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Folder Title:
Leadership and Investment in Fighting an Epidemic (LIFE) Initiative [Folder 1] [1]

Stack:	Row:	Section:	Shelf:	Position:
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DRAFT FY 1998-2000 HIV/AIDS Funding (in $000)

Country Operating Unit	FY 1998 TOTAL	FY 1999 Core	FY 1998 AIDS Orphans Supp	FY 99 TOTAL	FY 2000 Core	FY 2000 LIFE Initiative	FY 2000 Sub-Total	DCOF * (CHS Account)	FY 2000 AIDS Children Supp.	FY 2000 TOTAL	Title II Food Aid (BHR)	FY 2001 Recommended SEE FOOTNOTE
ANGOLA	0	0		0	1,000		1,000	500		1,500		1,500
BENIN	1,500	1,200		1,200	1,025	0	1,025			1,025		2,054
CONGO	1,000	1,914		1,914	1,500	0	1,500			1,500		3,500
ERITREA	500	217		217	500	0	500			500		1,000
ETHIOPIA	5,125	5,540		5,540	5,000	1,700	6,700	400		7,100		7,500
GHANA	3,700	4,000		4,000	4,000	-	4,000			4,000		4,500
GUINEA	1,300	1,200		1,200	1,725	-	1,725			1,725		2,225
KENYA	3,200	3,300	1,150	4,450	3,200	2,500	5,700	500	600	6,800		7,500
LIBERIA	0	0		0	-							500
MADAGASCAR	500	500		500	800	0	800			800		1,500
MALAWI	2,600	2,800	85	2,885	2,200	2,800	5,000	500		5,500		6,000
MALI	2,400	2,220		2,220	2,500	-	2,500			2,500		3,000
MOZAMBIQUE	3,200	2,820		2,820	3,000	2,100	5,100			5,100		6,200
NAMIBIA	0	0		0	1,000		1,000			1,000		1,500
NIGERIA	1,900	2,000	815	2,815	3,300	3,450	6,750			6,750		11,887
RWANDA	500	2,000	1,000	3,000	1,500	2,000	3,500		1,000	4,500		4,700
SENEGAL	100	2,774		2,774	1,700	2,000	3,700			3,700		4,700
SIERRA LEONE								350		350		
SOMALIA	0	0		0	-	-	0					
SOUTH AFRICA	2,000	1,500	1,450	2,950	900	4,800	5,700	750	400	6,850		8,000
TANZANIA	3,600	4,000		4,000	3,500	2,500	6,000		800	6,800		7,000
UGANDA	4,800	6,010	1,000	7,010	4,400	2,500	6,900		2,200	9,100		10,762
ZAMBIA	2,700	3,250	1,000	4,250	3,500	3,500	7,000	1,000	500	8,500		10,000
ZIMBABWE	1,950	1,550	300	1,850	2,000	3,000	5,000		500	5,500		6,000
RCSA	0	0		0	-	-	0					
REDSO/E	360	250		250	200	1,000	1,200			1,200		1,700
REDSO/WCA	3,485	3,405	200	3,605	5,700	1,700	7,400			7,400		7,700
AFR/SD	2,500	3,000		3,000	1,850	1,450	3,300			3,300		3,800
Southern Africa	0	750		750	500	1,000	1,500			1,500		4,000
SAHEL	100	0		0	100	-	100			100		
UNAIDS	2,000	0		0								
TOTAL AFR	51,100	56,000	7,000	63,000	56,600	38,000	94,600	4,000	6,000	104,600	-	128,738
India (LIFE)						3,000						
G/PHN (LIFE)**						4,000						
GRAND TOTAL - LIFE						45,000					10,000	
GRAND TOTAL - DCOF AIDS Orphans								4,000				
GRAND TOTAL - AIDS Children Supplemental (Recoveries)									6,000			
USAID Global Bureau Attribution for Africa	15,950			18,000						19,375		
(USAID Africa TOTAL)***	[67,050]			[81,000]						[123,975]***	[10,000]	
USAID Agency HIV Total	[121000]			[135,000]						[200.000]	[10,000]	

* = DCOF for AIDS orphans

** = About 50% of the G/PHN LIFE amount is attributable to Africa

*** = Total of AFR and G/PHN attribution for Africa (including $2 m of $4 m of G/PHN LIFE); $10 m in food aid not included in this total; Africa total for 2000 is thus $133,625,000)

Revised 05/08/00 Alex Ross, AFR/SD
CDC FY 2000: $35 million – Africa

FY 2001 FOOTNOTE: DOES NOT INCLUDE ANY DCOF OR AIDS CHILDREN SUPPLEMENTAL, NOR GLOBAL BUREAU ATTRIBUTION
FY 2001 FIGURES ARE VERY MUCH DRAFT

LIFE

Dear Representative/Senator:

We, the undersigned advocates for global AIDS prevention and care, urge you to support the Administration's request that an additional $100 million be allocated to global AIDS prevention and care programs in Africa, Asia and other affected regions of the world this coming fiscal year.

You know the arithmetic of the global AIDS epidemic:

· That more than 7,000 children and youth become infected with HIV every day -- 5 every minute. And the numbers keep growing.
· That about 35 million people now have HIV; far more than the combined population of Alaska, Florida, Pennsylvania, Alabama, and Kentucky
· That HIV/AIDS is now the world's leading infectious disease killer, and the number one overall killer in Africa
· That entire militaries are being consumed by HIV/AIDS; over 50% of soldiers in the Central African Republic are HIV-positive
· That TB is unleashed by HIV infection, which is largely responsible for today's TB epidemic; TB accounts for 40% of AIDS deaths in Africa and Asia.
· That economies are being decimated by HIV; by 2005, Kenya's GNP will be 14.5% smaller -- International corporations are now hiring two employees for one skilled job
in highly infected countries
· That by 2010, 40 million children will be orphaned in Africa, mostly due to AIDS

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

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

Sincerely,

Act Up, Paris, France
AIDS Legal Referral Panel, San Francisco, CA
AIDS Policy Center for Children, Youth and Families, Washington, DC
AIDS Treatment News, San Francisco, CA

AIDS National Interfaith Network
AIDS Vaccine Advocacy Coalition, Washington, DC
Advocates for Youth, Washington, DC
American Friends Service Committee, Washington, DC
American Nurses Association, Washington, DC
American Association for World Health, Washington, DC
Association of Academic Health Centers, Washington, DC
Association of Nurses in AIDS Care, Washington, DC
Association of Reproductive Health Professionals, Washington, DC
Association of Schools of Public Health, Washington, DC
Centre for Health Policy and Strategic Studies, Lagos, Nigeria
Center for Health and Gender Equity, (CHANGE), Takoma Park, MD
Center for Women Policy Studies, Washington, DC
Committee For Children, Washington, DC
Counterpart International, Washington, DC
DC Care Consortium, Washington, DC
Elizabeth Glazer Pediatric AIDS Foundation
FOCAS, Cincinnati, OH
Gay Men's Health Crisis, New York, NY
Global AIDS Action Network, Washington, DC
Global Health Council, Washington, DC
Heartland Alliance for Human Needs and Human Rights, Chicago, IL
Human Rights Campaign, Washington, DC
International AIDS Vaccine Initiative, New York, NY
International Women's Health Coalition (IWHC), New York, NY
Jerusalem AIDS Project, Israel
Kenya Children's Project, Camden, NJ
Midwest AIDS Prevention Project, Ferndale, MI
Mobilization Against AIDS International, San Francisco, CA
Multidisciplinary African Women's Health Network
National Association of People Living with HIV/AIDS, Pretoria, South Africa
National Association of People with AIDS, Washington, DC
National Council for Community Behavioral Healthcare
National Gay and Lesbian Task Force, Washington, DC
National Institute of Public Health, Cuernavaca, Mexico
National Minority AIDS Council, Washington, DC
National Native American AIDS Prevention Center, Oakland, CA
Office of International Health, University of Wisconsin Medical School, Madison, WI
Pathfinder International, Watertown, MA
Program for Appropriate Technology in Health, Seattle, WA
Project Troubador, Salisbury, CT
Regional Public Health Unit, Cape Coast, Ghana
South Jersey Council on AIDS, Camden, NJ
Uganda Youth Anti AIDS Association, Kampala, Uganda
Women's Dignity Project, Somerville, MA

QUESTION: Will these additional funds make a difference?

ANSWER:
This investment of $100 million will refocus key US Agencies on HIV/AIDS in the developing world, and will show national leaders and other development partners that the USG is committed to turning the tide on the global HIV/AIDS pandemic.

The initiative will expand educational, clinical and social marketing programs that are critical to preventing the unfolding tragedy of AIDS in selected countries, and it will fund a substantial increase in USG support for HIV care and support. It will double our current commitment to AIDS in Africa, and will permit USG to assist India to bring HIV/AIDS programs to scale in that vast country.

Insufficient funding remains the key barrier to effective HIV/AIDS prevention, care and support in the developing world. Based on our experiences in Uganda and Senegal, where success in AIDS prevention has been demonstrated, UNAIDS and other donors agree that a minimum of $600 million is needed in Africa, per year, for prevention alone ($2 per adult per year). The current increase in the USG's commitment will not, and should not, cover the entire cost of an adequate response worldwide. However, paired with our diplomatic initiative and collaborative efforts to mobilize partners at the community, national, and global levels, doubling USG resources will leverage other international donors, the World Bank, national governments, NGOs including faith-based communities, and the private sector to raise the fight against AIDS to a new level.

QUESTION: Why does the US Government have a responsibility to act?

ANSWER:

The HIV/AIDS pandemic is not over. It affects Americans at home, and it puts Americans at risk abroad. Despite heartening progress in HIV care in the US and Europe, the AIDS epidemic is raging out of control in much of the developing world, and is an expanding crisis in traditionally vulnerable American communities, including ethnic minorities and women. HIV/AIDS is the leading cause of death among African, and African American adults, today.

The United States is the recognized leader in the AIDS field internationally. Technically, American service providers, activists and scientists are the most effective in the world, and are trusted partners abroad. Financially, the USG has been the lead investor in HIV/AIDS prevention, care and support since 1991, contributing 25% of the budget for UNAIDS and nearly 50% of overall development assistance devoted to HIV/AIDS prevention and mitigation in the developing world. Our resources have leveraged contributions from other donor countries and multilaterals. Experience shows they look to us for leadership, and the American people expect us to provide it.

In spite of this history, the USG has not been keeping up with the global emergency of HIV/AIDS, or with our donor partners. While the number of PLHA has trebled and the epidemic has expanded into vast regions such as South Asia and the Newly Independent States, the USG's AIDS budget has been essentially stagnant since 1993, at around $120-125 mil/year. Proportional to the size of the economy, US ranks 9th among donor countries in the amount we contributes to the battle against AIDS. We can do better.

We can do better because we have the knowledge and the tools to prevent HIV, and to provide compassionate care for people living with the virus. In Uganda, national mobilization and application of these tools has reduced the rate of HIV among 15-24 year olds from a peak of 30% in 1992 to 15% in 1997. The US has been at the forefront of development of these tools. We have a responsibility to make them available on an adequate scale in other countries too.

American leadership in global economic and political affairs has always been matched by the compassion and pragmatism of the American people. HIV/AIDS presents us with human tragedies on every continent and in every age, and to which we must respond. In practical terms, it is an infectious disease that will continue to threaten our own health and health care systems as long as it is a threat abroad.

QUESTION: Will this new initiative include care for people with AIDS in Africa?

ANSWER:
Yes, through this initiative we intend to respond to the broad array of needs that people infected with HIV have: We will provide assistance ranging from food aid for communities hit hard by the epidemic, to appropriate medical care for sick individuals. We will seek to protect the human rights of people with HIV/AIDS and attend to their psychosocial needs. This will be based on the standards and capacities of the communities affected to be certain that their needs are truly met.

QUESTION: Last week we heard that a new drug could prevent HIV infection in babies. What can you tell us about it?

ANSWER:
We are very excited about the results of the joint US/Ugandan study announced last week which showed that a simple and inexpensive treatment with the drug Nevirapine reduces the transmission of HIV from mother to child by close to half. The low cost and simplicity of the regimen could help spare hundreds of thousands of children from AIDS. The US government has been actively working in a number of developing countries to implement programs aimed at preventing the infection of infants and we are develping programs that are ready to make use of this latest development.

White House Sounds Alarm on AIDS Crisis in Africa
Harvard World Health News
September 9, 1999

Boston - First Lady Hillary Rodham Clinton convened a meeting on September 7th, at the White House to mobilize top international health officials amid deepening concern over the unchecked spread of AIDS in sub-Saharan Africa and the epidemic's growing threat to South-East Asia and Eastern Europe.

Reports from Africa describe a catastrophe in the making that threatens an entire generation of children and two decades of economic development. Average life expectancy is plummeting by 20 years in some areas, as aggressive new strains of HIV decimate the continent.

The September 7th meeting with Mrs. Clinton followed the release in July of a little-noticed White House report which warned, "As goes Africa, so will go India, South-East Asia, and the Newly Independent States of the former Soviet Union, and by 2005, more than 100 million people worldwide will have been infected with HIV. Leadership and resources are desperately needed if we are to turn the tide." The report proposes an action plan for mobilizing international leadership and resources.

The report presents findings of a March 27-April 5, 1999, Presidential Mission on Children Orphaned by AIDS in sub-Saharan Africa, and paints a grim picture of the situation facing children. In nine countries, between one-fifth and one-third of all children will be orphaned by AIDS by the end of this year, rendering them at "extraordinary risk of physical and sexual abuse as well as child labor exploitation" and subsequent HIV infection. Over the next decade, the report projects, more than 40 million children will be orphaned by AIDS. The report describes fragile health care systems buckling under the weight of the crisis, with AIDS patients already occupying 50-80% of all hospital beds in some areas.

More than 22 million adults and 1 million children in sub-Saharan Africa currently are infected with HIV. Most new infections are occurring among women, and are spreading to newborns during childbirth and breastfeeding. Nearly 600,000 new HIV infections are occurring among infants in the region each year.

The implications of the epidemic are profound and far-reaching, threatening the region's political stability, security, and development. The epidemic is hitting especiall hard at the region's infrastructure--civil servants, teachers, health personnel, engineers, and industrial workers. According to the White House report, companies like British Petroleum and Barclays Bank are hiring two skilled workers for each open position, expecting that one will die of AIDS.

It is the worst infectious disease catastrophe since the Bubonic plague in 1348. Its rapid spread is fueled by cultural norms and sexual practices. A major piece in The Economist (Jan. 1999) described the widespread acceptance of commercial sex workers; resistance to using condoms; adolescent girls who believe they will only become beautiful through a regular infusion of sperm; and men who believe they can rid themselves of HIV by infecting a virgin.

The Economist observed, "HIV tends not to strike just one member of a family. Husbands give it to wives, mothers to babies." The Economist correspondent's driver in Kampala lost his mother, his father-in-law, two brothers and their wives to AIDS.

But it is not a situation without hope. Dr. Barry R. Bloom, dean of the Harvard School of Public Health and chairman of the UNAIDS Vaccine Advisory Committee, argues that millions of lives can be saved in the short term through massive social mobilization and education, while research continues to develop effective, affordable vaccines. "In the short term, the critical ingredient is political will and commitment within each country, supplemented by external resources."

Attending the September 7th, White House strategy session were leaders from the World Bank and UNAIDS, heads of foundations, corporate CEOs, and U.S. health officials

Next week, the spotlight shifts directly to sub-Saharan Africa, where 3,500 delegates will assemble in Lusaka, Zambia from September 12 to 16 for the Eleventh International Conference on AIDS and STDs in Africa.

The conference is expected to focus major attention on Uganda, which has mounted an effective response, achieving reversals in HIV infection rates.

The Mail and Guardian (Johannesburg) reports, "Uganda's President Yoweri Museveni has personally spearheaded an ambitious country-wide initiative to spread the word about HIV. Shortly after coming to power in 1986 after Uganda's brutal civil war, Museveni rapidly masterminded a multi-pronged strategy to combat the disease."

Citing Uganda's experience, Dean Bloom observed, "While it is difficult to affect longstanding patterns of behavior in any society, amazingly enough, education has had an impact. In Africa, Uganda has done the most in terms of massive publicity and community mobilization to educate the public and reduce the stigma associated with HIV infection. Most importantly, the government has openly recognized the AIDS problem, and has aggressively supported disease prevention efforts including condom distribution, HIV testing, counseling and support services, and widespread mobilization of women's groups and community groups.

