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Leadership and Investment in Fighting an Epidemic (LIFE) Initiative [Folder 1] [2]

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GLOBAL AIDS INITIATIVE OPERATING PLAN
08/05/99, 6:00 am

I. BACKGROUND:

Many countries in Africa, 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. It is estimated that 22 million adults and 1 million children are currently living with HIV/AIDS in the Sub-Saharan region of Africa. There are an estimated four million new infections in that area each year. The AIDS death toll is rapidly rising, with an estimated 5,500 funerals occurring each day in the region. The epidemic 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.

Recognizing the severe impact of the global AIDS pandemic on countries, communities, families and individuals, the Global AIDS Initiative (GAI) seeks to increase available resources, enhance prevention and care efforts, and expand the quality, diversity and number of partners who can effectively respond to the pandemic. This Operating Plan will:

- define the four primary program elements and expected short term and medium term results,
- establish specific responsibilities amongst the Federal Agencies,
- identify the geographic focus for these efforts,
- create a system for communication and management, and
- present the critical next steps at both country and global level to finalize detailed work plans

II. DESCRIPTION OF INITIATIVE

The U.S. Global AIDS Initiative provides an additional $100 million (above the current budget levels of participating agencies) to combat the severe HIV/AIDS epidemic in developing countries, with a special emphasis on countries in Sub-Saharan Africa. Three agencies will collaborate to develop and implement HIV/AIDS prevention, treatment, support, and capacity building activities for this initiative: the United States Agency for International Development (USAID), the Department of Health and Human Services (DHHS), and the Department of Defense (DOD).

III. GUIDING PRINCIPLES

USG agencies will apply the following principles to the design and implementation of the GAI:

1. Country ownership of the activities is essential. USG agencies will actively seek the approval and full cooperation and collaboration of host countries in implementing activities.

2. GAI funding and activities are in addition to existing USG HIV/AIDS programs and activities conducted abroad. The net total of GAI new and expansion of existing activities will yield expected results in the target countries and programs.
3. The GAI strives to increase the number of collaborating USG agencies and other partners in the fight against AIDS.
4. Scaling up HIV interventions will require that agencies apply new approaches, guided by country needs.
5. Active coordination of GAI activities among federal agencies is required at the country and US levels.
6. The GAI set of activities will be coordinated with other donors and will seek to leverage other donors efforts and resources.
7. USG partners will conduct joint assessments with country stakeholders and donors of the respective national AIDS situation, current programmatic efforts, and will jointly design, implement and evaluate activities.
8. Support for African/Indian expertise and institutions in implementing program elements is emphasized.
9. The GAI offers opportunities to learn about new models that will assist US-based HIV programs, as well as to share US experiences abroad.

IV. AUTHORITIES FOR IMPLEMENTING INITIATIVE

USAID uses existing authorities (cite—State Dept Authorization, etc) to plan, implement, and evaluate international development programs.

Authorizing legislation for HHS implementation of activities to be included in the GAI are provided in Sections 301, 307, 310, 311, 317, 322, 325, 327, 352 and 1102 of the Public Health Service Act.

DOD authorities include.....

V. FOUR PROGRAM ELEMENTS:

The Global AIDS Initiative will address four key program elements in the response to the AIDS pandemic. The Initiative will foster the expansion of current activities as well as provide support for more recently developed interventions that have not yet been incorporated into comprehensive programs.

PROGRAM ELEMENT 1: PRIMARY PREVENTION: Implement strategies to slow the spread of HIV infection. These activities include mass education efforts, behavior change interventions, stigma reduction, social marketing, condom and barrier mthod distribution, clinical treatment of STDs, voluntary counseling and testing, blood supply screening and interventions to reduce mother-to-child HIV transmission.

Activities and Responsibilities

Program Component	USAID	DHHS	DOD	Opportunities For Leveraging
Voluntary counseling and HIV testing (VCT)	9 SSA countries and India will implement VCT interventions (@$15 million)	XX countries will develop culturally appropriate approaches to voluntary HIV counseling and testing of patients in clinical settings who are suspected of having, or have been documented as having STDs, TB, or OIs. ***Budget ??***		Collaborate with UNAIDS, and key intersted donors (e.g., DFID) to support establishment and expansion of VCT.
Social marketing/Procurement of condoms	Social marketing of condoms is a basic part of existing USAID support in essentially all SSA countries. Only 1 country will request additional funding for social marketing (@$3 million)	Evaluation and implementation of new prevention/behavior change methods and tools in XX countries. *Budget ??*		Collaborate with other donors such as DFID, GTZ, KfW, World Bank, EU, and UNFPA in procurement of commodities, and support for social marketing.
Behavior change interventions and stigma reduction	9 SSA countries will implement expanded behavior change programs with specific support to faith networks, regional youth programs and training in "state of the art" communications techniques (@$10.5 million)	XX countries will receive technical assistance to reduce HIV transmission in adolescents, reduce male risk behavior; and reduce nosocomial spread of HIV to health care workers. *Budget??*		Work with other donors and UNAIDS to coordinate interventions and to leverage resources.

Reduce mother-to-child HIV transmission (MTCT)	3 SSA countries will implement MTCT programs, with extended evaluation systems in place (@$2.5 million)	**XX** countries will implement MTCT programs with extended evaluation systems in place ***Budget ??***		Coordinate with UNICEF, UNAIDS, and the French on implementation and evaluation of MTCT pilots.
Sexually Transmitted Diseases		**XX** countries will implement new and/or expand STD treatment services. ***Budget??***		Collaborate with DFID, EU, World Bank on support for STD training and procurement of drugs.
Blood safety		*CDC, FDA*		Work with the EU and various Red Cross organizations on blood safety.
AIDS prevention in militaries				Coordinate with Civil – Miliary Alliance and UNAIDS.
[Prevention research]				

Performance Measures: Indicators of performance will measure results and impact for the region and be aggregated from individual country monitoring and evaluation plans. Performance will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the initiative.

- % decrease in reported non-regular sex partners
- % increase in reported barrier method use with non-regular/regular sex partners
- % decrease in reported STI prevalence for men/women
- % decrease in HIV incidence rate in 15-24 year olds by the year 2005

Countries Selected:
Implementation Timeframes

PROGRAM ELEMENT 2: CARING FOR CHILDREN AFFECTED BY AIDS: Assist families and communities in caring for children orphaned or affected by AIDS.

Activities and Responsibilities

Program Component	USAID	DHHS	DOD	Opportunities For Leveraging
Support to affected children	Through the use of Title II "Food for Peace Programs"6 SSA countries, 2 Africa Regional Programs and India will implement strategies for children affected by AIDS. In addition, the impact of using Title II resources will be evaluated and the needs of very young children will be assessed. (@$10 million)			Collaborate with UNICEF in supporting activities for children affected by AIDS.
Community mobilization	1 SSA country will focus on community mobilization interventions to improve the status of children affected by AIDS (@$0.5 million)			Collaborate with the World Bank and its new AIDS strategy; UNICEF for community mobilization; with USAID microfinance programs, and NGOs

Performance Measures: Indicators of performance will measure results and impact for the region and be aggregated from individual country monitoring and evaluation plans. Performance will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the initiative.

- % of children affected by AIDS who have access to education and food on an equal basis to their non-affected peers
- % of households caring for children affected with AIDS that receive help with care from an institution or group outside the family

Countries Selected:
Implementation Timeframes.

PROGRAM ELEMENT 3: INFRASTRUCTURE AND CAPACITY DEVELOPMENT: Strengthen host country ability to implement interventions by focusing on government, private sector, NGOs and research institution capability.

Activities and Responsibilities:

Program Component	USAID	DHHS	DOD	Opportunities For Leveraging
Policy/advocacy	3 SSA countries and 2 Africa regional programs will be implemented (@$3.7 million)			Work with donors, as well as faith, business, and labor organizations to increase political commitment.
NGO support	4 SSA countries will provide training and support for targeted NGOs. (@$2 million)			Collaborate with donors supporting NGO programs in country, as well as UNAIDS.
Training and technical assistance	2 SSA countries and 1 Africa Regional program will increase training programs (@$5 million)`			

Surveillance	4 SSA countries and India would provide support for expanded HIV surveillance systems (@$ 3 million)	**XX countries** Provide technical assistance and training on design, implementation and evaluation of comprehensive, long-term programs for HIV, STD and TB surveillance; XX countries receive technical guidance in the utilization of information gathered from sustained HIV, STD, and TB surveillance programs. Validate new HIV testing methods (detuned ELISA) for sub Saharan Africa and India *BUDGET???*		Opportunity to work with WHO, WHO/AFRO, UNAIDS, and EU on implementing advanced surveillance methodologies
Multi-sectoral coordination	Support for the UNAIDS International Partnership for Africa (@$0.7 million)			UNAIDS

Performance Measures: Indicators of performance will measure results and impact for the region and be aggregated from individual country monitoring and evaluation plans. Performance will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the initiative.

- Increased number of HIV/AIDS information and service delivery points operated by NGOs
- Increased number of HIV/AIDS information and service delivery points which meet minimum quality standards

- Surveillance plans and survey designs in all target countries
- Lab capacity for surveillance developed in all countries
- Training of surveillance managers and key staff in country in at least xx of the xx countries.

Countries Selected:
Implementation Timeframes.

PROGRAM ELEMENT 4: HOME AND COMMUNITY BASED CARE AND TREATMENT: Provide medical and social services to HIV infected individuals, including the treatment of opportunistic infections, tuberculosis and sexually transmitted diseases.

Activities and Responsibilities

Program Component	USAID	DHHS	DOD	Opportunities For Leveraging
Treatment and prevention of sexually transmitted diseases, opportunistic infections and Tuberculosis	5 SSA countries and India would implement treatment programs for HIV infected persons. In addition, pilot sites would be established to assess methods to improve TB and respiratory disease care in HIV infected persons. (@$9 million)	**XX countries**. Develop culturally appropriate approaches to testing for STD, TB, and opportunistic infections. Define community standards for care. *BUDGET?*		Opportunity to collaborate with WHO in developing and implementing reproductive tract infection program guidance tools.
Drug supply				Work with the World Bank and EU on improving drug procurement and distribution systems.

Home/community based care activities	6 SSA countries would institute home and community based care model programs. In addition, indicators for measuring impact of care services will be developed (@$4.9 million)	**Xx countries** will institute community based OI treatment and prevention models. *BUDGET??*		Opportunity to collaborate with UNAIDS on development of community based standards of care.

Performance Measures: Indicators of performance will measure results and impact for the region and be aggregated from individual country monitoring and evaluation plans. Performance will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the initiative.

- % of local governments supporting care and support activities
- % of primary health facilities providing quality (i.e. according to national guidelines) treatment for opportunistic infections
- % of households caring for HIV positive persons that receive help with care from an institution or group outside the family

Countries Selected:

Implementation Timeframes.

VI. MANAGEMENT AND MONITORING OF THE INITIATIVE- The Global AIDS Initiative Task Force:

Because of the expanded number of Federal Agencies involved, the need to share information and work collaboratively at country and global level, and the need to link with other critical partners (e.g. UNAIDS, World Bank, EU, donors, etc), a joint management and monitoring GAI Task Force will be established. This Task Force will be composed of regular focus point persons from each of the relevant Federal agencies. The Task Force will be convened under the auspices of ONAP with secretariat support provided by USAID. Additional members will be included as necessary (e.g. UNAIDS representative). The Task Force will meet on a monthly basis over the next year, because of the wide range of issues that must be resolved in a timely way. After one year, meeting schedules can be reviewed.

It is essential that the activities funded through the GAI build on existing resources and programs in order to achieve the maximal coverage and impact. While key components of the GAI can be monitored, it should be recognized that measurements of performance should not be attributed to discrete funding sources, such as the GAI, but instead, represent the consolidated programs that have been established in each country.

VII. IMPLEMENTING PARTNERS

USG agencies will work with host country stakeholders (Ministries of Health, other public sector entities, service delivery NGOs, the private sector, communities, media, and faith communities) to design, implement and evaluate programs. Emphasis will be given to supporting and strengthening local expertise and institutions. USG agencies will use existing mechanisms to implement programs. Coordination will take place with the Partnership Against AIDS in Africa (UNAIDS sponsored), as well as donors at the country and international levels.

