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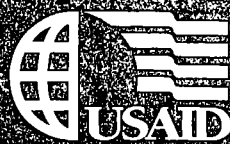
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*Strategies for
Sustainable
Development*

March 1994



U.S. Agency for
International
Development

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Number of pages (including cover sheet): 4

MESSAGE:

1. WHO/GPA activities which need to be continued/mainstreamed
2. Draft talking points for Prevention conference
3. You called about Tony Lake info; I'll retrieve it tomorrow.

GPA
Activities at global level

WHO/GPA activities which need to be continued/mainstreamed

	Amounts to be disbursed in 1996 of funds obligated in 1995	Funds required in 1996 to honour GPA commitments, or continue priority activities
	US\$	US\$
Continued research under SDI (STD diagnostic initiative)	150,000	
Other STD research activities	40,000	
Training course for district level managers	170,000	
Support to the development of mechanisms for information sharing at country level	20,000	
Health care support, coping of HCWs dealing with AIDS, integration of STD services in MCH/FP, operational research and assessment of counselling activities	160,000	
Field testing of care and support indicators, finalization of publication		67,400
Field testing and finalization of MIS for use at country level		40,000
Condom promotion particularly related to sex interventions for youth (1995 or 96)	220,000	50,000
Design and evaluation of school AIDS/STD education interventions	80,000	
Continued support to CRD studies on e.g. mother to child transmission, treatment and prophylaxis of opportunistic infections, development of female-controlled methods to prevent HIV/STD transmission	456,700	2,700,000
Prevention intervention research aimed at developing persuasive and enabling approaches	2,550,000	800,000
Continued support to ongoing social and behavioural research	63,000	
Continued support vaccine development activities	52,200	1,600,000
Total	3,961,900	5,257,400

Patsy - draft: not final

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Date: Tuesday, August 1, 1995 18:47:49 EDT
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Forwarded by:

Jeanine: Would you fill in the blanks where requested? What do folks think? Given that Duff will discuss the impact of the Cairo conference on HIV and reproductive health, and Peter Piot will discuss the role of UNAIDS, it would be very helpful for Patsy to discuss the Paris Summit and the impact it has upon US domestic and international efforts against HIV/AIDS from hereon in.

1. HIV/AIDS knows no borders. To speak of AIDS as an "either/or," "domestic or international" perspective denies the reality that the world is truly united by HIV.
 2. Our domestic efforts against HIV/AIDS contribute to the worldwide struggle against HIV/AIDS.
 3. Any impact which HIV/AIDS has upon the rest of the world affects us in the US - whether directly or through indirect means.
 4. On December 1, 1994 (World AIDS Day), the US took a major step, along with 41 other nations, to commit its domestic and international efforts to global solidarity against HIV/AIDS.
 5. Through the Paris Summit, each country committed to improving efforts within its borders and across its borders to reduce the spread and impact of HIV upon its peoples and all people of the world.
 6. The US took leadership roles in highlighting the need to include greater involvement of people affected by HIV (including people living with HIV), in all phases of HIV/AIDS action;
 7. the urgency of dealing with the impact of HIV upon women, as well as populations deemed "vulnerable" within their societal contexts;
 8. and the need to continue improving prevention and care efforts worldwide.
 9. USAID was centrally involved in the planning and implementation of the Paris Summit, and for incorporating the Paris Summit principles within its activities.
- JEANINE: CITE EXAMPLES
10. As we enter this new era with new challenges, we must continue to incorporate the Paris Summit principles in our actions. We must remember that, as Americans and as world citizens, we struggle against the global epidemic by serving within our borders and outside. Only with this perspective will a

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HIV/AIDS div.

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worldwide challenge be successfully confronted.

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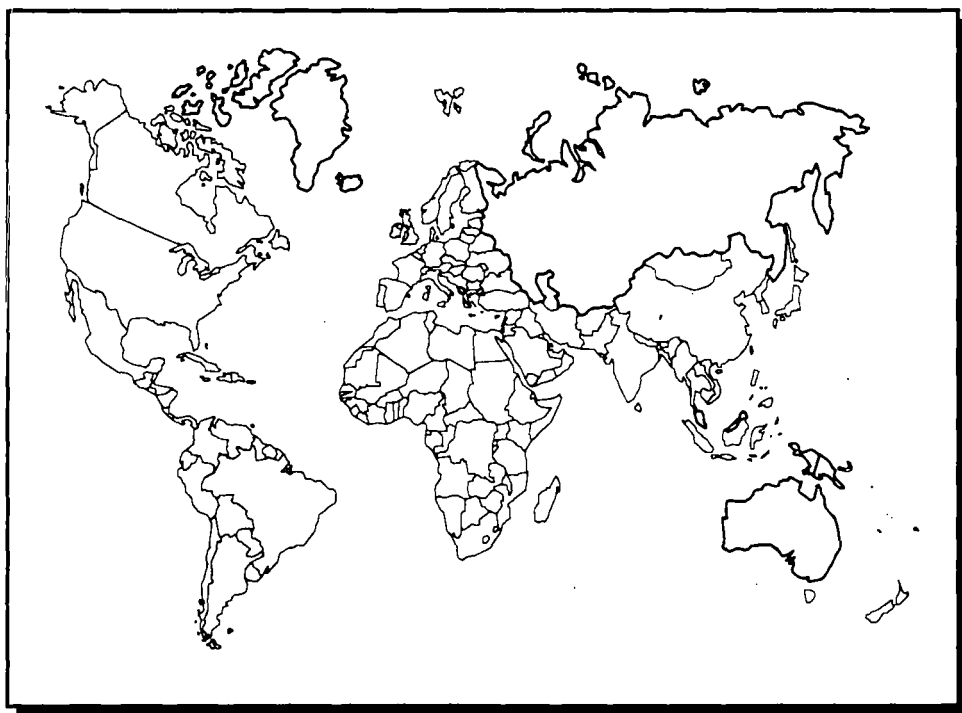
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Message:

HIV/AIDS POLICY GUIDANCE

USAID



SEPTEMBER 1995

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USAID HIV/AIDS POLICY GUIDANCE

EXECUTIVE SUMMARY

Through development assistance, research and policy formulation, the United States has played -- and will continue to play -- a leadership role in the global HIV effort.

Just as the AIDS pandemic spreads across our nation, it also continues to claim victims in all other regions of the world. In fact, it is estimated that upwards of 95 % of all HIV infected people live outside the United States. As of early 1995 approximately seventeen million people, including one million children, have been infected with HIV.

- With less than 10% of the world's population, sub-Saharan Africa accounts for about 62% of the total estimated HIV infections. Up to 30% of urban adults in Malawi, Zambia, Botswana, Rwanda, and Uganda are infected.
- HIV infection is also quickly becoming established in other geographic areas such as parts of Latin America and Asia. The growth of the epidemic is particularly dramatic in Asia. In 1993, for the first time, Southeast Asia had more cases of AIDS than North America and almost twice as many as Western Europe.

After two decades of improvement in children's health in the developing world, infant and child mortality rates are rising in many countries as a result of HIV/AIDS.

- By the year 2000 infant mortality is projected to increase by 35 percent in the Honduran city of San Pedro Sula.
- Child mortality in Zambia and Zimbabwe will almost triple during the next 15 years unless there is a sharp drop in HIV infections.
- Life expectancy at birth is declining for the first time in decades in many countries with advanced HIV/AIDS epidemics. In Uganda, AIDS is responsible for dropping life expectancy to 37 years -- the lowest in the world.
- In the next 15 years, life expectancy will decline by more than 25 years in a number of hard hit Asian and African countries.

USAID bases its strategy for addressing the HIV/AIDS pandemic on certain key

principles and lessons learned over the past several years. Among the most important are the recognition that:

- the battle against AIDS must address racism, sexism and homophobia. As leaders we must fight to protect the rights of people living with HIV and AIDS while we fight against the virus that is killing them.
- AIDS is not just a health issue. The epidemic and its spread have social, economic, developmental, legal and political implications. Efforts to control the epidemic must take into consideration these issues.

To fight the global AIDS pandemic USAID will focus its strategy in three areas:

- **HIV/AIDS prevention programs which use proven interventions to prevent transmission.** These include promoting safer sexual behavior through information, education and communication (IEC); increasing demand for, access to, and correct and consistent use of condoms; and controlling sexually transmitted infections (STIs) by improving STI diagnosis and treatment services, together with education of persons with STIs.
 - * These interventions have been proven successful, and implementation feasible, even in the face of difficult socio-cultural conditions. In Kenya, for example, it is estimated that USAID-supported condom interventions have prevented 110,000 HIV infections and close to 1.3 million STIs.
- **Policy reform addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other STIs.** Key areas of policy dialogue include encouraging multi-sectoral, coordinated responses to HIV/AIDS at the senior policy levels within governments, addressing resource issues and long term sustainability at all levels, and focusing on social and cultural impediments to successful implementation of HIV/AIDS programs, including the stigmatization of those individuals infected and at risk, such as women, young adults and homosexuals.
- **Development and testing of new interventions and methods to prevent transmission and mitigate the impact of the epidemic.** More effective interventions must be developed to adequately prevent and control this epidemic. USAID intends to pursue research activities that immediately and directly influence the effectiveness of existing programs, activities that enable women to reduce the risk of HIV infection, pilot projects and research to mitigate the impact of HIV in severely affected areas, and activities that support the public health infrastructure

and utilization of HIV vaccines.

USAID will work closely with a number of partners to implement this strategy, including:

- **Communities** - A community-owned, community-based approach is particularly relevant to HIV/AIDS prevention and is an integral strategic focus of this policy. USAID actively seeks the participation of communities and groups, including persons infected and affected by HIV/AIDS, in the design, management, implementation and evaluation of programs and policies. USAID also supports the transfer of management and technical skills to local communities, and linkages between the U.S. domestic PVO/NGO community and indigenous groups.
- **Country Programs** - Given serious resource limitations, USAID will concentrate bilateral and core resources on a limited number of emphasis countries while maintaining more modest programs in others. Emphasis countries have been identified based on epidemiologic, demographic and social indicators demonstrating that they are key contributors to the global epidemic, play a significant role in terms of geographic regional transmission, or have a high prevalence of HIV infection.
- **Regional Programs** - Experience has demonstrated that certain countries and regions are "areas of affinity;" i.e., they share characteristics that affect the spread of HIV and positively or negatively influence prevention efforts. Using this transnational approach where appropriate to implement programs and activities is both cost effective and encourages inter-regional collaboration.
- **Multilateral and other donors** - USAID is the lead donor in this sector, making close donor coordination particularly important. Also USAID will collaborate and support the efforts of the UN multilateral organizations through the new UNAIDS Programme. USAID will also continue to work closely with other bilateral donors such as Japan.

USAID HIV/AIDS POLICY GUIDANCE

I. INTRODUCTION

We are now entering the second decade of the global epidemic of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). No region of the world has been spared. The epidemic continues to exact an enormous toll in human suffering and threatens the economic, social, and political stability of many societies around the world. Particularly hard hit are the fragile health care and social service delivery systems of developing countries in which demands are great and available resources are easily overwhelmed.

In April 1987, in recognition of the threat to human life and the potential for a broad development impact of the HIV/AIDS pandemic, the U. S. Agency for International Development (USAID) drafted its first comprehensive Policy Guidance on HIV/AIDS. Now, with eight years of experience in over 40 countries, USAID has reviewed and refined the policy.

This document replaces earlier guidance and reaffirms USAID's strong and continuing commitment to provide assistance that will help developing countries address the challenges posed by the HIV/AIDS pandemic. It focuses specifically on guidelines for HIV/AIDS activities within the broader context of USAID strategic goals related to sustainable development.

II. STATUS OF THE EPIDEMIC

Estimates prepared by the World Health Organization Global Programme on AIDS (WHO/GPA) indicate that by early 1995 approximately seventeen million people, including one million children, have been infected with HIV (the virus that causes AIDS). Conservative estimates also indicate that between 30 and 40 million people will be infected with HIV by the year 2000. Current evidence shows that most, if not all, persons who are infected with HIV will eventually develop AIDS and die. Sexual transmission of HIV accounts for over 85% of the cumulative adult HIV infections in the world. Although in some settings homosexual transmission plays a significant role in the spread of HIV, heterosexual transmission is increasingly important and in many developing countries accounts for over 80% of sexual transmission. (See Appendix I for discussion of other modes of transmission).

Distinct patterns in the levels and modes of infection have emerged through examination of the geographic spread of HIV infections around the world:

- With less than 10% of the world's population, sub-Saharan Africa accounts for about 62% of the total number of estimated HIV infections.
- In some countries in East, Central, and Southern Africa, the prevalence of infection has reached critically high levels -- up to 30% of urban adults in Malawi, Zambia, Botswana, Rwanda, and Uganda.
- HIV infection is quickly becoming established in other geographic areas, such as parts of Latin America and Asia -- data from antenatal clinic attenders, considered representative of the general adult community, has found HIV seroprevalence rates of 1% to 4% among clients in urban Honduras, India, and Thailand. Much higher prevalence rates have been found among subpopulations who are engaged in high risk activities, such as commercial sex workers and patients at sexually transmitted infection (STI) clinics.
- The growth of the epidemic is particularly dramatic in Asia. In 1993, for the first time, Southeast Asia had more cases of AIDS than North America and almost twice as many as Western Europe.

Women are particularly vulnerable to the disease. Forty percent of infected adults today are women; this proportion is increasing rapidly, and the total number of infected women is expected to surpass the number of infected men by the year 2000. Over 7 million women are infected world-wide with HIV/AIDS, eighty percent of whom are in sub-Saharan Africa. This toll will reach 13 million by the year 2000. Infections among women, in turn, has an effect on children, as infants contract HIV from their mothers during pregnancy or delivery. Children are additionally vulnerable as a consequence of the loss of parents and family members to AIDS. AIDS orphans are a growing reality around the world, and are further victimized by prostitution and violence.

This scenario is compounded by the fact that, in the near future, prospects are poor for the development of preventive vaccines or therapeutic agents that would cure AIDS. In addition, access to drugs that might prolong the lives of HIV infected persons in developing countries is limited by high costs and the necessity for intensive medical monitoring, which is generally unavailable and prohibitively expensive. Provision of such services would come at the expense of other, far more cost-effective life saving interventions.

Given the nature of the epidemic and its effect on the developing world, the

demands for assistance are enormous and far exceed available resources. WHO now estimates that it would cost between \$1.5 and \$2.9 billion dollars per year to provide adequate support for global HIV/AIDS and STI prevention efforts in the developing world. Currently, less than \$250 million is expended annually in the developing world on HIV prevention. USAID contributes nearly 50% of this total.

III. THE RATIONALE FOR USAID SUPPORT TO HIV/AIDS PREVENTION AND CONTROL

The AIDS epidemic poses a particular threat to developing countries which are already grappling with heavy debt burdens, high poverty levels, food insecurity and limited government resources. Unlike the other major communicable diseases (malaria, measles, infectious diarrheas, pneumonia, etc.), AIDS increases morbidity and deaths primarily among young adults between the ages of 14 and 49, ages normally devoted to working and childbearing. This generates periods of prolonged and severe debilitation and excessive population losses in the most economically productive age range in the population. These losses reverberate throughout societies, with negative impacts on social, economic and political structures, contributing to an environment in which broad-based economic growth and sustainable development become increasingly difficult to attain.

The epidemiology of HIV/AIDS also demonstrates an increasing effect on women and children, key target groups for the Agency. The rate of new HIV infections is growing faster in women than in men; nearly 55 percent of new infections in Sub-Saharan Africa are among women. This in turn affects children as HIV/AIDS threatens to reverse the results of years of successful investments in child survival.

In fact, many of the development gains made within the last decade could be wiped out as a result of the pandemic, both in the public health sector and within the broader economy. Evidence indicates that the epidemic is likely to adversely affect society and the human resource base in the following major areas:

Health Sector:

Clearly, the health of the population is and will continue to be severely affected, with major impact on health services systems. Improvements generated in infant and child mortality rates in the past two decades have begun to plateau and may actually be eroding in a number of African countries as a result of HIV/AIDS. For example, in Malawi, the infant mortality rate has gone from 150 to 167 deaths per 1000 live births during the past three years, and the child mortality rate from

220 to 250. This increase is ascribed to the impact of HIV/AIDS infections transmitted from mother to child. Evidence indicates that by the year 2010, AIDS could contribute to a nearly fivefold increase in childhood mortality rates in Thailand, threefold in Zambia and Zimbabwe, and double in Kenya and Uganda.

Increased demands on health budgets and social service delivery systems (including personnel, hospital beds, drugs, etc.) result from HIV/AIDS and associated opportunistic infections. Some Sub-Saharan African countries currently spend one-quarter to one-half of their health care budgets on AIDS-related care, with studies indicating that this could rise to as much as 80 percent in parts of Africa and Asia by the year 2010. As demands on the health care system increase, some countries are responding by restricting access to care for those with HIV related illness, and persons with HIV disease are sent home to die with minimal or no health care support. The drain on health services has considerable repercussions on resources available for maternal and child health, family planning, and other strategically critical services.

In addition, the HIV/AIDS epidemic has contributed to the emergence of a major secondary epidemic of tuberculosis, placing another health burden on both individuals and health care systems. Tuberculosis is affecting both HIV infected persons and, because of increased transmission, persons who are not infected with the AIDS virus. In countries in east Africa and in Thailand where the HIV epidemic is well established, the number of reported TB cases has doubled in the past three years.

Families and Households:

Recent studies have analyzed the coping mechanisms of families who have experienced deaths of adult members. They show profound consequences among households which have family members with HIV/AIDS related illness. In the most severely affected countries of Asia and east Africa, 30 to 50 percent of household income is devoted to their care and support. Combined with the loss of earnings from sick individuals, nearly 75% of the family annual income is lost due to HIV/AIDS. With subsequent loss of another adult and one child from HIV related disease, an increasingly common pattern, 100 to 165% of household income is expended, driving families into debt. Broad-based economic growth becomes impossible in such settings.

Family structure is affected, particularly with an increase in the number of orphans. In Uganda, the ability of the extended family to care for orphans is exhausted within three years of a significant number of adult AIDS deaths.

Ultimately the household's ability to cope with adverse conditions such as drought, is destroyed, resulting in reduced food security. Life expectancy is severely impacted, with projections for some countries, such as Thailand, Zimbabwe and Zambia, showing AIDS reducing life expectancy at birth by more than 25 years by the year 2010.

Community:

The social and economic impact at the household level extends to the community. Increased household expenditures and reduced savings and investment have enormous negative consequences on the resources of the community. The education sector suffers because of decreased investment in education and reduced educational performance as children are required to help at home. Community resources are drained caring for orphans and the elderly. Community level leadership, community norms, agricultural productivity and maintenance of community service projects, such as potable water supplies, are also severely affected by the epidemic.

Agricultural sector:

In severely affected countries, broad movement toward less labor intensive crops and crop production technologies, with resultant lower yields and reductions in marketed output, are being observed. This may have implications for food security at the national level. USAID is now undertaking studies, in cooperation with the U.S. Department of Agriculture, to better define this impact.

Industrial sector:

In east Africa, negative effects have been documented on specific segments of the "modern" labor sector, i.e. enterprises that employ greater than ten staff. Mining, trucking/transportation, and services are the most severely affected sectors. It is likely that the epidemic will result in increased production costs due to increased morbidity in the workforce, decreased productivity, loss of skilled and trained workers, and increased employer-funded medical costs. Negative effects are also being observed on the quantity and quality of the labor supply and on investment decisions, including investment in human capital.

Security/Military Sectors:

High rates of HIV infection among police and military personnel could threaten internal and national security. In some countries in Africa and Asia, 15 to 40% of

military recruits are HIV positive. Spouses and "camp-followers" are, therefore, at dramatically increased risk. While the U.S. Government supports demobilization of military forces in developing countries, this could further exacerbate the HIV/AIDS epidemic as HIV positive military personnel return to their villages and homes and transmit HIV.

Macroeconomy:

In multiple socio-economic impact studies, a number of these factors combine to impact negatively on the macroeconomy. The impacts include aggregated negative impacts at the household and sectoral levels, decreases in overall domestic savings and investment levels, negative effects on foreign investments, reductions in the volumes of imports and exports, and reduction in receipts from tourism. Classic macroeconomic indicators, such as gross national product (GNP) and gross domestic product (GDP) per capita, may not be sensitive enough to accurately measure this impact. New tools are needed to assess the impact of HIV/AIDS at the macroeconomic level. USAID-supported studies by the World Bank are now underway to assess the spectrum of potential monitoring methods.

Political Environment:

Because of the issues identified above, HIV/AIDS has a high potential to contribute to political instability, particularly in countries with emerging democracies. The irreversible loss of educated leaders is an increasing possibility, and is already being seen in countries in east Africa.

Clearly, HIV/AIDS has both actual and potential impacts on women, men and children, individuals and populations, and the movement towards sustainable development in countries and regions. It also has a negative effect on previous USAID investments and development successes achieved to date. The cross-cutting nature of the epidemic is evident in the numerous areas in which it impinges on USAID objectives: protecting human health; encouraging broad-based economic growth; building democracies; empowering women; and providing humanitarian assistance.

Development activities also have the potential to inadvertently facilitate the spread of the disease. For example, construction projects create primarily male migrant work camps which often foster increased commercial sex. Road and transportation projects provide ready routes of transmission, and new towns along these routes often serve as crucibles for transmission. As in the environment sector, the effect of development activities on HIV needs to be carefully considered in the formulation of USAID strategies, objectives, programs, projects and evaluation systems. Anticipation and mitigation of

significant negative impacts on HIV must be a part of strategic planning for such infrastructure projects.

In sum, given the broad and compelling implications of the HIV/AIDS pandemic on the people of the developing world, and its potential impact on micro and macro development, USAID will sustain a strong commitment to HIV/AIDS programs.

IV. LESSONS LEARNED

As the epidemic has progressed, knowledge and experience with the disease have provided valuable lessons. USAID has developed increasingly effective targeting and implementation mechanisms through its work in the area of HIV/AIDS for the past eight years.

There have been notable accomplishments. Program interventions have been proven successful, and implementation feasible, even in the face of difficult socio-cultural conditions. The Agency has been able to demonstrate and measure results and impact.

- In Kenya, USAID has supported interventions to increase condom use. Newly developed models estimate that 110,000 HIV infections and close to 1.3 million STIs have been averted due to the consequent increase in condom use.
- In Haiti, condom sales rose from approximately 600 thousand in 1991 to 4 million in 1992 in response to USAID's targeted communications and motivation effort in spite of political upheaval.
- In Brazil, policy reform activities supported by USAID focused on working with local advocates to lobby for the repeal of the 15 percent import tax on condoms. Analysis showed that the tax made the product too expensive for most people who needed it and helped convince policymakers that a supply of affordable condoms was crucial to slowing the spread of HIV/AIDS in Brazil. The tax was withdrawn in April 1994.
- In the Dominican Republic, USAID-supported policy work contributed to the passage of legislation outlawing discrimination against people with HIV/AIDS and mandating that every government ministry have a plan to address the epidemic.
- Thailand, supported by USAID assistance, has implemented an effective prevention program that serves as a model for other Asian countries. One important and innovative policy instituted by the Thai government and supported

by Thai business interests is the "100 percent condom" policy, which requires 100 percent condom use in brothels.

- With USAID support, significant progress has been made toward the discovery of an effective vaginal microbicide. A promising compound derived from natural sources has been shown to inhibit transfer of HIV from infected lymphocytes to vaginal cells. Phase One field trials are now beginning in Thailand.

Based on Agency experience, several key lessons have emerged as critical to achieving success in preventing the spread of the disease. They constitute the major factors behind USAID's areas of intervention. Broadly, these fall into three categories:

- Identifying socio-economic and cultural determinants that place individuals and communities at risk of infection;
- Identifying individuals/populations who engage in behavior or are associated with someone who engages in behavior that puts them at particularly high risk of becoming infected or transmitting HIV; and
- Designing effective responses to reduce risk and transmission.

A. Factors That Increase the Vulnerability of Persons:

Women are at greater risk of HIV infection than men, due in part to the higher biologic efficiency of sexual transmission from men to women, and to the sexual vulnerability related to low socio-economic status of women in many countries of the world. This is particularly true for young women and girls between the ages of 14 and 20. Low status can affect women's knowledge of and ability to adopt practices to protect themselves from HIV. In situations where men have greater access to economic resources, and social-religious and legal conventions maintain gender inequities, women may have little or no say concerning their sexual relations with men. Women and girls with limited education are also less able or likely to respond to information about the disease and take preventive measures.

HIV programs which address women not only prevent infection in women themselves but also in their infants. Tools to prevent STIs and HIV such as female controlled barrier methods, better access to information from family planning and reproductive health settings, and communication skills to better negotiate sexual relationships, all serve to empower women and thus contribute to preventing the spread of the disease.

Youth represent a unique set of challenges, as the combination of their biological, emotional, economic and legal situations make them particularly vulnerable to HIV transmission. WHO estimates that half the people infected with HIV acquired it between the ages of 15 and 24. To prevent infection in this population USAID supports efforts using messages, channels and methods specific to youth. The intervention opportunities for young adults range from peer counseling, and education and vocational skills building, to legislative efforts related to youth. Prevention strategies, especially for youth, should include opportunities to build so-called "life skills" in communication, decision making, negotiation, and abstinence.

Urbanization and Migration draw persons and populations from their rural communities and place them at increased risk of HIV infection. Individuals separated from family and traditional values can be affected by drastic changes in socio-economic and cultural influences. The epicenters of the HIV epidemic have been found to follow migrant labor flows, suggesting that high risk behavior may be associated with displaced communities. Additionally, involuntary migration in response to civil war or disasters increases the vulnerability of communities to HIV infection. There are, however, potential dangers in focusing on the movements of persons and populations as part of HIV prevention efforts. It could lead to discrimination against certain groups and the creation of inappropriate and counterproductive immigration screening regulations. Therefore, more enlightened methods need to be developed to intervene with "travellers" that do not lead to stigmatization but that arm them with the knowledge and tools to protect themselves and their partners.

Sexually Transmitted Infections significantly increase the efficiency of HIV transmission. Therefore, improving STI services and providing education for people with sexually transmitted infections are the logical focus of prevention efforts. The presence of an STI, particularly one that causes genital ulcers (syphilis, chancroid), increases the likelihood of sexual transmission of HIV by 5 to 20 times. In addition, persons with recurrent STIs are effective targets for communication campaigns to induce behavior change because they are more likely to be engaging in frequent casual high risk sexual encounters. Educational campaigns that focus on STI patients have been shown to have up to eight times as large a preventive impact as those aimed at the general adult population. Recent data from Tanzania demonstrated a 40% reduction in incidence of new HIV infections among communities in which an effective STI intervention program was being conducted.

USAID recognizes that individuals who are marginalized by society (including

commercial sex workers, intravenous drug users, men who have sex with men, and prisoners) are crucial participants in HIV/AIDS prevention interventions. USAID will work with these marginalized populations in order to be effective in reducing the spread of HIV.

B. Responses to reduce risk and transmission

Sustained behavior change is required to limit sexual transmission. This is a complex and difficult task. Success in HIV/AIDS prevention is predicated upon the ability to effectively influence sexual behaviors. The only prevention interventions currently available are: adoption of safer sexual practices including delaying the onset of sexual activity; sexual abstinence; decreasing the number of casual sexual partners; maintaining faithful monogamous or culturally appropriate stable polygamous relationships; and, consistent, correct condom use. Other critical steps include assessment by the individual of his/her own risk and motivation to practice safer sex. Cultural traditions or practices and political and religious views may impede or support the adoption of specific behaviors.

AIDS education and communication programs have been shown to help modify behavior. Multiple reinforcing channels of communication aimed at changing knowledge and attitudes toward safer sexual behavior are preludes to behavior modification. The identification and adoption of safer sexual practices as a social norm contribute to sustained behavior change. Programs conducted at the sub-national level involving specific communities or groups engaged in high risk behavior have proven most successful.

Condoms are effective in preventing the spread of STIs and HIV. Increasing the demand for, access to, and consistent and correct use of condoms are key factors in reducing the transmission of HIV infection.

