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TELEGRAM

Department of State

PAGE 01 OF 04 GENEVA 08536 00 OF 08 151606Z
ACTION 10-00.

SHC1589

GENEVA 08536 00 OF 08 151606Z

SHC1589

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CORRECTED COPY PARA 2 AND PARAS RENUMBERED

DEPT FOR IO, OES, I (SANDAGE), EB
 PASS TO HHS FOR HOHMAN, NOVOTNY, PHS AGENCIES
 PASS TO USAID FOR GB/H, PPC, ALL REGIONAL BUREAUS
 PASS TO WHITE HOUSE FOR DPC (CLOUGH) AND NSC (BERNARD)

E.O. 12958: N/A

TAGS: TPHY, TB10, WHO

SUBJECT: W.H.O. - FIRST MEETING OF THE WORKING GROUP ON THE
W.H.O. FRAMEWORK CONVENTION ON TOBACCO CONTROL

1. SUMMARY: THE FIRST MEETING OF THE WORKING GROUP TO
 PREPARE FOR THE FORMAL NEGOTIATION OF THE INTERNATIONAL
 FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC) WAS HELD AT

W.H.O. HEADQUARTERS THE WEEK OF OCTOBER 25. SUBSTANTIAL
 PROGRESS WAS MADE TOWARD ACHIEVING THE MANDATE OF THE WORKING
 GROUP. WHILE MOST DEVELOPED COUNTRIES WANTED TO DECLARE THE
 TASK DONE AND NOT CONVENE A SECOND MEETING, MOST OF THE
 DEVELOPING COUNTRIES WERE ONLY, WITH THIS MEETING, REALLY
 UNDERSTANDING THE TASK AT HAND AND ITS IMPLICATIONS FOR THEIR
 COUNTRIES. THEY WANTED A SECOND MEETING IN MARCH 2000. THE
 U.S. WENT WITH THE MAJORITY ON THIS ISSUE AND THERE WILL BE A

SECOND WORKING GROUP MEETING. USDEL DREW ON THE NEGOTIATING
 GUIDELINES DEVELOPED THROUGH THE INTERAGENCY WORKING GROUP.
 USDEL DISTRIBUTED A NON-PAPER CONTAINING THE PRINCIPAL
 ELEMENTS OF THE U.S. POSITION. A NUMBER OF DELEGATIONS AND
 NGO'S, EVIDENTLY HAVING EXPECTING A STRONG
 TOTAL-BAN-ON-ADVERTISING POSITION FROM THE USG, EXPRESSED
 THEIR DISAPPOINTMENT IN USG ON THIS ISSUE. USDEL MADE SPECIAL
 EFFORTS TO DISCUSS, IN BOTH SMALL AND LARGE GROUPS AND IN
 ONE-ON-ONE CONVERSATIONS, OUR POSITION AND THE PRINCIPLES
 (E.G. FIRST AMENDMENT RIGHTS) WHICH UNDERLIE IT.

2. SEE PARAGRAPH 28 FOR ACTION ITEM FOR SECRETARIAT FOR
 INTERAGENCY FCTC WORKING GROUP. END SUMMARY.

BACKGROUND

3. THE FIRST MEETING OF THE WORKING GROUP ON THE FRAMEWORK
 CONVENTION ON TOBACCO CONTROL (FCTC) TOOK PLACE AT THE PALAIS
 DE NATIONS IN GENEVA, OCTOBER 25-29, 1999. THIS MEETING TOOK
 PLACE AGAINST THE BACKGROUND OF W.H.O. RESOLUTION WHA52.18,
 ADOPTED AT THE MAY 1999 WORLD HEALTH ASSEMBLY (WHA), WHICH

DEFINED AN INITIAL PROCESS OF WORK TOWARD A W.H.O. FRAMEWORK
 CONVENTION ON TOBACCO CONTROL. RESOLUTION WHA52.18 WAS A
 FOLLOW-UP TO WHA49.17, WHICH REQUESTED THE DIRECTOR-GENERAL
 TO INITIATE DEVELOPMENT OF AN FCTC IN ACCORDANCE WITH ARTICLE
 19 OF THE W.H.O. CONSTITUTION. THE OCTOBER 25-29 MEETING WAS,
 THEREFORE, OF HISTORIC IMPORTANCE BECAUSE IT, INTER ALIA,
 MARKED THE INITIAL INTERGOVERNMENTAL FORMAL PREPARATORY STEP
 FOR THE FIRST-EVER TREATY DOCUMENT FROM THE W.H.O.

4. THE WORKING GROUP WAS CHAIRED BY DR. KIMMO-LEPPÖ
 (FINLAND). THE VICE CHAIRS WERE: DR. E. COSTA E SILVA
 (BRAZIL) AND DR. MARGARET CHAN (CHINA). CHAN WAS NOMINATED
 BY THE UNITED STATES. THERE WERE ENGLISH AND FRENCH LANGUAGE
 RAPPOREURS: DR. MOCHIZUKI (JAPAN) WAS THE ENGLISH LANGUAGE
 RAPPOREUR AND DR. CHAOUKI (MOROCCO) WAS THE FRENCH-LANGUAGE
 RAPPOREUR.

5. THE USDEL WAS HEADED BY DR. THOMAS NOVOTNY, DEPUTY
 ASSISTANT SECRETARY FOR INTERNATIONAL AND REFUGEE HEALTH,
 HHS, AND INCLUDED: MR. MICHAEL ERIKSEN, DIRECTOR, OFFICE ON
 SMOKING AND HEALTH, CDC; MR. JOHN SANDAGE, OFFICE OF THE

LEGAL ADVISER, STATE DEPARTMENT; MR. EUGENE PHILKOWER, U.S.
 DEPARTMENT OF AGRICULTURE/USDA; GENEVA; AND, MS. LINDA VOGEL,
 HEALTH ATTACHE, U.S. MISSION, GENEVA.

PARTICIPATION

6. A TOTAL OF 109 COUNTRIES, REPRESENTING ALL REGIONS OF THE
 WORLD, TOBACCO PRODUCERS AND NON-PRODUCERS, PARTICIPATED. THE
 COMPOSITION OF THE DELEGATIONS WAS MIXED. SOME WERE
 COMPRISED ONLY OF GENEVA PERM MISSION OFFICIALS. MOST
 DELEGATIONS WERE HEADED BY PUBLIC HEALTH EXPERTS, WITH MOST
 OF THESE BEING FROM GOVERNMENTS, IN A FEW INSTANCES,
 DELEGATION HEADS WERE FROM THE PRIVATE SECTOR. THE USDEL AND
 A FEW OTHER LARGE DELEGATIONS, INCLUDING CHINA, BRAZIL,
 JAPAN, AND TURKEY, INCLUDED DELEGATES FROM THEIR MINISTRIES
 OF FOREIGN AFFAIRS AND/OR TRADE. TWO DELEGATIONS--SPAIN AND
 GREECE, WERE LED BY OFFICIALS OF THEIR MINISTRIES OF
 AGRICULTURE.

7. NINE UN AGENCIES/ORGANIZATIONS (UNCTAD, UNEP, ILO, FAO,
 ICAO, WORLD BANK, WIPO, UNICEF, AND OHCHR) PARTICIPATED.

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INCOMING
TELEGRAM

PAGE 02 OF 04 GENEVA 08536 00 OF 08 151606Z
THIRTY-ONE NON-GOVERNMENTAL ORGANIZATIONS WERE REPRESENTED
UNDER VARIOUS "UMBRELLAS."

SHC1589

GENEVA 08536 00 OF 08 151606Z

SHC1589

OF THE FCTC.

8. FOUR INTERGOVERNMENTAL ORGANIZATIONS WERE REPRESENTED--THE LEAGUE OF ARAB STATES, THE ORGANIZATION OF AFRICAN UNITY, THE EUROPEAN COMMISSION, AND THE HEALTH MINISTERS' COUNCIL FOR GULF COOPERATION COUNCIL STATES. THE EUROPEAN COMMISSION DELEGATE MADE A NUMBER OF INTERVENTIONS, BASED ON THE PRINCIPLE THAT COUNTRIES HAD CEDED SOME OF THEIR RESPONSIBILITIES FOR REGULATION AND CONSUMER PROTECTION TO THE EU. THE ROLE OF THE EC APPEARED TO CAUSE SOME DISCOMFORT FOR EUROPEAN EU COUNTRIES WHICH WANTED TO MAKE THEIR OWN INTERVENTIONS WITHOUT INTERFERENCE OR CONTRADICTION FROM THE EU.

OPENING BY DR. BRUNDTLAND

9. THE MEETING WAS OPENED BY WHO DIRECTOR GENERAL DR. GRO HARLEM BRUNDTLAND. SHE SAID THAT TOBACCO CONTROL WAS A GLOBAL CHALLENGE AND THAT IT WAS NECESSARY TO ADDRESS THE TRANSNATIONAL ISSUES OF TRADE, SMUGGLING AND ADVERTISING. DR. BRUNDTLAND SAID THERE IS INDISPUTABLE SCIENTIFIC EVIDENCE THAT PROVIDES THE MANDATE FOR THE FUTURE NEGOTIATIONS ON TOBACCO CONTROL AND SHE SPOKE OF THE DECEPTION BY THE TOBACCO INDUSTRY.

DISCUSSION OF POSSIBLE DRAFT ELEMENTS FOR FCTC

10. DISCUSSION OF PROPOSED DRAFT ELEMENTS OF THE FRAMEWORK CONVENTION WAS BASED ON THE BACKGROUND PAPER PROVIDED BY THE SECRETARIAT. WHILE MANY DELEGATIONS TOOK THIS OPPORTUNITY TO DESCRIBE TOBACCO CONTROL EFFORTS IN THEIR RESPECTIVE COUNTRIES, OTHERS, INCLUDING THE UNITED STATES, OUTLINED PRINCIPLES AND ELEMENTS FOR POSSIBLE INCLUSION IN AN FCTC. MOST COUNTRIES FELT THAT THE FCTC SHOULD CONTAIN GENERAL PROVISIONS, WITH PROTOCOLS SPELLING OUT DETAILED OBLIGATIONS. MOST DELEGATIONS EXPRESSED SUPPORT FOR AN INCREMENTAL APPROACH. THIS APPROACH COULD, IT WAS SAID, BUILD ON PAST WHA RESOLUTIONS AND TAKE INTO ACCOUNT THE CONCERNS OF DEVELOPING COUNTRIES, PARTICULARLY THOSE THAT DEPEND ON TOBACCO IN THEIR ECONOMIES. MOST DELEGATIONS FELT THAT THE FRAMEWORK CONVENTION SHOULD BE WORDED IN A WAY THAT WOULD ALLOW BROAD ACCEPTANCE BY COUNTRIES. A FEW COUNTRIES EXPRESSED CONCERN ABOUT CREATION OF RIGHTS, SUCH AS A RIGHT

TO A SMOKE-FREE ENVIRONMENT. THERE APPEARED TO BE CONSENSUS ON THE IMPORTANT ROLE OF ALL STAKEHOLDERS IN SOLUTIONS TO THE TOBACCO CONTROL PROBLEM. SEVERAL DELEGATIONS STRESSED THE IMPORTANCE OF DEMAND REDUCTION AND PROVISION FOR TREATMENT AS PART OF AN EFFECTIVE TOBACCO CONTROL POLICY AND PROGRAM. IT WAS ALSO FELT THAT ALL FORMS OF TOBACCO USE (E.G. BIDI AND SMOKING THROUGH WATER PIPES) SHOULD BE COVERED IN THE CONVENTION. THE IMPORTANCE OF ASSURING THAT CHILDREN AND YOUTH ARE FULLY INFORMED ABOUT THE DANGERS OF TOBACCO USE WAS AGREED BY ALL.

11. THE IMPORTANCE OF THE ROLE OF NATIONAL GOVERNMENTS, INCLUDING SUPPORT FOR NATIONAL COORDINATION MECHANISMS, IN INITIATING AND SUSTAINING ACTION ON TOBACCO CONTROL WAS EMPHASIZED. THIS UNDERLINED THE NEED FOR GOVERNMENTS TO PLAN ON APPROPRIATE NATIONAL LEGAL FRAMEWORKS TO PUT THE CONVENTION INTO PRACTICE, INCLUDING MEASURES FOR REGULATION OF THE PRODUCT. RELATED TO THIS, THE IMPORTANCE OF STRENGTHENING THE SCIENTIFIC BASIS FOR REGULATING TOBACCO WAS IDENTIFIED AS IMPORTANT. NO COUNTRY WAS OPPOSED TO THE IDEA

12. SOME DELEGATIONS SAID THAT CHILDREN AND YOUTH SHOULD BE PROTECTED FROM TOBACCO PROMOTION THROUGH ALL MEDIA; INDEED, THAT THERE SHOULD BE A TOTAL BAN ON TOBACCO ADVERTISING. THE U.S. AND BRAZIL SAID THAT THEY HAVE CONSTITUTIONAL CONSIDERATIONS REGARDING FREE SPEECH THAT MUST BE TAKEN INTO ACCOUNT.

13. THERE WAS NO APPARENT CONSENSUS ON IMPLEMENTATION MECHANISMS. WHILE SOME COUNTRIES FELT THERE SHOULD BE

NATIONAL REPORTING WITH INTERNATIONAL REVIEW, OTHERS, WHILE FEELING THAT SOME KIND OF REPORTING WOULD BE NEEDED, WANTED TO AVOID A MECHANISM THAT COULD PLACE A HEAVY BURDEN ON COUNTRIES. WHILE SOME COUNTRIES FELT A DISPUTE RESOLUTION MECHANISM WHICH WOULD PRODUCE BINDING DECISIONS, OTHERS PREFERRED NON-BINDING PROCEDURES. ONE COUNTRY EVEN FAVORED A POSSIBLE ROLE FOR THE INTERNATIONAL COURT OF JUSTICE.

14. THERE WERE DIFFERENCES IN VIEWS ON THE DEVELOPMENT OF PROTOCOLS. SOME FELT THAT PROTOCOLS SHOULD BE NEGOTIATED CONCURRENTLY WITH THE FRAMEWORK CONVENTION, OTHERS FELT THAT THE DISCUSSION OF PROTOCOLS SHOULD BE DEFERRED.