VIII. NEXT STEPS:

The Global AIDS Initiative will involve an unprecedented collaborative effort among an expanded number of partners. These include not only multiple Federal Agencies (USAID, DHHS, DOD, DOS, xxxx), but also other bilateral donors, multilateral agencies, foundations, private corporations, and most importantly, host country governments, technical experts, and communities.

Funding from this initiative will become available within three to six months from the onset of Fiscal Year, 2000. During this time, it is necessary to discuss with countries their willingness to participate; identify and inform the key partners about the focus and activities of the Initiative; establish discrete areas for collaboration and complementary programs; identify relevant implementation mechanisms; define mutual expected outputs and impact indicators, and, most critical, establish detailed workplans for the next two years.

COUNTRY LEVEL: Partnership development, collaborative implementation of programs and leveraging of resources.
The ultimate success of this initiative will depend on the scale, scope and quality of services delivered in affected countries, particularly at the community level. To achieve this, there must be extensive dialogue and collaboration at country level with government, private sector, non-governmental organizations, the faith community and community groups, especially including persons living with HIV/AIDS and their care-givers. Some of the focus countries already have established coordination mechanisms (through the UNAIDS Theme Group, donor coordination groups, the National AIDS Program, etc) These mechanisms will be utilized wherever possible. However, joint country planning teams will also be formed over the next three to six months, in order to work with USAID Missions, HHS and other USG agencies, Host Country Governments, etc, to finalize one to two year workplans, which will include more discrete performance measures. Systems (regular e-mail newsletters, targeted WebPages, etc.) will be established

to provide ongoing information to our country partners on a wide range of relevant topics, including status of activities, programmatic requirements for funding, common measurement indicators, etc.

GLOBAL/ REGIONAL LEVEL: Partnership development, collaborative implementation of global and regional programs, and leveraging of resources.

At global and regional level, multiple partners must be engaged in a collaborative effort to leverage new resources, identify areas for cooperative efforts and areas for complementary programs, and achieve consensus on measurements of performance. A series of "Partnership" meetings should occur over the next three to six months to assure the success of this initiative. Examples of these "Partnership Meetings" could include:

Partner	Purpose
Washington-based African Diplomatic Corps	To initiate dialogue for individual countries which would lead to improved collaborative efforts and mobilization of increased host country resources and commitment.
U.S. AIDS Advocacy Groups	To increase awareness and garner support for the focus and activities of the Initiative.
U.S.-based Faith Groups	To identify U.S. and international faith networks that will ultimately create networks and support for prevention, counseling, psychosocial support and care interventions in sub-Saharan Africa.
U.S. and International Communities of Persons Living with HIV/AIDS (NAPWA, GNP +, etc)	To ensure that PLWHA needs and priorities are met and to establish processes so that host country PLWHA input is utilized optimally.
U.S. Teaching/Academic Institutions	To identify technical resources within the United States in order to expand the technical assistance resource platform which will be initiated in sub-Saharan Africa.
UNAIDS (including the seven UN Cosponsors)	To link with the UNAIDS International Partnership for Africa.
Bilateral Donors (e.g. DFID, SIDA, CIDA, JICA, etc)	To identify gaps and areas for complementary programming in individual countries
Congressional members and staff	To maintain dialogue concerning focus countries and activities.

ANNEXES:

1. COUNTRY SELECTION CRITERIA
2. CONSOLIDATED COUNTRY LIST
3. AFRICAN REGIONAL ACTIVITIES
4. CURRENT USAID ACTIVITIES IN AFRICA AND ASIA
5. CURRENT HHS ACTIVITIES IN AFRICA AND ASIA
6. CURRENT DOD HIV-RELATED ACTIVITIES IN AFRICA AND ASIA

ANNEX 1: COUNTRY SELECTION CRITERIA

Countries selected for inclusion will meet the following criteria:

1. Country receptivity to assistance from US government
2. Country political commitment to fighting the AIDS epidemic
3. Potential for intervention
4. An existing USAID, DHHS, or DOD presence, as well as mission interest
5. The magnitude of the epidemic
6. Potential for impact
7. Potential for leveraging of other local and donor support
8. Existing USG implementation mechanisms

ANNEX 2: CONSOLIDATED COUNTRIES

GLOBAL AIDS INITIATIVE

COUNTRIES	USAID	DHHS	DOD
1. BOTSWANA		X	
2. COTE D'IVOIRE		X	
3. ETHIOPIA	**X**	**X**	
4. INDIA	X		
5. KENYA	**X**	**X**	
6. MALAWI	**X**	**X**	
7. MOZAMBIQUE	X		
8. NIGERIA	**X**		**X**
9. REGIONAL. PROGRAMS	**X**	**X**	
10 RWANDA	X		
11 SENEGAL	X		
12 SOUTH AFRICA	**X**	**X**	**X**
13. TANZANIA	X		
14. UGANDA	**X**	**X**	
15. ZAMBIA	**X**	**X**	
16. ZIMBABWE	**X**	**X**	

ANNEX 3: AFRICAN REGIONAL ACTIVITIES

EARLY DRAFT

West Africa Region

The USAID West Africa (Family Health and AIDS) Project provides support to NGOs and communities in several West African nations, including Cameroon, Burkina Faso, Cote D'Ivoire, Togo, ... DHHS/CDC also operates an HIV research station in Cote d'Ivoire and HHS/CDC and NIH have presence in Mali. The regional program will expand support for cross border and regional prevention interventions, conduct training, increase political commitment for AIDS in the region, mobilize community responses and support programs to assist families and children affected by AIDS.

Southern Africa Region

The USAID Southern Africa Regional HIV/AIDS effort is supporting HIV/AIDS interventions targeted at cross border population migration (Zimbabwe, Zambia, South Africa), increasing political commitment to fighting AIDS in the region, and bringing together all relevant actors to plan for surveillance activities in the region. HHS/CDC operates a research station in Botswana (primary TB, with increasing HIV). GAI activities will expand regional efforts such as including other target countries in cross border population movements, develop multisectoral approaches to AIDS efforts, increase political commitment to fighting AIDS, and develop regional training networks for AIDS interventions.

East Africa Region

USAID provides technical assistance and training for AIDS efforts in the east and southern African regions through its regional office in Nairobi. HHS/CDC operates a research station in Western Kenya (predominately malaria), and other HHS agencies are active in selected countries. Regional efforts will focus on training and ...

ANNEX 4: CURRENT USAID ACTIVITIES IN AFRICA AND INDIA

ANNEX 5: CURRENT DHHS ACTIVITIES IN AFRICA AND ASIA

Description of CDC's Current Activities by Region/Country
African Region

- **Cote D'Ivoire/West African Region** - ***Project RETRO-CI*** (Retro-virus in Côte d' Ivoire) is an HIV/AIDS epidemiologic research project located in Abidjan, Côte d'Ivoire. It is a collaborative project between the DHHS, the Ministry of Health and Social Affairs, and two other public health institutions in Europe. A broad spectrum of epidemiologic research has been conducted at Project RETRO-CI since its inception in 1988. This research has served to (1) define the magnitude of the HIV/AIDS epidemic in Côte d'Ivoire and to describe which sub-populations have been most affected; (2) describe the clinical manifestation of HIV-1 and HIV-2 infections; (3) study in detail the modes of transmission and transmissibility of HIV-1 and HIV-2 by heterosexual, blood product, and mother-to-child routes; (4) define causes of death in HIV-infected persons; (5) study the response to therapy in HIV-infected patients with tuberculosis; (6) study the laboratory serologic diagnosis of HIV-1 and HIV-2 infections; and (7) conduct clinical trials to develop effective interventions to prevent HIV transmission.

- **Botswana** - The BOTUSA Project is a TB/HIV epidemiologic research project located in Gaborone, Botswana. Botswana has among the highest levels of TB and HIV in the world. The BOTUSA Project is a collaborative project between the CDC, Ministry of Health, and Ministry of Local Government and Lands. Collaboration within southern Africa is well established with WHO/AFRO, UNAIDS, and regional governmental organizations (e.g., Southern Africa Development Community, Southern Africa TB Coordination Initiative). Presently, CDC has a long-term medical epidemiologist and public health advisor assigned to the project, which has been in operation since 1995. Project objectives include strengthening of TB surveillance, research on TB/HIV in order to improve TB control, and strengthening of public health laboratory services. Research has served to (1) document the close correlation between TB and HIV in Southern Africa; (2) improve the diagnosis and promptness of treatment for TB in a setting of high HIV prevalence; (3) identify factors contributing to the TB epidemic in a setting of high HIV prevalence; (4) document the impact of DOTS and the HIV epidemic on levels of drug-resistant TB; (5) study clinical factors important to TB outcomes; and (6) document the existence of substandard TB drugs in the global marketplace and field-test appropriate technology to screen drug quality.

- **South Africa** - Presently, USAID is supporting a CDC long term resident medical epidemiologist (assigned to USAID in South Africa) who is acting as a consultant to the South African Ministry of Health on a broad range of issues including HIV/AIDS. USAID also supports a CDC advisor who is working with labor unions involved with HIV prevention efforts in South Africa (a broader USAID program with the AFL-CIO. CDC participates in collaborative research on contraception-related risk of HIV infection among women and the risk of HIV transmission following sexual assault. The CDC tuberculosis program also has a public health advisor assigned to the South Africa tuberculosis program to assist in strengthening TB surveillance.

- **Uganda** - In collaboration with USAID, CDC provides technical assistance to two major NGOs which offer both HIV counseling and testing and follow-up support services to persons infected with HIV and people living with AIDS. One epidemiological study, in particular, evaluates behavioral and biological risks and prevention opportunities among couples who have sought counseling and testing services through the AIDS Information Centre (AIC). CDC also supports collaborative research in Uganda on different HIV virus sub-types. UNAIDS HIV Drug Access Initiative: UNAIDS developed the HIV Drug Access Initiative, a program aimed at improving access to antiretrovirals and other AIDS treatment in 4 pilot countries. In collaboration with UNAIDS and Ministries of Health of host countries, CDC is assisting in the evaluation of this program in Uganda and Côte d'Ivoire.

- **Kenya**- CDC has had a research station in Kenya since 1979, in collaboration with the Kenya Medical Research Institute (KEMRI). The field station includes a small unit in Nairobi and a larger unit in Kisumu in western Kenya, which serves as the headquarters for field operations in neighboring communities. In addition to three CDC assignees, the field station employs several senior scientists through a variety of mechanisms and several hundred Kenyan staff. The facilities include several laboratories and a clinical research facility on the grounds of the district hospital. The staff in Kenya have extensive experience conducting both community, population-based studies and clinic-based studies. The main focus of the field station is on research to reduce morbidity and mortality associated with malaria. Several studies are examining the impact of malaria infection on HIV while other studies are examining the impact of other infectious diseases and HIV infection. Studies on HIV-related blood safety issues have also been conducted at the field station. The station is partially funded by USAID.

- **Malawi** – CDC/USAID has assigned a Technical Advisor to provide technical support for integrating HIV/AIDS interventions in health and population projects that support maternal health, family planning and STD interventions and control. Technical assistance is also provided to the Ministry of Health AIDS Control Program in capacity building, surveillance, planning, implementation, monitoring and evaluation.

Asian Region

- **India** - There is presently a CDC TB epidemiologist stationed in Delhi to advise to the Indian Government on the implementation of World Bank-funded TB activities. Under his guidance, Directly Observed Short Course Therapy (DOTS) has been implemented in a number of Indian states, and the groundwork has now been laid in a number of others.

NIH
HRSA
FDA
NIH ETC.....

Global AIDS Initiative (GAI)
Program Element 2: Caring for Children Affected by AIDS

Administration for Children and Families (ACF)
Department of Health and Human Services (DHHS)

The Administration for Children and Families (ACF) is responsible for Federal programs which promote the economic and social well-being of families, children, individuals, and communities. Through its Federal leadership, ACF sees:

- families and individuals empowered to increase their own economic independence and productivity
- strong, healthy, supportive communities having a positive impact on the quality of life and the development of children
- partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, states, and Congress which enable solutions which transcend traditional agency boundaries
- services planned, reformed, and integrated to improve needed access
- a strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities

ACF has programs which address the welfare of children at risk. The Adoption Opportunities program eliminates barriers to adoption and helps to find permanent homes for children, particularly those with special needs, who would benefit by adoption. The Abandoned Infants Assistance program provides grants to help identify ways to prevent the abandonment of children in hospitals and to identify and address the needs of infants and young children, particularly those with acquired immune deficiency syndrome (AIDS) and prenatal drug or alcohol exposure. In FY 1999, funding for Adoption Opportunities is $25 million; for Abandoned Infants Assistance, it is $12 million. In FY 2000, funding for Adoption Opportunities is $27 million; for Abandoned Infants Assistance, it is $12 million.