In 10 years of massive public health mobilization, HIV infection rates in some districts have been reduced from 25% to 13%."

South Africa's new President, Thabo Mbeki, has made AIDS a top priority. In October 1998, while still Deputy President, Mr. Mbeki, in a speech launching the South African Partnership Against AIDS, said, "For too long we have closed our eyes as a nation, hoping the truth was not so real. For many years, we have allowed the human immunodeficiency virus to spread at times we did not know that we were burying people who had died from AIDS. At other times we knew, but chose to remain silent.

"Now we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as a people will be shattered."

Last month, South Africa's new Health Minister, Dr. Manto Tshabalala-Msimang, led a 23-person delegation to Uganda and signed a joint agreement to cooperate on prevention of mother-to-child HIV transmission, drug research, procurement and distribution, HIV surveillance, and the development of HIV vaccines.

Over the long term, everything depends on the invention of effective and affordable vaccines to prevent either HIV infection or the development of clinical AIDS.

Dean Bloom, a leading immunologist, commented on the challenge confronting researchers: "HIV is not a single type of virus, like polio or measles. It is constantly changing as it is being attacked by the immune system necessitating the development of complex, so-called 'cocktail' vaccines. In the long run, I am optimistic that affordable vaccines will be developed. They are unlikely to be as effective as the polio and measles vaccines, but even if the vaccines are only 50% effective, they will save millions of lives.

"Developing and testing vaccines will require genuine scientific collaboration with colleagues in Africa and Asia and with the industry that produces them," he said. "The industrialized world has not previously made a commitment on a scale that this crisis demands. What is required is a different kind of globalization--a spirit of international cooperation in which every life is given equal value."

'Soldiers Brought AIDS To SA'
The Mail & Guardian (Johannesburg)
September 3, 1999
By Aaron Nicodemus

Johannesburg - A leading Aids researcher says military bases in Angola and northern Namibia - belonging to the old South African Defence Force (SADF), the African National Congress's armed wing and the Inkatha Freedom Party - are primarily responsible for the rapid and uneven spread of the disease in South Africa.

Dr Robert Shell, head of the population research unit at Rhodes University, calls his theory "The Trojan Horse". Based on previous studies, Shell says that the HIV-infection rate in communities near military bases is significantly higher than expected. He also looks at the higher-than- expected rate of HIV infection around military bases in Liberia and Uganda.

Northern Namibia forms the crux of Shell's argument. The area, formerly known as Ovamboland, has been the site of much military action, including the SADF's staging area for the attack on Cuban forces in Angola. It also served as a training ground for IFP cadres, who spread instability in KwaZulu-Natal in the 1990s.

A Save the Children study found that along truck routes in northern Namibia, the HIV- infection rate was as high as 30%. But in Eehana, a remote village with a military base, the HIV rate was between 10% and 20%, much higher than one would expect, Shell says. The study also examines HIV rates at nearby secondary schools, and finds them much higher than expected - a sign, Shell says, that students are being infected by soldiers in the military compound.

"This clustering was very probably due to the military base, as the settlement is relatively isolated," Shell says.

"Nobody has presented a convincing explanation for the pronounced regional variance in the provincial breakdowns, and within provinces there seems to be an equivalent ignorance. The Trojan Horse hypothesis should be considered in terms of the uneven spread of the epidemic in the province."

Shell argues that many soldiers - whether SADF or liberation forces like Umkhonto weSizwe, which were later assimilated into the South African National Defence Force (SANDF)- returned to South Africa infected with HIV. When integrating the army personnel in 1994, the SANDF leaders decided that there would be no testing of soldiers for HIV, in what Shell characterises as a political issue. He calls the decision "a tragic and conceivably catastrophic watershed event for the history of Aids in South Africa".

Once veterans returned from foreign wars between 1992 and 1994, they were distributed all over the country and "became an almost perfectly randomly distributed set of sites" to kick-start the Aids epidemic, Shell says. "A better blueprint for spreading Aids" could not be devised, he said.

But Mark Heywood, head of the Aids Law Project, says Shell uses his valuable research to draw "wrong, dangerous and in some cases inexplicable" conclusions. "He chooses to ignore some real issues brought out in his paper," Heywood says.

The research indicates there should be better counselling of soldiers about the risk of Aids and how to manage the disease once infected, Heywood says. The government should concentrate prevention efforts in communities that surround military bases, he says, and pre-employment testing of new recruits is ineffective in keeping Aids out of the army.

"The military has factored into the spread of HIV in South Africa, but his conclusions are totally, totally wrong," Heywood says. "This is an attempt to simplify a complicated issue, an attempt that does not stand up to scientific scrutiny."

Shell says his paper does highlight some of those issues, and notes that the army is culpable for not taking a more forceful stance in preventing the spread of HIV/Aids among its soldiers and the communities living around military bases. Had the army taken a more proactive stance, perhaps a considerable number of HIV/Aids cases could have been prevented, he says.

Major Louis Kirstein of the Department of Defence denies that the military is the sole cause of HIV in South Africa. "It would be regrettable if the SANDF is singled out as a single factor in the current HIV epidemic in South Africa," he says. "The current severity of the HIV epidemic in our country calls for greater co-operation between all organisations."

He went on to say that the SANDF is committed to prevention of HIV transmission both within its forces and among the community at large.

Shell also cites several specific examples of military personnel behaviour that bolster his argument. One involves an elderly woman in the Eastern Cape who was violently raped by several soldiers, and eventually died from her injuries.

Shell also cites extremists within the security forces who used Aids as a way to control or eliminate "undesirables", mainly blacks. Shell cites a plan allegedly hatched by Eugene de Kock and two underlings, Willie Nortj, and "Brood" van Heerden, to infect Hillbrow prostitutes.

According to separate affidavits filed by Nortj, and Van Heerden in Denmark, in 1990 four askaris (named Ydam, Stretcher, Sebole and Vietnam) were diagnosed as being HIV- positive. They were placed as security guards in two Hillbrow hotels, and their assignment was simple: infect black prostitutes with Aids. According to Nortj,, the order came from De Kock.

In his testimony to the Truth and Reconciliation Commission, De Kock denied that he concocted the plan or ordered the men to infect prostitutes. "It is a known fact that most regular clients of black prostitutes are white men. I wouldn't have achieved anything by infecting prostitutes."

Shell says that it only takes a small number of seed individuals to start a pandemic of Aids. In this case, the model would start with four HIV-positive askaris and four infected prostitutes being injected into an HIV-free population of one million people.

Shell assumes that 43% of the population is not at risk, and also assumes a low in-migration. Shell says that by 2026, the eight HIV-positive individuals would have been the direct cause of 365 788 Aids deaths.

"That is the havoc which [these four men] could still wreak," Shell said.

THE WHITE HOUSE
WASHINGTON

MEMORANDUM TO JACK LEW

From: Sandy Thurman

cc: John Podesta

Date: December 3, 1999

Re: Global AIDS 2001

I returned earlier today from a very successful World AIDS Day Summit at the United Nations with the First Lady to discover that this memo had not been forwarded to you. I apologize. I realize that it is now *very* late in the budget process but I thought I should send it to you anyway.

Congress of the United States

Washington, DC 20515

June 16, 1999

President William J. Clinton
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear President Clinton:

According to Archbishop Desmond Tutu, "AIDS in Africa is a plague of biblical proportions. It is a holy war that we must win." In Africa today, someone becomes infected with HIV every five seconds, and by the year 2010, more than 40 million children will be orphaned by AIDS. It is hard to overestimate the magnitude of this growing human disaster.

Tragically, AIDS in Africa is much more than a health crisis – it is an economic and security crisis as well. AIDS is striking down skilled workers, pushing families into poverty, driving up the cost of doing business, and steadily chipping away at the gross national product of a growing number of African nations. If we are serious about promoting growth and opportunity in Africa, a more aggressive approach to the global war on AIDS is essential.

As Members of the Congressional Black Caucus, we applaud your Administration for drawing much needed attention to the issue of AIDS in Africa. By sending a Presidential Mission to the front-lines of our battle against AIDS, you have sounded the alarm on this rapidly growing emergency. It is now time for bold and decisive action. Millions of lives and futures hand in the balance.

As you review the findings of this recent Presidential Mission to sub-Saharan Africa and consider options for addressing this horror, we strongly urge you to include a substantial increase in funding for the USAID global AIDS program. While HIV and AIDS have exploded over the past several years, the global AIDS budget has remained the same. A long list of national and international organizations – from Save the Children to the National Urban League – have called on your Administration to amend its budget submission and push for a $100 million increase in the global AIDS program for FY 2000. We lend our voices to this urgent call.

A new partnership with Africa is part of your legacy as President. Unfortunately, AIDS threatens to annihilate that legacy. As we rallied around the people of Kosovo, we must now turn our attention to the children, families and communities across Africa, caught in the crossfire of the AIDS pandemic.

Thank you for your consideration and support. We look forward to working closely with you, as Bishop Tutu said, on winning the battle against AIDS.

Sincerely,

Rep. Carolyn Kilpatrick Rep. Sheila Jackson Lee Rep. Barbara Lee

Rep. Albert Wynn Rep. Bennie Thompson Rep. Elijah E. Cummings

Rep. Stephanie Tubbs Jones Rep. Corrine Brown Rep. Jesse Jackson, Jr.

Rep. Carrie P. Meek Rep. Eddie Bernice Johnson Rep. Juanita M. McDonald

Rep. Earl Hilliard Rep. Gregory Meeks Rep. Alcee L. Hastings FL-23

Rep. James Clyburn Rep. Charles B. Rangel Rep. John Lewis

Rep. William Jefferson | Rep. Danny Davis | Rep. Chaka Fattah

Rep. Donald Payne | Rep. Ed Towns | Rep. Major Owens

Rep. Julian Dixon | Rep. John Conyers, Jr. | Rep. Harold Ford, Jr.

Rep. Cynthia McKinney | Rep. Melvin Watt | Rep. Sanford Bishop, Jr.

Rep. Julia Carson | Rep. Stephanie Tubbs Jones

Rep. Donna C. Christensen | Rep. Eva M. Clayton

Rep. Bobby Scott | Rep. Maxine Waters | Rep. Eleanor H. Norton

Congress of the United States
House of Representatives
Washington, DC 20515

June 9, 1999

The Honorable William J. Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

Once again, thank you for your leadership on your trip to Africa, which established a good foundation for stronger ties between the United States and the countries of Africa. One issue which must be more aggressively addressed as we build these ties is the impact of the AIDS epidemic in Africa.

We commend you for sending a Presidential Mission to sub-Saharan Africa in April to investigate the impact of HIV/AIDS on children. We support the efforts by Sandra Thurman, Director of the Office of National AIDS Policy, to raise awareness of the growing global AIDS crisis. But, more must be done to address AIDS in Africa.

Across the continent, AIDS is devastating entire communities and undermining long-term investments in human and economic development. In Sub-Saharan Africa, 23 million people are living with HIV/AIDS, 4 million are newly infected every year, and each day, 5,500 men, women, and children die of AIDS. It is projected that there will be 40 million orphans in Africa by the year 2010 because of the AIDS epidemic.

In light of the epidemic's magnitude, we believe that the Administration's FY'2000 budget request for global AIDS is insufficient. We urge you to amend your budget request to respond to this crisis. While we are aware of the severe funding constraints for international affairs created by the Republican budget plan, we nonetheless support a substantial increase for global AIDS. Such an increase cannot come at the expense of other infectious disease programs. We urge you to take bold action and hope you will use the opportunity of the release of your upcoming report on AIDS in Africa to call for a significant increase in the global AIDS program and to make such an increase an Administration priority.

Thank you for your attention to our concerns. We look forward to working with you on providing the needed funds to meet the challenges of the global AIDS epidemic.

Sincerely,

Richard A. Gephardt
RICHARD GEPHARDT, M.C.

Nancy Pelosi
NANCY PELOSI, M.C.

cc: John Podesta
Jack Lew

EDWARD M. KENNEDY
MASSACHUSETTS

United States Senate

WASHINGTON, DC 20510-2101

June 11, 1999

Mr. Jack Lew
Director
Office of Management and Budget
252 Old Executive Office Building
Washington, D.C. 20503

Dear Jack:

According to Archbishop Desmond Tutu, "AIDS in Africa is a plague of biblical proportions. It is a holy war that we must win." In Africa today, someone becomes infected with HIV every 5 seconds, and by the year 2010, more than 40 million children will be orphaned by AIDS. It is hard to overestimate the magnitude of this growing human disaster.

Tragically, AIDS in Africa is much more than a health crisis -- it is an economic and security crisis as well. AIDS is striking down skilled workers, pushing families into poverty, driving up the cost of doing business, and steadily chipping away at the GNP of a growing number of African nations. If we are serious about promoting growth and opportunity in Africa -- a more aggressive approach to the global war on AIDS is essential.

I commend the Administration for drawing much needed attention to the issue of AIDS in Africa and to the global AIDS epidemic generally. By sending a Presidential Mission to the frontlines of the battle against AIDS, you have enlisted America in this vitally important effort. Millions of lives and futures are at stake. The time for us to act is now, before it's too late.

As you review the findings of this recent Presidential Mission and consider options for addressing this crisis, I strongly urge you to include a substantial increase in funding for the USAID global AIDS program. While HIV and AIDS have exploded in recent years, the global AIDS budget has remained level funded. A distinguished list of national and international organizations -- including AIDS Action, Save the Children, the National Urban League, and the Foundation for International Community Assistance -- have called on the Administration to support a $100 million increase in the global AIDS program for FY2000. I strongly support this increase.

The Administration deserves our gratitude for sounding the alarm on the growing emergency of AIDS in Africa. It is a crisis for children and families and communities that cannot be ignored. Thank you for your time, attention, and commitment. I look forward to working closely with you to win the global battle against AIDS.

With respect and appreciation,

Edward M. Kennedy

July 5, 1999

The Honorable William Jefferson Clinton
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President,

On behalf of the National Association for the Advancement of Colored People (NAACP) and AIDS Action, we are writing to urge you to dramatically improve the US response to our global AIDS emergency. Since you took office in 1993, this global pandemic has exploded with a 300% increase in the number of new HIV infections. Current estimates are that 47 million people worldwide are already infected, and that number will more than double by the year 2005. AIDS now kills more people annually than any other infectious disease, and in many sub-Saharan African nations, one-quarter of all children have already been orphaned by AIDS.

On May 11, 1999, the World Health Organization announced that HIV/AIDS is now the "world's most deadly infectious disease", and holds fourth place among causes of death worldwide. Unfortunately, the US investment in global HIV prevention and AIDS care and support has fallen far short of keeping pace with this raging pandemic. While the death toll soars, the US global AIDS budget remains largely flat funded -- and has for years. If adjusted for inflation, this funding stagnation is actually equivalent to a 25% cut in real spending on our global AIDS effort. For a nation as wealthy as ours, so much more can and must be done.

We are thankful that you, Vice-President Gore, and the ONAP Director Sandy Thurman have traveled to Africa and witnessed the toll the epidemic has had on this continent. Average life spans in several African nations have now fallen to the shortest in the world – under 40 years – due to high AIDS mortality rates. It is also estimated that over two-thirds of the global AIDS population is located in Africa. We urge you to amend your FY2000 budget request and push for a $100 million increase in our global AIDS effort. This new investment will put our nation on track toward a global AIDS program that begins to address the magnitude of this pandemic.

A minimum down payment of at least $100 million would help stem the rising tide of HIV and bring some modest level of care and support to those who are suffering. We must immediately escalate our current efforts, and continue to do so until we have not only gained ground but begun to get ahead of the curve. This investment must be new money, rather than funds shifted from the strapped budgets of other essential development accounts. Health, education, child-survival and micro-finance are all

interconnected parts of a comprehensive human investment and AIDS strategy that must not be traded against each other.

Families are being shattered, economies are being decimated, and hundreds of millions of US dollars invested in broad-based development objectives are being obliterated by our failure to fully engage in the battle against AIDS. Every day 16,000 more people become HIV infected -- one every 5 seconds. The global AIDS epidemic has already cost an estimated $500 billion. A new investment of $100 million increase in our global AIDS programs would not only save lives, it will help to secure our goals of economic growth and political stability.