ISSUES FOR POSSIBLE INCLUSION IN PROTOCOLS

15. A LIST OF TOPICS WAS COMPILED BY THE SECRETARIAT OF THE DISCUSSION ON TOPICS WHICH MIGHT BE CONSIDERED FOR POSSIBLE INCLUSION IN PROTOCOLS. THESE ARE:

- TOBACCO PRICE AND TAX POLICIES;
- ENVIRONMENTAL TOBACCO SMOKE;
- PROTECTING CHILDREN AND ADOLESCENTS;
- SMUGGLING OF TOBACCO PRODUCTS;
- SALE OF DUTY-FREE TOBACCO PRODUCTS;
- ADVERTISING PROMOTION AND SPONSORSHIP;
- TESTING AND REPORTING OF TOBACCO PRODUCT INGREDIENTS;
- TOBACCO INDUSTRY REGULATION;
- INFORMATION EXCHANGE;
- HEALTH EDUCATION AND RESEARCH;
- AGRICULTURE POLICIES;
- PACKAGING AND LABELING OF TOBACCO PRODUCTS;
- EVIDENCE-BASED PREVENTION, CESSATION AND TREATMENT PROGRAMS.

INFORMATION AND TECHNICAL BRIEFINGS

16. THE MEETING PROVIDED AN INVALUABLE OPPORTUNITY FOR THOSE DELEGATIONS WHICH HAD HERETOFORE NOT PARTICIPATED IN W.H.O. HEADQUARTERS OR REGIONAL MEETINGS RELATED TO THE FCTC TO GET UP-TO-SPEED ON KEY ISSUES RELATED TO THE PROCESS AND THE PROPOSED FRAMEWORK CONVENTION. THE FOLLOWING ARE HIGHLIGHTS OF BRIEFINGS:

A. PROFESSOR LAURENCE BOISSON DE CHAZOURNES OF THE UNIVERSITY OF GENEVA EXPLAINED HOW FRAMEWORK CONVENTIONS ALLOWED ACTIONS TO BE TAKEN IN STAGES, AT DIFFERENT SPEEDS IN DIFFERENT COUNTRIES, GRADUALLY BUILDING CONSENSUS IN A WAY WHICH WOULD PERMIT AMENDMENTS AND FACILITATE ADOPTION OF ADDITIONAL PROTOCOLS. HE SAID THAT, GENERALLY, FRAMEWORK CONVENTIONS REFLECT AGREEMENT ON BROAD ISSUES WITH THE DETAILED COMMITMENTS BY COUNTRIES CONTAINED IN SUBSEQUENT PROTOCOLS.

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UNCLASSIFIED
Department of State

INCOMING
TELEGRAM

PAGE 03 OF 04 GENEVA 08536 00 OF 08 151606Z

SHC1589

B. PROFESSOR PAUL SZASZ OF NYU OUTLINED WHO'S CONSTITUTIONAL AUTHORITY TO ADOPT INTERNATIONAL TREATIES AND DESCRIBED THE TREATY MAKING PROCESS. HE OUTLINED THE SPECIFIC TASKS FOR THE WORKING GROUP IN RELATION TO THE FUTURE TIMETABLE FOR THE FRAMEWORK CONVENTION.

C. DR. ALAN LOPEZ, W.H.O INFORMATION AND EVIDENCE FOR HEALTH POLICY CLUSTER, PROVIDED A BRIEFING ON THE INDIVIDUAL RISK TO HEALTH FROM SMOKING AND THE IMPLICATIONS OF THE SMOKING EPIDEMIC FOR PUBLIC HEALTH. THERE IS ABUNDANT EVIDENCE, HE SAID, THAT SMOKING GREATLY INCREASES THE RISK OF SUCH DISEASES AS LUNG CANCER AND CARDIOVASCULAR DISEASE. THE GENERAL CONSENSUS IS, HE SAID, THAT PUBLIC HEALTH MEASURES COULD SUBSTANTIALLY REDUCE THE BURDEN OF DISEASE ATTRIBUTABLE TO TOBACCO. THIS BURDEN IS PROJECTED TO FALL INCREASINGLY ON DEVELOPING COUNTRIES.

D. ROBERTA WALBURN, WHO/TOBACCO FREE INITIATIVE AND AN ATTORNEY ASSOCIATED WITH THE MINNESOTA TOBACCO LITIGATION, DESCRIBED THE PROCESS BY WHICH THE INTERNAL DOCUMENTATION OF TOBACCO COMPANIES HAVE BEEN PLACED IN THE PUBLIC DOMAIN AS PART OF THE LEGAL ACTION BROUGHT BY THE STATE OF MINNESOTA. THE SUIT HAD FOCUSED ON THE CONDUCT OF THE INDUSTRY, PARTICULARLY WHAT IT KNEW AND WHEN IT KNEW ABOUT THE DANGERS OF SMOKING. MORE THAN 35 MILLION PAGES OF DOCUMENTATION HAVE SHOWN THAT THE INDUSTRY HAD BEEN WELL AWARE, SINCE THE LATE 1950'S, OF THE HEALTH HAZARDS OF SMOKING AND THE ADDICTIVE NATURE OF NICOTINE.

E. DR. PRABHAT JHA OF THE WORLD BANK PRESENTED THE SALIENT FINDINGS OF THE WORLD BANK'S RECENT STUDY ON ECONOMICS OF TOBACCO CONTROL. THE BANK STUDY CONCLUDES THAT A NUMBER OF TOBACCO CONTROL INTERVENTIONS, NOTABLY HIGHER TAXES ON THE RETAIL LEVEL, WERE COST EFFECTIVE IN REDUCING DEMAND, PARTICULARLY FOR THE TARGETED YOUTH MARKET.

F. MS. JUDY GAMA OF UGANDA PRESENTED EXAMPLES OF HOW INTERNATIONAL TREATIES HAD HELPED TO STRENGTHEN NATIONAL LEGISLATION AND DESCRIBED THE RELATIONSHIP BETWEEN INTERNATIONAL AND NATIONAL LAWS.

U.S. POSITION

21. THE US DELEGATION WAS AN ACTIVE PARTICIPANT IN THESE DISCUSSIONS. COMMENTS WERE BASED ON THE U.S. INTERAGENCY APPROVED GENERAL PRINCIPLES. THIS DOCUMENT WAS REFORMATTED AS A NON-PAPER AND PROVIDED TO OTHER DELEGATIONS. U.S. INTERVENTIONS INCLUDED A GENERAL STATEMENT OF OUR APPROACH, A DESCRIPTION OF EXPECTATIONS OF WHAT COULD OR COULD NOT BE INCLUDED IN AN FCTC THAT THE U.S. MIGHT BE MORE LIKELY TO SIGN, AS WELL AS SOME INPUT ON THE STRUCTURAL PROCESSES FOR THE FCTC.

SECOND WORKING GROUP MEETING TO BE IN MARCH

22. WHILE MOST OF THE DEVELOPED COUNTRIES SAID THAT THEY FELT THIS MEETING HAD FULFILLED THE MANDATE OF THE WORKING

GROUP, MANY DEVELOPING COUNTRIES MADE THE CASE FOR HOLDING A SECOND WORKING GROUP MEETING. THE LATTER STATED THAT ANOTHER WORKING GROUP WAS NECESSARY TO ASSURE GREATER REPRESENTATION OF DEVELOPING COUNTRIES AND OTHERS WHO DID NOT PARTICIPATE IN THE CURRENT MEETING. ADDITIONALLY, MANY COUNTRIES NOTED THE

NEED TO BRING IN OTHER SECTORS OF THEIR RESPECTIVE COUNTRIES,

GENEVA 08536 00 OF 08 151606Z

SHC1589

INCLUDING FOREIGN AFFAIRS, AGRICULTURE, TRADE, ETC. THIS APPEARED TO REFLECT AN UNDERSTANDING OF THE U.S. STATEMENT TO THE EFFECT THAT ITS POSITION WAS THE PRODUCT OF FORMULATING AN INTER-AGENCY CONSENSUS. HOWEVER, CANADA, NEW ZEALAND, AND AUSTRALIA, IN PARTICULAR, DUG-IN ON NOT HAVING ANOTHER MEETING.

19. THE THREE-HOUR DEBATE ON THIS ISSUE DEVELOPED QUICKLY INTO A NORTH-SOUTH ISSUE. USDEL, WHICH HAD ORIGINALLY SIDED WITH THOSE AGAINST A SECOND WORKING GROUP MEETING, ULTIMATELY THREW ITS WEIGHT BEHIND THE POSITION OF THE DEVELOPING COUNTRIES WOULD INEVITABLY PREVAIL, AND THAT IN ACCEPTING THIS, THE USG MAY HAVE LOST THE BATTLE BUT ENHANCED ITS CHANCES OF WINNING THE WAR.

20. THERE WAS A LEGITIMATE CONCERN THAT A SECOND WORKING GROUP MEETING COULD BE REDUNDANT. THAT SAID, THE SECRETARIAT SAID THEY WOULD PREPARE PAPERS AND STRUCTURE THE SECOND MEETING SO THIS WOULD, HOPEFULLY, NOT OCCUR. THE SECRETARIAT AGREED TO PROVIDE FOR THE NEXT WORKING GROUP MEETING PROPOSED DRAFT ELEMENTS FOR THE FCTC. THIS WOULD TAKE INTO ACCOUNT THE DISCUSSION AT THIS MEETING AS WELL AS THE DELIBERATIONS OF THE EXECUTIVE BOARD WHEN THEY CONSIDER THE TOBACCO ISSUE AT THEIR MEETING IN JANUARY 2000. IT IS ANTICIPATED THAT AN AGREED UPON DRAFT CONVENTION WILL BE OFFERED TO THE WORLD HEALTH ASSEMBLY IN MAY 2000.

SOME DELS DISAPPOINTED IN U.S.

21. IT BECAME APPARENT RELATIVELY EARLY IN THE WORKING GROUP MEETING THAT A NUMBER OF OTHER DELEGATIONS AS WELL AS SOME U.S. NGO PARTICIPANTS WERE EXPRESSING DISAPPOINTMENT WITH WHAT THEY PERCEIVED AS A "WIMPY" POSTURE BY THE USDEL. USDEL MADE SPECIAL EFFORTS, NOT JUST TO ASSUAGE THESE CONCERNS, BUT TO ASSURE THAT OTHER DELEGATIONS AND NGO'S UNDERSTOOD THE IMPORTANCE AND RELEVANCE OF THE USG'S CONSENSUS-DEVELOPMENT PROCESS; WHAT OUR POSITION IS ON SUCH ISSUES AS BANS ON ADVERTISING; AND WHY WE WERE TAKING CERTAIN POSITIONS (E.G. FIRST AMENDMENT RIGHTS). PART-AND-PARCEL OF USDEL'S DISCUSSIONS WITH OTHERS WAS ASSURANCE OF THE USG'S OVERALL COMMITMENT TO THE DEVELOPMENT OF THE FRAMEWORK CONVENTION AND, IN PARTICULAR, OUR INTENTION TO WORK TOWARD A FRAMEWORK CONVENTION WHICH THE U.S. WOULD MUCH MORE LIKELY BE ABLE TO SIGN AND RATIFY.

22. IN ADDITION TO DISCUSSIONS OF THE U.S. POSITION IN WEOG, GRUA (AMERICAS GROUP), AND JUSCANZ MEETINGS, THE U.S. HOSTED

A DINNER/RECEPTION AT HEALTH ATTACHE'S RESIDENCE FOR ALL DELEGATIONS FROM THE AMERICAS HEMISPHERE. THIS PROVIDED A MORE INFORMAL SETTING TO HEAR THEIR VIEWS AND TO BEGIN TO WORK TOWARDS CONSENSUS WITH THEM. SEVERAL OF THESE COUNTRIES (E.G. ARGENTINA, DOMINICAN REPUBLIC, AND ECUADOR) HAVE CONSIDERABLE CONCERN ABOUT THE POSSIBLE IMPACT OF AN FCTC THEIR RESPECTIVE ECONOMIES. MANY OF THE AMERICAS' DELEGATES SAID THEY WOULD URGE THEIR GOVERNMENTS TO INITIATE A MULTI-DISCIPLINARY AND INTERAGENCY PROCESS IN ORDER TO DEVELOP CONSENSUS WITHIN THEIR OWN GOVERNMENTS ON THE PROPOSED FCTC. BRAZIL AND COSTA RICA SAID THEY ALSO HAVE

CONSTITUTIONAL CONSIDERATIONS THAT MUST BE TAKEN INTO ACCOUNT.

23. USDEL MEMBERS ALSO MET INFORMALLY, ON THE FRINGES OF THE WORKING GROUP, WITH DELEGATES FROM THE BALTIC COUNTRIES AND FROM GEORGIA. THESE COUNTRIES EMPHASIZED THEIR NEED FOR TECHNICAL COOPERATION IN ORDER TO ADDRESS THE TOBACCO ISSUE.

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Department of State

INCOMING
TELEGRAM

PAGE 04 OF 04 GENEVA 08536 00 OF 08 151606Z

SHC1589

24. THE USDEL HAD AN INFORMAL LUNCH WITH SELECTED REPRESENTATIVES OF TWO NGO'S -- INFANT AND TOBACCO FREE KIDS. USDEL HEAD NOVOTNY WALKED THEM THROUGH THE U.S. PROCESS TO DEVELOP THE US GUIDANCE PAPER AS WELL AS THE PRINCIPAL POINTS IN THE GUIDANCE. LEGAL ADVISER JOHN SANDAGE ADVISED THE GROUP OF THE U.S. DESIRE TO ACHIEVE AN FCTC WHICH WE MIGHT BE ABLE TO SIGN AND THAT COULD BE IMPLEMENTED THROUGH U.S. LEGISLATION. MR. ERIKEN, CDC, DISCUSSED POSSIBLE FOLLOW-UP ACTIONS IN THE U.S. TO ENHANCE DOMESTIC CIVIL SOCIETY SUPPORT FOR THE FCTC. THIS DISCUSSION APPEARED TO BE APPRECIATED BY THE NGO'S, AND MAY SOFTEN (BUT NOT NECESSARILY CURTAIL) POSSIBLE FUTURE NGO CRITICISM OF THE USG PARTICIPATION IN THIS PROCESS.