The Administration on Children, Youth, and Families (ACYF) at ACF has worked with the Office of Democracy, Governance, and Social Reform in the Bureau for Europe and the Newly Independent States at the United States Agency for International Development (USAID) with the assistance of the Office of International and Refugee Health (OIRH) under the Promotion of Private Health Markets Project (Number 180-0038) on an assessment of child welfare services in Romania. A team of Federal and State officials visited Bucharest, Cluj, Iashi, and Constanta between October 6 and 10, 1997. From the visit, the team formulated a set of tentative proposals for assistance.

The contact person is James A. Harrell, Deputy Commissioner, ACYF, (202) 205-8347, jharrell@acf.dhhs.gov. Mr. Harrell has extensive experience in the management of

public health programs and has provided technical assistance on a government-to-government basis for a number of other countries.

Global AIDS Initiative (GAI)
Program Element 2: Caring for Children Affected by AIDS

Office on Women's Health (OWH)
Department of Health and Human Services (DHHS)

The Office on Women's Health (OWH) has as its mission the improvement of women's health across the lifespan by directing, developing, stimulating, and coordinating women's health research, health care services, education, and training. To that end, OWH has established public/private partnerships to address critical women's health issues nationwide. These include:

- identifying information gaps
- designing, developing and implementing training and education programs
- disseminating educational products developed on women's health concerns

In July 1997, OWH and the Office of HIV/AIDS Policy (OHAP) convened more than 80 participants at a meeting entitled "Women and HIV/AIDS Strategies." Its purpose was to bring together leaders from both Federal agencies and community organizations to develop strategies to increase the focus on HIV/AIDS and women as a national health priority. As a result of this meeting, the Collaborative Group on Women and HIV/AIDS was formed to provide input from women who are infected with or affected by HIV/AIDS, community organizations which provide direct services to these women, and advocacy groups.

The HIV/AIDS Collaborative Group consists of representatives from national and local women's organizations, the PHS Regional Women's Health Coordinators, DHHS HIV/AIDS coordinators, representatives from national AIDS organizations, persons affected by HIV/AIDS, and representatives from health care organizations. The Collaborative Group comprises five Work Groups: Research, Care/Treatment, Primary Prevention/Education, Secondary Prevention/ Education, and Young Women. At the request of the Collaborative Group, a compendium of DHHS activities on women and HIV/AIDS was created to enable members of the Collaborative Group to identify gaps and disparities.

Since the 1997 meeting, the Women and HIV/AIDS Collaborative Group has convened four meetings in Washington, D.C. Additionally, the specific Work Groups have continued the dialogue via monthly conference calls to increase awareness in DHHS and the public, to propose strategies to expand activities focusing on women and HIV/AIDS, and to develop a network of individuals committed to address specific health concerns of women infected with and affected by HIV/AIDS.

OWH has worked with the Ministries of Health of Canada and Mexico and was involved

in the 1998 International Aids Conference through the Women's Satellite Sessions.

The contact person is Francess E. Page, R.N., M.P.H., Senior Public Health Advisor, OWH, (202) 690-7650 phone, (202) 401-4005 fax, fpage@osophs.dhhs.gov. Ms. Page has more than 16 years experience of working with the issue of women and HIV/AIDS.

Global AIDS Initiative (GAI)

Health Resources and Services Administration (HRSA)
Department of Health and Human Services (DHHS)

President Clinton, in launching the Global AIDS Initiative (GAI), has called for leveraging our respective strengths in the global battle against AIDS. Successful implementation of the GAI will require surveillance, prevention, and treatment initiatives. HRSA is pleased to be bring to this endeavor the unique expertise and leadership it has gained.

As an agency, HRSA offers a wide range of programmatic experience. The Community and Migrant Health Centers have, for example, over thirty years of experience in the development of health care treatment infrastructure in poor and underserved communities. The Ryan White CARE programs have established themselves as expert national leaders in the provision of community-based treatment and support, primary care, and professional education in the HIV/AIDS arena. The Maternal and Child Health Bureau supports numerous national programs targeting at risk children, perinatal care, and adolescent health care. Professional education programs supported through the Bureau of Health Professions are key components of domestic efforts to educate the next generation of doctors, nurses, dentists, and other health professionals.

HRSA is a large and diverse organization whose work with an enormous number and variety of partners has established an unparalleled network of community, state, and local government and academic experts from which to draw resources and talent. Many of these partners have international experience, are anxious to assist in this effort, and are poised to assist in leveraging additional resources from other sectors.

HRSA offers leadership and expertise in these areas:

- Home and community-based care and treatment. The provision of community-based HIV care and supportive care services are the cornerstone of HRSA's $1.4 billion HIV/AIDS activity. From the earliest days in the domestic HIV/AIDS epidemic, HRSA has been challenged to develop infrastructure capable of delivering high-quality HIV primary care, opportunistic infection (OI) prophylaxis, and TB and STD treatment in resource-poor communities across the United States including Puerto Rico and U.S. territories. Additionally, HRSA has developed expertise in palliative care, symptom management, and other supportive care services delivered through non-governmental organizations.
- Development of community-based programs to prevent perinatal transmission through the development of effective targeted programs which combine quality clinical care, education and outreach, and networking structures to build support and continuity of care.

- Purchasing, distribution, and allocation of HIV-related pharmaceuticals which encompass a variety of approaches and methodologies to project demand and need and to distribute available resources.
- Professional education. The AIDS Educational and Training Centers (AETC) component of Ryan White is an extensive national training and educational support system which offers support to the community of caregivers for maintaining competency levels, knowledge to preclude misunderstanding, and mechanisms to create local networks of support.

The contact person is Joseph F. O'Neill, M.D., Associate Administrator for HIV/AIDS, HRSA, (301) 443-1993 phone, (301) 443-9645 fax, joneill@hrsa.dhhs.gov.

Leadership and Investment in Fighting an Epidemic FY 2000
by Country/Region and Program Area

(dollar allocations are preliminary and will change based on country assessments and input)

Country	98 POP. (000s)	HIV Prev %	HIV Incid	Primary Prevention ($m)						Home Care & Rx ($m)			Surveil ($m)	T ($
				VCT	BC/SR	MTCT	Blood SI	STD	**Subtot**	OI/TB/STD	HBC&Rx	**Subtot**		
Botswana	1,448	25.1	26,000	0.5	0.25	0.5		0.5	**1.75**	1.0	0.5	**1.5**	**0.5**	
Cote d'Ivoire	15,446	10.1	75,000	0.5	0.25	0.5	0.25	0.5	**2**	1.0	0.5	**1.5**	**0.5**	
Ethiopia	58,390	9.3	400,000	0.5					**0.5**			**0**	**0.5**	
Kenya	28,337	11.6	400,000	0.5	0.25	0.5	0.25	0.5	**2**	1.0	0.5	**1.5**	**1.0**	
Malawi	9,840	14.9	90,000	0.5					**0.5**			**0**	**0.5**	
Mozambique	18,641	14.2	300,000						**0**			**0**	**1.0**	
Nigeria	110,532	4.1	300,000						**0**			**0**	**0.5**	
Rwanda	7,956	12.8	55,000						**0**			**0**	**0.5**	
Senegal	9,723	1.8	2,800						**0**			**0**	**0.5**	
South Africa	42,835	12.9	550,000	0.5	0.25	0.5	0.25	0.5	**2**	1.0	0.5	**1.5**	**1.0**	
Tanzania	30,609	9.4	150,000						**0**			**0**	**1.0**	
Uganda	22,167	9.0	34,900	0.5	0.25	0.5	0.25	0.5	**2**	1.0	0.5	**1.5**	**1.0**	
Zambia	9,461	19.1	68,300	0.5					**0.5**			**0**	**1.0**	
Zimbabwe	11,044	25.8	200,000	0.5					**0.5**			**0**	**1.0**	
India	983,377	0.8	550,000										**0.5**	
Regional									**0**			**0**	**1.0**	
HdQtrs				0.25	0.25	0.25	0.25	0.25	**1.25**	1.0	0.5	**1.5**	**1.0**	
Total				4.75	1.5	2.75	1.25	2.75	**13.0**	6.0	3	**9.0**	**13.0**	

ıl)	FTEs	Country
.8	2	Botswana
.0	2	Cote d'Ivoire
.0	1	Ethiopia
.5	2	Kenya
.0	1	Malawi
.0	1	Mozambique
.5	1	Nigeria
.5	1	Rwanda
.5	1	Senegal
.5	2	South Africa
.0	1	Tanzania
.5	2	Uganda
.5	1	Zambia
.5	1	Zimbabwe
.5	1	India
0	1	Regional
8	7	HdQtrs
0	28	Total

THE WHITE HOUSE

Office of the Vice President

For Immediate Release
Monday, July 19, 1999

Contact:
(202) 456-7035

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Washington, DC -- Vice President Al Gore today joined Archbishop Tutu, Director of the Office of National AIDS Policy Sandra Thurman, Members of Congress, and leaders of the African-American, religious, children's, and AIDS communities to announce that the Administration will seek the largest-ever budget increase in the global battle against AIDS – a new investment of $100 million. The Vice President also unveiled a new report from the Office of National AIDS Policy that assesses the AIDS crisis in Africa and recommends this investment. In addition, the Vice President announced new efforts to encourage other public and private entities across the world to address AIDS across the world.

"AIDS in Africa is the worst infectious disease catastrophe in the history of modern medicine," Vice President Gore said. "More than twenty million people are now infected and nearly 500 more become infected each hour. We hope this initiative will not only provide much-needed relief but will inspire decisive action by other countries and institutions – and bring hope to the millions of children and families trapped in this horror." Today, the Vice President:

RELEASED A NEW REPORT ON THE PRESIDENTIAL MISSION ON CHILDREN ORPHANED BY AIDS IN SUB-SAHARAN AFRICA. Last December, President Clinton directed the Director of the Office of National AIDS Policy to go on a fact-finding mission to assess the problem of HIV/AIDS in Africa. Today, the Vice President is releasing the report that includes new findings and a plan of action resulting from this mission. The report finds that:

AIDS in sub-Saharan Africa is one of the largest health crises in the history of the world. In the past decade, twelve million people in sub-Saharan Africa have died of AIDS -- one quarter of them children -- and each day AIDS buries another 5,500 women and children. Over the next decade, AIDS will kill more people in sub-Saharan Africa than the total number of casualties in all of the wars of the 20th century combined. By 2005, the daily death toll will reach 13,000 people per day.

Millions of children will be orphaned by this epidemic. In some areas up to one-quarter of all children already live with an HIV-positive parent. In the next decade, more than forty million children in sub-Saharan Africa will lose a parent to HIV/AIDS.

This epidemic has a devastating impact on many aspects of life in sub-Saharan Africa. AIDS is undermining much of the progress in development that has been made in Africa. AIDS is reducing life expectancy by more than 20 years in some countries. Many children are dropping out of school to care for dying parents undermining improvements in education, and AIDS will continue to have a major negative impact on the economy, hitting a range of professionals, from teachers to military to business leaders and therefore undermine its current trade with other nations throughout the world.

UNVEILED NEW $100 MILLION INITIATIVE TO COMBAT HIV/AIDS ACROSS THE GLOBE. The Vice President also unveiled a new initiative to double the existing efforts to prevent and treat AIDS. This initiative will be targeted to Africa in addition to other parts of the world where this epidemic is growing. It will help move forward on four critically important and interconnected fronts including:

Containing the AIDS Pandemic. A new $48 million initiative will be used to implement a variety of prevention and stigma reduction strategies including: HIV education; engagement of political, religious and other leaders; voluntary counseling and testing; blood supply screening, and, interventions to reduce mother-to-child transmission (MTCT). In addition, the Department of Defense (DoD) will begin new efforts to work with African militaries to provide educational material and training on AIDS prevention.