Last December on World AIDS Day, you envisioned a world without AIDS and spoke eloquently about our responsibilities as a leader in our global community. Last April, you traveled to Africa and called for new and vibrant partnerships with its many and varied nations. You are a Presidential pioneer in these endeavors. However, if we fail to put this nation's efforts on the war footing needed to combat the scourge of AIDS, it will surely devastate this vitally important legacy.

Every day counts. Together, let us seize this opportunity to secure your legacy of hope in Africa and around the world, through determined leadership in the battle against AIDS.

Sincerely,

Hilary Shelton
Director
NAACP Washington Bureau

Daniel Zingale
Executive Director
AIDS Action

cc: Jack Lew
John Podesta
Bruce Reed
Sandy Thurman

MOTHERS' VOICES
United to end AIDS©

June 7, 1999

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President,

We are writing to urge you to dramatically improve the US response to our global AIDS emergency. Since you took office in 1993, this global pandemic has exploded with a 300% increase in the number of new HIV infections. Current estimates are that 47 million people worldwide are already infected, and that number will more than double by the year 2005. AIDS now kills more people annually than any other infectious disease, and in many sub-Saharan African nations, one-quarter of all children have already been orphaned by AIDS.

Unfortunately, the US investment in global HIV prevention and AIDS care and support has fallen far short of keeping pace with this raging pandemic. While the death toll soars, the US global AIDS budget remains largely flat funded -- and has for years. If adjusted for inflation, this funding stagnation is actually equivalent to a 25% cut in real spending on our global AIDS effort. For a nation as wealthy as ours, this is shameful.

We have followed with interest the Presidential AIDS Mission to sub-Saharan Africa which you charged ONAP Director Sandy Thurman to lead this April. After directing the Administration and the Congress to bear witness to the ravages of AIDS, it is now time for concrete and bold action. The undersigned organizations urge you to amend your FY2000 budget request and push for a $100 million increase in our global AIDS effort. This new investment will put our nation on track toward a global AIDS program that begins to address the magnitude of this pandemic.

If we hope to help stem the rising tide of HIV and bring some modest level of care and support to those who are suffering, we must immediately escalate our current efforts, and continue to do so until we have not only gained ground but begun to get ahead of the curve. A minimum down payment of at least $100 million would do just that. This investment must be new money, rather than funds shifted from the strapped budgets of other essential development accounts. Health, education, child-survival and micro-finance are all interconnected parts of a comprehensive human investment and AIDS strategy that must not be traded against each other.

165 West 46*th* Street
Suite 701
New York, NY 10036

telephone
212.730.2777
facsimile
212.730.4378
internet
http://www.mvoices.org

Families are being shattered, economies are being decimated, and hundreds of millions of US dollars invested in broad-based development objectives are being obliterated by our failure to fully engage in the battle against AIDS. The global AIDS epidemic has already cost an estimated $500 billion.

Last December on World AIDS Day, you envisioned a world without AIDS and spoke eloquently about our responsibilities as a leader in our global community. Last April, you traveled to Africa and called for new and vibrant partnerships with its many and varied nations. You are a Presidential pioneer in these endeavors. However, if we fail to put this nation's efforts on the war footing needed to combat the scourge of AIDS, it will surely devastate this vitally important legacy.

AIDS is a plague of biblical proportions. Every day 16,000 more people become HIV infected -- one every 5 seconds. Everyday we wait, children and families pay the price. A new investment of $100 million increase in our global AIDS programs would not only save lives, it will help to secure our goals of economic growth and political stability.

Every day counts. Together, let us seize this opportunity to secure your legacy of hope in Africa and around the world, through determined leadership in the battle against AIDS.

Sincerely,

Mothers' Voices and

AIDS Action Council
AIDS Legal Referral Panel
AIDS National Interfaith Network
ADIS Nutrition Services Alliance
AIDS Policy Center for Children, Youth and Families
Advocates for Youth
Americans for Democratic Action
American Association for World Health
Asian Pacific Health Care Venture
Center for Health and Gender Equity
Committee of Ten Thousand
D.C. CARE (Comprehensive AIDS Resource and Education) Consortium
Foundation for International Community Assistance (FINCA)
Friendship Bridge
Global AIDS Action Network
Human Rights Campaign
Mobilization Against AIDS
International AIDS Vaccine Initiative

Kids Project
National Association of People with AIDS (NAPWA)
National Alliance of State and Territorial AIDS Directors
National Catholic AIDS Coalition
Northern Counties Health Care
Northwest AIDS Foundation
Pact, Inc.
San Francisco AIDS Foundation
Save the Children
Service Employees International Union (SEIU)
Title II Community AIDS National Network

GLOBAL HEALTH
COUNCIL

May 24, 1999

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

Dear President Clinton:

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

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

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

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

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

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

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

1701 K Street, NW ■ Suite 600 ■ Washington, DC 20006-1503 ■ Tel (202) 833-5900 ■ Fax (202) 833-0075
50 Palmer Court ■ White River Junction, VT 05001 ■ Tel (802) 649-1340 ■ Fax (802) 649-1396
<ghc@globalhealthcouncil.org> ■ <www.globalhealthcouncil.org>

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

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

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

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

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

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

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

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

Sincerely,

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

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

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

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

Atman International
Sylvia Dvorak, President

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

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

Childreach/ PLAN USA; Maryland
Sam Worthington, President

Chilean Corporation for AIDS Prevention
Tim Frasca, General Manager

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

City Action Against AIDS; Venezuela
Renate Koch, Executive Director

Concern America; California
Marianne Loewe, Executive Director

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

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

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

Florida AIDS Action
Bill Skeen, Director of Public Policy

Florida Midwifery Resource Center
Anne Richter, Project Director

Friendship Bridge
David W. Silver, Board of Directors

The GALAEI Project
David Acosta, Executive Director

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

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

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

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

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

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

Heartland Alliance; USA
Sid Mohn, President

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

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

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

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

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

Midwest Hispanic AIDS Coalition; Illinois
Cathy Lins, Executive Director

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

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

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

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

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

Positives for Positives; Wyoming
Jeff Palmer, Executive Director

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

Project Troubador
Louise Lindenmeyr, Executive Director

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

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

Save the Children; Massachusetts
Charlie MacCormick, President

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

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

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

Women's Health Institute; Massachusetts
Catherine DeLorey, President

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

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

NATIONAL URBAN LEAGUE

June 8, 1999

President William J. Clinton
The White House
Washington, DC 20500

Dear Mr. President:

I am writing to urge you to dramatically increase the U.S. response to the global AIDS emergency. Since you took office in 1993, this global pandemic has exploded, with a 300% increase in the number of new HIV infections. Current estimates are that 47 million people worldwide are already infected, and that number will more than double by the year 2005. AIDS now kills more people annually than any other infectious disease, and in many sub-Saharan African nations, one-quarter of all children have already been orphaned by AIDS.

Unfortunately, the U.S. investment in global HIV prevention and AIDS care has fallen far short of keeping pace with this raging pandemic. While the death toll soars, the U.S. global AIDS budget remains largely flat funded – and has for years. If adjusted for inflation, this funding stagnation is actually equivalent to a 25% cut in real spending on our global AIDS effort. In a nation as wealthy as ours, this is unacceptable.

We have followed with interest the Presidential AIDS Mission to sub-Saharan Africa which you charged ONAP Director Sandy Thurman to lead this April. After directing the Administration and the Congress to bear witness to the ravages of AIDS, it is now time for concrete and bold action. On behalf of the Urban League movement, I urge you to amend your FY2000 budget request and push for a $100 million increase in our global AIDS effort. This new investment will put our nation on track toward a global AIDS program that begins to address the magnitude of this pandemic.

If we hope to help stem the rising tide of HIV and bring some modest level of care and support to those who are suffering, we must immediately escalate our current efforts, and continue to do so until we have not only gained ground but begun to get ahead of the curve. A minimum down payment of at least $100 million would do just that. This

investment must be new money, rather than funds shifted from the strapped budgets of other essential development accounts. Health, education, child-survival and micro-finance are all interconnected parts of a comprehensive human investment and AIDS strategy that must not be traded against each other.

Families are being shattered, economies are being decimated, and hundreds of millions of U.S. dollars invested in broad-based development objectives are being obliterated by our failure to fully engage in the battle against AIDS. The global AIDS epidemic has already cost an estimated $500 billion.

Last December on World AIDS Day, you envisioned a world without AIDS and spoke eloquently about our responsibilities as a leader in our global community. One year ago in April, you traveled to Africa and called for new and vibrant partnerships with its many and varied nations. You are a Presidential pioneer in these endeavors, and we applaud you. However, if we fail to put this nation's AIDS effort on the war footing needed to combat this scourge, it will surely devastate this vitally important legacy.

AIDS is a plague of biblical proportions. Every day 16,000 more people become HIV infected – one every 5 seconds. Everyday we wait, children and families pay the price. A new investment of $100 million in our global AIDS programs would not only save lives, it will help to secure our goals of economic growth and political stability.

Every day counts. I urge you to seize this opportunity to secure your legacy of hope in Africa and around the world, through determined leadership in the battle against AIDS, and the commitment of resources needed to win this war.

Sincerely,

Hugh B. Price
President

THE KING CENTER

CORETTA SCOTT KING
Founder

DEXTER SCOTT KING
Chairman, President and
Chief Executive Officer

CHRISTINE KING FARRIS
Vice Chair, Treasurer

BERNICE A. KING
Secretary

June 23, 1999

The Honorable Bill Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear President Clinton,

I write, first to thank you for appointing John William Marshall the next Director of the U.S. Marshall's Service. Once again you have demonstrated an exceptional commitment to insuring that minorities receive a fair share of Presidential appointments, and I appreciate your leadership.

I am also writing to ask you to amend your Fiscal Year 2000 budget proposal to increase funding for global prevention and treatment of AIDS to $100 million. As you know funding for the U.S. AIDS global outreach has increased very little in recent years, and amounts to a net reduction when inflation is taken into consideration. A modest increase of $100 million in funding, however, would substantially improve our prospects for addressing the worldwide AIDS crisis.

Such an increase would be a cost-effective investment, which would save many lives and strengthen the ability of developing nations to more effectively manage their health care resources. It would also improve their ability to trade with the U.S. and help protect the growing global market for U.S. products. The global AIDS pandemic infects 16 thousand people every day, and has already cost an estimated $500 billion. This figure will increase dramatically in the years ahead --- unless we embrace the challenge of making a meaningful investment in global AIDS prevention and treatment while we still can.

Mr. President, You have an impressive record of leadership in providing strong support of AIDS research, prevention and treatment programs. If you will now support this modest increase in U.S. funding for AIDS prevention and treatment, I believe we will have a chance to halt this deadly pandemic, save lives and improve the quality of life for millions of people.

Sincerely,

Coretta Scott King

Coretta Scott King

THE MARTIN LUTHER KING, JR. CENTER FOR NONVIOLENT SOCIAL CHANGE, INC.
449 AUBURN AVE., NE ATLANTA, GA 30312-1590 (404) 526 8900 FAX: (404) 526-8901
E-MAIL: mlkctr@aol.com WEBSITE: http://www.thekingcenter.com

CBTU
COALITION OF BLACK TRADE UNIONISTS

June 2, 1999

William Jefferson Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

The Coalition of Black Trade Unionists urges your leadership, Mr. President, to stem the suffering that HIV/AIDS has brought to millions of working families, young people and children around the globe. We know that through the good offices of Sandra Thurman, you are kept apprised of the staggering toll the disease is taking here at home, worldwide, and particularly on the African continent.

Ms. Thurman's recently concluded fact-finding mission to southern Africa highlighted the fact that,–without bold leadership–this pandemic will not only change the face of Africa, but will reach into every corner of the planet--leaving a path of devastation in its wake. Now is the time to substantially increase the United States' financial commitment to combat the disease internationally and to challenge other industrialized countries to do the same. U.S. unions and their brothers and sisters overseas can be a critical resource in this important struggle as well.

Mr. President, America's capacity to wage war on HIV/AIDS here at home and abroad is in serious need of revitalization. It is time to take stock of: what has been accomplished; the mechanisms now in use; and whether we are best positioned to respond to the future challenges that will be posed by the pandemic. We need to challenge assumptions, infuse creativity and benefit from the tremendous knowledge, experience and energy of the world's grassroots activists–in the U.S. government's efforts to fight this disease.

ADMINISTRATIVE OFFICE P.O. BOX 66288 • WASHINGTON, D.C. 20035-6288 • (202) 429-1203

Domestically, we applaud your efforts to respond to the soaring infection rates among America's ethnic communities, but we sadly note that the resources devoted to education and prevention efforts among working people in the U.S. have nearly been eliminated. Internationally, even though "The U.S. International Response to HIV/AIDS" strategy document cites the important global role of trade unions in HIV/AIDS education and prevention, next to no resources have been extended for such efforts--rendering them impotent.

Years ago we rolled up our sleeves to fight HIV/AIDS, and we are ready to join you in the next stage of the fight against this scourge: in the workplaces and in the homes of working families around the world.

In solidarity,

William Lucy
President

WL:lh

CONSTITUENCY FOR AFRICA

May 25, 1999

President William Clinton
The White House
Washington, D.C. 20500

via fax: 202-456-2604

Dear Mr. President:

I write this letter to request a meeting with you to discuss the global threat of HIV/AIDS and the AIDS Marshall Plan for Africa (AMPFA). I have become very active in the effort to provide treatment and care to HIV/AIDS victims throughout the world. I now chair the Constituency for Africa (CFA), and serve on the board of directors for AIDS Action.

As you know, since my retirement from Congress I have been very active in seeking solutions and answers to combat the growing pandemic of HIV/AIDS. I have tried repeatedly to meet and share information with members of your Administration regarding the worsening situation caused by HIV/AIDS in Africa. Needless to say, I am both frustrated and surprised by the lack of follow through and access to key members of your Administration.

I am certain that you are aware of the problems caused by the global spread of HIV/AIDS and how its exponential growth threatens the security of the world. According to UNAIDS, there are currently 7.8 million orphans on the continent of Africa because of HIV/AIDS. That number could expand to 40 million by 2010. Additionally, 11.5 million people have died in sub-Saharan Africa, and 22.5 million will die in the next decade if measures are not developed to slow the spread of the virus.

The above statistics only begin to give you an idea of the extent of the problem caused by HIV/AIDS throughout the developing world. Since October of last year, I have met with several ministers of health from various African countries regarding the problems and solutions for the HIV pandemic. I have shared with them my intention to bring this matter to the attention of the American government. As a result, I have met with the Congressional Black Caucus (CBC) and they have endorsed the concept of the AMPFA. The CBC has tasked Congresswoman Barbara Lee to draft and introduce legislation that will embody the concept of AMPFA.

1629 K Street, N.W. • Suite 1010 • Washington, D.C. 20006

You should also know that there is considerable interest in the AMPFA in Africa and throughout the world. I am certain that our discussion is vital and that you will agree that we are pursuing a solution that is worthy of your support. Ms. Sandra Thurman, Director of National AIDS Policy, is familiar with the AMPFA and has provided me with valuable insight and information

Mr. President, the problems caused by HIV/AIDS throughout the world deserves and need the attention of America. We cannot be witnesses to a situation that will kill more people than all world wars combined and will cause severe devastation to the human family. We have a responsibility to prevent another holocaust and therefore, I seek your prompt attention and reply to my request for a meeting.

Please call me directly or contact Charles Stephenson or Ann Brown, of my staff, at 202-857-3290 to arrange for a meeting at your earliest convenience.

Sincerely,

Ronald V. Dellums
Chair

June 15, 1999

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

Dear Mr. President:

We are writing to urge you to set the U.S. response to the global AIDS epidemic on the proper course by dramatically increasing funding for international prevention and treatment programs.

We applaud your recent remarks in which you acknowledged that "AIDS has surpassed tuberculosis and malaria to become the leading infectious killer in the world, claiming 2.5 million lives in 1998 alone – and growing...at truly breathtaking rates in Africa and India – we cannot afford to waste a second in our fight against it." Translating this call into action demands that the U.S. respond to this epidemic in proportion to its global impact. While there has been a 300 percent increase in the number of new HIV infections since 1993, U.S. funding for global AIDS programs has remained constant for years. Adjusted for inflation, this means a 25 percent cut in real spending.