MISSION COMMENT

25. THE AMBASSADOR AND OTHER INTERESTED MISSION OFFICIALS APPRECIATED THE OUT-BRIEFING BY THE DELEGATION ON FRIDAY, OCT. 29. IT WAS EVIDENT, FROM THIS BRIEFING, THAT THIS DELEGATION WAS WELL PREPARED WITH A GOOD GUIDANCE DOCUMENT AND THAT THE DELEGATION WORKED VERY WELL TOGETHER.

ADDITIONALLY, IT APPEARS THAT THEY TOOK ALL APPROPRIATE MEASURES TO ADDRESS CONCERNS OF OTHER DELS BOTH DURING THE WORKING GROUP MEETING AND IN SIDE DISCUSSIONS AND EVENTS TO HELP ASSURE THAT OTHER DELEGATIONS AS WELL AS THE W.H.O. SECRETARIAT UNDERSTOOD FULLY THE USG POSITION AND THE PRINCIPLES ON WHICH IT RESTED.

26. DURING THE BRIEFING, THE DELEGATION ALSO NOTED SEVERAL STEPS WHICH HHS MAY TAKE DOMESTICALLY RELATED TO THE NEGOTIATION OF THE FCTC. THIS MAY INCLUDE ESTABLISHMENT OF A SMALL SECRETARIAT TO HANDLE THE ANTICIPATED SUBSTANTIAL PUBLIC INQUIRY AND CORRESPONDENCE. DR. NOVOTNY ALSO INDICATED THAT HHS WOULD PLAN A DOMESTIC COMMUNICATIONS STRATEGY TO

REACH OUT TO A BROAD RANGE OF CONSTITUENCIES, INCLUDING, FOR EXAMPLE, THE U.S. ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS, THE AMERICAN PUBLIC HEALTH ASSOCIATION AND ITS MEMBERS, AND MANY OTHERS. THESE INITIAL IDEAS WHICH WERE SHARED WITH MISSION APPEAR TO US TO BE NEEDED.

27. MISSION WOULD APPRECIATE IT VERY MUCH IF THE U.S. SECRETARIAT FOR THE FCTC WOULD KEEP MISSION'S HEALTH ATTACHE (EMAIL: LINDA.VOGEL@IES.ITU.INT) IN INFORMATION LOOP ON DEVELOPMENT RESULTING FROM THE INTERAGENCY PROCESS.
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TAGS: AORC, WHO

SUBJECT: WHO: U. S. DELEGATION TO TOBACCO MEETING

REF: STATE 194906

MISSION REQUESTED TO INFORM WHO THAT THE UNITED STATES WILL BE REPRESENTED AT THE MEETING OF THE WORKING GROUP ON THE FRAMEWORK CONVENTION FOR TOBACCO CONTROL BY THE DELEGATION LISTED BELOW. THE WORKING GROUP WILL MEET ON OCTOBER 25-29 AT THE UN PALAIS. REFTEL ADDRESSED COUNTRY CLEARANCE AND

HOTEL RESERVATIONS.

CHIEF REPRESENTATIVE

THOMAS NOVOTNY, M. D.
DEPUTY ASSISTANT SECRETARY
FOR INTERNATIONAL AND REFUGEE HEALTH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ALTERNATE REPRESENTATIVES

MICHAEL P. ERIKSEN
DIRECTOR, OFFICE OF SMOKING AND HEALTH
CENTERS FOR DISEASE CONTROL
DEPARTMENT OF HEALTH AND HUMAN SERVICES

EUGENE PHILHOWER
OFFICE OF THE U. S. DEPARTMENT OF AGRICULTURE
U. S. MISSION
GENEVA

JOHN SANDAGE
OFFICE OF THE LEGAL ADVISER
DEPARTMENT OF STATE

LINDA VOGEL
INTERNATIONAL HEALTH ATTACHE
U. S. MISSION
GENEVA

TALBOTT

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UNCLASSIFIED

Oct 1999



UNITED STATES MISSION TO
INTERNATIONAL ORGANIZATIONS
11, ROUTE DE PREGNY
1292 GENEVA, SWITZERLAND

TEL: (41-22) 749-4865

FAX: (41-22) 749-4717

Page 1 of Page(s) 6 Date: 11/16/99

FROM THE OFFICE OF:
Linda Vogel
Health Attaché

TO: Tom Novoiny
Lou Valdez

Fax:

*This may be the most comprehensive
list of WHO and related meetings
that you will ever get!*

*Please check the governance meetings
against your calendars. There could
be some differences. The dates in the
cable have been confirmed by the WHO
Secretariat*

From: USMISSION GENEVA MRN: 8576 Date/Time: 161204Z NOV 99
Subject: W.H.O. - UPCOMING MEETINGS - BALANCE OF 1999 - MID- 2000 ICNbr:

1. THIS MESSAGE PROVIDES A LISTING OF FORTHCOMING WORLD HEALTH ORGANIZATION (W.H.O.) MEETINGS, WHICH HAVE EITHER BEEN FORMALLY ANNOUNCED OR WHICH MISSION'S HEALTH ATTACHE HAS LEARNED ABOUT THROUGH CONTACTS WITH W.H.O. STAFF. TO THE EXTENT THAT MISSION IS AWARE THAT INVITATIONS HAVE BEEN SENT TO U.S. INVITEES, THE NAMES OF THIS INDIVIDUALS ARE PROVIDED BELOW IN PARENTHESES. UNLESS OTHERWISE INDICATED, ALL MEETINGS WILL BE HELD AT W.H.O. HEADQUARTERS IN GENEVA. IF ADDITIONAL INFORMATION IS DESIRED ABOUT A PARTICULAR MEETING, PLEASE COMMUNICATE WITH VIA EMAIL WITH MISSION'S HEALTH ATTACHE AT: LINDA.VOGEL@TIES.ITU.INT. IN ADDITION TO THE LISTING OF TECHNICAL MEETINGS IN PARAGRAPH 2, MISSION HAS INCLUDED IN PARAS 3 AND 4, RESPECTIVELY, LISTINGS OF W.H.O. GOVERNANCE MEETINGS AND OF KEY INTERNATIONAL DAYS. MISSION IS AWARE THAT THIS LISTING MAY BE INCOMPLETE, SINCE WE DO NOT RECEIVED COPIES OF ALL COMMUNICATIONS FROM W.H.O. TO USG AGENCIES. IF ANY AGENCY WOULD LIKE TO OUR MASTER LIST, AN EMAIL MESSAGE TO HEALTH ATTACHE WOULD BE WELCOME.

W.H.O. TECHNICAL MEETINGS:

2. THE FOLLOWING IS A LIST OF W.H.O. TECHNICAL MEETINGS OF WHICH MISSION IS AWARE:

NOV. 14-18 W.H.O. INTERNATIONAL CONFERENCE ON TOBACCO AND HEALTH-AVOIDING THE TOBACCO EPIDEMIC IN WOMEN AND YOUGH KOBE, JAPAN

NOV. 22-23 MEETING OF JOINT WHO/WORLD BANK MENTAL HEALTH REFORM INITIATIVE--INTEGRATING MENTAL HEALTH INTO THE HEALTH SECTOR AND ITS REFORM
(U.S. PARTICIPANTS: DR. KEVIN HENNESSY, HHS; DR. R. MANDERSCHIED, SAMHSA/HHS)

**NOV. 23-28 MEETING ON THE IMPLEMENTATION AND ECONOMIC ANALYSIS OF THE TB/HIV INTEGRATION INITIATIVE
(U.S. PARTICIPANT: DR. RENEE RIDZON, CDC)**

NOV. 30- W.H.O. CONSULTATION ON PUBLIC HEALTH AND ANIMAL TRANSMISSION OF SPONGIFORM

DEC. 4 ENCEPHALOPATHIES

(U.S. PARTICIPANTS: DR. LAWRENCE SCHONBERGER, CDC; DR. ERMAS BELAY, CDC)

DEC. 1-3 TECHNOLOGY DEVELOPMENT AND ASSESSMENT SCIENTIFIC REVIEW COMMITTEE MEETING

(U.S. PARTICIPANT: MR. ROBERT EISS, NIH)

DEC. 1-2 FOURTH MEETING OF THE W.H.O. ALLIANCE FOR THE GLOBAL ELIMINATION OF TRACHOMA

DEC. 6-7 STEERING COMMITTEE ON SPECIAL ACTION PROJECTS FOR THE ELIMINATION OF LEPROSY

DEC. 6-7 16TH W.H.O. EXPERT COMMITTEE ON VECTOR BIOLOGY AND CONTROL - CHEMISTRY AND SPECIFICATIONS FOR PESTICIDES

(U.S. PARTICIPANT: DR. DWIGHT MOUNT, CDC)

DEC. 6-9 SMALLPOX VIRUS MEETING

(U.S. PARTICIPANTS: TO DR. JAMES HUGHES, CDC; DR. PETER JHARLING, WRAIR; DR. JOE ESPOSITO, CDC; DR. BERNARD MOSS, NIH)

DEC. 8-10 WORKING GROUP ON DIAGNOSIS OF ATTENTION DEFICIT/HYPERKINETIC DISORDERS

AND THEIR TREATMENT WITH STIMULANTS (STRASBOURG FRANCE)

DEC. 8-10 ANNUAL MEETING OF THE W.H.O./EURO HEALTH

COMMUNICATION NETWORK IN COLLABORATION WITH INTERNATIONAL PRESS INSTITUTE, COPENHAGEN

(INVITED U.S. PARTICIPANT: LINDA VOGEL)

**DEC. 12-16 W.H.O. AD HOC MEETING ON ENVIRONMENTAL RISK
PERCEPTION AND COMMUNICATION
(U.S. PARTICIPANT: DR. CHRISTOPHER PORTIER, NIH)**

**DEC. 13-14 W.H.O. CONSULTATION ON PLANNING AHEAD FOR THE
HEALTH IMPACT OF COMPLEX EMERGENCIES
(INVITED U.S. PARTICIPANTS: BILL LYERLY, USAID; DR. BRENT
BURKHOLDER, CDC; LINDA VOGEL, USMISSION)**

**DEC. 16-17 MEETING ON THE IMPACT OF TARGETED PROGRAMS ON
HEALTH SYSTEMS: A CASE STUDY OF THE POLIO ERADICATION
INITIATIVE
(U.S. PARTICIPANTS: ELLEN OGDEN, USAID; LINDA VOGEL,
MISSION;)**

**DEC. 17-21 WHO-ORGANIZED MEETING ON TB SURVEILLANCE IN RUSSIA
(U.S. PARTICIPANT: DR. DIANE BENNETT, CDC)**

YEAR 2000 - PRELIMINARY LIST OF MEETINGS:

**JAN. 7-9 THE GLOBAL TOBACCO CONTROL LAW: TOWARDS A W.H.O.
FRAMEWORK CONVENTION ON TOBACCO CONTROL
NEW DELHI, INDIA**

**JAN 12-14 MEETING ON PREVENTING CONGENITAL RUBELLA SYNDROME
(CRS): IMMUNIZATION STRATEGIES, SURVEILLANCE NEEDS**

**JAN. 27-28 EIGHTH MEETING OF THE EUROPEAN REGIONAL
COMMISSION FOR THE CERTIFICATION OF POLIOMYELITIS
ERADICATION, COPENHAGEN
INVITATION SENT TO: DR. WALTER DOWDLE, TASK FORCE ON CHILD
SURVIVAL**

FEB. 1-4 ROLL BACK MALARIA, THIRD GLOBAL PARTNERS MEETING

**FEB. 15-24 54TH MEETING OF JOINT FAO/WHO EXPERT COMMITTEE ON
FOOD ADDITIVES- RESIDUES OF VETERINARY DRUGS IN FOOD**

FEB. 21-25 MEETING OF VACCINE ADVISORY COMMITTEE

FEB. 21-25 25TH MEETING OF THE RESEARCH STRENGTHENING GROUP

MAR. 8 POLIO ERADICATION MEETING

**MAR. 13-19 TECHNICAL CONSULTATION ON INFANT AND YOUNG CHILD
FEEDING**

**MAR. 17-20 SECOND MEETING OF WORKING GROUP FOR PREPARATIONS
FOR NEGOTIATION OF FRAMEWORK CONVENTION ON TOBACCO CONTROL
(LIMITED TO OFFICIALLY APPROVED U.S. DELEGATION)**

**MAR. 22-24 MINISTERIAL CONFERENCE ON TUBERCULOSIS AND
SUSTAINABLE DEVELOPMENT. AMSTERDAM
(INVITED U.S. PARTICIPANTS: FLOTUS; DONNA SHALALA)**

**JUNE 5-9 FIFTH GLOBAL CONFERENCE ON HEALTH PROMOTION
MEXICO CITY**

**JUNE 6-15 55TH MEETING OF JOINT FAO/WHO EXPERT COMMITTEE
ON FOOD ADDITIVES - FOOD ADDITIVES AND CONTAMINANTS**

**JUNE 13-16 32ND MEETING OF EXPERT COMMITTEE ON DRUG
DEPENDENCE**

**JUNE 26-27 23RD SESSION OF THE JOINT COORDINATING BOARD OF
THE SPECIAL PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL
DISEASES**

JUNE 26 23RD MEETING OF TDR RESOURCE CONTRIBUTORS

**JUNE 28-29 SECOND MEETING OF INTERESTED PARTNERS OF THE
COMMUNICABLE DISEASES CLUSTER**

SEPT. 13-16 PRE-MEETING FOR 2000 JOINT FAO/WHO MEETING

**SEPT. 18-27 YEAR 2000 JOINT FAO/WHO MEETING ON PESTICIDE
RESIDUES**

3. W.H.O. GOVERNANCE-RELATED MEETINGS - 2000

**JAN. 19-20 W.H.O. EXECUTIVE BOARD ADMINISTRATION, BUDGET
AND FINANCE COMMITTEE (LIMITED TO OFFICIALLY ACCREDITED
DELEGATION)**

**JAN. 20-21 W.H.O. EXECUTIVE BOARD PROGRAM DEVELOPMENT
COMMITTEE MEETING (LIMITED TO
OFFICIALLY ACCREDITED DELEGATION)**

**JAN. 21 W.H.O. EXECUTIVE BOARD AUDIT COMMITTEE MEETING
(LIMITED TO U.S. MEMBER AND OFFICIALLY DESIGNATED U.S. EX.
BD. DELEGATION MEMBERS)**

**JAN. 24-29 W.H.O. EXECUTIVE BOARD MEETING (LIMITED TO
OFFICIALLY ACCREDITED DELEGATION)**

**MAY 15-20 FIFTY-THIRD WORLD HEALTH ASSEMBLY (LIMITED TO
OFFICIALLY ACCREDITED DELEGATION)**

MAY 22-23 106TH MEETING OF W.H.O. EXECUTIVE BOARD

AUG. 28- FIFTIETH SESSION OF REGIONAL COMMITTEE FOR AFRICA
SEPT. 1 OUAGADOUGOU

SEPT. 4-8 FIFTY-THIRD SESSION OF THE REGIONAL COMMITTEE
FOR SOUTH-EAST ASIA
-- NEW DELHI

SEPT. 11-15 FIFTIETH SESSION REGIONAL COMMITTEE FOR EUROPE
-- COPENHAGEN

SEPT. 17-22 FIFTY-SECOND SESSION OF THE REGIONAL COMMITTEE
FOR THE WESTERN PACIFIC
-- MANILA

SEPT. 25-29 FIFTY-SECOND REGIONAL COMMITTEE FOR THE AMERICAS
-- WASHINGTON, D.C.