Providing Home and Community-Based Care. This $23 million investment will be used to deliver counseling, support palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections, and tuberculosis (TB) through community-based clinics and home-based care workers and enhance training and technical assistance efforts.

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This United States Government investment would be provided through AID ($55 million), HHS ($35 million) and DOD ($10 million) and will be fully offset.

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LIFE

Joining Forces for LIFE:

Leadership and **I**nvestment in **F**ighting an **E**pidemic

A Global AIDS Initiative

I. Increasing the US Government investment in the global battle against AIDS to begin to reflect the magnitude of this rapidly escalating pandemic.

Making a difference in Africa and in other highly impacted areas requires broader political commitment, enhanced community mobilization, and, most urgently, increased resources. In 1998, spending on AIDS in Africa totaled only $165 million. Compared to the ever-escalating need and other health programs, this amount is woefully inadequate. For example, in 1998, over $500 million was spent for basic childhood immunization programs in Africa. Based on our experience in those countries that are starting to demonstrate success, such as Uganda and Senegal, UNAIDS and donors now agree that a minimum of $600 million is needed in sub-Saharan Africa per year for HIV prevention alone ($2 per adult per year).

While we acknowledge the leadership role that the US plays globally and the urgent need to act, clearly an effort to combat AIDS must be driven by many actors including host countries, multi-lateral organizations, and bi-lateral donors, to be successful. In FY1999, the US Government spent $74 million in USAID prevention and care in Africa and $38 million in HHS research and surveillance/prevention. But more remains to be done in sub-Saharan Africa and in other seriously affected parts of the world.

The Administration proposes to commit an additional $100 million in FY2000 to the global battle against AIDS. This initiative will enable us to move forward on four critically important and interconnected fronts including:

- **Containing the AIDS Pandemic ($48 million)** Implement a variety of prevention and stigma reduction strategies, especially for women and youth, including: HIV education, engagement of political, religious, and other leaders; voluntary counseling and testing; interventions to reduce mother-to-child transmission (MTCT); and enhance training and technical assistance efforts, including Department of Defense efforts with African militaries.

- **Providing Home and Community-Based Care ($23 million)** Deliver counseling, support, palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections (OIs), and tuberculosis (TB) through community-based clinics and home-based care workers. Enhance training and technical assistance efforts.

- **Caring for Children Orphaned by AIDS ($10 million)** Assist families, extended families, and communities in caring for their children through nutritional assistance, education, training, health, and counseling support, in coordination with micro-finance programs.

- **Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development ($19 million)** Strengthen host country ability to plan and implement effective interventions. Strengthen the capacity for effective partnerships and the ability of community based organizations to deliver essential services. Strengthen surveillance systems to track the epidemic and target HIV/AIDS programs.

This US Government assistance would be provided through AID ($55 million), HHS ($35 million), and DoD ($10 million). The focus of this funding is HIV prevention, and AIDS care and treatment. In those areas, this initiative represents nearly a doubling of funding in Africa from current levels ($81 million in FY99, which excludes research). The Administration recognizes the fight against AIDS must be sustained to keep pace with this burgeoning epidemic, and is committed to a multi-year effort in this critical area.

II. Building partnerships with other key stakeholders to maximize our impact on the rapidly expanding pandemic.

Increasing US investment in the global battle against AIDS is critical, but is not sufficient to achieve the outcomes needed. The commitment of in-country political leaders and of various segments of civil society are key to success. Moreover, resources provided by the US Government need to help leverage, and to be coordinated with, those of other donors, the private sector, and national governments to ensure synergy and to maximize impact. Building partnerships with key stakeholders in support of effective action at the community level is our greatest hope for progress.

This initiative will pursue a variety of strategic opportunities for challenging other partners to join in an enhanced effort, including:

- **Leadership Meeting** On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of key US officials, The World Bank, UNAIDS, as well as heads of foundations, corporate CEOs, and others to discuss how best to enhance AIDS prevention and treatment efforts in Africa and around

the world. The meeting will focus not only on leveraging additional resources, but also on establishing priorities, identifying effective public/private partnerships, and identifying targets for action to combat the crisis of HIV/AIDS.

- **African Leaders Summit** We propose hosting a high-level meeting with Africa government and community leaders within the next ten months. This meeting will highlight the critical role of leadership in arresting the epidemic and will work to encourage increased leadership efforts. Topics will include the economic impact of HIV/AIDS, examination of models of success in reducing the transmission of HIV, and addressing the need for increased investment in health programs. Additional topics will include AIDS care and treatment and support for children orphaned by AIDS.

- **UN Conference on Children Orphaned by AIDS** On December 1, 1999 (World AIDS Day), the United Nations in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference to focus attention on the growing number of children orphaned by AIDS worldwide. Special emphasis will be placed on assessing the needs of orphaned children in sub-Saharan Africa and the Americas. Participants will include noted experts on the priority issues identified by UNAIDS, UNICEF, and other UN agencies.

- **Business** The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts to rise to the AIDS challenge. Given the impact that AIDS is having on businesses as well as the overall economic-impact on African countries, such a meeting will seek enhanced business commitment and involvement in AIDS programs.

  The Commerce Department will work with American Chambers of Commerce abroad and other business organizations to publicize the successful AIDS efforts of US firms in Africa and to support others taking similar action. In addition, the Department will direct work to promote closer coordination in Africa between Commercial Service Offices, other USG agencies, the business community, and African NGOs in a united effort to promote corporate partnership in AIDS programs.

- **Labor** The Secretary of Labor will facilitate a meeting of US and African labor leaders, and will be co-chaired by the AFL-CIO. The success of the AFL-CIO and its Solidarity Center in South Africa (supported by USAID) in working with the South African Trade Union Federations to include AIDS as a key labor outreach and policy issue provides a model for similar action elsewhere. Outcomes include assisting labor organizations in educating their members and securing commitments to develop workplace-based AIDS education and prevention programs, including outreach to youth.

- **Religious Leaders Summit** The US government will facilitate a meeting of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS. In Uganda and Senegal, the involvement of religious communities and leaders had a dramatic impact on the ability of these two countries to reduce HIV incidence and to maintain it at low levels over time. The outcome of such a meeting would be to increase attention to the need for involving religious communities, to mobilize these organizations and leaders in the fight against AIDS, and to identify ways to support their efforts.

- **Diplomatic Initiatives** The Department of State, NSC, and ONAP will work with US and African ambassadors to increase attention to AIDS within the diplomatic community. The NSC, the Department of State, and USAID will work with G-8 and other donors, and challenge them to match the increased investment put forward in this initiative.

"Joining Forces for LIFE: Leadership and Investment in Fighting an Epidemic" is an excerpt from *Report on the Presidential Mission on Children Orphaned by AIDS in sub-Saharan Africa: Findings and Plan of Action*, The White House, June 19, 1999.

LIFE Initiative
THE DoD RESPONSE

In Africa, HIV rates in military and uniformed populations often exceed the rates in the civilian populations. Experience with HIV prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with epidemiological measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. Assessment of the components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

On July 19, 1999, the Administration announced a new Administration initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total $10 million will be programmed through the U.S. Department of Defense.

The *LIFE* Initiative focuses on 15 target countries(14 in sub-Saharan Africa and India). Countries will be prioritized by severity of impact, the number of new infections, the potential for greatest impact, and existing USG programs on which to build. Under the *LIFE* Initiative, DoD will emphasize prevention activities for African military and uniformed services.

Primary Prevention

- **Regional Specific Military-based Education:** Based on findings of the regional diversity of AIDS in Africa and through work with UNAIDS, regional scientists, and African militaries, DoD will direct military-based education in 13 of the 15 target countries in four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

  - assessment of HIV prevalence and risk behaviors
  - development of a regional prevention plan
  - implementation through training and development of infrastructure
  - evaluation of the effect of prevention
  - refinement and incorporation into the military culture for enduring impact

  DoD will build on the unique DoD tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID. Programs will be coordinated with similar USAID and DHHS activities to the fullest extent practical.

  This project is expected to contribute to long-term and sustained HIV prevention in Africa.

- **Enhanced military education of African UN Peace Keeper forces.** African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. The UN Peacekeeper Project has a pilot HIV prevention program underway in South African Army field units which involves five specific curriculum modules: Defining HIV and its impact in the military, HIV prevention, substance Abuse, HIV, STDs; risk assessment and prevention strategies; and course summary. DoD intends to incorporate this existing curriculum into its operations, and build a sustainable program that will contribute to long term prevention activities.

DRAFT DRAFT DRAFT 8/10/99 2:00 pm

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

Summary of Operating Plan

Introduction:

The global AIDS pandemic is having a devastating impact on countries, communities, families and individuals. Recognizing this impact and the USG role in helping to fight the pandemic, the Leadership and Investment in Fighting an Epidemic (***LIFE***) global AIDS initiative seeks to increase available resources, improve and enhance prevention and care efforts, and expand the quality, diversity and number of both USG and local country partners who can effectively respond to the pandemic. The ***LIFE*** Initiative provides an initial investment of $100 million **(above the current budget levels of participating agencies)** to combat the HIV/AIDS epidemic in developing countries, with a special emphasis on Sub-Saharan Africa. The Initiative will involve an unprecedented collaboration between three U.S. Agencies: the United States Agency for International Development (USAID), the Department of Health and Human Services (DHHS), and the Department of Defense (DOD). The ***LIFE*** Initiative is a significant turning point in the USG commitment to fighting the global AIDS pandemic. The initiative will begin implementation in the next year. However, achievement of expected results, as indicated in the performance measure targets below, will require a 3-5 year effort. The ***LIFE*** Initiative will also contribute to broader global effort targets presented in Annex 1. Achievement of results to stem the tide of the epidemic will also not be a sole USG responsibility. The ***LIFE*** Initiative will also **leverage** individual country, multilateral, bilateral, and private resources so that there will be a measurable impact at country level. At the present time, the UN has estimated that resource needs for *prevention alone* for sub-Saharan Africa total in excess of $600 million per year. The ***LIFE*** Initiative will contribute to this goal, but clearly is not fully responsible for this total level of effort.

Geographic Focus:

The ***LIFE*** initiative will focus on 15 countries (14 in sub-Saharan Africa and India) and a set of cross border, regional activities in western and southern Africa. In each of these countries, there will be collaborative support from more than one Federal Agency. Criteria for country selection included the magnitude of the epidemic, the country's political commitment to fighting the epidemic, their receptivity to USG assistance, and presence of existing USG implementation mechanisms. Additional criteria are presented in Annex 2. Annex 3 presents a description of the regional activities in Africa.

***LIFE* INITIATIVE**

COUNTRIES	USAID	DHHS	DOD
1. BOTSWANA		X	X
2. COTE D'IVOIRE	X	X	
3. ETHIOPIA	X	X	X
4. INDIA	X	X	
5. KENYA	X	X	X
6. MALAWI	X	X	X
7. MOZAMBIQUE	X	X	
8. NIGERIA	X		X
9. REGIONAL. PROGRAMS	X	X	
10. RWANDA	X	X	
11. SENEGAL	X		X
12. SOUTH AFRICA	X	X	X
13. TANZANIA	X	X	
14. UGANDA	X	X	X
15. ZAMBIA	X	X	
16. ZIMBABWE	X	X	X

LIFE Initiative Program Elements:

The *LIFE* Initiative will address four key program elements that are critical in the response to the AIDS pandemic. In order to reduce HIV transmission and the impact of the pandemic on infected persons, their families and the community, each of these elements must be coordinated and integrated within a comprehensive response. For example, a comprehensive HIV program could include assistance with surveillance data, prevention interventions, as well as support for affected children and home and community based services for those infected with HIV. These activities will be linked together and coordinated in each country through USAID Missions. The Initiative will foster the expansion of current activities, as well as provide support for more recently developed interventions that have not yet been incorporated into comprehensive programs. Not every country will have all program elements listed below. The overall country program will be tailored to the needs of the country and existing efforts underway. Annex 4 provides a description of current HIV/AIDS activities in each of the focus countries, by each of the three respective Federal Agencies and demonstrates the base of activities that will be enhanced and supplemented through this initiative. Annex 5 presents the enhanced and new activities that will be funded under the ***LIFE*** initiative.