Your Administration has made unprecedented contributions toward improving the economic and social status of women worldwide. The hard-won progress women have enjoyed in recent years is now threatened in many countries of sub-Saharan Africa and South Asia as women and girls fall victim to the AIDS epidemic, both by themselves becoming infected and by the need to care for sick family members. Women, especially young women, are one of the fasting growing groups among the infected. As a result, the number of children orphaned by AIDS is projected to reach 40 million by the year 2010.

The impact of the AIDS epidemic reverberates beyond the health sector. We urge you to instruct all U.S. government departments with international programs in countries affected by the epidemic to assess its impact on their areas of work and formulate responses that could help to mitigate and prevent further spread of the disease. The pervasive effect of the epidemic urgently requires a broad-based, comprehensive response.

International Center for Research on Women
1717 Massachusetts Ave. N.W., Suite 302 ▪ Washington, DC 20036 USA ▪ Telephone: 202-797-0007 ▪ Fax: 202-797-0020 ▪ e-mail: icrw@igc.apc.org

As you near the end of your Presidency, on the threshold of the new millennium, we urge you to act boldly, swiftly, and wisely to ensure that the U.S. takes a leading role in addressing the global AIDS pandemic. The commitment of U.S. leadership and resources can lay the groundwork for an expanded global response to ameliorate the suffering and, ultimately to put an end to this human tragedy.

Sincerely,

Geeta Rao Gupta, PhD
President

Cc: Albert Gore, Vice-President
John Podesta, White House Chief of Staff
Madeline Albright, Secretary of State
Donna Shalala, Secretary, Department of Health and Human Services
Jack Lew, Director of OMB
Frank Loy, Deputy Undersecretary for Global Affairs
Brian Atwood, Administrator, USAID
Bruce Reed, Deputy Assistant to the President for Domestic Policy
Sean Maloney, Assistant to the President

The World Bank
Washington, D.C. 20433
U.S.A.

JAMES D. WOLFENSOHN
President

May 27, 1999

The Honorable
William J. Clinton
The President
United States of America
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President:

The AIDS epidemic is reversing decades of progress in improving the quality of life in developing countries. More than 33 million men, women, and children are infected with HIV worldwide, and more than 90 percent of those infected live in developing countries—two-thirds in Sub-Saharan Africa. In the hardest-hit African countries, life expectancy is now 10-20 years shorter than it would have been without AIDS. Meanwhile 16,000 more people worldwide become infected each day.

AIDS has therefore become a core development issue, and confronting the AIDS epidemic in developing countries has become critical to all our efforts for poverty reduction, growth, and improved quality of life. I welcome the strong concern G8 leaders have shown at past meetings, but I believe we now have to move together to a new level of action, on three fronts:

First, we must reinforce political commitment and active leadership in preventing HIV/AIDS. There is no cure for AIDS and no vaccine, but there *are* educational and behavioral interventions that work *now* to curb its spread. Half of the population of developing countries—3.5 billion people—live in countries or areas where there is still time to prevent an epidemic. Top-level, visible political leadership can make a critical difference in bringing AIDS to the top of the social and political agenda.

Second, we must urgently find low-cost, effective therapies that are within the reach of developing countries—for example to prevent mother-child transmission and to fight AIDS-related infections like TB—and strengthen health systems to deal with the increased demand for health care. This is particularly acute in Sub-Saharan Africa, where the largest number of AIDS patients live, health systems are weak, and the ability to pay is very low.

Third, we need to recognize that there is an emerging set of global health issues for which we need new approaches and instruments: accelerating the development of an HIV/AIDS vaccine that is affordable and effective in developing countries is a crucial instance. An AIDS vaccine for low-income countries is an *international public good* which is not likely to happen without innovative international public action. Private industry must play the critical role in developing and marketing a vaccine, but the private sector currently does not have the incentives to develop an AIDS vaccine for the strains of the virus and the health system capabilities of developing countries. There is growing consensus on the need for global partnership to ensure that AIDS vaccine development will move swiftly—but it will take a number of years, and much longer unless we act now.

The Bank is already hard at work on this through a special task force charged with developing new partnerships and financing instruments which bring the private and public sectors worldwide together to speed the advent of an AIDS vaccine. In this, we are working closely with UNAIDS, WHO, the International AIDS Vaccine Initiative, and other international partners. And we are starting a major program to push much greater deployment of existing vaccines, which will be good for poor people's health now, and will also encourage industry to bring new vaccines onstream.

The World Bank has lent more than US$765 million since 1986 to help developing countries deal with the AIDS epidemic, and in recent years has been lending about $1.6 billion annually for programs to strengthen health systems. But this is not enough. We are developing a new initiative of intensified action against AIDS in Africa, and I am determined that we will dramatically increase our response to this global epidemic. On all these fronts, we will work closely with our partner institutions of the UNAIDS coalition.

It is time to take collective action on the G8 communiqués from Denver and Birmingham to spur the development of an AIDS vaccine, and perhaps to link this effort to other global health challenges, such as the need for new therapies and a vaccine for malaria. The international community, including the developing countries, urgently needs to elaborate a global strategy for advancing this effort, an understanding of what different actors are already doing, and where there are gaps that need to be filled. The World Bank is ready to play its part in bringing it to fruition.

We will warmly welcome your support and ideas, and your commitment to urgent international action.

Sincerely yours,

James D. Wolfensohn

cc: Hon. Robert Rubin, Secretary of the Treasury

Attachment

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Susan Rice

FROM: Sandy Thurman

COMPANY:

DATE: June 30, 1999

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE

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

NOTES/COMMENTS:

Here is the info you requested! Give us a call if you have any questions!

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

MEMORANDUM

To: Susan Rice
From: Sandy Thurman
Date: June 30, 1999
Re: AIDS in Africa

Great meeting the other day. Thanks *so* much for your help. I could not agree with you more. We should be doing more – much more. I am pushing hard and would appreciate any help you can provide. I have attached the memo that I received from you asking for a $20 million increase for USAID. If you and the Secretary could weigh in for more – it would be fabulous!

Attached please find the information you requested (Greatest Hits of AIDS in Africa) and our proposal for the AIDS in Africa Initiative. It sure would be great if we could launch this initiative before the Secretary's speech to the NAACP. If we do, she would have a hell of a lot more to say! Anything that you and the Secretary can do to help reiterate the importance of meaningful action, sooner rather than later, it would be great.

Thanks again for all your help. I *really* appreciate it!

Hope to see you soon.

Partnership for Life: Leadership and Investment in the Face of an Epidemic - An AIDS in Africa Initiative

Background: Since 1993, while the annual incidence of HIV has increased by more than 300% and AIDS has exploded in sub-Saharan Africa, US funding has remained stagnant. Currently, the USAID global AIDS budget is $125 million, $74 million of which goes to Africa. While this makes the US, the largest per dollar donor, the US ranks 9th in per capita contribution.

Recommendations

1. **We recommend that the Administration propose doubling the global USAID budget over the next two years with a $50 million increase in FY2000 ($175million), followed by an additional $75 million increase in FY2001 ($250million):**

   USAID ($50 million in FY2000)

   NOTE: The Republican Senate has proposed a $25 million increase in global AIDS funding despite having $2 billion less in their 150 account. An additional **$25 million** in new funds will help promote a four pronged strategy to include:

   - *Containing the AIDS Pandemic*
     Implement a variety of prevention and stigma reduction strategies including: HIV education; engagement of political, religious and other leaders; voluntary counseling and testing; mother-to-child transmission (MTCT) intervention research/demonstrations; and, increased access to opportunity (education, income generation), especially for women and youth.
   - *Providing Home and Community-Based Care*
     Deliver counseling, support and basic AIDS care (treatment for STDs, TB, and malaria) through community-based clinics and home-based care workers, enabling parents with AIDS to continue to care for their children, and to plan for their future.
   - *Caring for Children Orphaned by AIDS*
     Assist families, extended families, and communities in caring for their children through a multi-sectoral response including micro-finance, child survival, education/training, health, mental health, and nutrition assistance.
   - *Infrastructure and Capacity Development*
     Strengthen the capacity of government agencies, the private sector, non-governmental organizations, and local research institutions to plan and implement the expansion of effective interventions to scale through appropriate training, technical assistance, and other support.

2. **We recommend that the following agencies identify funding within their FY2000 budgets ($50 + million total) that can be dedicated to the global AIDS fight, bringing the initiative to $100 million in FY2000.**

HHS ($40 million)

CDC/NIH, in cooperation with host countries, will develop strategic centers to focus on HIV, STD and TB surveillance, epidemiology, technical assistance and training for public health workers. Activities would include:

- Comprehensive on-site technical assistance programs focusing on prevention and control of HIV, other STDs, tuberculosis, and other priority infectious diseases.
- Prevention of mother-to-child HIV transmission.
- Surveillance to focus on how the virus moves through the population.
- Evaluation and implementation of new prevention methods and tools (e.g. HIV rapid tests, vaginal microbicides, HIV vaccines)
- Prevention of HIV transmission (e.g. intervention linked research including behavior change)
- Expanded management of TB, including TB prophylaxis for HIV infected persons and other opportunistic infections, and STD diagnosis and treatment
- HIV counseling and testing
- Blood safety

DoD ($10 million)

Training/joint medical operations

- Programs will developed to train foreign military personnel in AIDS prevention and education
- Joint medical operations will be expanded to include the training of foreign military medical personnel in HIV/AIDS counseling, diagnosis and treatment.

Commerce/Labor ($2 million)

Workplace education

- Commerce Department will develop programs to provide AIDS in the Workplace training to assist businesses in coping with the impact of AIDS in the workplace (e.g., basic AIDS education, health care, leave policies, anti discrimination policies)
- The Department of Labor will develop programs to work with organized labor to provide AIDS in the workplace training to assist unions in coping with the impact of AIDS in the workplace (e.g., basic AIDS education, health care, leave policies, anti discrimination policies)

Treasury ($8 million)

"AIDS Relief" Debt Demonstration

- Treasury will develop a demonstration to enable select countries not yet HIPC eligible to redirect debt payment to HIV prevention

3. **We recommend a series of events to build partnerships with other key stakeholders in order to maximize our impact on the rapidly expanding pandemic.**

- ***Bilateral Partners Meeting*** - The First Lady will pull together a select group of donors, The World Bank, WHO, international foundations and others to discuss how we can best enhance and coordinate our AIDS efforts in Africa and around the world.

- ***African Leaders Summit*** - The Administration will promote an AIDS summit for African Heads of State. The VP's office and NSC have both expressed interest in coordinating this activity in conjunction with the executive committee meeting of the BNC and the general assembly of the UN in September.

- ***UN Conference on Children Orphaned by AIDS*** - The UN is organizing this conference on December 1, 1999 (World AIDS Day) in conjunction with our office and a variety of NGOs. They intend to invite the First Lady to give the keynote address.

- ***Public/Private Partnerships*** - The White House will host a meeting of leaders in business and labor that are working in Africa. The meeting will be co-chaired by CEO's and/or labor leaders who are currently funding AIDS programs and doing AIDS in the workplace education and will focus on the importance of an increased business and labor commitment to the fight against AIDS.

- ***Religious Leaders Summit*** - The White House will convene a meeting of African and African American religious leaders as a follow-up to the African/African American Summit to discuss the important role of communities of faith in the fight against AIDS. Reverend Sullivan has already committed and Archbishop Tutu and Andrew Young have tentatively agreed to participate.

The members of the working group including NSC and OVP have agreed to all of these activities. We can be ready to roll them out in very short order when we get the green light.

United States Department of State

Assistant Secretary of State
for African Affairs

Washington, D.C. 20520-3430

UNCLASSIFIED
MEMORANDUM

MAY 24 1999

TO: ONAP - Sandra Thurman

FROM: AF - Susan E. Rice

SUBJECT: Input for the Interagency HIV/AIDS Paper

We appreciate the opportunity to provide input for an interagency paper on HIV/AIDS, which will form the basis for a report with recommendations to the President in June. Specifically, we were asked to comment on: (1) State's activities to respond to the HIV/AIDS epidemic in sub-Saharan Africa; and, (2) suggestions for possible additional funds, and how these new resources could be used to shape a strengthened and more coordinated USG response to the epidemic. When reviewing the HIV/AIDS epidemic in Africa, the option of doing nothing simply is not there. We welcome your efforts to build consensus among key agencies and departments for USG follow-up to your recent trips to Africa.

With regard to State's activities, back in 1995 the Department of State's US International Strategy on HIV/AIDS laid out a strategy of three broad goals: prevent new HIV infections; reduce personal and societal impact; and mobilize national and international efforts. In 1999 AID will spend $74 million in Africa (out of a worldwide budget of $125 million) on AIDS programs. A recent multi-agency review of the HIV/AIDS strategy highlighted numerous successes, as well as areas for future action. One of the most significant areas for improvement is "strengthening political commitment by governments to more actively address HIV/AIDS and its impacts." Accordingly, the Secretary of State instructed all ambassadors to urge heads of state, foreign ministers, labor ministers, economic ministers, and others as appropriate to openly address the HIV/AIDS pandemic in their own countries and the adverse economic, social, political and security impacts; urge

other governments to increase spending or to reallocate funds to prevent the spread of HIV/AIDS and to strengthen AIDS research efforts; emphasize the importance of National AIDS Action Plans involving all relevant government agencies, ministries, non-government organizations, and the private sector; and to encourage foreign leaders to support the Joint UN Programme on AIDS.

Thus, the State Department, as the lead US foreign affairs agency, has led efforts to develop bilateral and multilateral partnerships on HIV/AIDS, asking all diplomatic posts to raise awareness with host-government officials. This has resulted in HIV/AIDS now being addressed at the highest levels of government and across the spectrum of political bodies as well. We plan to continue this effort.

Most recently, at the first ever U.S.-Africa Ministerial (March 1999) and U.S.-SADC Forum (April 1999), we held discussions with senior African officials from across the continent on HIV/AIDS. Discussions focused particularly on the impact of HIV/AIDS, and the importance of pursuing solutions that address the social, economic, political and security aspects of HIV/AIDS. We agreed at the Ministerial to deepen our partnership with African countries in the areas of collaborative research on HIV/AIDS, effective and affordable treatment, and also to cooperate on efforts to build African capacity to better monitor the prevalence of the disease. At the SADC Forum, the U.S. and SADC countries agreed to pursue collaborative efforts to develop a unified AIDS policy in southern Africa.

In our view total USAID spending on AIDS in Africa needs to be increased by at least $20 million (additive to total budget, not an earmark requiring cuts in other important areas.) With these funds AID could undertake a much more aggressive three pronged program of working with youth, adults and children. Infection rates are much lower with young people, where there is still time to change habits to avoid even higher AIDS rates in the future. Programs could be undertaken through schools, youth clubs and the media to educate young people about the risk of AIDS and what they can do to protect themselves. Turning to adults, more voluntary testing would be useful. Experience has shown that after testing, whether the results are positive or negative, behavior changes to a

life style less likely to infect the individual and others. Increased funding would also allow AID to begin programs to reduce suffering in adult victims of AIDS. Finally, many African children are suffering greatly from AIDS either because they are orphans or were born HIV positive. Local community support is limited for these children, and thus the U.S. should start programs to help these innocent victims working through NGOs.

$20 million is not a lot of money, but a budget increase in this range would allow AID to significantly increase its programming. Given the scope of the AIDS tragedy in Africa, the U.S. should do much more to help.

AIDS in Africa
Talking Points

Epidemic Overview

AIDS is now the leading cause of death among all people of all ages in Africa. More than 12 million people in Africa have already died, and another 22.5 million are now living with HIV/AIDS. Although the region contains only 10% of the global population, it accounts for 80% of AIDS deaths worldwide[1].

AIDS buries more than 5,500 people a day in Africa and by 2005, the daily death toll is expected to reach 13,000. Over the next decade, AIDS will kill more people in sub-Saharan Africa than the total casualties lost in all wars of the 20th Century combined.

Every day, an additional 11,000 people in Africa become HIV positive – one every 8 seconds. Since the World AIDS Day 1998 press conference, 325,000 people in South Africa alone have become infected.

AIDS has already reduced life expectancy in Zimbabwe by a quarter of a century and in Zambia from 56 years to 37. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 60 years to 40.[2]

UNAIDS has declared HIV/AIDS in Africa "the worst infectious disease catastrophe since the bubonic plague."[3]

Children

Three million children have already died of AIDS in Africa and each year there are an additional 500,000 new infections among infants. Nine out of every ten infants infected with HIV live in sub-Saharan Africa.