OCT. 1-4 FORTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE
FOR THE EASTERN MEDITERRANEAN
-- CAIRO

OCT. TBD THIRD INFORMAL RETREAT OF THE W.H.O. EXECUTIVE
BOARD

SPECIAL DAYS AND EVENTS:

4. THE FOLLOWING LISTING OF SPECIAL DAYS OR EVENTS IS BY NO
MEANS EXHAUSTIVE, BUT MAY BE HELPFUL TO U.S. AGENCIES:

DECEMBER 2, 1999 - WORLD AIDS DAY

JAN. 20 - NATIONAL IMMUNIZATION DAY, INDIA

JAN. 2000 - LAUNCH IN DAVOS, SWITZERLAND, AT THE WORLD ECONOMIC FORUM OF THE GLOBAL VACCINE INITIATIVE, A PARTNERSHIP OF W.H.O., UNICEF, WORLD BANK, GATES FOUNDATION AND OTHERS

APRIL 7, 2000 - WORLD HEALTH DAY. THEME WILL BE BLOOD SAFETY

MAY 31, 2000 - WORLD NO SMOKING DAY

OCT. 18-22 - INTERNATIONAL INFECTION CONTROL WEEK

OTHER MEETINGS RELATED TO W.H.O.

5. THE FOLLOWING IS A LISTING OF OTHER MEETINGS THAT ARE SPONSORED BY OTHER GOVERNMENT AND ARE BEING HELD IN COOPERATION WITH W.H.O.:

**APRIL 17-19 FIRST KUWAIT INTERNATIONAL CONFERENCE ON SMOKING PREVENTION
KUWAIT**

**OCT. 10-13 INTERNATIONAL CONFERENCE ON HEALTH AND DEVELOPMENT ORGANIZED BY THE COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT
BANGKOK**

**DEC. 12-14 YOUTH AND ALCOHOL
STOCKHOLM, SWEDEN**

Printed By: Alice V Arthur 12/02/99 04:05:08 PM

Office of International and Refugee Health (OIRH)

■ Mission

- TO PROMOTE THE HEALTH OF THE WORLD'S POPULATION BY ADVANCING THE DEPARTMENT OF HEALTH AND HUMAN SERVICE'S GLOBAL PARTNERSHIPS, THUS SERVING THE HEALTH OF THE PEOPLE OF THE UNITED STATES.

Executive Board Retreat Summary

Background: The Retreat is designed for only Board members to be able to talk and meet informally. However, there was a fairly tightly controlled agenda and really very little group discussion. It was held in Lyon, which afforded visits to the International Agency for Research on Cancer and the P4 Maximum Containment Laboratory nearby. A few updates on technical matters were included, but very little discussion of substance was conducted. Thirty board members attended (out of 32 countries), as well as 5 Regional Directors plus staff (total about 60).

Agenda items:

1. Strategic direction. Core functions are under revisions, with structure rearranged to follow these directions. More orientation to a Corporate Strategy.
 - DG plus RD's = Cabinet
 - HQ Cabinet is DG and EXDS,
 - Clusters
 - Functions: policy and advocacy; managing information; TA and policy support; partnerships; norms and standards; new technologies, tools, and guidelines.
 - Directions: Reduce excess mortality and disability; promote social, economic, environmental, and development policy; reduce risk factors; develop health systems.
 - Operational workplans across clusters to achieve and expected result.
 - Minimum data sets for planning and evaluation
2. Budget policies
 - Approved budget level 2000-2001: 842.6 million
 - 3% cost increase/currency adjustment to be absorbed (\$25m)
 - 2-3% additional efficiency savings through reallocation (\$17-25m)
 - Approved \$15m from casual income to priority areas in polio, RBM, HIV, TB, and TFI
 - 80-100 separations
 - No reduction in regional budgets, but agreed-on shifts
 - New priorities: blood safety, mental health, safe pregnancy, health systems, food safety, NCD strategic development, investment in change.
 - Priorities selected as to fund availability, but unclear as to other criteria (donor driven)
 - Audit committee (US= Payne, DOS)
 - Budget and finance (Novotny + ?)
3. IARC: Budget \$18m, 25% extrabudgetary: training, research, surveillance (GLOBOCAN)
 - Breast CA
 - HPV and vaccines
 - Health education
 - Liver
 - Passive smoking
4. Open issues
 - Purpose of retreat
 - Election of chair, Jan vs May
 - WHO draft paper shared inappropriately
 - FCTC
5. Technical updates
 - Revised drug strategy: few regulatory agencies, TRIPS, agreement's effect on price; transition periods for least developed countries; WTO attendance will focus on drug policy by WHO
 - Smallpox: \$300,000 mobilized for research; established advisory group, with first meeting in December to decide on research; report in May to WHA; WHO will not fund research
 - Food safety: agenda developed at WG meeting early November



PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the

WORLD HEALTH ORGANIZATION

525 TWENTY-THIRD STREET, N.W., WASHINGTON, D.C. 20037-2895, U.S.A.

TELEPHONE (202) 974-3000

In Reply Refer To: DD/408-99

4 November 1999

Mr. Richard S. Walling
Director
Office of the Americas and Middle East
Office of International and Refugee Health
5600 Fishers Lane, Room 18-74
Rockville, MD 20857

Dear Mr. Walling:

We would like to call your attention to the new administrative procedures that have become necessary to appoint PAHO Temporary Advisors and Short Term Consultants. Because of the gradual but significant downsizing that PAHO has been experiencing for the past 15 years, resulting in re-assignment of roles and functions, and after analyzing the different options to provide you the best possible service, our Personnel Department has made the following suggestions:

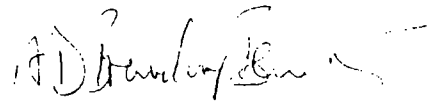
- When you propose that a person be appointed as a Temporary Advisor (TAV) to attend meetings, workshops, symposia, and so forth, we will need to receive the proposal **ten working days** prior to the start of an assignment. If there is not enough time available and the person needs to travel immediately, we will request that the traveler arrange transportation and hotel reservations himself or herself, and the Pan American Health Organization will reimburse expenses on submission of a travel claim. Please note that PAHO can only reimburse air economy tickets by the most direct and inexpensive route. Hotel accommodations must fall within United Nations standard per diem rates. Exceptions can be made only with prior approval.
- In the case of Short Term Consultants (STC), we will need to receive the proposal **25 working days** prior to the start of an assignment. This is to allow us enough time to receive medical clearance.

- In the event that a TAV assignment has been requested on time, but then there is a change concerning the individuals who are actually traveling, we will need five days' notice to process the changes. Otherwise, the individual will be responsible for making his or her travel arrangements

We hope these new procedures are acceptable to you. Please send us any comments at your convenience. The procedures will become effective on **1 December 1999**.

Thank you very much

Sincerely yours,

A handwritten signature in dark ink, appearing to read "A. David Brandling-Bennett". The signature is fluid and cursive, with a large initial "A" and "D".

A. David Brandling-Bennett, DD
Deputy Director

cc: Ms Mary Lou Valdez



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Secretary

Office of Public Health and Science
Office of International and Refugee Health

NOV 17 1999

Memorandum

To: HHS INTERNATIONAL REPRESENTATIVES

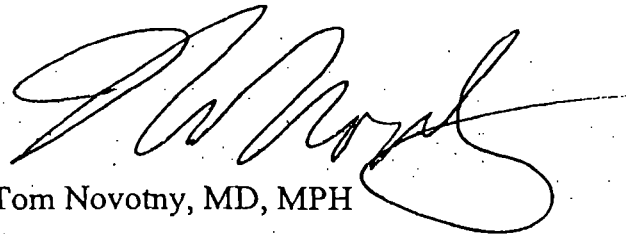
From: DEPUTY ASSISTANT SECRETARY FOR INTERNATIONAL
AND REFUGEE HEALTH/OPHS

Subject: NATIONAL SECURITY DECISION DIRECTIVE 38 PROCESS
FOR AGENCY STAFFING AT U.S. MISSIONS OVERSEAS

The Department recently received notification from the Department of State regarding improvements to its National Security Decision Directive (NSDD) 38 processing. This information is attached. The new procedure is intended to make NSDD 38 work more effectively and timely. In general, the process for agency staffing at U.S. Missions overseas will now more directly tied to a Mission's overall performance plan. Proposals will require more detailed and specific information regarding any changes in staffing.

We request that you please disseminate this information appropriately within your respective Agencies and Offices, including copies to your Executive Officers and Personnel Office.

For further information regarding the NSDD 38 checklist, please contact DOS/Office of Management Policy and Planning at 202/647-3796 or 202/647-0093.



Tom Novotny, MD, MPH

Attachment

Copy to: David Hohman
Hal Thompson



United States Department of State

Washington, D.C. 20520

JUL 13 1999

Mr. David H. Hohman
Director, Office of International Affairs
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
Room 639-H
200 Independence Ave. S.W.
Washington, D.C. 20201

Dear Mr. Hohman:

In our continuing effort to strengthen and improve the National Security Decision Directive (NSDD) 38 process, we have again reinvented the way we will process your staffing change proposals. A May 21, 1999 telegram (attached) from the Acting Under Secretary of State for Management to all Chiefs of Mission (COMS) notified them of this new procedure.

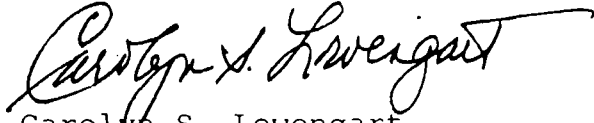
The new procedure is intended to make NSDD 38 work more efficiently and effectively. To that end, agencies need to tie position change requests directly to Mission Performance Plans (MPPs), so that COMs can make informed decisions based on USG policy and priorities.

When our office receives information on your staffing change proposal, either directly or indirectly, we will send a standardized telegram to post including general Department of State comments on policy, administrative, and security issues. This procedure ensures that posts receive your proposals in a timely manner. We will also provide copies of your proposals to concerned Department of State regional and functional bureaus and ask that if they have any specific comments they provide them directly to the appropriate COM in a separate telegram.

To help guide you in preparing your NSDD 38 proposals in accordance with these new procedures, we ask that you follow the guidelines outlined in our revised checklist (attached). One major change in the checklist is under the justification section, item 8, which asks for more detailed and specific information regarding the staffing proposal.

If you have questions on this new procedure, please contact your agency representative in M/P as indicated in the attached M/P portfolio listing.

Sincerely,



Carolyn S. Lowengart
Deputy Director
Office of Management Policy
and Planning

Attachments:

1. State 094687
2. NSDD 38 Checklist
3. M/P Portfolio

ROUTINE
UNCLASSIFIED

SUBJECT: NSDD 38 - STRENGTHENED, STREAMLINED PROCESS TIED
TO MISSION PERFORMANCE PLANS (MPPS)

1. BECAUSE OF SHIFTING FOREIGN POLICY PRIORITIES, SIGNIFICANTLY CHANGED RESOURCE LEVELS, AND THE GLOBAL SECURITY SITUATION OVERSEAS, OVERSEAS STAFFING PROPOSALS MUST BE ANALYZED EVEN MORE CAREFULLY, WEIGHING THE FOREIGN POLICY BENEFITS AGAINST THE IMPACT SUCH CHANGES WILL HAVE ON THE ADMINISTRATIVE STRUCTURE AND ON THE OVERALL SECURITY AT POST. ALL POSITION CHANGE REQUESTS (BOTH INCREASES AND DECREASES) SHOULD BE EXAMINED AGAINST AND DIRECTLY TIED TO THE MISSION'S PERFORMANCE PLAN (MPP). THE PROCESSES OUTLINED IN THIS AND SUBSEQUENT MESSAGES ARE INTENDED TO ASSIST YOU IN MAKING THIS ANALYSIS.

2. AT THE SAME TIME AS WE ARE TYING POSITION CHANGES MORE DIRECTLY TO MPPS, WE WANT TO MAKE NSDD 38 WORK MORE EFFICIENTLY AND EFFECTIVELY. UPON RECEIPT OF AN AGENCY PROPOSAL TO INCREASE, DECREASE, OR OTHERWISE CHANGE THE SIZE, COMPOSITION, OR MANDATE OF USG POSITIONS OVERSEAS, THE OFFICE OF MANAGEMENT POLICY AND PLANNING (M/P) WILL TRANSMIT A TELEGRAM WHICH WILL PROVIDE GENERAL DEPARTMENT COMMENTS ON POLICY, ADMINISTRATIVE, AND SECURITY ISSUES AND

PROVIDE A LIST OF SPECIFIC QUESTIONS FOR CHIEFS OF MISSION TO ANSWER BEFORE MAKING A FINAL DECISION ON AN NSDD 38 PROPOSAL. THESE ANSWERS SHOULD BE INCLUDED IN THE MISSION'S RESPONSE TO THE DEPARTMENT. FOR YOUR INFORMATION, THE FULL TEXT OF THE STANDARDIZED TELEGRAM FOR POSITION INCREASES WILL BE TRANSMITTED VIA SEPTTEL.