1. Primary Prevention:

90% of new infections in the developing world derive from either sexual transmission (80%) or mother to child transmission (10%). Contaminated blood transfusions and infected needles account for an additional 5%. This Initiative will expand the scale and quality of primary prevention activities.

Voluntary Counseling and Testing (VCT): USAID will assist 11 countries and the southern Africa region to develop and implement locally appropriate voluntary counseling and HIV testing services. At these sites, DHHS will provide critical technical assistance to ensure the quality and accuracy of HIV testing, identify methods to target high risk groups with VCT services and assist with developing linkages between VCT and health and social services. Social Marketing: 5 countries will increase their social marketing efforts to improve access to barrier methods to protect oneself. Behavior Change: 15 countries and the regional program will undertake expanded behavior change interventions, focusing on youth, male risk behavior reduction, and stigma reduction, which would involve faith communities and other community groups. Mother-to-child HIV transmission (MTCT): 6 countries will implement programs to provide interventions to prevent mother-to-child transmission of HIV. At these sites, USAID will provide support for screening of pregnant women, and training of maternal health providers. DHHS will examine barriers that exist for accessing these services and the long term impact of these interventions on both infants and mothers. STD Treatment: 12 countries will implement new and/or expand STD treatment services. Blood Safety: 4 countries will implement programs to improve blood collection from volunteer donors, increase the quality of HIV testing of blood and ensure more appropriate use of blood transfusions.

Within three years, monitoring systems will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the initiative. The following performance measures and targets are expected:

- 5% decrease in reported non-regular sex partners over the first year
- 5% increase in reported barrier method use with non-regular/regular sex partners
- 10% decrease in reported STD prevalence for men/women
- 5% decrease in HIV incidence rate in 15-24 year olds by the year 2005

- 5% decrease in perinatal infections by the year 2005

2. Caring for Children Affected by AIDS:

Nearly 25 million children have lost one or both parents to AIDS. Thus far, services for AIDS orphans in developing countries have been minimal. USAID will be primarily responsible for supporting these activities, which seek to implement strategies for children affected by AIDS and for their families - through the use of Title II – "Food for Peace" Programs in 11 countries and 1 regional program. In addition, the impact of using Title II resources will be evaluated and the needs of very young children will be assessed.

Expected performance outcomes include:

- % of children affected by AIDS who have access to education and food on an equal basis to their non-affected peers.
- % of households caring for children affected with AIDS that receive help with care from an institution or group outside the family

3. Capacity and Infrastructure Development:

Within the focus countries, it is critical that political commitment be increased and host country capacity to implement effective interventions be strengthened, focusing on government, private sector, NGOs and research institution capabilities. A key activity is to increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions and to measure the impact of these interventions.

Increasing Political Commitment: USAID will take the lead in 5 countries and the regional program to implement activities to increase national political commitment towards HIV/AIDS efforts. There will be extensive use of surveillance data in this dialogue, derived from DHHS supported efforts. AIDS Program Strengthening: In 9 countries and 1 regional program, there will be expanded training and support for local NGOs and of government personnel for HIV/AIDS program and service delivery. Surveillance: In all 15 countries and regional programs, DHHS will provide technical assistance and support to improve surveillance programs for HIV, TB and STDs. In addition, new surveillance tools will also be tested and adapted for local application. USAID will also provide funding for activities that will ensure close collaboration with key international partners, such as UNAIDS, WHO and other multilateral and bilateral donors.

Performance Measures and targets will include:

- Increased number of HIV/AIDS/STD/TB information and service delivery points which meet minimum quality standards
- Surveillance plans and survey designs in all focus countries
- Lab capacity for surveillance strengthened
- Training of surveillance managers and key staff in country in at least 8 of the 12 countries.

4. Improving Community and Home Based Care and Treatment:

Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care providers do not have ready access to diagnose and treat HIV and the associated opportunistic infections, let alone use of the latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of

community workers, including traditional healers. Even in the absence of antiretroviral drugs, there is much that can be done to improve the quality and duration of life for HIV infected persons and their families, within the developing country setting. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons, increasing the both the quality and duration of a person's life.

Care and Treatment: The ***LIFE*** Initiative seeks to provide medical and social services to HIV infected individuals, including preventive therapy, and early diagnosis and effective treatment of AIDS-related diseases. 10 countries will implement locally appropriate treatment programs for HIV infected persons, linked to voluntary counseling and testing programs. Pilot sites would be established to assess methods to improve TB and respiratory disease care in HIV infected persons. Home and Community Based Care and Support: 11 countries would institute home and community based care model programs. In addition, indicators for accurately measuring the impact of care services will be developed. USAID will provide support for health provider training, establishing home and community care models, and increasing the involvement of traditional healers. DHHS will focus on developing treatment guidelines, creating training and curriculum materials, increasing the use of DOTS and linking psychosocial support services with improved biomedical interventions.

Expected performance measures and targets include:

- 50 % of local governments will implement care and support activities
- 30 % of primary health facilities will provide quality prevention and treatment (i.e. according to national guidelines) for opportunistic infections
- 10 % of households caring for HIV positive persons will receive help with care from an institution or group outside the family

Management and Monitoring the *LIFE* Initiative:

Because of the expanded number of Federal Agencies involved, the necessity to work collaboratively at country and global level, and the need to link with other critical partners (e.g. UNAIDS, World Bank, EU, donors, etc), a joint management and monitoring ***LIFE*** initiative Task Force will be established. This Task Force will be composed of designated focus point persons from each of the relevant Federal agencies. The Task Force will be convened under the auspices of ONAP, with secretariat support provided by USAID. Additional members will be included as necessary (e.g. UNAIDS representative). The Task Force will meet on a monthly basis over the next year, because of the wide range of issues that must be resolved in a timely way. After one year, meeting schedules can be reviewed.

It is essential that the activities funded through the ***LIFE*** initiative build on existing resources and programs in order to achieve the maximal coverage and impact. While key components of the ***LIFE*** initiative can be monitored, it should be recognized that measurements of performance should not be attributed to discrete funding sources, such as the ***LIFE*** initiative, but instead, represent the work of the consolidated programs that have been established in each country.

Next Steps:

COUNTRY LEVEL:

The ultimate success of this initiative will depend on the scale, scope and quality of services delivered in target countries, particularly at the community level. To achieve this, there must be extensive dialogue

and collaboration at country level with government, private sector, non-governmental organizations, the faith community and community groups, especially including persons living with HIV/AIDS and their care-givers. Some of the focus countries already have established coordination mechanisms (through the UNAIDS Theme Group, donor coordination groups, the National AIDS Program, etc) These mechanisms will be utilized wherever possible. However, joint country planning teams will also be formed over the next three to six months, in order to work with USAID Missions, HHS and other USG agencies, Host Country Governments, etc, to finalize one to two year workplans, which will include more discrete performance measures. It is necessary to further examine what each bilateral and multilateral donor is planning in the near future and collaborate with local government, non-governmental organizations, PWAs, etc to ensure that the program support responds to priorities and existing gaps.

GLOBAL/ REGIONAL LEVEL:

At global and regional level, multiple partners must be engaged in a collaborative effort to leverage new resources, identify areas for cooperative efforts and areas for complementary programs, and achieve consensus on measurements of performance. A series of "Partnership" meetings should occur over the next three to six months to assure the success of this initiative. Examples of these "Partnership Meetings" are presented in Annex 6

ANNEXES:

1. GLOBAL AIDS TARGETS
2. COUNTRY SELECTION CRITERIA
3. REGIONAL *LIFE* INITIATIVE ACTIVITIES
4. CURRENT USG ACTIVITIES IN AFRICA AND ASIA
5. ACTIVITIES SUPPORTED BY THE ***LIFE*** INITIATIVE IN AFRICA AND ASIA
6. GLOBAL LEVEL PARTNERSHIP MEETINGS.

ANNEX 1: GLOBAL AIDS TARGETS

UNAIDS, in cooperation with its bi-lateral and multi-lateral partners, has laid out a series of **international** goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through ***LIFE*** Initiative.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)

- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)

- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.

- ✓ By 2001, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)

- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

ANNEX 2: COUNTRY SELECTION CRITERIA

Country criteria include the following:

1. The magnitude of the epidemic
2. Country receptivity to assistance from US government
3. Country political commitment to fighting the AIDS epidemic
6. Potential for interventions and unique opportunities
7. Potential for impact
8. Potential for leveraging of other local and donor support
9. Existing U.S. Government implementation mechanisms

ANNEX 3: REGIONAL *LIFE* INITIATIVE ACTIVITIES

West Africa Region

The USAID West Africa (Family Health and AIDS) Project provides support to NGOs and communities in several West African nations, including Cameroon, Burkina Faso, Cote D'Ivoire, Togo, as well as other selected countries in the region. DHHS/CDC operates HIV field stations involved in research and technical assistance in Cote d'Ivoire; DHHS/CDC and NIH has presence in Mali and Guinea, as well as a number of other countries. The regional program will expand support for cross border and regional prevention interventions, conduct training, increase political commitment for AIDS in the region, mobilize community responses and support programs to assist families and children affected by AIDS.

Southern Africa Region

The USAID Southern Africa Regional HIV/AIDS effort is supporting HIV/AIDS interventions targeted at cross border population migration (Zimbabwe, Zambia, South Africa), increasing political commitment to fighting AIDS in the region, and bringing together all relevant actors to plan for surveillance activities in the region. DHHS/CDC operates a research station in Botswana (primary TB, with increasing HIV). LIFE INITIATIVE activities will expand regional efforts such as including other target countries in cross border population movements, develop multi-sectoral approaches to AIDS efforts, increase political commitment to fighting AIDS, and develop regional training networks for AIDS interventions.

East Africa Region

USAID provides technical assistance and training for AIDS efforts in the east and southern African regions through its regional office in Nairobi. HHS/CDC operates a research station in Uganda and Kenya (primarily malaria), and other DHHS agencies are active in selected countries. Regional efforts will focus on training and technical assistance for support and local prevention activities.

ANNEX 4: CURRENT USG HIV/AIDS ASSISTANCE IN TARGET COUNTRIES AND REGIONS.

COUNTRY	Primary Prevention							Caring for Children Affected by AIDS*		Home and Community Based Care and Treatment*			Infrastructure and Capacity Development*				
	VCT	SM/ Procurement	BC/ SR	MTCT	Blood Suppl /nosocomial/ OE	STD	Tool Dev.	Support to Affected Children	Comm .Mobilization	OI/TB/ STD	Drug Supply	Home/ Comm.-Based Care	Policy/ advocacy	NGO support	Training and TA	Surveill.	Multi-sectora
Botswana							H			H	H					H	U
Cote d'Ivoire		U	U				H	U	U	H				U	U	H	
Ethiopia	U	U	U			U	H			U	U	U	U	U	U	U	U
Kenya	U	U	U,H	U	U,H	U	H	U	U	U			U	U	U	U,H	U
Malawi	U,H	U	U			U	H	U	U				U	U	U,H	U,H	
Mozambique		U	U			U				U				U	U	U	
Nigeria		U	U					U	U	U			U	U	U	U	
Rwanda		U	U			U		U	U	U				U	U	U, H	
Senegal			U				H	U	U				U	U	U	U	U
South Africa		U	H	U		U,H	H	U	U	U,H			U	U	U	H	U,H
Tanzania	U	U	U		U,H	U	H					U	U,H	U	U	H	
Uganda	U,H	U	U	U,H		U	H	U	U	U,H	H	U,H	U	U		H	
Zambia	U,H	U	U			U	H	U	U	U		U	U,H	U	U	U,H	
Zimbabwe	U,H	U	U				H	U	U				U,H	U	U	H	U
India	U	U	U			U	H	U	U	H		U	U	U,H	U	U,H	U
REGIONAL																	
WAFR/ SAFR/EAFR	(U)	U	(U)					U					U	U	U	(U)(H)	
HEAD-QUARTERS																	
AID/W			U	U				U		U	U	U			U		U

Notes: * = Indicates additional HHS agency involvement that may not be reflected on the table

( ) = indicates additional linkage between USAID regional program and Botswana and Cote D'Ivoire HHS activities