During the next decade, more than 40 million children will be orphaned by AIDS in sub-Saharan Africa. AIDS is wiping out decades of progress in child survival. By 2005, as a result of the epidemic, infant mortality will double and child mortality will triple.

Up to one-quarter of all children in sub-Saharan Africa are already living with an HIV positive parent. In nine sub-Saharan African countries, between one-fifth and one-third of all children will be orphaned by AIDS by the end of this year[4].

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[1] UNAIDS

[2] US Bureau of Census, World Population Reports, 1998.

[2] Global Health Council.

[4] Children's statistics have been taken from the 1997 USAID Report, Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS".

According to UNICEF, the AIDS pandemic in sub-Saharan Africa has a more significant impact on child survival and maternal mortality than all other emergencies on the continent.

Economic Impact

AIDS is wiping out decades of progress on a variety of development fronts, including significantly reducing per capita GNP, impeding economic growth, and threatening political and regional stability.

According to Jeffrey Sachs, Director of the Harvard Institute for International Development, "a frontal attack on AIDS in Africa may now be the single most important strategy for economic development."

According to the World Bank, AIDS appears to be the major reason why per capita growth is slowing in ten sub-Saharan African countries. The Southern Africa AIDS Dissemination Service estimates that over the next 20 years, AIDS will reduce the economies of sub-Saharan Africa by a fourth. By 2005, Kenya's GNP will be 14.5% smaller than it would have been without AIDS. The South African government estimates that AIDS costs the country 1% of GNP each year.

The impact of AIDS on government health care budgets continues to grow in east and southern Africa where health budgets range from $10 - $260 per capita. Up to 40% of the health care budgets in South Africa and Malawi will be required for AIDS care in 2000.[5] Zambia's Central Health Board predicts that the national cost of treating AIDS patients will rise from $1.7 million in 1990 to $21 million by 2005.

Labor

AIDS is most prevalent among those in their most economically productive years, with one person under 25 infected every minute.

AIDS is decimating the African workforce. AIDS deaths lead directly to a reduction in the number of workers available, resulting in higher domestic production costs and in turn, the loss of international competitiveness. Increased labor turnover due to AIDS will lead to a less experienced labor force that is less productive and significantly reduces the profits necessary for expansion.

In addition, HIV negative children continue to drop out of school in order to act as substitute labor, deteriorating the education level of the workforce.

Uganda Railways has already lost 5,600 employees (10% of its workforce) to AIDS. It now has an AIDS-related labor turn over rate of 15% annually. In Zimbabwe, a major transportation company employing 12,000 workers found that by 1996, more than one-third were already

[5] The Economic Impact of AIDS. Dr. John Stover, The Futures Group International for USAID. March 15, 1999

positive. Major corporations are now hiring two employees for every one skilled job, assuming that one will die of AIDS.

Revenues for African companies continue to decrease due to sick and bereavement leave and time spent on training, while expenditures continue to increase for health care costs, burial fees, and the training and recruitment of replacement employees. A study in South Africa found that at current levels of benefits per employee, the total cost of benefits would rise from 7% of salaries in 1995 to 19% by 2005 due to AIDS. [6]

Long term, the reduction of profits and the loss of skilled employees significantly reduce the likelihood of economic expansion.

The workplace reaches nearly everyone. Workplace-based programs can prevent new infections and if powerful enough, the message is also extended to the home and surrounding communities. In many parts of the world, trade unions have already been proven to be among the most effective non-governmental message delivery systems available.

US – Africa Partnership

There is still time to mitigate the impact of AIDS in Africa.

A combination of political leadership and essential resources is crucial to the fight against AIDS. Governments, NGOs and the commercial sector, working together in a multi-sectoral effort can make a difference.

Uganda, in particular, has shown that even a country with limited resources and a low literacy level can turn the tide on this burgeoning epidemic. President Museveni demonstrated bold leadership early in the epidemic by requiring every government ministry to develop and implement a plan to reduce AIDS stigma and HIV transmission, and support those who became sick. In so doing, Uganda created an "enabling environment" for donors to assist in this effort.

Over the past decade, the US invested $46 million (26% of donor contributions to AIDS) in partnership with the Ugandan government, other donors, and NGOs to provide HIV prevention, care and support. As a result, HIV rates in Uganda were cut in half.

The recent efforts by many of Africa's leaders, including those of President Mandela, President Mbeki, Ghana's President Rawlings, Zambia's President Chiluba, and Namibia's President Nujoma, show that there is opportunity to turn the tide.

Resources

Since 1986 the United States government has contributed over $1 billion to the global fight against HIV/AIDS. More than 50% of those funds have been dedicated to sub-Saharan Africa.

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[6] The Economic Impact of AIDS. Dr. John Stover, The Futures Group International for USAID. March 15, 1999

This year the United States will spend $76 million to combat HIV/AIDS in sub-Saharan Africa, including $7 million alone for children orphaned and affected by AIDS.

However, if we as a global community are to keep pace with this burgeoning pandemic, a significant new investment is essential. Since 1993, while the annual incidence of HIV has increased by more than 300%, US funding has remained stagnant.

New funds will enable the US, in partnership with other donors and host countries, to contain the AIDS pandemic through proven prevention campaigns, to care for individuals and families living with AIDS, to support children orphaned by AIDS, and to develop much needed infrastructure and capacity.

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OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Susan Rice

FROM: Sandy Thurman

COMPANY:

DATE: June 30, 1999

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

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RE:

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

NOTES/COMMENTS:

Here is the info you requested! Give us a call if you have any questions!

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

MEMORANDUM

To: Rob Cogorno
From: Sandy Thurman
Michael Iskowitz
Date: December 11, 1999
Re: **AIDS Funding for South Africa**

We have gotten clearance for the Codel to announce the FY2000 US funding for AIDS in South Africa. Here is the relevant information.

South Africa AIDS Funding:

- **FY1999 = $2 million**
- **FY2000 = $9.3 million as a result of the LIFE Initiative**
  ("more than $9 million" is what they would like you to say given that it could still change by $1-200,000 either way)

As you know, the LIFE Initiative provides for a $100 million increase in global AIDS funding (mostly to Africa but some to India) in FY2000 as follows:

- $65 million USAID (FY1999 = $125 million; FY2000 = $190 million)
- $35 million CDC (FY1999 = $0: FY2000 = $35 million)

The LIFE Initiative is targeted to four essential activities:

- prevention (including prevention of mother-to-child transmission);
- basic care and treatment;
- support for children orphaned by AIDS; and
- capacity and infrastructure development.

While this is a vitally important first step, UNAIDS projects that it will cost $1 billion for to stem the rising tide of HIV infection, and another $1 billion will just begin to provide basic care and treatment for those already sick, in Africa alone. Currently, all donors and host governments are spending less than $350 million in Africa on prevention, and spending on care is virtually non-existent.

It would be great if the Codel was willing to say that the US response needs to be "sustained and strengthened" to begin to keep pace with a pandemic that is out of control.

Between James McIntyre (doc at Baragwanath) and Ken Yamashita (health officer at USAID), they should be able to talk about what the money will do and how much remains to be done.

until it's over
AIDS ACTION

The Honorable Jack Lew
Director, Office of Management and Budget
Old Executive Office Building
Washington, DC 20500

Dear Mr. Lew:

On behalf of AIDS Action, the national voice on AIDS, representing all Americans affected by HIV/AIDS and the 3,200 community-based organizations that serve them, I am writing to express our strong support for funding increases for Fiscal Year 2001 in global HIV/AIDS programs. Given your commitment to increasing the federal investment in fighting the epidemic worldwide, we urge your diligence in securing maximum funding levels for these programs.

In the face of this worldwide epidemic, we urge you to push for a $200 million increase in our global AIDS effort for FY 2001. The Administration took an important first step towards ending the global epidemic with the announcement of a $100 million dollar initiative that is critical in ensuring that entire nations are not devastated as a result of the epidemic. The initiative must be ongoing if it is to have any measurable outcome.

The global epidemic continues to demand strong federal leadership. According to UNAIDS, 5.6 million people were newly infected with HIV in 1999, including 2.3 million women and 570,000 children under the age of 15. There are now 33.6 million people living with HIV/AIDS worldwide, and there were 2.6 million deaths, half of which were women. An increase in our investment will put our nation on track toward a global AIDS program that begins to address the magnitude of this pandemic, and would help to further stem the rising tide of HIV and bring some modest level of care and support to those who are suffering.

This increase in funding for global AIDS programs must be new money, rather than funds shifted from the strapped budgets of other essential development accounts. Health, education, child-survival and micro-finance are all interconnected parts of a comprehensive human investment and AIDS strategy that must not be traded against each other.

We commend your commitment to assisting millions of people affected by HIV/AIDS worldwide. Your leadership is needed again in your last budget request to dramatically affect the direction of this global epidemic and create a legacy of hope for the future.

Thank you in advance for your consideration of our views.

Sincerely,

Daniel

Daniel Zingale
Executive Director

cc: John Podesta
cc: Leon Fuerth

1906 Sunderland Place, NW Washington, DC 20036 P 202 530 8030 F 202 530 8031 www.aidsaction.org

RICHARD A. GEPHARDT
MISSOURI
DEMOCRATIC LEADER

H-204 U.S. CAPITOL
202-225-0100

Congress of the United States
House of Representatives
Office of the Democratic Leader
Washington, DC 20515-6537

November 24, 1999

The Honorable William J. Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

Thank you for your leadership on the global AIDS problem. We are very pleased that, working together with the Administration, we were able to secure the additional funds you requested to help fight this epidemic in Africa and around the world. We believe this was one of the most important victories in our negotiations on the final fiscal year 2000 budget.

As important as this victory was, however, we cannot afford to rest. The dimensions of the problem remain daunting. In light of the disturbing trends not only in Africa and the Caribbean but in Asia and Eastern Europe, as well, we believe we must redouble our efforts if we are to make serious inroads in curbing the spread of HIV and treating those who have already contracted the virus or who are sick with AIDS.

Therefore, as you develop your final fiscal year 2001 budget, we strongly urge you to include a significant increase above the final fiscal year 2000 appropriation for global AIDS. We also strongly believe that this increase should be in addition to an increase in your budget request for our efforts to combat other infectious diseases. Building upon the success of this year's budget outcome will demonstrate to people in Africa and elsewhere around the world that our country is committed to doing its part to help bring an end to the terrible human suffering and death as a result of the global AIDS epidemic.

Again, thank you for your consideration of our concerns.

Sincerely,

Richard A. Gephardt
Richard Gephardt, M.C.

Nancy Pelosi
Nancy Pelosi, M.C.

cc: John Podesta
Jack Lew

Congress of the United States

Washington, DC 20515

December 17, 1999

The Honorable William J. Clinton
President of the United States
1600 Pennsylvania Street
Washington, D.C. 20502

Dear Mr. President,

Thank you very much for your leadership on the global AIDS pandemic. We are very pleased that the Congressional Black Caucus, working closely with your Administration, was able to help secure the additional $100 million you requested for the fight against AIDS in Africa and around the world. This lays a vitally important foundation, upon which we must continue to build.

This week we returned from a ten-day fact-finding mission to Africa, lead by Minority Leader Richard Gephardt, where we again saw first hand the growing tragedy of AIDS. While 23 million Africans have already become HIV infected, another African man, woman, or child becomes HIV positive every eight (8) seconds. According to the United Nations, "in 1998, an estimated 200,000 Africans died as a result of armed conflicts while 2 million Africans were killed by AIDS." It is clear that if we do not continue to strengthen our response to this escalating emergency, decades of progress, and entire generations, are in jeopardy.

As UNICEF said in *the State of the World's Children released earlier this week*: "If the international funds for poverty reduction this decade have been a disgrace, the outlays to fight the global HIV/AIDS pandemic are an outrage." With your help and leadership, we have begun to make real progress. As you finalize your priorities for the Fiscal Year 2001 budget, we strongly urge you to provide for a $275 million increase in our global AIDS effort. While this is a strong fraction of the resources needed to turn this tide, it is enough to enable the United States Government to lead the world in this shared struggle.

We thank you for making progress in Africa an integral part of your agenda, and of your legacy. If we wage this global war on AIDS together, we will reap the benefits for generations to come.

Sincerely,

CAROLYN C. KILPATRICK
Member of Congress

DONALD M. PAYNE
Member of Congress

WILLIAM J. JEFFERSON
Member of Congress

GREGORY W. MEEKS
Member of Congress

MAXINE WATERS
Member of congress

cc: John Podesta
Jack Lew

CCK:kr

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<ghc@globalhealth.org>

<www.globalhealth.org>

December 1, 1999

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

Dear Mr. President:

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

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

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

Global Health Council

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

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

Sincerely,

1701 K Street, NW
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R. Darlene Hudson, SisterLove, Atlanta, Georgia
Reverend R. Kaeding, The Center in Asbury Park, Asbury Park, New Jersey
Ron Simmons, Us Helping Us, Washington, DC
Janice P. Emanuel, BCSS, Brooklyn, New York
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Tokes Osubu, ENY/Brownsville Home Care Net, Brooklyn, New York
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Lucy Bradley-Springer, Denver, Colorado
Anna Forbes, Concerned Citizen, Ardmore, Pennsylvania
Bruce Waring, ICAD, Montreal, Quebec
Sharon, Baxter, Canadian AIDS Society, Ottawa, Ontario
Shawn Mellors, XIII International AIDS Conference in Durban, Durban, South Africa
Susan Wible, HIV/AIDS Program, Monroe, Louisiana
Carl Eller, Minnesota Department of Human Services, St. Paul, Minnesota

Sandi Parrish, JCMI, Tulsa, Oklahoma
Delbert Harmon, Indianapolis Urban League, Indianapolis, Indiana
Julius Chez, AIDS Program of San Juan, Puerto Rico
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Holly Cataria, The Lindesmith Center, New York, New York
Sandra Carty, PWAC, Fort Lauderdale, Florida
Ninon Larche, XIII International AIDS Conference-Durban, Durban, South Africa
Angela Kuo, VCSF, San Francisco, California
Scott Carrol, AIDS Vaccine Advocacy Coalition, Washington, DC
David Marinez, Advocates for Youth, Washington, DC
Kathryn Buhler, Peer HIV Education Organization, Hastings, Nebraska

United States Senate

WASHINGTON, DC 20510

September 23, 1999

The Honorable Ted Stevens
Chairman
Senate Committee on Appropriations
United States Senate
Washington, D.C. 20510

Dear Ted:

We are writing to urge you to approve the Administration's budget amendment, which seeks an additional $100 million in FY2000 for the U.S. Government investment in the global battle against AIDS, primarily in sub-Saharan Africa. This is the minimum amount of funding that should be provided to assist in addressing the magnitude of this rapidly escalating pandemic.

The funds the Administration is seeking will be spent on prevention, care and treatment, AIDS orphans, and infrastructure. Of the additional funds, $55 million will be provided in the Foreign Operations Appropriations bill for Child Survival and Disease programs at USAID and for food aid to families and communities caring for affected children and orphans. $35 million will be provided in the Labor, HHS, and Education Appropriations bill to enhance surveillance capabilities to track the spread of HIV, to provide technical assistance and training for development of HIV prevention activities, and to provide technical assistance and training as countries develop home and community-based treatment. The remaining $10 million will be provided in the Department of Defense Appropriations bill to support the development of a program to conduct HIV prevention education activities in conjunction with the Department's ongoing training, exercises, and humanitarian assistance activities with African militaries. The Administration has identified offsets for the additional $100 million it is seeking to combat AIDS globally.

HIV/AIDS in Africa is a global emergency unlike anything the public health community has witnessed this century. In the last ten years, 12 million people in sub-Saharan Africa have died of AIDS, one-quarter of them children. Sub-Saharan Africa is home to only one-tenth of the world's population, but more than 80% of AIDS deaths worldwide occur there. The daily death toll from AIDS there is already 5,500 and is projected to reach 13,000 by 2005. In the next ten

years, more people will die in sub-Saharan African from AIDS than the total number of casualties in all wars of the 20th Century combined.