3. M/P WILL CONTINUE ITS ROLE AS THE PRINCIPAL POINT OF CONTACT FOR ALL NSDD 38, COM AUTHORITY, AND OTHER OVERSEAS STAFFING ISSUES, AND REMAINS AVAILABLE TO YOU FOR RELATED GUIDANCE. UPON RECEIPT OF AN AGENCY STAFFING CHANGE PROPOSAL, M/P WILL ALSO PROVIDE COPIES TO CONCERNED REGIONAL AND FUNCTIONAL BUREAUS AND ASK THAT THEY PROVIDE ANY SPECIFIC COMMENTS DIRECTLY TO POST VIA SEPTTEL. SHOULD POST RECEIVE AN NSDD 38 PROPOSAL DIRECTLY FROM AN AGENCY, PLEASE LET M/P KNOW AND PLEASE DO NOT MAKE A DETERMINATION UNTIL YOU HAVE RECEIVED AT LEAST THE STANDARDIZED COMMENTS FROM M/P.

4. WE HOPE THAT THE NEW PROCEDURES WILL PROVIDE YOU THE TOOLS NEEDED TO ASSESS POSITION CHANGE PROPOSALS AGAINST YOUR MISSION'S AND THE USG'S GOALS AND OBJECTIVES.
ALBRIGHT

R 211834Z MAY 99
FM SECSTATE WASHDC
TO ALL DIPLOMATIC AND CONSULAR POSTS
SPECIAL EMBASSY PROGRAM

UNCLAS STATE 094687

FOR CHIEFS OF MISSION FROM M - PAT KENNEDY, ACTING

E.O. 12958: N/A
TAGS: AODE, AMGT

NATIONAL SECURITY DECISION DIRECTIVE (NSDD) 38 CHECKLIST

This NSDD 38 checklist is intended to guide drafters in preparing the most complete proposal to change the size, composition, or mandate of their agency's staffing at U.S. missions overseas. For further assistance, please call your agency representative at the Department of State, Office of Management Policy and Planning (M/P), Room 5214, 2201 C Street, N.W., Washington, D.C. 20520-5214, (202) 647-3796 or (202) 647-0093, facsimile (202) 647-2524.

1. **DATE:**

Date signed by requesting official (in sponsoring agency/activity).

2. **USG DEPARTMENT:**

Name of parent agency: e.g., Agriculture, Defense, Commerce, Justice, or Treasury.

3. **ACTIVITY:**

Name and acronym of "sub-unit" within your Department: e.g., Foreign Agricultural Service (FAS), Drug Enforcement Administration (DEA), or U.S. Secret Service (USSS).

4. **LOCATION:**

City and country (e.g., London, U.K.) where the position is or will be located.

5. **ACTIVITY'S CURRENT POSITION TOTAL:**

Number and kinds of positions this activity currently has in this location.

6. **TYPES OF POSITION(S) REQUESTED OR TO BE CHANGED:**

U.S. Direct-Hire (USDH): Full-time (FT), permanent, direct-hire USG position filled by an American citizen (hired either from the U.S. or locally). Note: "Permanent" means any position in place or filled for more than one year.

Foreign National Direct-Hire (FNDH): FT, permanent, direct-hire, USG position filled by a Foreign National (FN) or a third country national (TCN.)

Other: Participating Agency Service Agreement (PASA) position, International Development Intern (IDI) position, etc.

NOTE: An NSDD 38 proposal should also identify any non-NSDD 38 (e.g., contractor, part-time, intermittent, or temporary) position changes associated with the proposal so that the Chief of Mission (COM) can consider all of the staffing implications while making his/her decision.

7. **TITLE AND GRADE:**

Title and grade of position(s) and, if available, your agency's/activity's position number(s).

8. JUSTIFICATION:

For Increases: include a clear, specific, and detailed discussion of:

- (a) what duties/functions are to be performed;
- (b) how these functions support your department's/activity's goals and objectives;
- (c) whether the proposed position is reflected in the most recent Mission Performance Plan (MPP). If so, under which goal? If not, what circumstances have changed to justify a new position?;
- (d) why resources already present at post cannot perform the function;
- (e) why the function cannot be accomplished from the United States or through the use of TDY, contract, or other personnel;
- (f) if a regional position, the reasons for selecting this post; and
- (g) how the benefits of increasing USG staffing overseas outweighs the inherent security risks associated with additional personnel.

For Decreases: explain:

- (a) what event(s) changed the need for this position;
- (b) how the position's functions will be met in the future; and,
- (c) who will be responsible for residual workload.

9. SUPPORT IMPLICATIONS:

If requesting position increases, provide detailed and specific information regarding:

- (a) the administrative support expected of post (e.g., does the position need office space, housing, pouch or check cashing services, APO/FPO, or classified equipment?);
- (b) any administrative support and funding (direct-charge or reimbursement) arrangements that have been made for the increase in staffing; and,
- (c) whether your agency will provide any other support/resources to the post.

If requesting reductions, a six month notice is required in order to withdraw from ICASS.

10. REQUESTING OFFICIAL:

Agency must determine appropriate official with sufficient authority to make this proposal.

11. TIMING:

Date (month, day, and year) position change is planned. (ICASS charges for new positions usually begin on this date.)

PLEASE NOTE: For the most expeditious processing, the following paragraph should be included at the beginning of each position change proposal that is sent by an agency directly to post.

"The following provides a formal NSDD 38 proposal to change the size, composition, or mandate of full-time, permanent USG positions in (city, country). A copy has been forwarded to the Department of State, Management Policy and Planning (M/P). In accordance with NSDD 38, M/P will forward comments on the merits and implications of this proposal to you for your consideration in making your final decision. No post action is required at this time. However, if you have not received comments within two weeks of receipt of this proposal, please notify M/P."

M/P PORTFOLIO LISTING

Specific Assignment	Name	Backup
Agency for International Development	Ponce, Toni	Paul
Agriculture (including FAS, APHIS, ARS)	Edmunds, Chris	Ponce
American Battle Monuments Commission	Ponce, Toni	Edmunds
Arms Control and Disarmament Agency	Downing, Ruby	Edmunds
Chief of Mission Authority (General Issues Relating to)	Edmunds, Chris	Ponce
Commerce (including US&FCS and NOAA)	Edmunds, Chris	Ponce
Defense, Foreign Military Sales (FMS)	Edmunds, Chris	Ponce
Defense, Intelligence	Ponce, Toni	Downing
Defense, Logistics Agency (DLA)	Edmunds, Chris	Ponce
Defense, Marines and Seabees	Ponce, Toni	Edmunds
Defense, Miscellaneous (including DRMS and PEPs)	Edmunds, Chris	Ponce
Defense, Olmsted Scholars	Edmunds, Chris	Ponce
Defense, SA Associated (ETSS, TAFT, IMET, etc)	Edmunds, Chris	Ponce
Defense, Security Assistance (SA)	Edmunds, Chris	Ponce
Defense, Security Cooperation Agency (DSCA)	Edmunds, Chris	Ponce
Detailees to International Orgs., COM auth./security	Edmunds, Chris	Ponce
Energy	Downing, Ruby	Edmunds
Environmental Protection Agency	Edmunds, Chris	Ponce
Federal Emergency Management Agency	Ponce, Toni	Edmunds
Federal Reserve	Downing, Ruby	Ponce
General Service Administration	Downing, Ruby	Edmunds
Health and Human Service (including CDC)	Edmunds, Chris	Ponce
Interior	Downing, Ruby	Edmunds
Justice (including DEA, FBI, INS, ICITAP, etc)	Downing, Ruby	Ponce
Labor	Downing, Ruby	Edmunds
National Aeronautics and Space Administration	Edmunds, Chris	Ponce
National Science Foundation	Downing, Ruby	Edmunds
Non-Executive Branch (e.g., GAO, Library of Congress)	Downing, Ruby	Edmunds
Peace Corps	Downing, Ruby	Ponce
Smithsonian	Downing, Ruby	Edmunds
Social Security Administration	Edmunds, Chris	Ponce
Special Embassy Program	Ponce, Toni	Downing
Transportation (including Coast Guard, FAA)	Edmunds, Chris	Ponce
Treasury (including ATF, Customs, IRS, Secret Service)	Downing, Ruby	Ponce
U.S. Trade Representative	Downing, Ruby	Edmunds
Veterans Administration	Downing, Ruby	Edmunds
Voice of America (IBB)	Downing, Ruby	Ponce

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

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Registration Information

**Register by
December 8
and SAVE!**

Conference sponsored by the

U.S. Department of Health

and Human Services

in conjunction with the

Healthy People Consortium

and Partnerships for

Networked Consumer

Health Information

Partnerships for Health in the New Millennium: *Launching Healthy People 2010*

January 24-28, 2000

**Omni Shoreham Hotel
Washington, DC**

Conference Co-Sponsors:

U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion (convener)
Agency for Health Care Policy and Research
Centers for Disease Control and Prevention
Health Care Financing Administration
Health Resources and Services Administration
National Institutes of Health
Office of Public Health and Science
Office of Minority Health
Office of Population Affairs
Office on Women's Health

Academy for Educational Development

Technology Games Sponsors:

Annenberg Public Policy Center of the University of Pennsylvania
Annenberg School for Communication

www.health.gov/partnerships

**HHS INTERNATIONAL REPRESENTATIVES MEETING
DECEMBER 9, 1999 @ 1:30 p.m.**

MEETING HIGHLIGHTS/ACTIONS

Attendees:

HHH – Tom Novotny, Amar Bhat, Chris Schonwalder, Stanley Bendet, Stuart Nightingale, Lou Valdez

CDC – Mark White, Marguerite Pappaioanou, Doris Riggs, Donna Hiatt and Nick Farrell

Parklawn – Roscoe Moore, Jerome Rutkoski, Damon Lombard, Nancy Hazleton, Terry Gay, John Borrazzo, Deborah Queenan, Maritza Colon-Pullano, Beverly Corey, Linda Horton, Cille Kennedy, Peter Henry, Isabel Ellis, Bruce Chelikowsky, Ruth Hegyeli, Walter Batts, Sonya Hunt Gray, Jason Wright and Juan Ramos

World Bank Cooperative Agreement

Tom Novotny stated that his position at the World Bank was to bring about a cooperative agreement to invest in partnerships between CDC and the World Bank. There were some stumbling blocks; health, nutrition and population has a broad mandate under research and program implementation. However, the purpose of working with the Bank is to develop a partnership based upon mutual interests. For this reason, he suggests that a World Bank/HHS cooperation agreement be developed to expand the partnership.

Terry Gay (OIRH) noted tremendous interest from the Bank in DHHS activities. CDC has sent funding to the World Bank to help. Dr. Novotny would like agencies to develop ideas for collaboration. A cooperative agreement is the ideal way. It is a flexible instrument and enables the partners to add pieces as they go along. Dr. Novotny announced that Dan Miller has replaced him at the Bank.

Agency feedback:

Amar Bhat, NIH/FIC – Mr. Bhat reported on FIC activities. 1) economics (looking at economic development from a health side), 2) ethics, and 3) health delivery intervention.

CDC - reported that CDC is pleased that the cooperative agreement is moving forward.

Juan Ramos, NIMH/NIH – Dr. Ramos reported that NIMH would like to participate in this agreement in the area of mental health.

FDA – reported they do not have the resources, but considered that the cooperative agreement is broad enough.

ACTION: Ms. Gay and Dr. Novotny plan to meet with the World Bank. They would like to obtain specific ideas from the agencies on areas for collaboration. They would like to meet with individual agencies to follow up.

ACTION: Dr. Novotny to set up a meeting with NIH.

OIRH Mission Statement

The OIRH mission statement was distributed for review and comment. OIRH would like to enhance its website.

ACTION: Comments on the mission statement to be sent to Dick Walling by December 21. A second version will be shared with the IREPS shortly thereafter.

Global Health Strategy for the Department

“Where do we fit in with the rest of the world? How does our department fit into the strategy? How do we fit into the major health problems of the world?”

The Secretary and the ASH/SG both showed enthusiasm for the idea of establishing a global health strategy for the department.

ACTION: Dr. Novotny will send out a memo with the IOM report.

Dr. Novotny would like to open up the discussion with a half-day retreat.

United States Trade Representatives (USTR)

Dr. Novotny reported that DHHS would collaborate with USTR concerning trade and health. DHHS is approaching this with caution. USTR and DHHS released a joint statement on World AIDS Day (December 1). There is a focus on HIV/AIDS drugs. The Director General of WHO was enthusiastic about the collaboration. The first joint meeting will be next week. DHHS will let USTR know what DHHS can and can not do.

LIFE Initiative

Past and future meetings:

- November 5-8 -- U.S. Conference on AIDS, Denver, Colorado
- November 16-18 -- UNAIDS – USG sponsored meetings on Global HIV/AIDS, White House
- November 23 -- USAID sponsored meeting on care and support, Washington, DC
- December 1 -- World AIDS Day (the First Lady gave a speech at the United Nations)
- December 3 – World AIDS Day event in Arkansas (Sonya Gray Hunt spoke)
- December 4-8 – Fourth International Conference on Home and Community Care for People Living with HIV/AIDS, Paris, France

Pacific Basin

Pacific Basin Initiative – There are 500,000 people in the Western Pacific for whom the United States Government has some responsibility. Many agencies have domestic programs in the islands. Joe Iser left San Francisco in April, and his position is unoccupied. There have been a number of discussions among OPHS and Region IX offices, with HRSA taking the lead. There could be one or two more staff positions in San Francisco. Bilateral activities need staffing. Agencies could be tapped for a couple of FTEs. There is the possibility of additional funding in the FY 2001 and 2002 budget.

India

Joint Statement with India – DHHS is examining how the LIFE Initiative can fit into current activities in India.

The President will be visiting India in March. The Joint Statement and the LIFE Initiative should be important during the visit.

WHO Executive Board

The 105th Session of the WHO Executive Board in Geneva, Switzerland will be held January 25-30, 2000. The Food Safety paper will come out shortly to prepare for the proposal .

Other items to be discussed at the Executive Board:

- Tobacco Control
- HIV/AIDS
- Revised Drug Strategy
- Health Promotion

Delegation consists of:

Tom Novotny – OIRH (Lead)
 Dale Gibb - USAID
 Ann Blackwood - State
 Linda Vogel – US Mission, Geneva
 Karen Johnson – US Mission, Geneva
 Lou Valdez – OIRH
 Stuart Nightingale - FDA

ACTION: There will be more to report at the next meeting.