VCT = voluntary counseling and testing; SM = social marketing; BC = behavior change; SR = stigma reduction; MTCT = mother-to-child transmission; STD= sexually transmitted disease; OI = opportunistic infections; TB= tuberculosis; NS = nosocomial infection control; OE = occupational exposure reduction

U = USAID H = HHS

ANNEX 5: ACTIVITIES SUPPORTED BY THE *LIFE* INITIATIVE IN AFRICA AND ASIA

COUNTRY	Primary Prevention						Caring for Children Affected by AIDS**		Home and Community Based Care and Treatment**			Infrastructure and Capacity Development**				
	VCT	SM/ Procurement	BC/ SR	MTCT	Blood Supp/ nosocomial / OE	STD	Support to Affected Children **	Comm. Mobilization	OI/TB/ STD	Drug Supply	Home/ Comm.-Based Care**	Policy/ advocacy **	NGO support	Training and TA	Surveill. ***	Multi-sectoral
Botswana	H		H, D1	H		H			H		H				H	
Cote d'Ivoire	H		H	H	H(NS	H			H		H				H	
Ethiopia	U, H	U	U, D2			U	U*		U	U					U,H	
Kenya	U,H		U,H D1	U,H	U,H	H	U		U,H		H				U,H	U
Malawi	U,H		U, D2				U	U			U		U	U	U,H	U
Mozambique	U		U			U	U*		U				U	U	U,H	U
Nigeria	U	U	D1	U		U	U	U	U		U	U				
Rwanda	U		U	U		U	U*				U		U	U	U, H	
Senegal			U, D1			U	U	U			U	U	U	U	U	U
South Africa	U,H		H, D1	U,H	H(NS	U,H	U		U,H		H		U	U	H	U
Tanzania	U	U	U		H						U	U,H	U	U	U,H	
Uganda	U,H		U,H, D2	U,H		U,H	U		H		U,H				H	
Zambia	U,H		U	U		U	U	U				U,H	U		H	
Zimbabwe	U,H	U	U, D2					U				U,H	U	U	H	U
India		U	U			U	U	U	H		U	(H)	U	U	U,H	
REGIONAL																
WAFR/ SAFR/EAFR	(U)	U	(U)				U					U		U	(U)(H)	
HEAD-QUARTERS																
AID/W			U	U			U		U	U	U			U		U

Notes: * = Food for peace countries, but not necessarily mission requests.

** = Indicates additional HHS agency involvement that may not be reflected on the table

*** = DOD will also implement specific surveillance activities in military populations in selected countries.

( ) = indicates additional linkage between USAID regional program and Botswana and Cote D'Ivoire HHS activities

VCT = voluntary counseling and testing; SM = social marketing; BC = behavior change; SR = stigma reduction; MTCT = mother-to-child transmission; STD= sexually transmitted disease; OI = opportunistic infections; TB= tuberculosis; NS = nosocomial infection control; OE = occupational exposure reduction

U = USAID H = HHS D = DOD

ANNEX 6: GLOBAL PARTNERSHIP MEETINGS.

Partner	Purpose
Washington-based African Diplomatic Corps	To initiate dialogue for individual countries, which would lead to, improved collaborative efforts and mobilization of increased host country resources and commitment.
U.S. AIDS Advocacy Groups	To increase awareness and garner support for the focus and activities of the Initiative.
U.S.-based Faith Groups	To identify U.S. and international faith networks that will ultimately create networks and support for prevention, counseling, psychosocial support and care interventions in sub-Saharan Africa.
U.S. NGOs	To provide support and collaborate with other African NGOs
U.S. and International Communities of Persons Living with HIV/AIDS (NAPWA, GNP +, etc)	To ensure that PLWHA needs and priorities are met and to establish processes so that host country PLWHA input is utilized optimally.
U.S. Teaching/Academic Institutions	To identify technical resources within the United States in order to expand the technical assistance resource platform which will be initiated in sub-Saharan Africa.
UNAIDS/WHO (including the seven UN Cosponsors)	To link with the UNAIDS International Partnership for Africa.
Bilateral Donors (e.g. DFID, SIDA, CIDA, JICA, etc)	To identify gaps and areas for complementary programming in individual countries
Congressional members and staff	To maintain dialogue concerning focus countries and activities.

LIFE Initiative
THE DoD RESPONSE

In Africa, HIV rates in military and uniformed populations often exceed the rates in the civilian populations. Experience with HIV prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with epidemiological measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. Assessment of the components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

On July 19, 1999, the Administration announced a new Administration initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total $10 million will be programmed through the U.S. Department of Defense.

The *LIFE* Initiative focuses on 15 target countries(14 in sub-Saharan Africa and India). Countries will be prioritized by severity of impact, the number of new infections, the potential for greatest impact, and existing USG programs on which to build. Under the *LIFE* Initiative, DoD will emphasize prevention activities for African military and uniformed services.

Primary Prevention

- **Regional Specific Military-based Education:** Based on findings of the regional diversity of AIDS in Africa and through work with UNAIDS, regional scientists, and African militaries, DoD will direct military-based education in 13 of the 15 target countries in four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

  - assessment of HIV prevalence and risk behaviors
  - development of a regional prevention plan
  - implementation through training and development of infrastructure
  - evaluation of the effect of prevention
  - refinement and incorporation into the military culture for enduring impact

  DoD will build on the unique DoD tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID. Programs will be coordinated with similar USAID and DHHS activities to the fullest extent practical.

  This project is expected to contribute to long-term and sustained HIV prevention in Africa.

- **Enhanced military education of African UN Peace Keeper forces.** African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. The UN Peacekeeper Project has a pilot HIV prevention program underway in South African Army field units which involves five specific curriculum modules: Defining HIV and its impact in the military, HIV prevention, substance Abuse, HIV, STDs; risk assessment and prevention strategies; and course summary. DoD intends to incorporate this existing curriculum into its operations, and build a sustainable program that will contribute to long term prevention activities.

DRAFT DRAFT DRAFT 8/10/99 2:00 pm

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

Summary of Operating Plan

Introduction:

The global AIDS pandemic is having a devastating impact on countries, communities, families and individuals. Recognizing this impact and the USG role in helping to fight the pandemic, the Leadership and Investment in Fighting an Epidemic (***LIFE***) global AIDS initiative seeks to increase available resources, improve and enhance prevention and care efforts, and expand the quality, diversity and number of both USG and local country partners who can effectively respond to the pandemic. The ***LIFE*** Initiative provides an initial investment of $100 million **(above the current budget levels of participating agencies)** to combat the HIV/AIDS epidemic in developing countries, with a special emphasis on Sub-Saharan Africa. The Initiative will involve an unprecedented collaboration between three U.S. Agencies: the United States Agency for International Development (USAID), the Department of Health and Human Services (DHHS), and the Department of Defense (DOD). The ***LIFE*** Initiative is a significant turning point in the USG commitment to fighting the global AIDS pandemic. The initiative will begin implementation in the next year. However, achievement of expected results, as indicated in the performance measure targets below, will require a 3-5 year effort. The ***LIFE*** Initiative will also contribute to broader global effort targets presented in Annex 1. Achievement of results to stem the tide of the epidemic will also not be a sole USG responsibility. The ***LIFE*** Initiative will also **leverage** individual country, multilateral, bilateral, and private resources so that there will be a measurable impact at country level. At the present time, the UN has estimated that resource needs for *prevention alone* for sub-Saharan Africa total in excess of $600 million per year. The ***LIFE*** Initiative will contribute to this goal, but clearly is not fully responsible for this total level of effort.

Geographic Focus:

The ***LIFE*** initiative will focus on 15 countries (14 in sub-Saharan Africa and India) and a set of cross border, regional activities in western and southern Africa. In each of these countries, there will be collaborative support from more than one Federal Agency. Criteria for country selection included the magnitude of the epidemic, the country's political commitment to fighting the epidemic, their receptivity to USG assistance, and presence of existing USG implementation mechanisms. Additional criteria are presented in Annex 2. Annex 3 presents a description of the regional activities in Africa.

***LIFE* INITIATIVE**

COUNTRIES	USAID	DHHS	DOD
1. BOTSWANA		X	X
2. COTE D'IVOIRE	X	X	
3. ETHIOPIA	X	X	X
4. INDIA	X	X	
5. KENYA	X	X	X
6. MALAWI	X	X	X
7. MOZAMBIQUE	X	X	
8. NIGERIA	X		X
9. REGIONAL. PROGRAMS	X	X	
10. RWANDA	X	X	
11. SENEGAL	X		X
12. SOUTH AFRICA	X	X	X
13. TANZANIA	X	X	
14. UGANDA	X	X	X
15. ZAMBIA	X	X	
16. ZIMBABWE	X	X	X

LIFE Initiative Program Elements:

The ***LIFE*** Initiative will address four key program elements that are critical in the response to the AIDS pandemic. In order to reduce HIV transmission and the impact of the pandemic on infected persons, their families and the community, each of these elements must be coordinated and integrated within a comprehensive response. For example, a comprehensive HIV program could include assistance with surveillance data, prevention interventions, as well as support for affected children and home and community based services for those infected with HIV. These activities will be linked together and coordinated in each country through USAID Missions. The Initiative will foster the expansion of current activities, as well as provide support for more recently developed interventions that have not yet been incorporated into comprehensive programs. Not every country will have all program elements listed below. The overall country program will be tailored to the needs of the country and existing efforts underway. Annex 4 provides a description of current HIV/AIDS activities in each of the focus countries, by each of the three respective Federal Agencies and demonstrates the base of activities that will be enhanced and supplemented through this initiative. Annex 5 presents the enhanced and new activities that will be funded under the ***LIFE*** initiative.

1. Primary Prevention:

90% of new infections in the developing world derive from either sexual transmission (80%) or mother to child transmission (10%). Contaminated blood transfusions and infected needles account for an additional 5%. This Initiative will expand the scale and quality of primary prevention activities.

Voluntary Counseling and Testing (VCT): USAID will assist 11 countries and the southern Africa region to develop and implement locally appropriate voluntary counseling and HIV testing services. At these sites, DHHS will provide critical technical assistance to ensure the quality and accuracy of HIV testing, identify methods to target high risk groups with VCT services and assist with developing linkages between VCT and health and social services. Social Marketing: 5 countries will increase their social marketing efforts to improve access to barrier methods to protect oneself. Behavior Change: 15 countries and the regional program will undertake expanded behavior change interventions, focusing on youth, male risk behavior reduction, and stigma reduction, which would involve faith communities and other community groups. Mother-to-child HIV transmission (MTCT): 6 countries will implement programs to provide interventions to prevent mother-to-child transmission of HIV. At these sites, USAID will provide support for screening of pregnant women, and training of maternal health providers. DHHS will examine barriers that exist for accessing these services and the long term impact of these interventions on both infants and mothers. STD Treatment: 12 countries will implement new and/or expand STD treatment services. Blood Safety: 4 countries will implement programs to improve blood collection from volunteer donors, increase the quality of HIV testing of blood and ensure more appropriate use of blood transfusions.

Within three years, monitoring systems will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the initiative. The following performance measures and targets are expected:

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- 5% decrease in HIV incidence rate in 15-24 year olds by the year 2005

- 5% decrease in perinatal infections by the year 2005

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Nearly 25 million children have lost one or both parents to AIDS. Thus far, services for AIDS orphans in developing countries have been minimal. USAID will be primarily responsible for supporting these activities, which seek to implement strategies for children affected by AIDS and for their families - through the use of Title II – "Food for Peace" Programs in 11 countries and 1 regional program. In addition, the impact of using Title II resources will be evaluated and the needs of very young children will be assessed.

Expected performance outcomes include:

- % of children affected by AIDS who have access to education and food on an equal basis to their non-affected peers.
- % of households caring for children affected with AIDS that receive help with care from an institution or group outside the family

3. Capacity and Infrastructure Development:

Within the focus countries, it is critical that political commitment be increased and host country capacity to implement effective interventions be strengthened, focusing on government, private sector, NGOs and research institution capabilities. A key activity is to increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions and to measure the impact of these interventions.