Improving STI services by facilitating access to and improving quality of services, and facilitating access to STI drugs, are efficient and effective ways to address the spread of HIV. In addition to primary prevention activities, interventions that improve the demand for and quality of public and private sector clinical services are important. Accurate diagnosis and effective treatment of STIs limit the infectivity and duration of active STI infections, and the consequent risk of HIV.

Community participation, including persons infected and affected by HIV/AIDS, in the design, development, implementation and evaluation of HIV prevention policies and program activities assures that programs are relevant and supports sustained behavior change in target populations. Community involvement is also

critical for the long-term sustainability of programs. Community "ownership" contributes to the likelihood that activities will continue following the period of donor support.

V. STRATEGY

USAID's overall mission is the promotion of sustainable development for lasting improvement of the human condition. The basic strategic goals which must be addressed in order to carry out this mission are:

- * Stabilizing global population and protecting human health;
- * Encouraging broad-based economic growth;
- * Building democracy;
- * Protecting the environment; and
- * Saving lives, reducing suffering, and reinforcing development potential.

As discussed earlier, the HIV/AIDS epidemic has direct negative consequences on the first two goals, and very probable consequences on the third. Therefore, HIV/AIDS needs to be considered as an integral part of any broad strategy for sustainable development.

Within the strategic goal of stabilizing global population and protecting human health, four agency-wide strategic objectives have been identified which contribute to both fertility and health outcomes:

The reduction of unintended pregnancies;

The reduction of sexually transmitted infections

The reduction of maternal mortality; and

The reduction of child mortality.

Reducing transmission of HIV/AIDS, the most deadly and rapidly spreading of sexually transmitted infections, is the key component of the second objective. HIV/AIDS is becoming an increasingly important contributor to the number of child and maternal deaths in many African countries as well. As such, HIV/AIDS prevention fits squarely within the agency's strategy for this sector.

The guidance provided by this document is intended to be flexible, building on the lessons learned and enabling USAID to respond quickly to incorporate new advances in HIV/AIDS prevention and control measures as they develop. It considers areas in which USAID has a comparative advantage, particularly relative to technical leadership, field presence and support, and linkages both within the PHN sector and across other USAID areas of intervention. In order to remain relevant and useful, this guidance will be reviewed and revised periodically.

As noted in the previous sections of this document, the challenges posed by the HIV/AIDS pandemic are almost limitless and could readily consume more than the entire development budget of the Agency. *Since the Agency's fundamental mission is directed toward long-term sustainable development rather than short-term relief, and since resources are limited, the strategic basis for this HIV/AIDS policy is directed toward minimizing the total number of HIV/AIDS cases in the world by the year 2025.*

Priority will be placed on interventions and areas that are most likely to ultimately decrease the number of persons infected by HIV and, thus, to decrease the severity of the global epidemic and its impact on sustainable development. To achieve this, particularly given limited resources, USAID will need to focus efforts, and undertake a more proactive and aggressive approach to policy reform, leveraging of other donor resources, and more effective donor coordination.

This has several implications. First, it means that the primary focus of USAID supported activities will be on prevention of new HIV infections, rather than on the treatment of existing HIV infections. In many circumstances, however, care for affected populations will make prevention efforts more effective in cost and impact. In these cases, USAID will consider strategies that encompass the provision of care for affected individuals and communities as an important tool for long-term prevention.

Given this context USAID will direct efforts in the following three areas:

- A. HIV/AIDS prevention programs using proven interventions to prevent transmission.**
- B. Policy reform addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other STIs.**
- C. Development and testing of new interventions and methods to prevent transmission and mitigate the impact of the epidemic.**

To maximize the use of available resources, and achieve impact on the global

epidemic, USAID will also concentrate efforts by supporting comprehensive approaches in a number of countries, identified as those most critical for controlling the global pandemic. (See Appendix II for HIV/AIDS emphasis country list.) It should be noted that even in these countries, USAID may not have the resources required to mount nationwide efforts. More limited efforts will be supported in other countries, as appropriate. In addition USAID will provide continued support for coordinated multilateral efforts.

In addition to focused HIV/AIDS/STI prevention projects, prevention activities will be increasingly integrated with other USAID sustainable development efforts. In the health and population sector this will be in the context of integrated reproductive health approaches. Other priority sectors for the Agency are also ripe with opportunity to incorporate certain HIV/AIDS interventions, particularly in the economic growth and education sectors. Examples include incorporating HIV/AIDS prevention information in school curricula and microenterprise programs targeted to women.

A. HIV/AIDS prevention programs that utilize proven interventions to prevent transmission.

USAID resources are used for the implementation of prevention activities at the regional, country and community level, with a particular focus placed on comprehensive programs in emphasis countries.

The interventions utilized in USAID's HIV/AIDS prevention activities have been developed based on clear epidemiological trends, findings of behavioral, biomedical, and operations research, and knowledge gained from successful behavior-change interventions conducted to date. They focus on preventing sexual transmission and are known to be effective, including the participation of HIV positive individuals as one of the most effective conveyors of HIV/AIDS prevention. If significant new technologies become available these will be considered and incorporated as appropriate.

In addition, although these programs may occur at a regional or country level, a participatory, community based approach is integral to the development and implementation of all programs.

In this context, USAID prevention programs will:

Promote safer sexual behavior through information, education and communication.

USAID's extensive experience with information, education and communication (IEC) initiatives in both health and family planning programs is already being

applied to the prevention of HIV/AIDS. Communication programs not only strengthen and support an individual's ability to adopt healthy, low risk behaviors, but also influence existing social norms, creating a more supportive environment for behavior change. IEC activities that use multiple reinforcing channels of communication, from interpersonal communication to mass media, have been proven to be the most effective. Focussing efforts with specific groups, e.g. sexually active young men, for selective communication campaigns is also a proven strategy. In order to reach vulnerable women, every opportunity should be explored to incorporate primary prevention messages into family planning and other health services. The inclusion of HIV positive individuals as HIV prevention educators has been proven as an effective means of HIV/AIDS prevention. In addition, sustained behavior change occurs when not only are knowledge and skills conveyed but perceptions of personal risk are increased. In some circumstances confidential, voluntary HIV testing combined with counseling may assist in the achievement of a sense of personal vulnerability and in an awareness of current health status, which may in turn result in decreased high-risk behavior.

In order to continually monitor and improve HIV prevention communication activities, it is essential to increase our understanding of sexual behaviors, especially as they are influenced by community and culture. Behavioral research and surveys will contribute to further target, refine, and evaluate prevention activities.

Increase the demand for, access to and use of condoms.

Correct and consistent condom use is considered nearly 100 percent effective in preventing HIV infection. Although condom use has risen sharply, the percent of users in at-risk populations is still unacceptably low. USAID has extensive experience with condom promotion in family planning programs and works through existing channels to expand commodity demand and use for STI/HIV prevention.

With the spread of HIV/AIDS, many countries have experienced a rapid increase in the demand for condoms. Dramatic increases in funding will be required to finance projected condom supplies needed for both public and private sector programs. USAID will work with host countries, other donors, and the private sector to estimate future requirements, monitor in-country supplies, and help mobilize the additional resources required to finance these commodities.

Control STIs by improving STI diagnosis and treatment services and by education of persons with STIs.

The goal of STI prevention and control activities is to improve the quality of diagnosis and treatment of STIs, to increase access and use of STI services, and to provide targeted education to STI patients in order to decrease recurrent infections. USAID efforts in this area focus on behavior change among clients with STIs, and on improving STI diagnosis and service delivery.

Interventions related to behavior change for STI clients include: counseling for risk reduction (including partner reduction); promoting correct condom use; encouraging compliance with medical prescriptions; and notifying and treating sexual partners. Communication initiatives will foster individual and community recognition of and demand for STI services. Community participation in planning for these services will be encouraged.

Improved diagnosis and service delivery initiatives include: training care providers in symptom recognition and syndromic management; establishing STI screening and management capability at sites where women seek health services, such as family planning and pregnancy care sites; and strengthening STI case management in those groups whose behavior puts them at highest risk of infection. STI service delivery sites are also ideal locations to assess STI prevalence and incidence, information which serves as a dynamic indicator as to both the risk of the spread of HIV in a community the effectiveness of a program.

A critical issue in STI case management is the availability of effective drugs. USAID programs may work to facilitate this aspect of STI control, including, in some instances, procuring drugs. Should this be required, it will be undertaken with attention paid to the long term financial and programmatic implications and with emphasis on sustainability.

B. Policy reform addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other STIs.

Supportive policies that create an environment in which prevention and AIDS mitigation programs can function efficiently and effectively are critical. Funding levels, the commitment of resources, and priority setting are all policy issues very relevant to HIV/AIDS. Enlightened policies can contribute to mitigating the impact of the disease on both communities and individuals. For example, the protection of the human rights of HIV positive individuals will improve prevention efforts. USAID supports policy dialogue and reform at an international, country and local level and in both the public and private

sectors.

Key areas of intervention for USAID include:

Policy dialogue with decision makers to encourage a high-level, multi-sectoral, coordinated response to HIV/AIDS.

Policies that support international and regional, multi-sectoral approaches will be promoted because of the transnational nature of the disease and the fact that it is transmitted by persons who have no visible sign of the virus. This requires the mobilization of groups that may not normally be implicated in health issues, or may not normally work in collaboration. It also requires cross-border collaboration.

At the country level, key ministries, such as Education, Agriculture, Planning, Defense, Finance, and Health will be consulted concerning the impact of HIV in order to explore with them all possible opportunities for HIV prevention. Provincial, municipal and community level governments must be included in this effort.

The expertise and influence of the private sector will be mobilized as an extremely valuable means to achieve effective and comprehensive responses to HIV/AIDS prevention efforts. Relationships will be forged between the public and private sectors to take advantage of the relative strengths of each in providing a strong and enduring basis from which to address broad public understanding for and acceptance of HIV/AIDS prevention programs.

Policy dialogue to address resource issues and long term sustainability at all levels.

At the international level, coordinating effective donor response and leveraging of funding over the long term is needed to assure that adequate resources will be available for programs to reduce the spread of HIV/AIDS. At the country level, identifying and mobilizing local resources along with institution and systems building are key to long term self-sufficiency of programs.

Examples of resource issues to be addressed include creating a positive regulatory environment for the private sector by dealing with problems such as tariffs and taxes for condoms, government acceptance of social marketing, and procurement of antibiotics and other STI and HIV associated drugs.

Equally, governments need to be educated as to the economic and development ramifications of HIV/AIDS and the cost-effectiveness of devoting resources to activities that prevent HIV/AIDS transmission and mitigate the impact of the disease.

Policy dialogue and reform to address the social and cultural impediments to the successful implementation of HIV/AIDS programs.

As has been previously highlighted, HIV/AIDS prevention touches upon the most sensitive social and cultural mores, those related to sexuality. Human rights, advocacy, empowerment and choice are all issues critical to the development and implementation of sustainable HIV/AIDS programs and policies. Notable examples include the role and status of women and the vulnerability of children and young adults. Confidentiality as well as the rights, treatment of, and status of persons living with AIDS affect all aspects of HIV/AIDS prevention and care.

Support of decision-makers at an international, national, or community level to address difficult social, cultural and religious issues have the potential to contribute to an environment in which persons can begin to make the changes required to prevent transmission of the disease and live with dignity if they are infected.

Develop tools and complete research to serve policy dialogue and reform.

To heighten the awareness of key policy-makers as well as bring about policy change, USAID will continue to develop and use tools that project and simulate the epidemic and assess the potential socio-economic impact. Modelling provides powerful arguments for policy makers and assists leaders and managers to define and prioritize interventions. Models that project, over time, the number of newly infected persons with HIV, the number of AIDS cases, and the potential impact of the epidemic on various sectors of the society are particularly potent. Simulation modelling is also a critical design and evaluation tool, allowing assessment of the impact of different interventions at varying degrees of efficacy.

C. Development and testing of new interventions and methods to prevent transmission and mitigate the impact of the epidemic.

The Agency's HIV/AIDS program priority is to seek the most cost effective means of implementing proven prevention interventions. In addition, USAID will continue to seek new more effective interventions to prevent transmission of HIV, and to mitigate the impact of the epidemic. The following illustrative list describes some of the most promising leads.

Research activities that immediately and directly influence the effectiveness of existing programs.

These activities can be accomplished in a relatively short time-frame and have immediate effect on programs. Thus, priority is given to studies that improve understanding of the behaviors and epidemiology that are principally responsible for transmission of HIV infection. This includes research activities to identify more effective ways to change behavior. Examples include evaluating the role that HIV counselling and testing may play in modifying sexual behavior, the impact of perceived social norms upon individual behaviors, and assessing the impact of including HIV positive individuals in prevention programs. This type of research also contributes to identifying the most cost-effective mix of strategies for preventing sexual transmission of HIV.

Activities that enable women to reduce the risk of HIV infection.

The development of female controlled barrier methods, such as vaginal microbicide, and rapid, simple STI diagnostics, are potentially valuable tools to reduce the risk of HIV and other STIs in women. Research also focuses on enhancing women's access to information for primary HIV/STI prevention, as well as to STI services. Using existing family planning and maternal/child health centers is one approach along these lines. Behavioral research to identify interventions to enable and empower women to assess personal risk and negotiate sexual relationships is also essential.

Pilot projects and research to mitigate the impact of HIV in severely affected areas.

Operations research to test interventions to mitigate the impact of HIV/AIDS on communities, from both a social and cost perspective, are needed to guide program design and policy dialogue. Examples of such pilots include community-based care for persons with HIV infection and AIDS and for AIDS orphans. Tuberculosis, because of its potential secondary public health impact as a predominant HIV related disease, is another topic for further investigation, including analysis of the technical and financial feasibility of short course drug therapy regimens.

Activities that support the public health infrastructure and utilization of HIV vaccines.

Multiple US government organizations and private enterprises are involved in

research to identify and develop an effective HIV/AIDS vaccine. Consequently, USAID's efforts in this area are currently expected to be relatively small, limited to exploring and facilitating opportunities for international field trials of promising vaccines, and coordinating accompanying education and prevention programs.

VI. IMPLEMENTING PARTNERS

USAID's strategy related to HIV/AIDS, as in other priority areas within the Population, Health and Nutrition sector, is based on participatory, collaborative principles. USAID works in partnership with communities, governments, other bilateral and multilateral donors, international agencies and the private and voluntary sector to achieve maximum efficiency, effectiveness and sustainability of programs.

The Agency's HIV/AIDS program will be implemented in support of host-country and Mission strategic objectives and as an integral part of the country strategic plans and action plans. Bilateral activities will receive strong technical support and guidance from USAID/Washington, and will be implemented in close coordination with other donors.

A. Community Participation

Although a community-based, community-owned approach is a component of USAID sustainable development strategies, it is particularly relevant to HIV/AIDS prevention and is an integral strategic focus of USAID's HIV/AIDS strategy. Sustained behavior change is achieved when individual motivation is supported in a community context. USAID supports the Paris Summit Initiative: the Greater Involvement of Persons Infected and Affected by HIV/AIDS (GIPA). GIPA calls for the participation of communities and groups (including persons infected and affected by HIV/AIDS, women and young adults) in the design, management and evaluation of programs and policies. USAID supports this approach which empowers individuals and communities to assume "ownership," thus assuring that programs are relevant and responsive, that indigenous capacities are developed, and that long term sustainability is addressed.

USAID will prioritize funding to indigenous NGOs that exhibit technical and financial capacity. When community groups such as women's groups, local PVOs and NGOs, however, have limited institutional experience in planning, implementing, and financially monitoring activities, USAID will seek to transfer these skills to indigenous groups and encourage and facilitate linkages between indigenous NGOs and U.S. domestic PVOs, NGOs and ASOs (AIDS Services Organizations). USAID recognizes the unique role U.S. based organizations play in combatting the HIV/AIDS pandemic and will encourage their continued involvement.

B. Country Programs

Reducing HIV/AIDS transmission in a time of serious resource limitations requires that USAID concentrate bilateral and core resources on a limited number of emphasis countries while maintaining more modest programs in others. In emphasis countries, USAID will work with host country governments, the private sector, and the NGO/PVO community, within the framework of a comprehensive program, using the multiple channels and approaches delineated in this document. Determination of emphasis countries is founded on epidemiologic, demographic and social indicators that identify:

- * Countries that are key contributors to the global epidemic;
- * Countries that play a major role in transmission of HIV throughout their geographic region;
- * Countries with high HIV prevalence.

Other factors to be considered in the determination of priority countries and resultant program levels include evidence of national commitment and an absorptive capacity within the public and private/NGO sectors, potential for long-term operational sustainability, role of other donors and opportunities to leverage other resources; and Mission support for funding and staff to facilitate and implement HIV/AIDS interventions.

The current list of emphasis countries is found in Appendix II. USAID will work in non-emphasis countries, using primarily bilateral and field support funds, on a more limited scale.

C. Regional Programs/Areas of Affinity

"Areas of affinity" is the concept that clusters of countries may share characteristics that affect the spread of HIV and positively or negatively influence prevention efforts. These characteristics can include, but are not limited to, religious, cultural, political, or demographic attributes. Approaches that address issues within this context may be very effective with a broader reach than country programs. They also encourage and support inter-regional collaboration and are an efficient use of resources.

USAID will explore opportunities to support trans-national and regional activities in prevention and research. Examples include analysis of the impact on HIV/STI transmission of cross border migration, monitoring of STI drug resistance, and the shared development and use of educational approaches and materials.

D. Coordinated multi-lateral and donor community response

Global cooperation and coordination within the donor and lender community is critical to the effective and efficient use of HIV/AIDS resources for significant impact on the disease. Donor coordination is of particular importance to USAID, as the lead donor in this field and the major contributor to multilateral efforts.

USAID will continue to collaborate with and directly support the efforts of the UN multilateral organizations including WHO, UNDP, UNICEF, and UNFPA in HIV/AIDS prevention. Each of these organizations offers unique strengths and skills that contribute to the control of the global epidemic. The efforts of these agencies and the World Bank will now be further optimized through the new UNAIDS Programme. In the future, USAID support to multilateral efforts in HIV/AIDS prevention is expected to occur through UNAIDS. USAID also collaborates closely with Japan in several countries through the US-Japan Common Agenda for HIV/AIDS prevention. (See Appendix III for further discussion of coordination with other donors and federal agencies.)

VII. RESULTS

Monitoring and evaluation is critical to ensuring that USAID resources are used effectively and that they achieve results. *The guiding principle of evaluation in this area is to reach the objective that no person should be subjected to the risk of disease as a result of responsible sexual activity.* While this is an ideal, progress toward this target will be effected by the collection and use of data to assess progress, refine implementation and demonstrate achievement.

Measuring success in the area of HIV/AIDS requires the use of interim markers and indicators. This is due to the epidemiologic dynamics of HIV transmission and the existence of a long term HIV "carrier" state. Even in the presence of extremely effective prevention interventions, decreases of HIV prevalence may not be measurable for at least 5 to 15 years at a national level. Reduction in STI prevalence, however, is an excellent proxy indicator for effectiveness of prevention activities and can be evaluated in a time frame of 3-5 years. Consequently this program relies on an approach that distinguishes between the short (program process), medium (program outcome), and long (program impact) term.

USAID, in collaboration with WHO, has established a standardized set of global

prevention indicators to be used by both national HIV/AIDS control programs and the donor community. These indicators measure:

- o Knowledge of preventive practices by the target audience;
- o Condom availability;
- o Use of condoms in relationships of risk;
- o Proportion of the population who report "non-regular" sex partners;
- o Quality of STI case management;
- o Prevalence of specific STIs;
- o Prevalence of HIV.

A list of the WHO country program indicators is contained in Annex IV.

With the increased emphasis on integrating HIV/STI prevention and management interventions into family planning and other health care settings, new indicators for evaluation are being developed by the Center for Population, Health and Nutrition within the Global Bureau. These encompass assessing the degree of integration, quality, and utilization of these services. Evaluating a woman's ability to negotiate for safer sex must involve determining the transfer of knowledge and skills, and whether dialogue on sexual matters can occur within a relationship. Measuring outcome should include the increased level of "safer sex" in both casual and conjugal relationships, including assessing dual contraceptive method use and delaying the age of onset of sexual activity.

There is a growing acceptance of the need for qualitative data; the use of mathematical modeling to examine trends and patterns; and the use of multiple evaluation strategies to make evaluation findings more credible.

As part of the recent "re-engineering" effort at USAID, strategic objectives and refined indicators of progress are being finalized. These indicators incorporate and build on the core prevention and reproductive health indicators mentioned above.

APPENDIX I. MODES OF HIV TRANSMISSION

Sexual transmission is well-established as the dominant mode of HIV transmission, accounting for almost 85% of all adult HIV infections worldwide. The proportion of transmission via heterosexual or homosexual relations varies depending on the country; however heterosexual transmission is becoming increasingly important and now accounts for 75 to 80% of sexually transmitted HIV. The other principal modes accounting for the remaining non-sexually transmitted 15% are: mother to child transmission (including breastfeeding); and blood-borne, including transmission related to blood transfusions, injectable drug-use, and contaminated medical and other skin piercing equipment.

Estimates prepared by the WHO indicate that the number of children worldwide who acquire HIV from an infected mother in utero or during the birth process is expected to continue rising through the 1990s because of increases in HIV among women of child-bearing age. Studies have shown that roughly one-third of babies born to HIV-infected mothers in developing countries become infected themselves. Most of this mother-to-infant transmission occurs during pregnancy and delivery. Preliminary data from Kenya and Rwanda indicate that up to 15% of transmission may be attributable to breastfeeding. The risk of HIV transmission through breastfeeding is greater among women who become infected during the breastfeeding period. The international medical community is now urgently engaged in undertaking further research to better define the efficiency of HIV transmission during breastfeeding and to provide breastfeeding guidelines for HIV-infected mothers.

Transmission through blood transfusion is far less significant than through sexual transmission, and has been virtually eliminated in industrialized countries. However it continues to be a mode of transmission in many developing countries. Transmission due to the sharing of needles between injecting drug users is a less prevalent mode of HIV transmission in most developing countries. In parts of Southeast Asia it does, however, account for up to 15% of all adult HIV transmission. HIV transmission through the use of contaminated medical equipment, including reused needles, accounts for a small proportion of all transmission. Also less significant in terms of actual numbers, but nonetheless important, is transmission to health care workers in high HIV prevalence countries due to the lack of gloves and other materials required to practice "universal precautions."

APPENDIX II: 1995 EMPHASIS COUNTRY LIST:

COUNTRIES KEY TO THE GLOBAL EPIDEMIC

Brazil
India
Nigeria

COUNTRIES OF REGIONAL SIGNIFICANCE **

Cote d'Ivoire*
Honduras
Indonesia
Kenya
South Africa
S.E. Asia (Laos, Cambodia, Vietnam)
Thailand*

HIGH PREVALENCE COUNTRIES

Burundi
Ethiopia
Malawi
Rwanda
Tanzania
Uganda
Zambia
Zimbabwe
Dominican Republic
Haiti

* Thailand and Cote d'Ivoire are close-out countries for USAID

** Countries that contribute to the spread of HIV in the region.

APPENDIX III: COORDINATION WITH OTHER DONORS AND FEDERAL AGENCIES

Donor coordination is a fundamental aspect of USAID's operational approach to development. The aim of USAID's donor coordination is to improve its own effectiveness by cooperating with other donors to avoid duplication and promote complementarity.

USAID recognizes that coordination of HIV/AIDS activities and decision-making about such activities is a process, rather than a structure. This process promotes information exchange, builds alliances between different organizations and facilitates the creation of cooperation and programs which are complementary, collaborative and mutually reinforcing.

1. UN System Agencies

Historically, USAID has worked closely with the World Health Organization's Global Programme on AIDS (WHO/GPA) both as a major contributor and as member of a variety of management and decision-making committees including the WHO Global Programme on AIDS Management Committee (GMC), and the GMC Task Force on HIV/AIDS Coordination. In addition, the USG is represented on the Economic Social Council (ECOSOC).

In recent years, as other UN System Agencies have become involved in HIV/AIDS prevention in areas of their comparative advantage, USAID has provided initial support to both UNDP and UNICEF in their respective HIV/AIDS prevention efforts. In the future, USAID anticipates working with UN System Agencies through the UNAIDS programme which ECOSOC established in July 1994.

Six organizations of the UN system (WHO, UNFPA, World Bank, UNFPA, UNDP, and UNESCO) with differing expertise have joined forces, drawing on their respective experience for the prevention of HIV and mitigation of AIDS on individuals, communities and societies. There are four major components to the UNAIDS program: improved multilateral coordination, support to National AIDS programs, creation of a global forum for international "best practices," and research and development.

With the formation of the UNAIDS programme, USAID anticipates that all U.S. contributions to UN System efforts against HIV/AIDS will be coordinated through UNAIDS. USAID will continue to serve as a member of management and decision-making committees under the new structure of the UNAIDS programme.

2. Other Donors

In addition to USAID's efforts to coordinate at the global level through the UNAIDS programme, USAID works to coordinate programs and activities at the regional, sub-regional and country level. This level of coordination requires communication with a broad group of multi- and bilateral donor organizations.

The U.S.-Japan Common Agenda's HIV/AIDS initiative is one way in which USAID is working to maximize the impact of its assistance through donor coordination. Under the umbrella of the Common Agenda, the Government of Japan has been working closely with USAID to ensure coordinated and complementary programming of GoJ assistance for HIV/AIDS. In addition, through their Grassroots Grants Assistance program, the GoJ is providing complementary support to USAID supported NGOs engaged in HIV/AIDS prevention activities.

3. Federal Agencies

USAID coordinates with other U.S. government agencies through a variety of mechanisms. On a policy level, USAID participates in the USG Interdepartmental Task Force on AIDS which is chaired by the Office of National AIDS Policy.

USAID also plays an active role in coordinating the HIV-related activities of other U.S. government agencies in developing countries, including the Department of Health and Human Services and the Department of State. USAID utilizes Participating Agency Service Agreements (PASAs) to provide support for epidemiological and biomedical research conducted by CDC, BUCEN and NIAID. This mechanism helps to foster collaborative relationships with these Agencies, preventing duplication of effort and facilitating information exchange.

ANNEX IV: WHO/GPA COUNTRY PROGRAM INDICATORS

A. Program Process (1-3 years)

Condom availability: (Central)

Total No. of condoms available for distribution during the preceding 12 months
Population aged 15-49

(Peripheral)

No. of people who can acquire a condom
Population aged 15-49

B. Program Outcome (3-5 years)

Knowledge of preventive practices:

No. of people citing at least two acceptable ways of protection from HIV infection
Total No. of people aged 15-49 surveyed

Sexual behavior:

No. of people aged 15-49 who report having had at least one sex partner other than a regular sex partner in the last 12 months
Total No. of people aged 15-49 who report having been sexually active in the last 12 months.

No. of people aged 15-49 reporting the use of a condom during the most recent act of sexual intercourse with a non-regular sex partner
Total No. of people aged 15-49 reporting sexual intercourse with a non-regular sex partner in the last 12 months

Quality of STI case management:

No. of individuals presenting with STIs in health facilities assessed and treated in an appropriate way (according to national standards)
No. of individuals presenting with STI in health facilities

No. of individuals presenting with a STI or for STI care in health facilities who received basic advice on condoms and partner notification
No. of individuals presenting with a STI or for STI care in health facilities

STI prevalence and incidence

No. of pregnant women aged 15-24 with positive serology for syphilis
Total no. of pregnant women aged 15-24 attending antenatal clinics whose blood has been screened

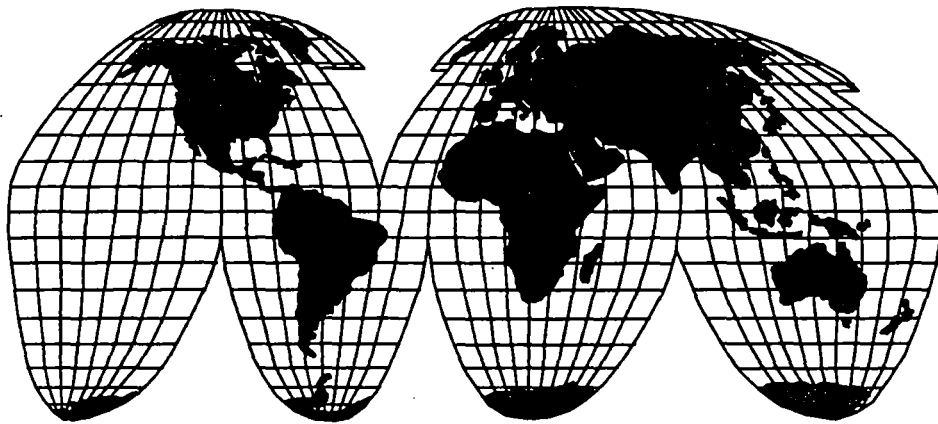
No. of reported episodes of urethritis in men aged 15-49 in the last 12 months
No. of men aged 15-49 surveyed

C. Program Impact (5-15 years)

HIV prevalence:
(Under development)

No. of pregnant women aged 15-24 seropositive for HIV
Total no. of pregnant women aged 15-24 attending antenatal clinics whose blood has been screened

United States International Strategy on HIV/AIDS



July, 1995



United States Department of State

DEPARTMENT OF STATE PUBLICATION 10296

Deputy Assistant Secretary for
Science, Technology and Health

Released September 1995



United States Department of State

*Under Secretary of State
for Global Affairs*

Washington, D.C. 20520-7261

Dear Friend,

Every region of the world has been affected by the devastation caused by HIV/AIDS. As the numbers of new infections continue to rise, we face the enormous challenge of developing more effective approaches to dealing with this pandemic.