Printed By: Alice V Arthur 12/09/99 08:52:40 AM
DURBAN 607

UNCLASSIFIED

From: AMCONSUL DURBAN MRN: 607 Date/Time: 021247Z DEC 99

Subject: DURBAN - SHORTAGE OF HOTEL SPACE, JULY 2000, XIII
INTERNATIONAL

AIDS CONFERENCE. JULY 9 THROUGH 14. ICNbr: Precedence: ROUTINE

DEPARTMENT ALSO PASS ALL DEPARTMENTS AND AGENCIES;
CDC ATLANTA AND NIH.

SUBJECT: DURBAN - SHORTAGE OF HOTEL SPACE, JULY 2000,
XIII INTERNATIONAL AIDS CONFERENCE. JULY 9 THROUGH 14.

1. THE CITY OF DURBAN WILL HOST THE XIII WORLD INTERNATIONAL AIDS CONFERENCE FROM JULY 9 THROUGH JULY 14 2000. THE CITY EXPECTS IN EXCESS OF 15,000 DELEGATES TO TRAVEL TO DURBAN FOR THE EVENT AS WELL AS ANOTHER 10,000 OR MORE COMMUNITY ACTIVISTS, SUPPORT AND RELATED PERSONNEL.
2. FOR ALL PRACTICAL PURPOSES, DURBAN AREA HOTEL SPACE WILL BE LIMITED DURING THE WEEK OF THE CONFERENCE TO CONFERENCE PARTICIPANTS.
4. CONGEN DURBAN URGES OFFICIAL TRAVELERS TO DEFER NON-ESSENTIAL TRAVEL TO DURBAN DURING THIS PERIOD. BECAUSE HOTEL SPACE WILL BE CONTROLLED BY THE WORLD AIDS CONFERENCE ORGANIZERS, IT WILL BE EXTREMELY DIFFICULT TO SECURE ROOMS DURING THE FIRST HALF OF JULY. AS MANY CONFERENCE PARTICIPANTS AND OTHER OFFICIAL VISITORS WILL HAVE TO PAY RATES WELL ABOVE THE REGULAR PER DIEM DURING THIS PERIOD, TRAVELERS SHOULD ENSURE THAT THEIR TRAVEL ORDERS AUTHORIZE "ACTUAL SUBSISTENCE" FOR LODGING/ PER DIEM PURPOSES.
5. FOR AIDS CONFERENCE PARTICIPANTS, ACCOMMODATION MAY BE ARRANGED DIRECTLY BY CONFERENCE PARTICIPANTS OR THROUGH "TURNERS TRAVEL" WHO HAVE SECURED THE MAXIMUM NUMBER OF HOTEL ROOMS AVAILABLE IN DURBAN AND THE SURROUNDING AREA. THEIR CONTACT DETAILS ARE AS FOLLOWS:

TURNERS TRAVEL, AIDS 2000; P.O. BOX 1935' DURBAN 4000, SOUTH
AFRICA. TELEPHONE: 27-31-332-1451; FAX: 27-31-368-6623; EMAIL:
TURNER9@GALILEOSA.CO.ZA; WEBSITE: WWW.TURNER.CO.ZA/AIDS 2000.
WHILE RESERVATIONS MAY BE MADE ON THE WEBSITE, THE BOOKING
FORM MUST BE FAXED BEFORE THE RESERVATION WILL BE CONFIRMED.

THE WHITE HOUSE**Office of the Vice President**

For Immediate Release
Monday, January 10, 2000

Contact:
(202) 456-7035

REMARKS AS PREPARED FOR DELIVERY BY VICE PRESIDENT AL GORE
UNITED NATIONS SECURITY COUNCIL OPENING SESSION

I call to order this first meeting of the United Nations Security Council in the 21st Century.

Let me thank the distinguished members of the Council for the honor of presiding, and for your willingness to greet the dawn of this new millennium by exploring a brand new definition of world security.

Today marks the first time, after more than 4,000 meetings stretching back more than half a century, that the Security Council will discuss a health issue as a security threat.

We tend to think of a threat to security in terms of war and peace. Yet no one can doubt that the havoc wreaked and the toll exacted by HIV/AIDS do threaten our security. The heart of the security agenda is protecting lives -- and we now know that the number of people who will die of AIDS in the first decade of the 21st Century will rival the number that died in all the wars in all the decades of the 20th Century.

When 10 people in sub-Saharan Africa are infected every minute; when 11 million children have already become orphans, and many must be raised by other children; when a single disease threatens everything from economic strength to peacekeeping -- we clearly face a security threat of the greatest magnitude.

This historic session not only recognizes the real and present danger to world security posed by the AIDS pandemic -- which I will discuss in further detail during my remarks as head of the U.S. delegation -- this meeting also begins a month-long focus by this Council on the special challenges confronting the continent of Africa. The powerful fact that we begin by concentrating on AIDS has a still larger significance: it sets a precedent for Security Council concern and action on a broader security agenda. By the power of example, this meeting demands of us that we see security through a new and wider prism, and forever after, think about it according to a new, more expansive definition.

For the past half century, the Security Council has dealt with the classic security agenda - built upon common efforts to resist aggression, and to stop armed conflict. We have witnessed wars among nations, and violence on the scale of war within nations, for many reasons:

--Because of claims of religious or racial superiority.

--Because of lust for power, disguised as ideology or rationalized as geo-strategic doctrine.

--Because of a sense that a small place or a larger region -- or the whole world itself -- was too small to allow for the survival and prosperity of all, unless the powerful could dominate the weak.

--Because of the tendency of too many to see themselves solely as separate groups, celebrating and defending their exclusivity, by demonizing and dehumanizing others.

--Because of poverty, which causes the collapse of hopes and expectations, the coming apart of a society, and makes people first desperate, then freshly open to evil leadership.

But while the old threats still face our global community, there are new things under the sun -- new forces arising that now or soon will challenge international order, raising issues of peace and war. As our world enters the year 2000, it is not the change in our calendar that matters. What matters is that in this symbolic transition from old to new, we find one of those precious few moments in all of human history when we have a chance to become the change we wish to see in the world -- by seeking a common agreement to openly recognize a powerful new truth that has been growing just beneath the surface of every human heart: it is time to change the nature of the way we live together on this planet. From this new vantage point, we must forge and follow a new agenda for world security, an agenda that includes:

--The global environmental challenge, which could render all our other progress meaningless, unless we deal with it successfully.

--The global challenge of defeating drugs and corruption, which now spill across our borders.

--The global challenge of terror -- magnified by the availability of new weapons of mass destruction so small they can be concealed in a coat pocket.

--The new pandemics, laying waste to whole societies, and the emergence of new strains of old diseases that are horrifyingly resistant to the anti-biotics that protected the last three generations.

Our new security agenda should be pursued with determination, adequate resources, and creative use of the new tools at the world's disposal that can be used to bring us together in successful common efforts -- tools such as the Internet and the emerging Global Information Infrastructure -- which, if used imaginatively, will enable new depths of insight and cooperation by nations, non-governmental organizations, and citizens at all levels.

Our task is not merely to recognize and confront these challenges, but to rise to our higher ideals, and work together to make our brightest dreams real in the lives of our children. In order to succeed, I believe, along with growing billions around this planet, that we must create a world where people's faith in their own capacity for self-governance unlocks their human

potential, and justifies their growing belief that all can share in an ever-widening circle of human dignity and self-sufficiency. A world of freedom and free markets. A world where the free flow of ideas and information, and freer access to education, sustain our more fundamental freedoms. A world in which parents are free to choose the size of their families with the confidence that the children they bring into this world will survive to become healthy adults, with economic opportunity in prosperous and peaceful communities. A world where we educate girls as well as boys, and secure the rights of women everywhere, as full members of the human family.

All this and more constitutes the great global challenge of our time: to create and strengthen a sense of solidarity, as we seek a newer world of security for all -- security not only from loss of life and the ravages of war, but security from constant fear and degradation, and from a loss of the quality of life and liberty of spirit that should belong to all.

If we are to succeed in addressing this new security agenda, we must recognize that because of our rapid growth in population, and the historically unprecedented power of the new technologies at our widespread disposal, mistakes which once were tolerable can now have consequences that are multiplied many-fold.

For example, for almost all the years of recorded history, people could do whatever they wished to their environment, and do little to permanently harm it. People could wage war in the world, and do nothing to destroy it. But now, threats that were once local can have consequences that are regional or global; damage once temporary can now become chronic and catastrophic.

As a world community, we must prove to our citizens that we are wise enough to control what we have been smart enough to create. We must understand that the old conception of global security -- with its focus almost solely on armies, ideologies, and geopolitics -- has to be enlarged.

We need to show that we not only can contain aggression, prevent war, and mediate conflicts, but that we can work together to anticipate and respond to a new century with its new global imperatives.

The human mind -- our ingenuity, our dreaming, our restless quest to do better -- created this moment. Now the human will -- not of one individual, not of one nation or group of nations -- but the collective will of truly united nations, must master this moment. We must bend it in the direction of life, not death; justice, not oppression; opportunity, not deprivation -- a new security for the new world we now inhabit.

The future is not something that we merely try to predict. The future is something that we make. For ourselves. Together. It is up to us to move forward -- with faith in our principles, in our foresight, and in our common humanity. The Spanish poet Antonio Machado once said: "Pathwalker, there is no path, we create the path as we walk."

There is great hope in this pathmaking meeting. It is an honor to open it. And my hope is that the first days and years of the millennium -- and all those that follow -- will be guided by the vision that marks this first meeting. We live in a new time. We face new and larger

responsibilities. Meet them we can, and meet them we must -- for the new threats to humanity are as grave as war itself -- and the new hopes we have are as precious as peace.

Now I am pleased to present the distinguished Secretary General of the United Nations, who has given so much to the cause of peace and security, Kofi Annan.

THE WHITE HOUSE**Office of the Vice President**

For Immediate Release
Monday, January 10, 2000

Contact: (202) 456-7035

**VICE PRESIDENT AL GORE UNVEILS NEW \$150 MILLION INITIATIVE TO
COMBAT THE SPREAD OF AIDS AND CONTRIBUTE TO INTERNATIONAL
INFECTIOUS DISEASE PREVENTION EFFORTS**

New York, NY -- Today, in a speech before the United Nations, Vice President Al Gore will announce that the Administration's FY 2001 budget include a new \$150 million investment to assist efforts to combat the international AIDS pandemic and contribute to international infectious disease prevention efforts. This new initiative provides \$100 million for preventing and treating HIV and AIDS in Africa, Asia, and other regions of the world -- double last year's increase.

It also dedicates \$50 million for purchasing vaccines against other diseases that ravage poor nations, including hepatitis B, certain forms of meningitis and yellow fever, helping to save millions of children. Purchasing existing vaccines is the first step toward accelerating the development and delivery of vaccines for AIDS, malaria, TB, and other diseases disproportionately affecting the developing world. This investment is part of a comprehensive plan for action that will meet the Administration's commitment in this area, as described in the President's September speech to the U.N. General Assembly.

"AIDS and other infectious diseases are the largest catastrophes in the history of modern medicine," Vice President Gore said. "We hope this initiative will provide relief and hope to the millions of children and families around the world."

THE AIDS PANDEMIC THREATENS THE ECONOMIC AND SOCIAL STABILITY OF SUB SAHARAN AFRICA AND ASIA. The United Nations calls the AIDS pandemic in sub-Saharan Africa "the worst infectious disease catastrophe since the bubonic plague." An estimated 5.7 million people were infected with HIV by the end of 1999, and India may have become the country with the largest number of new infections this year.

- **Sub-Saharan Africa and Asia disproportionately bear the impact of the AIDS epidemic.** While sub-Saharan Africa accounts for only one-tenth of the global population, over 70 percent of individuals infected with AIDS globally live there. Currently, 22.5 million people in sub-Saharan Africa are infected with HIV, and every day, an additional 11,000 become infected. In Asia, HIV and AIDS is already widespread. Because this region has 60 percent of the world's population and has the steepest infection curve, experts are predicting that Asia will soon become the epicenter of the epidemic. In addition, during the next decade, more than 40 million children in Africa will be orphaned by AIDS, making it difficult -- if not impossible -- for them to obtain adequate food, clothing, education, and health care services.

- **The AIDS epidemic is jeopardizing the economic stability of the sub-Saharan African and Asian regions.** The economic toll in HIV and AIDS are taking in Africa underscores the linkage between the spread of this disease and poverty in the region. Although Africa is making unprecedented economic gains, they are jeopardized by an infection which is killing skilled personnel -- and which demands increased investment in government spending.
- **The AIDS pandemic threatens Africa and Asia's regional and national security.** High levels of HIV infection among members of the armed forces weakens their ability to perform their national duties. In addition, studies have linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest as these children raise themselves alone, often turning to crime, drugs, prostitution, and gangs to survive.

ONE THIRD OF ALL DEATHS EACH YEAR WORLDWIDE -- 17 MILLION PEOPLE -
- RESULT FROM INFECTIOUS DISEASES. The developing world bears a disproportionate burden of these diseases, which not only destroy lives, but perpetuate the cycle of sickness and poverty. Vaccines have been critical and cost-effective weapons that have eradicated smallpox, reduced polio to the lowest levels in history, and drastically lowered measles rates. Building upon these extraordinary achievements, we must work to ensure that all children have access to effective vaccines.

- **Over eight million children die each year of centuries-old diseases -- and more than four million of these deaths could be prevented by existing vaccines.** The dramatic expansion of vaccine coverage in the past several decades now saves almost three million lives each year, and prevents hundreds of thousands of cases of paralysis and blindness. Yet, the wider use of existing vaccines against hepatitis B, certain forms of meningitis, yellow fever, and other diseases could prevent an additional four million deaths each year and reduce untold suffering.
- **Immunization is one of the most cost-effective health interventions.** It costs only \$15 to immunize a child, yet in developing countries, children remain 10 times more likely to die of a vaccine-preventable disease than those in the industrialized world.
- **Vaccines are one of the most cost-effective ways to improve the well-being and productivity of the poorest countries.** Investments in health are as central to economic progress in poor countries as investments in education and physical infrastructure. Yet, because these countries often cannot afford to buy vaccines, the market does not provide incentives for pharmaceutical companies to develop vaccines for diseases that disproportionately affect developing nations.
- **Effective vaccines do not yet exist for malaria, TB and AIDS, which kill nearly 6 million people each year.** Because developing countries often cannot afford to buy vaccines, the market does not provide incentives for pharmaceutical companies to develop vaccines for diseases that disproportionately affect those countries. Only 2 percent of all global biomedical research by the public and private sectors is devoted to the major killers in the developing world. Vaccines are the best solution for these diseases, but progress has stalled. The global community

must intensify both research and development, and make commitments to purchase new vaccines for these diseases when developed.