Increasing Political Commitment: USAID will take the lead in 5 countries and the regional program to implement activities to increase national political commitment towards HIV/AIDS efforts. There will be extensive use of surveillance data in this dialogue, derived from DHHS supported efforts. AIDS Program Strengthening: In 9 countries and 1 regional program, there will be expanded training and support for local NGOs and of government personnel for HIV/AIDS program and service delivery. Surveillance: In all 15 countries and regional programs, DHHS will provide technical assistance and support to improve surveillance programs for HIV, TB and STDs. In addition, new surveillance tools will also be tested and adapted for local application. USAID will also provide funding for activities that will ensure close collaboration with key international partners, such as UNAIDS, WHO and other multilateral and bilateral donors.

Performance Measures and targets will include:

- Increased number of HIV/AIDS/STD/TB information and service delivery points which meet minimum quality standards
- Surveillance plans and survey designs in all focus countries
- Lab capacity for surveillance strengthened
- Training of surveillance managers and key staff in country in at least 8 of the 12 countries.

4. Improving Community and Home Based Care and Treatment:

Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care providers do not have ready access to diagnose and treat HIV and the associated opportunistic infections, let alone use of the latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of

community workers, including traditional healers. Even in the absence of antiretroviral drugs, there is much that can be done to improve the quality and duration of life for HIV infected persons and their families, within the developing country setting. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons, increasing the both the quality and duration of a person's life.

Care and Treatment: The ***LIFE*** Initiative seeks to provide medical and social services to HIV infected individuals, including preventive therapy, and early diagnosis and effective treatment of AIDS-related diseases. 10 countries will implement locally appropriate treatment programs for HIV infected persons, linked to voluntary counseling and testing programs. Pilot sites would be established to assess methods to improve TB and respiratory disease care in HIV infected persons. Home and Community Based Care and Support: 11 countries would institute home and community based care model programs. In addition, indicators for accurately measuring the impact of care services will be developed. USAID will provide support for health provider training, establishing home and community care models, and increasing the involvement of traditional healers. DHHS will focus on developing treatment guidelines, creating training and curriculum materials, increasing the use of DOTS and linking psychosocial support services with improved biomedical interventions.

Expected performance measures and targets include:

- 50 % of local governments will implement care and support activities
- 30 % of primary health facilities will provide quality prevention and treatment (i.e. according to national guidelines) for opportunistic infections
- 10 % of households caring for HIV positive persons will receive help with care from an institution or group outside the family

Management and Monitoring the *LIFE* Initiative:

Because of the expanded number of Federal Agencies involved, the necessity to work collaboratively at country and global level, and the need to link with other critical partners (e.g. UNAIDS, World Bank, EU, donors, etc), a joint management and monitoring ***LIFE*** initiative Task Force will be established. This Task Force will be composed of designated focus point persons from each of the relevant Federal agencies. The Task Force will be convened under the auspices of ONAP, with secretariat support provided by USAID. Additional members will be included as necessary (e.g. UNAIDS representative). The Task Force will meet on a monthly basis over the next year, because of the wide range of issues that must be resolved in a timely way. After one year, meeting schedules can be reviewed.

It is essential that the activities funded through the ***LIFE*** initiative build on existing resources and programs in order to achieve the maximal coverage and impact. While key components of the ***LIFE*** initiative can be monitored, it should be recognized that measurements of performance should not be attributed to discrete funding sources, such as the ***LIFE*** initiative, but instead, represent the work of the consolidated programs that have been established in each country.

Next Steps:

COUNTRY LEVEL:

The ultimate success of this initiative will depend on the scale, scope and quality of services delivered in target countries, particularly at the community level. To achieve this, there must be extensive dialogue

and collaboration at country level with government, private sector, non-governmental organizations, the faith community and community groups, especially including persons living with HIV/AIDS and their care-givers. Some of the focus countries already have established coordination mechanisms (through the UNAIDS Theme Group, donor coordination groups, the National AIDS Program, etc) These mechanisms will be utilized wherever possible. However, joint country planning teams will also be formed over the next three to six months, in order to work with USAID Missions, HHS and other USG agencies, Host Country Governments, etc, to finalize one to two year workplans, which will include more discrete performance measures. It is necessary to further examine what each bilateral and multilateral donor is planning in the near future and collaborate with local government, non-governmental organizations, PWAs, etc to ensure that the program support responds to priorities and existing gaps.

GLOBAL/ REGIONAL LEVEL:

At global and regional level, multiple partners must be engaged in a collaborative effort to leverage new resources, identify areas for cooperative efforts and areas for complementary programs, and achieve consensus on measurements of performance. A series of "Partnership" meetings should occur over the next three to six months to assure the success of this initiative. Examples of these "Partnership Meetings" are presented in Annex 6

ANNEXES:

1. GLOBAL AIDS TARGETS
2. COUNTRY SELECTION CRITERIA
3. REGIONAL *LIFE* INITIATIVE ACTIVITIES
4. CURRENT USG ACTIVITIES IN AFRICA AND ASIA
5. ACTIVITIES SUPPORTED BY THE ***LIFE*** INITIATIVE IN AFRICA AND ASIA
6. GLOBAL LEVEL PARTNERSHIP MEETINGS.

ANNEX 1: GLOBAL AIDS TARGETS

UNAIDS, in cooperation with its bi-lateral and multi-lateral partners, has laid out a series of **international** goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through ***LIFE*** Initiative.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)

- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)

- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.

- ✓ By 2001, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)

- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

ANNEX 2: COUNTRY SELECTION CRITERIA

Country criteria include the following:

1. The magnitude of the epidemic
2. Country receptivity to assistance from US government
3. Country political commitment to fighting the AIDS epidemic
6. Potential for interventions and unique opportunities
7. Potential for impact
8. Potential for leveraging of other local and donor support
9. Existing U.S. Government implementation mechanisms

ANNEX 3: REGIONAL *LIFE* INITIATIVE ACTIVITIES

West Africa Region

The USAID West Africa (Family Health and AIDS) Project provides support to NGOs and communities in several West African nations, including Cameroon, Burkina Faso, Cote D'Ivoire, Togo, as well as other selected countries in the region. DHHS/CDC operates HIV field stations involved in research and technical assistance in Cote d'Ivoire; DHHS/CDC and NIH has presence in Mali and Guinea, as well as a number of other countries. The regional program will expand support for cross border and regional prevention interventions, conduct training, increase political commitment for AIDS in the region, mobilize community responses and support programs to assist families and children affected by AIDS.

Southern Africa Region

The USAID Southern Africa Regional HIV/AIDS effort is supporting HIV/AIDS interventions targeted at cross border population migration (Zimbabwe, Zambia, South Africa), increasing political commitment to fighting AIDS in the region, and bringing together all relevant actors to plan for surveillance activities in the region. DHHS/CDC operates a research station in Botswana (primary TB, with increasing HIV). LIFE INITIATIVE activities will expand regional efforts such as including other target countries in cross border population movements, develop multi-sectoral approaches to AIDS efforts, increase political commitment to fighting AIDS, and develop regional training networks for AIDS interventions.

East Africa Region

USAID provides technical assistance and training for AIDS efforts in the east and southern African regions through its regional office in Nairobi. HHS/CDC operates a research station in Uganda and Kenya (primarily malaria), and other DHHS agencies are active in selected countries. Regional efforts will focus on training and technical assistance for support and local prevention activities.

ANNEX 4: CURRENT USG HIV/AIDS ASSISTANCE IN TARGET COUNTRIES AND REGIONS.

COUNTRY	Primary Prevention							Caring for Children Affected by AIDS*		Home and Community Based Care and Treatment*			Infrastructure and Capacity Development*				
	VCT	SM/ Procurement	BC/ SR	MTCT	Blood Suppl /nosocomial/ OE	STD	Tool Dev.	Support to Affected Children	Comm .Mobilization	OI/TB/ STD	Drug Supply	Home/ Comm.-Based Care	Policy/ advocacy	NGO support	Training and TA	Surveill.	Mu sec
Botswana							H			H	H					H	U
Cote d'Ivoire		U	U				H	U	U	H				U	U	H	
Ethiopia	U	U	U			U	H			U	U	U	U	U	U	U	U
Kenya	U	U	U;H	U	U;H	U	H	U	U	U			U	U	U	U;H	U
Malawi	U;H	U	U			U	H	U	U				U	U	U;H	U;H	
Mozambique		U	U			U				U				U	U	U	
Nigeria		U	U					U	U	U			U	U	U	U	
Rwanda		U	U			U		U	U	U				U	U	U;H	
Senegal			U				H	U	U				U	U	U	U	U
South Africa		U	H	U		U;H	H	U	U	U;H			U	U	U	H	U;H
Tanzania	U	U	U		U;H	U	H					U	U;H	U	U	H	
Uganda	U;H	U	U	U;H		U	H	U	U	U;H	H	U;H	U	U		H	
Zambia	U;H	U	U			U	H	U	U	U		U	U;H	U	U	U;H	
Zimbabwe	U;H	U	U				H	U	U				U;H	U	U	H	U
India	U	U	U			U	H	U	U	H		U	U	U;H	U	U;H	U
REGIONAL																	
WAFR/ SAFR/EAFR	(U)	U	(U)					U					U	U	U	(U)(H)	
HEAD-QUARTERS																	
AID/W			U	U				U		U	U	U			U		U

Notes: * = Indicates additional HHS agency involvement that may not be reflected on the table

( ) = indicates additional linkage between USAID regional program and Botswana and Cote D'Ivoire HHS activities

VCT = voluntary counseling and testing; SM = social marketing; BC = behavior change; SR = stigma reduction; MTCT = mother-to-child transmission; STD= sexually transmitted disease; OI = opportunistic infections; TB= tuberculosis; NS = nosocomial infection control; OE = occupational exposure reduction

U = USAID H = HHS

ANNEX 5: ACTIVITIES SUPPORTED BY THE *LIFE* INITIATIVE IN AFRICA AND ASIA

COUNTRY	Primary Prevention						Caring for Children Affected by AIDS**		Home and Community Based Care and Treatment**			Infrastructure and Capacity Development**				
	VCT	SM/ Procurement	BC/ SR	MTCT	Blood Supp/ nosocomial / OE	STD	Support to Affected Children **	Comm. Mobilization	OI/TB/ STD	Drug Supply	Home/ Comm.-Based Care**	Policy/ advocacy **	NGO support	Training and TA	Surveill. ***	Multi-sector
Botswana	H		H, D1	H		H			H		H				H	
Cote d'Ivoire	H		H	H	H(NS	H			H		H				H	
Ethiopia	U,H	U	U, D2			U	U*		U	U					U,H	
Kenya	U,H		U,H,D1	U,H	U,H	H	U		U,H		H				U,H	U
Malawi	U,H		U, D2				U	U			U		U	U	U,H	U
Mozambique	U		U			U	U*		U				U	U	U,H	U
Nigeria	U	U	D1	U		U	U	U	U		U	U				
Rwanda	U		U	U		U	U*				U		U	U	U,H	
Senegal			U, D1			U	U	U			U	U	U	U	U	U
South Africa	U,H		H, D1	U,H	H(NS	U,H	U		U,H		H		U	U	H	U
Tanzania	U	U	U		H						U	U,H	U	U	U,H	
Uganda	U,H		U,H, D2	U,H		U,H	U		H		U,H				H	
Zambia	U,H		U	U		U	U	U				U,H	U		H	
Zimbabwe	U,H	U	U, D2					U				U,H	U	U	H	U
India		U	U			U	U	U	H		U	(H)	U	U	U,H	
REGIONAL																
WAFR/ SAFR/EAFR	(U)	U	(U)				U					U		U	(U)(H)	
HEAD-QUARTERS																
AID/W			U	U			U		U	U	U			U		U

Notes: * = Food for peace countries, but not necessarily mission requests.

** = Indicates additional HHS agency involvement that may not be reflected on the table

*** = DOD will also implement specific surveillance activities in military populations in selected countries.

( ) = indicates additional linkage between USAID regional program and Botswana and Cote D'Ivoire HHS activities

VCT = voluntary counseling and testing; SM = social marketing; BC = behavior change; SR = stigma reduction; MTCT = mother-to-child transmission; STD= sexually transmitted disease; OI = opportunistic infections; TB= tuberculosis; NS = nosocomial infection control; OE = occupational exposure reduction

U = USAID H = HHS D = DOD

ANNEX 6: GLOBAL PARTNERSHIP MEETINGS.

