divided into three broad categories:

1. General safety and security
2. Health
3. Security Policy during the Conference and at the various conference venues

GENERAL SAFETY AND SECURITY

Hotel

Your home away from home. Hotels generally have their own security measures, and in order to make your stay more comfortable we suggest that you:

- Use only the main entrance of your hotel
- Plan your journey before you leave your hotel
- If you intend travelling off the beaten track, ask hotel staff at the reception desk to check your intended route. Conference transport pick up points will be clearly visible and will have a security presence
- Place and keep all your valuables in your hotel's safety deposit box (if supplied)
- Ensure that your hotel room door is securely locked when you are in the room and whenever you leave it
- Should someone knock on your door, do not open the door before you have identified the person on the other side
- Be sure to leave your hotel room keys with hotel staff at the reception desk if requested to do so
- Never leave your luggage unattended

On The Street

The streets of Durban are a hive of activity filled with the rainbow nation. In order to make your journey to and from the conference centre, and around the beautiful city of Durban comfortable we have the following tips to ensure that it is a memorable one;

- It is preferable to carry certified copies of your passport and travel documents rather than the original documents
- Do not draw attention to yourself by displaying large amounts of cash, expensive jewellery or cameras
- Never leave your property unattended to in any public place - even in the conference centre
- Avoid dark, unlit or isolated places - rather travel in groups or, if alone, on well - lit busy streets
- If you want to call a taxi, your hotel or the nearest tourism information office can recommend a reliable service
- There are "corridors of light" around the conference centre, and leading to the main beachfront hotels
- It is not advisable to walk in the street and talk on your mobile phone
- It is not advisable to hail taxis on the street

Travelling By Car

The Conference has appointed Imperial car as the official car rental company for the Conference. In addition to competitive rates offered by Imperial we offer the following tips to ensure a safe journey;

- Plan your route in advance and make sure you have enough money and petrol to get to your destination and back
- Drive, when possible, with your vehicle's doors locked and the windows closed
- If approached by a stranger, do not open your window completely
- When stopping, ensure that you are not boxed in - leave sufficient space between your vehicle and the one in front of you
- Do not pick up strangers and hitch-hikers
- Place all packages and personal items in the trunk of your vehicle especially when parking or leaving your vehicle for a short while
- Park in well-lit areas at night
- Lock valuable items in the boot (trunk). If in doubt about the safety of an area, phone a police station for advice or ask one of the security personnel or volunteers

At The Airport

Your gateway to Africa. Volunteers will be on hand to meet you with a warm African welcome once you have cleared customs. In order to ensure a safe journey from your home town we suggest that you;

- Lock all your suitcases and bags
- Always keep your luggage near to you
- Never leave your luggage unattended
- Mark all your luggage clearly
- Keep passports on you or in your hand luggage
- When on the aircraft, place hand luggage in a compartment closest to you
- Remember, the reality is no-one but you can guarantee your safety.

Look out for the AIDS 2000 information booths at the airport. There will be volunteers in attendance to escort you from immigration to the coaches which will take you to the conference centre for registration. Once you have registered you will be taken to your hotels.

If you see any suspicious activity, or experience an emergency, please call the South African Police Service (SAPS) at 10111 (tollfree).

HEALTH

Medical Services

South Africa has no national health scheme. Medical treatment and hospitalisation must be paid for by the patient. It is advisable to take travel insurance which covers accidents, illness or hospitalisation during the period of your stay. Doctors are listed in local telephone directories.

A medical centre is also available at the conference center and there will be a medical hot line to call in case of emergencies. A hospital will also be identified for use by conference participants during the week of the Conference.

Malaria/Bilharzia Precautions

Malaria poses a health risk in the lower altitude areas of Northern Province, Mpumalanga and Northern Kwazulu-Natal. During the dry months, June to September, the risk of contracting malaria is low and procedures to prevent mosquito bites should provide sufficient protection in all the malaria areas. When visiting the low risk area, from October to May, one should take prophylactic medicines as well as taking precautions against mosquito bites. There is no risk of contracting malaria in Durban Metropolitan area.

