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COLLECTION:
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National AIDS Policy Office

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FOLDER TITLE:
Talking Points/Q&A [1]

2007-1550-F
kc1319

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

FOR SUSAN RICE
- EVERYTHING BUT THE
KITCHEN SINK VERSION

H:/STAFF/THUMAN/TLKPTS/
SUSAN RICE

AIDS in Africa
Talking Points

Epidemic Overview

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

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

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

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

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

Children

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

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

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

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[1] UNAIDS

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

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

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

Economic Impact

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

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

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

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

Labor

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

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

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

Uganda Railways has already lost 5,600 employees (10% of its workforce) to AIDS. It now has an AIDS-related labor turn over rate of 15% annually. In Zimbabwe, a major transportation

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company employing 12,000 workers found that by 1996, more than one-third were already positive. Major corporations are now hiring two employees for every one skilled job, assuming that one will die of AIDS.

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

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

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

US – Africa Partnership

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

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

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

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

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

Resources

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

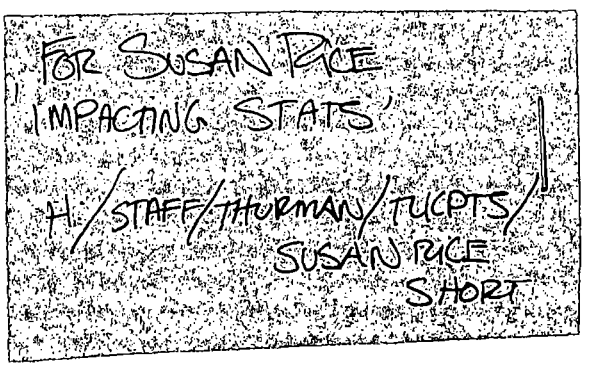
Since 1986 the United States government has contributed over $1 billion to the global fight against HIV/AIDS. More than 50% of those funds have been dedicated to sub-Saharan Africa. This year the United States will spend $76 million to combat HIV/AIDS in sub-Saharan Africa, including $7 million alone for children orphaned and affected by AIDS.

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

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

AIDS in Africa
Talking Points

- AIDS is now the leading cause of death among all people of all ages in Africa.
- More than 12 million people in Africa have already died, and another 22.5 million are now living with HIV/AIDS.
- Although the region contains only 10% of the global population, it accounts for 80% of AIDS deaths worldwide[1].
- AIDS buries more than 5,500 people a day in Africa and by 2005, the daily death toll is expected to reach 13,000. Over the next decade, AIDS will kill more people in sub-Saharan Africa than the total casualties lost in all wars of the 20th Century combined.
- Every day, an additional 11,000 people in Africa become HIV positive – one every 8 seconds.
- Since the World AIDS Day 1998 press conference, 325,000 people in South Africa alone have become infected.
- Three million children have already died of AIDS in Africa. Each year there are an additional 500,000 new infections among infants – nine out of every ten infants infected with HIV live in sub-Saharan Africa.
- During the next decade, more than 40 million children will be orphaned by AIDS in sub-Saharan Africa.
- In the coming decade, AIDS will double infant mortality (infants under the age of 1) in many sub-Saharan Africa countries and triple child mortality (children ages 1 to 5).
- In the coming decade, AIDS will reduce life expectancy in sub-Saharan Africa by 20 years, bringing life expectancy in South Africa from 60 years to 40, and in Malawi from 49 years to 29.
- AIDS is an economic issue. A recent study in Namibia estimated that AIDS cost the country almost 8% of GNP in 1996. Another analysis predicts that Kenya's GNP will be 14.5% smaller in 2005 than it would have been without AIDS, and the per capita income will be 10% lower.[2]
- AIDS is a security issue. The estimated HIV prevalence in the seven armies embroiled in the Congo range from 50% for Angolans to 80% in Zimbabweans. Recent reports confirm that 40% of South African military is already HIV positive.[3]



[1] UNAIDS
[2] The Economist
[3] The Economist

FOR MADELINE ALBRIGHT
'CHILDREN/FUNDING'
H:/STAFF/THURMAN/TLKPTS/
SECRETARY ALBRIGHT - NAACP

Talking Points
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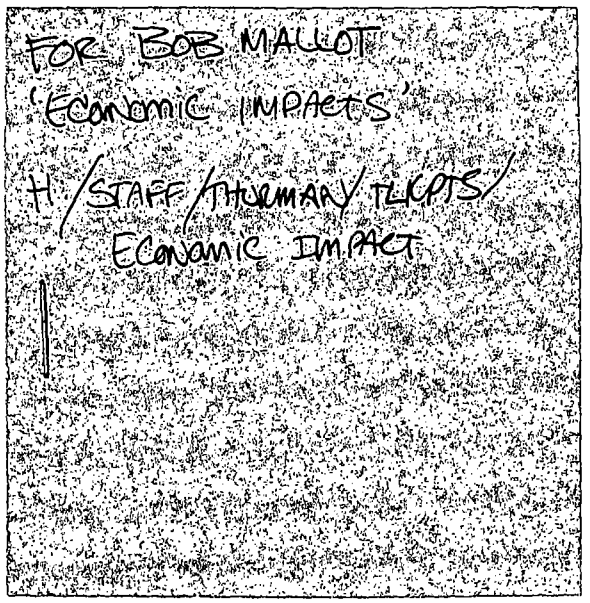
FOR BOB MALLOT
'ECONOMIC IMPACTS'
H/STAFF/THUMARY TLKPTS/
ECONOMIC IMPACT

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Education and Prevention

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

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Packet sent to Commerce File

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Lisa	Sarah for Sandy Thurman
COMPANY:	DATE:
	June 28, 1999
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
501-1262	9
PHONE NUMBER:	
482-0497	
RE:	
AIDS in Africa Talking Points	

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

NOTES/COMMENTS:

Hi Lisa –

Thanks for your patience on these! I've included a copy of Sandy's recent speech to the African African-American Conference in Ghana – there's some great info there. Please let me know if you need any additional information.

My direct line is (202) 395-1441; I can also be reached by page at (202) 672-9860. Hope these help!

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

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Remarks by Sandra Thurman
Director, Office of National AIDS Policy
Sixth Annual African African-American Summit

A little over one year ago, President Clinton came to Ghana to help Americans and Africans begin to see each other through new eyes. He was in fact the first American President ever to visit Ghana, and he came then, as we do now, to reach out to our brothers and sisters in Africa, and to create together a bold new partnership for the new millennium.

Beyond the old stereotypes and policies of paternalism, our shared vision is one of hope, of empowerment, of democracy, and of freedom. It is a vision of more than just compassion. It is a vision born of the realization that we are a global community with a shared destiny. And in this global community, both crisis and opportunity have no borders.

When President Clinton spoke here in Ghana he said:

> "We need partners to deepen the meaning of democracy in America, in Africa, and throughout the world. We need partners to build prosperity. And we need partners to live in peace."

Well today, I would like to add that we need partners to confront our global battle against AIDS. To win, we will need to wage this war together.

As Africa stands on a brink of a new day, a silent killer stalks.

As the United States and Africa build a new partnership for growth and opportunity, a silent killer stalks.

And as we work together to build a better future for our children and grandchildren, a silent killer stalks.

And that killer is AIDS.

My friends, the American family has AIDS. The African family has AIDS. Our global family has AIDS. And so, in a very real way, we are all living with AIDS -- and with no cure or vaccine in sight -- we will be living with AIDS for generations to come.

If we are determined to hold fast to our new vision for the 21st century -- we must commit today to join forces in an all-out war on a common enemy.

And that enemy is AIDS.

AIDS is a plague of biblical proportion, and it is claiming more lives than all armed conflicts waging around the world today. . . combined. While many of us have witnessed its devastation, it is almost impossible to grasp the grip that AIDS has on villages across this continent and on communities around the world.

Today and every day, here in Africa, AIDS buries more than 5,500 women, men, and children. And that number will more than double in the next few years. AIDS is now the leading cause of death among all people of all ages in Africa -- and among young adult African-American men in the United States.

And yet, the epidemic rages on. Each day, 11,000 people in Africa become HIV infected -- one every 8 seconds. Most of these new infections are among young people, under the age of 25. And by 2005, more than 100 million people worldwide will be HIV+.

In a host of different ways and from a variety of different vantage points, it is our children who are caught in the crossfire of this relentless epidemic, and who are crying out for our help. Our next generation is indeed in jeopardy.

In many communities throughout sub-Saharan Africa, AIDS has virtually wiped out parents and providers, leaving behind children and grandparents to care for each other.

In some countries, between one-fifth and one-third of all children have already been orphaned by AIDS. And the worst is yet come. Within the next decade more than 40 million children will be orphaned by AIDS -- 95% of whom will live in sub-Saharan Africa -- and this tragedy will continue to grow for at least another 30 years.

In just a few short years, AIDS has wiped out decades of hard work and steady progress in development -- and will soon double infant mortality, triple child mortality, and slash life expectancy by 20 years or more. In South Africa, from 60 to 40. In Zimbabwe, from 65 to 39. And in Zambia, from 56 to 37. And AIDS has had a devastating impact on economic growth -- striking down skilled workers in their prime and forcing many companies to hire two employees for every one job -- assuming that one will die of AIDS.

Yet amidst this tragedy is hope. Amidst this crisis is opportunity; the opportunity to empower women and men, to protect children, and to support families and communities in our battle against AIDS. In cities and villages across Africa, efforts are being made to stem the rising tide of HIV infection, to prolong the lives of those who are sick and to stitch together a tapestry of family support systems for the growing millions of children orphaned by AIDS.

Twice this year, I have visited South Africa, Uganda, and Zambia at the request of President Clinton. Together with leaders from Congress and the private sector, we came to bear witness to the AIDS emergency and to search for ways to enhance our understanding and support for sustainable solutions springing up across this vast continent.

During these trips, we were blessed to visit with some of the real heroes in the battle against AIDS. From Cape Town to Kampala, we were inspired by women, men, families, and communities who refused to give up or give in, despite the seemingly insurmountable odds.

Take Bernadette, a woman from a small village outside Masaka, Uganda.

Bernadette has lost 10 of her 11 adult children to AIDS. Today, at age 70, she is caring for her 35 grandchildren. With loans from a village banking system, she has begun growing sweet potatoes, beans, and maize, raising goats and pigs, and trading in fish, sugar, and cooking oil.

With the money she earns, she is now able to send 15 of her grandchildren to school, provide modest treatment for the 5 who are HIV+, and begin construction on a house big enough to sleep them all. In her spare time, she participates in an organization called "United Women's Effort to Save Orphans" -- founded by the first lady of Uganda, Mrs. Museveni -- linking in solidarity thousands of women allied in the same great struggle.

And these women are not alone. From the young people doing street theater in Lusaka to help educate their peers about how to prevent HIV, to the support groups in Soweto providing home and community based care for people living with AIDS -- communities are mobilizing and creating ripples of hope.

These are the faces of children and families living in a world with AIDS. And their spirit, their determination, and their resilience lead us on.

But we must remember, the tragedy of AIDS is not slowly nearing its end, it is just beginning to unfold. So as we struggle to move forward together -- the futures of these children and families compel us all to find ways to do better, to be smarter, to move faster, and to develop whatever capacity we lack, so we can gear up for the long haul.

Luckily, painful experience has taught us some valuable lessons, and we should take them to heart.

First, in reality, we are much more alike than we are different. And while we must celebrate our diversity -- there is much we can learn from each other.

Second, leadership matters.

While this war will depend on the valiant efforts of dedicated soldiers in communities worldwide, it cannot be won without leadership from the top. We learned this the hard way in the United States. Throughout the 1980s, a legion of volunteers fashioned a caring response to AIDS, while the government said nothing. With the leadership of President Clinton, we have made great strides -- but much more remains to be done.

Here in Africa, President Museveni has been a strong and effective AIDS leader. In partnership with communities and donor nations, Uganda has cut the rate of HIV by more than half -- and has organized model programs for HIV counseling and testing, and AIDS care and support. In Senegal too, early leadership and mobilization has kept their HIV prevalence low. In the final analysis -- there is simply no substitute for real and committed leadership.

Third, this fight requires an investment -- of time, energy, and resources.

Fourth, we pay a heavy price for the stigma that surrounds AIDS.

We must lift the shroud of secrecy that surrounds AIDS, so that individuals and families living with AIDS will no longer be forced to suffer in silence. For years in America, AIDS remained underground, and people living with AIDS lost their jobs, their homes, their health insurance and their dignity to the fear mongering and finger pointing of others. Leadership, education, and expansion of civil rights laws can help to bring AIDS into the light, where it can be seen and combated. For Gugu Dlamini, the 36 year old mother in South Africa who was stoned to death by her neighbors for going public with her HIV status, and for the many others too afraid to seek help -- together -- we must learn to fight AIDS not people with AIDS.

Fifth, this battle will be won or lost at the community level. This is as true in Detroit as it is in Durban.

And finally, partnerships among all sectors are essential. AIDS is not just a health problem -- it is a development problem, a trade problem, a democracy and civil society problem, a security problem.

AIDS is everyone's problem -- and everyone must be part of the solution.

Much has been written and said about each of these lessons -- and about what we need to do turn the tide of this epidemic. It is now time for us to move from paper to practice -- and from words to deeds.

Together, we must find ways to affirm that we are a global community and our battle against AIDS in America, in Africa, and around the world is a shared responsibility.

Together, we must join our voices and pool our skills and our resources to begin to keep pace with an epidemic that is out of control.

And together we must push past denial and blame and inevitability -- and toward a sense of real solidarity symbolized by shared commitment, collaboration, and constructive action.

Remember the charge of Reverend Martin Luther King, Sr.:

> "Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly."

Can there be any greater injustice than to have a preventable and increasingly treatable disease and to fail to find ways to do what we can to save lives? I think not.

This is a time of great challenge. The destiny of millions of people hangs in the balance. The future of our children, our grandchildren, and theirs, hangs in the balance. I pray that each of us can leave this Summit more confident in our commitment, more invigorated by our new partnership, and more energized by our determination to doing everything that we can do to win the battle against AIDS.

Let me close with the words of Frederick Douglas, another great African-American civil rights leader:

> "It is not light that is needed, but fire; it is not the gentle shoulder, but thunder. We need the storm, the whirlwind, and the earthquake. The feeling must be quickened and the conscience must be roused."

Let us commit together to not squander the loss of the nearly 14 million people around the world we have lost to AIDS, but instead build from this tragedy a foundation for hope, a legacy of compassion, and a partnership forged by our shared struggle.

Let us wage this holy war together -- and let's win.

Thank you and god bless you.

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OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Lisa	FROM: Sarah for Sandy Thurman
COMPANY:	DATE: June 28, 1999
FAX NUMBER: 501-1262	TOTAL NO. OF PAGES INCLUDING COVER: 9
PHONE NUMBER: 482-0497	
RE: AIDS in Africa Talking Points	

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

NOTES/COMMENTS:

Hi Lisa –

Thanks for your patience on these! I've included a copy of Sandy's recent speech to the African African-American Conference in Ghana – there's some great info there. Please let me know if you need any additional information.

My direct line is (202) 395-1441; I can also be reached by page at (202) 672-9860. Hope these help!

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Yuri Tadesse	Sandy Thurman
COMPANY:	DATE:
	July 9, 1999
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
728-1192	2
PHONE NUMBER:	
RE:	

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

NOTES/COMMENTS:

Here are the talking points we spoke of- please call me when you have a minute.

Many thanks!

Sandy

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

Talking Points

- AIDS in Africa is a crisis of incredible magnitude. Each day 5,500 people in Africa die of AIDS and another 11,000 become infected. Families are being shattered, development gains are being wiped out, and economies are being pushed to the brink.

- The US response to this emergency falls far short of the need. While the AIDS pandemic in Africa has exploded, the USAID global AIDS program has remained flat funded throughout your Administration at a measly $125 million. We have found billions for Kosovo – surely we can find more for the tens of millions in Africa caught in the path of this deadly pandemic.

- To ensure your new partnership with Africa, you must take bold and decisive action to save millions of lives. With that in mind, two important steps must be taken immediately:

  - **You should amend the FY2000 budget request to provide a $100 million increase in the global AIDS effort immediately.**

  - **We should double the USAID global AIDS budget over the next two years to begin to keep pace with the growing crisis.**

- I am pleased to join the entire Congressional Black Caucus and more than 100 national and international organizations that have called for this vitally important action. This is your time – this is your legacy. I urge you to act now and act boldly. Millions of lives hang in the balance.

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Jim

FROM: Sandy

COMPANY:

DATE: June 30, 1999

FAX NUMBER 456 9500

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

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

NOTES/COMMENTS:

Let me know if you have any questions or need additional information —

Thanks so much!

P.S. We need this call made sooner than later - the OMB folks are meeting with Jack ten Barrera

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

Talking Points on
AIDS in Africa Initiative

- AIDS in Africa is a crisis of incredible magnitude. Each day 5,500 people in Africa die of AIDS and another 11,000 become infected. Families are being shattered, development gains are being wiped out, and economies are being pushed to the brink.

- Leadership and investment can and has helped to turn the tide. The US invested $46 million over the last decade in the battle against AIDS in Uganda, and as a result, the rate of HIV infection has been cut in half. This is a success story that desperately needs repeating. Unfortunately, the rate of HIV infection has more than tripled in South Africa in the same amount of time.

- Our response to this emergency falls far short of the need. While the AIDS pandemic in Africa has exploded, the USAID global AIDS program has remained flat funded since 1993. We may be the largest donor on a per dollar basis, but the US ranks 9th in spending as a percentage of GNP.

- This is a historic moment and we have a historic opportunity to take concrete action to save millions of lives. With that in mind, two important steps must be taken immediately:

  - **We should double the USAID global AIDS budget over the next two years. FY1999 funding is $125 million and should be increased to $250 million by FY2001.**

  - **We should amend the FY2000 budget request to provide a $100 million increase in the global AIDS effort with $50 million for USAID (at least $25 million in new money) and $50 million from other agencies (HHS, DoD, Treasury, Commerce, Labor – which could be found within their FY2000 budget requests).**

- The entire Congressional Black Caucus and more than 100 national and international organizations have called for this vitally important action. While a select few activists have harshly criticized the Administration, especially the VP, on the issue of compulsory licensing – the sooner we put this issue in the context of our broader AIDS in Africa initiative, the better.

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Melanie Bixby

FROM: Cheryl Bauerle

COMPANY:

DATE: 7/13/99

FAX NUMBER: 736-4872

TOTAL NO. OF PAGES INCLUDING COVER: 2

PHONE NUMBER: 537-3268

RE:

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

NOTES/COMMENTS:

Pls. call me if you have any questions. (456-2959)

Cheryl

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

T/O Meryl Doupe 456 2459

FOR SUSAN RICE SPEECH.
07/12/99

As of World AIDS Day, December 1, 1998, 11.5 million persons had died of AIDS in sub-Saharan Africa. As of July13, another 1.3 million more people will have died of HIV/AIDS in sub-Saharan Africa (5600 funerals per day)

34 million had become infected with HIV as of World AIDS Day, December 1, 1998, in sub-Saharan Africa. As of July 13, 1999, another 2.5 million more people have become infected.

(Safe to say JULY 21ST)

At this rate 25 million will be dead from AIDS by 2005 in sub-Saharan Africa and a cumulative total of over 56 million people will have become infected with HIV in sub-Saharan Africa by 2005.

USAID Funding for sub-Saharan Africa:
FY 98 = $67 million
FY 99 = $74 million (plus $ 7 million of Supplemental Funding for Children Affected by HIV)
FY 00 = requested $77 million

As for the 2001 request, USAIDAfrica Bureau has placed an initial request for $87 million. However, in order to bring the total sum expended in SS Africa to the targeted $300 million, a sum of $100 million from the USG would probably be a more appropriate request.

Paul DeLay
USAID
202 712 0683
F. 7360-
4872

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*** TX REPORT ***
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TRANSMISSION OK

TX/RX NO	0017
CONNECTION TEL	
CONNECTION ID	
ST. TIME	07/13 14:33
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PGS.	2
RESULT	OK

To: Paul Dclay
~~216-3046~~ 216-3702

Cheryl S. Bauerle
07/12/99 04:16:23 PM

Record Type: Record

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

cc:
Subject: Re:

Forwarded by Cheryl S. Bauerle/OPD/EOP on 07/12/99 04:16 PM

Melanie June Bixby <bixbym@erols.com>
07/07/99 05:35:45 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: Re:

Cheryl - It Worked! Here are the statistics that Susan Rice is looking for for a powerpoint presentation to the Secretary, which only concerns SubSaharan Africa:

- _____ had died as of national AIDS day in SSAfrica this year (date?), and As of July 21 (day of presentation), _____more people have died of HIV/AIDS in SSAfrica(_____ funerals/day)
- _____ had become infected as of national AIDS day in SSAfrica/or, in 1998. As of July 21, _____ more people have become infected
- at this rate (or if you have it, projected rates), _____ people will be dead by 2005 and _____ people infected.(____ funerals/day) in SSAfrica

How much USAID funding for HIV/AIDS in FY 98, 99, 00 for SSAfrica?

[the 74 million figure you are using for 98 include USAID funds in addition to AFR bureau funds (USAID Global Health Center)? The number they gave me for FY 00 was 56m and 01 projected at 70m these are AFR bureau funds only).]

What level does Sandy want for SSA in 2001, regardless of what USAID is talking about? SER wants that figure on her slide and wants to explain that we want to go to congress for this as extra money - not as a raid on AID's other programs.

That should do it. I have enough from the other materials that you gave me to paint a grim picture.

Please email your answers to me at this same address with a copy to my address at state: bixbym@africabure.us-state.gov

Thanks for your assistance! Melanie Bixby 647-7373 state/363-0871 home work phone

-----Original Message-----
From: Cheryl_S._Bauerle@opd.eop.gov <Cheryl_S._Bauerle@opd.eop.gov>
To: bixbym@erols.com <bixbym@erols.com>
Date: Wednesday, July 07, 1999 4:43 PM

>hope you get this-
>
>Cheryl
>
>
>

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Justin Leites	Sarah for Sandy Thurman
COMPANY:	DATE:
Dept. of State/Secretary's Office	June 30, 1999
FAX NUMBER:	TOTAL NO OF PAGES INCLUDING COVER:
736-7687	10
PHONE NUMBER:	

RE: AIDS in Africa Talking Points

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

NOTES/COMMENTS:

Hey Justin – Here are the requested talking points. I think we've pretty much covered all the issues and statistics you were interested in. In addition, we've included an Africa facts sheet and a current speech regarding AIDS in Africa that Sandy made at the Fifth African African-American Summit in Accra, Ghana. Please give me a call if you need any additional information. Good luck!

Sarah

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

Talking Points
AIDS in Africa

Epidemic Overview

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

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

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

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

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

Children

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

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

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

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

---

[1] UNAIDS
[2] US Bureau of Census, World Population Reports, 1998.
[2] Global Health Council.
[4] Children's statistics have been taken from the 1997 USAID Report, Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS".

US – Africa Partnership

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

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

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

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

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

Resources

Since 1986 the United States government has contributed over $1 billion to the global fight against HIV/AIDS. More than 50% of those funds have been dedicated to sub-Saharan Africa. This year the United States will spend $76 million to combat HIV/AIDS in sub-Saharan Africa, including $7 million alone for children orphaned and affected by AIDS.

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

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

AIDS in Africa is a Serious Crisis

But Opportunities Exist for Helping to Save Millions of Lives

AIDS IN SUB-SAHARAN AFRICA IS SHATTERING FAMILIES AND COMMUNITIES.

- In many countries in southern Africa, between 16% (South Africa) and 26% (Zimbabwe) of the adult population (15 to 49) is already HIV+.
- UNAIDS has declared HIV/AIDS in Africa "the worst infectious disease catastrophe since the bubonic plague." In sub-Saharan Africa, each and every day more than 11,000 additional people become HIV+. In South Africa alone, at least 1,500 people a day become HIV+, 1,000 of whom are under the age of 20.
- 83% of all AIDS deaths to date, nearly 12 million people, have been in sub-Saharan Africa.
- There are over 5,500 AIDS related funerals a day in Africa. That number will rise to 13,000 a day by 2005.
- By 2010, more than 40 million children worldwide will be orphaned by AIDS; 95% in sub-Saharan Africa.

AIDS IS WIPING OUT DECADES OF PROGRESS ON A HOST OF DEVELOPMENT OBJECTIVES IN SUB-SAHARAN AFRICA.

- According to US Census Bureau, AIDS has already reduced life expectancy Zimbabwe from 65 to 39 years, in Uganda from 54 to 43 years, and in Zambia from 56 to 37years. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 60 to 40 years.
- In the coming decade, AIDS will double infant mortality (infants under the age of 1) in many sub-Saharan Africa countries and triple child mortality (children ages 1 to 5).

AIDS IS NOT ONLY CAUSING UNFATHOMABLE HUMAN SUFFERING IT IS JEOPARDIZING THE ECONOMIES, THE STABILITY, AND CIVIL SOCIETY OF MANY SUB-SAHARAN AFRICAN NATIONS.

- AIDS is a trade and investment issue. At the recent meeting with African trade and finance ministers, Professor Jeffrey Sachs, director of the Harvard Institute for International Development, stated that, "a frontal attack on AIDS in Africa may now be the single most important strategy for economic development."
- According to *The Economist*, a recent study in Namibia estimated that AIDS cost the country almost 8% of GNP in 1996. Another analysis predicts that Kenya's GNP will be 14.5% smaller in 2005 than it would have been without AIDS, and the per capita income will be 10% lower.
- A report released by the World Bank last week states: "The question is, will this pandemic destroy the developing nations' hard earned economic gains or will governments get their act together in time? Clearly time is running out."
- AIDS has hit professionals hard in sub-Saharan Africa, particularly civil servants, engineers, teachers, miners, and military personnel. According to one study in Kigali, Rwanda, 34% of people with post-secondary education were HIV positive, compared to 18% of those with primary education, and civil servants were more than three times more likely to be HIV positive than farmers. Increased benefits and training costs, and disruption due to sick and bereavement leave are seriously affecting both the private and public sectors. Companies like British Petroleum and

Barclay Bank told us that they are now hiring two employees for every one skilled job, assuming that one will die of AIDS.

- AIDS is a security issue. According to the Economist, "the estimated HIV prevalence in the seven armies embroiled in the Congo range from 50% for the Angolans to 80% in Zimbabweans". Recent reports confirm that 40% of the South African military is already HIV positive. US military officials have raised this as a serious stability concern.
- A South African anti-crime institute has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. Without appropriate intervention, many of the 2 million children projected to be orphaned by AIDS in South Africa will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs for survival. This not only effects social stability but also dramatically increases their risk of HIV.

DETERMINED LEADERSHIP AND PARTNERSHIPS HAVE MADE, AND ARE CONTINUING TO MAKE, AN EXTRAORDINARY DIFFERENCE, SAVING MILLIONS OF LIVES.

- Uganda has been the world leader in demonstrating that even a country with limited resources and low levels of literacy could turn the tide on a burgeoning epidemic. President Museveni demonstrated bold leadership early on, making every government ministry take the problem seriously, and develop and implement its own plan for reducing stigma and transmission, and caring for those who become sick.
- Uganda has created an enabling environment for donors, such as the US, to be active partners in the battle against AIDS. The US has invested $46 million in HIV prevention and care in Uganda (26% of all donor AIDS funding), and as a result, HIV rates have been slashed by more than half. Through stigma reduction, education, HIV counseling and testing, treatment of STDs, and community based HIV care and support, Uganda has begun to turn the tide.
- Countries such as Zambia, Malawi, Uganda, and Kenya have begun to develop initiatives to respond to the growing number of children orphaned by AIDS. In the longstanding African tradition, communities are finding creative ways to support the village in its efforts to raise its children, but the growing number of orphaned children already overwhelms many of these villages.
- Through micro-finance programs like FINCA (Foundation for International Community Assistance), women are receiving loans, starting small businesses, and with increased household incomes, taking in children orphaned by AIDS. With support of non-governmental organizations, communities are coming together to deal with school fees, nutritional assistance, immunization and oral hydration, counseling, and the range of other needs that arise for orphaned children. These efforts are low cost strategies designed to empower women, protect children, and support extended families and communities in carrying for their own. For a small fraction of the cost of one orphanage bed an entire community of vulnerable children can receive care. The problem is that only a very small number of children receive even this modest level of support.

Remarks by Sandra Thurman
Director, Office of National AIDS Policy
Sixth Annual African African-American Summit

A little over one year ago, President Clinton came to Ghana to help Americans and Africans begin to see each other through new eyes. He was in fact the first American President ever to visit Ghana, and he came then, as we do now, to reach out to our brothers and sisters in Africa, and to create together a bold new partnership for the new millennium.

Beyond the old stereotypes and policies of paternalism, our shared vision is one of hope, of empowerment, of democracy, and of freedom. It is a vision of more than just compassion. It is a vision born of the realization that we are a global community with a shared destiny. And in this global community, both crisis and opportunity have no borders.

When President Clinton spoke here in Ghana he said:

> "We need partners to deepen the meaning of democracy in America, in Africa, and throughout the world. We need partners to build prosperity. And we need partners to live in peace."

Well today, I would like to add that we need partners to confront our global battle against AIDS. To win, we will need to wage this war together.

As Africa stands on a brink of a new day, a silent killer stalks.

As the United States and Africa build a new partnership for growth and opportunity, a silent killer stalks.

And as we work together to build a better future for our children and grandchildren, a silent killer stalks.

And that killer is AIDS.

My friends, the American family has AIDS. The African family has AIDS. Our global family has AIDS. And so, in a very real way, we are all living with AIDS -- and with no cure or vaccine in sight -- we will be living with AIDS for generations to come.

If we are determined to hold fast to our new vision for the 21st century -- we must commit today to join forces in an all-out war on a common enemy.

And that enemy is AIDS.

AIDS is a plague of biblical proportion, and it is claiming more lives than all armed conflicts waging around the world today. . . combined. While many of us have witnessed its devastation, it is almost impossible to grasp the grip that AIDS has on villages across this continent and on communities around the world.

Today and every day, here in Africa, AIDS buries more than 5,500 women, men, and children. And that number will more than double in the next few years. AIDS is now the leading cause of death among all people of all ages in Africa -- and among young adult African-American men in the United States.

And yet, the epidemic rages on. Each day, 11,000 people in Africa become HIV infected -- one every 8 seconds. Most of these new infections are among young people, under the age of 25. And by 2005, more than 100 million people worldwide will be HIV+.

In a host of different ways and from a variety of different vantage points, it is our children who are caught in the crossfire of this relentless epidemic, and who are crying out for our help. Our next generation is indeed in jeopardy.

In many communities throughout sub-Saharan Africa, AIDS has virtually wiped out parents and providers, leaving behind children and grandparents to care for each other.

In some countries, between one-fifth and one-third of all children have already been orphaned by AIDS. And the worst is yet come. Within the next decade more than 40 million children will be orphaned by AIDS -- 95% of whom will live in sub-Saharan Africa -- and this tragedy will continue to grow for at least another 30 years.

In just a few short years, AIDS has wiped out decades of hard work and steady progress in development -- and will soon double infant mortality, triple child mortality, and slash life expectancy by 20 years or more. In South Africa, from 60 to 40. In Zimbabwe, from 65 to 39. And in Zambia, from 56 to 37. And AIDS has had a devastating impact on economic growth -- striking down skilled workers in their prime and forcing many companies to hire two employees for every one job -- assuming that one will die of AIDS.

Yet amidst this tragedy is hope. Amidst this crisis is opportunity; the opportunity to empower women and men, to protect children, and to support families and communities in our battle against AIDS. In cities and villages across Africa, efforts are being made to stem the rising tide of HIV infection, to prolong the lives of those who are sick and to stitch together a tapestry of family support systems for the growing millions of children orphaned by AIDS.

Twice this year, I have visited South Africa, Uganda, and Zambia at the request of President Clinton. Together with leaders from Congress and the private sector, we came to bear witness to the AIDS emergency and to search for ways to enhance our understanding and support for sustainable solutions springing up across this vast continent.

During these trips, we were blessed to visit with some of the real heroes in the battle against AIDS. From Cape Town to Kampala, we were inspired by women, men, families, and communities who refused to give up or give in, despite the seemingly insurmountable odds.

Take Bernadette, a woman from a small village outside Masaka, Uganda.

Bernadette has lost 10 of her 11 adult children to AIDS. Today, at age 70, she is caring for her 35 grandchildren. With loans from a village banking system, she has begun growing sweet potatoes, beans, and maize, raising goats and pigs, and trading in fish, sugar, and cooking oil.

With the money she earns, she is now able to send 15 of her grandchildren to school, provide modest treatment for the 5 who are HIV+, and begin construction on a house big enough to sleep them all. In her spare time, she participates in an organization called "United Women's Effort to Save Orphans" -- founded by the first lady of Uganda, Mrs. Museveni -- linking in solidarity thousands of women allied in the same great struggle.

And these women are not alone. From the young people doing street theater in Lusaka to help educate their peers about how to prevent HIV, to the support groups in Soweto providing home and community based care for people living with AIDS -- communities are mobilizing and creating ripples of hope.

These are the faces of children and families living in a world with AIDS. And their spirit, their determination, and their resilience lead us on.

But we must remember, the tragedy of AIDS is not slowly nearing its end, it is just beginning to unfold. So as we struggle to move forward together -- the futures of these children and families compel us all to find ways to do better, to be smarter, to move faster, and to develop whatever capacity we lack, so we can gear up for the long haul.

Luckily, painful experience has taught us some valuable lessons, and we should take them to heart.

First, in reality, we are much more alike than we are different. And while we must celebrate our diversity -- there is much we can learn from each other.

Second, leadership matters.

While this war will depend on the valiant efforts of dedicated soldiers in communities worldwide, it cannot be won without leadership from the top. We learned this the hard way in the United States. Throughout the 1980s, a legion of volunteers fashioned a caring response to AIDS, while the government said nothing. With the leadership of President Clinton, we have made great strides -- but much more remains to be done.

Here in Africa, President Museveni has been a strong and effective AIDS leader. In partnership with communities and donor nations, Uganda has cut the rate of HIV by more than half -- and has organized model programs for HIV counseling and testing, and AIDS care and support. In Senegal too, early leadership and mobilization has kept their HIV prevalence low. In the final analysis -- there is simply no substitute for real and committed leadership.

Third, this fight requires an investment -- of time, energy, and resources.

Fourth, we pay a heavy price for the stigma that surrounds AIDS.

We must lift the shroud of secrecy that surrounds AIDS, so that individuals and families living with AIDS will no longer be forced to suffer in silence. For years in America, AIDS remained underground, and people living with AIDS lost their jobs, their homes, their health insurance and their dignity to the fear mongering and finger pointing of others. Leadership, education, and expansion of civil rights laws can help to bring AIDS into the light, where it can be seen and combated. For Gugu Dlamini, the 36 year old mother in South Africa who was stoned to death by her neighbors for going public with her HIV status, and for the many others too afraid to seek help -- together -- we must learn to fight AIDS not people with AIDS.

Fifth, this battle will be won or lost at the community level. This is as true in Detroit as it is in Durban.

And finally, partnerships among all sectors are essential. AIDS is not just a health problem -- it is a development problem, a trade problem, a democracy and civil society problem, a security problem.

AIDS is everyone's problem -- and everyone must be part of the solution.

Much has been written and said about each of these lessons -- and about what we need to do turn the tide of this epidemic. It is now time for us to move from paper to practice -- and from words to deeds.

Together, we must find ways to affirm that we are a global community and our battle against AIDS in America, in Africa, and around the world is a shared responsibility.

Together, we must join our voices and pool our skills and our resources to begin to keep pace with an epidemic that is out of control.

And together we must push past denial and blame and inevitability -- and toward a sense of real solidarity symbolized by shared commitment, collaboration, and constructive action.

Remember the charge of Reverend Martin Luther King, Sr.:

> "Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly."

Can there be any greater injustice than to have a preventable and increasingly treatable disease and to fail to find ways to do what we can to save lives? I think not.

This is a time of great challenge. The destiny of millions of people hangs in the balance. The future of our children, our grandchildren, and theirs, hangs in the balance. I pray that each of us can leave this Summit more confident in our commitment, more invigorated by our new partnership, and more energized by our determination to doing everything that we can do to win the battle against AIDS.

Let me close with the words of Frederick Douglas, another great African-American civil rights leader:

> "It is not light that is needed, but fire; it is not the gentle shoulder, but thunder. We need the storm, the whirlwind, and the earthquake. The feeling must be quickened and the conscience must be roused."

Let us commit together to not squander the loss of the nearly 14 million people around the world we have lost to AIDS, but instead build from this tragedy a foundation for hope, a legacy of compassion, and a partnership forged by our shared struggle.

Let us wage this holy war together -- and let's win.

Thank you and god bless you.

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649-9842

Justin Leites (Sec. Albright)

NAACP

13th long speech on Africa / decent chunk / hoping to look @ memo not for reprint / or distr. / up to date.

F 736-7687

- has briefing book / post trip
  Justin Leites
- want to understand magn. of problem
- if budget passed as now, if state dept. if budget cuts went through this is the impact

Rhetorically good statem on nphans

US policy about what we are doing + how that can be fruitful

more resources / impact of US help

or if there are limits

Kim Porte

copy of VPs statement on AIDS in Africa

NY 202/403-8379

State Senator Tom Duane

using it to defend

Terese

(b)(6)

TALKING POINTS
SANDY THURMAN

AIDS AS A DEVELOPMENT CRISIS: RETHINKING STRATEGIES AND RESULTS

✓ **Thank you. This meeting is very timely. All us agree that AIDS is having an unprecedented impact on Africa, its citizens, its institutions and structures, and on the very fabric of their societies. How do we respond to any country where up to a third of its population are infected?**

✓ **I commend USAID, other donors, NGOs, and all of you present on recognizing that this pandemic will NOT be solved by the health sector alone, or by any one sector.**

✓ **In East and Southern Africa in particular, we must deal with AIDS as a disaster and respond to it in kind. That requires that we all approach thinking about this issue and programming in a new way. This meeting will offer us an opportunity to begin thinking about how to do this. How will each of your sector's be affected? How can you respond? What needs to be done by countries? How can we help?**

✓ **The LIFE initiative, which I have led, will provide more resources to fighting this epidemic. The initiative calls upon new actors to get involved, such as the Department of Defense to work with African**

militaries. In addition, I understand that Vivian Derryck is developing a USAID Bureau for Africa policy that will require all USAID projects to include an HIV/AIDS component.

✓ Last year, I visited Africa twice, the second time leading a Presidential Mission to assess the impact of AIDS. Everywhere we went, I saw the devastation that AIDS was having on the population. No one was immune—not the civil servants in the cities nor the grandmother, who having lost 10 of her 11 children, was caring for 70 grandchildren.

✓ Businesses are hiring two to three employees for each position. Militaries and police forces are losing a high percentage of their forces in many countries. Civil servants are dying at young ages and rates often multiple times greater than just a few years ago. AIDS is a security issue, a trade issue, an economic issue, a social issue and MOST IMPORTANTLY a community issue. The AIDS battle will be won or lost at the community level.

✓ AIDS is also a slow disaster. It doesn't hit you all at one like a famine or a war. It takes time and we are now in the midst of an increasing curve. It will remain with us for some time.

✓ Stigma, denial are still issues and we must deal with it.

- ✓ **Acceptance of persons living with HIV/AIDS and creating a safe environment for these persons is vital to any programmatic success.**

- ✓ **From the White House perspective, what USAID and you are all launching today is precisely the direction we in the USG, and in partnership with our country, NGO and donor colleagues, need to go.**

Thank you.

Talking Points on
AIDS in Africa Initiative

- AIDS in Africa is a crisis of incredible magnitude. Each day 5,500 people in Africa die of AIDS and another 11,000 become infected. Families are being shattered, development gains are being wiped out, and economies are being pushed to the brink.

- Since the initial memo went to the President, 407,000 people have died, 814,000 have become infected and over 810,000 children have been orphaned by HIV/AIDS in Africa.

- Leadership and investment can and has helped to turn the tide. The US invested $46 million over the last decade in the battle against AIDS in Uganda, and as a result, the rate of HIV infection has been cut in half. This is a success story that desperately needs repeating. Unfortunately, the rate of HIV infection has more than tripled in South Africa in the same amount of time.

- Our response to this emergency falls far short of the need. While the AIDS pandemic in Africa has exploded, the USAID global AIDS program has remained flat funded since 1993. We may be the largest donor on a per dollar basis, but the US ranks 9th in spending as a percentage of GNP.

- This is a historic moment and we have a historic opportunity to take concrete action to save millions of lives. With that in mind, two important steps must be taken immediately:

  - **We should double the USAID global AIDS budget over the next two years. FY1999 funding is $125 million and should be increased to $250 million by FY2001.**

  - **We should amend the FY2000 budget request to provide a $100 million increase in the global AIDS effort with at least $50 million for USAID in new money and $50 million from other agencies (HHS, DoD, Treasury, Commerce, Labor) which could be found within their FY2000 budget requests.**

- The entire Congressional Black Caucus and more than 100 national and international organizations have called for this vitally important action. While a select few activists have harshly criticized the Administration, especially the VP, on the issue of compulsory licensing, the Administration has been hard at work for months on an AIDS in Africa initiative. The sooner we put this issue in the context of our broader AIDS in Africa initiative, the better.

- The Congress is moving on this, other nations are moving on this – we need to act now and act decisively if we are to lead the world in this vitally important effort.

HIV TESTING OF PREGNANT WOMEN

Issue

Legislation may be offered that would force pregnant women to be tested for HIV, even though a lower perinatal transmission rate in the United States is one of the success stories of this epidemic. Currently, Arkansas and Tennessee have the most stringent laws that require providers to test a pregnant woman as early as possible in her pregnancy or at the time of delivery unless she refuses. Michigan and Texas laws also mandate that providers test a woman for HIV unless she objects.

Talking Points

* Voluntary testing of pregnant mothers is working. Studies show that the acceptance rate of HIV testing among pregnant women is very high. A study published in Obstetrics and Gynecology found that 97% of pregnant women who receive counseling agree to be tested for HIV.

* The implementation of routine HIV counseling and voluntary testing of pregnant women, in addition to AZT use, has resulted in a dramatic decline in perinatal HIV transmission. From 1994 to 1997, the number of new pediatric AIDS cases related to perinatal HIV transmission fell 55%, and continues to decline.

* Mandatory testing policies potentially deter those women who are most at risk from seeking medical care. A study published in the May, 1998 Annals of Internal Medicine concluded that any potential benefits of mandatory HIV testing are outweighed by the risks of discouraging women from seeking prenatal care.

* The success that we are seeing in the prevention of perinatal transmission show that there is tremendous promise for reducing the number of infants who are HIV-positive. However, that promise will never be realized if measures are enacted that would discourage pregnant women from seeking prenatal care, or that would divert resources from providing these women, and their infants, with life-saving and life-extending care and services.

* A survey found that 90% of physicians support voluntary testing of pregnant women (JAMA July 24/31, 1996).

* Allocating funds for mandatory testing is a poor use of resources. Mandatory testing is expensive and ineffective. Resources are better spent by providing prenatal and postnatal care, which includes counseling and voluntary HIV testing, and access to appropriate care and treatment for HIV-infected mothers and their children.

* Organizations opposing mandatory testing of pregnant women and newborns for HIV include: American Academy of Pediatrics, Institute of Medicine, Committee on Prenatal and Newborn Screening for HIV Infection; American College of Obstetricians and Gynecologists Committee on Ethics, Opinion #130; Association of State and Territorial Health Officials and National Alliance of State and Territorial AIDS Directors; Community Family Planning Council; Family Planning Advocates of New York State.

MANDATORY HIV TESTING OF NEWBORN INFANTS

Introduction

Legislators may offer an amendment that would mandate HIV testing of newborns, even though a lower perinatal transmission rate in the United States is one of the success stories of the AIDS epidemic. Currently, New York State requires newborn testing. Indiana state law authorizes providers to test newborns for HIV if medically necessary, as does Florida, with the additional stipulation that parents must be unavailable for consent.

Talking Points

* The implementation of routine HIV counseling and voluntary testing of pregnant women, in addition to AZT use, has resulted in a dramatic decline in perinatal HIV transmission. From 1994 to 1997, the number of new pediatric AIDS cases related to perinatal HIV transmission fell 55 percent, and continues to decline. (See the CDC HIV/AIDS 1997 surveillance report.)

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* Testing newborns does not provide information about anything other than the mother's HIV status, since newborns have their mother's antibodies. In fact, although 75 percent of newborns born to HIV-infected mothers will test positive, only 25 percent are actually infected with HIV, according to a report published in the New England Journal of Medicine.

* Mandatory testing policies deter some pregnant women from seeking medical care. A study published in the May, 1998 Annals of Internal Medicine concluded that any potential benefits of mandatory HIV testing are outweighed by the risks of discouraging women from seeking prenatal care.

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MANDATORY PARTNER NOTIFICATION

Introduction

Legislators may offer an amendment that would mandate a federal partner notification system for contacting the sexual and needle-sharing partners of individuals who test positive for HIV. The rationale for this proposal is to prevent the spread of HIV.

Partner notification programs ask infected individuals ("the index case") to notify – or gain health department assistance in notifying – partners who may have been exposed to HIV through sexual or needle-sharing contact. These contacts are then notified of their possible exposure to HIV and are urged to seek counseling and testing for potential infection. There are generally three kinds of partner notification programs: (1) programs where the public health department counsels individuals to notify their partners on their own; (2) programs where the public health department offers to notify contacts for the individual; and (3) programs where a combination of these approaches are used.

Talking Points

* This amendment is unnecessary as states and localities are already required to have partner notification programs as a condition of receiving HIV prevention funds from the Centers for Disease Control and Prevention (CDC). In fact, all state health departments have voluntarily established partner notification programs since 1988. The CDC partner notification requirements provide states with tremendous latitude for tailoring their notification programs.

* Because partner notification activities are labor intensive, they are expensive and would likely divert resources from more effective means of HIV infection control, including expansion of HIV testing and counseling. According to the Center for AIDS Research, partner notification appears to be the most expensive prevention method.

* Mandatory partner notification programs might actually discourage women from seeking testing as partner notification has been shown to trigger domestic violence. A University of Maryland at Baltimore study revealed that nearly 25% of the health care provider participants reported female patients who experienced physical violence following disclosure of HIV status to a partner.

* States should be given the flexibility in designing partner notification programs that reflect the level of infection in given communities. A federal mandate would tie the hands of local public health officials from adopting programs most suited to their jurisdictions.

* Studies show that partner notification is an ineffective method for identifying individuals at risk for infection. A California study of HIV-infected drug users found that 63 percent of those interviewed said they would not reveal the correct names and addresses of their partners if asked. Sixty-nine percent identified social stigma and rejection as the most prevalent reasons for misrepresenting the names of their partners.

8th Congressional District San Francisco, California

Fax Transmission from the Washington Office of Congresswoman Nancy Pelosi

Phone #: 202/225-4965 **Fax #: 202/225-8259**

ATTENTION: Michael I. **DATE: March 1, 2000**

FROM: Scott Boule

# of Pages: 8
(Including cover page)

Message/Instructions:

I sent these by e-mail as well.

See you tomorrow!

MANDATORY NAMES REPORTING OF HIV-POSITIVE INDIVIDUALS

Issue

Legislators may offer an amendment that would require states to establish a system of mandatory reporting of the names and addresses of all individuals who test positive for HIV. Thirty-four states require HIV reporting by name. The Centers for Disease Control and Prevention (CDC) issued guidelines on December 9, 1999 instructing states to collect data on HIV cases with patient names or unique identifier codes attached, while maintaining anonymity. The rationale for this proposal is to improve the gathering of the surveillance data.

Talking Points

- No other disease is specifically required by federal mandate to be reported. A federal requirement that the names of persons testing positive for HIV be reported would be unprecedented. Massachusetts and Maryland are both having great success with non-name-based HIV surveillance systems. These programs are proving to be as effective as name reporting systems in terms of completeness of reporting, accuracy, and timeliness.

- The method of reporting that is most appropriate in a given state is a decision best left to the local health departments.

- Mandatory names reporting may discourage individuals from coming forward for counseling, testing, and early intervention services. The CDC recently funded one of the largest studies to date of states with names-based reporting systems, in which Dr. Dennis Osmond and colleagues at UCSF found that gay men delayed HIV testing in states with names-based reporting systems for fear of disclosure. Mandatory name reporting may also skew data if people travel out-of-state to be tested anonymously or if people provide false names to protect their confidentiality.

- Federal legislation mandating names-based reporting is remiss of growing national concerns about the privacy of medical information. The Clinton administration recently unveiled proposed rules to address privacy concerns, acknowledging that such concerns 'deter people from undergoing certain tests, including those for STDs.'

- Mandatory names reporting will not increase the number of people with HIV receiving early treatment. The lead author of a CDC funded study about names-based reporting, Dr. Osmond of UCSF, definitively stated, "The bottom line is that within the realm of public health issues about... getting people into care earlier, name reporting did not help public health departments."

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THE CRIMINALIZATION OF HIV TRANSMISSION

Issue

Representative Coburn may discuss an amendment that would make the transmission of HIV from one person to another a federal crime.

Talking Points

- There is no need for federal legislation to address this issue. Every state and the District of Columbia already have laws on the books that would allow the criminal prosecution of such an act. These laws have been effectively enforced in every known case where such a crime has bee alleged.

- States have existing criminal laws, such as laws against assault with a deadly weapon or assault with intent to kill, which could be used to prosecute a person who knowingly attempts to infect another with HIV.

- Creating a federal crime, that would be prosecuted by federal authorities and would be heard in federal courts, would deprive states of their traditional right to prosecute and enforce the criminal law, and would needlessly add to the overburdened federal court system.

- There is a long history in this country of allowing states to use their plenary powers to regulate for the health, welfare, and safety of their citizens. There is no reason for the federal government to usurp the state's rights to enact and enforce whatever laws a particular state deems necessary to ensure the health and safety of its citizens.

LEVELS OF AIDS FUNDING VS. OTHER DISEASES

Introduction

Some legislators believe that AIDS is getting a disproportionate share of research, prevention, and/or care funding in relation to the incidence of AIDS versus other diseases in the United States. There has been an increasing amount of concern expressed about the amount of funding AIDS receives, sometimes in comparison with other diseases, and there may be attempts to legislate lower amounts or to hold extended debate on specific AIDS programs in the Congress. This argument may arise during debate over FY 2001 appropriations.

Talking Points

Our nation should be committed to fighting all diseases. As a wealthy nation, we should sufficiently fund biomedical research, prevention, and the provision of services for all diseases. We should not pit one disease against another in the appropriations process. Last year, 2,000,000 Americans died from deadly diseases, more than all the wars in our nation's history. **AIDS is the world's deadliest infectious disease** with about 2.28 million deaths worldwide in 1998. With staggering infection rates internationally, AIDS is a disease that threatens to bring down entire nations.

The epidemic is far from over. Each year there are 40,000 new HIV infections in the United States. The Centers for Disease Control and Prevention (CDC) reported that AIDS deaths, which tumbled 42% in 1997 with the use of HAART therapy, fell only 20% in 1998. "The data tell us this is still an unstable epidemic," said Helen Gayle, director of the CDC's division on HIV prevention. The highly touted multi-drug therapies are beginning to fall short of their anticipated effectiveness. HIV quickly finds hiding places in the body that no current drug can attack. A Harris poll of over 1,200 adult Americans found that less than 5% think current HIV/AIDS treatments are adequate. Dr. Luc Montagnier, the co-discoverer of HIV, said "...an effective AIDS vaccine could take 20-30 years to develop if governments fail to encourage wider research."

HIV/AIDS is devastating communities of color. AIDS is the leading cause of death for African Americans aged 25 and 44. AIDS is the second leading cause of death among Latino Americans in the same age group. Without a committed investment to prevention and research, the rates of HIV infection and AIDS deaths will continue to ravage communities of color, and revisit the staggering numbers of a decade ago.

HIV/AIDS disproportionately affects younger Americans. Half of the 40,000 new infections each year occur in individuals below the age of 25. While other diseases may cause more deaths, AIDS kills the youngest, most productive members of our society.

AIDS Programs are Cost-effective and Make Beneficial Contributions to Society

Putting targeted dollars into care, prevention and research not only saves lives and alleviates suffering; it saves our country from incurring much greater costs down the road. **Every case of AIDS prevented through life-saving HIV/AIDS prevention and education services not only preserves productive human lives, it saves our society nearly $200,000 in care services needed for a single case of HIV infection.** Care and housing targeted for men, women and children with AIDS reduces exorbitant emergency costs and inpatient care. Research has already led to treatments that prolong health and will eventually lead to a cure and vaccine for AIDS.

AIDS research has become a gateway to the diagnosis and treatment of many diseases. Twenty-five percent of AIDS research funding is targeted to basic biomedical research that has universal relevance. "AIDS research brought an amazing level of scientific brain power...that has brought benefits way beyond HIV," said Jeffrey Levi, an AIDS policy analyst at the George Washington School of Public Health. For example, it has led to a new drug for hepatitis B, the leading cause of liver cancer worldwide, and for hepatitis C, a cause of chronic liver disease. The New York Times recently reported that scientists are close to entering clinical trials for genetic treatments for diseases such as cancer and hemophilia using what they know about HIV. Several drug companies are developing protease inhibitors for use in treating osteoporosis and heart disease. Medications which have been developed to combat the opportunistic infections which frequently attack people living with AIDS are now being utilized to fight these same conditions in individuals with advanced breast cancer as well as people who are immune-suppressed because of organ transplants, and severe autoimmune diseases.

Targeted care services protect our health care system from collapse. The addition of hundreds of thousands of seriously ill Americans has strained our already overburdened health care and social services systems. Targeted care services like those provided by the Ryan White CARE Act help ease this burden by providing appropriate early intervention and outpatient care. The availability of these services ensures that hospitals and community health centers can continue to address the other health care needs in their communities while people with HIV/AIDS receive services they need from providers with HIV expertise. For many people living with HIV/AIDS, the CARE Act is their only source of health care and social services.

HIV/AIDS programs have become innovative models. Programs such as CDC's recently instituted community planning process for HIV/AIDS prevention and the Ryan White CARE Act are cost-effective, locally-controlled public-private partnerships that target services to those most in need based on priorities determined by local communities.

Federal AIDS Funding is Not Higher Than That of Other Diseases

The perception that the federal government spends more money on AIDS than any other disease is false. For example, overall federal spending for heart disease and cancer in the two major federal health insurance programs – Medicaid and Medicare – is not tracked in the same fashion as AIDS. Therefore, it is misleading to include entitlement spending for AIDS to calculate aggregate disease spending, without including comparable figures for other diseases under entitlement programs. A greater effort has been made to closely monitor AIDS care expenditures because HIV/AIDS is a relatively new epidemic.

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OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Jim Babbet
FROM: Sandy Thurman
COMPANY:
DATE:
FAX NUMBER: 456-9500
TOTAL NO OF PAGES INCLUDING COVER:
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RE:

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

NOTES/COMMENTS:

1 Does this style work 2.
Any suggestions 2.

Thanks!

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NOTES/COMMENTS:

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Thanks!

Sandy

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Washington, DC 20503
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Draft Talking Points for the Vice President's Meeting with President Mbeki

- As you know, responding to the serious and growing global AIDS pandemic is a very high priority for the United States Government. It is for this reason that we sent a Presidential Mission to Africa to see first hand what is working and what more needs to be done. The delegation was pleased to make two trips to South Africa as part of this process.

- According to the UN, South Africa has the fastest growing HIV pandemic. With 1,600 new infections each and every day, South Africa now accounts for one out of every 10 new infections worldwide. Recent reports also state that AIDS costs South Africa 2% of its GNP each year. Together we must turn this tide if the dream of a fully free and flourishing South Africa is to be realized.

- To help meet this challenge, I was proud to unveil an Administration proposal to dramatically expand our efforts by investing an additional $100 million this year in the global battle against AIDS. This new funding would enable us to more than double our efforts in sub-Saharan Africa in four key areas including:
  - -- prevention (including HIV transmission from mother to child);
  - -- basic care and treatment;
  - -- support for children orphaned by AIDS; and
  - -- infrastructure and capacity development.

- But the United States Government cannot do this alone. That is why we are challenging our G-8 partners to match our increased investment. In addition, we are working closely with multilateral institutions (UNAIDS, World Bank), foundations, and the private sector to make sure that they are doing their part as well.

- But perhaps most importantly, we need to follow your lead. For these increased investments to make a difference – they need to be part of a coordinated strategy that begins with leadership from the top in Africa. This is not about the United States telling African governments and the African people what to do. This about a partnership designed not only to save lives – but to build futures. While there is much at stake, there is also much progress that we can make together.

- The global community has applauded Uganda and Senegal for their bold top down leadership in this pandemic. The world now needs for South Africa to be the new AIDS leader as we move into the new millennium. South Africa is the development engine of the continent, and as always, the eyes of the world are on South Africa.

- I understand that you recently sent members of your Administration to Uganda to learn about their success story. I hope South Africa will soon become the new model. In July, as the world gathers in Durban for the International AIDS Conference, AIDS activists, donors, and the media will all be focusing on the South African response. This offers an unprecedented opportunity for you to demonstrate global leadership at this critical juncture.

Corrected

703-534-2285

March 6, 2000

Will Dunham
Reuters
1333 H St. NW
Washington, D.C. 20005
(202) 789-8015

(202) 789-8015

Sandra Thurman
Director, White House Office
of National AIDS Policy
1600 Pennsylvania Ave. NW
Washington, D.C.
(202) 456-2216

Dear Ms. Thurman:

I am writing a story on the demographic shift in AIDS in the United States from a disease primarily of the white middle class to a disease primarily of blacks and Hispanics and the changes in public health policy necessitated by the trend. In particular, I am interested in the White House view on what changes by public health officials are needed for reaching out to the minority community -- particularly young blacks and Hispanics. My story is aimed at a national and international audience, so my questions will not be focusing on efforts in one particular city but rather on the national trend.

I would like to conduct the interview by telephone sometime this week. The interview probably would last no more than 15 minutes. I am very flexible in terms of timing. If your scheduler could give me a call at (202) 789-8015 to arrange a time for the interview, that would be greatly appreciated.

Thanks in advance,

Will Dunham

Will Dunham
Reuters

TALKING POINTS
AFRICAN-AMERICAN/LATINO COMMUNITY[1]

- Nationally, AIDS is the leading killer of African American males between the ages of 25 - 44 and the second leading killer of African American women in the same age group;

- Every hour, seven people are newly infected with HIV; **three of those seven are African American;**

- According to 1998 stats, African Americans have the highest rate of new reported AIDS cases in the United States;

- In the US, African Americans make up 13% of the population, yet account for nearly 50% of live HIV/AIDS cases and 57% of all new infections;

  - By the year 2005, they will account for 60% of all AIDS cases;

- Between 1991 and 1996, AIDS deaths in the African-American community increased by 45% while deaths in Whites decreased by 24%:

  - African-Americans are not benefiting from the new antiretroviral treatments due to lack of access and knowledge.
  - According to HHS, 20% of African-Americans do not have a regular source of medical care, and 22% have no private of public health insurance.

- Among women, African American women represent 56% of AIDS cases, and 60% of new cases. African American women represent three times the number of new cases reported for White women.

- Nationally, by 2000, more than 125,000 children will have been orphaned or left behind as a result of losing one or both parents to AIDS - 80% of whom will be Black and Latino;

- Youth of color are over-represented among youth with AIDS. African Americans and Latinos account for 63% of AIDS cases among youth ages 20 to 24.

- Locally: 9 out of 10 DC residents infected with AIDS are African-Americans. In 1998, African-Americans accounted for 82% of all AIDS cases in the city of Baltimore.

[1] New numbers from 'A Call to Action', put together by Whitman-Walker & the Max Robinson Center - most have been cited to either the CDC, the Kaiser Foundation, or DHHS.

AIDS Initiative: Qs & As

For Internal Use Only

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

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

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

Q: How is the budget amendment being paid for?

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

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

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

$10 million in balances from the Agency for International Development Sustainable Development Assistance Account in appropriate funds that will not be spent as anticipated most likely due to changes related to civil strife or the political environment.

$10 million comes from a small percentage of unobligated commodity funding in the International Assistance Programs.

$10 million from the Department of Defense from sales of excess raw minerals.

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

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

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

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

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

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

Q: How will you determine which countries receive funding?

A: Countries will be chosen based on a combination of factors. The most important factor is the receptivity of host countries to partnering. Other factors to be considered include the adult HIV prevalence rates, the potential for impact, the rate of increase in HIV, the status of ongoing programs, the political commitment of governments and the opportunity for innovation. Some of the countries which are currently under consideration are: South Africa, Nigeria, Kenya, Uganda, Mozambique, Zimbabwe, Senegal, Malawi, Zambia, Rwanda, Cambodia, and India. In addition, two regional programs (West/Southern Africa Programs) may be necessary to target migrant workers, and other trans-border issues.

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

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

Q: Has funding been allocated for FY2001?

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

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