Partner	Purpose
Washington-based African Diplomatic Corps	To initiate dialogue for individual countries, which would lead to, improved collaborative efforts and mobilization of increased host country resources and commitment.
U.S. AIDS Advocacy Groups	To increase awareness and garner support for the focus and activities of the Initiative.
U.S.-based Faith Groups	To identify U.S. and international faith networks that will ultimately create networks and support for prevention, counseling, psychosocial support and care interventions in sub-Saharan Africa.
U.S. NGOs	To provide support and collaborate with other African NGOs
U.S. and International Communities of Persons Living with HIV/AIDS (NAPWA, GNP +, etc)	To ensure that PLWHA needs and priorities are met and to establish processes so that host country PLWHA input is utilized optimally.
U.S. Teaching/Academic Institutions	To identify technical resources within the United States in order to expand the technical assistance resource platform which will be initiated in sub-Saharan Africa.
UNAIDS/WHO (including the seven UN Cosponsors)	To link with the UNAIDS International Partnership for Africa.
Bilateral Donors (e.g. DFID, SIDA, CIDA, JICA, etc)	To identify gaps and areas for complementary programming in individual countries
Congressional members and staff	To maintain dialogue concerning focus countries and activities.

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 46th 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

120 WALL STREET, NEW YORK, NY 10005 (212) 558-5300 FAX: (212) 344-5332

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 66268 • WASHINGTON, D.C. 20035-6268 • (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

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

TO: OVP - Leon Fuerth

FROM: ONAP - Sandy Thurman

DATE: October 6, 1999

SUBJECT: U.S. International HIV/AIDS Activities

OVERVIEW

- The U.S. Government is currently the largest bilateral donor of HIV/AIDS development assistance and has invested nearly $1 billion over the past 10 years in 75 countries in the developing world.
- Through USAID, the U.S. Government provides approximately $15 million, 25 percent of the funding, for UNAIDS in its efforts to coordinate UN Agency activities to prevent HIV/AIDS. This is in addition to funding provided to UNICEF, WHO, UNDP, and other international organizations to address various aspects of the HIV/AIDS pandemic.
- USAID contributes the bulk of U.S. international HIV/AIDS funding, providing $135 million of the total $142 million allocated for international HIV/AIDS in FY-99.
- USAID funding has directly: educated more than 15 million people about the risks of HIV/AIDS and sexually transmitted infections (STI); trained more than 150,000 people to educate others about HIV/AIDS prevention; distributed more than 200 million condoms; and expanded and improved STI-prevention programs in countries around the world.
- Total NIH FY-99 international AIDS research funding is estimated to by $58,700,000.
- NIH supports a large portfolio of basic and clinical research conducted by scientists in nations around the world. NIH is leading the search for an HIV/AIDS vaccine, and recently, NIH and Uganda collaboratively initiated the first AIDS vaccine trial conducted in Africa.

LIFE INITIATIVE

With 33.4 million persons living with HIV/AIDS world-wide, and 22.5 million in sub-Saharan Africa alone, the AIDS pandemic has serious implications for political and economic security and social stability. Recognition of the dire consequences of this global pandemic has prompted increased action on the part of the U.S. government, as evidenced in the Administration's new Leadership and Investment in Fighting an Epidemic (LIFE) Initiative, announced by Vice President Gore in July 1999. A central feature of the LIFE Initiative, is an FY-2000 $100 million increase in U.S. support for HIV prevention and care in

15 of the world's hardest hit countries (14 in sub-Saharan Africa and India). Because the impacts of HIV/AIDS are wide-ranging in their scope, the LIFE initiative engages a multi-sectoral response, involving unprecedented collaboration between USAID, DHHS and DOD. Pending appropriation by Congress, the $100 million increase will be reprogrammed from the budgets of USAID ($55 million), HHS ($35 million), and DOD ($10 million).

The LIFE Initiative addresses four key program elements critical to fighting the AIDS pandemic: primary prevention, caring for children affected by AIDS, capacity and infrastructure development, and improving community and home based care and treatment. The Initiative builds on existing United States Government efforts to fight HIV/AIDS in Africa and India and is a critical step by the United States Government in recognizing the impact that AIDS has on individuals, families, communities and nations.

Curtailing this epidemic is not just the responsibility of the U.S. Government. The Initiative will collaborate with UNAIDS and other international and local agencies to leverage additional individual country, multilateral, bilateral, and private resources. At the present time, the UN has estimated that resource needs for prevention alone for sub-Saharan Africa total in excess of $600 million per year. LIFE will contribute to this goal, but clearly is not fully responsible for this total level of effort.

UNAIDS

The United Nations Joint Programme on HIV/AIDS (UNAIDS) was established as an independent UN agency on January 1, 1996. In FY-99, the U.S. was the largest supporter of UNAIDS, providing $15 million - 25 percent of the overall budget.
UNAIDS brings together the efforts of seven organizations in a joint and cosponsored program: the United Nations Children's Emergency Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), United Nations Educational, Scientific, and Cultural Organization (UNESCO), the United Nations Drug Control Program (UNDCP) the World Health Organization (WHO), and the World Bank. The primary focus of UNAIDS is to strengthen the capacities of national governments for an expanded response to HIV/AIDS. UNAIDS will achieve this objective through work at national, regional and global levels in the following four mutually reinforcing areas: policy development and research, technical support, advocacy and coordination.

AGENCY FOR INTERNATIONAL DEVELOPMENT

The U.S. Agency for International Development (USAID) is the global leader in developing and implementing international HIV/AIDS/sexually transmitted infections (STI) prevention and control programs. Since 1986 USAID has committed nearly $1 billion for HIV/AIDS/STI prevention and mitigation programs in developing countries, where more than 90 percent of the current and new infections occur. The Agency has maintained an HIV/AIDS annual funding level of approximately $121 million since 1993. For FY-1999 a modest increase of $125 million was authorized. Also, an additional $10 million was authorized for FY-1999 only to be used for children affected by HIV/AIDS. Approximately 45 percent of the total HIV/AIDS/STI funding goes to sub-Saharan Africa; 17 percent to Asia/Near East; 12 percent to Latin America/Caribbean; and the remaining 26 percent is provided for worldwide programs, including UNAIDS. If, as experts predict, the severity of the pandemic shifts toward Asia, USAID will need to reconsider resource allocations to reflect the new situation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services (DHHS) scientists have contributed significantly to international progress in understanding how HIV infection is transmitted, how it affects the body, and how to treat and prevent it. Funding for international collaborative HIV/AIDS activities is limited within the offices and agencies within DHHS and only a small percentage of the overall HIV/AIDS budget is spent on international HIV/AIDS activities. The National Institutes of Health (NIH) AIDS program supports biomedical and behavioral research necessary to identify therapeutic regimens, behavioral interventions, and vaccine candidates to treat and prevent HIV infection and its associated illnesses in the United States and internationally. Recognizing the urgency of the epidemic and its impact on many domestic issues, the Centers for Disease Control (CDC) is committed to HIV/AIDS research within, as well as outside of, U.S. borders. The Food and Drug Administration (FDA) performs research and review involving AIDS therapeutic and diagnostic vaccine products.

DEPARTMENT OF DEFENSE

The Department of Defense (DOD) funds Prevention, Research, Care and Assistance, and International Programs, spending an estimated $107 million in FY-99, with $1 million designated for international programs. The threat that HIV/AIDS poses to the capabilities and readiness of the U.S. military forces is of great concern. In response to that threat, the military

research program was initiated in 1986 to minimize the impact of HIV on military readiness by monitoring the spread of HIV infection in military forces and developing methods to prevent infection. This effort includes surveillance of infection rates and HIV subtypes around the world; developing vaccines and education strategies to prevent infection; and originating clinical studies to slow progression and prevent immune deficiency.

DEPARTMENT OF STATE

Working in cooperation with U.S. Government technical agencies, through regional bureaus, embassies and missions abroad, the Department of State's goal is twofold: to enhance U.S. diplomatic efforts to raise the level of priority by all governments to more effectively meet the challenges of HIV/AIDS and infectious diseases, and to enhance international collaboration on international health. In March 1999, Secretary of State Madeleine Albright announced the release of the 1999 U.S. International Response to HIV/AIDS, a report on the U.S. response to the global HIV/AIDS pandemic. The release of the report is the first step in a Department of State effort to enhance political commitment by key governments to actively combat and prevent HIV/AIDS. Under the guise of this initiative, HIV/AIDS will be introduced to a greater extent in the U.S. diplomatic and policy dialogue to underscore the recognition of HIV/AIDS as an international problem with political, social, and economic impacts that go beyond the boundaries of the traditional health sector.

PEACE CORPS

Peace Corps receives funding from USAID through an interagency agreement in support of some of its HIV/AIDS activities. In FY-1999, these resources will total $450,000. The focus of Peace Corps work is prevention, specifically, targeting women and youth. Since the mid-1980s when HIV/AIDS was first identified, Volunteers have been working to help individuals and communities understand the disease and to collectively develop solutions for ways communities can protect themselves and care for those who become ill.

U.S. INFORMATION AGENCY

The United States Information Agency (USIA) spent an estimated $700,000 on international HIV/AIDS activities in FY-99. USIA international HIV/AIDS activities include broadcasting policy information on Voice of America (VOA) and USIA television services; organizing speaking tours, programs/seminars and briefings by U.S. AIDS experts both for international

visitors/journalists in the U.S. as well as abroad; publishing policy statements on the USIA homepage; and publishing a USIA electronic journal on "Infectious Diseases/The Global Fight."

DEPARTMENT OF COMMERCE

Data collection and analysis programs conducted by the Bureau of the Census and the Bureau of Economic Analysis affect the distribution of funds and other resources for private and public health initiatives, including HIV/AIDS research, treatment, and service programs. The Bureau of the Census maintains the broadest and most current numeric database in the world on HIV prevalence and incidence information for sub-Saharan Africa.

NATIONAL INTELLIGENCE COUNCIL

The intelligence community and its various components produce analyses on the scope and impact of HIV/AIDS in response to Presidential decision directives, the needs of their associated agencies, and ad hoc requests from senior policymakers.

Ranck phone (301) 981.5833 3828
fax (301) 981.2926
Sgt Baynum 6884

Juhl phone (301) 981.2005
fax (301) 981.5194

Cor Matt Branigan
phone 703.681.8683

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*** TX REPORT ***
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THE WHITE HOUSE

WASHINGTON

August 30, 1999

Lt. Colonel Ronald J. Juhl
89 SFS/CC
1845 Westover Drive
Andrews AFB, Maryland 20762

Dear Lt. Colonel Juhl:

I would like to thank you for the tremendous support provided by the crew-members on the March 27 - April 5 Presidential Mission to Africa. Their efforts helped make the fact-finding mission a success. As a further expression of my appreciation, I would like to extend an invitation to the premier of "Epidemic Africa," a short documentary of hope in the face of AIDS. The documentary, produced and directed by Rory Kennedy, was filmed during the mission and highlights the plight of the growing numbers of AIDS orphans in Africa. The premier and a reception will be held from 5:30 – 7:30 on Thursday, September 9, in room 325, Senate Russell Office Building. I would be delighted if the crew-members could attend.

I would be pleased to extend a formal invitation to each crew-member, if appropriate. The following is a list of those who joined us on Mission #673:

Paul D. Tuczynski
Willie Burns
Everette V. Payne
Kirk M. Snyder

Thank you for your assistance in this matter. Please let me know if I can answer any additional questions. I can be reached at (202) 456-2437. I look forward to hearing from you and hope to see you on the 9th.

Sincerely,

THE WHITE HOUSE

WASHINGTON

August 30, 1999

Lt. Colonel John R. Ranck
1 AS/CC
1280 Arnold Avenue
Andrews AFB, MD 20762

Dear Lt. Colonel Ranck:

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Sgt. V. Sampson	Kevin D. Hill	Robert D. Nation
Scott M. Turner	Christopher S. Hetzler	Seina Enwright
Thomas F. O'Boyle	Kimberly M. Weatherly	Andre P. Naude
Walter W. Strader, Jr.	Jorge A. Aracil	Leviticus Clarke
John A. Forte	Billy L. Pitmon	Kenneth Jack
Queen Alexander		

Thank you for your assistance in this matter. Please let me know if I can answer any additional questions. I can be reached at (202) 456-2437. I look forward to hearing from you and hope to see you on the 9th.

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy