FOIA Number: 2007-1550-F

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Subseries:

OA/ID Number: 21069

FolderID:

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

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

	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	H	U
Cote d'Ivoire		U	U				H	U	U	H				U	U,H	H	
Ethiopia	U	U	U			U	H			U	U	U	U	U	U,H	U	U
Kenya	U	U	U,H	U,H	U,H	U	H	U	U	U		U	U	U	U,H	U,H	U
Malawi	U,H	U	U			U	H	U	U			U	U	U	U,H	U,H	U
Mozambique	U	U	U			U								U	U	U	
Nigeria		U	U					U	U	U		U	U	U	U	U	U
Rwanda		U	U			U		U	U	U				U	U,H	U,H	
Senegal			U				H	U	U				U	U	U,H	U	U
South Africa	U	U	H	U		U,H	H	U	U	U,H			U	U	U,H	H	U,H
Tanzania	U	U	U		H,H	U	H					U	U,H	U	U,H	H	
Uganda	U,H	U	U	U,H		U	H	U	U	U,H	H	U,H	U	U	H	H	
Zambia	U,H	U	U			U	H	U	U	U	U	U	U,H	U	U,H	U,H	
Zimbabwe	U,H	U	U				H	U	U				U,H	U	U,H	H	U
India	U	U	U			U	H	U	U	H		U	U	U,H	U,H	U,H	U
REGIONAL																	
WAFR/ SAFR/EAFR	(U)	U	(U)					U					U	U	U	(U)(H)	
[illegible]																	
AID/W			U	U				U		U	U	U			U		U

Notes: * = Indicates additional HHS agency involvement (e.g. HRSA, ACF, etc) 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 TARGET AFRICAN AND ASIAN COUNTRIES

	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,D2	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				
Rwanda	U		U	U		U	U*				U		U	U	U,H	
Senegal			U, D1			U					U	U	U	U	U	U
South Africa	U,H		H, D1	U,H	H(NS	U,H			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,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)(H)	
[illegible]																
AID/W			U	U			U		U	U	U			U		U

Notes: * = Ongoing or potential Title II-"Food for Peace" countries.

** = Indicates additional HHS agency involvement (e.g., HRSA, ACF, etc) 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.

[illegible]	[illegible]
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 and CBOs	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 (including the seven UN Cosponsors: WHO, UNICEF, World Bank, UNFPA, UNDP, UNESCO, UNDCP)	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
Mulitlateral Donors (e.g. EU, World Bank, IMF)	To integrate country plans with overall prevention and care activities.
Congressional members and staff	To maintain dialogue concerning focus countries and activities.
U.S. Diplomatic Corps	To coordinate with U.S. diplomatic AIDS initiatives

LIFE Initiative
THE USAID RESPONSE

The Agency for International Development's (USAID) response to the HIV/AIDS pandemic began in 1986, with the Agency contributing over $1.2 billion to the effort during these last 13 years. Of this total, USAID has programmed over $650 million in sub-Saharan Africa. Since the early 1990's, USAID has been the leading donor to both UNAIDS and to the HIV/AIDS prevention and control effort in the developing world. Since 1993 the USAID budget has remained at approximately $120 million per year. During this time the number of annual HIV infections has risen 300% to 6 million per year, globally.

On July 19, 1999, the Administration announced a new 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, $55 million will be programmed through USAID, doubling the resources available through USAID programs in sub-Saharan Africa.

Under the *LIFE* Initiative, USAID will emphasize the following four program elements. Based on the mix of existing activities, not all elements will be provided in all target countries.

- **Primary Prevention** ($25 million) in 13 of the 15 target countries to reverse the trend of rising HIV infection rates through voluntary counseling and testing, prevention of mother-to-child transmission, social marketing, behavior change programs, STD treatment, and blood safety programs.

- **Community and Home Based Care and Treatment** ($14 million) in 7 of the 15 target countries to provide a continuum from community-based to in-patient treatment, with related support services utilizing community workers.

- **Caring for Children Affected by AIDS** ($10 million) in 12 of the 15 target countries to assist children affected by AIDS and their families. Nutritional support through Title II, Food for Peace, programs will strengthen the capacity of families caring for children orphaned by AIDS.

- **Capacity and Infrastructure Development** ($6 million) in 10 of the 15 target countries to increase capacity to respond to the epidemic, focusing on government, private sector, NGOs, and research institution capabilities. Particular focus will be given to expanding the capacity for the delivery of care and services and for the use of surveillance data to target prevention and care.

Building on established relationships between its Missions and host country partners, USAID will take the lead responsibility to facilitate an unprecedented coordinated international US response at the country level (including DHHS and DoD). In addition, USAID will provide support to the Coordinating Task Force, which will be organized under the auspices of the White House Office of National AIDS Policy (ONAP).

Over the next three years, USAID and its partners in the *LIFE* Initiative, will:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- Surveillance systems will be established in all partner countries.

treatments to reduce transmission to their newborns; and, finally, build critical health and educational infrastructure in these countries so that African and Asian institutions and community organizations can better lead the battle in their own countries. Additional FY 2001 increases will follow the areas of programmatic emphasis identified by the LIFE initiative.

What Do We Hope to Achieve

We already possess models of success. With USAID support, Uganda actually reduced urban HIV prevalence rates from 27% to 15% reversing the progress of the epidemic and, in Senegal maintained its HIV prevalence at less than 2% while surrounding countries continued to increase. The Uganda and Senegal models prove that the battle can be won, and challenge us to bring comparable success to additional countries.

Working closely with the UN, other bilateral donors and with governments of affected countries, within the next five years we seek to decrease HIV incidence in 15-24 year olds by 10%; decrease perinatal infections by 10%; provide basic care and support services to at least 75% of infected persons; and ensure that at least 50% of households caring for children affected by AIDS will receive essential assistance.

New Ideas

- Work with our G-8 partners in the preparation phase for the July Okinawa G8 summit to ensure that the summit contains a stand-alone agenda item directed at galvanizing worldwide accelerated action on HIV/AIDS.
- Working with Treasury, the World Bank, and regional development banks, ensure that HIV/AIDS programs are included in debt relief poverty reduction strategies and benefit from said relief.
- Provide technical assistance to countries to leverage their ability to ensure the flow of World Bank loan funds for HIV/AIDS.
- Work with U.S. Foundations and the private sector by providing technical assistance to these organizations and help them program and increase their HIV/AIDS resources.
- Work with State Department to ensure that Chiefs of Mission develop a proactive strategy on AIDS. Work with other nations' ambassadors to develop a multi-nation united ambassadorial campaign on HIV/AIDS in country.
- Expand multisectoral HIV/AIDS strategies that target education, democracy and governance and economic growth sectors in particular.
- Work with DoD to provide assistance to militaries for HIV/AIDS prevention [President budget requests $10 million in the FY 2001 budget for DOD HIV/AIDS in Africa prevention efforts working with militaries].
- Work with DOL to expand the involvement of labor unions in country in the fight against AIDS. [President budget requests $10 million in the FY 2001 budget for DOL HIV/AIDS in Africa prevention efforts working with unions].
- Challenge other donors to increase their financial commitment to HIV/AIDS.
- Challenge and/or tie US assistance to countries' increasing their own resources for HIV/AIDS prevention and care programs.

USAID HIV/AIDS Programmatic Efforts

USAID's approach to HIV/AIDS programming can be categories by the following five categories. The first four are also directly linked to the LIFE initiative.

- Primary Prevention: USAID supports activities such as voluntary counseling and testing, condom marketing, behavior change programs, mother to child transmission reduction, STD treatment, blood safety, as well as programs to reduce stigma and discrimination. *LIFE:* USAID is programming $25 million to reverse the trend of rising HIV infection rates.

- Improving Community and Home Based Care and Treatment: USAID is emphasizing a "prevention to care continuum" that supports basic medical services (such as for tuberculosis and other opportunistic infections), combined with psychosocial support services which utilize a wide range of community workers, including traditional healers. Such care is instrumental in ensuring the success of prevention programs. *LIFE:* USAID is allocating $14 million for these activities.

- Caring for Children Affected by AIDS: USAID supports a number of programs that assist AIDS affected children and orphans. These include community-based models of support and care, food aid, and innovative programs such as those that provide school fees for orphans. *LIFE:* USAID is programming $20 million in direct assistance for AIDS affected children (including $10 million in food aid).

- Capacity and Infrastructure Development: USAID provides assistance to increase host country capacity to implement effective interventions, focusing on government, private sector, NGOs, and research institution capabilities. Key activities increase the use of accurate HIV surveillance data to target HIV/AIDS prevention and care interventions and to measure the impact of these interventions, and will expand capabilities for the delivery of care and services. *LIFE:* USAID is allocating $6 million for these efforts.

- Multisectoral Efforts to Reduce the Impact of AIDS: USAID is supporting impact studies and interventions targeted at such sectors as education, democracy/governance, economic growth, agriculture/national resource management, and post-conflict situations.

Building on established relationships between its Missions and host country partners, USAID is taking lead responsibility to facilitate an unprecedented coordinated international US response at the country level involving other USG agencies such as the Department of Health and Human Services.

FY 2001 Increases

In 20 high emphasis countries USAID would use expected FY 2001 increases in HIV/AIDS funding to "scale up" prevention efforts now estimated to only reach less than 10% of vulnerable persons; provide better support for those sick and dying of AIDS; help the vast numbers of AIDS orphans; provide pregnant women with access to new

USAID HIV/AIDS ACTIVITIES

Over 50 million people have been infected with HIV worldwide to date, with 33.6 million now living with HIV/AIDS, and 2.6 million deaths in 1999. AIDS is now the leading cause of death in Africa and fourth in the world. In Africa, AIDS now kills twice as many people as malaria and eight times as many as tuberculosis. As the hardest hit continent in the world by far, one that constitutes two thirds of all new infections in the world, and where over two thirds of persons living with HIV/AIDS live, AIDS is having major detrimental effects on current health and non-health sectors in many countries. HIV/AIDS is unraveling four decades of development progress in Africa. Moreover, the two countries with the highest numbers of new infections per year are South Africa and India. Yet, South Africa has a population of only 43 million vs. India's nearly one billion.

For a decade USAID has led the fight against the global AIDS pandemic, providing HIV/AIDS assistance to 46 developing countries; 22 in Africa. Over the past 10 years, USAID has spent over $1.2 billion dollars responding to the worsening AIDS pandemic, with approximately 60% going to sub-Saharan Africa. The U.S. Government has been the largest donor for fighting AIDS globally and is recognized as a leader in technical skills. For the past seven years, USAID's annual budget for AIDS has remained at about $120 million dollars. However, in FY 2000, the President's LIFE Initiative, combined with additional funding from Congress increased USAID's budget from $125 million to $200 million- representing an increase of nearly 60%. Of the $200 m total, approximately $130 million is directed to Africa.