VICE PRESIDENT GORE UNVEILS NEW, \$150 MILLION INITIATIVE TO COMBAT AIDS AND OTHER INFECTIOUS DISEASES. Today, in a speech before the United Nations, Vice President Gore will announce that the President's FY 2001 budget will include a new, multi-million dollar investment in combating the spread of HIV, AIDS, and other infectious diseases in Africa, Asia and other developing countries. This initiative will:

- **Invest an additional \$100 million in HIV and AIDS prevention and treatment efforts in Africa and Asia.** The President's budget will invest a total of \$325 million in HIV prevention and AIDS treatment around the world, doubling last year's allocation. Funds will be targeted to the countries where the disease is most widespread and where our efforts will have the greatest impact. Activities include:

Increasing primary prevention efforts. To reduce the incidence of new HIV infections, this initiative will help to: implement mass education efforts and community based counseling and testing services, provide AZT short-course therapy to infected individuals to prevent further transmission, implement treatment protocols to reduce mother to child transmissions, and implement blood supply screening procedures.

Providing care and treatment for individuals infected with HIV. Currently, treatment options for HIV infected people in sub-Saharan Africa and India are limited; less than 5 percent of people know their HIV status, and health care providers are often without the tools necessary to diagnose and treat HIV and the associated opportunistic infections. This initiative will provide medical and social services to individuals with HIV, including treatment of sexually transmitted diseases, opportunistic infections associated with HIV, and tuberculosis.

Caring for children orphaned by AIDS. Together with host government and social service agencies, this initiative will invest \$10 million to provide school fees, food assistance, counseling, basic health care, and other services that orphaned children need through community mobilization programs.

Strengthening the public health infrastructure. This initiative will assist African and Asian institutions in effectively tracking the spread of HIV infections throughout the Sub-Saharan and Asian regions, in order to focus HIV and AIDS prevention and treatment resources and provide training and technical assistance to developing clinics and community based organizations delivering prevention and care.

Assisting armed forces in preventing the spread of HIV within military organizations. The DoD will work with its African counterparts to invest \$10 million to prevent the spread of HIV within military agencies throughout Africa.

Initiating HIV prevention programs in the workplace. This initiative will invest \$10 million to initiate workplace programs designed to reduce discrimination against employees infected with HIV and AIDS. Funds will also be used to develop partnerships with the business and

labor communities to launch HIV prevention activities for employees, their families and communities.

- **Invest \$50 million in purchasing vaccines for developing countries.** As part of a broad Administration vaccine initiative, the budget includes a new \$50 million investment in the Global Fund for Children's Vaccines. The fund, administered by the Global Alliance for Vaccines and Immunizations (GAVI), a new, collaborative effort of UNICEF, the World Bank, the World Health Organization, and other governments and private organizations around the world.

Initial contributions to this fund will be used to purchase existing vaccines for hepatitis B, haemophilus influenzae B, and yellow fever, along with related safe injection equipment. Vaccine purchases will be administered through UNICEF, which runs an efficient immunization program today.

This fund is one step toward encouraging the development and delivery of new vaccines. The developed nations have the scientific and technological capacity to make new vaccines possible, and a renewed international commitment to purchase vaccines will encourage private research and development. The Administration is now developing further proposals to accelerate the invention and production of new vaccines, and to increase investment by developing nations in building sound delivery systems for vaccines, medicines, and other basic health services.

ROUTING AND TRANSMITTAL SLIP

DATE

2/1/00

		Initials	Date
1. Cheryl Bauerle, National AIDS Program Ofc			
2.			
3.			
4.			
5.			

☐ Action	☐ File	☐ Note and Return
☐ Approval	☐ For Clearance	☐ Per Conversation
☐ As Requested	☐ For Correction	☐ Prepare Reply
☐ Circulate	☐ FYI	☐ See Me
☐ Comment	☐ Investigate	☐ Signature
☐ Coordination	☐ Justify	☐ URGENT

REMARKS

The attached was presented at the Public Health Council on Thursday, January 13. There was a very positive response. Moving ahead with plans, and any input would be appreciated.

FROM:

Thomas Novotny, MD, MPH
Deputy Assistant Secretary
Office of International & Refuge Health

Room No.-Bldg.
Rm. 18-105, PKLN

Phone No.
301-443-1774

***Global Health Strategy
for the Department of Health
and Human Services***

**Thomas Novotny, MD, MPH
Deputy Assistant Secretary for
International and Refugee Health**

Public Health Council

January 13, 2000

Office of International and Refugee Health (OIRH)

■ Mission Statement

- Promote the health of the world's population by advancing the Department of Health and Human Services' global initiatives and partnerships, thus serving the health of the people of the United States**

Office of International and Refugee Health (OIRH)

■ Attaches

- U.S. Mission, Geneva, Switzerland
- U.S. Embassy, New Delhi, India
- U.S. Embassy, Hanoi, Vietnam

■ Detailees

- United States Agency for International Development (USAID)
- International Organizations

Office of International and Refugee Health (OIRH)

■ Multilateral Organizations

■ World Health Organization (WHO)

- Executive Board and World Health Assembly**

- Pan American Health Organization (PAHO)**

- Western Pacific Regional Office (WPRO)**

■ World Bank

■ United Nations Children's Fund (UNICEF)

■ Joint United Nations Program on HIV/AIDS (UNAIDS)

Office of International and Refugee Health (OIRH)

■ Bilateral Initiatives

- Russia (Gore-Putin Commission)**

- South Africa (Gore-Mbeki Commission)**

- Mexico**

 - Binational Commission**

 - Border XXI Program**

 - Border Health Commission**

- Japan (Common Agenda)**

- India (Vaccine Action Program)**

Surgeon General's Health Priorities

- Balanced Approach to Community Health
- *Global Approach to Health Promotion and Disease Prevention*
- Elimination of Racial and Ethnic Disparities in Health Status

Global Approach to Health Promotion and Disease Prevention

- Polio Eradication
- Emerging and Reemerging Infectious Diseases (ERIDs)
 - HIV/AIDS
 - Tuberculosis
 - Malaria
- Tobacco Control and Prevention
- Violence and Injury Prevention

Leadership and Investment in Fighting an Epidemic (LIFE)

■ Participating Countries

- 13 African countries and India**

■ Program Elements

- Primary Prevention**
- Improving Community and Home Based Care and Treatment**
- Caring for Children Affected by AIDS**
- Capacity and Infrastructure Development**

Leadership and Investment in Fighting an Epidemic (LIFE)

■ Participating Agencies

- White House Office of National AIDS Policy**

- United States Agency for International
Development (USAID)**

 - \$65 million**

- Department of Health and Human Services**

 - \$35 million**

- Department of Defense (DOD)**

Surgeon General's Round- tables on Global HIV/AIDS

- Governmental Agencies
- Pharmaceutical Companies
- Nongovernmental Organizations

Global Alliance for Vaccines and Immunization (GAVI)

- United Nations Children's Fund (UNICEF)
- World Health Organization (WHO)
- World Bank
- Gates Children's Vaccine Program
- Rockefeller Foundation
- Vaccine Industry
- Bilateral Agencies

Global Alliance for Vaccines and Immunization (GAVI)

- Improved access to sustainable immunization services
- Expanded use of all cost-effective vaccines
- Accelerated introduction of new vaccines
- Speedy efforts to create new vaccines and related products targeted to improving the health of children in developing countries
- Making immunization a central element in assessing international development efforts

Developing a Global Health Strategy

- International Policy Advisory Council on Multilateral Affairs
 - Department of Health and Human Services
 - Department of State
 - National Security Council (NSC)
 - United States Agency for International Development (USAID)

A Departmental Global Health Strategy—Why?

- IOM Report...AMERICA'S VITAL INTEREST IN GLOBAL HEALTH—1997
- Distinctions between domestic and international health problems are fading
- Health problems, issues, and solutions transcend national boundaries
- Interests of American people are served through actions to promote health around the world
- The US is a leader in many global health issues

A Departmental Global Health Strategy—What?

- Principles of engagement (multilaterals, bilaterals, and issues)
- Rationale vis a vis US interests
- Objectives for long term, multi-year plan
- Measurable outcomes
- Monitoring and evaluation
- Partnerships

A Departmental Global Health Strategy—How?

- Steering committee—government, NGO, business, foundations, academia, multilaterals, others (one year)
- Budget—agency tap or discretionary funds
- Coordination—OIRH
- Series of agency seminars/retreats to identify priority issues---February/March 2000
- Draft document with implementation plan
- Extensive public input
- Communications/marketing campaign

A Departmental Global Health Strategy—Outcomes?

- Intergovernmental action plan and agreements (e.g., 2010 Objectives)
- Global Health as budgetary line item
- Increased coordination among Agencies
- Increased visibility for Global Health
- Improved global health outcomes
- Increased national security, economic well-being, and global leadership

ROUTING AND TRANSMITTAL SLIP

DATE

2/15/00

		Initials	Date
1.	(Cheryl) Bauerle		
2.			
3.			
4.			
5.			

☐ Action	☐ File	☐ Note and Return
☐ Approval	☐ For Clearance	☐ Per Conversation
☐ As Requested	☐ For Correction	☐ Prepare Reply
☐ Circulate	☐ FYI	☐ See Me
☐ Comment	☐ Investigate	☐ Signature
☐ Coordination	☐ Justify	☐ URGENT

REMARKS

Additional materials are available in the OIRH library.

FROM:

Thomas Novotny, M.D., M.P.H.
Deputy Assistant Secretary
International and Refugee Health

Room No.-Bldg.
Rm. 18-105, PKLN

Phone No.
301-443-1774

DATE: January 13, 2000

TO: Dr. Tom Novotny
OIRH

FROM: Linda Vogel 
Health Attache
Geneva

SUBJECT: Report on Copenhagen Workshop of European Health
Communications Network - TRIP REPORT

Thank you again for approving my participation in the Workshop of the European Health Communications Network in Copenhagen, at the WHO European Regional Office, December 8-10, 1999.

My full report is in the form of an official Department of State cable (attached), along with submission to OIRH of the program book and the documents from the meeting.

I would like to call your attention to paragraph 13 of the official cable, which advises the former USIA (now part of DOS) that a number of the participating journalists would be excellent candidates for the international visitor programs in the area of health journalism. This emerged from my follow-up discussions with the public affairs staff at the Mission who felt that we might be helpful in making this linkage and in opening an opportunity for these young and energetic journalists.

I was impressed by the leadership of the European Regional Office in launching this initiative. Daniel Epstein of PAHO participated as did health communication senior staff from other WHO regional offices. This is, I believe, a good demonstration of the effort to achieve one WHO but also sharing valuable experience among regional offices.

Lastly, from a personal perspective in fulfilling my own professional development objectives, I felt that I gained: (1) further insight into how WHO regional offices can work more effectively together; (2) greater insight into WHO's

partnership building opportunities; (3) increased knowledge of high priority WHO programs through presentations that were made for the benefit of the media participants; (4) useful contacts (new and renewed) with other participants [e.g. Swedish planners for the European Conference on Alcoholism and Youth; the International Council of Nurses; the Academy for Educational Development (U.S.); the Nuffield Trust, World Bank, U.S. correspondents (e.g. CNBC Bureau Chief in Paris and others); and Central and Eastern European journalists to learn their interests, ranging from GMOs to ethics and equity in primary health care.] Lastly, it strengthened my ties with officials of the WHO/EURO office. The latter is helpful in terms of having contacts their in the future.

Please let me know if you have any questions about this event, its follow-up and/or my participation.

Attachments

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Overseas OutGoing Cable

Status: Draft

STYLE TYPE

☒ State Department (ZZH)
☐ Military (non-ZZH)
☐ Other Agency (non-ZZH)

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Captions:

Pass Line: DEPT FOR IO/T, OES, EUR,R
PASS TO HHS FOR HOHMAN, NOVOTNY
PASS TO USAID GB RIGGS-PERLA, PPC C.MILLER, EUR

TAGS: TPHY, TBIO, WHO

Subject Line: WHO/EURO -
BUILDING ALLIANCES WITH
THE PRESS

Reference:

Message Text:

1. SUMMARY. THE W.H.O. EUROPEAN HEALTH COMMUNICATION NETWORK (EHCN) HAD AN INFORMATIVE AND PRACTICAL WORKSHOP AT W.H.O./EURO HEADQUARTERS, COPENHAGEN IN DECEMBER 1999. THIS WORKSHOP WAS PART OF A LARGER EFFORT PIONEERED BY THE W.H.O./EURO OFFICE TO IMPROVE PROMOTE AND ENHANCE THE CAPABILITY OF JOURNALISTS THROUGHOUT EUROPE TO SERVE AS AN EXTENSION OF W.H.O. IN COMMUNICATING ABOUT HEALTH. APPROXIMATELY ONE-HALF OF THE 130 PARTICIPANTS WERE FROM THE BALTIC STATES, CENTRAL AND EASTERN EUROPE AND RUSSIA. USAID SUPPORTED PROJECTS THROUGH THE AMERICAN INTERNATIONAL HEALTH ALLIANCE PARTNERSHIP PROGRAM WERE HIGHLIGHTED IN ONE PROGRAM SEGMENT AS EXAMPLES OF GOOD WORK THAT MERITS ATTENTION BY JOURNALISTS. HEALTH COMMUNICATIONS OFFICIALS FROM OTHER W.H.O. REGIONAL OFFICES PARTICIPATED WITH A VIEW TOWARD UNDERTAKING SIMILAR EFFORTS WITH THE MEDIA IN THEIR REGIONS. END SUMMARY.