When the AIDS pandemic is combined with the unrelenting poverty and staggering debt that plague the nations of sub-Saharan Africa, the impact is devastating. Decades of progress in promoting economic development, reducing infant mortality, and increasing life expectancy are being reversed. More than eight million children have already been orphaned by AIDS in sub-Saharan Africa, and in the next decade, more than 40 million children will be orphaned by AIDS worldwide.

The effect of the pandemic on the African workforce is also enormous. AIDS directly undercuts productivity by increasing absenteeism, and it raises the cost of business through increased costs of recruiting and training new employees as experienced employees become disabled or die. Higher costs also threaten foreign investment in Africa, which is essential for future economic development. Some companies in sub-Saharan Africa are already hiring two employees for each skilled job because they assume one will die of AIDS. In 1994, the Indeni Petroleum Refinery in Zambia reportedly spent more on AIDS-related costs than it declared in profits.

AIDS is also undermining military forces in sub-Saharan Africa and posing a threat to security and stability. HIV infection rates are already 40% in some African military forces. Forces weakened by disease are less capable of defending their nations, maintaining order, or protecting citizens. High infection rates among senior officers could result in rapid turnover. In countries where the military plays a central role in government, such turnover could weaken the central government's authority. In countries where a political transition is underway, instability in the military and security forces could undermine the transition process.

While new therapies have begun to give us hope in the fight against AIDS in the United States, the cost of these treatments is prohibitive for developing nations where the epidemic is raging out of control. During the past six years, there has been a 300% increase in the annual cases of HIV/AIDS in sub-Saharan Africa. Yet, U.S. funding for AIDS programs overseas has remained level at $125 million. When inflation is taken into account, this level of funding is actually a 25% decrease.

The United States is the most developed nation in the world, but our health care system, research capacity, and social services have all been pushed to the limit by AIDS. Developing nations will be unable to turn the tide on this pandemic if basic health care is out of reach for most of their citizens. Fragile health care

systems in sub-Saharan Africa are already buckling beneath the weight of the increasing number of people with AIDS. In Zimbabwe, Zambia, and Cote d'Ivoire, for example, the World Bank estimates that people with AIDS occupy 50-80% of all beds in urban hospitals. Without a dramatic increase in funding, the epidemic will only result in more misery and death in the region.

Fully funding the Administration's request for an additional $100 million to fight the HIV/AIDS epidemic is a vital first step towards turning the tide on this catastrophe. The nations of sub-Saharan Africa are among the poorest in the world. Prevention is effective, but it costs money. Treatment, care, and medicine also cost money.

The funding that the U.S. has already provided to combat AIDS in sub-Saharan Africa has been effective. In partnership with Uganda and other donors, the U.S. invested $46 million in HIV prevention and care in Uganda and helped cut HIV rates by more than half. In Kenya, our efforts contributed to averting 100,000 HIV infections from 1991 through 1994. American efforts have helped to develop successful community care approaches for the orphans in Malawi, Zambia, and Uganda. Additionally, the U.S. supported development of low-cost methods for detecting HIV antibodies that are currently being used in Cameroon and Zimbabwe.

Unfortunately, the pandemic is outpacing the resources currently provided by the United States and the international community. Enormous pain, suffering, and death have have already resulted for the African continent. We know how to prevent the spread of AIDS, and we strongly urge you to provide the additional $100 million that the Administration is seeking to accomplish that goal more effectively.

Sincerely,

Edward M. Kennedy

Richard G. Lugar

James M. Jeffords

Russell D. Feingold

Daniel Patrick Moynihan

Tom Daschle

July 13, 1999

MEMORANDUM FOR THE CHIEF OF STAFF

FROM: Jacob J. Lew

SUBJECT: Proposal and Offsets for AIDS in Africa Initiative

HIV/AIDS in sub-Saharan Africa currently affects 22 million adults and 1 million children. It represents 66% of HIV cases worldwide and 80% of AIDS deaths. Everyday, 11,000 people are newly infected in this region and 5,500 people die from AIDS. By 2005, the death toll is projected to reach 13,000/day; 40 million children are expected to be orphaned after losing a parent to HIV/AIDS over the next decade.

Currently, most of the U.S. Government's (USG) HIV/AIDS activities in Africa are carried out by USAID through non-governmental organizations (NGOs) and contractors. USAID spends the majority of its $78 million HIV/AIDS funding on prevention activities. HHS' current role in Africa is limited to NIH research grants (about $30 million) and CDC's field sites in four locations ($7 million). This spring, UNAIDS has developed international partnerships and outcome goals to respond to the epidemic.

We have proposed a four-part multilateral strategy to address AIDS in Africa of which enhanced USG support is one component. The other three components are: 1) expanded private sector support; 2) multilateral assistance; and 3) support from African nations. The USG initiative will further the outcomes goals developed by UNAIDS to: 1) reduce the incidence of HIV transmission by 25% among 15-24 year-olds by the year 2005: and 2) reduce the overall HIV infection rate over the longer term.

This memo outlines a proposal to address AIDS in Africa. We have developed three options at spending levels of $50 million, $75 million, and $100 million with USAID and HHS being the main contributors to this effort. DOD may also contribute through its existing training activities with several African militaries, by incorporating HIV prevention education and initiatives into ongoing programs.

The primary focus of the initiative will be on preventing the spread of HIV/AIDS. The table below describes the allocation of funds:

Sandy,

① What was sent to Coella on Fri. (please keep close hold).

② last page - what was sent to Coella today.

MEMORANDUM

TO: OMB/IAD, Michael Casella

FROM: M/B, James Painter

Subject: HIV/AIDS Initiative

The following are our comments on the draft matrix on the Initiative.

1. Funding - We are particularly concerned that the matrix does not completely specify how USAID's $50 million portion of the High Option would be funded. Since we can accommodate reprogramming -- in Africa -- only $32 million at most, per the submission last Friday, we assume the remaining $18 million would be funded by reductions in accounts other than Development Assistance.

2. Matrix - It is my understanding that a revision to the matrix was sent over earlier this morning. The purpose of the revision was to conform to the HHS-created categories of activities. Paul Delay reviewed the rationale for these changes with Cheryl this morning.

3. HHS role - We are concerned that it be clear that the source of funding for HHS components not come at the expense of the International Affairs budget. The USAID health specialists are concerned, moreover, at the role envisioned for HHS which has not heretofore had experience in delivering services in these low-resource settings. They also do not have existing agreements with these countries. Specifically, in the areas of care and surveillance it will be critical that USAID maintain a leadership role. However, HHS does bring expertise from the domestic side which could complement the USAID capacity.

4. Countries - The High Option makes reference to 13 countries but, presumably, that was based on our original break-out which had included India and Cambodia which we have since dropped due to funding constraints.

5. Base - The reference on page 1 to an existing USAID base of $78 million is inaccurate. The request for FY 2000 -- for Africa -- is $55 million.

U. S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR MANAGEMENT
OFFICE OF BUDGET
Ronald Reagan Building - Room 6.09D

FAX # (202) 216-3453

FACSIMILE

Date: 7/9/99

To: MIKE CASELLA

Agency: Office of Management and Budget

Office: International Affairs Division / Economic Affairs Branch

Room # 10025 NEOB

Tel # 395-4594

Fax # 395-5770

From: James E. Painter

Tel # (202) 712-0280

Pages (w/cover): 11

MESSAGE:

As discussed - response to questions on HIV/AIDS increase

Please deliver upon receipt, or advise of new location/FAX number.

Responses to OMB questions on Proposed increased FY 2000 Funding for HIV/AIDS

1. Where could USAID effectively program an increase of $25-50 million in the amount budgeted for HIV/AIDS in FY 2000? USAID could program, *with difficulty*, up to $32 million in Africa within the FY 2000 DFA request, although such reprogramming would take resources away from other effective programs in Africa. The countries are identified in the attached paper. India was identified as another priority country -- in terms of need for additional assistance -- as was the potential for additional funding for centrally-managed AIDS-related research but USAID believes reprogramming the DA request for India or the G Bureau is not feasible because of unacceptable trade-offs and added management costs (addressed below).

2. What would the increased funds be used for? USAID has identified four priority categories of activity and projected results, which are spelled out in the attachment. (The four categories exclude high-cost treatment and institutional care modalities for AIDS victims and AIDS orphans.)

3. What would be the impact of reprogramming in terms of programs and activities foregone? The reprogramming of the DFA request would come at the expense of DFA programs planned in economic growth and the environment; the specifics are spelled out in the AFR attachment. Reprogramming DA in India would have to come at the expense of either population or global climate change activities because those are the only other sectors in which we have programs remaining. Similarly, any reprogramming of resources in the Global Bureau would come at the expense of programs driven by either Administration priorities (e.g., population or environment) or those dictated by Congressional directives (e.g., agriculture, microenterprise, women in development) because the flexibility in the Global Bureau's DA program has been virtually eliminated. Unmet needs exist, and AIDS programs could be expanded ,in other countries -- such as Russia, the Ukraine and Haiti but funding would have to be accommodated out of other accounts, i.e., ESF, SEED and/or FSA. **USAID strongly believes OMB should take a pro-active approach to redirecting resources in these accounts as well for this Presidential initiative.**

4. What are the management implications of such a reprogramming? Some of the program could be managed by relying on PVOs to carry out the initiative. This would be true in Africa and would not entail significant new staff demands. However, any additional USAID management demand would have to be handled by internal reallocation since USAID does not have the option of seeking additional operating expenses or staff to manage an expanded HIV/AIDS program of any magnitude. In India, for example if funds were shifted form the population program to HIVAIDS, the management capacity would have to be derived from shifting staff away from management of the population program. To the extent that the shift were from environment programs, a mismatch of management needs and staff skills would develop. Also, to the extent that resources from other accounts like ESF, were tapped without a reduction in DA management demands, additional staff and OE would be required for proper oversight.

FAX

DATE: July 12, 1999

TO: Ms. Sandy Thurman

PHONE: (202) 456-2441

FAX: (202) 456-2439

FROM: Vivian Lowery Derryck

PHONE: (202) 712-0500

FAX: (202) 216-3008

NUMBER OF PAGES (INCLUDING): 3

MESSAGE: Per our phone conversation.

PLEASE DELIVER UPON RECEIPT.

July 12, 1999

Hi, Sandy.

1) Transferring this $32 million out of existing successful programs is robbing Peter to pay Paul. There is no new money here. (See attached.)

2) This $32 million is all Africa Bureau, not the Agency as a whole.

3) We can come in for severe criticism for having an African initiative on such a critical issue without expending any new monies.

4) If another supplemental goes forward it should include new monies for the President's HIV/AIDS Initiative.

It's always good to talk to you. I'm grateful for your leadership on this issue.

Vivian

5500

imp 2475000

deed 1237500

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op 2465000

AFR Bureau: Reprogramming to accommodate Additional HIV/AIDS Directive

- The Africa Bureau is committed to doing more to combat HIV/AIDS in Africa. We will be requesting significantly higher funding levels in our FY 2001 budget request, and hope that additional funding over our FY 2000 CP request levels can be secured.
- We have made HIV/AIDS our number one sectoral priority. Should additional funding not be secured in FY 2000, and should we be required to realign our FY 2000 CP request, we would make changes to those remaining sectors where we maintain a modicum of flexibility, but where significant lost impact will be keenly felt. We would not propose shifting allocations from high scrutiny Congressional and Administration priority areas such as Child Survival, Infectious Diseases, Agriculture, Basic Education or Population sectors. Instead, we propose the following very painful cuts:

- To meet an overall internal budget realignment of $15 million for HIV/AIDS, we would:
  - Reduce our Economic Growth request by approximately 7% ($10 million), and apply these funds to HIV/AIDS. This includes a $3 million cut to the $30 million Africa Trade and Investment Program (ATRIP). Historically, our greatest flexibility in responding to development challenges has been through scarce Economic Growth funds. Our latest reviews show that 92% of our Economic Growth strategic objectives met or exceeded their performance targets. Cuts in this already extremely scarce resource undermine our efforts to bring good performing partners into the mainstream of the world trade economy, and lessens our ability to strengthen key economic programs which in many cases help support hard fought political and social stability.
  - Reduce our Environment request by approximately 5% ($5 million), and apply these funds to HIV/AIDS. This will reduce our ability to provide innovative solutions to the critical problems of environmental degradation. This will also jeopardize our successful community wildlife management initiatives, now reaching a critical stage in their development.

- To meet an overall internal budget realignment of $32 million for HIV/AIDS, we would take the following additional measures:
  - Reduce our minimal Democracy/Governance request by approximately 13% ($9 million), and apply these highly valued funds to HIV/AIDS, thereby decimating the D/G program in Africa. The D/G sector is traditionally oversubscribed by missions requesting funds to strengthen and support newly emerging democratic institutions and provide key support to civil society growth.
  - Reduce our Promoting Health request by approximately 17% ($2.0 million), and apply these funds to HIV/AIDS. This reduced funding would result in serious cuts in programs that support health care financing, policy reform and African health capacity building. We will not cut programs directed at reducing maternal mortality rates in Africa which are the highest in the world. We cannot cut deeper in this sector without placing our efforts to reduce unnecessary mortality due to complications during pregnancy and poor essential obstetric care practices across the region at risk.
  - Further reduce our Economic Growth request by approximately 2% ($3 million), bringing the total EG request down by over 9% and apply these funds to HIV/AIDS. further eroding the progress that we are making in sustaining and rewarding good performing partners.
  - Further reduce our Environment request by approximately 3% ($3 million), and apply these funds to HIV/AIDS.

NANCY PELOSI
8TH DISTRICT, CALIFORNIA

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Congress of the United States
House of Representatives
Washington, DC 20515-0508

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEES:
LABOR-HEALTH AND HUMAN SERVICES-EDUCATION
RANKING MEMBER
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PERMANENT SELECT COMMITTEE ON INTELLIGENCE
HUMAN INTELLIGENCE, ANALYSIS, AND COUNTERINTELLIGENCE

CONGRESSIONAL WORKING GROUP ON CHINA, CHAIR

AT-LARGE WHIP

August 3, 1999

The Honorable John Porter
Chairman
Appropriations Subcommittee
on Labor-HHS-Education
2373 Rayburn Building
Washington, D.C. 20515

Dear Mr. Chairman:

In my Appropriations request letter to you in April of this year, I requested a $35 million increase in international AIDS funding at the Centers for Disease Control (CDC). I am pleased that the President has recognized the urgent need to expand our commitment to fighting the international AIDS epidemic by requesting a total of $100 million at several agencies for fiscal year 2000.

In the President's proposal, $35 million in funding would be provided to CDC for HIV prevention and treatment services. The President's proposal for use of new CDC funds is consistent with my intent to increase international AIDS funding through the Labor-HHS-Education Appropriations bill.

I hope that the Labor-HHS-Education Subcommittee will be able to provide at least $35 million for international AIDS as outlined in the President's proposal.

Thank you for your consideration of this request, and for your continued leadership on our Subcommittee.

Sincerely,

NANCY PELOSI

THE WHITE HOUSE

WASHINGTON

MEMORANDUM TO AID, HHS, DoD

FROM: Sandra Thurman
Director, ONAP

RE: Guidance for Developing Global AIDS Initiative Operating Plan

At last week's meeting sponsored by OMB, it was agreed that our office assume responsibility for developing a unified agency operating plan for the new Global AIDS initiative. This action plan will need to include information on countries to be targeted, who will do what, as well as coordination/communication mechanisms.

As background, we are providing additional guidance for this Global AIDS operating plan for the new initiative as laid out in the Budget Amendment and the attached summary matrix. Please submit your agency's sections of the draft operating plan back to Todd Summers, ONAP's Deputy Director, by **Monday, August 9th**. Basically, we need you to take the items listed for your agency in the Budget Amendment (e.g., $13 million for HHS surveillance), and provide descriptive information about how you would administer each item and what partnerships would be involved.

I. **Format.** Agencies should follow the attached format, which includes the following:

Definition and Performance Measures. For activities where one agency is acting alone (e.g., orphans), the agency should define the activity and develop a performance measure, including outputs and measures of efficacy. For activities where more than one agency is involved (e.g., prevention), all of the relevant agencies should work together to develop a single, agreed-upon definition and common performance measures.

Agency Activities. For each category, agency activities should be detailed, including an explanation of how the new activities will be integrated with both: 1) existing base activities, and 2) new activities of other agencies. For example, under the new initiative, HHS will be providing technical assistance and training of disease surveillance, but since USAID currently carries out many of these activities, HHS should explain how these activities will build around USAID's existing activities. A documentation of existing authorities to implement the initiative should also be included as well as an estimated timeframe for carrying out the activities.