The bilharzia parasite is present in streams, rivers, lakes and dams in some of the northern and eastern parts of the country, and visitors should therefore avoid contact with the water in these regions. There is no risk of contracting bilharzia in the Durban Metropolitan area.

Drinking Water

The tap water is purified and 100 percent safe to drink. Be careful, however, about dipping into or drinking water at pools and slow moving streams in some of the outlying areas, as this may contain organisms, including bilharzia.

Bottled mineral water will be available at the conference centre, and is also available at all supermarkets and cafes.

Drugs

There are heavy penalties in South Africa for trading or possession of drugs. The most commonly used drug is dagga, the local version of marijuana. Heroin and cocaine form a small percentage of the drug scene and on the whole the country has a relatively low incidence of drug use when compared with other industrial nations.

Methadone is allowed to be brought into the county for personal use only. Your name and directions for use should be clearly marked on your medication and should be accompanied by a letter from your doctor confirming that you are on methadone treatment.

Conference organisers cannot be held responsible for participants unauthorised drug usage, or any arrests that may follow.

SECURITY AND ACTIVISM AT THE CONFERENCE

South Africa has a zero to low tolerance level when it comes to protests, disruption when there is the potential of causing harm to individuals. This aim of the Conference organisers and the security team is therefore to:

1. Ensure the safety of invited guests, conference participants and members of the public
2. Ensure the safety of property belonging to the City of Durban, Conference Venues, AIDS 2000, Exhibitors
3. Allow for activists to air their grievances in a co-ordinated and safe environment

For this purpose the Conference Centre is divided into the following zones:

Zone	Activity
Zone 1 Media Centre, Co-organisers Offices, Pharmaceutical Offices, Conference Offices and VIP centre/area	No activities or demonstration allowed. No access allowed without proper authorisation
Zone 2 International Convention Centre, Durban Exhibition Centre and City Hall	Peaceful protests and demonstration allowed under the following conditions: i. No bodily harm is caused ii. No damage to property is caused
Zone 3 Commercial and NGO Exhibition area	Peaceful protests and demonstrations allowed under the following conditions: i. No bodily harm caused
Zone 4 Public areas surrounding Conference facilities	Peaceful protests, demonstrations and marches allowed, under the following conditions: i. Co-ordinated with the relevant local authorities ii. No bodily harm caused iii. No damage to property en route or in public areas
Zone 5 Conference Hotels	Peaceful protests, demonstrations and marches allowed, under the following conditions: iv. Co-ordinated with the relevant hotel v. No bodily harm caused vi. No damage to property en route or in public areas

areas

Zone 6
Opening Ceremony

Due to the public nature of this event, members of the public and the venue for the opening ceremony this is strictly a zero tolerance event

Zone 7
Programmatic sessions

Peaceful protests and demonstrations allowed under the following conditions
i. no bodily harm is caused
ii. No damage to property

Please note: If any of the following conditions have not been met, the appropriate action will be taken.

GENERAL GUIDELINES

1. A security Liaison Officer will be employed to ensure efficient and effective communication between the various activist groups and security services. The security liaison officer will also assist the groups in getting the relevant permission for street and public protests from the local authorities.

2. **"Speakers corners"** will be made available throughout the Conference venue (5 in total) to allow various activists and speakers to air their views and/or opinions. All speakers corners will have a public address system and other appropriate equipment.

3. A **"Vukani"** (wake up) room will also be made available for representatives from activist groups/communities to meet with relevant/appropriate persons or authorities to air their views, hand over memorandums, resolutions or action lists.

4. The Security Liaison Officer will interact with the AIDS 2000 Communications Department for the purposes of press conferences.

5. For further information on this policy please contact the AIDS 2000 secretariat c/o Shaun Mellors (CPC Co-ordinator International) at

XIII International AIDS Conference
P O Box 1620
Durban 4000
South Africa

Tel: ++ 27 31 3010400
Fax: ++ 27 31 3010191
e-mail: shaunm@aids2000.com