The U.S. International Strategy on HIV/AIDS is designed to assist U.S. government efforts in meeting the challenge. The Strategy is an interagency effort led by the Department of State. Representatives from the Departments of Health and Human Services, Defense, Commerce, Education, Labor, Justice, as well as USAID, Peace Corps, the intelligence community, and the National AIDS Policy Director worked in close collaboration in the development of this report. The result is a Strategy which contains a set of priorities for action which all relevant U.S. agencies will work to achieve.

In this effort, I was particularly pleased to have the full participation of over twenty non-governmental groups -- including representatives from the AIDS activist community, health service providers, the business community and people living with HIV/AIDS.

I look forward to a more comprehensive effort to prevent new HIV infections and mitigate the impact of AIDS. In this Strategy, we now have a plan of action.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Wirth", with a large, stylized flourish above the name.

Timothy E. Wirth

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ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

CDC Centers for Disease Control and Prevention

CIA Central Intelligence Agency

DHHS Department of Health and Human Services

DOD Department of Defense

FDA Food and Drug Administration

HIV Human Immunodeficiency Virus

NGO non-governmental organization

NIH National Institutes of Health

PHS Public Health Service

STD sexually transmitted disease

U.N. United Nations

UNDP United Nations Development Programme

UNFPA United Nations Population Fund

UNICEF United Nations Children's Fund

USAID United States Agency for International Development

WHO World Health Organization

I. INTRODUCTION

The HIV/AIDS pandemic poses major challenges to all nations. HIV/AIDS is, as President Clinton observed, "the health crisis of this century." HIV/AIDS will also have economic, social, political and security implications throughout the world.

While human suffering is the most significant implication of HIV/AIDS, the pandemic is affecting a widening spectrum of society both in the United States and abroad. The spread of HIV/AIDS threatens to undermine democratic initiatives by destabilizing societies. HIV/AIDS threatens the sustainable economic development of many countries, including current and potential trading partners. U.S.-based multinational companies will face difficult challenges in addressing the impact of global HIV/AIDS on trade and investment considerations. National security interests are affected by the high rate of HIV infections among the military of certain countries. The international community is becoming increasingly concerned that some governments use HIV/AIDS as a justification for the violation of human rights. In many countries women's lower socio-economic status puts them at higher risk of becoming infected.

The United States must struggle against the HIV/AIDS pandemic. As the major contributor to multilateral and bilateral prevention efforts and as the world's standard bearer for biomedical research, the United States has been a central player in efforts to stem the spread of global HIV/AIDS. Our strong support for the streamlined newly established Joint U.N. Programme on AIDS provides another example of U.S. leadership on this issue. Yet much hard work remains. Success will require a sustained and vigorous commitment by the United States and its international partners.

About this document

This Strategy and action plan seeks to assist U.S. policymakers in working more effectively with international partners in the fight against global HIV/AIDS. Even as an early draft, this framework proved useful in guiding our preparation for the Paris AIDS Summit in December, 1994, and will help guide the U.S. planning for the IVth World Conference on Women to be held in September, 1995 and other future international meetings.

A USG interagency working group developed the document in consultation with non-governmental AIDS activist groups, business and trade representatives, and service organizations. The strategy articulates a set of U.S. international objectives for the fight against HIV-infection and AIDS and a set of actions aimed at meeting these objectives. The paper is intended mainly for the traditional foreign affairs agencies, such as the Department of State and USAID, as well as domestic agencies such as the Department of Health and Human Services to the extent that their activities promote international HIV/AIDS policy objectives.

Appendices B-E are interagency working group reports which formed the basis of the Strategy. Reports were prepared on Research (chaired by NIH), Prevention (chaired by USAID), National Security (chaired by CIA) and Donor Coordination (chaired by USAID). The Strategy itself, which has been cleared by all concerned USG agencies, is based on the interagency working group reports and State Department input and was developed through coordination and synthesis by the State Department. The Strategy does not describe all AIDS-related activities of all agencies but rather highlights activities that advance foreign policy objectives (USAID activities, for example, are described in a separate, comprehensive document).

The interagency working groups made rapid progress in outlining the fundamental tenets of the present document. This permitted the United States to support the inclusion of many of the principles contained herein in the Paris AIDS Declaration which was signed by leaders from 42 countries at the 1994 Paris AIDS Summit. The document is the basis in principle for U.S. support for the establishment of the U.N. Joint and Co-Sponsored Programme on HIV/AIDS and for the World Health Organization's Global Programme on HIV/AIDS.

HIV/AIDS is a long-term problem requiring a long-term commitment. The present Strategy should therefore be considered a long-term foreign policy framework supported by a near-term set of action items. As the present pandemic changes, and as we learn more about successful approaches to combat HIV/AIDS, our overall strategy and action plan should change accordingly. The Strategy should be viewed as a dynamic and flexible document, to be reviewed and revised as appropriate and at least biennially. The State Department will monitor progress toward reaching the goals outlined in the present Strategy.

Scope of the Pandemic

No region of the world has been spared the steady, silent spread of human suffering associated with AIDS. While the poorest regions of the world have been spared the least, industrialized countries will also be faced with increasing numbers of AIDS cases well into the foreseeable future. In the United States, HIV/AIDS is now the number one killer of Americans in the 25 - 44 year old age group, according to the Centers for Disease Control and Prevention.

Two to three million new HIV infections worldwide are expected annually. By the year 2000, the WHO estimates conservatively that 30-40 million people will have been infected. Harvard's Global AIDS Policy Coalition estimates that between 40 to 110 million people will have been infected by that time. While a small percentage of HIV-infected individuals have lived for twelve years or more with no sign of AIDS, the large majority of HIV-infected individuals develop AIDS and die within years.

Unlike other infectious disease epidemics such as cholera or plague, AIDS will not likely run its course and subside, at least in the foreseeable future. Without more effective response strategies and massive behavioral and societal change, or an effective vaccine, AIDS will continue to spread, especially in the Third World, reaching staggering levels of infection, death, human suffering, and social disorder. Thus, without human intervention, the number of AIDS cases will continue to rise in all regions of the world well into the next century.

Thus HIV/AIDS presents a unique set of health, social, economic and political challenges which will affect both developed and developing countries. For the most part, HIV/AIDS affects those in the 25-44 age group, arguably the most productive in society. Developing countries and countries in transition will suffer the most from the loss of productivity. The incubation period from initial infection to disease onset is usually upward of ten years, during which time the infection may be unknowingly spread. Almost 80% of infections occur through sexual transmission; current prevention strategies rely primarily on changes in high-risk sexual behaviors, notoriously difficult to control. As governments cope with increasing numbers of cases and already weakened health care systems, the economic impact on the most productive segments of society, and the impact on their military and political forces will become increasingly evident.

Some specific examples of the broad impact of HIV/AIDS include:

- The World Health Organization (WHO) estimates there will be between 10 and 15 million orphans worldwide attributable to HIV/AIDS by the turn of the century.
- The proportion of women infected with HIV is increasing rapidly; by the year 2000, the WHO predicts that more than half of newly infected adults will be women.
- In 1992 in Thailand, multinational firms invested \$1.3 billion. If projected rates of HIV infection in Thailand hold, a labor force increasingly weakened by AIDS-related illness and reduced by AIDS deaths could discourage foreign investors and jeopardize advances in the Thai standard of living. Tourism in Bangkok, a major source of income in the Thai economy, is lagging already, in part because of the fear of HIV/AIDS.
- A World Bank and U.S. Census Bureau modeling exercise found that by 2015, Africa's total GDP could be reduced by up to 22 percent relative to a no-AIDS scenario, which assumed moderate economic growth through the period.
- Certain militaries may begin to experience the adverse effects of AIDS in the next five years as rising HIV infections among young men reduce conscript pools and as an increasing number of officers, senior NCOs, and trained technicians become ill and die. HIV/AIDS could begin to degrade military manpower pools and readiness within the next ten years.

In the industrialized countries, HIV/AIDS will raise a number of questions that governments and businesses must address:

- U.S. and other multinationals will be forced to consider HIV/AIDS in foreign investment and trade discussions.
- HIV/AIDS is already straining the health care systems in cities that are hard-hit. In some U.S. cities, the majority of beds in some hospitals are filled with AIDS patients.
- Worldwide peacekeeping operations will become increasingly controversial as militaries with high infection rates find it difficult to supply healthy contingents. The United Nations will have to grapple with politically sensitive choices, such as refusing HIV-infected troops.
- Human rights violations of HIV-infected persons are likely to increase and require attention.

Preventing Infections

Despite enormous progress in understanding the AIDS virus and its effects, there is presently no available vaccine that can prevent HIV infection or progression to AIDS.

At present, however, there are over a dozen vaccine candidates in the early phases of clinical trials. Even if one of these vaccines proves effective in preventing infection or progression of illness, it will be years before it could be produced and distributed on a global basis.

In addition to the long-range goal of vaccine development, our strategies must focus on two broad areas: the reduction of high-risk sexual and drug behaviors and the development of non-vaccine preventive technologies, especially those that allow women the option of protecting themselves from infection, including vaginal microbicides and the female condom. Improvements in female-controlled preventive technologies are promising; these technologies will be the most effective in preventing HIV infection in women, at least in the near term. Further, female-controlled technologies may be more viable options in the long run for developing countries. Also, biomedical researchers have recently demonstrated that use of an antiviral therapy appears to reduce the likelihood for HIV-infected mothers to pass the infection to their infants. In addition, preliminary studies indicate that higher levels of a particular nutrient in the mother's bloodstream are associated with decreased risk of mother-to-fetus transmission, although the nature of this relationship needs more study.

WHO estimates that if all developing countries were to implement a basic HIV prevention program about one-half of the 20 million new infections expected worldwide between now and 2000 (based on conservative estimates) could be averted. However, such a program presupposes a full commitment by national political leaders -- often in conflict with strongly held cultural and religious sentiments. While some leaders have made strong commitments to preventing the spread of HIV/AIDS, much more needs to

be done to implement government policies and programs. The United States respects the sovereign right of each nation to make its own policies. Truly successful strategies should draw on multiple sectors of society, including business and labor. A strong commitment to prevention activities could stave off the enormous adverse impact of HIV/AIDS that is projected for expanding economies. Education is critical, including discussions of abstinence and mutual monogamy.

Treatment

Although HIV infection cannot be "cured" at present, biomedical research in the 1980's and 1990's produced several drugs that prolong and improve the quality of life for those infected with HIV. In addition, relatively inexpensive non-drug therapies and other strategies are being developed to help slow the progression of HIV disease. In poorer areas these interventions may be more appropriate than more costly antiviral drugs. Further research is needed to determine how effective and feasible these interventions may be. Nevertheless, the issue of access to adequate and affordable supplies of drugs for HIV and related opportunistic infections will surface increasingly in international discussions.

U.S. Foreign Policy in the Global Combat Against HIV/AIDS

The HIV/AIDS pandemic increasingly threatens economic, social and political stability (see Appendix D), and also threatens to undermine U.S. foreign policy initiatives including the promotion of democratization and sustainable development, conflict resolution and peacekeeping, and human rights. With no effective and affordable long-term medical treatment or vaccine on the horizon and without more aggressive efforts to prevent new infections, the AIDS pandemic will have greater and greater impact on developed and developing countries well into the next century.

How can the United States advance the worldwide struggle to contain the HIV/AIDS pandemic and to mitigate its effects? This strategy lays out a plan of action for U.S. leadership:

- Increase the political and economic commitment by foreign leaders to stem the spread and mitigate the impact of HIV/AIDS;
- Persuade other donor countries to shoulder a greater share of the technical assistance burden for HIV/AIDS;
- Focus world attention on the special needs of women, children and youth and their predisposition to become infected with HIV;

- Support the concept that sustainable development, family stability and personal responsibility are inextricably linked to stemming the spread of HIV/AIDS;
- Improve international cooperation on AIDS research and vaccine development;
- Encourage the efforts of the United Nations on HIV/AIDS, including continued support for the Joint U.N. Programme on AIDS;
- Address the human rights implications of HIV/AIDS in all appropriate fora; and,
- Foster greater involvement by non-governmental organizations, communities, business and labor leaders, and people infected with, and affected by, HIV/AIDS in AIDS policy and program formulation.

The U.S. Strategy is divided along thematic lines that reflect the three main objectives of the World Health Organization's "Global Strategy for the Prevention and Control of AIDS." These WHO objectives provide a useful framework from which to delineate an action plan to meet the U.S. foreign policy goals described above:

- Prevent new infections;
- Reduce personal and social impact; and,
- Mobilize and unify national and international efforts.

II. ACTION STRATEGY: Meeting U.S. International HIV/AIDS Goals

A. PREVENT NEW HIV INFECTIONS

One focus of U.S. and global efforts is on preventing new infections and AIDS cases by more effectively promoting the utilization of existing technologies and strategies, including the promotion of condom use; by working toward the development of more effective biomedical interventions, including vaginal microbicides and female-controlled barriers; by continuing to support health-promoting behaviors; and, by working to address underlying social conditions that enhance the transmission of HIV.

1. Take Diplomatic Initiatives to Promote More Active Involvement on HIV/AIDS Issues by National Governments.

National governments have the primary responsibility for sounding the alarm and for instituting programs to prevent the spread of HIV/AIDS. Prevention strategies are boosted by the active involvement of political leaders who openly address the HIV/AIDS issue. The USG should work with other governments to increase their recognition of the need for strong political and governmental leadership in stemming the spread of HIV/AIDS.

- The State Department and senior U.S. officials will:
 - urge foreign leaders to openly address the HIV/AIDS pandemic in their own countries;
 - urge other governments to consider the adverse economic and social impact of HIV/AIDS in their countries;
 - urge other governments to increase spending or to reallocate funds to prevent the spread of HIV/AIDS and strengthen AIDS research efforts;
 - emphasize the importance of National AIDS Action Plans which involve all relevant governmental agencies, Ministries, NGOs and the private sector;
 - encourage foreign leaders to support the Joint U.N. Programme on AIDS; and,
 - urge foreign leaders to join the United States and 41 other countries in endorsing the Paris AIDS Declaration.
- U.S. ambassadors and other embassy representatives will meet with host country counterparts to describe the U.S. International Strategy on HIV/AIDS and will
- encourage leaders to expand HIV/AIDS prevention and mitigation programs.

- Emphasis will also be placed on the important role that non-governmental organizations, business groups, people living with HIV/AIDS and community organizations should play in an effective response to HIV/AIDS.
- The State Department will seek to heighten the awareness of the foreign policy implications of HIV/AIDS in the foreign service community, through all available mechanisms, including training and conferences for foreign service officers.
- The State Department will transmit this Strategy in a cable to all posts.

2. Develop Behavioral Prevention Strategies.

Prevention programs aimed at reducing high-risk behavior are the best hope for reducing the numbers of new HIV infections. The Congress will be asked to support increases in the funding for global prevention programs that have been shown to reduce high risk behaviors that lead to the spread of HIV infection.

- The Secretary of State will describe in a letter to Congress the implications of the global HIV/AIDS issue for U.S. foreign policy and the need for U.S. funding for international programs aimed at reducing high-risk behaviors associated with HIV infection. (This letter, to be sent jointly with the Secretary of Health and Human Services, will address other AIDS-related issues, as described below.)

Successful prevention strategies can provide cost-effective ways to improve both domestic and international prevention efforts. Low-cost, effective and culturally relevant programs that are designed and implemented in collaboration with affected communities hold great promise. As HIV/AIDS becomes increasingly a disease of the poor in the United States, lessons gained from community-based organizations overseas become highly relevant. Similarly, community-based organizations in other countries can benefit from the U.S. experience, for example, in community planning for HIV/AIDS prevention.

- USAID combats global HIV/AIDS by identifying successful prevention strategies and applying them to appropriate new regions or countries. Such strategies should be publicized to government and community health workers.
- The Peace Corps incorporates HIV/AIDS education into other services, such as the teaching of English. This model approach for successful and integrated intervention should receive continued support.
- Through continued military-to-military educational programs on HIV/AIDS, The Department of Defense will collaborate to reduce the rate of infection in foreign militaries.

Governmental groups should seek the expertise of those on the front lines of the HIV/AIDS battle, including people living with HIV/AIDS and non-governmental experts. The NGO community, business and labor leaders, and people living with HIV/AIDS should be included as appropriate in AIDS policy dialogue as well as in designing and implementing of prevention strategies aimed at changing high-risk behaviors.

- The State Department will host a conference with U.S.-based international business leaders to discuss a range of HIV/AIDS-related issues, including the impact of HIV/AIDS on trade and investment decisions and on sustainable economic development. The State Department will work with non-governmental organizations that bring together private sector and public health interests to prepare the conference.
- The State Department, USAID and the National AIDS Policy Director will host a conference for domestic and international non-governmental organizations to discuss the U.S. response to global HIV/AIDS and to foster the exchange of information and experiences between domestic and international groups. Expected participants include representatives from the private sector, the religious community, activist groups and service organizations.
- USAID, the National AIDS Policy Director and the State Department will explore the feasibility of hosting satellite meetings at the International AIDS Conferences and regional AIDS conferences at which large cohorts of domestic and international NGOs are represented in order to foster dialogue between domestic and international NGOs.

3. Augment Research.

The U.S. maintains the world's most advanced biomedical and behavioral research base on HIV/AIDS. Advances made domestically will have international applications and impact.

The U.S. research agenda on HIV/AIDS emphasizes the development of preventive vaccines and other interventions to reduce the spread of HIV/AIDS, including microbicides, and more effective behavioral strategies and therapies to suppress opportunistic infections.

- The National Institutes of Health (NIH) have primary USG responsibility for conducting and funding basic and clinical research on AIDS.
- USAID and the Centers for Disease Control and Prevention (CDC) conduct international surveillance, behavior research, and prevention activities.
- The Department of Defense conducts mission relevant biomedical research activities toward candidate vaccine development.

International research collaboration helps: (a) expand the knowledge base for diverse strains of HIV, (b) boost understanding of epidemiologic trends and mechanisms of HIV transmission, and (c) identify successful behavioral strategies for prevention. Such collaboration will provide the basis for eventual large-scale testing of vaccines, therapies and other interventions.

- The Congress should be encouraged to support the substantial U.S. research agenda on HIV/AIDS since these activities are most likely to produce a vaccine, drugs, technologies or behavioral strategies that could be used on a global scale.

- In their joint letter to the Congress, The Secretary of State the and Secretary of Health and Human Services will describe the important role of U.S. biomedical and behavioral research in the global strategy to prevent infections. The letter will explain why Congress should support fully the Administration's budget request for biomedical research.
- USG representatives, including embassy personnel, will encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research. Where appropriate, embassies will assist in gaining approval for HIV/AIDS vaccine trials and other research efforts in host countries.

Through training and education, foreign representatives and health professionals will be more able to address the epidemic in their own countries. They will develop more reliable statistics and better train more staff to monitor the spread of HIV/AIDS.

- The NIH and its Fogarty International Center will establish and strengthen international biomedical scientific collaborations and training.
- NIH's Office of AIDS Research, in collaboration with the Fogarty International Center, will develop an inventory of NIH-supported research being conducted in both developing and developed countries.
- The State Department will assist USG agencies as necessary in strengthening or establishing international research and training collaborations.

USG technical agencies will maintain, expand or improve their research-related AIDS efforts:

- The National Institutes of Health will continue its strong AIDS research program with the aim of developing effective behavioral strategies, drugs, vaccines, other prevention technologies and approaches, including vaginal microbicides, and low-cost diagnostics to reduce the spread and impact of HIV/AIDS. NIH will work with the private sector, as appropriate, in this endeavor.
- A key element of USAID's strategy on HIV/AIDS is to continue to support behavioral research, with the aim of developing culturally appropriate prevention strategies, and studies of the economic impact of HIV/AIDS, particularly at the household level.
- FDA will work with product manufacturers to facilitate the rapid development of new agents for the prevention and treatment of HIV-related conditions as well as medical devices for the prevention of HIV transmission.
- CDC will continue to support behavioral research that provides information on risk behaviors and assists in targeting prevention strategies more appropriately.
- The Department of Defense will continue mission relevant biomedical research efforts toward candidate vaccine development.

- NIH's Office for Protection from Research Risks will continue its advisory and regulatory role in ensuring that international research is conducted in an ethical manner, consistent with agreed principles for protecting human subjects.
- Recognizing that international health problems portend domestic concerns, CDC, in collaboration with other agencies, will work toward improved global monitoring of the spread of HIV/AIDS.
- The State Department will convene a meeting of the National Science and Technology Council's Committee on International Science, Engineering and Technology to address the global challenge of emerging and re-emerging diseases, including HIV/AIDS. Enhanced federal efforts to improve global surveillance of disease will be one major focus of the meeting.
- The U.S. Census Bureau will expand its international HIV/AIDS database to include statistics from developed countries and countries where data had not been available previously, such as those of the Former Soviet Union.
- The State Department, in collaboration with the CDC, will organize a workshop to examine surveillance and epidemiological issues and related policy concerns in the Former Soviet Union.
- The Department of Defense will continue its biomedical research efforts toward vaccine development and toward improving the understanding of strains of HIV which pose potential risks to U.S. troops serving overseas.

4. Safeguard the Blood Supply.

The overall number of HIV infections which is attributed to receiving infected blood is relatively small. Yet technology exists that can safeguard the blood supply and effectively prevent these infections. Making this technology available to countries in need and reducing the number of unnecessary blood transfusions will prevent the majority of infections acquired through this mechanism.

- The Department of Health and Human Services will work with international partners, including NGOs and international development agencies and organizations, to assist in safeguarding the world blood supply.
- FDA will work with manufacturers to facilitate the development of new testing methodologies and other approaches to help assure the safety of the blood supply.

5. Provide Access to Health Services and Technologies.

Access to health services, and particularly those related to reproductive health and treatment of sexually transmitted disease, is essential in enhancing the efficacy of prevention strategies. The U.S. will give priority to ensuring access to primary health care services, and particularly to reproductive health and STD services;

- At international meetings the USG will emphasize the importance of access to health services as an important component of HIV/AIDS prevention and care strategies.
- USAID's HIV/AIDS strategy includes programs that underscore the linkage between reproductive health services, the treatment of sexually transmitted diseases, and reduction in the spread of HIV/AIDS.
- The USG will stress the important role that communities play in delivery of health services.

Access to effective prevention and treatment technologies for HIV/AIDS remains a major concern for many groups.

- The USG will work with international partners to improve access to effective and affordable condoms and drugs, critical to effective HIV/AIDS prevention.
- Concerned USG agencies will consider alternative and innovative ideas, including the establishment of an international fund, aimed at improving access to prevention and treatment technologies, including condoms and vaginal microbicides once they are developed.

6. Address the Adverse Impact of Poverty and Other Factors on Prevention Efforts.

The epidemic is steadily increasing in poorer populations who have limited access to information about HIV and AIDS and/or preventive health services and limited ability to act on the information they may have. As societies improve access to information and services for all members and promote the rights and dignity for all members, thereby reducing discrimination, they will be increasingly successful in reducing the social and economic damage caused by AIDS.

The USG will work with other governments and in every appropriate forum, including international conferences and within the U.N. system, toward improving conditions which foster HIV/AIDS prevention efforts for groups that may be at higher risk for HIV infection, including women, children, youth, members of minority groups, the poor, homosexuals, mobile populations, and intravenous drug users. Illustrative examples of USG actions are outlined below.

Women: Coupled with their biological susceptibility to infections through heterosexual transmission, the lower social, educational, and economic status of women in some countries puts them at even higher risk for becoming infected with HIV. Their subordinate role in some countries prevents them from refusing unsafe sex or from leaving marriages in which their partner is engaging in behaviors which places him at high risk for becoming HIV-infected. The improvement of the status and self-esteem of women and their role in the family will have far-reaching effects in reducing HIV infections in women and in stemming the spread of HIV/AIDS.

Several conditions may directly or indirectly impact the rates of HIV infection in women:

- Human rights abuses, such as the selling of women and girls into prostitution and the traditional practice of female genital mutilation;
- Increasing trend toward early childhood marriage; and,
- Discriminatory land-tenuring and inheritance laws.
- In all appropriate fora, the USG will emphasize the special needs of women, including the protection of women's human rights.
- DHHS and the National AIDS Policy Director will establish an interagency working group to discuss women's health issues related to HIV/AIDS and associated concerns as they relate to key international meetings.
- USAID programs to increase the education of girls and women and their economic potential will address the socio-economic factors contributing to women vulnerable to HIV-infection.
- The USG will support global research priorities that emphasize protecting women from infection. Research aimed at development of technologies that increase women's ability to protect themselves from infection is of global import since such technologies may be the best hope to decrease heterosexual spread of AIDS in the near term.
- USAID and the PHS will prioritize efforts in the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.
- As a means to provide greater protection for women as well as men, USAID and PHS will prioritize efforts to develop new and better male condoms.

Children and Youth: Cultural and societal attitudes which inhibit frank discussions about sex and gender issues and which condone high-risk sexual behavior can be counterproductive to HIV/AIDS prevention efforts. Successful and long-term HIV/AIDS prevention strategies must include age-appropriate education and others which instill a sense that individuals are able and have a responsibility to protect themselves from infection. In addition, research aimed at preventing infection of infants born to infected mothers should remain a central focus.

- In every appropriate forum the USG will recommend adoption of age-appropriate education on HIV/AIDS.
- The NIH will place a high priority on following up initial studies which could lead to methods for preventing HIV transmission from mother to fetus, including antiviral therapy (AZT) and micronutrient treatment (vitamin A) during pregnancy and on further defining the context of their use.

- The State Department will emphasize to appropriate U.N. agencies, including UNICEF, UNDP, WHO, and UNFPA, the importance the USG places on prevention of HIV infection of children and youth and will urge U.N. bodies to prioritize their efforts for preventing infections and mitigating the impact of HIV/AIDS on children and youth.

Mobile Populations: Millions of people who daily move across national borders pose global economic, security and health concerns. This mobile population constitutes one of the world's largest potential transmission pools of HIV. Members of militaries, multinational companies, refugee groups, teams on large development projects, farm groups, trucking companies, and others in this mobile group may engage in high-risk behaviors that would lead to HIV infection. Members of these groups should have access to information and services that would assist in preventing infection, either of themselves or of others. Reducing HIV infections in mobile populations would presumably have a secondary benefit of decreasing rates of transmission once the worker returned home. The USG will work to improve access to information and services for mobile populations.

- The State Department will convene an interagency working group to discuss cooperation more closely with development banks to reduce the spread of HIV/AIDS at development project sites and particularly among workers who migrate to work at those sites.
- When appropriate and feasible, USAID will incorporate HIV/AIDS prevention activities into the overall health strategy for well-established refugee camps.

B. REDUCE PERSONAL AND SOCIAL IMPACT

Medical services and social support are vital for persons with HIV and their families. Nations need long-term treatments for HIV and AIDS and for the opportunistic infections which complicate HIV infection, such as tuberculosis.

HIV/AIDS poses problems to infected persons which go beyond the medical and health implications, such as the potential for human rights abuses and discrimination in the workplace. Further, the impact of HIV/AIDS on society as a whole is manifested in destabilized family structures, adverse impact on the economy, and the threat of political and military destabilization. These broader issues must be considered in any strategy to mitigate the impact of HIV/AIDS on the individual and the society.

1. Provide Care and Support.

Most countries aspire to ensure access to health care services for all citizens. In developed and developing countries alike, however, the growing numbers of AIDS cases will strain health care systems. In developing countries, health care systems have been inadequate even before HIV/AIDS. The result is less access to service for those in need. The effects are multiplied because governments will be forced to buttress weak health care systems by diverting scarce resources from national savings

or other sources that are critical for national economic stability. While working to boost health care infrastructures, governments should work with non-governmental groups and people infected and affected by HIV/AIDS to more effectively meet the care and support needs of HIV-infected individuals.

o With the goal of developing effective and affordable long-term treatments and strategies to provide care and to assist HIV-infected persons and their families, USAID and PHS, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures, including strengthening of tuberculosis control programs.

- USAID and DHHS agencies will provide technical assistance to countries for the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.
- The USG will support the inclusion of non-governmental organizations and people infected with and affected by HIV/AIDS in the design of care strategies.
- In appropriate international meetings the USG will support a strong role for community-based provision of care and support to those affected by HIV/AIDS.

Special emphasis on families: The impact of HIV/AIDS on families is cause for alarm. By the year 2000, it is estimated that 10 - 15 million children will have become orphans because of HIV/AIDS. They may swell the ranks of the unemployable, become part of the alienated and increasingly criminal class in many cities, and add to the worldwide increase in street children. The impact on women is equally alarming. As infected women become sick and die, families will increasingly feel the burden of lost economic income, especially in agricultural-based societies, as well as the loss of the major caregiver for the family. The USG will advance the recognition in every appropriate forum that HIV/AIDS can have a devastating and destabilizing impact on families, and particularly on women, children and youth.

- The State Department will stress the urgent need of addressing the impact of HIV/AIDS on families in all appropriate international fora, including the IVth World Conference on Women and the Joint U.N. Programme on AIDS.
- USAID will work with other donors to establish innovative programs, including the establishment of trust funds, in order to provide social services and support for the burgeoning number of AIDS orphans in developing countries.

2. Guarantee Human Rights.

Universal recognition of the human rights of HIV-infected persons is essential to reducing the personal and social impact of HIV/AIDS. The USG will promote non-discriminatory workplace policies, protection from punitive or coercive measures with respect to HIV testing, policies relating to entry into foreign countries that are based on sound public health practice, and non-discriminatory access to education and medical treatment as well as the protection of civil and political rights.

- In all appropriate international fora the State Department and other appropriate USG representatives will promote the safeguarding of equal protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing and social welfare.
- The State Department will continue to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting.

3. Protect Politico-Military Structures at Risk.

HIV has the potential to affect the stability and readiness of militaries, especially those in developing countries with very high HIV rates of infection. The overall impact on military capabilities in most instances appears to be slight thus far; however, as key career personnel increasingly move past the long HIV latency stage and contract AIDS, their loss will have a detrimental effect, particularly in the more sophisticated developing-country militaries that depend significantly on well trained and experienced technical personnel.

Militaries are composed largely of young men and women who are susceptible to behaviors that carry with them the risk of contracting HIV. Nevertheless educated and disciplined troops can be trained to avoid high-risk behaviors by a military establishment that recognizes and responds to the threat of HIV/AIDS. That explains, in part, the relatively low HIV prevalence in developed-country militaries.

World-wide peacekeeping operations may pose a danger of spreading HIV, particularly as traditional developing-country suppliers of troops find it increasingly difficult to supply units that are free of HIV infection. The risk runs both ways; peacekeepers could both be a source of HIV infection to local populations and be infected by them, thus becoming a source of the infection when they return home. In combat situations, there may also be increased risk of HIV transmission among peacekeepers, and between them and local populations, through contact with HIV contaminated blood.

A more substantial overall risk, however, is the transmission of HIV-related secondary infections, such as tuberculosis, which are far more contagious and more easily transmitted. The spread of those diseases cannot be largely avoided by controlling high-risk behaviors, as is the case with HIV.

- All appropriate support should be given to DOD's military-to-military educational programs on HIV/AIDS that are geared to improving prevention strategies in foreign militaries.
- The State Department will convene an interagency meeting to address the impact of HIV/AIDS on international peacekeeping operations and humanitarian missions. Issues to be considered include risk of exposure of U.S. troops to HIV/AIDS and to HIV-associated and possibly multi-drug resistant TB; combat medical conditions, including safety of the

blood supply and medical personnel and treatment of non-U.S. troops; the importance of military training in the U.S. as a democracy promoting measure and the impact of restrictive U.S. entry requirements on such training, and the degree of spread of various strains of HIV due to peacekeeping operations. Recommendations for action will be made to appropriate officials, including those responsible for development of U.S. policy on U.N. peacekeeping operations.

- The National Intelligence Council will coordinate the preparation of a National Intelligence Estimate on the impact of HIV/AIDS on military establishments.

4. Place HIV/AIDS on the Sustainable Development Agenda.

The growing AIDS epidemic will complicate ongoing sustainable development efforts. While AIDS has adversely impacted the skilled, urban workforce in developing countries, the disease will also have an increasingly devastating impact in rural regions over the next several years. Because remittances from urban workers are often critical sources of income for family members who remain in the countryside, the illness and death of urban workers may mean fewer resources are available to rural communities and households. The loss of trained workers and supervisors will reduce the professional and technical and skills base, especially in smaller countries, while infection among the unskilled will disrupt routine operations even in sectors where replacements are readily available. Losses in the agricultural labor pool could lead to decreased production of cash crops as subsistence farming consumes all available labor in some communities.

The credit-worthiness of those seeking loans for low-cost housing, farm improvements, or to expand small businesses is weakened if family incomes are reduced by illness and death. Education is vital for development, but children are leaving school early to care for ill relatives or because falling family incomes do not allow for payment of school fees. Moreover, since infected people die during their most productive years, tough decisions will have to be made regarding expenditures for training.

- The State Department will work with the Departments of Commerce and Treasury and USTR to propose AIDS as an agenda item at the G-7 and other appropriate international economic meetings.
- The State Department, in consultation with business and labor groups, other NGOs and appropriate USG agencies, will host a 1-5 day conference on a range of HIV/AIDS-related issues, including the impact of HIV/AIDS on sustainable development of trading partners.

- The intelligence community will produce and update analyses of the impact of HIV/AIDS in selected countries and regions, as needed.

C. MOBILIZE AND UNIFY NATIONAL AND INTERNATIONAL EFFORTS

Strengthened collaboration within and among countries is an essential component to improving efforts to combat global HIV/AIDS. The U.S.G. should use a variety of mechanisms to meet these objectives, including the following:

- The Interdepartmental Task Force on HIV/AIDS, chaired by the National AIDS Policy Director, will develop a national action plan for HIV/AIDS, as directed by the President.
 - The State Department will work to ensure that the objectives outlined in the present document support and complement those of the national action plan.
- The Joint U.N. Programme on AIDS is expected to provide an excellent framework for the coordination of bilateral and multilateral HIV/AIDS efforts. Continued support for the Programme sends the message that the U.S. sees coordination of efforts as a critical element in a successful effort to combat global HIV/AIDS.
 - The State Department and senior USG officials will support -- and will urge other governments to support -- the speedy establishment of the Joint U.N. Programme on AIDS.
- The State Department and senior USG officials will urge other governments to increase their contributions to the UN's efforts on HIV/AIDS to the already high levels being contributed by the USG.
- Since the HIV/AIDS issue is taken up in a number of intergovernmental fora, both within and without the U.N system, the State Department will convene regular interagency meetings to discuss the international agenda and to develop common approaches on HIV/AIDS issues.
- Using the HIV/AIDS component of the Common Agenda with Japan as a model, the State Department and USAID will pursue agreements with other donors to work more closely on HIV/AIDS in priority countries.
- To the extent possible, U.S. international policy on HIV/AIDS will be consistent with other international efforts, and those of the U.N. system in particular.

APPENDIX A: An Agenda for Action

The following breakdown by agency re-capitulates the action items outlined in the body of the document in their order of appearance. For actions in which more than one agency is involved, the action, in most cases, is listed according to the agency which will take the lead.

State Department

- 1a The State Department will ensure that the major tenets of this document are promoted in relevant international meetings of the U.N. and other bodies, including the IVth World Conference on Women, as well as within U.N. agencies themselves, and particularly in the Joint U.N. Programme on AIDS.
- 1b The State Department will develop policy guidance materials to ensure that U.S. international HIV/AIDS objectives are promoted in discussions between senior USG representatives and national leaders from key countries. In addition to encouraging leaders to join the United States in endorsing the 1994 Paris AIDS Declaration and the Joint U.N. Programme on AIDS, USG representatives will emphasize a range of concerns, including the urgent need for leaders to openly address the HIV/AIDS pandemic in their own countries, the need for governments to consider the adverse economic impact of HIV/AIDS in their countries, the need for other governments to increase spending on HIV/AIDS prevention and research, and the need to establish or implement National AIDS Action Plans.
- 1c U.S. ambassadors and other embassy representatives will meet with host country counterparts to describe the U.S. International Strategy on HIV/AIDS and to encourage leaders to expand HIV/AIDS prevention and mitigation programs. Emphasis will be placed on the important role that NGOs, business groups, people living with HIV/AIDS, and community organizations should play in an effective response to HIV/AIDS.
- 1d The State Department will transmit this Strategy on HIV/AIDS in a cable to all posts.
- 1e The State Department will seek to heighten the awareness of the foreign policy implications of HIV/AIDS to the foreign service community through all available mechanisms.
- 1f The Secretary of State will join the Secretary of the Department of Health and Human Services in sending a joint letter to Congress

describing the broad impact of HIV/AIDS, including the implications for U.S. foreign policy and national security interests. The letter should describe the important role of U.S. biomedical research in the global strategy to prevent infections. The letter should urge Members to support fully the Administration's budget request for biomedical research and international AIDS prevention.

- 1g The State Department will host a 1-5 day conference with U.S.-based international business leaders to discuss a range of HIV/AIDS-related issues, including the impact of HIV/AIDS on trade and investment decisions and on sustainable economic development of trading partners.
- 1h The State Department will assist USG agencies as necessary in strengthening or establishing international research and training collaborations and will assist, as necessary, in gaining approval for HIV/AIDS vaccine trials and other research efforts in host countries.
- 1i The State Department will convene a meeting of the National Science and Technology Council's Committee on International Science, Engineering, and Technology to address the global challenge of emerging and re-emerging diseases, including HIV/AIDS.
- 1j The State Department, in collaboration with the CDC, will organize a workshop to examine surveillance and epidemiological issues and related policy concerns in the Former Soviet Union.
- 1k The State Department will emphasize to appropriate U.N. agencies, including UNICEF, UNDP, WHO and UNFPA, the importance which the USG places on prevention of HIV infection of children and youth and will urge U.N. bodies to prioritize their efforts for preventing infections and mitigating the impact of HIV/AIDS on children and youth.
- 1l The State Department will convene an interagency working group to discuss mechanisms whereby the USG may work more closely with development banks to reduce the spread of HIV/AIDS at development project sites.
- 1m The State Department and other appropriate USG representatives will promote the safeguarding of the protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing and social welfare in all appropriate fora.
- 1n The State Department will continue to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting.
- 1o The State Department will convene an interagency meeting to address the impact of HIV/AIDS on international peacekeeping operations and humanitarian missions. Recommendations for action will be made to appropriate officials, including those responsible for U.S. policy on U.N. peacekeeping operations.

- 1p The State Department will work with the Departments of Commerce and Treasury and USTR to include AIDS as an agenda item at the G-7 and other appropriate international economic meetings.
- 1q The State Department will work to ensure that the objectives outlined in the present document support and complement those of the national HIV/AIDS action plan, now being developed.
- 1r The State Department and senior USG officials will support -- and will urge other governments to support -- the speedy establishment of the Joint U.N. Programme on AIDS. They will also urge other governments to increase their contributions to the U.N.'s efforts on HIV/AIDS to the already high levels being contributed by the USG.
- 1s The State Department will convene regular interagency meetings to discuss the international calendar and to develop common approaches on HIV/AIDS issues.
- 1t Using the HIV/AIDS component of the Common Agenda with Japan as a model, the State Department and USAID will pursue agreements with other donors to work more closely on HIV/AIDS in priority countries.

USAID

As outlined in the body of the present document, the following are some of the key elements of USAID's global HIV/AIDS strategy:

- 2a Identify successful prevention strategies and, through USAID missions and U.S. embassies, publicize successes to government and community health workers so that they may be duplicated elsewhere, including in other regions of the same country as well as in other countries.
- 2b Continue to support behavioral research, with the aim of developing culturally appropriate prevention strategies, and studies of the economic impact of HIV/AIDS, particularly at the household level.
- 2c Continue to develop programs which underscore the linkage between provision of reproductive health services, the treatment of sexually transmitted diseases, and reduction in the spread of HIV/AIDS.
- 2d Address the socio-economic factors which contribute to women's vulnerability to HIV infection through programs to increase the level of education in girls and women and their economic potential.
- 2e Support efforts in the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.
- 2f Develop new and better male condoms.

- 2g When appropriate and feasible, incorporate HIV/AIDS prevention activities into the overall health strategy for well-established refugee camps.
- 2h With the goal of developing long-term treatment and care strategies for HIV/AIDS affected persons, USAID, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures in countries in need.
- 2i Continue to provide technical assistance to countries for the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.
- 2j Work with other donors to establish innovative programs, including the establishment of trust funds, in order to provide social services and support for the burgeoning number of AIDS orphans in developing countries.

DHHS AGENCIES

- 3a NIH's Office of AIDS Research, in collaboration with the Fogarty International Center, will develop an inventory of NIH-supported research being conducted in both developing and developed countries.
- 3b NIH will continue its strong AIDS research program with the aim of developing effective behavioral strategies, drugs, vaccines and other preventive technologies and approaches, including vaginal microbicides, and low-cost diagnostics to reduce the spread and impact of HIV/AIDS. NIH will work with the private sector, as appropriate, in this endeavor.
- 3c FDA will work with product manufacturers to facilitate the rapid development of new agents for the prevention and treatment of HIV-related conditions as well as medical devices for the prevention of HIV transmission.
- 3d CDC will continue to support behavioral research which provides information on risk behaviors and which assists in targetting prevention strategies more appropriately.
- 3e NIH's Office for Protection from Research Risks will continue its advisory and regulatory role in ensuring that international research is conducted in an ethical manner and one that is consistent with agreed principles for protecting human subjects.

- 3f DHHS will work with international partners, including NGOs and international development agencies and organizations, to assist in safeguarding the world blood supply.
- 3g FDA will work with manufacturers to facilitate the development of new testing methodologies and other approaches to help assure the safety of the blood supply.
- 3h PHS will prioritize efforts in the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.
- 3i PHS will prioritize efforts to develop new and better male condoms.
- 3j The NIH will place a high priority on following up initial studies which could lead to methods for preventing HIV transmission from mother to fetus, including antiviral therapy (AZT) and micronutrient treatment (vitamin A) during pregnancy and on further defining the context of their use.
- 3k With the goal of developing effective and affordable long-term treatments and strategies to provide care and to assist HIV-infected persons and their families, PHS, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures.
- 3l DHHS agencies will continue to work toward the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.
- 3m CDC, in collaboration with other agencies, will work toward improved global monitoring of the spread of HIV/AIDS. This includes working with the U.S. Census Bureau to expand its international HIV/AIDS database to include statistics from developed countries and the Former Soviet Union.

Peace Corps

- 4a The Peace Corps' programs which incorporate HIV/AIDS education into other services, such as the teaching of English, should be viewed as models for successful and integrated interventions and should receive continued support.

Defense Department

- 5a The Department of Defense will continue to conduct military-to-military educational programs on HIV/AIDS, which are expected to contribute to changes in high-risk behaviors and overall decreases in the rate of infection in foreign militaries. All appropriate support should be given to these programs.
- 5b The Department of Defense will continue mission relevant biomedical research efforts toward candidate vaccine development.

The Intelligence Community

- 6a The National Intelligence Council will coordinate the preparation of a National Intelligence Estimate on the impact of HIV/AIDS on military establishments.
- 6b The intelligence community will produce and update analyses of the impact of HIV/AIDS in selected countries and regions, as needed.

Multiple Agency Efforts:

- 7a The State Department, USAID and the National AIDS Policy Director will host a conference for domestic and international AIDS non-governmental organizations to discuss the U.S. response to global HIV/AIDS and to foster the exchange of information between domestic and international groups.
- 7b USG representatives, including embassy personnel, will encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research.
- 7c USAID, the National AIDS Policy Director and the State Department will explore the feasibility of hosting satellite meetings at the International AIDS Conferences and regional AIDS conferences at which large cohorts of domestic and international NGOs are represented in order to foster dialogue between domestic and international NGOs.
- 7d Concerned USG agencies will consider alternative and innovative ideas and will work with international partners to improve access to essential commodities, including condoms, vaginal microbicides (once they are developed and made available) and drugs to treat sexually transmitted diseases.
- 7e DHHS and the National AIDS Policy Director will establish an interagency working group to discuss women's health issues and associated concerns as they relate to key meetings on the international agenda.
- 7f Representatives from the State Department, USAID, the National AIDS Policy Director's office, and others will meet on a regular basis to discuss key issues of common concern.

APPENDIX B: International Research Cooperation

INTRODUCTION

Science is an international enterprise, and international scientific dialogue and research are essential in advancing knowledge about HIV infection and AIDS. International HIV-related research intersects with other foreign policy issues as it develops information to address a fundamental health issue contributing to social and economic instability in many countries. The U.S. has much to gain by continued strong international cooperative and collaborative efforts with nations with highly advanced biomedical research programs and health delivery systems and with nations with less developed research and public health capabilities. Such efforts are a key part of a comprehensive U.S. international HIV/AIDS strategy.

Information from international research benefits U.S. citizens, as well as people in the country where research is conducted and people world-wide who are affected by HIV. Some of the most critical scientific information on HIV/AIDS has been derived from collaboration with colleagues in other countries, with implications for prevention and treatment of HIV infection and disease, as well as the impact on societies. These studies provide information on the variation of strains of HIV from various geographical regions; risk factors for heterosexual and mother to child transmission of HIV; the role of other sexually transmitted diseases in HIV transmission; the relationships between HIV infection and other diseases; and the demographic and socioeconomic impact of HIV/AIDS/ Global monitoring of the epidemic is crucial to further understand mutation and evolution of HIV and patterns of spread. The recent explosive epidemic in Asia caused by variants differing from that found in the U.S. warrants close attention; HIV evolutionary patterns in foreign settings may foreshadow unanticipated events in the U.S.

The development of HIV-related research skills in scientists and health professionals is central to an international research strategy. Scientist exchanges facilitate the generation of new research ideas. In addition, international training programs increase the expertise of both American and foreign scientists in HIV/AIDS research, provide the opportunity to develop collaborative relationships between American and foreign scientists, and will facilitate the international testing of anti-HIV drugs and vaccines.

Consideration of human rights must be fundamental to the philosophy guiding U.S.-sponsored research in foreign countries. Ethical and legal issues

related to the conduct of international HIV-related research will be continually examined, including issues such as the protection of human participants in research in vastly differing cultural contexts and the rights of collaborating researchers and institutions. These principles are well-articulated in recent documents (see references 1,2,3).

A basic ethical responsibility of developed nations is to ensure that developing countries receive benefits from research. Issues include the dissemination of research information to researchers, care providers, and program managers; dialogue with vaccine and drug manufacturers concerning the need to develop products with global utility; and the development of scientific and laboratory capabilities in developing countries. Research collaboration and training strengthen the scientific foundation and help to establish the knowledge, skills, and laboratory capacity upon which countries can further develop public health infrastructure to deliver HIV vaccines, when available, and cost effective interventions. Such efforts will have far-reaching effects through application to other infectious diseases prevalent or emerging in developing countries.

CURRENT INTERNATIONAL HIV-RELATED RESEARCH ACTIVITIES

Several government agencies conduct international HIV-related research efforts, the nature and perspective varying with the mandates of the individual agencies. In addition to U.S. and other countries' government agencies, activities related to international research on HIV are conducted by multilateral organizations, including U.N. agencies and the World Bank, and by private foundations.

National Institutes of Health (NIH) supports over 100 collaborative HIV/AIDS research projects, in both developed and less developed countries. These include basic research studies, such as genetics and immunology; research related to the development of vaccines and therapeutics; population-based research on transmission of HIV and progression of HIV disease; the behaviors associated with increased risk for HIV infection. These studies help to develop the infrastructure for clinical trials of vaccines by defining potential study populations and developing laboratory and research capabilities. The AIDS International Training and Research Program (AITRP) provides research training designed to increase the capacity of developing countries to address AIDS. A reagent repository provides access to research reagents world-wide. The NIH has developed formal agreements with several foreign countries to collaborate on AIDS-related research, including Japan, Germany, and Thailand.

Centers for Disease Control and Prevention (CDC) international AIDS research activities include two collaborative research projects with CDC professional staff posted overseas in Cote d'Ivoire and Thailand, transfusion

safety research and assessment in Africa, characterization of viral isolates, field evaluations of low-technology diagnostics, epidemiologic and research training, plus short-term technical consultations and long-term assignment of professional staff to U.N. agencies. The principal areas of current and near future activities include epidemiologic and intervention research in mother-to-child transmission, heterosexual transmission and its interactions with other sexually transmitted diseases, TB-HIV interactions, and blood safety. Training of international public health professionals in epidemiology and research includes courses in Atlanta and overseas, one-on-one mentoring in research projects abroad, and longer-term training for foreign nationals in the U.S. and Belgium, supported in part by funding from the NIH.

U.S. Agency for International Development (USAID) has supported research on behavior change, social marketing for condom promotion, and sexually transmitted disease (STD) reduction via its AIDSCAP project. In addition, USAID supports several grants to non-governmental organizations (or private voluntary organizations, NGO/PVO), as well as epidemiological and biomedical research administered by the NIH, CDC, and the Global Programme on AIDS of the WHO. Specific areas of research include female-controlled vaginal spermicides and microbicides, female condoms, the economic impact of HIV/AIDS, inexpensive STD diagnostics, and novel testing and counselling strategies.

Department of Defense (DoD) HIV/AIDS efforts comprise militarily relevant, product oriented, applied research aimed at reducing the rate of new infections, disease progression, and death of DoD personnel. A key objective is to develop a vaccine(s) offering protection from HIV for U.S. military personnel world-wide, including: isolation and characterization of the genetic diversity of HIV from international sites; initiation of joint U.S./Thai preventive vaccine field trials in late 1994 or 1995. A collaborative program with other militaries through DoD's world-wide network of military research laboratories forms the basis for potential HIV/AIDS clinical and research observations, especially in the development and pre-clinical testing of vaccines corresponding to virus prevalent in developing countries. A behavioral prevention program includes intervention-based prevention research directed at reducing high risk behaviors among uninfected military personnel.

FUTURE DIRECTIONS IN INTERNATIONAL HIV RESEARCH COOPERATION

International research collaboration will continue to provide unique research opportunities that allow us to obtain useful scientific information more rapidly and at less cost, benefitting all concerned. The following are critical areas of international HIV-related research collaboration to be pursued.

Basic biomedical research in areas such as virology, immunology, and molecular biology will provide the basis for the development of AIDS vaccines and therapeutic strategies.

- Study of the clinical and molecular epidemiology of HIV/AIDS and mathematic modelling of individual epidemics is central to an international strategy to address AIDS, particularly in areas already greatly impacted by the pandemic, such as Africa and Latin America, and in areas of escalating epidemics, such as the Far East and Western Pacific.
- Research on risk behaviors and the factors that motivate and sustain behavior change in difference populations and under a variety of social, cultural, and economic circumstances will provide the foundation for the development, testing, and implementation of behavioral interventions.
- Studies of risk factors and mechanisms of HIV transmission will provide information critical to the development of biologically-based strategies to interrupt transmission, including transmission from mother to infant, sexual transmission, and transmission through injection drug use. In particular, studies of the role of treatment of STDs in control of HIV transmission will be critical to efforts to link STD programs with HIV prevention.
- Studies of the progression of HIV-related disease from early infection through long-term consequences, including opportunistic infections, will provide information central to the clinical management of HIV-infected patients.
- The development and evaluation of non-vaccine interventions that are effective against HIV infection and disease progression, cost effective, and useful in a variety of settings are critical to a comprehensive approach to aids prevention and an international research strategy.
- The development of HIV vaccines that are safe and effective in preventing infection in exposed individuals is a major international public health priority. The evaluation of vaccines for efficacy, including vaccines for mother to child transmission, will likely involve international vaccines trials at international sites.
- The development of technologies that are applicable to research and patient care in less developed country settings is essential to effective research and care infrastructure.

- Basic social science research that addresses the impact of social, economic, demographic, and cultural factors on AIDS epidemics, as well as the consequences of the epidemic for the family, society, culture, economic stability, national security, and demographic change, including worker migration, the role of poverty, the status of women, and political repression, will provide information of use to governments in developing broad social and political strategies to combat their epidemics.

Additional activities will include the continued development of training programs; expansion of the use of established repositories, including encouragement for foreign scientists to submit specimens and facilitation of access to repositories by foreign scientists; collaboration in the development of a database of international clinical trials; and the dissemination of state-of-the-art research information to foreign scientists.

For international research efforts to proceed smoothly, it is critical that mechanisms be developed for coordination and information sharing among agency program staff. Such activities might include developing briefing materials applicable across agencies; maintaining a database of international research activities; and convening meetings to share information and collaborate on program planning, collectively identifying opportunities to address problems cost-effectively.

The U.S. should also coordinate effectively with other organizations with roles in international research on HIV, including the WHO Global Programme on AIDS, WHO regional offices, other U.N. organizations, the World Bank, private foundations, and regional non-governmental organizations. The U.S. government should also nurture partnerships with private industry and academia to further research with international relevance. Specifically, the U.S. should collaborate with industry in developing vaccine candidates with global potential, perhaps through joint ventures between the U.S. government and industry.

To advance the research agenda, it is necessary to consider policy issues in the context of research. In this regard, the research community will rely on the efforts and expertise of other branches of the Government as noted below. The U.S. should utilize diplomatic channels to encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research. Of particular importance is research that will provide information relative to the empowerment of women and other disenfranchised segments of societies. Where necessary, U.S. agencies and investigators should enlist assistance from Embassies to facilitate the establishment of relationships and the development of in-country infrastructure for research and dissemination of research findings. Other efforts that would complement the international research agenda related to the investigation of mechanisms to remove barriers to infrastructure development for HIV-related research in foreign countries, including re-

examining existing authorities in relation to agency programs, addressing immigration issues, and initiating international dialogue concerning taxes and tariffs on equipment imports.

Most important, close ties between U.S. and foreign scientists are essential for advancement of international collaborative research on AIDS. To this end, a variety of formal and informal relationships should be cultivated, including scientist-to-scientist relationships, as well as formal agreements between the U.S. and foreign governments and institutions. Where possible, the U.S. should attempt to develop full collaborative relationships with foreign investigators and maintain long-term institutional and personal relationships, whether through funding of projects, exchange of scientific expertise and information, or collegial communication.

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3. The Human Immunodeficiency Virus Vaccine Challenge: Issues in Development and International Trials, a report by the Committee on Life Sciences and Health, Federal Coordinating Council on Science, Engineering, and Technology, 1993.

APPENDIX C: Prevention

There is currently no cure for AIDS nor an effective treatment for HIV. Therefore the main focus of current global efforts must be on prevention of new infections in order to break the chain of transmission.

In order to prevent the spread of HIV, it is necessary in each country to identify behaviors which place individuals at the highest risk for transmission and to target these behaviors for intensive intervention efforts. Active efforts are required to determine community needs, perceptions, and the basis for risk behavior, as well as assessment of which activities will be most likely to result in lower risk behaviors. In some instances, mitigation of the social effects of high rates of AIDS-related illness will contribute to these efforts.

The prevention strategy which is developed will need to be carefully coordinated with other donors and international organizations to maximize impact. Additionally, the success of our national, regional and global programs to confront HIV/AIDS effectively requires active participation of people infected and affected by HIV/AIDS and community-based non-governmental organizations in the design, development, implementation and evaluation of policies and programs whose purpose is to affect their communities.

ELEMENTS OF AN EFFECTIVE U.S. GLOBAL HIV/AIDS PREVENTION STRATEGY:

Policy Dialogue

U.S. HIV/AIDS efforts should seek to identify and foster policies which promote the successful implementation of HIV/AIDS prevention programs. Consideration of both public policy and individual human rights should be included in the U.S. effort. U.S. interventions in the policy arena, both at the diplomatic and community level, will seek to promote policies which enhance HIV/AIDS prevention and address the social, political, and economic underpinnings and consequences of the pandemic. They should also seek to eliminate policies that undermine successful HIV/AIDS prevention interventions. These policies often include cross-sectoral and multi-sectoral issues outside the realm of health and will require a coordinated U.S. response.

Information, Education and Communication for Behavior Change

Key to the U.S. strategic response to the HIV/AIDS pandemic are prevention interventions which lead to behavior change, including the establishment of community and individual norms that reinforce safe behavior to lower the risk of acquiring sexually transmitted diseases and HIV. Education and information interventions should take into full consideration the cultural beliefs of the community and work from within the community to alter behaviors which place individuals at risk.

Increase Condom Use

Condoms are a major component of front line interventions in HIV/AIDS prevention. The U.S. response includes interventions to assure the availability and affordable pricing of condoms through improved logistical systems, condom social marketing and, when appropriate, the provision of condoms as well as efforts to facilitate the development of more effective and acceptable barrier devices.

HIV Testing and Counselling

HIV testing and counselling can be a useful element in the U.S. response as a methods to provide individuals with the knowledge of their personal HIV status and as a diagnostic to obtain treatment. The effectiveness of HIV testing and counselling as a behavior change mechanism is still uncertain, but the U.S. is currently undertaking research activities to assess the efficacy and cost of this intervention as a behavior change tool.

Biomedical Interventions

An important correlate to prevention education and behavior change interventions is improved STD case management through support to the provision of STD diagnostic and treatment services. Treatment of opportunistic and secondary infections associated with HIV and a compromised immunological status should also be included in the U.S. strategy. Additionally, the development, testing and dissemination of new prevention technologies, including vaginal microbicides and the female condom, is a high priority.

Injection Drug Use

There are many adverse consequences of illicit drug injection, including the risk of HIV transmission, and so an important U.S. policy goal is to reduce the demand for psychoactive drugs.

Simultaneously, efforts must be carried out to help drug abusers prevent sexual transmission of HIV. Behavioral change research into the prevention of bloodborne transmission is also needed.

Blood Screening and Blood Safety

The U.S., when appropriate, provides technical assistance in ensuring the safety of national and transnational blood supplies, and in helping to develop safe medical practices for health care.

Evaluation and Analysis of Data

The compilation and analysis of data with respect to the epidemiological, political, social and economic impact of the HIV/AIDS pandemic is essential to U.S. efforts to assist host governments. It is required to assess the effectiveness of ongoing interventions as well as inform future program development. The U.S. assists in improving surveillance of HIV infections and monitoring of related indicators.

Research

U.S. research institutions, with their extensive capacity and expertise, provide an invaluable contribution to HIV/AIDS prevention. The objective basis for the implementation and evaluation of HIV/AIDS and other STD prevention and treatment interventions, as well as a full understanding of socio-economic impact, derives from basic and applied bio-medical and behavioral research. Research areas should include STD/HIV epidemiological analysis, vaccine development and female-controlled methods of HIV/SD protection, as well as behavioral and social determinants of HIV infection.

U.S. EFFORTS TO ADDRESS THE ELEMENTS OF THIS PREVENTION STRATEGY:

Policy Dialogue: HIV/AIDS should be introduced to a greater extent in the U.S. diplomatic and policy dialogue in order to underscore the recognition of HIV/AIDS as an international problem with political, social and economic impact which go well beyond the boundaries of the traditional health sector. Nations must address HIV/AIDS as a pandemic fueled by socio-economic inequities, human rights issues and questions of gender status.

Discussion and resolution of these and related issues begin at senior policy levels. The State Department should play a central role in raising HIV/AIDS in international fora.

Prevention Interventions: USAID implements HIV/AIDS prevention interventions in over 40 countries through NGOs, the private sector and governments. The focus of USAID prevention programs is to engage in efforts to change high-risk behaviors, encourage health seeking behaviors for individuals with STDs, improve the case management of STDs, and to provide

individuals with access to affordable condoms. USAID also supports efforts in policy analysis and dialogue and the incorporation of HIV/AIDS prevention efforts into ongoing development assistance programs. For example, the Peace Corps has developed education materials and curricula integrating HIV/AIDS prevention with the teaching of English.

CDC provides technical assistance in surveillance, STD case management and program development.

Behavior Research: USAID's behavioral research program includes knowledge, attitude and practices surveys, behavior change research and the impact of counselling and testing on HIV prevention, as a part of its intervention agenda.

Several U.S. agencies carry out behavior research which is designed to provide indirect or direct information for HIV efforts in the global context. The DOD Behavioral Prevention research effort focuses on behavior change interventions to prevent HIV transmission in military-associated populations. This effort places priority on data-derived interventions to prevent transmission in various populations, through educational interventions for individuals with higher levels of risk-relevant behaviors for HIV infection, and counselling interventions for individuals who are HIV infected. The approaches developed may be applicable in certain military or civilian populations in other areas, including some global efforts.

CDC has increased its domestic behavior agenda which may provide insight into persistent behavior change issues in other settings.

Biomedical Research: The research of the National Institutes of Health and the Centers for Disease Control and Prevention includes basic research and applied retroviral research, vaccine development and drug therapy. The Department of Defense biomedical effort places emphasis on applied retroviral research, with a focus on vaccines for prevention of HIV infection. These research efforts are considered to be essential contributions to the global HIV/AIDS prevention effort and results of these efforts will continue to have an impact on prevention worldwide.

APPENDIX D: The Impact of AIDS -- U.S. Security Interests/Concerns

The number of AIDS cases worldwide will rise rapidly during the remainder of the 1990s and will increasingly undermine other projects intended to foster key US policy goals, including democratization, economic development, conflict resolution and peacekeeping, and promotion of individual and political rights. The AIDS pandemic will overwhelm underfunded and inadequate health delivery systems in much of the developing world and could undo hard-won health, social, and economic gains. Moreover, because AIDS mainly affects adults in their most productive years and is virtually always fatal, AIDS will have a more severe economic impact than do myriad other diseases.

The World Health Organization (WHO) estimates there were 14 million HIV infections by mid-1993. As many as 30 million to 40 million people worldwide will have been infected by the year 2000. While the largest number of infections are in Africa, southeast Asia could soon claim that distinction.

- An average of one in 40 African adults is infected with the virus. In some East and Central African cities the rate is one in three.
- If unchecked, infection could reach African magnitude -- affecting 5 percent or more of the population -- in several countries, notably Brazil, the Dominican Republic, and Haiti over the next decade. Major social and economic disruptions are possible in many others, including The Bahamas and Honduras.
- More than 1 million people in South Asia are infected, with small numbers of cases reported in Bangladesh, Sri Lanka, Pakistan, and Nepal. Most cases are in India, however, with HIV present in both rural and urban populations in every state. Indian Government neglect of the problem has the potential of allowing replication of the African experience in 10 or 15 years.
- The incidence of HIV and AIDS is increasing in almost every country in Southeast Asia. Thailand has one of the world's highest infection rates and the epidemic is rapidly spreading to neighboring countries, especially Burma.
- Although China claims to have only 1,100 reported AIDS cases, if effective measures to fight the disease are not enacted soon some 10 to 20 million Chinese could be infected by the year 2000.
- Little information is available on rates of HIV infection in North Africa and the Middle East although measurable levels of infection are present in many countries of the region and the problem is believed to be understated.
- The AIDS problem in the former Soviet Union is small but growing, and deteriorating health services will make diagnosis and treatment difficult.
- Romania appears to have the greatest AIDS problem in Central Europe, although infections have been reported in almost all countries in the region.

The infection pattern found in Africa is similar throughout the developing world -- highest rates in urban areas, along major trade routes, and in former areas of conflict. Although homosexual contact and intravenous drug use account for most the spread of the disease in North America and Europe, most HIV transmission in the developing world occurs through heterosexual contact or from mother to child. Highly mobile population groups -- refugees and displaced persons, truck drivers and other labor migrants, and demobilizing soldiers -- quicken the spread within and across national boundaries. People at highest risk are those with multiple sex partners who do not use condoms, prostitutes and their clients, and people with sexually transmitted diseases.

- Intravenous drug use is a significant vector for transmission in the Middle East, Asia - particularly China, Burma and Pakistan -- and in some urban areas of Latin America.
- Contaminated blood products also contribute significantly to the epidemic in the former Soviet Union and some developing countries.

Social and Economic Impact

The epidemic's indirect costs will be enormous. Such costs will be incurred as skill losses, decreased worker output, lost income, and increasingly inefficient business and government operations. Losses of trained workers and supervisors will reduce the professional and technical and skills base, especially in smaller countries, while infection among the unskilled will disrupt routine operations even in sectors where replacements are readily available. Seriously affected countries could experience losses in the tourist industry as the extent of the epidemic becomes widely known. Moreover, there is anecdotal evidence that businessmen and investors are increasingly reluctant to visit and live where there is a major impact.

- In Thailand, for example, multinational firms spent \$1.3 billion in 1992, but if projected rates of HIV infection hold, a labor force increasingly weakened by AIDS-related illness and reduced by AIDS deaths could discourage foreign investors and jeopardize advances in the standard of living. Tourism in Bangkok is lagging already, in part because of the fear of HIV/AIDS.;

- A World Bank and US Census Bureau modeling exercise found that by 2015, Africa's total GDP would be reduced by up to 22 percent relative to a no-AIDS scenario, which assumed moderate economic growth through the period.

The growing epidemic threatens to overwhelm fragile health delivery systems in many countries. In many developing countries the annual cost of care for patients with HIV and AIDS -- if provided at US levels of care -- would exceed the per capita gross national product of these nations. In Brazil, for example, the cost of such care could be as high as 838 percent of GNP per capita. Moreover, both money and scarce physical and human health resources are increasingly commandeered for AIDS care; AIDS patients fill 80 percent of hospital beds in the capital of Ethiopia and 40 percent of available beds in Kenya, for example.

Infectious diseases linked to AIDS are soaring. Tuberculosis (TB) -- the most important HIV-associated disease and already the leading cause of death in Africa among HIV-infected and AIDS patients -- has again reached epidemic proportions in many countries after decades of decline. TB also is making swift inroads into non-HIV infected populations.

The proportion of women infected with HIV is increasing rapidly; by the year 2000, WHO predicts that more than half of newly infected adults will be women. Economic and social realities such as poverty, a lower level of education, and subordinate social status put women at particular risk of HIV infection. AIDS-related deaths among women will contribute to reduced productivity in Africa and other parts of the developing world because of the extensive agricultural role of women. Moreover, the loss of women to AIDS will result in decreased home care and will further strain beleaguered health care systems.

WHO estimates there will be between 10 to 15 million orphans worldwide by the turn of the century. Many are abandoned and barely eke out a living, are without health care, and frequently do not attend school. They will swell the ranks of the unemployable, could become part of the alienated and increasingly criminal class in many cities, and are adding to the worldwide increase in street children.

-- Growing numbers of street children in Brazil, Colombia, and other countries are particularly vulnerable to infection because they are frequent targets of sexual abuse and because they often resort to prostitution and drug use. One-third of street children recently tested in Colombia were HIV-positive.

AIDS also is beginning to reverse the hard-won gains in improved child health care in parts of the developing world. The US Census Bureau projects that the infant and child mortality rates will increase significantly in Thailand, more than doubling for infants and rising nearly fivefold for children.

-- In Uganda by 1991, AIDS had halted improvements in infant mortality rates and by 1993 had risen beyond 1986 levels.

Impact on Rural Areas. While AIDS impacts most visibly on the highly skilled, mainly urban workforce, the disease could also have a devastating impact on the countryside over the next several years. The UN Food and Agricultural Organization estimates that a quarter of the farms in the most affected countries in Africa may fail as the disease decimates the rural population. Moreover, as remittances from urban workers are often critical sources of income for family members who remain in the countryside, the illness and death of urban workers will mean fewer resources are available to rural communities and households.

Impact on Development. The growing AIDS epidemic will compound the difficulty of sustaining development already underway. Even the methods of achieving market-based development are being increasingly undermined by the consequences of AIDS. For example, the credit worthiness of those seeking loans for low-cost housing, farm improvements, or to expand small businesses is weakened if family incomes are reduced by illness and death. Labor mobility -- including rural-urban, among regions,

and between countries -- has always promoted access to jobs and income, but migrant labor also spreads the infection. Education is vital for development, but children are leaving school early to care for ill relatives or because falling family incomes do not allow for payment of school fees. Moreover, since infected people die during their most productive years, tough decisions will have to be made regarding expenditures for training. For example, if AIDS reduces school graduates' work life by 15 years, then the payoff to investment in education is greatly reduced.

Potential Human Rights Problems. Gains in personal and political freedoms could be endangered by the spreading epidemic. Pushed to respond to an increasingly difficult domestic situation, leaders could search for scapegoats or advocate repressive or discriminatory policies toward unpopular, ethnic, regional, or religious groups, or AIDS victims themselves. Governments could restrict movement across borders, refuse refugees from highly-infected countries, or take other legal measures.

- At least 50 countries have some explicit requirement for HIV testing of foreigners.
- Cuba's aggressive AIDS control program of lifetime quarantine of those who test positive is a human rights concern that could increase if other countries attempt to emulate such controls.

National Leadership Essential. Recognition of the problem and promotion of AIDS education and prevention programs by high level government officials is vital to the success of AIDS prevention. Many leaders, especially in the hardest-hit countries in Africa, have begun speaking out but some officials will likely remain on the sidelines, reluctant to court controversy for fear of losing foreign investment or domestic support. A few governments, like Thailand, have begun aggressive AIDS prevention programs, but those programs tend to be targeted only at high-risk groups, particularly sex workers, giving the mistaken impression that the bulk of the population is not at risk.

- Most African leaders have yet to translate words into action by putting AIDS at the top of the political agenda. Moreover, most leaders have spoken out more as a result of international donor pressure or a bid to gain aid rather than in response to domestic needs.

Prevention Strategies and Cost

Although anti-AIDS programs are widespread, there is little evidence that greater knowledge has changed attitudes and altered sexual behavior on a scale needed to slow the epidemic. While current programs may be worthwhile in terms of lives saved per dollar spend, in the developing world they are still small in scale. Condom use, education to promote behavior change and treatment for STDs are critical components of an effective HIV/AIDS prevention strategy.

- Many men are unreceptive to condom use, however, despite having multiple partners. Many Ugandans tell researchers that condoms stigmatize users as being promiscuous.

Costs of Prevention. A strategy to stem the AIDS epidemic would require enormous resources, but there is no guarantee that even significant expenditures could stop the spread of the disease. However, WHO estimates that if all developing countries were to implement a basic HIV prevention project -- information on how to avoid infection, promotion of condom use, treatment of sexually transmitted diseases, and the maintenance of a safe blood supply -- about one-half of the 20 million new infections expected worldwide between now and 2000 could be averted.

Such a program would cost about \$1.5 to \$2.9 billion a year. Currently, worldwide AIDS expenditure on AIDS prevention is about \$1.5 billion a year, but only about \$120 million a year is spent in developing countries where 85 percent of all infections occur.

-- Thailand spends the most for AIDS prevention, with 1992 spending of \$45 million.

-- Total AIDS spending on prevention in Africa is only about \$90 million, less than 10 percent from host-nation government funds.

Developing country leaders are likely to turn to donors with a host of increased assistance needs, and international cooperation will be needed to set priorities and fund programs in the anti-AIDS effort. At least some countries would probably respond positively to suggestions that the AIDS epidemic has made imperative more realistic planning of future development efforts, a more careful use of human and financial resources, and serious AIDS prevention efforts. In return, however, the United States and the West will be expected to underwrite broader and more costly assistance programs to cope with the disease.

Impact of AIDS on Military Forces

In terms of military significance, HIV/AIDS is not a "war-stopper;" it will not immediately render large numbers of field troops unfit for combat. However, as the HIV/AIDS pandemic erodes economic and security bases of affected countries, it may be a potential "war-starter" or "war-outcome-determinant."

HIV directly impacts military readiness and manpower, causing loss of trained soldiers and military leaders and shrinkage of recruit and conscript pools. Military populations are at heightened risk for HIV/AIDS. Militaries typically comprise large groups of young, sexually active men who are conditioned to feelings of invincibility and bravado, have money and time to spend on prostitutes and other forms of casual sex, and are removed from traditional mores and societal constraints on their behavior.

In addition to their higher risk of contracting HIV/AIDS, military forces also are a significant factor in spreading the disease. Peacekeeping and demobilization present particular dangers in this regard.

Worldwide peacekeeping operations will become increasingly controversial as militaries with high infection rates find it difficult to supply healthy contingents. Infected troops could be a risk to populations in host countries, and, given battlefield conditions, a risk to the troops with whom they serve. Moreover, peacekeepers from lower

incidence countries may contract AIDS during operations in high incidence areas and spread it on their return home. The UN will have to grapple with politically sensitive choices, such as refusing HIV-infected troops, leading to charges of racial bias and meddling in what most militaries consider to be national security concerns.

Growing efforts to demobilize in many regions, including Latin America, Southeast Asia, and Africa, in part prodded by economic considerations and Western donors, may exacerbate the epidemic, particularly if released soldiers take advantage of incentives to return to rural areas, which usually have lower infection rates than cities. On the other hand, former soldiers who remain in cities probably will add to urban health problems.

HIV and AIDS impose enormous economic burdens on military health care organizations. The cost of AIDS treatment may divert funds and resources from other vital medical services. As most military medical systems are not equipped to deal with long-term care, military AIDS patients may be diverted into already overburdened civilian health care systems or released without treatment to their homes.

Regional Assessments. The pandemic's effects on military forces are most pronounced in Africa. South and Southeast Asia and, to a lesser degree, Latin America, may follow the African model in five to 15 years.

-- Africa. AIDS is a significant operational problem for many Sub-Saharan militaries. With HIV infection rates in some forces exceeding 60 percent, a serious degradation of military capabilities may begin soon. Within the next five to 10 years, most militaries in the region will experience loss of readiness from decreased force levels. More importantly, HIV infection and AIDS among military leaders and skilled technicians will have an impact far greater than in numbers alone as hard to replace leadership experience and technical capabilities are lost.

-- Asia. The militaries of India, Burma, and Thailand could begin to experience the adverse effects of AIDS in the next five years as rising HIV infections among young men decrease conscript pools and as an increasing number of officers, senior NCOs, and trained technicians become ill and die. HIV/AIDS could begin to degrade military manpower pools and readiness in Vietnam, Cambodia, and Indonesia within the next 10 years.

-- Latin America. Haiti's military is already severely impacted and will suffer serious personnel and leadership losses in the next five years. In 10 years, HIV/AIDS will play an increasing role in the militaries of Brazil, Honduras, and the Dominican Republic.

On a more positive note..As the world's militaries have common features that place them at greater risk of HIV/AIDS, they also share characteristics that may favor effective responses to HIV/AIDS. These include command, control, and communications systems that facilitate rapid dissemination of policy and directives, higher literacy rates among senior personnel who can pass on education materials to

subordinates, better funded health systems that are often independent of civilian systems and less subject to non-medical pressures (funding, politics, etc.), less and a leadership that views HIV/AIDS control as being in their vital interests. Militaries are also less likely to have reservations about mandatory testing programs (although they may not publish results).

Implications for the United States

The negative effects of HIV/AIDS in AFRICA, Asia, and Latin America in the next five to 15 years will have consequences for the United States.

- US military personnel, operating in high-incidence countries, will be at increased risk of exposure to HIV/AIDS.
- Medical cooperation between US and allied or coalition forces will be difficult if high HIV incidence exists in non-US troops. It is virtually impossible to employ universal blood precautions under combat medicine conditions forward of the first hospital in the evacuation chain. Therefore, US medical personnel may be forced to choose between diverting or even refusing foreign patients or placing US health care workers at elevated risk. US military personnel may also be at higher risk of exposure to HIV-associated and possibly multi-drug resistant tuberculosis.
- The US could find itself embroiled in the explosive problem of devising UN guidelines for the participation of HIV-infected militaries in peacekeeping.

Many otherwise qualified potential students have declined training in the West due in part to the requirement of US and other Western militaries for students to be free of HIV infection. The loss of such training opportunities, which are viewed as mechanisms to promote civilian control over the military, democratic principles, and respect for human rights, and slow the transformation of the military into an apolitical institution in many countries.

APPENDIX E: Donor Coordination

Introduction

The United States is the largest contributor to global HIV/AIDS activities, providing bilateral support primarily for HIV prevention activities, research and training and multilateral support for HIV/AIDS program development within the U.N. system. Along with these financial and scientific contributions, the

United States plays a lead role in working with other governments and non-governmental organizations to improve coordination of the global HIV/AIDS effort. Because of the seriousness of the HIV/AIDS epidemic and the necessity to involve a wide, diverse range of people and organizations to mobilize an effective response, coordination of national and international efforts is complex but critical. This is especially true given the current worldwide economic environment and the need to optimize the use of existing scarce resources.

Obstacles and limitations to coordination

While accepting its importance, coordination among organizations and governments presents many obstacles and has inherent limitations. Within the USG, there are multiple Departments and Agencies involved in our response to the HIV/AIDS epidemic. Each of these organizations has its own mandate, set of priorities, and decision-making structures. The same is true for our multilateral, bilateral and host country partners and the respective organizations. In addition, while the host of actors involved in this effort have distinct mandates, they are nonetheless interrelated. Setting each group's mandate into operation can lead to overlap in activities and perceived areas of responsibility.

The World Health Organization's Global Programme on AIDS (WHO/GPA) Task Force on HIV/AIDS Coordination proposed the following definition of coordination: Coordination of HIV/AIDS activities is a process which promotes information exchange, builds alliances

and facilitates the creation of complementary and reinforcing programmes, rather than being mechanisms of control. The process should be based on a partnership approach, with mutually respectful pursuit of jointly accepted goals and targets of national AIDS strategies and plans.

This definition is supported by the following elements:

Understanding and common acceptance by all participating parties of objectives and priorities, e.g., of the WHO/GPA Global AIDS Strategy and National AIDS Strategy;

Agreement on the need for consultation and exchange of information;

Joint recognition of the mandates, unique roles and responsibilities, and the areas of comparative advantage of each of the parties;

Concerted effort by all participating parties to ensure information sharing, harmonious policies and action; and,

Concerted actions for mobilization and optimal use of resources according to nationally identified priorities and strategies, with the aim of minimizing gaps and overlaps in programme activities and reach.

These are important guidelines for our efforts in coordination within our own government and among our international partners.

Past and present coordination efforts

The USG has developed different approaches to coordination of its international HIV research and program activities:

The International Subcommittee of the Federal Coordinating Committee on AIDS was a subcommittee of the PHS Federal Coordinating Committee on AIDS that was convened to coordinate activities of the federal government agencies working on HIV/AIDS internationally. Participation extended beyond PHS to all involved USG organizational units. Besides information exchange, this group had developed a database on USG international HIV/AIDS activities. This group became inactive after changes in the parent committee and in anticipation of new coordination efforts in this administration.

The International Forum of AIDS Research (IFAR) was established in 1988 after a group of USG agencies funding international AIDS research saw a need for more regular opportunities to exchange information about their activities. The secretariat for IFAR was the Institute of Medicine/National Academy of Sciences and membership included government and private organizations from the United States and Canada. This served as a useful forum for information exchange and led to some cross-agency international collaborative activities. IFAR was discontinued in 1992 due primarily to lack of continued financial support.

The Office of AIDS Research (OAR), established in 1993, at the National Institutes of Health has primary responsibility for planning, coordinating and funding all AIDS-related research in the NIH. The mandate of the OAR is to evaluate the entire NIH AIDS research program, and to set in place refocused scientific priorities through the development of a comprehensive research plan and budget. It is expected that the OAR will improve the effectiveness of the U.S. biomedical effort on HIV/AIDS and will ensure that HIV/AIDS research priorities are given appropriate attention. This refocused effort has significant international implications, since the USG is the world's standard for biomedical research in this area.

The Federal Coordinating Committee on Science, Engineering and Technology (FCCSET) Working Group on HIV Vaccine Development and International Field Trials was established in 1992 to focus on issues related to the development, testing and

coordination of multinational field trials for candidate HIV vaccines and to help coordinate USG Agencies' activities in this area. The Working Group developed a report, "The Human Immunodeficiency Virus Vaccine Challenge: Issues in Development and International Trials," that was issued in July, 1993. The group continues to meet under the auspices of the National Science and Technology Council to further develop a strategy and plan for vaccine development and international trials.

Several structures and initiatives have facilitated and continue to facilitate the coordination of HIV/AIDS within the U.N. system:

The WHO/GPA Management Committee (GMC) has provided an opportunity for member states of WHO that contribute to GPA and other U.N. organizations to discuss overall management of GPA and its progress towards achieving its goals.

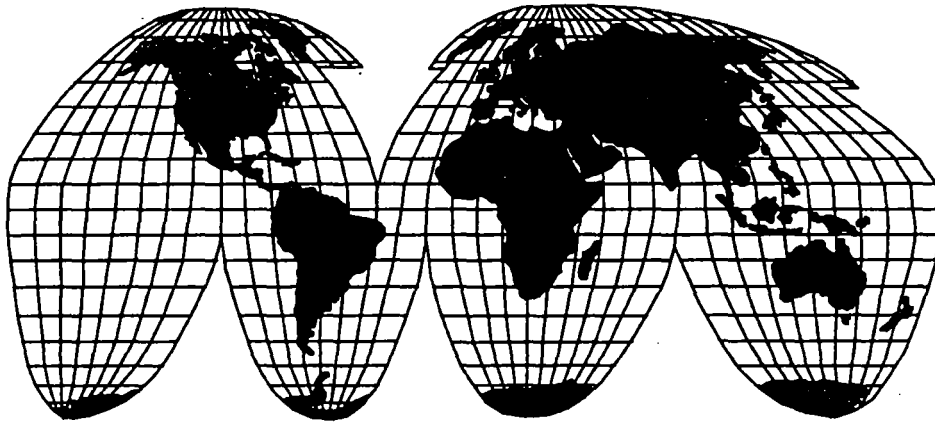
The GMC Task Force on HIV/AIDS Coordination was set up in 1993 to facilitate coordination of the response to the HIV/AIDS pandemic. The Task Force was established by the Management Committee of the WHO/GPA with an initial two year term and is now being dissolved. In the first year, the Task Force focused its work on: (1) developing a comprehensive report summarizing HIV/AIDS-related activities of all major organizations within the United Nations system, intergovernmental organizations, bilateral agencies, and non-governmental organizations; (2) preparing an inventory and summary analysis of coordination issues and problems; (3) elaboration of a framework for guiding principles for HIV/AIDS coordination at country level; and (4) providing input in the process towards developing a joint and cosponsored U.N. programme on HIV/AIDS, which is now being established. The Task Force also served as a clearinghouse for exchange of views and coordination of decisions relating to HIV/AIDS in different governance fora for other related U.N. organizations. The United States was one of twelve members on the Task Force and represented itself, Canada, Australia and Japan.

In response to concerns about the coordination of the United Nations' efforts on HIV/AIDS, a resolution was adopted by the World Health Assembly to direct WHO to explore with its U.N. partners options for a joint and co-sponsored U.N. programme on HIV/AIDS. The governing bodies of WHO, UNICEF, UNDP, UNFPA, UNESCO and the World Bank have endorsed the establishment of such a program. It is anticipated that the program will be operational by January 1996. The program is expected to provide a framework for better coordination for all actors in the global HIV/AIDS effort, including bilateral agencies and governments, and to improve the effectiveness of HIV/AIDS activities in-country. The United States has strongly supported the establishment of this program and continues to work toward making it operational by the target date of January 1996.

Conclusions and Recommendations

- Considerable efforts have begun to improve coordination among the multiple international partners involved in the response to the HIV/AIDS pandemic. The USG role has and will continue to be key in this evolution. International initiatives such as Joint U.N. Programme on AIDS should assist in coordinating the HIV/AIDS efforts within the U.N. system and among governments and non-governmental institutions.
- Given the involvement of multiple USG Departments and Agencies in international HIV/AIDS activities, exchange of information and coordination of activities is critical. An ongoing process should be developed to facilitate this. Possible mechanisms for increasing coordination within the USG include:
 - The convening of annual or semiannual meetings of high level Department and Agency representatives to review ongoing and planned activities within the framework of an international HIV/AIDS strategy and development of related interagency policies.
 - Establishment of a regular forum at the working level to exchange information among agencies on international HIV/AIDS activities. This forum could involve non-governmental organizations as appropriate based on the topics to be discussed.
 - Collaboration with the National AIDS Policy Director to ensure that international activities are incorporated within the framework of a national policy and strategy.

United States International Strategy on HIV/AIDS



July, 1995



United States Department of State

DEPARTMENT OF STATE PUBLICATION 10296
Deputy Assistant Secretary for
Science, Technology and Health
Released September 1995



United States Department of State

*Under Secretary of State
for Global Affairs*

Washington, D.C. 20520-7261

Dear Friend,

Every region of the world has been affected by the devastation caused by HIV/AIDS. As the numbers of new infections continue to rise, we face the enormous challenge of developing more effective approaches to dealing with this pandemic.

The U.S. International Strategy on HIV/AIDS is designed to assist U.S. government efforts in meeting the challenge. The Strategy is an interagency effort led by the Department of State. Representatives from the Departments of Health and Human Services, Defense, Commerce, Education, Labor, Justice, as well as USAID, Peace Corps, the intelligence community, and the National AIDS Policy Director worked in close collaboration in the development of this report. The result is a Strategy which contains a set of priorities for action which all relevant U.S. agencies will work to achieve.

In this effort, I was particularly pleased to have the full participation of over twenty non-governmental groups -- including representatives from the AIDS activist community, health service providers, the business community and people living with HIV/AIDS.

I look forward to a more comprehensive effort to prevent new HIV infections and mitigate the impact of AIDS. In this Strategy, we now have a plan of action.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tim Wirth".

Timothy E. Wirth

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ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

CDC Centers for Disease Control and Prevention

CIA Central Intelligence Agency

DHHS Department of Health and Human Services

DOD Department of Defense

FDA Food and Drug Administration

HIV Human Immunodeficiency Virus

NGO non-governmental organization

NIH National Institutes of Health

PHS Public Health Service

STD sexually transmitted disease

U.N. United Nations

UNDP United Nations Development Programme

UNFPA United Nations Population Fund

UNICEF United Nations Children's Fund

USAID United States Agency for International Development

WHO World Health Organization

I. INTRODUCTION

The HIV/AIDS pandemic poses major challenges to all nations. HIV/AIDS is, as President Clinton observed, "the health crisis of this century." HIV/AIDS will also have economic, social, political and security implications throughout the world.

While human suffering is the most significant implication of HIV/AIDS, the pandemic is affecting a widening spectrum of society both in the United States and abroad. The spread of HIV/AIDS threatens to undermine democratic initiatives by destabilizing societies. HIV/AIDS threatens the sustainable economic development of many countries, including current and potential trading partners. U.S.-based multinational companies will face difficult challenges in addressing the impact of global HIV/AIDS on trade and investment considerations. National security interests are affected by the high rate of HIV infections among the military of certain countries. The international community is becoming increasingly concerned that some governments use HIV/AIDS as a justification for the violation of human rights. In many countries women's lower socio-economic status puts them at higher risk of becoming infected.

The United States must struggle against the HIV/AIDS pandemic. As the major contributor to multilateral and bilateral prevention efforts and as the world's standard bearer for biomedical research, the United States has been a central player in efforts to stem the spread of global HIV/AIDS. Our strong support for the streamlined newly established Joint U.N. Programme on AIDS provides another example of U.S. leadership on this issue. Yet much hard work remains. Success will require a sustained and vigorous commitment by the United States and its international partners.

About this document

This Strategy and action plan seeks to assist U.S. policymakers in working more effectively with international partners in the fight against global HIV/AIDS. Even as an early draft, this framework proved useful in guiding our preparation for the Paris AIDS Summit in December, 1994, and will help guide the U.S. planning for the IVth World Conference on Women to be held in September, 1995 and other future international meetings.

A USG interagency working group developed the document in consultation with non-governmental AIDS activist groups, business and trade representatives, and service organizations. The strategy articulates a set of U.S. international objectives for the fight against HIV-infection and AIDS and a set of actions aimed at meeting these objectives. The paper is intended mainly for the traditional foreign affairs agencies, such as the Department of State and USAID, as well as domestic agencies such as the Department of Health and Human Services to the extent that their activities promote international HIV/AIDS policy objectives.

Appendices B-E are interagency working group reports which formed the basis of the Strategy. Reports were prepared on Research (chaired by NIH), Prevention (chaired by USAID), National Security (chaired by CIA) and Donor Coordination (chaired by USAID). The Strategy itself, which has been cleared by all concerned USG agencies, is based on the interagency working group reports and State Department input and was developed through coordination and synthesis by the State Department. The Strategy does not describe all AIDS-related activities of all agencies but rather highlights activities that advance foreign policy objectives (USAID activities, for example, are described in a separate, comprehensive document).

The interagency working groups made rapid progress in outlining the fundamental tenets of the present document. This permitted the United States to support the inclusion of many of the principles contained herein in the Paris AIDS Declaration which was signed by leaders from 42 countries at the 1994 Paris AIDS Summit. The document is the basis in principle for U.S. support for the establishment of the U.N. Joint and Co-Sponsored Programme on HIV/AIDS and for the World Health Organization's Global Programme on HIV/AIDS.

HIV/AIDS is a long-term problem requiring a long-term commitment. The present Strategy should therefore be considered a long-term foreign policy framework supported by a near-term set of action items. As the present pandemic changes, and as we learn more about successful approaches to combat HIV/AIDS, our overall strategy and action plan should change accordingly. The Strategy should be viewed as a dynamic and flexible document, to be reviewed and revised as appropriate and at least biennially. The State Department will monitor progress toward reaching the goals outlined in the present Strategy.

Scope of the Pandemic

No region of the world has been spared the steady, silent spread of human suffering associated with AIDS. While the poorest regions of the world have been spared the least, industrialized countries will also be faced with increasing numbers of AIDS cases well into the foreseeable future. In the United States, HIV/AIDS is now the number one killer of Americans in the 25 - 44 year old age group, according to the Centers for Disease Control and Prevention.

Two to three million new HIV infections worldwide are expected annually. By the year 2000, the WHO estimates conservatively that 30-40 million people will have been infected. Harvard's Global AIDS Policy Coalition estimates that between 40 to 110 million people will have been infected by that time. While a small percentage of HIV-infected individuals have lived for twelve years or more with no sign of AIDS, the large majority of HIV-infected individuals develop AIDS and die within years.

Unlike other infectious disease epidemics such as cholera or plague, AIDS will not likely run its course and subside, at least in the foreseeable future. Without more effective response strategies and massive behavioral and societal change, or an effective vaccine, AIDS will continue to spread, especially in the Third World, reaching staggering levels of infection, death, human suffering, and social disorder. Thus, without human intervention, the number of AIDS cases will continue to rise in all regions of the world well into the next century.

Thus HIV/AIDS presents a unique set of health, social, economic and political challenges which will affect both developed and developing countries. For the most part, HIV/AIDS affects those in the 25-44 age group, arguably the most productive in society. Developing countries and countries in transition will suffer the most from the loss of productivity. The incubation period from initial infection to disease onset is usually upward of ten years, during which time the infection may be unknowingly spread. Almost 80% of infections occur through sexual transmission; current prevention strategies rely primarily on changes in high-risk sexual behaviors, notoriously difficult to control. As governments cope with increasing numbers of cases and already weakened health care systems, the economic impact on the most productive segments of society, and the impact on their military and political forces will become increasingly evident.

Some specific examples of the broad impact of HIV/AIDS include:

- The World Health Organization (WHO) estimates there will be between 10 and 15 million orphans worldwide attributable to HIV/AIDS by the turn of the century.
- The proportion of women infected with HIV is increasing rapidly; by the year 2000, the WHO predicts that more than half of newly infected adults will be women.
- In 1992 in Thailand, multinational firms invested \$1.3 billion. If projected rates of HIV infection in Thailand hold, a labor force increasingly weakened by AIDS-related illness and reduced by AIDS deaths could discourage foreign investors and jeopardize advances in the Thai standard of living. Tourism in Bangkok, a major source of income in the Thai economy, is lagging already, in part because of the fear of HIV/AIDS.
- A World Bank and U.S. Census Bureau modeling exercise found that by 2015, Africa's total GDP could be reduced by up to 22 percent relative to a no-AIDS scenario, which assumed moderate economic growth through the period.
- Certain militaries may begin to experience the adverse effects of AIDS in the next five years as rising HIV infections among young men reduce conscript pools and as an increasing number of officers, senior NCOs, and trained technicians become ill and die. HIV/AIDS could begin to degrade military manpower pools and readiness within the next ten years.

In the industrialized countries, HIV/AIDS will raise a number of questions that governments and businesses must address:

- U.S. and other multinationals will be forced to consider HIV/AIDS in foreign investment and trade discussions.
- HIV/AIDS is already straining the health care systems in cities that are hard-hit. In some U.S. cities, the majority of beds in some hospitals are filled with AIDS patients.
- Worldwide peacekeeping operations will become increasingly controversial as militaries with high infection rates find it difficult to supply healthy contingents. The United Nations will have to grapple with politically sensitive choices, such as refusing HIV-infected troops.
- Human rights violations of HIV-infected persons are likely to increase and require attention.

Preventing Infections

Despite enormous progress in understanding the AIDS virus and its effects, there is presently no available vaccine that can prevent HIV infection or progression to AIDS.

At present, however, there are over a dozen vaccine candidates in the early phases of clinical trials. Even if one of these vaccines proves effective in preventing infection or progression of illness, it will be years before it could be produced and distributed on a global basis.

In addition to the long-range goal of vaccine development, our strategies must focus on two broad areas: the reduction of high-risk sexual and drug behaviors and the development of non-vaccine preventive technologies, especially those that allow women the option of protecting themselves from infection, including vaginal microbicides and the female condom. Improvements in female-controlled preventive technologies are promising; these technologies will be the most effective in preventing HIV infection in women, at least in the near term. Further, female-controlled technologies may be more viable options in the long run for developing countries. Also, biomedical researchers have recently demonstrated that use of an antiviral therapy appears to reduce the likelihood for HIV-infected mothers to pass the infection to their infants. In addition, preliminary studies indicate that higher levels of a particular nutrient in the mother's bloodstream are associated with decreased risk of mother-to-fetus transmission, although the nature of this relationship needs more study.

WHO estimates that if all developing countries were to implement a basic HIV prevention program about one-half of the 20 million new infections expected worldwide between now and 2000 (based on conservative estimates) could be averted. However, such a program presupposes a full commitment by national political leaders -- often in conflict with strongly held cultural and religious sentiments. While some leaders have made strong commitments to preventing the spread of HIV/AIDS, much more needs to

be done to implement government policies and programs. The United States respects the sovereign right of each nation to make its own policies. Truly successful strategies should draw on multiple sectors of society, including business and labor. A strong commitment to prevention activities could stave off the enormous adverse impact of HIV/AIDS that is projected for expanding economies. Education is critical, including discussions of abstinence and mutual monogamy.

Treatment

Although HIV infection cannot be "cured" at present, biomedical research in the 1980's and 1990's produced several drugs that prolong and improve the quality of life for those infected with HIV. In addition, relatively inexpensive non-drug therapies and other strategies are being developed to help slow the progression of HIV disease. In poorer areas these interventions may be more appropriate than more costly antiviral drugs. Further research is needed to determine how effective and feasible these interventions may be. Nevertheless, the issue of access to adequate and affordable supplies of drugs for HIV and related opportunistic infections will surface increasingly in international discussions.

U.S. Foreign Policy in the Global Combat Against HIV/AIDS

The HIV/AIDS pandemic increasingly threatens economic, social and political stability (see Appendix D), and also threatens to undermine U.S. foreign policy initiatives including the promotion of democratization and sustainable development, conflict resolution and peacekeeping, and human rights. With no effective and affordable long-term medical treatment or vaccine on the horizon and without more aggressive efforts to prevent new infections, the AIDS pandemic will have greater and greater impact on developed and developing countries well into the next century.

How can the United States advance the worldwide struggle to contain the HIV/AIDS pandemic and to mitigate its effects? This strategy lays out a plan of action for U.S. leadership:

- Increase the political and economic commitment by foreign leaders to stem the spread and mitigate the impact of HIV/AIDS;
- Persuade other donor countries to shoulder a greater share of the technical assistance burden for HIV/AIDS;
- Focus world attention on the special needs of women, children and youth and their predisposition to become infected with HIV;

- Support the concept that sustainable development, family stability and personal responsibility are inextricably linked to stemming the spread of HIV/AIDS;
- Improve international cooperation on AIDS research and vaccine development;
- Encourage the efforts of the United Nations on HIV/AIDS, including continued support for the Joint U.N. Programme on AIDS;
- Address the human rights implications of HIV/AIDS in all appropriate fora; and,
- Foster greater involvement by non-governmental organizations, communities, business and labor leaders, and people infected with, and affected by, HIV/AIDS in AIDS policy and program formulation.

The U.S. Strategy is divided along thematic lines that reflect the three main objectives of the World Health Organization's "Global Strategy for the Prevention and Control of AIDS." These WHO objectives provide a useful framework from which to delineate an action plan to meet the U.S. foreign policy goals described above:

- Prevent new infections;
- Reduce personal and social impact; and,
- Mobilize and unify national and international efforts.

II. ACTION STRATEGY: Meeting U.S. International HIV/AIDS Goals

A. PREVENT NEW HIV INFECTIONS

One focus of U.S. and global efforts is on preventing new infections and AIDS cases by more effectively promoting the utilization of existing technologies and strategies, including the promotion of condom use; by working toward the development of more effective biomedical interventions, including vaginal microbicides and female-controlled barriers; by continuing to support health-promoting behaviors; and, by working to address underlying social conditions that enhance the transmission of HIV.

1. Take Diplomatic Initiatives to Promote More Active Involvement on HIV/AIDS Issues by National Governments.

National governments have the primary responsibility for sounding the alarm and for instituting programs to prevent the spread of HIV/AIDS. Prevention strategies are boosted by the active involvement of political leaders who openly address the HIV/AIDS issue. The USG should work with other governments to increase their recognition of the need for strong political and governmental leadership in stemming the spread of HIV/AIDS.

- The State Department and senior U.S. officials will:
 - urge foreign leaders to openly address the HIV/AIDS pandemic in their own countries;
 - urge other governments to consider the adverse economic and social impact of HIV/AIDS in their countries;
 - urge other governments to increase spending or to reallocate funds to prevent the spread of HIV/AIDS and strengthen AIDS research efforts;
 - emphasize the importance of National AIDS Action Plans which involve all relevant governmental agencies, Ministries, NGOs and the private sector;
 - encourage foreign leaders to support the Joint U.N. Programme on AIDS; and,
 - urge foreign leaders to join the United States and 41 other countries in endorsing the Paris AIDS Declaration.
- U.S. ambassadors and other embassy representatives will meet with host country counterparts to describe the U.S. International Strategy on HIV/AIDS and will
- encourage leaders to expand HIV/AIDS prevention and mitigation programs.

- Emphasis will also be placed on the important role that non-governmental organizations, business groups, people living with HIV/AIDS and community organizations should play in an effective response to HIV/AIDS.
- The State Department will seek to heighten the awareness of the foreign policy implications of HIV/AIDS in the foreign service community, through all available mechanisms, including training and conferences for foreign service officers.
- The State Department will transmit this Strategy in a cable to all posts.

2. Develop Behavioral Prevention Strategies.

Prevention programs aimed at reducing high-risk behavior are the best hope for reducing the numbers of new HIV infections. The Congress will be asked to support increases in the funding for global prevention programs that have been shown to reduce high risk behaviors that lead to the spread of HIV infection.

- The Secretary of State will describe in a letter to Congress the implications of the global HIV/AIDS issue for U.S. foreign policy and the need for U.S. funding for international programs aimed at reducing high-risk behaviors associated with HIV infection. (This letter, to be sent jointly with the Secretary of Health and Human Services, will address other AIDS-related issues, as described below.)

Successful prevention strategies can provide cost-effective ways to improve both domestic and international prevention efforts. Low-cost, effective and culturally relevant programs that are designed and implemented in collaboration with affected communities hold great promise. As HIV/AIDS becomes increasingly a disease of the poor in the United States, lessons gained from community-based organizations overseas become highly relevant. Similarly, community-based organizations in other countries can benefit from the U.S. experience, for example, in community planning for HIV/AIDS prevention.

- USAID combats global HIV/AIDS by identifying successful prevention strategies and applying them to appropriate new regions or countries. Such strategies should be publicized to government and community health workers.
- The Peace Corps incorporates HIV/AIDS education into other services, such as the teaching of English. This model approach for successful and integrated intervention should receive continued support.
- Through continued military-to-military educational programs on HIV/AIDS, The Department of Defense will collaborate to reduce the rate of infection in foreign militaries.

Governmental groups should seek the expertise of those on the front lines of the HIV/AIDS battle, including people living with HIV/AIDS and non-governmental experts. The NGO community, business and labor leaders, and people living with HIV/AIDS should be included as appropriate in AIDS policy dialogue as well as in designing and implementing of prevention strategies aimed at changing high-risk behaviors.

- The State Department will host a conference with U.S.-based international business leaders to discuss a range of HIV/AIDS-related issues, including the impact of HIV/AIDS on trade and investment decisions and on sustainable economic development. The State Department will work with non-governmental organizations that bring together private sector and public health interests to prepare the conference.
- The State Department, USAID and the National AIDS Policy Director will host a conference for domestic and international non-governmental organizations to discuss the U.S. response to global HIV/AIDS and to foster the exchange of information and experiences between domestic and international groups. Expected participants include representatives from the private sector, the religious community, activist groups and service organizations.
- USAID, the National AIDS Policy Director and the State Department will explore the feasibility of hosting satellite meetings at the International AIDS Conferences and regional AIDS conferences at which large cohorts of domestic and international NGOs are represented in order to foster dialogue between domestic and international NGOs.

3. Augment Research.

The U.S. maintains the world's most advanced biomedical and behavioral research base on HIV/AIDS. Advances made domestically will have international applications and impact.

The U.S. research agenda on HIV/AIDS emphasizes the development of preventive vaccines and other interventions to reduce the spread of HIV/AIDS, including microbicides, and more effective behavioral strategies and therapies to suppress opportunistic infections.

- The National Institutes of Health (NIH) have primary USG responsibility for conducting and funding basic and clinical research on AIDS.
- USAID and the Centers for Disease Control and Prevention (CDC) conduct international surveillance, behavior research, and prevention activities.
- The Department of Defense conducts mission relevant biomedical research activities toward candidate vaccine development.

International research collaboration helps: (a) expand the knowledge base for diverse strains of HIV, (b) boost understanding of epidemiologic trends and mechanisms of HIV transmission, and (c) identify successful behavioral strategies for prevention. Such collaboration will provide the basis for eventual large-scale testing of vaccines, therapies and other interventions.

- The Congress should be encouraged to support the substantial U.S. research agenda on HIV/AIDS since these activities are most likely to produce a vaccine, drugs, technologies or behavioral strategies that could be used on a global scale.

- In their joint letter to the Congress, The Secretary of State the and Secretary of Health and Human Services will describe the important role of U.S. biomedical and behavioral research in the global strategy to prevent infections. The letter will explain why Congress should support fully the Administration's budget request for biomedical research.
- USG representatives, including embassy personnel, will encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research. Where appropriate, embassies will assist in gaining approval for HIV/AIDS vaccine trials and other research efforts in host countries.

Through training and education, foreign representatives and health professionals will be more able to address the epidemic in their own countries. They will develop more reliable statistics and better train more staff to monitor the spread of HIV/AIDS.

- The NIH and its Fogarty International Center will establish and strengthen international biomedical scientific collaborations and training.
- NIH's Office of AIDS Research, in collaboration with the Fogarty International Center, will develop an inventory of NIH-supported research being conducted in both developing and developed countries.
- The State Department will assist USG agencies as necessary in strengthening or establishing international research and training collaborations.

USG technical agencies will maintain, expand or improve their research-related AIDS efforts:

- The National Institutes of Health will continue its strong AIDS research program with the aim of developing effective behavioral strategies, drugs, vaccines, other prevention technologies and approaches, including vaginal microbicides, and low-cost diagnostics to reduce the spread and impact of HIV/AIDS. NIH will work with the private sector, as appropriate, in this endeavor.
- A key element of USAID's strategy on HIV/AIDS is to continue to support behavioral research, with the aim of developing culturally appropriate prevention strategies, and studies of the economic impact of HIV/AIDS, particularly at the household level.
- FDA will work with product manufacturers to facilitate the rapid development of new agents for the prevention and treatment of HIV-related conditions as well as medical devices for the prevention of HIV transmission.
- CDC will continue to support behavioral research that provides information on risk behaviors and assists in targeting prevention strategies more appropriately.
- The Department of Defense will continue mission relevant biomedical research efforts toward candidate vaccine development.

- NIH's Office for Protection from Research Risks will continue its advisory and regulatory role in ensuring that international research is conducted in an ethical manner, consistent with agreed principles for protecting human subjects.
- Recognizing that international health problems portend domestic concerns, CDC, in collaboration with other agencies, will work toward improved global monitoring of the spread of HIV/AIDS.
- The State Department will convene a meeting of the National Science and Technology Council's Committee on International Science, Engineering and Technology to address the global challenge of emerging and re-emerging diseases, including HIV/AIDS. Enhanced federal efforts to improve global surveillance of disease will be one major focus of the meeting.
- The U.S. Census Bureau will expand its international HIV/AIDS database to include statistics from developed countries and countries where data had not been available previously, such as those of the Former Soviet Union.
- The State Department, in collaboration with the CDC, will organize a workshop to examine surveillance and epidemiological issues and related policy concerns in the Former Soviet Union.
- The Department of Defense will continue its biomedical research efforts toward vaccine development and toward improving the understanding of strains of HIV which pose potential risks to U.S. troops serving overseas.

4. Safeguard the Blood Supply.

The overall number of HIV infections which is attributed to receiving infected blood is relatively small. Yet technology exists that can safeguard the blood supply and effectively prevent these infections. Making this technology available to countries in need and reducing the number of unnecessary blood transfusions will prevent the majority of infections acquired through this mechanism.

- The Department of Health and Human Services will work with international partners, including NGOs and international development agencies and organizations, to assist in safeguarding the world blood supply.
- FDA will work with manufacturers to facilitate the development of new testing methodologies and other approaches to help assure the safety of the blood supply.

5. Provide Access to Health Services and Technologies.

Access to health services, and particularly those related to reproductive health and treatment of sexually transmitted disease, is essential in enhancing the efficacy of prevention strategies. The U.S. will give priority to ensuring access to primary health care services, and particularly to reproductive health and STD services;

- At international meetings the USG will emphasize the importance of access to health services as an important component of HIV/AIDS prevention and care strategies.
- USAID's HIV/AIDS strategy includes programs that underscore the linkage between reproductive health services, the treatment of sexually transmitted diseases, and reduction in the spread of HIV/AIDS.
- The USG will stress the important role that communities play in delivery of health services.

Access to effective prevention and treatment technologies for HIV/AIDS remains a major concern for many groups.

- The USG will work with international partners to improve access to effective and affordable condoms and drugs, critical to effective HIV/AIDS prevention.
- Concerned USG agencies will consider alternative and innovative ideas, including the establishment of an international fund, aimed at improving access to prevention and treatment technologies, including condoms and vaginal microbicides once they are developed.

6. Address the Adverse Impact of Poverty and Other Factors on Prevention Efforts.

The epidemic is steadily increasing in poorer populations who have limited access to information about HIV and AIDS and/or preventive health services and limited ability to act on the information they may have. As societies improve access to information and services for all members and promote the rights and dignity for all members, thereby reducing discrimination, they will be increasingly successful in reducing the social and economic damage caused by AIDS.

The USG will work with other governments and in every appropriate forum, including international conferences and within the U.N. system, toward improving conditions which foster HIV/AIDS prevention efforts for groups that may be at higher risk for HIV infection, including women, children, youth, members of minority groups, the poor, homosexuals, mobile populations, and intravenous drug users. Illustrative examples of USG actions are outlined below.

Women: Coupled with their biological susceptibility to infections through heterosexual transmission, the lower social, educational, and economic status of women in some countries puts them at even higher risk for becoming infected with HIV. Their subordinate role in some countries prevents them from refusing unsafe sex or from leaving marriages in which their partner is engaging in behaviors which places him at high risk for becoming HIV-infected. The improvement of the status and self-esteem of women and their role in the family will have far-reaching effects in reducing HIV infections in women and in stemming the spread of HIV/AIDS.

Several conditions may directly or indirectly impact the rates of HIV infection in women:

- Human rights abuses, such as the selling of women and girls into prostitution and the traditional practice of female genital mutilation;
- Increasing trend toward early childhood marriage; and,
- Discriminatory land-tenuring and inheritance laws.
- In all appropriate fora, the USG will emphasize the special needs of women, including the protection of women's human rights.
- DHHS and the National AIDS Policy Director will establish an interagency working group to discuss women's health issues related to HIV/AIDS and associated concerns as they relate to key international meetings.
- USAID programs to increase the education of girls and women and their economic potential will address the socio-economic factors contributing to women vulnerable to HIV-infection.
- The USG will support global research priorities that emphasize protecting women from infection. Research aimed at development of technologies that increase women's ability to protect themselves from infection is of global import since such technologies may be the best hope to decrease heterosexual spread of AIDS in the near term.
- USAID and the PHS will prioritize efforts in the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.
- As a means to provide greater protection for women as well as men, USAID and PHS will prioritize efforts to develop new and better male condoms.

Children and Youth: Cultural and societal attitudes which inhibit frank discussions about sex and gender issues and which condone high-risk sexual behavior can be counterproductive to HIV/AIDS prevention efforts. Successful and long-term HIV/AIDS prevention strategies must include age-appropriate education and others which instill a sense that individuals are able and have a responsibility to protect themselves from infection. In addition, research aimed at preventing infection of infants born to infected mothers should remain a central focus.

- In every appropriate forum the USG will recommend adoption of age-appropriate education on HIV/AIDS.
- The NIH will place a high priority on following up initial studies which could lead to methods for preventing HIV transmission from mother to fetus, including antiviral therapy (AZT) and micronutrient treatment (vitamin A) during pregnancy and on further defining the context of their use.

- The State Department will emphasize to appropriate U.N. agencies, including UNICEF, UNDP, WHO, and UNFPA, the importance the USG places on prevention of HIV infection of children and youth and will urge U.N. bodies to prioritize their efforts for preventing infections and mitigating the impact of HIV/AIDS on children and youth.

Mobile Populations: Millions of people who daily move across national borders pose global economic, security and health concerns. This mobile population constitutes one of the world's largest potential transmission pools of HIV. Members of militaries, multinational companies, refugee groups, teams on large development projects, farm groups, trucking companies, and others in this mobile group may engage in high-risk behaviors that would lead to HIV infection. Members of these groups should have access to information and services that would assist in preventing infection, either of themselves or of others. Reducing HIV infections in mobile populations would presumably have a secondary benefit of decreasing rates of transmission once the worker returned home. The USG will work to improve access to information and services for mobile populations.

- The State Department will convene an interagency working group to discuss cooperation more closely with development banks to reduce the spread of HIV/AIDS at development project sites and particularly among workers who migrate to work at those sites.
- When appropriate and feasible, USAID will incorporate HIV/AIDS prevention activities into the overall health strategy for well-established refugee camps.

B. REDUCE PERSONAL AND SOCIAL IMPACT

Medical services and social support are vital for persons with HIV and their families. Nations need long-term treatments for HIV and AIDS and for the opportunistic infections which complicate HIV infection, such as tuberculosis.

HIV/AIDS poses problems to infected persons which go beyond the medical and health implications, such as the potential for human rights abuses and discrimination in the workplace. Further, the impact of HIV/AIDS on society as a whole is manifested in destabilized family structures, adverse impact on the economy, and the threat of political and military destabilization. These broader issues must be considered in any strategy to mitigate the impact of HIV/AIDS on the individual and the society.

1. Provide Care and Support.

Most countries aspire to ensure access to health care services for all citizens. In developed and developing countries alike, however, the growing numbers of AIDS cases will strain health care systems. In developing countries, health care systems have been inadequate even before HIV/AIDS. The result is less access to service for those in need. The effects are multiplied because governments will be forced to buttress weak health care systems by diverting scarce resources from national savings

or other sources that are critical for national economic stability. While working to boost health care infrastructures, governments should work with non-governmental groups and people infected and affected by HIV/AIDS to more effectively meet the care and support needs of HIV-infected individuals.

o With the goal of developing effective and affordable long-term treatments and strategies to provide care and to assist HIV-infected persons and their families, USAID and PHS, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures, including strengthening of tuberculosis control programs.

- USAID and DHHS agencies will provide technical assistance to countries for the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.
- The USG will support the inclusion of non-governmental organizations and people infected with and affected by HIV/AIDS in the design of care strategies.
- In appropriate international meetings the USG will support a strong role for community-based provision of care and support to those affected by HIV/AIDS.

Special emphasis on families: The impact of HIV/AIDS on families is cause for alarm. By the year 2000, it is estimated that 10 - 15 million children will have become orphans because of HIV/AIDS. They may swell the ranks of the unemployable, become part of the alienated and increasingly criminal class in many cities, and add to the worldwide increase in street children. The impact on women is equally alarming. As infected women become sick and die, families will increasingly feel the burden of lost economic income, especially in agricultural-based societies, as well as the loss of the major caregiver for the family. The USG will advance the recognition in every appropriate forum that HIV/AIDS can have a devastating and destabilizing impact on families, and particularly on women, children and youth.

- The State Department will stress the urgent need of addressing the impact of HIV/AIDS on families in all appropriate international fora, including the IVth World Conference on Women and the Joint U.N. Programme on AIDS.
- USAID will work with other donors to establish innovative programs, including the establishment of trust funds, in order to provide social services and support for the burgeoning number of AIDS orphans in developing countries.

2. Guarantee Human Rights.

Universal recognition of the human rights of HIV-infected persons is essential to reducing the personal and social impact of HIV/AIDS. The USG will promote non-discriminatory workplace policies, protection from punitive or coercive measures with respect to HIV testing, policies relating to entry into foreign countries that are based on sound public health practice, and non-discriminatory access to education and medical treatment as well as the protection of civil and political rights.

- In all appropriate international fora the State Department and other appropriate USG representatives will promote the safeguarding of equal protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing and social welfare.
- The State Department will continue to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting.

3. Protect Politico-Military Structures at Risk.

HIV has the potential to affect the stability and readiness of militaries, especially those in developing countries with very high HIV rates of infection. The overall impact on military capabilities in most instances appears to be slight thus far; however, as key career personnel increasingly move past the long HIV latency stage and contract AIDS, their loss will have a detrimental effect, particularly in the more sophisticated developing-country militaries that depend significantly on well trained and experienced technical personnel.

Militaries are composed largely of young men and women who are susceptible to behaviors that carry with them the risk of contracting HIV. Nevertheless educated and disciplined troops can be trained to avoid high-risk behaviors by a military establishment that recognizes and responds to the threat of HIV/AIDS. That explains, in part, the relatively low HIV prevalence in developed-country militaries.

World-wide peacekeeping operations may pose a danger of spreading HIV, particularly as traditional developing-country suppliers of troops find it increasingly difficult to supply units that are free of HIV infection. The risk runs both ways; peacekeepers could both be a source of HIV infection to local populations and be infected by them, thus becoming a source of the infection when they return home. In combat situations, there may also be increased risk of HIV transmission among peacekeepers, and between them and local populations, through contact with HIV contaminated blood.

A more substantial overall risk, however, is the transmission of HIV-related secondary infections, such as tuberculosis, which are far more contagious and more easily transmitted. The spread of those diseases cannot be largely avoided by controlling high-risk behaviors, as is the case with HIV.

- All appropriate support should be given to DOD's military-to-military educational programs on HIV/AIDS that are geared to improving prevention strategies in foreign militaries.
- The State Department will convene an interagency meeting to address the impact of HIV/AIDS on international peacekeeping operations and humanitarian missions. Issues to be considered include risk of exposure of U.S. troops to HIV/AIDS and to HIV-associated and possibly multi-drug resistant TB; combat medical conditions, including safety of the

blood supply and medical personnel and treatment of non-U.S. troops; the importance of military training in the U.S. as a democracy promoting measure and the impact of restrictive U.S. entry requirements on such training, and the degree of spread of various strains of HIV due to peacekeeping operations. Recommendations for action will be made to appropriate officials, including those responsible for development of U.S. policy on U.N. peacekeeping operations.

- The National Intelligence Council will coordinate the preparation of a National Intelligence Estimate on the impact of HIV/AIDS on military establishments.

4. Place HIV/AIDS on the Sustainable Development Agenda.

The growing AIDS epidemic will complicate ongoing sustainable development efforts. While AIDS has adversely impacted the skilled, urban workforce in developing countries, the disease will also have an increasingly devastating impact in rural regions over the next several years. Because remittances from urban workers are often critical sources of income for family members who remain in the countryside, the illness and death of urban workers may mean fewer resources are available to rural communities and households. The loss of trained workers and supervisors will reduce the professional and technical and skills base, especially in smaller countries, while infection among the unskilled will disrupt routine operations even in sectors where replacements are readily available. Losses in the agricultural labor pool could lead to decreased production of cash crops as subsistence farming consumes all available labor in some communities.

The credit-worthiness of those seeking loans for low-cost housing, farm improvements, or to expand small businesses is weakened if family incomes are reduced by illness and death. Education is vital for development, but children are leaving school early to care for ill relatives or because falling family incomes do not allow for payment of school fees. Moreover, since infected people die during their most productive years, tough decisions will have to be made regarding expenditures for training.

- The State Department will work with the Departments of Commerce and Treasury and USTR to propose AIDS as an agenda item at the G-7 and other appropriate international economic meetings.
- The State Department, in consultation with business and labor groups, other NGOs and appropriate USG agencies, will host a 1-5 day conference on a range of HIV/AIDS-related issues, including the impact of HIV/AIDS on sustainable development of trading partners.

- The intelligence community will produce and update analyses of the impact of HIV/AIDS in selected countries and regions, as needed.

C. MOBILIZE AND UNIFY NATIONAL AND INTERNATIONAL EFFORTS

Strengthened collaboration within and among countries is an essential component to improving efforts to combat global HIV/AIDS. The U.S.G. should use a variety of mechanisms to meet these objectives, including the following:

- The Interdepartmental Task Force on HIV/AIDS, chaired by the National AIDS Policy Director, will develop a national action plan for HIV/AIDS, as directed by the President.
 - The State Department will work to ensure that the objectives outlined in the present document support and complement those of the national action plan.
- The Joint U.N. Programme on AIDS is expected to provide an excellent framework for the coordination of bilateral and multilateral HIV/AIDS efforts. Continued support for the Programme sends the message that the U.S. sees coordination of efforts as a critical element in a successful effort to combat global HIV/AIDS.
 - The State Department and senior USG officials will support -- and will urge other governments to support -- the speedy establishment of the Joint U.N. Programme on AIDS.
- The State Department and senior USG officials will urge other governments to increase their contributions to the UN's efforts on HIV/AIDS to the already high levels being contributed by the USG.
- Since the HIV/AIDS issue is taken up in a number of intergovernmental fora, both within and without the U.N system, the State Department will convene regular interagency meetings to discuss the international agenda and to develop common approaches on HIV/AIDS issues.
- Using the HIV/AIDS component of the Common Agenda with Japan as a model, the State Department and USAID will pursue agreements with other donors to work more closely on HIV/AIDS in priority countries.
- To the extent possible, U.S. international policy on HIV/AIDS will be consistent with other international efforts, and those of the U.N. system in particular.

APPENDIX A: An Agenda for Action

The following breakdown by agency re-capitulates the action items outlined in the body of the document in their order of appearance. For actions in which more than one agency is involved, the action, in most cases, is listed according to the agency which will take the lead.

State Department

- 1a The State Department will ensure that the major tenets of this document are promoted in relevant international meetings of the U.N. and other bodies, including the IVth World Conference on Women, as well as within U.N. agencies themselves, and particularly in the Joint U.N. Programme on AIDS.
- 1b The State Department will develop policy guidance materials to ensure that U.S. international HIV/AIDS objectives are promoted in discussions between senior USG representatives and national leaders from key countries. In addition to encouraging leaders to join the United States in endorsing the 1994 Paris AIDS Declaration and the Joint U.N. Programme on AIDS, USG representatives will emphasize a range of concerns, including the urgent need for leaders to openly address the HIV/AIDS pandemic in their own countries, the need for governments to consider the adverse economic impact of HIV/AIDS in their countries, the need for other governments to increase spending on HIV/AIDS prevention and research, and the need to establish or implement National AIDS Action Plans.
- 1c U.S. ambassadors and other embassy representatives will meet with host country counterparts to describe the U.S. International Strategy on HIV/AIDS and to encourage leaders to expand HIV/AIDS prevention and mitigation programs. Emphasis will be placed on the important role that NGOs, business groups, people living with HIV/AIDS, and community organizations should play in an effective response to HIV/AIDS.
- 1d The State Department will transmit this Strategy on HIV/AIDS in a cable to all posts.
- 1e The State Department will seek to heighten the awareness of the foreign policy implications of HIV/AIDS to the foreign service community through all available mechanisms.
- 1f The Secretary of State will join the Secretary of the Department of Health and Human Services in sending a joint letter to Congress

describing the broad impact of HIV/AIDS, including the implications for U.S. foreign policy and national security interests. The letter should describe the important role of U.S. biomedical research in the global strategy to prevent infections. The letter should urge Members to support fully the Administration's budget request for biomedical research and international AIDS prevention.

- 1g The State Department will host a 1-5 day conference with U.S.-based international business leaders to discuss a range of HIV/AIDS-related issues, including the impact of HIV/AIDS on trade and investment decisions and on sustainable economic development of trading partners.
- 1h The State Department will assist USG agencies as necessary in strengthening or establishing international research and training collaborations and will assist, as necessary, in gaining approval for HIV/AIDS vaccine trials and other research efforts in host countries.
- 1i The State Department will convene a meeting of the National Science and Technology Council's Committee on International Science, Engineering, and Technology to address the global challenge of emerging and re-emerging diseases, including HIV/AIDS.
- 1j The State Department, in collaboration with the CDC, will organize a workshop to examine surveillance and epidemiological issues and related policy concerns in the Former Soviet Union.
- 1k The State Department will emphasize to appropriate U.N. agencies, including UNICEF, UNDP, WHO and UNFPA, the importance which the USG places on prevention of HIV infection of children and youth and will urge U.N. bodies to prioritize their efforts for preventing infections and mitigating the impact of HIV/AIDS on children and youth.
- 1l The State Department will convene an interagency working group to discuss mechanisms whereby the USG may work more closely with development banks to reduce the spread of HIV/AIDS at development project sites.
- 1m The State Department and other appropriate USG representatives will promote the safeguarding of the protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing and social welfare in all appropriate fora.
- 1n The State Department will continue to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting.
- 1o The State Department will convene an interagency meeting to address the impact of HIV/AIDS on international peacekeeping operations and humanitarian missions. Recommendations for action will be made to appropriate officials, including those responsible for U.S. policy on U.N. peacekeeping operations.

- 1p The State Department will work with the Departments of Commerce and Treasury and USTR to include AIDS as an agenda item at the G-7 and other appropriate international economic meetings.
- 1q The State Department will work to ensure that the objectives outlined in the present document support and complement those of the national HIV/AIDS action plan, now being developed.
- 1r The State Department and senior USG officials will support -- and will urge other governments to support -- the speedy establishment of the Joint U.N. Programme on AIDS. They will also urge other governments to increase their contributions to the U.N.'s efforts on HIV/AIDS to the already high levels being contributed by the USG.
- 1s The State Department will convene regular interagency meetings to discuss the international calendar and to develop common approaches on HIV/AIDS issues.
- 1t Using the HIV/AIDS component of the Common Agenda with Japan as a model, the State Department and USAID will pursue agreements with other donors to work more closely on HIV/AIDS in priority countries.

USAID

As outlined in the body of the present document, the following are some of the key elements of USAID's global HIV/AIDS strategy:

- 2a Identify successful prevention strategies and, through USAID missions and U.S. embassies, publicize successes to government and community health workers so that they may be duplicated elsewhere, including in other regions of the same country as well as in other countries.
- 2b Continue to support behavioral research, with the aim of developing culturally appropriate prevention strategies, and studies of the economic impact of HIV/AIDS, particularly at the household level.
- 2c Continue to develop programs which underscore the linkage between provision of reproductive health services, the treatment of sexually transmitted diseases, and reduction in the spread of HIV/AIDS.
- 2d Address the socio-economic factors which contribute to women's vulnerability to HIV infection through programs to increase the level of education in girls and women and their economic potential.
- 2e Support efforts in the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.
- 2f Develop new and better male condoms.

- 2g When appropriate and feasible, incorporate HIV/AIDS prevention activities into the overall health strategy for well-established refugee camps.
- 2h With the goal of developing long-term treatment and care strategies for HIV/AIDS affected persons, USAID, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures in countries in need.
- 2i Continue to provide technical assistance to countries for the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.
- 2j Work with other donors to establish innovative programs, including the establishment of trust funds, in order to provide social services and support for the burgeoning number of AIDS orphans in developing countries.

DHHS AGENCIES

- 3a NIH's Office of AIDS Research, in collaboration with the Fogarty International Center, will develop an inventory of NIH-supported research being conducted in both developing and developed countries.
- 3b NIH will continue its strong AIDS research program with the aim of developing effective behavioral strategies, drugs, vaccines and other preventive technologies and approaches, including vaginal microbicides, and low-cost diagnostics to reduce the spread and impact of HIV/AIDS. NIH will work with the private sector, as appropriate, in this endeavor.
- 3c FDA will work with product manufacturers to facilitate the rapid development of new agents for the prevention and treatment of HIV-related conditions as well as medical devices for the prevention of HIV transmission.
- 3d CDC will continue to support behavioral research which provides information on risk behaviors and which assists in targetting prevention strategies more appropriately.
- 3e NIH's Office for Protection from Research Risks will continue its advisory and regulatory role in ensuring that international research is conducted in an ethical manner and one that is consistent with agreed principles for protecting human subjects.

- 3f DHHS will work with international partners, including NGOs and international development agencies and organizations, to assist in safeguarding the world blood supply.
- 3g FDA will work with manufacturers to facilitate the development of new testing methodologies and other approaches to help assure the safety of the blood supply.
- 3h PHS will prioritize efforts in the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.
- 3i PHS will prioritize efforts to develop new and better male condoms.
- 3j The NIH will place a high priority on following up initial studies which could lead to methods for preventing HIV transmission from mother to fetus, including antiviral therapy (AZT) and micronutrient treatment (vitamin A) during pregnancy and on further defining the context of their use.
- 3k With the goal of developing effective and affordable long-term treatments and strategies to provide care and to assist HIV-infected persons and their families, PHS, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures.
- 3l DHHS agencies will continue to work toward the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.
- 3m CDC, in collaboration with other agencies, will work toward improved global monitoring of the spread of HIV/AIDS. This includes working with the U.S. Census Bureau to expand its international HIV/AIDS database to include statistics from developed countries and the Former Soviet Union.

Peace Corps

- 4a The Peace Corps' programs which incorporate HIV/AIDS education into other services, such as the teaching of English, should be viewed as models for successful and integrated interventions and should receive continued support.

Defense Department

- 5a The Department of Defense will continue to conduct military-to-military educational programs on HIV/AIDS, which are expected to contribute to changes in high-risk behaviors and overall decreases in the rate of infection in foreign militaries. All appropriate support should be given to these programs.
- 5b The Department of Defense will continue mission relevant biomedical research efforts toward candidate vaccine development.

The Intelligence Community

- 6a The National Intelligence Council will coordinate the preparation of a National Intelligence Estimate on the impact of HIV/AIDS on military establishments.
- 6b The intelligence community will produce and update analyses of the impact of HIV/AIDS in selected countries and regions, as needed.

Multiple Agency Efforts:

- 7a The State Department, USAID and the National AIDS Policy Director will host a conference for domestic and international AIDS non-governmental organizations to discuss the U.S. response to global HIV/AIDS and to foster the exchange of information between domestic and international groups.
- 7b USG representatives, including embassy personnel, will encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research.
- 7c USAID, the National AIDS Policy Director and the State Department will explore the feasibility of hosting satellite meetings at the International AIDS Conferences and regional AIDS conferences at which large cohorts of domestic and international NGOs are represented in order to foster dialogue between domestic and international NGOs.
- 7d Concerned USG agencies will consider alternative and innovative ideas and will work with international partners to improve access to essential commodities, including condoms, vaginal microbicides (once they are developed and made available) and drugs to treat sexually transmitted diseases.
- 7e DHHS and the National AIDS Policy Director will establish an interagency working group to discuss women's health issues and associated concerns as they relate to key meetings on the international agenda.
- 7f Representatives from the State Department, USAID, the National AIDS Policy Director's office, and others will meet on a regular basis to discuss key issues of common concern.

APPENDIX B: International Research Cooperation

INTRODUCTION

Science is an international enterprise, and international scientific dialogue and research are essential in advancing knowledge about HIV infection and AIDS. International HIV-related research intersects with other foreign policy issues as it develops information to address a fundamental health issue contributing to social and economic instability in many countries. The U.S. has much to gain by continued strong international cooperative and collaborative efforts with nations with highly advanced biomedical research programs and health delivery systems and with nations with less developed research and public health capabilities. Such efforts are a key part of a comprehensive U.S. international HIV/AIDS strategy.

Information from international research benefits U.S. citizens, as well as people in the country where research is conducted and people world-wide who are affected by HIV. Some of the most critical scientific information on HIV/AIDS has been derived from collaboration with colleagues in other countries, with implications for prevention and treatment of HIV infection and disease, as well as the impact on societies. These studies provide information on the variation of strains of HIV from various geographical regions; risk factors for heterosexual and mother to child transmission of HIV; the role of other sexually transmitted diseases in HIV transmission; the relationships between HIV infection and other diseases; and the demographic and socioeconomic impact of HIV/AIDS/ Global monitoring of the epidemic is crucial to further understand mutation and evolution of HIV and patterns of spread. The recent explosive epidemic in Asia caused by variants differing from that found in the U.S. warrants close attention; HIV evolutionary patterns in foreign settings may foreshadow unanticipated events in the U.S.

The development of HIV-related research skills in scientists and health professionals is central to an international research strategy. Scientist exchanges facilitate the generation of new research ideas. In addition, international training programs increase the expertise of both American and foreign scientists in HIV/AIDS research, provide the opportunity to develop collaborative relationships between American and foreign scientists, and will facilitate the international testing of anti-HIV drugs and vaccines.

Consideration of human rights must be fundamental to the philosophy guiding U.S.-sponsored research in foreign countries. Ethical and legal issues

related to the conduct of international HIV-related research will be continually examined, including issues such as the protection of human participants in research in vastly differing cultural contexts and the rights of collaborating researchers and institutions. These principles are well-articulated in recent documents (see references 1,2,3).

A basic ethical responsibility of developed nations is to ensure that developing countries receive benefits from research. Issues include the dissemination of research information to researchers, care providers, and program managers; dialogue with vaccine and drug manufacturers concerning the need to develop products with global utility; and the development of scientific and laboratory capabilities in developing countries. Research collaboration and training strengthen the scientific foundation and help to establish the knowledge, skills, and laboratory capacity upon which countries can further develop public health infrastructure to deliver HIV vaccines, when available, and cost effective interventions. Such efforts will have far-reaching effects through application to other infectious diseases prevalent or emerging in developing countries.

CURRENT INTERNATIONAL HIV-RELATED RESEARCH ACTIVITIES

Several government agencies conduct international HIV-related research efforts, the nature and perspective varying with the mandates of the individual agencies. In addition to U.S. and other countries' government agencies, activities related to international research on HIV are conducted by multilateral organizations, including U.N. agencies and the World Bank, and by private foundations.

National Institutes of Health (NIH) supports over 100 collaborative HIV/AIDS research projects, in both developed and less developed countries. These include basic research studies, such as genetics and immunology; research related to the development of vaccines and therapeutics; population-based research on transmission of HIV and progression of HIV disease; the behaviors associated with increased risk for HIV infection. These studies help to develop the infrastructure for clinical trials of vaccines by defining potential study populations and developing laboratory and research capabilities. The AIDS International Training and Research Program (AITRP) provides research training designed to increase the capacity of developing countries to address AIDS. A reagent repository provides access to research reagents world-wide. The NIH has developed formal agreements with several foreign countries to collaborate on AIDS-related research, including Japan, Germany, and Thailand.

Centers for Disease Control and Prevention (CDC) international AIDS research activities include two collaborative research projects with CDC professional staff posted overseas in Cote d'Ivoire and Thailand, transfusion

safety research and assessment in Africa, characterization of viral isolates, field evaluations of low-technology diagnostics, epidemiologic and research training, plus short-term technical consultations and long-term assignment of professional staff to U.N. agencies. The principal areas of current and near future activities include epidemiologic and intervention research in mother-to-child transmission, heterosexual transmission and its interactions with other sexually transmitted diseases, TB-HIV interactions, and blood safety. Training of international public health professionals in epidemiology and research includes courses in Atlanta and overseas, one-on-one mentoring in research projects abroad, and longer-term training for foreign nationals in the U.S. and Belgium, supported in part by funding from the NIH.

U.S. Agency for International Development (USAID) has supported research on behavior change, social marketing for condom promotion, and sexually transmitted disease (STD) reduction via its AIDSCAP project. In addition, USAID supports several grants to non-governmental organizations (or private voluntary organizations, NGO/PVO), as well as epidemiological and biomedical research administered by the NIH, CDC, and the Global Programme on AIDS of the WHO. Specific areas of research include female-controlled vaginal spermicides and microbicides, female condoms, the economic impact of HIV/AIDS, inexpensive STD diagnostics, and novel testing and counselling strategies.

Department of Defense (DoD) HIV/AIDS efforts comprise militarily relevant, product oriented, applied research aimed at reducing the rate of new infections, disease progression, and death of DoD personnel. A key objective is to develop a vaccine(s) offering protection from HIV for U.S. military personnel world-wide, including: isolation and characterization of the genetic diversity of HIV from international sites; initiation of joint U.S./Thai preventive vaccine field trials in late 1994 or 1995. A collaborative program with other militaries through DoD's world-wide network of military research laboratories forms the basis for potential HIV/AIDS clinical and research observations, especially in the development and pre-clinical testing of vaccines corresponding to virus prevalent in developing countries. A behavioral prevention program includes intervention-based prevention research directed at reducing high risk behaviors among uninfected military personnel.

FUTURE DIRECTIONS IN INTERNATIONAL HIV RESEARCH COOPERATION

International research collaboration will continue to provide unique research opportunities that allow us to obtain useful scientific information more rapidly and at less cost, benefitting all concerned. The following are critical areas of international HIV-related research collaboration to be pursued.

Basic biomedical research in areas such as virology, immunology, and molecular biology will provide the basis for the development of AIDS vaccines and therapeutic strategies.

- Study of the clinical and molecular epidemiology of HIV/AIDS and mathematic modelling of individual epidemics is central to an international strategy to address AIDS, particularly in areas already greatly impacted by the pandemic, such as Africa and Latin America, and in areas of escalating epidemics, such as the Far East and Western Pacific.
- Research on risk behaviors and the factors that motivate and sustain behavior change in different populations and under a variety of social, cultural, and economic circumstances will provide the foundation for the development, testing, and implementation of behavioral interventions.
- Studies of risk factors and mechanisms of HIV transmission will provide information critical to the development of biologically-based strategies to interrupt transmission, including transmission from mother to infant, sexual transmission, and transmission through injection drug use. In particular, studies of the role of treatment of STDs in control of HIV transmission will be critical to efforts to link STD programs with HIV prevention.
- Studies of the progression of HIV-related disease from early infection through long-term consequences, including opportunistic infections, will provide information central to the clinical management of HIV-infected patients.
- The development and evaluation of non-vaccine interventions that are effective against HIV infection and disease progression, cost effective, and useful in a variety of settings are critical to a comprehensive approach to AIDS prevention and an international research strategy.
- The development of HIV vaccines that are safe and effective in preventing infection in exposed individuals is a major international public health priority. The evaluation of vaccines for efficacy, including vaccines for mother to child transmission, will likely involve international vaccine trials at international sites.
- The development of technologies that are applicable to research and patient care in less developed country settings is essential to effective research and care infrastructure.

- Basic social science research that addresses the impact of social, economic, demographic, and cultural factors on AIDS epidemics, as well as the consequences of the epidemic for the family, society, culture, economic stability, national security, and demographic change, including worker migration, the role of poverty, the status of women, and political repression, will provide information of use to governments in developing broad social and political strategies to combat their epidemics.

Additional activities will include the continued development of training programs; expansion of the use of established repositories, including encouragement for foreign scientists to submit specimens and facilitation of access to repositories by foreign scientists; collaboration in the development of a database of international clinical trials; and the dissemination of state-of-the-art research information to foreign scientists.

For international research efforts to proceed smoothly, it is critical that mechanisms be developed for coordination and information sharing among agency program staff. Such activities might include developing briefing materials applicable across agencies; maintaining a database of international research activities; and convening meetings to share information and collaborate on program planning, collectively identifying opportunities to address problems cost-effectively.

The U.S. should also coordinate effectively with other organizations with roles in international research on HIV, including the WHO Global Programme on AIDS, WHO regional offices, other U.N. organizations, the World Bank, private foundations, and regional non-governmental organizations. The U.S. government should also nurture partnerships with private industry and academia to further research with international relevance. Specifically, the U.S. should collaborate with industry in developing vaccine candidates with global potential, perhaps through joint ventures between the U.S. government and industry.

To advance the research agenda, it is necessary to consider policy issues in the context of research. In this regard, the research community will rely on the efforts and expertise of other branches of the Government as noted below. The U.S. should utilize diplomatic channels to encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research. Of particular importance is research that will provide information relative to the empowerment of women and other disenfranchised segments of societies. Where necessary, U.S. agencies and investigators should enlist assistance from Embassies to facilitate the establishment of relationships and the development of in-country infrastructure for research and dissemination of research findings. Other efforts that would complement the international research agenda related to the investigation of mechanisms to remove barriers to infrastructure development for HIV-related research in foreign countries, including re-

examining existing authorities in relation to agency programs, addressing immigration issues, and initiating international dialogue concerning taxes and tariffs on equipment imports.

Most important, close ties between U.S. and foreign scientists are essential for advancement of international collaborative research on AIDS. To this end, a variety of formal and informal relationships should be cultivated, including scientist-to-scientist relationships, as well as formal agreements between the U.S. and foreign governments and institutions. Where possible, the U.S. should attempt to develop full collaborative relationships with foreign investigators and maintain long-term institutional and personal relationships, whether through funding of projects, exchange of scientific expertise and information, or collegial communication.

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APPENDIX C: Prevention

There is currently no cure for AIDS nor an effective treatment for HIV. Therefore the main focus of current global efforts must be on prevention of new infections in order to break the chain of transmission.

In order to prevent the spread of HIV, it is necessary in each country to identify behaviors which place individuals at the highest risk for transmission and to target these behaviors for intensive intervention efforts. Active efforts are required to determine community needs, perceptions, and the basis for risk behavior, as well as assessment of which activities will be most likely to result in lower risk behaviors. In some instances, mitigation of the social effects of high rates of AIDS-related illness will contribute to these efforts.

The prevention strategy which is developed will need to be carefully coordinated with other donors and international organizations to maximize impact. Additionally, the success of our national, regional and global programs to confront HIV/AIDS effectively requires active participation of people infected and affected by HIV/AIDS and community-based non-governmental organizations in the design, development, implementation and evaluation of policies and programs whose purpose is to affect their communities.

ELEMENTS OF AN EFFECTIVE U.S. GLOBAL HIV/AIDS PREVENTION STRATEGY:

Policy Dialogue

U.S. HIV/AIDS efforts should seek to identify and foster policies which promote the successful implementation of HIV/AIDS prevention programs. Consideration of both public policy and individual human rights should be included in the U.S. effort. U.S. interventions in the policy arena, both at the diplomatic and community level, will seek to promote policies which enhance HIV/AIDS prevention and address the social, political, and economic underpinnings and consequences of the pandemic. They should also seek to eliminate policies that undermine successful HIV/AIDS prevention interventions. These policies often include cross-sectoral and multi-sectoral issues outside the realm of health and will require a coordinated U.S. response.

Information, Education and Communication for Behavior Change

Key to the U.S. strategic response to the HIV/AIDS pandemic are prevention interventions which lead to behavior change, including the establishment of community and individual norms that reinforce safe behavior to lower the risk of acquiring sexually transmitted diseases and HIV. Education and information interventions should take into full consideration the cultural beliefs of the community and work from within the community to alter behaviors which place individuals at risk.

Increase Condom Use

Condoms are a major component of front line interventions in HIV/AIDS prevention. The U.S. response includes interventions to assure the availability and affordable pricing of condoms through improved logistical systems, condom social marketing and, when appropriate, the provision of condoms as well as efforts to facilitate the development of more effective and acceptable barrier devices.

HIV Testing and Counselling

HIV testing and counselling can be a useful element in the U.S. response as a methods to provide individuals with the knowledge of their personal HIV status and as a diagnostic to obtain treatment. The effectiveness of HIV testing and counselling as a behavior change mechanism is still uncertain, but the U.S. is currently undertaking research activities to assess the efficacy and cost of this intervention as a behavior change tool.

Biomedical Interventions

An important correlate to prevention education and behavior change interventions is improved STD case management through support to the provision of STD diagnostic and treatment services. Treatment of opportunistic and secondary infections associated with HIV and a compromised immunological status should also be included in the U.S. strategy. Additionally, the development, testing and dissemination of new prevention technologies, including vaginal microbicides and the female condom, is a high priority.

Injection Drug Use

There are many adverse consequences of illicit drug injection, including the risk of HIV transmission, and so an important U.S. policy goal is to reduce the demand for psychoactive drugs.

Simultaneously, efforts must be carried out to help drug abusers prevent sexual transmission of HIV. Behavioral change research into the prevention of bloodborne transmission is also needed.

Blood Screening and Blood Safety

The U.S., when appropriate, provides technical assistance in ensuring the safety of national and transnational blood supplies, and in helping to develop safe medical practices for health care.

Evaluation and Analysis of Data

The compilation and analysis of data with respect to the epidemiological, political, social and economic impact of the HIV/AIDS pandemic is essential to U.S. efforts to assist host governments. It is required to assess the effectiveness of ongoing interventions as well as inform future program development. The U.S. assists in improving surveillance of HIV infections and monitoring of related indicators.

Research

U.S. research institutions, with their extensive capacity and expertise, provide an invaluable contribution to HIV/AIDS prevention. The objective basis for the implementation and evaluation of HIV/AIDS and other STD prevention and treatment interventions, as well as a full understanding of socio-economic impact, derives from basic and applied bio-medical and behavioral research. Research areas should include STD/HIV epidemiological analysis, vaccine development and female-controlled methods of HIV/SD protection, as well as behavioral and social determinants of HIV infection.

U.S. EFFORTS TO ADDRESS THE ELEMENTS OF THIS PREVENTION STRATEGY:

Policy Dialogue: HIV/AIDS should be introduced to a greater extent in the U.S. diplomatic and policy dialogue in order to underscore the recognition of HIV/AIDS as an international problem with political, social and economic impact which go well beyond the boundaries of the traditional health sector. Nations must address HIV/AIDS as a pandemic fueled by socio-economic inequities, human rights issues and questions of gender status.

Discussion and resolution of these and related issues begin at senior policy levels. The State Department should play a central role in raising HIV/AIDS in international fora.

Prevention Interventions: USAID implements HIV/AIDS prevention interventions in over 40 countries through NGOs, the private sector and governments. The focus of USAID prevention programs is to engage in efforts to change high-risk behaviors, encourage health seeking behaviors for individuals with STDs, improve the case management of STDs, and to provide

individuals with access to affordable condoms. USAID also supports efforts in policy analysis and dialogue and the incorporation of HIV/AIDS prevention efforts into ongoing development assistance programs. For example, the Peace Corps has developed education materials and curricula integrating HIV/AIDS prevention with the teaching of English.

CDC provides technical assistance in surveillance, STD case management and program development.

Behavior Research: USAID's behavioral research program includes knowledge, attitude and practices surveys, behavior change research and the impact of counselling and testing on HIV prevention, as a part of its intervention agenda.

Several U.S. agencies carry out behavior research which is designed to provide indirect or direct information for HIV efforts in the global context. The DOD Behavioral Prevention research effort focuses on behavior change interventions to prevent HIV transmission in military-associated populations. This effort places priority on data-derived interventions to prevent transmission in various populations, through educational interventions for individuals with higher levels of risk-relevant behaviors for HIV infection, and counselling interventions for individuals who are HIV infected. The approaches developed may be applicable in certain military or civilian populations in other areas, including some global efforts.

CDC has increased its domestic behavior agenda which may provide insight into persistent behavior change issues in other settings.

Biomedical Research: The research of the National Institutes of Health and the Centers for Disease Control and Prevention includes basic research and applied retroviral research, vaccine development and drug therapy. The Department of Defense biomedical effort places emphasis on applied retroviral research, with a focus on vaccines for prevention of HIV infection. These research efforts are considered to be essential contributions to the global HIV/AIDS prevention effort and results of these efforts will continue to have an impact on prevention worldwide.

APPENDIX D: The Impact of AIDS -- U.S. Security Interests/Concerns

The number of AIDS cases worldwide will rise rapidly during the remainder of the 1990s and will increasingly undermine other projects intended to foster key US policy goals, including democratization, economic development, conflict resolution and peacekeeping, and promotion of individual and political rights. The AIDS pandemic will overwhelm underfunded and inadequate health delivery systems in much of the developing world and could undo hard-won health, social, and economic gains. Moreover, because AIDS mainly affects adults in their most productive years and is virtually always fatal, AIDS will have a more severe economic impact than do myriad other diseases.

The World Health Organization (WHO) estimates there were 14 million HIV infections by mid-1993. As many as 30 million to 40 million people worldwide will have been infected by the year 2000. While the largest number of infections are in Africa, southeast Asia could soon claim that distinction.

-- An average of one in 40 African adults is infected with the virus. In some East and Central African cities the rate is one in three.

-- If unchecked, infection could reach African magnitude -- affecting 5 percent or more of the population -- in several countries, notably Brazil, the Dominican Republic, and Haiti over the next decade. Major social and economic disruptions are possible in many others, including The Bahamas and Honduras.

-- More than 1 million people in South Asia are infected, with small numbers of cases reported in Bangladesh, Sri Lanka, Pakistan, and Nepal. Most cases are in India, however, with HIV present in both rural and urban populations in every state. Indian Government neglect of the problem has the potential of allowing replication of the African experience in 10 or 15 years.

-- The incidence of HIV and AIDS is increasing in almost every country in Southeast Asia. Thailand has one of the world's highest infection rates and the epidemic is rapidly spreading to neighboring countries, especially Burma.

-- Although China claims to have only 1,100 reported AIDS cases, if effective measures to fight the disease are not enacted soon some 10 to 20 million Chinese could be infected by the year 2000.

-- Little information is available on rates of HIV infection in North Africa and the Middle East although measurable levels of infection are present in many countries of the region and the problem is believed to be understated.

-- The AIDS problem in the former Soviet Union is small but growing, and deteriorating health services will make diagnosis and treatment difficult.

-- Romania appears to have the greatest AIDS problem in Central Europe, although infections have been reported in almost all countries in the region.

The infection pattern found in Africa is similar throughout the developing world -- highest rates in urban areas, along major trade routes, and in former areas of conflict. Although homosexual contact and intravenous drug use account for most the spread of the disease in North America and Europe, most HIV transmission in the developing world occurs through heterosexual contact or from mother to child. Highly mobile population groups -- refugees and displaced persons, truck drivers and other labor migrants, and demobilizing soldiers -- quicken the spread within and across national boundaries. People at highest risk are those with multiple sex partners who do not use condoms, prostitutes and their clients, and people with sexually transmitted diseases.

- Intravenous drug use is a significant vector for transmission in the Middle East, Asia - particularly China, Burma and Pakistan -- and in some urban areas of Latin America.
- Contaminated blood products also contribute significantly to the epidemic in the former Soviet Union and some developing countries.

Social and Economic Impact

The epidemic's indirect costs will be enormous. Such costs will be incurred as skill losses, decreased worker output, lost income, and increasingly inefficient business and government operations. Losses of trained workers and supervisors will reduce the professional and technical and skills base, especially in smaller countries, while infection among the unskilled will disrupt routine operations even in sectors where replacements are readily available. Seriously affected countries could experience losses in the tourist industry as the extent of the epidemic becomes widely known. Moreover, there is anecdotal evidence that businessmen and investors are increasingly reluctant to visit and live where there is a major impact.

- In Thailand, for example, multinational firms spent \$1.3 billion in 1992, but if projected rates of HIV infection hold, a labor force increasingly weakened by AIDS-related illness and reduced by AIDS deaths could discourage foreign investors and jeopardize advances in the standard of living. Tourism in Bangkok is lagging already, in part because of the fear of HIV/AIDS.;

- A World Bank and US Census Bureau modeling exercise found that by 2015, Africa's total GDP would be reduced by up to 22 percent relative to a no-AIDS scenario, which assumed moderate economic growth through the period.

The growing epidemic threatens to overwhelm fragile health delivery systems in many countries. In many developing countries the annual cost of care for patients with HIV and AIDS -- if provided at US levels of care -- would exceed the per capita gross national product of these nations. In Brazil, for example, the cost of such care could be as high as 838 percent of GNP per capita. Moreover, both money and scarce physical and human health resources are increasingly commandeered for AIDS care; AIDS patients fill 80 percent of hospital beds in the capital of Ethiopia and 40 percent of available beds in Kenya, for example.

Infectious diseases linked to AIDS are soaring. Tuberculosis (TB) -- the most important HIV-associated disease and already the leading cause of death in Africa among HIV-infected and AIDS patients -- has again reached epidemic proportions in many countries after decades of decline. TB also is making swift inroads into non-HIV infected populations.

The proportion of women infected with HIV is increasing rapidly; by the year 2000, WHO predicts that more than half of newly infected adults will be women. Economic and social realities such as poverty, a lower level of education, and subordinate social status put women at particular risk of HIV infection. AIDS-related deaths among women will contribute to reduced productivity in Africa and other parts of the developing world because of the extensive agricultural role of women. Moreover, the loss of women to AIDS will result in decreased home care and will further strain beleaguered health care systems.

WHO estimates there will be between 10 to 15 million orphans worldwide by the turn of the century. Many are abandoned and barely eke out a living, are without health care, and frequently do not attend school. They will swell the ranks of the unemployable, could become part of the alienated and increasingly criminal class in many cities, and are adding to the worldwide increase in street children.

-- Growing numbers of street children in Brazil, Colombia, and other countries are particularly vulnerable to infection because they are frequent targets of sexual abuse and because they often resort to prostitution and drug use. One-third of street children recently tested in Colombia were HIV-positive.

AIDS also is beginning to reverse the hard-won gains in improved child health care in parts of the developing world. The US Census Bureau projects that the infant and child mortality rates will increase significantly in Thailand, more than doubling for infants and rising nearly fivefold for children.

-- In Uganda by 1991, AIDS had halted improvements in infant mortality rates and by 1993 had risen beyond 1986 levels.

Impact on Rural Areas. While AIDS impacts most visibly on the highly skilled, mainly urban workforce, the disease could also have a devastating impact on the countryside over the next several years. The UN Food and Agricultural Organization estimates that a quarter of the farms in the most affected countries in Africa may fail as the disease decimates the rural population. Moreover, as remittances from urban workers are often critical sources of income for family members who remain in the countryside, the illness and death of urban workers will mean fewer resources are available to rural communities and households.

Impact on Development. The growing AIDS epidemic will compound the difficulty of sustaining development already underway. Even the methods of achieving market-based development are being increasingly undermined by the consequences of AIDS. For example, the credit worthiness of those seeking loans for low-cost housing, farm improvements, or to expand small businesses is weakened if family incomes are reduced by illness and death. Labor mobility -- including rural-urban, among regions,

and between countries -- has always promoted access to jobs and income, but migrant labor also spreads the infection. Education is vital for development, but children are leaving school early to care for ill relatives or because falling family incomes do not allow for payment of school fees. Moreover, since infected people die during their most productive years, tough decisions will have to be made regarding expenditures for training. For example, if AIDS reduces school graduates' work life by 15 years, then the payoff to investment in education is greatly reduced.

Potential Human Rights Problems. Gains in personal and political freedoms could be endangered by the spreading epidemic. Pushed to respond to an increasingly difficult domestic situation, leaders could search for scapegoats or advocate repressive or discriminatory policies toward unpopular, ethnic, regional, or religious groups, or AIDS victims themselves. Governments could restrict movement across borders, refuse refugees from highly-infected countries, or take other legal measures.

- At least 50 countries have some explicit requirement for HIV testing of foreigners.
- Cuba's aggressive AIDS control program of lifetime quarantine of those who test positive is a human rights concern that could increase if other countries attempt to emulate such controls.

National Leadership Essential. Recognition of the problem and promotion of AIDS education and prevention programs by high level government officials is vital to the success of AIDS prevention. Many leaders, especially in the hardest-hit countries in Africa, have begun speaking out but some officials will likely remain on the sidelines, reluctant to court controversy for fear of losing foreign investment or domestic support. A few governments, like Thailand, have begun aggressive AIDS prevention programs, but those programs tend to be targeted only at high-risk groups, particularly sex workers, giving the mistaken impression that the bulk of the population is not at risk.

- Most African leaders have yet to translate words into action by putting AIDS at the top of the political agenda. Moreover, most leaders have spoken out more as a result of international donor pressure or a bid to gain aid rather than in response to domestic needs.

Prevention Strategies and Cost

Although anti-AIDS programs are widespread, there is little evidence that greater knowledge has changed attitudes and altered sexual behavior on a scale needed to slow the epidemic. While current programs may be worthwhile in terms of lives saved per dollar spend, in the developing world they are still small in scale. Condom use, education to promote behavior change and treatment for STDs are critical components of an effective HIV/AIDS prevention strategy.

- Many men are unreceptive to condom use, however, despite having multiple partners. Many Ugandans tell researchers that condoms stigmatize users as being promiscuous.

Costs of Prevention. A strategy to stem the AIDS epidemic would require enormous resources, but there is no guarantee that even significant expenditures could stop the spread of the disease. However, WHO estimates that if all developing countries were to implement a basic HIV prevention project -- information on how to avoid infection, promotion of condom use, treatment of sexually transmitted diseases, and the maintenance of a safe blood supply -- about one-half of the 20 million new infections expected worldwide between now and 2000 could be averted.

Such a program would cost about \$1.5 to \$2.9 billion a year. Currently, worldwide AIDS expenditure on AIDS prevention is about \$1.5 billion a year, but only about \$120 million a year is spent in developing countries where 85 percent of all infections occur.

- Thailand spends the most for AIDS prevention, with 1992 spending of \$45 million.
- Total AIDS spending on prevention in Africa is only about \$90 million, less than 10 percent from host-nation government funds.

Developing country leaders are likely to turn to donors with a host of increased assistance needs, and international cooperation will be needed to set priorities and fund programs in the anti-AIDS effort. At least some countries would probably respond positively to suggestions that the AIDS epidemic has made imperative more realistic planning of future development efforts, a more careful use of human and financial resources, and serious AIDS prevention efforts. In return, however, the United States and the West will be expected to underwrite broader and more costly assistance programs to cope with the disease.

Impact of AIDS on Military Forces

In terms of military significance, HIV/AIDS is not a "war-stopper;" it will not immediately render large numbers of field troops unfit for combat. However, as the HIV/AIDS pandemic erodes economic and security bases of affected countries, it may be a potential "war-starter" or "war-outcome-determinant."

HIV directly impacts military readiness and manpower, causing loss of trained soldiers and military leaders and shrinkage of recruit and conscript pools. Military populations are at heightened risk for HIV/AIDS. Militaries typically comprise large groups of young, sexually active men who are conditioned to feelings of invincibility and bravado, have money and time to spend on prostitutes and other forms of casual sex, and are removed from traditional mores and societal constraints on their behavior.

In addition to their higher risk of contracting HIV/AIDS, military forces also are a significant factor in spreading the disease. Peacekeeping and demobilization present particular dangers in this regard.

Worldwide peacekeeping operations will become increasingly controversial as militaries with high infection rates find it difficult to supply healthy contingents. Infected troops could be a risk to populations in host countries, and, given battlefield conditions, a risk to the troops with whom they serve. Moreover, peacekeepers from lower

incidence countries may contract AIDS during operations in high incidence areas and spread it on their return home. The UN will have to grapple with politically sensitive choices, such as refusing HIV-infected troops, leading to charges of racial bias and meddling in what most militaries consider to be national security concerns.

Growing efforts to demobilize in many regions, including Latin America, Southeast Asia, and Africa, in part prodded by economic considerations and Western donors, may exacerbate the epidemic, particularly if released soldiers take advantage of incentives to return to rural areas, which usually have lower infection rates than cities. On the other hand, former soldiers who remain in cities probably will add to urban health problems.

HIV and AIDS impose enormous economic burdens on military health care organizations. The cost of AIDS treatment may divert funds and resources from other vital medical services. As most military medical systems are not equipped to deal with long-term care, military AIDS patients may be diverted into already overburdened civilian health care systems or released without treatment to their homes.

Regional Assessments. The pandemic's effects on military forces are most pronounced in Africa. South and Southeast Asia and, to a lesser degree, Latin America, may follow the African model in five to 15 years.

-- Africa. AIDS is a significant operational problem for many Sub-Saharan militaries. With HIV infection rates in some forces exceeding 60 percent, a serious degradation of military capabilities may begin soon. Within the next five to 10 years, most militaries in the region will experience loss of readiness from decreased force levels. More importantly, HIV infection and AIDS among military leaders and skilled technicians will have an impact far greater than in numbers alone as hard to replace leadership experience and technical capabilities are lost.

-- Asia. The militaries of India, Burma, and Thailand could begin to experience the adverse effects of AIDS in the next five years as rising HIV infections among young men decrease conscript pools and as an increasing number of officers, senior NCOs, and trained technicians become ill and die. HIV/AIDS could begin to degrade military manpower pools and readiness in Vietnam, Cambodia, and Indonesia within the next 10 years.

-- Latin America. Haiti's military is already severely impacted and will suffer serious personnel and leadership losses in the next five years. In 10 years, HIV/AIDS will play an increasing role in the militaries of Brazil, Honduras, and the Dominican Republic.

On a more positive note..As the world's militaries have common features that place them at greater risk of HIV/AIDS, they also share characteristics that may favor effective responses to HIV/AIDS. These include command, control, and communications systems that facilitate rapid dissemination of policy and directives, higher literacy rates among senior personnel who can pass on education materials to

subordinates, better funded health systems that are often independent of civilian systems and less subject to non-medical pressures (funding, politics, etc.), less and a leadership that views HIV/AIDS control as being in their vital interests. Militaries are also less likely to have reservations about mandatory testing programs (although they may not publish results).

Implications for the United States

The negative effects of HIV/AIDS in AFRICA, Asia, and Latin America in the next five to 15 years will have consequences for the United States.

- US military personnel, operating in high-incidence countries, will be at increased risk of exposure to HIV/AIDS.
- Medical cooperation between US and allied or coalition forces will be difficult if high HIV incidence exists in non-US troops. It is virtually impossible to employ universal blood precautions under combat medicine conditions forward of the first hospital in the evacuation chain. Therefore, US medical personnel may be forced to choose between diverting or even refusing foreign patients or placing US health care workers at elevated risk. US military personnel may also be at higher risk of exposure to HIV-associated and possibly multi-drug resistant tuberculosis.
- The US could find itself embroiled in the explosive problem of devising UN guidelines for the participation of HIV-infected militaries in peacekeeping.

Many otherwise qualified potential students have declined training in the West due in part to the requirement of US and other Western militaries for students to be free of HIV infection. The loss of such training opportunities, which are viewed as mechanisms to promote civilian control over the military, democratic principles, and respect for human rights, and slow the transformation of the military into an apolitical institution in many countries.

APPENDIX E: Donor Coordination

Introduction

The United States is the largest contributor to global HIV/AIDS activities, providing bilateral support primarily for HIV prevention activities, research and training and multilateral support for HIV/AIDS program development within the U.N. system. Along with these financial and scientific contributions, the

United States plays a lead role in working with other governments and non-governmental organizations to improve coordination of the global HIV/AIDS effort. Because of the seriousness of the HIV/AIDS epidemic and the necessity to involve a wide, diverse range of people and organizations to mobilize an effective response, coordination of national and international efforts is complex but critical. This is especially true given the current worldwide economic environment and the need to optimize the use of existing scarce resources.

Obstacles and limitations to coordination

While accepting its importance, coordination among organizations and governments presents many obstacles and has inherent limitations. Within the USG, there are multiple Departments and Agencies involved in our response to the HIV/AIDS epidemic. Each of these organizations has its own mandate, set of priorities, and decision-making structures. The same is true for our multilateral, bilateral and host country partners and the respective organizations. In addition, while the host of actors involved in this effort have distinct mandates, they are nonetheless interrelated. Setting each group's mandate into operation can lead to overlap in activities and perceived areas of responsibility.

The World Health Organization's Global Programme on AIDS (WHO/GPA) Task Force on HIV/AIDS Coordination proposed the following definition of coordination: Coordination of HIV/AIDS activities is a process which promotes information exchange, builds alliances

and facilitates the creation of complementary and reinforcing programmes, rather than being mechanisms of control. The process should be based on a partnership approach, with mutually respectful pursuit of jointly accepted goals and targets of national AIDS strategies and plans.

This definition is supported by the following elements:

Understanding and common acceptance by all participating parties of objectives and priorities, e.g., of the WHO/GPA Global AIDS Strategy and National AIDS Strategy;

Agreement on the need for consultation and exchange of information;

Joint recognition of the mandates, unique roles and responsibilities, and the areas of comparative advantage of each of the parties;

Concerted effort by all participating parties to ensure information sharing, harmonious policies and action; and,

Concerted actions for mobilization and optimal use of resources according to nationally identified priorities and strategies, with the aim of minimizing gaps and overlaps in programme activities and reach.

These are important guidelines for our efforts in coordination within our own government and among our international partners.

Past and present coordination efforts

The USG has developed different approaches to coordination of its international HIV research and program activities:

The International Subcommittee of the Federal Coordinating Committee on AIDS was a subcommittee of the PHS Federal Coordinating Committee on AIDS that was convened to coordinate activities of the federal government agencies working on HIV/AIDS internationally. Participation extended beyond PHS to all involved USG organizational units. Besides information exchange, this group had developed a database on USG international HIV/AIDS activities. This group became inactive after changes in the parent committee and in anticipation of new coordination efforts in this administration.

The International Forum of AIDS Research (IFAR) was established in 1988 after a group of USG agencies funding international AIDS research saw a need for more regular opportunities to exchange information about their activities. The secretariat for IFAR was the Institute of Medicine/National Academy of Sciences and membership included government and private organizations from the United States and Canada. This served as a useful forum for information exchange and led to some cross-agency international collaborative activities. IFAR was discontinued in 1992 due primarily to lack of continued financial support.

The Office of AIDS Research (OAR), established in 1993, at the National Institutes of Health has primary responsibility for planning, coordinating and funding all AIDS-related research in the NIH. The mandate of the OAR is to evaluate the entire NIH AIDS research program, and to set in place refocused scientific priorities through the development of a comprehensive research plan and budget. It is expected that the OAR will improve the effectiveness of the U.S. biomedical effort on HIV/AIDS and will ensure that HIV/AIDS research priorities are given appropriate attention. This refocused effort has significant international implications, since the USG is the world's standard for biomedical research in this area.

The Federal Coordinating Committee on Science, Engineering and Technology (FCCSET) Working Group on HIV Vaccine Development and International Field Trials was established in 1992 to focus on issues related to the development, testing and

coordination of multinational field trials for candidate HIV vaccines and to help coordinate USG Agencies' activities in this area. The Working Group developed a report, "The Human Immunodeficiency Virus Vaccine Challenge: Issues in Development and International Trials," that was issued in July, 1993. The group continues to meet under the auspices of the National Science and Technology Council to further develop a strategy and plan for vaccine development and international trials.

Several structures and initiatives have facilitated and continue to facilitate the coordination of HIV/AIDS within the U.N. system:

The WHO/GPA Management Committee (GMC) has provided an opportunity for member states of WHO that contribute to GPA and other U.N. organizations to discuss overall management of GPA and its progress towards achieving its goals.

The GMC Task Force on HIV/AIDS Coordination was set up in 1993 to facilitate coordination of the response to the HIV/AIDS pandemic. The Task Force was established by the Management Committee of the WHO/GPA with an initial two year term and is now being dissolved. In the first year, the Task Force focused its work on: (1) developing a comprehensive report summarizing HIV/AIDS-related activities of all major organizations within the United Nations system, intergovernmental organizations, bilateral agencies, and non-governmental organizations; (2) preparing an inventory and summary analysis of coordination issues and problems; (3) elaboration of a framework for guiding principles for HIV/AIDS coordination at country level; and (4) providing input in the process towards developing a joint and cosponsored U.N. programme on HIV/AIDS, which is now being established. The Task Force also served as a clearinghouse for exchange of views and coordination of decisions relating to HIV/AIDS in different governance fora for other related U.N. organizations. The United States was one of twelve members on the Task Force and represented itself, Canada, Australia and Japan.

In response to concerns about the coordination of the United Nations' efforts on HIV/AIDS, a resolution was adopted by the World Health Assembly to direct WHO to explore with its U.N. partners options for a joint and co-sponsored U.N. programme on HIV/AIDS. The governing bodies of WHO, UNICEF, UNDP, UNFPA, UNESCO and the World Bank have endorsed the establishment of such a program. It is anticipated that the program will be operational by January 1996. The program is expected to provide a framework for better coordination for all actors in the global HIV/AIDS effort, including bilateral agencies and governments, and to improve the effectiveness of HIV/AIDS activities in-country. The United States has strongly supported the establishment of this program and continues to work toward making it operational by the target date of January 1996.

Conclusions and Recommendations

- Considerable efforts have begun to improve coordination among the multiple international partners involved in the response to the HIV/AIDS pandemic. The USG role has and will continue to be key in this evolution. International initiatives such as Joint U.N. Programme on AIDS should assist in coordinating the HIV/AIDS efforts within the U.N. system and among governments and non-governmental institutions.
- Given the involvement of multiple USG Departments and Agencies in international HIV/AIDS activities, exchange of information and coordination of activities is critical. An ongoing process should be developed to facilitate this. Possible mechanisms for increasing coordination within the USG include:
 - The convening of annual or semiannual meetings of high level Department and Agency representatives to review ongoing and planned activities within the framework of an international HIV/AIDS strategy and development of related interagency policies.
 - Establishment of a regular forum at the working level to exchange information among agencies on international HIV/AIDS activities. This forum could involve non-governmental organizations as appropriate based on the topics to be discussed.
 - Collaboration with the National AIDS Policy Director to ensure that international activities are incorporated within the framework of a national policy and strategy.