Countries. Agencies should also determine which specific countries should be targeted by each category of activity. Countries should be selected based on specific criteria (please include).

II. Process. Please do not share this document outside of your agency (e.g., advocacy organizations, associations). We will consult with the relevant outside parties once we have developed a more complete document.

Please contact Todd or me at (202) 456-2437 or by email at tsummers@opd.eop.gov should you have any questions. Thank you for your continued work on this important issue!

cc: State Department

CATEGORY AREA

(e.g., Primary Prevention and Stigma Reduction)

1) **Definition of Program (1-2 paragraphs)**

2) **USAID Activities** (Several Bullets)
   Description
   Countries selected (with HHS) to carry out activities based on agency criteria
   List authorities for implementing initiative
   Implementation Timeframes

3) **HHS Activities** (Several Bullets)
   Description
   Countries selected (with USAID) to carry out activities based on agency criteria
   List authorities for implementing initiative
   Implementation Timeframes

4) **DoD Activities** (Several Bullets)
   Description
   Countries selected to carry out activities based on agency criteria
   List authorities for implementing initiative
   Implementation Timeframes

5) **Performance Measures Achieved by Above Actions**

AIDS Initiative: Program Summary

[redacted]

Primary Prevention:	
1) Program Delivery and Other Activities	USAID: $25M
2) Technical Assistance and Training	HHS: $13 M
3) Prevention activities for African military and uniformed services	DOD: $10M
	TOTAL: $48M
Children Affected by AIDS	USAID: $10M
Infrastructure & Capacity Development	USAID: $6M
Surveillance and Associated Prevention	HHS: $13M
Home/Community-Based Treatment (STDs and	
1) Program Delivery	USAID: $14M
2) Technical Assistance and Training	HHS: $9M
	TOTAL: $23M

[redacted]

USAID	$55M
HHS	$35M
DOD	$10M

Four Prong Strategy

Enhanced USG Commitment: Sustained, prevention-focused strategy, growing existing base of $74 million from USAID and $38 million from HHS, by $100 million in FY2000.

Leveraging the Commitment of Others:

Private Sector: Pursue public and private partnerships to expand existing commitment from business and labor.

Leverage Bilateral and Multilateral Assistance: Convene a multinational partners meeting to enhance support from around the world. Mrs. Clinton is committed to doing this session. Other organizations in attendance include UNAIDS, World Bank, WHO, UNICEF, Corporate, CEOs, other interested countries, as well as African leaders.

Develop Support within African Nations: Engage host countries in collaborative efforts to combat AIDS pandemic.

Global Goals of Four Prong Foreign Assistance Effort*, Targeted to Actively Participating Host Countries (Multi-Year Goals)

The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005 (2 million new infections in Sub-Saharan Africa in 1998)

At least 75% of all HIV-positive persons will have access to basic care at home and community levels, and drugs for common opportunistic infections (e.g., TB, pneumonia, diarrhea) (current baseline: <1%)

Orphans will have access to education and food on an equal basis with their non-orphan peers (need baseline)

By 2002, domestic and external resources available for HIV/AIDS responses in Africa will have at least doubled to $300 million per year (currently $150 million).

Existing initiatives will be used as opportunities to include HIV/AIDS and to involve donors and countries to commit themselves to the multilateral partnership.

By 2005, 50% of HIV-infected pregnant women will have access to interventions to reduce mother to child HIV transmission (current baseline: <1%)

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* Source: UNAIDS

Program Element #1
PRIMARY PREVENTION

Definition

Implement strategies to slow the spread of HIV infection including mass education efforts, social marketing, condom distribution, voluntary counseling and testing, blood supply screening, and interventions to reduce mother-to-child HIV transmission.

1) Program Delivery and Other Activities
USAID: $25 million
Output: Provide education, condoms, and counseling and HIV testing in 12 countries. Deliver mass media services to 100 million persons to increase awareness. Train 500,000 counselors, educators, and trainers. Provide interventions to 25,000 HIV-infected pregnant women by 2001 to reduce mother to child transmission.

2) Technical Assistance and Training
HHS: $13 million
Output: Provide technical assistance, training, and assessment to 8-9 countries to establish comprehensive targeted prevention programs.

3) Prevention activities for African military and uniformed services
DOD: $10 million
Output: Provide prevention activities to African military personnel in 5-6 countries in FY2000.

Program Element #2
CARING FOR CHILDREN AFFECTED BY AIDS

Definition
Assist families and communities in caring for affected children.

USAID: $10 million
Output: Assist families and communities in caring for affected children/orphans, in 12 countries. Support 100,000 AIDS orphans, including food assistance, for one year, allowing them to remain with their extended families and in their communities.

Program Element #3
INFRASTRUCTURE AND CAPACITY DEVELOPMENT

Definition:
Strengthen host country ability to implement interventions by focusing on government, private sector, NGOs, and research institution capability.

USAID: $6 million
Output: Strengthen government, private sector, NGOs, research and community institutions' ability to plan and implement interventions, in 12 countries including the capacity for effective partnerships between local, government, and community-based organizations. Further expand capacity of monitoring systems to assess overall impact of HIV on sustainable development.

SURVEILLANCE AND ASSOCIATED PREVENTION

Definition:
Develop and expand systems to track the demographics of HIV/AIDS infection, and to both inform and evaluate prevention efforts in each participating country.

HHS: $13 million
Output: Support and develop country surveillance programs to understand the health impact of HIV in 8-9 countries and evaluate the effects of the prevention interventions.

Program Element #4
HOME AND COMMUNITY-BASED CARE AND TREATMENT

Definition:
Provide medical and social services to HIV infected individuals, including treatment of sexually transmitted diseases (STDs), opportunistic infections (OIs), and tuberculosis (TB).

USAID: $14 million
Output: Provide preventive therapy to eliminate active TB in 100,000 HIV-infected persons in 12 countries. Treat 1,000,000 HIV- infected persons for simple OIs and STDs.

HHS: $9 million
Output: Provide technical assistance and support in developing service delivery capacity, including training in 8-9 countries.

Red-lined changes are those requested by Deborah Ver 2

MEMORANDUM TO AID, HHS, DoD

FROM: Sandra Thurman
Director, ONAP

RE: Guidance for Developing Global AIDS Initiative Operating Plan

— Todd Please let Cheryl know if there's ok. Todd

At last week's meeting sponsored by OMB, it was agreed that our office ~~was given the~~assume responsibility for developing a unified agency operating plan for the new Global AIDS initiative. This action plan will need to include information on countries to be targeted, who will do what, as well as coordination/communication mechanisms.

As ~~a follow-up,~~background, we are providing additional guidance for ~~the~~this Global AIDS operating plan for the new initiative ~~included~~as laid out in the Budget Amendment and the attached summary matrix. Please submit your agency's sections of the draft operating plan back to Todd Summers, ONAP's Deputy Director, by **Monday, August 9th**. Basically, we need you to take the items listed for your agency in the Budget Amendment (e.g., $13 million for HHS surveillance), and provide descriptive information about how you would administer each item and what partnerships would be involved.

I. Format. Agencies should follow the attached format, which includes the following:

a) **Definition and Performance Measures**. For activities where one agency is acting alone (e.g., orphans), the agency should define the activity and develop a performance measure, including outputs and ~~outcomes.~~measures of efficacy. For activities where more than one agency is involved (e.g., prevention), all of the relevant agencies should work together to develop a single, agreed-upon definition and common performance measures.

b) **Agency Activities**. For each category, agency activities should be detailed, including an explanation of how the new activities will be integrated with both: 1) existing base activities, and 2) new activities of other agencies. For example, under the new initiative, HHS will be providing technical assistance and training of disease surveillance, but since USAID currently carries out many of these activities, HHS should explain how these activities will build around USAID's existing activities. A documentation of existing authorities to implement the initiative should also be included as well as an estimated timeframe for carrying out the activities.

c) **Countries**. Agencies should also determine which specific countries should be targeted by each category of activity. Countries should be selected based on specific criteria

(please include).

II. Process. Please do not share this document outside of your agency (e.g., advocacy organizations, associations). We will consult with the relevant outside parties once we have developed a more complete document.

Please contact Todd or me at (202) 456-2437 or by email at tsummers@opd.eop.gov should you have any questions. Thank you for your continued work on this important issue!

cc: State Department

CATEGORY AREA

(e.g., Primary Prevention and Stigma Reduction)

1) **Definition of Program (1-2 paragraphs)**

2) **USAID Activities** (Several Bullets)
- Description
- Countries selected (with HHS) to carry out activities based on agency criteria
- List authorities for implementing initiative
- Implementation Timeframes

3) **HHS Activities** (Several Bullets)
- Description
- Countries selected (with USAID) to carry out activities based on agency criteria
- List authorities for implementing initiative
- Implementation Timeframes

4) **DoD Activities** (Several Bullets)
- Description
- Countries selected to carry out activities based on agency criteria
- List authorities for implementing initiative
- Implementation Timeframes

5) **Performance Measures Achieved by Above Actions**

AIDS Initiative: Program Summary

Program Element	$100 million
Primary Prevention: 1) Program Delivery and Other Activities 2) Technical Assistance and Training 3) Prevention activities for African military and uniformed services	 USAID: $25M HHS: $13 M DOD: $10M TOTAL: $48M
Children Affected by AIDS	USAID: $10M
Infrastructure & Capacity Development Surveillance and Associated Prevention	USAID: $6M HHS: $13M
Home/Community-Based Treatment (STDs and Opportunistic Infections) 1) Program Delivery 2) Technical Assistance and Training	 USAID: $14M HHS: $9M TOTAL: $23M

Agency	$100 million
USAID	$55M
HHS	$35M
DOD	$10M

Four Prong Strategy

1) Enhanced USG Commitment: Sustained, prevention-focused strategy, growing existing base of $74 million from USAID and $38 million from HHS, by $100 million in FY2000.

Leveraging the Commitment of Others:

2) Private Sector: Pursue public and private partnerships to expand existing commitment from business and labor.
3) Leverage Bilateral and Multilateral Assistance: Convene a multinational partners meeting to enhance support from around the world. Mrs. Clinton is committed to doing this session. Other organizations in attendance include UNAIDS, World Bank, WHO, UNICEF, Corporate, CEOs, other interested countries, as well as African leaders.
4) Develop Support within African Nations: Engage host countries in collaborative efforts to combat AIDS pandemic.

Global Goals of Four Prong Foreign Assistance Effort*, Targeted to Actively Participating Host Countries (Multi-Year Goals)

1) The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005 (2 million new infections in Sub-Saharan Africa in 1998)
2) At least 75% of all HIV-positive persons will have access to basic care at home and community levels, and drugs for common opportunistic infections (e.g., TB, pneumonia, diarrhea) (current baseline: <1%)
3) Orphans will have access to education and food on an equal basis with their non-orphan peers (need baseline)
4) By 2002, domestic and external resources available for HIV/AIDS responses in Africa will have at least doubled to $300 million per year (currently $150 million).
5) Existing initiatives will be used as opportunities to include HIV/AIDS and to involve donors and countries to commit themselves to the multilateral partnership.
6) By 2005, 50% of HIV-infected pregnant women will have access to interventions to reduce mother to child HIV transmission (current baseline: <1%)

* Source: UNAIDS

Program Element #1
PRIMARY PREVENTION

Definition

Implement strategies to slow the spread of HIV infection including mass education efforts, social marketing, condom distribution, voluntary counseling and testing, blood supply screening, and interventions to reduce mother-to-child HIV transmission.

AIDS Initiative
1) Program Delivery and Other Activities **USAID:** $25 million Output: Provide education, condoms, and counseling and HIV testing in 12 countries. Deliver mass media services to 100 million persons to increase awareness. Train 500,000 counselors, educators, and trainers. Provide interventions to 25,000 HIV-infected pregnant women by 2001 to reduce mother to child transmission. **2) Technical Assistance and Training** **HHS:** $13 million Output: Provide technical assistance, training, and assessment to 8-9 countries to establish comprehensive targeted prevention programs. **3) Prevention activities for African military and uniformed services** **DOD:** $10 million Output: Provide prevention activities to African military personnel in 5-6 countries in FY2000.

Program Element #2
CARING FOR CHILDREN AFFECTED BY AIDS

Definition
Assist families and communities in caring for affected children.

AIDS Initiative
USAID: $10 million Output: Assist families and communities in caring for affected children/orphans, in 12 countries. Support 100,000 AIDS orphans, including food assistance, for one year, allowing them to remain with their extended families and in their communities.

Program Element #3
INFRASTRUCTURE AND CAPACITY DEVELOPMENT

Definition:
Strengthen host country ability to implement interventions by focusing on government, private sector, NGOs, and research institution capability.

AIDS Initiative
~~**USAID: $6 million**~~ ~~Output: Strengthen government, private sector, NGOs, research and community institutions' ability to plan and implement interventions, in 12 countries including the capacity for effective partnerships between local, government, and community-based organizations.~~ ~~Further expand capacity of monitoring systems to assess overall impact of HIV on sustainable development.~~
USAID: $6 million Output: Strengthen government, private sector, NGOs, research and community institutions' ability to plan and implement interventions, in 12 countries including the capacity for effective partnerships between local, government, and community-based organizations. Further expand capacity of monitoring systems to assess overall impact of HIV on sustainable development.

SURVEILLANCE AND ASSOCIATED PREVENTION

Definition:
Develop and expand systems to track ~~spread of HIV infection, AIDS, and the effects of interventions to appropriately target HIV/AIDS programs~~the demographics of HIV/AIDS infection, and to both inform and evaluate prevention efforts in each participating country.

AIDS Initiative
~~**HHS: $13 million**~~ ~~Output: Support and develop country surveillance programs to understand the health impact of HIV in 8-9 countries and evaluate the effects of the interventions.~~
HHS: $13 million Output: Support and develop country surveillance programs to understand the health impact of

HIV in 8-9 countries and evaluate the effects of the prevention interventions.

Program Element #4
HOME AND COMMUNITY-BASED CARE AND TREATMENT

Definition:
Provide medical and social services to HIV infected individuals, including treatment of sexually transmitted diseases (STDs), opportunistic infections (OIs), and tuberculosis (TB).

~~AIDS Initiative~~
AIDS Initiative
~~**USAID: $14 million**~~ ~~Output: Provide preventive therapy to eliminate active TB in 100,000 HIV-infected persons in 12 countries. Treat 1,000,000 HIV- infected persons for simple OIs and STDs.~~ ~~**HHS: $9 million**~~ ~~Output: Provide technical assistance and training in 8-9 countries.~~
USAID: $14 million Output: Provide preventive therapy to eliminate active TB in 100,000 HIV-infected persons in 12 countries. Treat 1,000,000 HIV- infected persons for simple OIs and STDs. **HHS: $9 million** Output: Provide technical assistance and support in developing service delivery capacity, including training in 8-9 countries.

White House 'friends' tightfisted with AIDS help Business Day (Johannesburg)
July 21, 1999

Johannesburg - On Monday US Vice-President Al Gore staged an event to unveil a new Bill Clinton administration "action plan" to confront AIDS in Africa. As much as anything the purpose was to vaccinate presidential candidate Gore against charges by a handful of activists that he has been indifferent to the pandemic. In that respect the event probably succeeded. Archbishop Desmond Tutu, quoting St Augustine, delivered a wonderful sermon on the inherent goodness of man and, by implication, Gore.

The podium was then handed to Olivia Nantongo, a young woman flown in from Uganda to put a human face on the awful statistics. She wept as she described how her mother had been stricken with HIV, then ostracised by her community, and how she herself had been cared for, when her mother could no longer look after her or pay her school fees, by a local support group funded in part by the US Agency for International Development. Gore stood on one side of the distraught Nantongo and Sandra Thurman, director of the White House office of national AIDS policy, on the other. They whispered encouragement and consoled her until she finished her tragic narrative and turned to a prepared text.

Evidently someone other than herself prepared the remarks, which thanked the vice-president for his leadership on behalf of all sub-Saharan Africa. One could understand the Gore team hauling in Tutu and Nantongo as props if their intention was to sell a reluctant public on the notion of spending a few billion dollars on fighting AIDS and caring for its victims in Africa. Or, in other words, intervening on a scale warranted by current data and projections that suggest that by 2005, 13000 Africans will be dying of AIDS every day.

In fact, as far as one could determine from the fuzzy numbers in the press releases, all Gore was doing was re-announcing the administration's unopposed request to increase funding for international AIDS programmes by $100m in the coming fiscal year. That is nearly double the current budget, to be sure, but still only a fraction of what it is going to cost to build a new bridge over the Potomac for the benefit of Washington commuters.

Consider these statistics: indeed, 22-million African adults and 1-million children already are HIV-positive and thus under sentence of death within a decade; new infections in the continent are being added at the rate of one every eight seconds; and this plague threatens to reduce African output by 25% over the next 20 years. All these statistics are contained in a new report by the White House AIDS office. If they are true, then one might think the administration, nominally besotted as it is with Africa, could be a little bolder in its allocation of resources.

The report makes the case that AIDS poses the single greatest threat to President Thabo Mbeki's dream of an African renaissance and to the Clinton administration's own mercantilist vision of the continent becoming a great new market for US goods and

services. You think crime is now a problem. Wait until millions of young AIDS orphans are fending for themselves on the streets or seeking to eke out livings as militiamen. Harvard economist Jeffrey Sachs is quoted as saying "a frontal attack on AIDS may now be the single most important strategy for economic development".

Grant there is some truth in that, then consider the following fact. The US government, new initiative included, spends less on international programmes to prevent, mitigate and treat AIDS than US middlemen generate in revenues - $242m last year - from exporting, mostly to Africa, used clothing Americans have dumped at institutions like the Salvation Army. The tax deductions alone that Americans take from donating their old knickers to charity could fund African AIDS relief more generously than what Gore preened himself on this week.

There is nothing especially generous, or even politically bold, about the Clinton administration wishing to spend an amount equivalent to the market capitalisation of a website that has yet to turn a cent in profit on combating a cataclysmic pestilence that the administration compares with the plague. The "extra" $100m announced by Gore, and blessed by Tutu and Nantongo, will at best be a palliative, at least the portion that is left over after paying the overheads - salaries, travel and conferences - of the organisations to which the money is dispensed.

The organisations' attitude towards AIDS tends, logically enough, to be that of Fabian socialists who longed for the revolution so long as it did not occur in their lifetimes. The revolution, in this case, would be a vaccine, a cure or at least a survivable and affordable treatment. But Africans apparently are not worth the expense of finding same. The real money is in caring for them and their orphans and trying to alter their behaviour - not healing them.

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JOHN MAZZUCHI	DoD	697-4197 / 202 216-3231
Barbara Turner	USAID/G	
Rick Nygard	USAID/M	202-216-3393
Evan Berkus-Buggles	NSC/AFRICA	202 456 1266
ALEX ROSS	USAID/AFRICA	202 219 0507
JAMES SMITH	USAID/AFRICA/BUDGET	202 216 3016
Paul Delay	USAID/G/PHN	202 216 3046
David Hamon	DOD/ISA/AFR	703 695-4620
NEAL NATHANSON	HHS/NIH/OAR	301 496 2119
Deborah von Zinkernagel	OHAP/OPHS/DHHS	202-690-7560
Betsy D'Jamoos	ASMB/HHS	202 690 5405
Todd Summers/Sandy Thurman	ONAP	202 456 2435
Anne C. Richard	State/S/RPP	202-647-1681
Mary Kavaliunas	State/S/RPP	647-1681

AIDS Initiative: Qs & As

For Internal Use Only

Q: Is this initiative a response to the recent problems facing the Vice President on international patents in South Africa?

A: No. The President, the Vice President and others throughout this Administration recognize the critical nature of this pandemic and is committed to helping the African people combat AIDS. This effort began on December 1, 1998 (World AIDS Day) when the President and Vice President focused attention on this issue and directed AIDS czar Sandy Thurman to lead a fact finding mission to sub-Saharan Africa and report back with recommendations. Today we are releasing a report from Director Thurman and moving forward on the Plan of Action.

The Vice President has worked with President Mbeki and other African leaders to address the crisis of AIDS and worked with Director Thurman and others to assure that the Administration responded to the recommendations of Director Thurman's report. The Vice President looks forward to continuing to work to find ways to address this problem.

Q: **How is the budget amendment being paid for?**

A: This new proposed investment of $100 million is fully paid for. The Office of Management and Budget worked with many agencies to come up with a series of reasonable offsets, such as areas where appropriated funds are in excess of what is needed. These include:

$40 million comes from unspent activities at the Department of Justice for enforcement activities against unlawful diversion of prescription drug medications.

$30 million in unobligated balances from the National Institutes of Health Buildings and Facilities still available because they were not spent last year.

$10 million in balances from the Agency for International Development Sustainable Development Assistance Account in appropriate funds that exceeds projected expenditures for development accounts.

$10 million comes from a small percentage of unobligated commodity funding in the International Assistance Programs and prioritized for AIDS orphans.

$10 million from the Department of Defense from sales of excess raw minerals no longer needed.

Q: Are any of these funds being taken from existing AIDS programs, Africa programs, or programs to support orphans?

A: None of the funds are being shifted away from AIDS, Africa or programs which provide support to orphans. These funds are additional to what is currently being spent on both AIDS and Africa.

Q: Does this initiative really double funding for prevention and treatment in Africa?

A. The United States Government currently spends $81 million in prevention and treatment. This new $100 million proposed for FY2000 represents a more than doubling of our investments in this area. We also are hopeful that this level of commitment will encourage other nations to step up their efforts. We need many nations and private sector commitments to address a problem of this magnitude.

Q: Has funding been allocated for FY2001?

A: The difficult battle against AIDS will require sustained attention from the US government, other bilateral and multilateral donors and especially from the African nations themselves for many years. Our goals, which are coordinated with the UNAIDS program goals, are five year goals. We are committed to working towards reaching these important goals.

(IF PRESSED:) We have not made any funding commitments beyond the year 2000. However, recognizing the extreme need, we anticipate future funding commitments will be part of our sustained effort.

Q: How will the US Government accomplish the goals described with only $100 million in FY2000?

A: The goals are part of a larger strategy to battle AIDS outside the U.S., primarily in Sub-Saharan Africa. Our initiative seeks to link the US comparative advantage in assisting developing countries battle AIDS with that of other bilateral and multilateral donors, as well as on the host countries themselves. The battle against AIDS can not be won by the US alone or in one year. Although US leadership is a critical component of the effort, there must be a substantial effort on the part of other donors and the African nations themselves. The goals of the initiative, developed in coordination with UNAIDS, are part of a five year strategy. The global effort of all parties must be sustained over time to address this urgent problem.

Q: How will you ensure that other countries donate and how much funding do you expect in total?

A: This new USG initiative demonstrates the US commitment to and leadership in fighting the AIDS pandemic. The US contribution will seek to leverage the commitment and resources necessary from other bilateral and multilateral donors, and host nations themselves to address

this challenge. The US will challenge other developed countries to participate in the global effort to achieve the goals laid out through our initiative and the UNAIDS program.

Q: How did you choose the countries in which to focus your efforts?

A: Countries will be chosen based on a combination of factors. The most important factor is the receptivity of host countries to partnering. Other factors to be considered include the adult HIV prevalence rates, the potential for impact, the rate of increase in HIV, the status of ongoing programs, the political commitment of governments and the opportunity for innovation.

Q: Will the new treatment for reducing mother to child HIV transmission (nevirapine/Viramune) reduce the cost of this initiative?

A: We are excited about the potential of this new drug and will be evaluating how it fits into our treatment plans.

Q. What sorts of activities will the Department of Defense conduct associated with this initiative?

A. The Department of Defense already conducts a wide variety of activities aimed at educating its own service members to prevent HIV infection. Upon entry, every service member undergoes training to promote responsible behavior. This training includes in-depth explanation of how an individual does or does not contract HIV. Through questionnaires or examinations, at risk persons are identified and further counseled on an individual basis. Following their initial training, service members receive periodic counseling on an as-needed basis.

The Department of Defense will use this practical experience to help prevent the spread of HIV in Africa. As part of on-going medical exercises and organizational exchanges, DoD will engage with African countries to educate and provide prevention activities to African military personnel.

Q: How much of the $100 million goes towards prevention? towards treatment?

A: $48 million will primarily go towards prevention and $23 million for treatment of sexually transmitted diseases and opportunistic infections. Of the remaining dollars, $10 million will provide care for children orphaned by AIDS and $19 million will strengthen prevention and treatment by augmenting planning, infrastructure, disease surveillance and capacity development.

Author: Tnovotny@worldbank.org at INTERNET
Date: 7/21/99 10:59 AM
Priority: Normal
TO: Deborah Von Zinkernagel at ~OPHS_DC, Nicole Lurie at ~OPHS_DC
CC: Dhohman@os.dhhs.gov at INTERNET, jpk1@cdc.gov at INTERNET
Subject: AIDS in Africa

Regarding a role for OSOPHS, I have the following thoughts.

1. CDC has the most experience in dealing with large distributions of money, but their focus is prevention and surveillance. Unfortunately the situation in Africa has many other complexities, and treatment itself needs to be dealt with using whatever means we can identify.
2. HRSA and other agencies have developed approaches to treatment through programs such as Ryan White, and there are likely some principles of public health practice that need to be translated from the domestic environment to the international arena. Joe O'Neill is interested in such consultations.
3. OIRH is a convening organization, and it can utilize its contacts and relationships with UNAIDS, the World Bank, UNICEF, and bilateral countries to help mobilize a more multinational approach. In fact, OIRH would try to assure that the approach is DEVELOPMENTAL rather than just acute response to political initiatives.
4. OIRH would work especially closely with the World Bank Africa AIDS initiative. Funding from this initiative is likely to outlast PHS activities, and thus OIRH would help establish a strategy in partnership with the Bank from the outset.
5. OIRH is convening a set of round tables with NGOs, the Pharmaceutical Industry, and governement agencies through the Global Health Council to assure linkage, input, and transparency. The Africa AIDS initiative would rise to the surfcace in these roundtables, and Dr. Satcher would be the recipient of the work product from them. Thus, OIRH would need to assure follow up. As we know, NGOs can be a potent force in supporting or challenging PHS policies. Getting their buy in would be an important contribution from OIRH as a convening organization.
6. I would propose a partnership with CDC and OIRH to examine the various outputs envisioned by the proposed initiative, and with OIRH helping coordinate those outputs not within the CDC's direct line authority.

Thomas Novotny
Centers for Disease Control and Prevention Liaison

CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

National Center for HIV, STD, & TB Prevention

Office of the Director
Facsimile/Routing/Transmittal Slip

From the desk of
Carmine Bozzi
Associate Director for Management and Operations
Mailstop E07
Phone: (404) 639-8006
Fax: (404) 639-8600

Date: 7-22-99

Number of Pages 5 including cover

To: Todd Summers

Phone: (202)632-1090
Fax: (202)456-2438

Comments:

Draft Outline
7/12/99

DRAFT

Reducing HIV Transmission in Sub-Saharan Africa

Background

Many countries in Africa, but especially those in Sub-Saharan Africa, are experiencing explosive HIV epidemics that are taking an enormous toll in human life and having a profound economic and social impact. Without rapid implementation of large scale effective interventions most, if not all, of these national epidemics will continue to grow. There are many national and international consequences of this critical situation including consequences that adversely affect political stability and other factors that could adversely affect U.S national interests.

Currently it is estimated that there are 22 million adults and 1 million children living with HIV/AIDS in the Sub-Saharan Region alone. There are an estimated four million new infections each year. The AIDS death toll is rapidly rising with an estimated 5,500 funerals occurring each day in the region.

In the southern-most African countries, HIV has reached epidemic proportions only relatively recently. For example, Botswana now has one of the highest documented rates of HIV infection in the world in Southern Africa recent reports from four countries Botswana, Namibia, Swaziland, and Zimbabwe, in the region indicate that 20-26% of their adult population aged 19 - 49 are now HIV-infected. HIV is wiping out gains in life expectancy. By the year 2010, demographers project that life expectancy will fall from 66 to 33 years in Zambia and from 70 to 40 years in Zimbabwe. By 2005, 61 of every 1000 infants born in South Africa are expected to die before the age of one year.

At this point, considering the magnitude and explosive characteristics of the HIV Epidemic in Sub-Saharan Africa, only a very large scale, well founded HIV prevention effort is likely to be successful in significantly reducing HIV

transmission in the Region.

Initiative Proposal

The Centers for Disease Control and Prevention (CDC) has responsibility for monitoring the HIV epidemic in the United States and providing funding and technical assistance to state/local health departments, national organizations, and community-based organizations to plan, implement and evaluate comprehensive HIV prevention programs and research. CDC is unique in that it has very long experience in providing assistance in public health emergencies, prevention research, and HIV, STD TB and other prevention program planning. CDC also already has a strong international field station structure in countries such as Cote d'Ivoire, Uganda, Botswana and South Africa in Africa and Thailand in Asia as well as a long history of providing technical assistance to these and other countries. Recently CDC assigned personnel to India and Vietnam to begin providing technical assistance to HIV prevention efforts in those countries and begin collaborative projects on HIV/AIDS and other emerging infectious diseases.

Considering the Agency's role, expertise and experience, it is proposed that CDC could play a lead role in providing technical assistance, training, and program guidance to help rapidly develop an expanded HIV prevention program in Sub-Saharan Africa. In accomplishing this mission, CDC will need to work closely with, coordinate, and build on the existing efforts of other international agencies such as UNAIDS, WHO, USAID, and representatives of European and other national governments already involved in trying to strengthen the programmatic response to the emergency situation in this region. The experience that CDC would gain in undertaking this initiative would not only benefit the countries and programs receiving assistance, but it would also help CDC acquire technical knowledge and staff experience that could benefit other countries in Africa and Asia. It would also very likely provide opportunities for CDC staff to gain greater insight into how to improve domestic HIV prevention efforts.

Initiative Outline

I. Assess the epidemiologic situation in each Sub-Saharan country and develop an epidemiologic profile for use in HIV primary and

secondary (illnesses affecting the HIV infected) prevention program planning. Assessment would include review of surveillance information and systems available for HIV, other sexually transmitted diseases, tuberculosis and other related infectious diseases. It would include analysis of behavioral other transmission risks (both sex and drug abuse-related).

II. Assess current program efforts in each country to prevent and control HIV, other STDs, tuberculosis and other related infectious diseases and reduce behavioral risks (both sex and drug-abuse related). Assessment would include review of the national plan for HIV prevention, public health science-base for program activities and interventions, the comprehensiveness of the program response and how well programs are actually being implemented in each country. Impediments and obstacles to program development and implementation as well as indicators of successful program implementation would be identified in this process. Areas of particular focus would include: 1) prevention of mother-to-infant HIV transmission; 2) surveillance, with a focus on incidence; 3) evaluation and implementation of new prevention methods and tools (e.g., HIV rapid tests, vaginal microbicides, HIV vaccines); 4) prevention of HIV transmission - intervention-linked research including behavior change and focus on increasing condom use for sexually active youth; 5) broader management of TB, including TB prophylaxis for HIV-infected persons, and other opportunistic infections such as PCP, and STD diagnosis and treatment; 6) HIV counseling and testing; 7) prevention of HIV transmission among injecting drug users; and 8) blood safety.

III. Development and/or strengthening of national strategies for preventing HIV transmission and associated illness including proposing new or modified program models and interventions based on the current science-base and experience in other countries and plans for overcoming obstacles and impediments to implementation of preventive interventions likely to be effective.

IV. Provision of technical assistance and training on the new or revised strategies and how to implement them effectively. In each country, a

train-the-trainer approach would be used and sustainable public health training networks be developed or strengthened, requiring long term in-country technical assistance.

V. Funding of demonstration projects and training centers in each country to provide an in-country source of high quality experience for indigenous trainers, program managers, clinicians, and scientists. These centers would be a source of expertise in surveillance and epidemiology, behavioral science, social marketing, treatment and care of opportunistic infections, counseling and testing and program management.

VI. Periodic assessment of the emerging HIV epidemic and programmatic situation in each Sub-Saharan country to ensure that program efforts are developing, that indicators of success are appearing and being sustained.

VII. Support of public health and HIV primary and secondary prevention programmatic research within the Region to continue development of interventions and programmatic models that are culturally relevant and based on the most current science and worldwide program experience.