What is USAID doing in Africa?

USAID supports HIV/AIDS programs in 22 countries and three sub-regional programs. The emphasis has been on primary prevention to reduce the spread of HIV/AIDS. However, our programmatic efforts have broadened recently as described below.

The subset of 13 countries targeted by the LIFE initiative are: Ethiopia, India, Kenya, Malawi, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. These countries have the most severe AIDS epidemics, the highest number of new infections, the potential for greatest impact, and have existing USAID programs on which to build. The initiative expands the possible areas for intervention.

In addition to LIFE and in response to great demands, USAID is developing new HIV/AIDS programs in Namibia and Angola in FY 2000.

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- Capacity and Infrastructure Development: USAID provides assistance to increase host country capacity to implement effective interventions, focusing on government, private sector, NGOs, and research institution capabilities. Key activities increase the use of accurate HIV surveillance data to target HIV/AIDS prevention and care interventions and to measure the impact of these interventions, and will expand capabilities for the delivery of care and services. *LIFE:* USAID is allocating $6 million for these efforts.

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In 20 high emphasis countries USAID would use expected FY 2001 increases in HIV/AIDS funding to "scale up" prevention efforts now estimated to only reach less than 10% of vulnerable persons; provide better support for those sick and dying of AIDS; help the vast numbers of AIDS orphans; provide pregnant women with access to new

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Working closely with the UN, other bilateral donors and with governments of affected countries, within the next five years we seek to decrease HIV incidence in 15-24 year olds by 10%; decrease perinatal infections by 10%; provide basic care and support services to at least 75% of infected persons; and ensure that at least 50% of households caring for children affected by AIDS will receive essential assistance.

New Ideas

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- Work with State Department to ensure that Chiefs of Mission develop a proactive strategy on AIDS. Work with other nations' ambassadors to develop a multi-nation united ambassadorial campaign on HIV/AIDS in country.
- Expand multisectoral HIV/AIDS strategies that target education, democracy and governance and economic growth sectors in particular.
- Work with DoD to provide assistance to militaries for HIV/AIDS prevention [President budget requests $10 million in the FY 2001 budget for DOD HIV/AIDS in Africa prevention efforts working with militaries].
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- Challenge other donors to increase their financial commitment to HIV/AIDS.
- Challenge and/or tie US assistance to countries' increasing their own resources for HIV/AIDS prevention and care programs.

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (LIFE)

SUMMARY OF THE USAID RESPONSE

Introduction

The Agency for International Development's (USAID) response to the HIV/AIDS epidemic began in 1986, with the Agency contributing over $1.2 billion to the effort during these last 13 years. Of this total, USAID has programmed over $650 million in sub-Saharan Africa. Since the early 1990's, USAID has been the leading donor to both UNAIDS and to HIV/AIDS prevention and control in the developing world.

Since 1993 the USAID budget has remained at approximately $120 million per year. During this time the number of annual HIV infections has risen 300% to 6 million per year, globally. The epidemic is rapidly spreading within the Southern regions of Africa and into Asia and the newly independent states of the former Soviet Union. USAID now provides technical assistance and support to programs in 47 developing countries, 22 of which are in sub-Saharan Africa. These country programs are designed to decrease HIV transmission and reduce the impact of AIDS on families and societies. Over the past seven years, USAID has supported intensive HIV/AIDS education to over 25 million vulnerable men, women, and youth, helping them to reduce their risk of HIV infection. Current USAID resources, combined with other international donors and contributions from national host country governments, are able to reach 10% to 20% of the "at-risk" population in sub-Saharan Africa.

The *LIFE* Initiative

On July 19, 1999, Vice President Gore 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, $55 million will be programmed through USAID, nearly doubling the resources available through USAID programs in sub-Saharan Africa.

The *LIFE* Initiative focuses on 15 target countries[1] (14 in sub-Saharan Africa and India). These countries have the most severe AIDS epidemics, the highest number of new infections, the potential for greatest impact, and have existing USAID programs on which to build. Under the *LIFE* Initiative, USAID will emphasize the following four program elements. Based on the mix of existing activities, not all elements are required in all target countries.

- **Primary Prevention:** USAID will program $25 million in 13 of the 15 target countries to reverse the trend of rising HIV infection rates. This prevention component will support voluntary counseling and testing, condom marketing, behavior change programs, mother to child transmission reduction, STD treatment, and blood safety programs.

[1] The country list will be finalized after further dialogue with specific governments and key stakeholders.

- **Improving Community and Home Based Care and Treatment:** USAID will allocate $14 million in 7 of the 15 target countries to provide a continuum from in-patient to community outpatient treatment, combined with psychosocial support services which utilize a wide range of community workers, including traditional healers.

- **Caring for Children Affected by AIDS:** USAID will devote $10 million in 12 of the 15 target countries to assist children affected by AIDS and their families. Nutritional support through Title II, Food for Peace, programs will supplement existing efforts to strengthen the capacity of families and caring for AIDS orphans.

- **Capacity and Infrastructure Development:** With a budget of $ 6 million, USAID will work in 10 of the 15 target countries to increase host country capacity to implement effective interventions, focusing on government, private sector, NGOs, and research institution capabilities. Key activities will increase the use of accurate HIV surveillance data to target HIV/AIDS prevention and care interventions and to measure the impact of these interventions, and will expand capabilities for the delivery of care and services.

Building on established relationships between its Missions and host country partners, USAID will take the lead responsibility to facilitate an unprecedented coordinated international US response at the country level. Other participating US government agencies are the Department of Health and Human Services (DHHS) and the Department of Defense (DoD). In addition, USAID will provide secretariat support to the Coordinating Task Force, which will be organized under the auspices of the White House Office for National AIDS Policy (ONAP).

What Do We Hope to Achieve:

We already possess models of success. In Uganda, HIV prevalence has been reduced by 50% in young urban women, aged 15 to 24, by promoting a delay in the onset of sexual activity and the adoption of safer sexual practices. In Senegal, HIV prevalence has been kept below 2%. The Uganda and Senegal models prove that the battle can be won, and challenge us to bring comparable success to additional countries.

Monitoring systems will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the Initiative. Over the next three years, the Agency, in collaboration with our other partners, will meet the following performance goals in the target countries:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- The establishment of surveillance systems in all target countries.

FINAL DRAFT

TITLE: FY2000 Increases in Funding for HIV/AIDS for USAID and DHHS/CDC, Including Funds Linked to Administration (LIFE) and Congressional Initiatives

SUMMARY:
The final FY 2000 appropriations bills included unprecedented funding increases for HIV/AIDS efforts in Africa and India for USAID and for DHHS. The LIFE Initiative (Leadership and Investment in Fighting an Epidemic) developed by the White House Office of National AIDS Policy (ONAP) and additional funding supported by Congress demonstrate a very high level of U.S. political support for the fight against AIDS in Africa.

USAID received an additional $63 million for HIV/AIDS efforts above the original FY 2000 request of $127 million. Additionally, the Bureau for Humanitarian Response – Office of Food for Peace is targeting $10 million of Title II, food aid funds at children affected by AIDS in Africa. The cumulative FY 2000 USAID total HIV/AIDS budget is $200 million. Some of these funding increases are directly linked to the LIFE initiative in target countries. All of the increases are additive to the core. In addition, the U.S. Department of Health and Human Services (DHHS)/CDC received a separate appropriation of $35 million. Final county levels for the $63 million will be provided by calendar year-end. However, discussions with host country counterparts should begin immediately, at least to establish what program areas are most desirable from their perspective and vis a vis other donors.

The increased LIFE Initiative-linked funding will support four program elements (1) primary prevention which includes mother to child transmission prevention and voluntary counseling and testing, (2) improving home and community based care and treatment, (3) caring for children affected by AIDS, and (4) capacity and infrastructure development (including surveillance systems). The mix of interventions will be determined at the country level. The initiative delineates specific responsibilities for USAID and DHHS (e.g., AIDS orphans, surveillance). LIFE-related funding increases are targeted at 13 African countries, India, and regional African programs selected according to specific criteria. USAID will have lead responsibility for the development of a coordinated country level plan and implementation with DHHS/CDC and country stakeholders. USAID (G, AFR, BHR, ANE bureaus) and DHHS/CDC have established a joint task force to assist planning, and the White House Office of National AIDS Policy (ONAP) will provide broader oversight of the initiative. These funding increases are also designed to help leverage national and other donor resources.

Next steps include country level notification and joint planning, needs assessments, identification of implementation mechanisms, and, where appropriate, expansion or initiation of NSDD-38 and ICASS agreements with Embassies for DHHS/CDC assignees and activities. These efforts are expected to increase our combined ability to reduce HIV transmission and mitigate its worst effects. End summary.

1. Background. In July 1999, Vice President Gore released a new Administration international HIV/AIDS initiative, known as Leadership and Investment in Fighting an Epidemic (LIFE), to address the global pandemic. Congress has increased USAID's HIV/AIDS funding by $63 million in FY 2000 and provided $35 million to DHHS/CDC, for Africa and India. Additionally, Congress has requested BHR to re-program $10 million of Title II funds for this Initiative. These funds supplement the original FY 00 CP request of $127 million worldwide, as well as other U.S. Government (USG) programs. The additional funding is designed to encourage nations, donors, and institutions to match this action, as well as to scale up our own current efforts. Successes in Uganda and Senegal prove that the battle can be won, and challenge us to bring comparable gains to additional countries.

2. Linkage to national and international efforts. USG funds will need to be programmed within the context of national AIDS plans, as well as from considering regional and international efforts. USG efforts will also strive to contribute to a series of worldwide HIV/AIDS goals and objectives established for the international community by UNAIDS as well as to the International Partnership against AIDS in Africa.

3. Guiding principles. The *LIFE* initiative focuses on a select set of countries in order to significantly scale up the response and to meet the goals and objectives of this initiative in these countries. The initiative is based on a set of guiding principles that implementing agencies are expected to follow. These include: country ownership of the activities; complimentarity of existing HIV/AIDS programs with new initiative activities; leverage of and coordination with other donors and organizations; increase in the number of collaborating USG agencies and other partners fighting against AIDS; support for indigenous expertise and institutions in implementing program elements; and two-way information sharing to enhance opportunities to learn about new models that will assist US-based HIV programs while sharing US experiences abroad.

4. Target LIFE countries. A selected set of countries has been identified using the following criteria: the magnitude of the epidemic; country receptivity to assistance from US government; country political commitment to fighting the AIDS epidemic; potential for interventions and unique opportunities; potential for impact; potential for leveraging of other local and donor support; and existing U.S. Government implementation mechanisms. The selected target countries and programs are: Ethiopia, India, Kenya, Malawi, Mozambique, Nigeria, Regional Programs in west and southern/eastern Africa, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. Botswana and Cote d'Ivoire are also target countries that will be covered by the USAID regional programs and by DHHS/CDC. The USAID West African based Family Health and HIV/AIDS program supporting a number of countries in that region (including Cote D'Ivoire) and the Eastern/Southern African regional program (including Botswana) will participate in this initiative. Botswana, Kenya and Cote D'Ivoire represent countries with strong DHHS/CDC presence. Ethiopia, India, Kenya, Malawi, Mozambique, Rwanda and Uganda are countries with ongoing Title II activities that might be amended to include

LIFE initiative activities. US partners utilizing Title II resources will be US PVOs with existing or pending, Development Activity Proposals (DAPs).

5. Program elements. Much of the funding increase will target specific HIV program components. LIFE is intended to support activities in four program elements: (1) primary prevention, (2) improving community and home based care and treatment, (3) caring for children affected by AIDS, and (4) capacity and infrastructure development. Specific guidance on each of these areas will be forthcoming from USAID/W. Missions are encouraged to tailor their programs to their country needs and existing efforts (including other donor activities). The range of the four LIFE initiative program elements provides significant breadth and flexibility. A starting point for mission planning are the preliminary proposals submitted by missions in July.

6. Innovation in programming. With this new funding the initiatives will facilitate USAID and DHHS/CDC support for a number of new HIV/AIDS areas, such as the provision of care and support for persons living with HIV/AIDS. Other examples of evolving trends and needs include emphasis on voluntary counseling and testing, mother to child transmission prevention, and multisectoral interventions. Missions will need to balance traditional programming areas with new approaches that hold significant promise. Given that the funding increases are expected to continue, this presents an important opportunity to plan for the future.

7. Performance targets. Broad performance goals, covering the next three years, have been established for USAID, DHHS/CDC, and other collaborating partners. In addition, the sum of all USG efforts will contribute to a set of worldwide HIV/AIDS goals. These indicators will be communicated to missions in an email. Monitoring systems will need to measure the overall impact of USG existing programmatic and new activity efforts.

8. Funding. (A) The original FY 2000 LIFE initiative requested an overall increase of $100 million, with $55 million for USAID ($35 million in new funds, $10 million in recoveries, and $10 million of Title II reprogramming to benefit children affected by AIDS), $35 million for DHHS/CDC, and $10 million for DoD (pending reprogramming). Final FY 2000 Foreign Operations appropriations included an increase of $63 million for USAID's HIV/AIDS program above the President's original FY 2000 HIV/AIDS request of $127 million. This increase includes: $35 million for Africa and India for the LIFE Initiative (specific earmark); $13 million general HIV/AIDS increase (some of which is also linked to the LIFE initiative); $5 million ESF funds for HIV/AIDS (non-Africa); $4 million in Displaced Children Orphans Fund and $6 million devoted to children and AIDS. In addition, $10 million of BHR Title II funds will be targeted for HIV/AIDS (a subset of LIFE initiative countries will be eligible for this assistance-see paragraph 4 above).

(B) The new USAID total is $200 million, including the Title II assistance. The Africa Bureau overall level for HIV/AIDS will be $94.6 million in FY 2000 (not counting Title II, DCOF or any of the $6 million for AIDS orphans to be programmed).

(C) USAID/W will make every effort to accelerate the OYB process to the missions to fast-track planning and implementation of this effort. For Title II programs, BHR/FFP will issue revised program guidance to potentially interested PVOs.
(D) Beyond FY 2000, USAID, OMB and others have been clear that this needs to be a multi-year commitment and effort. USAID and DHHS are currently developing FY 2001 budgets that include the new higher levels of HIV/AIDS spending required by the LIFE initiative in their base budgets.

9. Tracking of funds related to LIFE. Although each country need not support each of the four program elements, overall funding totals will need to approach the globally set targets by category (to be provided subsequently). We anticipate that target missions will need to submit to USAID/W their preliminary proposals for funding for LIFE initiative-related activities prior to final implementation. This will allow USAID/W an opportunity to assess how close the totals will be to the original initiative targets. USAID/W's goal is for missions to have maximum flexibility in their programming. USAID/W will issue guidance shortly. Additionally, DHHS/CDC will provide information on CDC-supported program elements. Programs using Title II resources will have to demonstrate a linkage to food security objectives. USAID/W will provide guidance on tracking the LIFE initiative-related funding increases by program element for the target countries.

10. Actions. Target missions are requested to begin planning immediately if they have not already done so. USAID and DHHS/CDC will be engaged in a collaborative effort to develop joint management and monitoring plans, achieve consensus on performance measures, and identify areas for cooperative efforts and for complementary programs. Building on established relationships between its Missions and host country partners, USAID will have lead responsibility for facilitating the coordinated US response. The following key actions are required:

A. USAID/W to complete country OYB levels for HIV/AIDS.
B. Missions to immediately begin a dialogue with their host country counterparts to discuss the pending availability of resources and the need to pursue a participatory design process to include DHHS/CDC and other team members. The latter should include government (all applicable levels), other bilateral and multilateral donors, the private sector, PVOs/NGOs, affected communities, persons living with HIV/AIDS, and other stakeholders. Since DHHS/CDC's surveillance technical assistance will invariably include direct ministry involvement, prior consultation with DHHS/CDC is necessary to develop program plans for surveillance, as well as for prevention and care activities to be supported by DHHS.
C. Missions to develop a joint USG team that involves USAID personnel and DHHS/CDC personnel. DHHS/CDC will fund the provision of its technical team to participate. USAID/W and DHHS/CDC will identify the relevant DHHS resources available to work with missions, as well key contact points to facilitate team member identification and deployment. Additional technical assistance will be available from USAID/W and DHHS/CDC and others upon request.
D. As part of the initial planning effort, the joint USG-country teams should review previously established country profiles (US and donor response information) as well

as priority country needs and gaps and potential responses. To the extent possible, the new USG funds should be used to leverage increased government and other donor resources for AIDS.

E. All missions should have conducted a participatory needs assessment, identified current responses and gaps, developed workplans, and selected implementation mechanisms within 3 months. If additional time is required, please inform Alex Ross in AFR/SD (see Points of Contact below). Each country team is requested to develop a proposal that identifies which activities it wishes to pursue according to the four program elements noted above. It is important to note that this is a multi-year initiative.

F. Missions to submit their preliminary funding proposals to USAID/W (derived from discussions with countries and with the planning team) in approximately 3 months time.

G. Missions to notify USAID/W if there are any major problems that could hinder progress on any aspect or phase of the initiative.

H. Missions to consult with DHHS/CDC representatives prior to discussion with ministries about surveillance infrastructure development, or for care and prevention activities to be supported by DHHS.

11. Title II Program. There are special considerations governing the use of the Title II, Food for Peace funds. The funds account for the entire USAID $10 million LIFE initiative contribution for children affected by AIDS. BHR/FFP expects that most of these funds will be used for the direct distribution of commodities, however, it is understood that, depending on the type of activity undertaken, some amount of monetization may be necessary. Further information on this initiative will be forthcoming from BHR/FFP.

12. Mechanisms. Missions are encouraged to channel resources through existing mechanisms, as well as to identify needs for new mechanisms to accomplish specific programmatic goals. These can include mission procurements, field support, USAID/W grants to institutions, or other implementing mechanisms.

13. It is important for Missions to identify a subset of existing activities that could be scaled up immediately. OMB has suggested that USAID and DHHS/CDC will need to show that some of the funds are flowing soon. However, this must be balanced against the need to conduct appropriate planning for the future with all of our partners.

14. Monitoring and evaluation plan. Each mission is requested to submit a monitoring and evaluation plan specific to its HIV/AIDS activities. An update manual on the most appropriate HIV/AIDS indicators for all four program elements will be sent to all missions in January.

15. Personnel: It is expected that missions will be able to hire personnel through various mechanisms to assist in managing this program. Additional communication on options will be forthcoming.

16. NSDD-38 Issues: Embassies are notified that DHHS/CDC will need to initiate or expand NSDD-38 and related ICASS agreements in some of the countries in order to place necessary staff. Missions are requested to facilitate this process where appropriate. In other cases, DHHS/CDC may second DHHS/CDC personnel to USAID to work with governments and other partners (DHHS funded).

17. Coordinating the *LIFE* Initiative. In Washington, the White House Office of National AIDS Policy, with secretariat support provided by USAID, established a coordinating task force of senior agency management. This task force will monitor overall progress on the initiative. A working group has also been established to facilitate USAID (G,AFR,BHR, and ANE) and DHHS planning and communication. Missions are encouraged to set up in-country coordination mechanisms of their own, if they do not already exist, including the Ambassador and broader country team.

18. Key contact points and responsible persons. Alex Ross, AFR/SD will be responsible for coordinating the Bureau's role and response to the initiative. Dr. Paul Delay of G/PHN/HIV-AIDS Division will be the key Global Bureau contact point. René Berger and/or Tom Marchione will be the key BHR contacts. Dr. Helene Gayle and Dr. Michael St. Louis will be key contact points for DHHS/CDC in Atlanta. Please let us know if you have any questions or clarification.

19. Conclusion. The fight against HIV/AIDS is not only a top priority for our health programs, but a bureau-wide priority as well because the disease undercuts Africa's capacity to manage, govern, grow and compete in a global economy. Your messages from the field, which have detailed the catastrophic effects of the HIV/AIDS pandemic in Africa, are reverberating throughout Washington. The result is a universal agreement by the White House, the Congress, various executive agencies, the private sector, and NGO's that United States (as well as other donors) must do more. Your efforts, as well as the increasing recognition of the tragedy of this epidemic by Africans themselves, have helped develop the base for the LIFE initiative. We expect that the interest in Africa and in combating the AIDS epidemic will continue and are closely monitoring other proposed initiatives (e.g. Rep. Barbara Lee's bill to enact an "AIDS Marshall Plan").

20. Missions have earned international respect and praise for USAID, the role we play, the effectiveness of our programs, and our ability to quickly respond to the challenge of fighting HIV/AIDS. In sum, USAID is indispensable in the fight against HIV/AIDS, above all in Africa. With AFR, G, BHR, and ANE Bureau support we can ultimately conquer this disease. We eagerly await your county-specific plans.

Draft: Alex Ross, USAID 12/16/99; Revised Carleene Dei, USAID 12/13/99

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 United States Government role in helping to fight the pandemic, the Leadership and Investment in Fighting an Epidemic (*LIFE*) global AIDS initiative seeks to increase USG 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 builds on the existing large USG investment in HIV/AIDS efforts in Africa and India to date (over $1.1 billion since 1986). The Initiative involves an unprecedented collaboration the United States Agency for International Development (USAID), the Department of Health and Human Services (Multiple agencies within DHHS), and the Department of Defense (DOD). The *LIFE* Initiative is a significant turning point in the United States Government fight against AIDS and will significantly contribute to broader global targets over the next 3 to 5 years. These are presented in Annex 1.

Curtailing this epidemic is not just the responsibility of the U.S. Government. The Inititiative 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.

Geographic Focus:

LIFE focuses on 15 target countries (14 in sub-Saharan Africa and India) and regional activities in western and southern Africa. In each of these countries, there will be collaborative support from more than one Federal Agency. Countries were selected based on the magnitude of the epidemic, their country's political commitment to fighting the epidemic, their receptivity to USG assistance, and presence of existing U.S. Government implementation mechanisms. Additional criteria are presented in Annex 2. Annex 3 presents a description of the regional activities in Africa.

LIFE INITIATIVE

1. BOTSWANA	X	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:

LIFE addresses four 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. Each of these elements must be coordinated and integrated within an overall comprehensive response. These activities must be linked together and will be 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 (e.g. methods to reduce mother-to-child HIV transmission) that have not yet been incorporated into comprehensive programs. Not every country will have all program elements listed below. Country programs 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. These countries reflect only those that will be targeted by this Initiative, not the entire list of USG-assisted countries.

1. Primary Prevention:

Ninety percent 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 five percent. 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 expand 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 identify barriers that exist for accessing these services and the outcomes of these interventions on both infants and mothers. STD Management: 12 countries will implement new and/or expand STD prevention, diagnostic and 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 in the first year (25% by 2005)
- 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 8 countries. 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 households in high HIV prevalence communities with increased access to food.
- % of households in high prevalence communities receiving assistance from community based organizations.

3. Capacity and Infrastructure Development:

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

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 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 and to evaluate the applicability of U.S.-based early intervention care and treatment models in a developing world setting. 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. It should be recognized that it is difficult to measure performance, which is attributable to discrete funding sources. Instead, monitoring systems will measure the impact of 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 TAREGT COUNTIRES AND REGIONS
5. ACTIVITIES SUPPORTED BY THE ***LIFE*** INITIATIVE IN AFRICA AND ASIA IN TARGETED COUNTRIES
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
4. Potential for interventions and unique opportunities
5. Potential for impact
6. Potential for leveraging of other local and donor support
7. 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, develop local capacity for AIDS program management, conduct training, increase political commitment for AIDS in the region, mobilize community responses, support programs to assist families and children affected by AIDS, and increase involvement of non-health sectors in anti-AIDS efforts. The program will also expand existing social marketing and behavior change interventions.

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 prevention and surveillance efforts, develop multi-sectoral approaches to AIDS efforts, increase political commitment to fighting AIDS, and develop regional training networks for AIDS interventions. A priority is to develop African institutional capacity to respond to the AIDS epidemic.

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.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

PRESS RELEASE

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

Contact: Gabrielle Bushman
(202) 712-4320

2000-01
FOR IMMEDIATE RELEASE
Monday, January 10, 2000

USAID ANNOUNCES 12 AFRICAN NATIONS TO RECEIVE FUNDS TO FIGHT AIDS

The U.S. Agency for International Development (USAID) today announced that 12 African nations have been targeted to receive additional fiscal year 2000 funding under President Clinton's LIFE (Leadership and Investment Fighting an Epidemic) initiative.

Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zambia and Zimbabwe have all been selected by USAID to receive additional funding to fight the AIDS pandemic in FY 2000. These countries were selected due to the severity of the epidemics and the commitment of their governments to stopping the spread of HIV/AIDS.

The U.S. government is the world leader in responding to the global pandemic of AIDS. USAID's budget for AIDS in 2001 will be approximately $250 million, a 100 percent increase from 1999.

"The U.S. government is on the forefront of the international efforts to respond to the needs of vulnerable communities around the world," said J. Brady Anderson, administrator of USAID. "There is no quick fix to cure this pandemic. But as staggering as this problem is, we can do something about it, and with the money provided through the LIFE initiative – we will."

The new funding will increase prevention efforts to vulnerable populations. Additionally, the funds will provide better support for those sick and dying of AIDS, help children who have become AIDS orphans, provide pregnant women with access to new treatments to reduce infections in their newborns and build health infrastructure in these countries.

AIDS is the leading cause of death in Africa, killing twice as many people as malaria and eight times as many as tuberculosis. Each day, more than 10,000 people are infected in sub-Saharan Africa – the equivalent of one every eight seconds. In Malawi, over one-quarter of the members of Parliament have been lost to the disease in the past decade. In many of the countries targeted by USAID, over 40 percent of elementary school teachers are already infected.

Also today, Vice President Gore announced there will be an additional $100 million in next year's budget to fight AIDS in the developing world, funds that will reinforce the U.S. commitment to fighting the AIDS pandemic. Of these new funds, approximately half will be used by USAID to continue and expand its programs in 46 countries around the world.

Since 1986, the U.S. government, through USAID, has dedicated over $1.2 billion dollars for the prevention and mitigation of this epidemic in the developing world. The U.S. Agency for International Development is the U.S. government agency that provides development and humanitarian assistance to the developing world.

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

A Global AIDS Initiative

SUMMARY

On July 19, 1999, the Administration announced a new Initiative to address the global AIDS pandemic. This Initiative is supported by an amendment to the Fiscal Year 2000 budget proposal signed by the President and submitted to Congress for its consideration. A central feature of this *LIFE* Initiative is a $100 million increase in US support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those affected by this devastating disease. This additional funding is a critical step by the United States Government in recognizing the impact that AIDS continues to have on individuals, families, communities and nations responding to the imperative to do more. It is our hope that other nations and institutions will match this action.

This plan contains a framework of interventions, grounded in a series of goals and objectives consistent with those established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be delineated through dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

***LIFE* INITIATIVE'S GUIDING PRINCIPLES**

US agencies will apply the following principles to the design and implementation of *LIFE*:

- ✓ Country ownership of the activities is essential.
- ✓ Initiative funding must complement existing HIV/AIDS programs and activities conducted abroad
- ✓ Leverage of and coordination with other donors and organizations is critical
- ✓ The number of collaborating USG agencies and other partners in the fight against AIDS must be increased
- ✓ Support for indigenous expertise and institutions in implementing program elements must be emphasized
- ✓ Information sharing must be two-way so as to enhance opportunities to learn about new models that will assist US-based HIV programs as well as to share US experiences abroad

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services (HHS), and the Department of Defense (DoD). USAID will have lead responsibility in the facilitation of coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute over the next 3 to 5 years to broad global targets that seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

At the present time, the UNAIDS has estimated that resource needs for *prevention alone* for sub-Saharan Africa total exceeds $1 billion per year. The Initiative will contribute to this goal and to the global partnership necessary to bring effective programs to adequate scale. Yet curtailing this epidemic will require a significantly enhanced response by the global community and cannot be viewed as just the responsibility of the US government. Therefore, US partners involved in the *LIFE* Initiative will collaborate with UNAIDS and other international and local agencies both to leverage additional resources from host countries, multilateral institutions, and the private sector and to maximize coordination.

PROGRAM ELEMENTS

The Initiative addresses program elements critical to fighting the AIDS pandemic. Although the Initiative will not support all elements in every country, its funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

Primary Prevention: A key component of the initiative is prevention to slow—and hopefully reverse—the trend of rising HIV rates in partner countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world are known to derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles. The prevention component of this initiative seeks to reduce these means of transmission through a package of activities involving civilian and military populations. These include voluntary counseling and HIV testing, mother to child transmission prevention, STD treatment, social marketing of barrier methods, behavior change interventions, and blood safety.

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 lack the resources to diagnose and treat HIV and the associated opportunistic infections, let alone to 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. Much can be done to improve the quality and duration of life for persons living with HIV/AIDS and their families in developing countries while the infrastructure and capacity necessary for more advanced treatments is established. 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. The initiative will support basic medical, social, and home and community based care to greatly expand the availability of these services.

Caring for Children Affected by AIDS: By the year 2000, there will be close to 24 million children who will have lost one or both parents in 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to over 40 million. Despite the magnitude of this crisis, services for children orphaned by AIDS are extremely limited in most countries. This initiative will enable USAID to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. These efforts will supplement existing efforts to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable.

Capacity and Infrastructure Development: To make a difference in this epidemic, political commitment and leadership are essential, as is the capacity to implement effective interventions. Key activities to support governments, the private sector, NGOs, and research institutions are to (1) provide professional training and technical assistance and support; (2) increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, (3) measure the impact of these interventions, and (4) build new capabilities for the delivery of treatment and support services.

Managing and Monitoring the *LIFE* Initiative: A coordinating task force will be convened under the auspices of the White House Office of National AIDS Policy, with secretariat support provided by USAID. Multiple partners will be engaged in a collaborative effort to develop joint management and monitoring plans, achieve consensus on performance measures, and identify areas for cooperative efforts and for complementary programs.

ANNEX – TABLE OF INVESTMENTS

Program Element	Investment
Primary Prevention	
1) Program Delivery and Other Activities	USAID: $25M
2) Technical Assistance and Training	HHS:$13M
3) Prevention activities for African military and uniformed services	DoD:$10M
	Subtotal: $48M
Improving Community and Home Based Care and Treatment	
1) Program Delivery	USAID: $14M
2) Technical Assistance and Training	HHS: $9M
	Subtotal: $23M
Caring for Children Affected by AIDS	USAID: $10M
Capacity & Infrastructure Development	
1) Increasing political commitment and strengthening AIDS programs	USAID: $6M
2) Surveillance	HHS: $13M
	Subtotal:$19M

ANNEX – WORLDWIDE HIV/AIDS GOALS

WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with USAID and other bilateral 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 2002, 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.)

LIFE Initiative
THE USAID RESPONSE

The Agency for International Development's (USAID) response to the HIV/AIDS pandemic began in 1986, with the Agency contributing over $1.2 billion to the effort during these last 13 years. Of this total, USAID has programmed over $650 million in sub-Saharan Africa. Since the early 1990's, USAID has been the leading donor to both UNAIDS and to the HIV/AIDS prevention and control effort in the developing world. Since 1993 the USAID budget has remained at approximately $120 million per year. During this time the number of annual HIV infections has risen 300% to 6 million per year, globally.

On July 19, 1999, the Administration announced a new 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, $55 million will be programmed through USAID, doubling the resources available through USAID programs in sub-Saharan Africa.

Under the *LIFE* Initiative, USAID will emphasize the following four program elements. Based on the mix of existing activities, not all elements will be provided in all target countries.

- **Primary Prevention** ($25 million) in 13 of the 15 target countries to reverse the trend of rising HIV infection rates through voluntary counseling and testing, prevention of mother-to-child transmission, social marketing, behavior change programs, STD treatment, and blood safety programs.

- **Community and Home Based Care and Treatment** ($14 million) in 7 of the 15 target countries to provide a continuum from community-based to in-patient treatment, with related support services utilizing community workers.

- **Caring for Children Affected by AIDS** ($10 million) in 12 of the 15 target countries to assist children affected by AIDS and their families. Nutritional support through Title II, Food for Peace, programs will strengthen the capacity of families caring for children orphaned by AIDS.

- **Capacity and Infrastructure Development** ($6 million) in 10 of the 15 target countries to increase capacity to respond to the epidemic, focusing on government, private sector, NGOs, and research institution capabilities. Particular focus will be given to expanding the capacity for the delivery of care and services and for the use of accurate HIV surveillance data to target prevention and care.

Building on established relationships between its Missions and host country partners, USAID will take the lead responsibility to facilitate an unprecedented coordinated international US response at the country level (including DHHS and DoD). In addition, USAID will provide support to the Coordinating Task Force, which will be organized under the auspices of the White House Office of National AIDS Policy (ONAP).

Over the next three years, USAID and its partners in the *LIFE* Initiative, will:

- decrease HIV incidence in 15-24 year olds
- decrease perinatal infections
- decrease reported STD prevalence by men/women
- build community support for households caring for children affected by AIDS

- help district/provincial governments implement care and support activities
- Assist in establishment of surveillance systems in all target countries

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This plan contains a framework of interventions, grounded in a series of goals and objectives consistent with those already established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be added after dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services (HHS), and the Department of Defense (DoD). USAID will have lead responsibility to facilitate coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute to broad global targets over the next 3 to 5 years which seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

LIFE INITIATIVE'S GUIDING PRINCIPLES

US agencies will apply the following principles to the design and implementation of *LIFE*:

- ✓ Country ownership of the activities is essential.
- ✓ Initiative funding and activities are in addition to existing USG HIV/AIDS programs and activities conducted abroad. The net total of new and expansion of existing activities will yield expected results in the target countries and programs.
- ✓ Initiative activities will be coordinated with other donors and will seek to leverage other donors' efforts and resources.
- ✓ Increase the number of collaborating USG agencies and other partners in the fight against AIDS, as well as use of new approaches.
- ✓ Support for African/Indian expertise and institutions in implementing program elements are emphasized.
- ✓ *LIFE* offers opportunities to learn about new models that will assist US-based HIV programs, as well as to share US experiences abroad.

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

At the present time, the UNAIDS has estimated that resource needs for *prevention alone* for sub-Saharan Africa total exceeds $1 billion per year. The Initiative will contribute to this goal and to the global partnership necessary to bring effective programs to adequate scale. Curtailing this epidemic is not just the responsibility of the U.S. Government. US partners involved in this Initiative will collaborate with UNAIDS and other international and local agencies to leverage additional host country, multilateral, bilateral, and private resources.

Program Elements

The Initiative addresses four key program elements critical to fighting the AIDS pandemic: primary prevention, improving community and home based care and treatment, caring for children affected by AIDS, and capacity and infrastructure development. Although the Initiative will not support all elements in every country, all program funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

Primary Prevention: The initiative focuses primarily on prevention to slow—and hopefully reverse—the trend of rising HIV rates in developing countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world are known to derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles. The prevention component of this initiative seeks to reduce these means of transmission through a package of activities. These include voluntary counseling and HIV testing, mother to child transmission prevention, STD treatment, social marketing of barrier methods, behavior change interventions, and blood safety. USG agencies will work with civilian and military populations.

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 lack the resources to diagnose and treat HIV and the associated opportunistic infections, let alone to 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 persons living with HIV/AIDS 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 both the quality and duration of a person's life. The initiative will support basic medical, social, and home and community based care to greatly expand the availability of these services.

Caring for Children Affected by AIDS: By the year 2000, there will be close to 24 million children who will have lost one or both parents in 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to over 40 million. Despite the magnitude of this crisis, services in developing countries for children orphaned by AIDS are extremely limited or non-existent. This initiative will support USAID to take primary responsibility for activities to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. These efforts will supplement existing efforts to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable.

Capacity and Infrastructure Development: Within the target countries, it is critical that political commitment is increased and host country capacity to implement effective interventions is strengthened, focusing on government, private sector, NGOs and research institution capabilities. Key activities are to increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, to measure the impact of these interventions, and to build new capabilities for the delivery of treatment and support services.

Managing and Monitoring the *LIFE* Initiative: A coordinating task force will be convened under the auspices of the White House Office of National AIDS Policy, with secretariat support provided by USAID to develop joint management and monitoring plans. Multiple partners will 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.

Annex

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LIFE Initiative
THE USAID RESPONSE

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Under the *LIFE* Initiative, USAID will emphasize the following four program elements. Based on the mix of existing activities, not all elements will be provided in all target countries.

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- **Capacity and Infrastructure Development** ($6 million) in 10 of the 15 target countries to increase capacity to respond to the epidemic, focusing on government, private sector, NGOs, and research institution capabilities. Particular focus will be given to expanding the capacity for the delivery of care and services and for the use of surveillance data to target prevention and care.

Building on established relationships between its Missions and host country partners, USAID will take the lead responsibility to facilitate an unprecedented coordinated international US response at the country level (including DHHS and DoD). In addition, USAID will provide support to the Coordinating Task Force, which will be organized under the auspices of the White House Office of National AIDS Policy (ONAP).

Over the next three years, USAID and its partners in the *LIFE* Initiative, will:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- Surveillance systems will be established in all partner countries.

LIFE Initiative
THE DHHS RESPONSE

Since the beginning of the HIV epidemic, the U.S. Department of Health and Human Services (HHS) has collaborated with countries in Africa and Asia to increase our understanding of HIV and to evaluate interventions that can be effective. Agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes for Health (NIH) have been leaders in documenting the nature and spread of the epidemic. Other DHHS agencies and offices, including the Health Resources and Services Administration (HRSA) and the Administration on Children and Families (ACF), have unique expertise in a number of specific HIV interventions that might be tailored to fill some of the international HIV and orphan related needs.

HHS has international field station structures and sites in a number of African and Asian countries. These CDC and NIH sites provide opportunities for assistance to countries, as well as for prevention research. CDC field stations are in Cote d'Ivoire, Botswana, Kenya, Thailand and Vietnam with additional presence in Uganda, South Africa, and Malawi. NIH funded HIV-NET sites are present in Uganda, South Africa, Malawi, Zambia, and Zimbabwe. CDC and NIH have relationships in most of the African countries. The United States and developing countries can mutually benefit from lessons learned in applying efforts to contain the massive HIV epidemic in Africa and Asia.

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Under the *LIFE* Initiative, DHHS will emphasize the following three of the four LIFE program elements (these activities enhance and complement current DHHS international activities):

- **Primary Prevention** ($13M) will be supported by providing technical assistance and training on voluntary counseling and testing, reducing mother-to-child HIV transmission, STD management, social marketing, behavior change, and blood safety systems.

- **Capacity and Infrastructure Development** ($13M) will be strengthened by enhancing surveillance systems and by developing new initiatives to use their data to inform prevention and treatment processes and measure their impact.

- **Community and Home-Based Care and Treatment** ($9M) will be supported through technical assistance and training. In addition, guidelines will be jointly developed for the treatment of sexually transmitted diseases (STD), tuberculosis and other HIV-related opportunistic infections, as well as for palliative and other supportive services.

Over the next three years, DHHS and its partners in the *LIFE* Initiative, will:

- decrease HIV incidence in 15-24 year olds
- decrease perinatal infections
- decrease reported STD prevalence by men/women
- build community support for households caring for children affected by AIDS
- help district/provincial governments implement care and support activities
- assist in establishment of surveillance systems in all target countries.

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.

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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.

U.S. Agency for International Development

Bureau for Africa
Office of Sustainable Development
1325 G St., NW Suite 400
Washington, DC 20005

Date: 6/2

To: Sandy

Phone: _____

Fax: _____

From: Alex Lon

Phone: _____

Fax: _____

Number of Pages Including Cover Sheet _____

Message

Sandy,
Re communication with Sallie Miller at Dept of Commerce re: HIV/AIDS (see Paul's Elizabeth Marum) points

Alex,

Subject: re: fwd: Re: cu.s. dept of commerce and aids/malawi - a poss...
Date: Tue, 1 Jun 1999 17:18:24 -0400
From: "Paul Delay" <pdelay@usaid.gov>
To: "Barbara de Zalduondo" <bzalduondo@usaid.gov>,
"Elizabeth Marum" <Elizabeth=Marum%HPN%LILONGWE@usaid.gov>
CC: <AROSS@AFR-SD.ORG>, "Hope Sukin" <hosukin@usaid.gov>,
<"internet[IHUSAIN@AFR-SD.ORG]"@usaid.gov>, "Joan LaRosa" <jlarosa@usaid.gov>

Elizabeth, great response.! I spoke briefly with Sally this morning. Not sure I gave the big picture but I went through the four areas where we have had dialogue with the drug companies and the pros and cons of each approach. The four areas were:

1. Preferential tiered pricing of drugs (The problems include grossly inequitable access, even with significant preferred pricing, no lab support or training, would lead to suboptimum use and probable resistance, etc),

2. Drug donations (same problems as above but even more so and clearly not sustainable)

3. Drug Company Foundations which support training, community activities and some infrastructure (probably the most benign of the drug company interventions)

4. Compulsory licensing versus continuing to push enforcement of the Treaties on Intellectual Property Rights (TRIPS) This is a hot one now with lots of activist involvement. The pros and cons are fairly complex, and the USG does not have a single policy on this, unfortunately.

Paul R. De Lay, Chief, HIV-AIDS Division
Tel:202 712 0683; FAX 202 216 3046;
Internet: pdelay@usaid.gov

Original Text
From: Barbara de Zalduondo@G.PHN.HN@AIDW, on 06/01/1999 5:10 PM:
To: Elizabeth Marum@HPN@LILONGWE
Cc: Alex Ross@AFR.SD.OFF@AIDW, Hope Sukin@AFR.SD@AIDW, internet[IHUSAIN@AFR-SD.ORG], Joan LaRosa@HPN@LILONGWE, Paul Delay@G.PHN.HN@AIDW

Yay Elizabeth!!! Comprehensive, concrete, compelling, and I especially like the airplane metaphor - another Marum citation to add to briefings up here. Just wanted to say thanks and congrats.
- Brazey

Barbara O. de Zalduondo,Ph.D.
(Under Z in the F2 Directory)
USAID G/PHN/HN/HIV-AIDS
Tel: 202-712-1325; Fax: 202-216-3046

internet: bzalduondo@usaid.gov

From: Paul Delay@G.PHN.HN@AIDW, on 06/01/1999 1:03 PM:
To: Alan Getson@G.PHN.HN@AIDW, Amy Bloom@G.PHN.HN@AIDW, Barbara de Zalduondo@G.PHN.HN@AIDW, Clifton Cortez@G.PHN.HN@AIDW, David L Piet@G.PHN.HN@AIDW, David Stanton@G.PHN.HN@AIDW, Douglas

Heisler@G.PHN.HN@AIDW, Jaynell Smith@G.PHN.HN@AIDW, John Novak@G.PHN.HN@AIDW, Louis Salinas@G.PHN.HN@AIDW, Paurvi Bhatt@G.PHN.HN@AIDW

fyi

Paul R. De Lay, Chief, HIV-AIDS Division
Tel:202 712 0683; FAX 202 216 3046;
Internet: pdelay@usaid.gov

From: "Elizabeth Marum" <emarum@malawi.net>, on 06/01/1999 11:02 AM:
To: internat["Sally Miller" <Sally_Miller@ita.doc.gov>]
Cc: Joan LaRosa@HPN@LILONGWE, Paul Delay@G.PHN.HN@AIDW

Hello, Sally-- how nice to hear from you. I've heard much about you and Bruce from Jane, and I hope one day we'll have a chance to meet.

Let me first tell you that not only have I met with Sandy Thurman, but also I was the one who did a lot of the planning for the in-country events relating to her two trips to Uganda.

Now, to respond to your questions: I like option # 1 much more than option # 2. Although I am committed to working hard to make sure that we provide better care to the millions of Africans already living with HIV infection, our first priority must be prevention of new infections. Workplace programs can be quite effective, and anything you can do to encourage this initiative is great.

The problems that I see with the donation of AZT to the very poor countries in Africa such as Malawi, Zambia, Uganda, etc are the following:
1. Many people in these countries don't have access to clean water, enough food, and simple antibiotics for opportunistic infections. Simple infections such as syphilis remain undiagnosed and untreated. Even tuberculosis is under-diagnosed and under-treated. In this environment, to talk of AZT and other anti-retrovirals is like supplying airplanes to villages with no roads, no bicycles, no fuel, no mechanics, no pilots....etc. Personally, I believe we have to work harder to get some basic needs first.
2. Another big barrier is that most people in these very poor nations who are HIV infected do not know it-- so they don't even know that they should be on drugs. One of the main projects I'm working on here in Malawi (and worked on in Uganda) is increasing the availability of HIV testing and counseling. I was at the largest hospital in Malawi an hour ago-- they have almost no HIV test kits in the hospital, and have no idea when more will be delivered. The few test kits remaining are being saved to test blood before transfusions. This is another critical need which, in my opinion, needs attention before drugs are donated. Abbott has a new, simple, rapid HIV test kit called "Determine". If you could get Abbott to donate large quantities of these test kits, it would be a great service to the people of Africa.

3. The third major problem is-- who gets the drugs? In Uganda, there has been a program supported by UNAIDS for the last six months, whereby anti-retroviral therapy is available at a slightly reduced price. Though this sounds great, unfortunately to date the only people who are benefitting are those who live in the capital city (Kampala) and who can afford not only the drugs but also the lab

work and doctors fees. Even if the drugs were free, the costs of the recommended routine lab tests and the costs of paying a doctor skilled in caring for someone on the drugs is considerable. Gender access is another big problem. Before I left Uganda in April I kept trying to find out what percentage of people benefitting from the program were women. No one would tell me, I think because they are embarassed, but I heard unofficially that it might be as high as 80% or more of the beneficiaries are men. And yet we know that more than 50% of the people living with HIV infection in Uganda and other poor countries are women. I have Ugandan friends who are getting the drugs through this program, and I'm so glad that they are getting access. But even they are feeling great ambivalences about such a program which benefits only a tiny percentage (and mostly men) of those who desperately need help. The sad truth remains that, even in Uganda which probably has more AIDS home care programs than anywhere else in Africa, most people with AIDS do not even get simple drugs such as antibiotics, creams for rashes, and anti-fungal treatments.

4. A fourth major problem is logistics. In many African countries, systems for distribution of drugs, lab tests, and even condoms are very inadequate. Many health centers and rural hospitals are very poorly supplied with basic needs, while drugs sit on the shelf past their expiry dates in some central warehouse in the capital city. Making sure that the drugs (and required associated lab tests) are stored properly, distributed in a timely fashion, pulled from distribution when expired, etc., is a major task for which many (most?) African countries do not have the systems in place at this time.

Now, having said all of the above, let me emphasize that this is NOT an official response from USAID-- this is my informat response directly to you. For such a potentially large program with high visibility, it would be best to get a more official response from USAID. Also, most of what I have said applies to the very poor countries such as Malawi, Tanzania, Uganda, etc., and may not be completely applicable in South Africa which has more money and more resources. I have copied on my reply the USAID Health Officer in Malawi and the USAID HIV/AIDS coordinator in Washington DC, Dr. Paul DeLay. I'm not sure I have his email address correctly, so you might want to give him a call directly. I don't have his direct phone number but if you call USAID at the Ronald Reagan building, you should be able to track him down.

In addition, as Dr. DeLay will no doubt tell you, USAID is hoping to implement some regional AIDS activities, specific to the Southern Africa region, and something like this might come under this initiative more than a country specific program. Dr. DeLay will be able to give you "the big picture response" whereas mine is more limited to the specific problems I have seen living and working in Uganda and now Malawi.

I hope this is helpful. In spite of my reservations about the drugs, I think it's great that Americans are more aware of the terrible tragedy of AIDS in Africa, and perhaps the most important impact of these initiatives and ideas is simply to increase public awareness and concern about Africa.

Sincerely,
Elizabeth Marum, Ph.D.
Technical Advisor in HIV/AIDS

USAID Malawi and CDC

Date sent: Fri, 28 May 1999 13:30:20 -0400
From: "Sally Miller" <Sally_Miller@ita.doc.gov>
To: emarum@malawi.net
Subject: cu.s. dept of commerce and aids/malawi - a possible link

> let me introduce myself. I am the director of Commerce's Office of Africa.
>
> I know of you through your sisterJane Corwin, who works with my husband, Bruce Miller, in another part of commerce.
>
> The White House AIDS director, Sanrda Thurman, approached my political boss, DAS for Africa Ed Casselle, and asked our office to try to link up with the AIDS effort in two ways.
>
> the first was to think up avenues, using Levi Straus and Ford south africa videos regarding AIDS in the workplace, to reach out to other large US employers in the region to adopt similar programs.
>
> the second would involve an outreach by the Secretary to U.S> pharmaceutical firms by which the firms would be asked for a specific amount of anti-AIDS medication dosages over a specific period of time which would be given to speficic entity within a specific African country. a hypothetical
example, would be WRT drug company, 3 million doses of AZT to the military in country X.
>
> It is in crafting this second option that I ask for assistance. Could you identify specific potential recipient organizations in specific country/countries which could be proposed for such an effort? the thinking was that specific drug companies could thereby be challenged with a discrete
request, with a set dollar figure attached - and with a concrete end-yser in mind, so that there would be confidence in the medications getting to the afflicted.
>
> As an AIDS profcssions, how does this initiative strike you? if it needs recrafting, how would you suggest it be reshaped?
>
> I await your suggestions and reaction.
>
> Hope your long weekend is enjoyable.
>

I, O - Life Initiative

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Heather Nolan

FROM: Cheryl Bauele

COMPANY:

DATE:

FAX NUMBER: 546-6232

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

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

NOTES/COMMENTS:

Here this is helpful. Thanks!

Cheryl (456-2959)

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

Updated 7/20/00

LIFE Initiative – Global AIDS Funding

Appropriations Bill	FY 2000 Global AIDS Funding	FY 2001 Global AIDS Funding Request	Senate	House
Ag	$10m	$10m	$10m – conferenced – $10m	
DOD	$0m	$10m	$10m – conferenced – $10m	
Foreign Ops	$190m	$244m	$225m + 20m (emergency)	$254m
Labor – HHS	$35m	$71m • $61m CDC • $10m DOL	$45m • $35m CDC • $10m DOL	$61m CDC • $61m CDC • $0m DOL
Total	$235m	$335m	$310m (-$25m)	$335m

BARBARA LEE
9TH DISTRICT, CALIFORNIA

COMMITTEES:
BANKING AND FINANCIAL SERVICES
INTERNATIONAL RELATIONS

REPLY TO
OFFICE CHECKED:

[ ] 414 CANNON H.O.B.
WASHINGTON, DC 20515
(202) 225-2661

[ ] 1301 CLAY STREET
SUITE 1000 N
OAKLAND, CA 94612
(510) 763-0370

WASHINGTON OFFICE
CARLOTTIA A. W. SCOTT
ADMINISTRATIVE ASSISTANT

DISTRICT OFFICE
SANDRÉ R. SWANSON
DISTRICT DIRECTOR
ROBERTA CHEFF BROOKS
ASSISTANT DISTRICT DIRECTOR

Congress of the United States
House of Representatives
Washington, D.C. 20515-0509

July 13, 1999

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

On June 16 of this year, the Congressional Black Caucus sent a letter to you strongly urging a $100 million increase in the global AIDS program for FY 2000. Several of us sent a letter to Director Jacob J. Lew expressing our grave concern for the devastating HIV/AIDS epidemic in Africa.

It is our understanding that this increase for the global AIDS program is strongly being considered. We are very pleased and supportive of this initiative, and would like to thank you for the attention being given to this issue. As we are all sadly aware, the magnitude of the HIV/AIDS disaster has created a state of emergency for many African communities, and worldwide, and our response, as a nation, has been sorely inadequate.

It is also our understanding that the $100 million increase in funding may come at the expense of existing development assistance accounts including health, education, and sustainable agriculture. We respectfully recommend that new monies be made available for the increase in funding for the global AIDS program this year, and as a comprehensive ongoing commitment. It is our strong belief that the gravity of the HIV/AIDS epidemic commands our attention and funding at this level, and that it is possible within our national budget to meet this funding need. In the recently passed emergency supplemental appropriations bill, for example, Congress approved $12 billion to fund defense and international/refugee relief in Kosovo. It is our belief that our attention to the HIV/AIDS epidemic, which is obliterating entire generations, is as dire as funding for Yugoslavia.

We thank you for your consideration and support of this issue. As we have expressed to you in the past, it is our belief that funding to combat the HIV/AIDS epidemic is vital to the collective health of our nation and the world. We look forward to working with you to end the suffering and devastation wreaked by this epidemic.

Sincerely,

Barbara Lee
Member of Congress

Sheila Jackson Lee
Member of Congress

Donna Christian-Christensen
Member of Congress

Carolyn Cheeks Kilpatrick
Member of Congress

Juanita Millender-McDonald
Member of Congress

Cc: The Honorable Albert Gore, Vice President
The Honorable Jacob J. Lew, Director, Office of Management and Budget
The Honorable John Podesta, Chief of Staff, Office of the President
Ms. Sandra L. Thurman, Director, Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

September 14, 1999

The Honorable Benjamin A. Gilman
Chairman, International Relations Committee
United States House of Representatives
Washington, DC 20515-3220

Dear Chairman Gilman:

It was wonderful to see you on Thursday evening at the premier of "Epidemic Africa". Your presence at the event meant so much to all of us, and I am confident that your leadership on the global AIDS pandemic will indeed set a shining example and impact countless thousands of lives for generations to come.

I look forward to working with you to secure the $100 million that is so desperately needed to fight the epidemic in Africa. If I can ever be of service in any way, please do not hesitate to call on me. And again, thank you for all that you do to inspire hope in the face of AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

September 14, 1999

The Honorable Orrin G. Hatch
United States Senate
Washington, DC 20510-4402

Dear Senator Hatch:

It was wonderful to see you on Thursday evening at the premier of "Epidemic Africa". Your presence at the event meant so much to all of us, and I am confident that your leadership on the global AIDS pandemic will indeed set a shining example and impact countless thousands of lives for generations to come.

In keeping with longstanding tradition, I know that you and Senator Kennedy will work closely with us to secure the $100 million that is so desperately needed to fight the epidemic in Africa. And again, thank you for all that you do to inspire hope in the face of AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

September 14, 1999

The Honorable Patrick J. Leahy
United States Senate
Washington, DC 20510-4502

Dear Senator Leahy:

It was wonderful to see you on Thursday evening at the premier of "Epidemic Africa". Your presence at the event meant so much to all of us, and I am confident that your leadership on the global AIDS pandemic will indeed set a shining example and impact countless thousands of lives for generations to come. I only wish that we could have had the chance to hear from you before you got called away!

I look forward to working with you to secure the $100 million that is so desperately needed to fight the epidemic in Africa. And again, thank you for all that you do to inspire hope in the face of AIDS.

Sincerely,

Sandy

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

September 14, 1999

The Honorable James M. Jeffords
United States Senate
Washington, DC 20510-4503

Dear Senator Jeffords:

It was wonderful to see you on Thursday evening at the premier of "Epidemic Africa". Your presence at the event meant so much to all of us, and I am confident that your leadership on the global AIDS pandemic will indeed set a shining example and impact countless thousands of lives for generations to come.

I look forward to working with you to secure the $100 million that is so desperately needed to fight the epidemic in Africa. And again, thank you for all that you do to inspire hope in the face of AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

September 14, 1999

The Honorable Edward M. Kennedy
United States Senate
Washington, DC 20510-2101

Dear Senator Kennedy:

Thank you so much for all that you did to make the premier of "Epidemic Africa" so very special for all of us. I am forever grateful for your support and for your leadership.

In keeping with longstanding tradition, I know that you and Senator Hatch will work closely with us to secure the $100 million that is so desperately needed to fight the epidemic in Africa. And again, thank you for all that you do to inspire hope in the face of AIDS.

With warmest regards,

Sandy

Sandra L. Thurman
Director
Office of National AIDS Policy

P.S. You are in charge of getting Orrin Hatch on the program!!!

THE WHITE HOUSE

WASHINGTON

July 19, 1999

The Speaker of the

House of Representatives

Sir:

I ask the Congress to consider the enclosed requests for FY 2000 budget amendments for the Departments of Defense, Health and Human Services, and Justice and for International Assistance Programs. In aggregate, the FY 2000 Budget totals would not be affected by these requests.

The amendments include a proposal for a $100 million increase in the U.S. Government investment in the global battle against AIDS, primarily in Sub-Saharan Africa, to assist in addressing the magnitude of this rapidly escalating pandemic. This prevention-focused, cross-agency initiative would leverage the respective strengths of the Department of Health and Human Services, the Agency for International Development, and the Department of Defense in containing the spread of HIV/AIDS, providing home and community-based care to infected persons, and caring for children orphaned by the disease.

In addition to these AIDS-related proposals, a budget amendment is included that proposes to reimburse Guam, the Commonwealth of the Northern Mariana Islands, and the Department of Justice for the costs of repatriating smuggled aliens.

The details of these requests, which are fully offset by proposals included in this transmittal, are set forth in the enclosed letter from the Director of the Office of Management and Budget. I concur with his comments and observations.

Sincerely,

William J. Clinton

Enclosure

Estimate No. 24
106th Congress, 1st Session

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

July 19, 1999

THE DIRECTOR

The President

The White House

Submitted for your consideration are budget amendments for FY 2000 for the Departments of Defense, Health and Human Services, and Justice and for International Assistance Programs. The amendments include a proposal for a $100 million increase in the U.S. Government investment in the global battle against AIDS. These proposals would not increase the proposed budget totals.

As described below and in more detail in the enclosures, the proposals include the following:

Department of Defense

- An increase of $10 million is requested for the Defense Health Program. These funds will support the development of a Department of Defense program to conduct HIV prevention education activities in conjunction with DoD's ongoing training, exercises, and humanitarian assistance activities with African militaries.

Department of Health and Human Services

- An increase of $35 million to your request for the Centers for Disease Control and Prevention (CDC) will help to address HIV/AIDS outside the United States. Of this amount, $13 million will enhance surveillance capabilities in eight to nine countries to track the spread of HIV infection, AIDS, and the effects of interventions in order to target programs appropriately. An additional $13 million would be used to provide technical assistance and training to host country nationals for development of HIV prevention activities, including mass education, counseling and testing, and blood supply screening. CDC efforts would be focused on expanding the existing knowledge base in 12 countries. The remaining $9 million would enable CDC to provide technical assistance and training as countries develop home and community-based treatment for sexually transmitted diseases and opportunistic infections to HIV-infected individuals.

International Assistance Programs

- An increase of $45 million for the Child Survival and Disease Programs within the U.S. Agency for International Development (USAID) is requested to support your AIDS initiative focused primarily on Sub-Saharan Africa. Of the funds requested in this amendment, $25 million will be used to implement strategies to slow the spread of HIV infection through mass education efforts, condom distribution, and interventions to reduce mother-to-child transmission; $6 million will assist in strengthening the host countries' ability to implement their own AIDS/HIV interventions by focusing on government, private sector, non-governmental organizations, and research institution capacity; and, $14 million will enable USAID to provide medical and social services to HIV-infected individuals, including treatment of sexually transmitted diseases, opportunistic infections, and tuberculosis.

- A reprogramming of $10 million in P.L. 480 Food Aid will be used to assist families and communities in caring for affected children/orphans through food assistance. This assistance will also allow a significant number of AIDS orphans to remain with their extended families and in their communities.

The increased funding is offset by reduction proposals transmitted in this package, including the following:

- sales from the National Defense Stockpile Transaction Fund, resulting in receipts in FY 2000 of $10 million;

- a $30 million reduction in unobligated balances in the Buildings and Facilities Program Account in the National Institutes of Health of the Department of Health and Human Services;

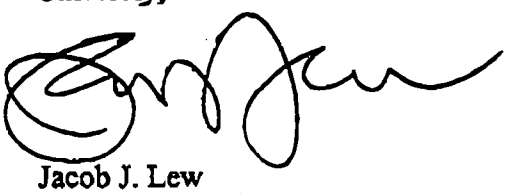
- a $40 million reduction in unobligated balances in the Diversion Control Fee Account in the Drug Enforcement Administration of the Department of Justice;

- a $10 million reduction in obligated and/or unobligated balances in the Sustainable Development Assistance Program in the U.S. Agency for International Development.

In addition to the proposals described above, this package of amendments includes a proposal to reimburse Guam, the Commonwealth of the Northern Mariana Islands, and the Department of Justice for the costs of repatriating smuggled aliens.

I have carefully reviewed these proposals and am satisfied that they are necessary at this time. Therefore, I join the heads of the affected agencies in recommending that you transmit these proposals to the Congress.

Sincerely,



Jacob J. Lew
Director

Enclosures

Agency:	DEPARTMENT OF DEFENSE – MILITARY
Bureau:	REVOLVING AND MANAGEMENT FUNDS
Heading:	Defense Working Capital Fund
FY 2000 Budget Appendix Page:	313
FY 2000 Pending Request:	$90,344,000
Proposed Amendment:	Language
Revised Request:	$90,344,000

(In the appropriations language under the above heading, insert immediately after "$393,500,000" the following: ,excluding those attributable to section 8060 of this Act. .)

The pending budget request would permit revenue from National Defense Stockpile Transaction Fund sales in excess of $393.5 million to be transferred to the Defense Working Capital Funds. This amendment would exclude Stockpile revenue from sales authorized by section 8060 from transfer to the Defense Working Capital Fund in order that the additional $10 million in revenue from section 8060 Stockpile sales may be used to offset DoD HIV prevention education activities with African militaries.

Agency:	DEPARTMENT OF DEFENSE – MILITARY
Heading:	GENERAL PROVISIONS–DEPARTMENT OF DEFENSE
FY 2000 Budget Appendix Page:	341
FY 2000 Pending Request:	--
Proposed Amendment:	-$10,000,000
Revised Request:	-$10,000,000

(In the appropriations language under the above heading, insert the following new section immediately after section 8059.)

Sec. 8060. DISPOSAL OF ADDITIONAL MATERIALS.– (a) The President shall dispose of materials contained in the National Defense Stockpile Transaction Fund in addition to those otherwise authorized so as to result in additional receipts in the amount of $10,000,000 by September 30, 2000.
(b) The Secretary of Defense, as the President's designee, shall determine which additional materials will be available for sale.
(c) The authority provided in subsection (a) is in addition to, and shall not affect, any other disposal authority provided by law.
(d) Upon enactment of this Act, the Secretary of Defense shall transfer $10,000,000 in balances from the National Defense Stockpile Transaction Fund to the "Defense Health Program" account. Such funds shall be available for HIV prevention educational activities undertaken in conjunction with U.S. military training, exercises, and humanitarian assistance activities conducted in African nations.

This new general provision would provide for additional sales of materials from the National Defense Stockpile Transaction Fund and for the transfer of $10 million in balances from the Defense Stockpile to the Defense Health Program account, Operation and Maintenance. Balances transferred to the Defense Health Program would be used to conduct HIV prevention and education activities as part of DoD's ongoing training activities with African militaries.

This proposal would result in receipts in FY 2000 of $10 million, which would offset the additional spending in the Defense Health Program account.

Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES
Bureau:	CENTERS FOR DISEASE CONTROL AND PREVENTION
Heading:	Disease Control, Research, and Training
FY 2000 Budget Appendix Page:	437
FY 2000 Pending Request:	$2,769,440,000
Proposed Amendment:	$35,000,000
Revised Request:	$2,804,440,000

(In the appropriations language under the above heading, delete "$2,769,440,000" and substitute $2,804,444,000, of which $35,000,000 shall be available for HIV prevention, surveillance, and treatment activities in Africa, and .)