2. MISSION'S HEALTH ATTACHE, LINDA VOGEL, PARTICIPATED IN A WORKSHOP AT THE W.H.O. EUROPEAN REGIONAL OFFICE IN COPENHAGEN ON DECEMBER 8-10, 1999, ON "HEALTH REPORTING 2000," AN EVENT ASSOCIATED WITH STRENGTHENING THE W.H.O. EUROPEAN HEALTH COMMUNICATION NETWORK. HEALTH ATTACHE PARTICIPATED ON A PANEL REPRESENTING COUNTRIES WHICH COOPERATE ACTIVELY WITH COUNTRIES IN THE REGIONAL IN THE HEALTH ARENA. IN ADDITION, THIS MEETING PROVIDED AN OPPORTUNITY FOR HEALTH ATTACHE TO TALK WITH A NUMBER OF JOURNALISTS, PARTICULARLY FROM THE BALTIC STATES, CENTRAL AND EASTERN EUROPEAN COUNTRIES AND RUSSIA TO LEARN ABOUT THEIR VIEWS AND INTERESTS ON HEALTH REPORTING AND COMMUNICATION. MOST OF THE PARTICIPATING JOURNALISTS WERE RELATIVELY YOUNG AND ARE JUST "CUTTING THEIR TEETH" IN THE AREA OF HEALTH REPORTING AND COMMUNICATION. THEIR PERSONAL PROFESSIONAL OBJECTIVES RANGED FROM WANTING TO IMPROVE PEOPLE'S HEALTH BY PROVIDING THE PUBLIC WITH INFORMATION THAT

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INDIVIDUALS COULD APPLY IN THEIR DAILY LIVES TO INVESTIGATIVE JOURNALISM ON SUCH ISSUES AS FOOD HANDLING PRACTICES, PHARMACEUTICAL AVAILABILITY, STANDARDS OF CARE AND THE LIKE.

----- BACKGROUND ON EHCN -----

3. THE EHCN WAS ESTABLISHED BY THE W.H.O. EURO OFFICE IN 1997. IT CURRENTLY HAS APPROXIMATELY 1,200 MEMBERS IN THE 51 COUNTRIES OF THE W.H.O. EUROPEAN REGION. THE PURPOSES OF THE NETWORK ARE TO:

- RECOGNIZE AND PROMOTE AWARENESS OF THE IMPORTANCE OF HEALTH COMMUNICATION;
- BRING COMMUNICATION PROFESSIONALS MORE CENTRALLY INTO THE HEALTH SECTOR AND IMPROVE THE RELATIONSHIP BETWEEN HEALTH PROFESSIONALS, GOVERNMENT AND MEDIA, PARTICULARLY TELEVISION;
- MAKE HEALTH INFORMATION AVAILABLE THROUGH THE MEDIA WHICH IS ETHICALLY AND SCIENTIFICALLY SOUND, RELEVANT TO CURRENT HEALTH CONCERNS, RELIABLE AND UNDERSTANDABLE BY TARGET AUDIENCES.

4. THE EHCN IS SEEKING TO FOCUS ON FIVE GROUPS OF HEALTH COMMUNICATIONS. THESE ARE: POLICY COMMUNICATORS, PUBLIC HEALTH EDUCATORS, ADVOCATES, ADVERTISING AGENCIES AND MEDIA. THESE GROUPS ARE SEEN NOT ONLY AS USERS OF THE EHCN BUT ALSO AS KEY CONTRIBUTORS. THE EHCN, THROUGH WORKSHOPS SUCH AS THE DECEMBER WORKSHOP IN COPENHAGEN, IS DESIGNED TO SHARE EXPERIENCE AND RESOURCES AND TO SUPPORT THE DEVELOPMENT OF HEALTH AND ENVIRONMENT COMMUNICATION CAPACITIES.

5. ACTIVITIES SINCE THE CREATION OF THE EHCN IN 1997 HAVE INCLUDED:

- NATIONAL NETWORK BUILDING IN KYRGYSZSTAN, MOLDOVA GEORGIA, ARMENIA AND UZBEKISTAN. THIS EFFORT HAS FOCUSED ON HEALTH REFORM, PRIMARY HEALTH CARE AND HEALTHY LIFESTYLE ISSUES.
- CITY-BASED ACTIVITIES IN GERMANY AND FRANCE FOCUSED ON REDUCING TOBACCO DEPENDENCE;
- THE FIRST W.H.O. HEALTH 21 MEDIA AWARD (1999) WHICH DREW 170 ENTRIES OF PUBLIC SERVICE ANNOUNCEMENTS AND DOCUMENTARIES ON HEALTH SUBJECTS;
- THE PUBLICATION OF THE EHCN NETWORK NOTE, SUCH IS A NEWSLETTER PUBLISHED IN ENGLISH AND RUSSIAN FROM THE REGIONAL OFFICE (DISTRIBUTED IN HARD COPY AND AVAILABLE ON WWW.WHO.DK).
- TWELVE VIDEO NEWS RELEASES AND NINE PUBLIC SERVICES ANNOUNCEMENTS ON HEALTH-RELATED SUBJECTS WHICH WERE PRODUCED AND DISTRIBUTED THROUGH THE NETWORK DURING 1999.
- SUPPORT TO JOURNALISTS AND NEWS/COMMUNICATIONS ORGANIZATIONS FROM CENTRAL AND EASTERN EUROPE IN THEIR MEDICAL COVERAGE OF MAJOR PUBLIC HEALTH EVENTS SUCH AS WORLD NO-TUBERCULOSIS DAY, THE THIRD MINISTERIAL CONFERENCE ON ENVIRONMENT AND HEALTH HELD IN LONDON.
- COLLABORATION WITH BBC WORLD SERVICE, ASSOCIATED PRESS TELEVISION NEWS AND THE INTERNATIONAL PRESS INSTITUTE TO DEVELOP A RADIO BROADCAST SERIES ON HEALTHY LIFESTYLES (ROMANIA AND UZBEKISTAN) TO HOLD CAPACITY BUILDING WORKSHOPS AND TO

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UTILIZE SATELLITE DISTRIBUTION.

DEC. 1999 WORKSHOP - COPENHAGEN

6. THE COPENHAGEN WORKSHOP WAS PLANNED, ORGANIZED AND IMPLEMENTED BY DR. FRANKLIN APFEL, AN AMERICAN, WHO IS DIRECTOR OF COMMUNICATIONS AND PUBLIC AFFAIRS IN THE W.H.O./EURO OFFICE. THE MEETING WAS A COMBINATION OF PLENARY AND OPEN SPACE SESSIONS. THE PANEL SESSIONS WERE EXCELLENT, WITH GOOD TOPICS AND KNOWLEDGEABLE SPEAKERS FROM A BROAD RANGE OF ORGANIZATIONS. EXPERTS FROM W.H.O. HEADQUARTERS AND FROM THE REGIONAL OFFICE SPOKE ON: THE W.H.O. TOBACCO FREE INITIATIVE, INFECTIOUS DISEASES, ENVIRONMENTAL HEALTH, HEALTH PROMOTION/DISEASE PREVENTION, HEALTH LITERACY, HIV/AIDS, HEALTH REFORM, MATERNAL AND CHILD HEALTH AND OTHER TOPICS.

7. DIRECTORS OF COMMUNICATION FROM FOUR OTHER W.H.O. REGIONAL OFFICES (AFRICA, WESTERN PACIFIC, AMRO, MIDDLE EASTERN) PARTICIPATED. HEALTH ATTACHE SPOKE WITH EACH OF THESE DIRECTORS WHO ALL ASSERTED THAT THEY WOULD DRAW ON THE W.H.O./EURO INITIATIVE EXPERIENCE TO STRENGTHEN WORK WITH THE MEDIA IN THEIR RESPECTIVE REGIONS.

8. MEDIA ORGANIZATIONS WHICH WERE REPRESENTED WERE: PHENOMENA STUDIO, ZAGREB; UZBEK TELERADIO COMPANY, TASHKENT; AGENCE FRANCE-PRESSE, COPENHAGEN; LATVIA INDEPENDENT TELEVISION; LIETUVOS SVEIKATA (HEALTH OF LITHUANIA): OBNTV, SARAJEVO; IZVESTIA, MOSCOW; ALISEI COMUNICAZIONE SRL, MILAN; INTERNATIONAL VENTURES AND CORPORATE COMMUNICATION, ROME; STATE NEWS AGENCY, TURKMEN PRESS, ASHGABAT; QUESTION SANTE, BRUSSELS; VESTNIK ZDOROVYIY OBRAZ GHIZNI, MOSCOW; ZDOROVJE MAGAZINE, MOSCOW; ONASA INDEPENDENT NEWS AGENCY, SARAJEVO; COMMONHEALTH MAGAZINE, AMERICAN INTERNATIONAL HEALTH ALLIANCE (A USAID FUNDED ACTIVITY); MOBILE TELEVISION, SWEDEN; STUDIO 1 PLUS 1, KIEV; INVESTOR TV, ISTANBUL; ASIA PLUS INFORMATION AGENCY, TADJIKISTAN; RADIO GREEN WAVE, GEORGIA; BULLETIN OF THE MACEDONIAN DOCTOR, SKOPJE; DE NOORDISKE NYHEDSBUREAUER, DENMARK; THE ICELANDIC NURSING JOURNAL; CNBC, PARIS; KRGYZ STATE TB/RADIO CORPORATION; RADIO CLASSIC, POLAND BELARRUSSIAN NATIONAL STATE BROADCASTING; RADIO SLOVENIJA, SLOVENIA; MEDINSKI INFORMACIONI VESTNIK, ARMENIA; NEWSPAPER RUSSKY SEVER, VOLOGDA, RUSSIAN FEDERATION; THE FINANCIAL TIMES, LONDON; STATE NATIONAL TV OF AZERBAIJAN; WALL STREET JOURNAL EUROPE, BRUSSELS; PRAVDA VOSTOKA, UZBEKISTAN; CACAUSUS PRESS AND IZVESTIA, COPENHAGEN; STATE COMPANY TELERADIO, MOLDOVA; MTV EVENTS, SWEDEN; NURSING STANDARD JOURNAL, UK; ESTONIAN NATIONAL TV; PHOENIX TV INTERNATIONAL, U.K.; AND OTHERS.

9. IN ADDITION TO THE FOREGOING, PARTICIPANTS CAME FROM MINISTRIES OF HEALTH OF EUROPEAN COUNTRIES, MAJOR FOUNDATIONS (SOROS OPEN SOCIETY INSTITUTE, ROCKEFELLER, AND THE NUFFIELD TRUST); SEVERAL W.H.O. COLLABORATING CENTERS (E.G. THE CC IN POLAND FOR AN ACTION PLAN FOR A TOBACCO-FREE EUROPE); HEALTH PROJECTS DEEMED WORTHY OF MEDIA INTEREST (E.G. MAGEE WOMEN'S HOSPITAL, A USAID FUNDED PROJECT THROUGH THE AMERICAN INTERNATIONAL HEALTH ALLIANCE); AND ELSEWHERE. INTERNATIONAL BANKING INSTITUTES, INCLUDING THE WORLD BANK, ALSO PARTICIPATED.

10. THERE WERE A NUMBER OF PARTICIPANTS FROM THE U.S., INCLUDING A GROUP FROM CALIFORNIA SPEAKING ON TOBACCO AND HEALTH AND THE CALIFORNIA EXPERIENCE; THE ACADEMY FOR EDUCATIONAL DEVELOPMENT; AMERICAN INTERNATIONAL HEALTH

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ALLIANCE; AND MERCK AND COMPANY (HAD PROVIDED FUNDING FOR THE EVENT).

11. COMMENTS: THE WORKSHOP WAS VERY WELL ORGANIZED, THERE WAS EXCELLENT INTERACTION AMONG PARTICIPANTS, AND THE SUBSTANTIVE CONTENT WAS EXCELLENT. NOTWITHSTANDING THE LARGE SIZE OF THE GROUP, THE MEETING WAS ORGANIZED IN A MANNER THAT ASSURED MAXIMUM INTERACTION. PARTICIPANTS SAT AT ROUND TABLES OF FROM 6-8 PEOPLE. THEY WERE FREE TO MOVE TO OTHER TABLES THROUGHOUT THE MEETING WHICH THEY DID. THERE WERE GROUP TASKS, OPEN QUESTION AND ANSWER PERIODS; AND POSTER PAPER WITH QUESTIONS AND ISSUES ALONG THE WALLS, WHERE PARTICIPANTS WERE REPEATEDLY URGED TO WRITE THEIR VIEWS. THE LANGUAGES USED WERE ENGLISH AND RUSSIAN. ALTHOUGH THERE WAS SOME LANGUAGE GAP, IT WAS NOT GREAT; AND, THERE WERE OPPORTUNITIES FOR WESTERN AND EASTERN PARTICIPANTS TO TALK TOGETHER AND THEY DID. THE EVENT WAS CLEARLY A TOUR D'FORCE FOR DR. APFEL. HEALTH ATTACHE'S OBSERVATION WAS THAT THERE WAS GENUINE GRATITUDE, INDEED A SENSE OF WARMTH, PARTICULARLY AMONG THE PARTICIPANTS FROM CENTRAL AND EASTERN EUROPE AND THE NIS COUNTRIES FOR DR. APFEL'S LEADERSHIP AND WORK WITH THEM. A GREAT DEAL OF INFORMATION WAS EXCHANGED. THE PARTICIPANTS WERE, IN GENERAL, ENTHUSIASTIC.

12. HEALTH ATTACHE HAD NUMEROUS DISCUSSIONS WITH OTHER PARTICIPANTS OF ALL STRIPE. SHE WILL FOLLOW-UP ON A NUMBER OF CONTACTS. THIS INCLUDES, FOR EXAMPLE, CONNECTING HHS EXPERTS ON ALCOHOLISM WITH SWEDISH EXPERTS WHO ARE PLANNING FOR A LARGE CONFERENCE ON ALCOHOLISM AND PROVIDING INFORMATION TO EASTERN EUROPEAN JOURNALISTS ON A NUMBER OF ISSUES.

13. A NUMBER OF THE PARTICIPANTS FROM CENTRAL AND EASTERN EUROPE AND THE FORMER USSR WOULD BE EXCELLENT CANDIDATES FOR IV PROGRAMS IN THE AREA OF HEALTH JOURNALISM. TOGETHER WITH THE U.S. MISSION GENEVA'S PUBLIC AFFAIRS SECTION, WE WOULD BE HAPPY TO PROVIDE HIS IMFORMATION AND ADDRESSES TO U.S. EMBASSIES IN THEIR COUNTRIES OF RESIDENCE. END COMMENTS/OBSERVATIONS. END COMMENTS.

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