This proposal would increase FY 2000 spending on HIV prevention, surveillance, and treatment activities in Africa. Specifically, the Centers for Disease Control and Prevention (CDC) would spend $13 million to enhance surveillance capabilities in eight to nine countries to track the spread of HIV infection, AIDS, and the effects of interventions in order to target programs appropriately. An additional $13 million would be used to provide technical assistance and training to host country nationals for development of HIV prevention activities, including mass education, counseling and testing, and blood supply screening. CDC efforts would be focused on expanding the existing knowledge base in 12 countries. The remaining $9 million would enable CDC to provide technical assistance and training as countries develop home and community-based treatment for sexually transmitted diseases and opportunistic infections to HIV-infected individuals.

This proposal would increase FY 2000 outlays by $10 million.

Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau: NATIONAL INSTITUTES OF HEALTH

Heading: Building and Facilities

FY 2000 Budget Appendix Page: 439

FY 2000 Pending Request:	
Total Budgetary Resources	$271,000,000
New Budget Authority	108,000,000
Unobligated balances	123,000,000
Other	40,000,000
Proposed Amendment:	
Unobligated balances	-$30,000,000
Revised Request:	
Total Budgetary Resources	$241,000,000
New Budget Authority	108,000,000
Unobligated balances	93,000,000
Other	40,000,000

(In the appropriations language under the above heading, insert the language that follows at the end.)

Amounts otherwise available in fiscal year 2000 are reduced by $30,000,000. In addition, to become available on October 1, 2000, and remain available until expended, not to exceed $30,000,000.)

This proposal would reduce the amount of resources available for obligation in FY 2000 in the essential safety and health improvement program of NIH's Buildings and Facilities account. The proposal would not change the amounts requested for new budget authority in FY 2000 nor would it affect new and/or ongoing construction and renovation projects. The reductions are derived from resources appropriated in previous years that are available for obligation in FY 2000. Though the essential safety and health improvement program is an important part of NIH's research mission, the activities supported by these resources can be delayed until FY 2001 without serious programmatic impact. The budget amendment requests advance appropriations for these resources to ensure that the program can continue essential safety and health improvement activities.

This proposal would decrease FY 2000 outlays by $10 million.

Agency:	INTERNATIONAL ASSISTANCE PROGRAMS
Bureau:	AGENCY FOR INTERNATIONAL DEVELOPMENT
Heading:	Sustainable Development Assistance
FY 2000 Budget Appendix Page:	995
FY 2000 Pending Request:	$780,444,000
Proposed Amendment:	$0
Revised Request:	$780,444,000

(Under the above heading, insert the following appropriations language as a new paragraph at the end:)

Balances available under this heading are reduced by $10,000,000.

This proposal would reduce the obligated and/or unobligated balances in the Sustainable Development Assistance Account by $10 million in FY 2000. This reduction in balances would not impact program operations.

This amendment would decrease FY 2000 outlays by $710,000.

Agency:	INTERNATIONAL ASSISTANCE PROGRAMS
Bureau:	AGENCY FOR INTERNATIONAL DEVELOPMENT
Heading:	Child Survival and Disease Programs Fund
FY 2000 Budget Appendix Page:	997
FY 2000 Pending Request:	$555,000,000
Proposed Amendment:	$45,000,000
Revised Request:	$600,000,000

(In the appropriations language under the above heading, delete "$555,000,000" and substitute $600,000,000.)

An increase in $45 million for the Child Survival and Disease Account within the U.S. Agency for International Development (USAID) is requested to support a Presidential AIDS initiative focused primarily on Sub-Saharan Africa. Of the funds requested in this amendment, $25 million will be used to implement strategies to slow the spread of HIV infection through mass education efforts, condom distribution, and interventions to reduce mother-to-child transmission; $6 million will assist in strengthening the host countries' ability to implement their own AIDS/HIV interventions by focusing on government, private sector, non-governmental organizations, and research institution capacity; and, $14 million will enable USAID to provide medical and social services to HIV-infected individuals, including treatment of sexually transmitted diseases, opportunistic infections, and tuberculosis.

This amendment would increase FY 2000 outlays by $3,195,000.

Agency:	DEPARTMENT OF JUSTICE
Bureau:	DRUG ENFORCEMENT ADMINISTRATION
Heading:	Diversion Control Fee Account
FY 2000 Budget Appendix Page:	645
FY 2000 Pending Request:	--
Proposed Amendment:	-$40,000,000
Revised Request:	-$40,000,000

(Insert the appropriations language that follows under the above heading.)

Amounts otherwise available for obligation in fiscal year 2000 for the Drug Diversion Control Fee Account are reduced by $40,000,000.

This proposal would reduce the amounts otherwise available for obligation in the Diversion Control Fee Account by $40.0 million in FY 2000. This reduction in unobligated balances would not impact program operations.

This amendment would decrease FY 2000 outlays by $30.0 million.

Agency:	DEPARTMENT OF JUSTICE
Bureau:	OFFICE OF JUSTICE
Heading:	Violent Crime Reduction Programs, State and Local Law Enforcement Assistance
FY 2000 Budget Appendix Page:	655
FY 2000 Pending Request:	$1,612,000,000

(In the appropriations language section after "shall be for the State Criminal Alien Assistance Program, as authorized by section 242(j) of the Immigration and Nationality Act, as amended" insert "<u>, of which up to $19,400,000 shall be available to reimburse Guam, the Commonwealth of the Northern Mariana Islands, and the Department of Justice for the costs incurred for detaining and repatriating criminal and non-criminal smuggled aliens</u>".)

This amendment proposes to use up to $19,400,000 of the $500,000,000 requested for the State Criminal Alien Assistance Program (SCAAP) to reimburse Guam, the Commonwealth of the Northern Mariana Islands, and the Department of Justice for the costs of detaining and repatriating smuggled aliens. This funding will be used to reimburse these governments and the Department of Justice for their FY 1999 and FY 2000 detention housing costs. The effect of this amendment is to reduce the amount of funding available for the SCAAP to reimburse other States and localities. It is estimated that the use of SCAAP funds for this purpose will reduce reimbursement by one cent for every dollar claimed.

Agency:	DEPARTMENT OF JUSTICE
Bureau:	DRUG ENFORCEMENT ADMINISTRATION
Heading:	Diversion Control Fee Account
FY 2000 Budget Appendix Page:	645
FY 2000 Pending Request:	--
Proposed Amendment:	-$40,000,000
Revised Request:	-$40,000,000

(Insert the appropriations language that follows under the above heading.)

Amounts otherwise available for obligation in fiscal year 2000 for the Drug Diversion Control Fee Account are reduced by $40,000,000.

This proposal would reduce the amounts otherwise available for obligation in the Diversion Control Fee Account by $40.0 million in FY 2000. This reduction in unobligated balances would not impact program operations.

This amendment would decrease FY 2000 outlays by $30.0 million.

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR VIRGINIA APUZZO

From: Sandra L. Thurman
Director
Office of National AIDS Policy
(202) 456-2437

Date: March 22, 1999

Subject: **Request for Military Transport - Presidential Mission to Africa**

I will be leading a delegation to southern Africa to include Members of Congress, community leaders, and other Administration officials. This trip was approved as a Presidential Mission by the President on March 12, 1999 (see attached).

I would like to request your approval for military transport for this trip. It is my understanding that a plane has been tentatively scheduled pending your final authorization.

A preliminary manifest for this trip is attached for your review. It has not been finalized, and a few of those listed on the manifest may now be unable to participate. I am working with the Department of State, USAID, and offices of invited participants to finalize the manifest within the next day.

The support of your staff has been wonderful. We very much appreciate all of their help, and yours, in making this trip possible.

Presidential Mission to Africa
March 27 - April 5
Children Orphaned by AIDS
Manifest

Administration (6)

Sandy Thurman, Director, Office of National AIDS Policy
Michael Iskowitz, Consultant, Office of National AIDS Policy
Dr. Paul DeLay, Director, HIV/AIDS Programs, USAID
Maria Sotiropoulos, Protocol Officer, State Department
Phil Drouin, Africa Bureau, State Department
~~Tony Jackson, USIA (USIA funded)~~

Congress (8)

Rep. Kilpatrick, Foreign Operations Subcommittee, Appropriations,
Congressional Black Caucus
* Rep. Barbara Lee, Africa Subcommittee, International Relations,
Congressional Black Caucus
Rep. Sheila Jackson Lee, Founder and Chair, Congressional Children's Caucus,
Congressional Black Caucus
~~Rep. Eddie Bernice Johnson,~~
~~Congressional Black Caucus, Vice Chair Congressional Women's Caucus~~
Bruce Artim, Health Director, Senator Hatch
Mary Lynn Quernell, Senator Helms
Stephanie Robinson, General Counsel, Senator Kennedy
Carolyn Bartholemew, Legislative Director, Rep. Pelosi,
Minority Staff, Foreign Operations Subcommittee, Appropriations

Non-governmental (6)

William Harris, President, Children's Education and Research Institute
Bishop Felton May, General Board of Global Ministries, United Methodist Church
* David Dinkins, Chair, National Black Leadership Commission on AIDS
Dr. Jacob Gayle, World Bank
Rory Kennedy, Documentary filmaker
Nick Dobb, Documentary filmaker

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* Will not be flying to Africa on military transport. They are trying to arrange to meet the trip in South Africa after it has started.

THE WHITE HOUSE

WASHINGTON

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March 12, 1999

ACTION

MEMORANDUM FOR THE PRESIDENT

FROM: Sandra Thurman

CC: Maria Echaveste
Virginia Apuzzo

SUBJECT: Designation of Presidential Mission to Africa

Purpose

To request your approval of a Presidential Mission to Africa led by Sandra Thurman and to include Members of Congress, community leaders, the Administration, and media.

Background

This past World AIDS Day, December 1, you joined Secretary Albright, USAID Administrator Atwood, and ONAP Director Thurman to announce $10 million in emergency funding for AIDS orphans. This focus was predicated on a USAID report which estimated that the number of children orphaned by AIDS would exceed 40 million by the year 2010 (90% of which are in southern Africa). In addition, you requested that Ms. Thurman lead a delegation to southern Africa to assess the problem of AIDS orphans in that region, to heighten public awareness of their plight, and return with recommendations for future action.

Ms. Thurman is proposing a seven-day trip to include stops in South Africa, Uganda, and Zambia both to observe areas where the needs of children orphaned by AIDS are at a crisis level, as well as to visit other areas where US-funded programs are helping to address the problem.

This mission will provide an important opportunity for Members of Congress to see first-hand the magnitude of this problem, to build an appreciation of the effective role that US-funded programs can have, and to observe other community-based responses worthy of future support.

Recommendation

That you designate the trip to southern Africa led by ONAP Director Thurman, March 27 to April 5, a Presidential Mission.

Approve Bill Clinton

Disapprove _____