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US Department of State International Response Strategy [2]

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plus high doses of AZT during labor, could achieve a 50% reduction of transmission of HIV to their infants. Because this compared favorably to a much more costly and complex regimen used in developed countries, the results of the Thai study have raised global hopes that a significant reduction in the number HIV infected infants can be achieved.

Despite the very exciting results of the Thailand study a number of questions remain to be answered before the promise of this research can be realized. These are:

- **Breast feeding:** The Thai study worked with a non breast feeding population. Can similar results be achieved in populations which breast feed? To do so will require that mothers use infant formula in settings where this is not a common practice. What effect will the use of formula have on infectious disease deaths associated with bottle feeding. Will HIV negative women stop breast feeding?
- **Voluntary HIV counseling and testing (VCT):** More than 90% of women in developing countries do not know they are infected and have little or no access to voluntary, confidential HIV counseling and testing. How can this service be made available at a scale large enough to have a broad impact without sacrificing the quality and confidentiality of the services?
- **Infrastructure and Capacity:** Many antenatal care settings in developing countries are struggling to provide basic care for pregnant women. If MTCT programs are added to existing activities can they be carried out properly; will they achieve in practice what was seen in a clinical trial? Conversely will the additional burden of MTCT programs compromise the quality of basic antenatal care?
- **Stigma and discrimination:** Stepped up VCT, special antenatal programs, and the use of infant formula all have the potential to reveal a woman's HIV status to the community. Women who reveal their HIV status are at a very high risk of domestic violence, stigmatization and ostracization by family, friends and community. How can MTCT programs prevent or minimize these negative consequences?

USAID believes that before MTCT initiatives are taken to a large scale, these and other questions need to be

answered. We are thus collaborating with UNICEF, UNAIDS, and host country researchers to conduct a series of operational research studies in two or three developing countries. In 18 to 24 months these studies will give us many of the tools we need to appropriately and effectively make use of the recent scientific findings.

Impact of USAID Programs - Monitoring and Evaluation

At the country level, we can now point to two major categories of success. In one set of countries (e.g. Senegal, Philippines, Indonesia), early, comprehensive HIV intervention programs supported by USAID and other donors, have helped curtail and prevent a major epidemic. For example, USAID supported prevention campaigns that included policy dialog, behavior change efforts, better treatment of STDs and improved access to simple technologies like condoms to reduce HIV transmission.

Even more dramatic, we now see another set of countries (e.g. Uganda, Dominican Republic, Thailand) where intensive HIV/AIDS programs were launched after major epidemics had erupted, yet the numbers of new infections are now actually coming down. For example, sentinel surveillance in Ugandan antenatal clinics shows that the rate of HIV has fallen by 35% among young women aged 15-24. In Thailand, USAID supported an intervention study that developed an educational and sexually transmitted infections screening program which was expanded for the entire military. The rate of new infections among military recruits fell from 3% to under 1% as a result. These are amazing achievements, every bit as significant as the breathtaking progress in HIV treatment in the U.S.

Our ability as a global community to achieve these reductions in new infections is predicated on a basic lesson learned from the past 10 years of program implementation: we can reduce unsafe sexual behavior in a sustainable way. We now have ample evidence that public health programs can affect change in the most private and basic of human behaviors, sex. While it is impossible to attribute declining national HIV rates to any single program, USAID funded research has shown that people are responding to widespread, consistent education messages about HIV/AIDS prevention and care, and to dramatic increases in the availability of key tools and services.

USAID's evaluation research in poor urban neighborhoods in the Dominican Republic where our program works, found

that rates of sexually active youth declined from 73% in 1993 to 30% in 1996, and rates of participation in "transactional sex" (exchanging food, money, school fees, etc for sex)- declined from 27% to 7% among males. The proportion of Ugandan girls who have ever had sex declined by almost half between 1989 and 1995. Over half of young sexually active Ugandans report using condoms in their last sexual contact; this rate was close to zero at the outset of the epidemic. In Bali, Indonesia USAID's peer education project with sexually active 15 to 25 year olds led to an increase in consistent condom use from 22 to 72%.

USAID's HIV/AIDS Assisted Countries

AFRICA REGIONAL	ASIA NEAR EAST REGIONAL	LATIN AMERICA/ CARIBBEAN REGIONAL
Benin	Bangladesh	Bolivia
Congo (Kinshasa)	Cambodia	Brazil
Ethiopia	Egypt	Dominican Republic
Ghana	India	El Salvador
Kenya	Indonesia	Guatemala
Madagascar	Laos	Haiti
Malawi	Morocco	Honduras
Mali	Nepal	Jamaica
Niger	Philippines	Mexico
Nigeria	Vietnam	Nicaragua
Senegal		Peru
South Africa	EASTERN EUROPE/ NEWLY INDEPENDENT STATES REGIONAL	
Tanzania		
Uganda		
Zambia		
Zimbabwe	Russia	
	Ukraine	

U.S. INFORMATION AGENCY

Agency Mandate Relevant to HIV/AIDS

The U.S. Information Agency's (USIA) mission is to promote the national interest and national security of the United States through understanding, informing and influencing foreign publics regarding U.S. foreign and domestic policies (including HIV/AIDS policies), and broadening dialogue between American citizens and institutions and their counterparts abroad. USIA's public diplomacy strategy regarding U.S. AIDS policies extends throughout the year and employs a full range of public diplomacy tools. These include:

- The distribution of policy information to foreign media, academics, and other government and civic opinion-makers through U.S. Information Service (USIS) posts at U.S. Embassies abroad.
- The arrangement of speaking tours and programs/seminars abroad for U.S. experts on AIDS issues.
- The broadcast of policy information on Voice of America (VOA) radio and USIA television services, providing foreign publics with language version news clips, editorials, and interactive dialogues featuring prominent U.S. experts and "best practices" of American individuals and communities meeting the challenge posed by AIDS and other infectious diseases. For example, VOA gave worldwide coverage to World AIDS Day last December 1 in all 52 languages in which VOA broadcasts.
- The publication of policy statements and analysis on the USIA International Homepage which includes frequently updated information for use by USIS field officers to alert foreign leaders, NGOs, journalists, and health care specialists to the threat of AIDS, related health issues and responsibilities of the international community. This information is supplemented with timely reports highlighting American and foreign achievements and cooperative efforts in combating AIDS.
- The publication of a USIA electronic journal on "Infectious Diseases/The Global Fight". The 40-page journal features commentaries by Dr. Anthony Fauci, U.S. Surgeon General Dr. David Satcher, and USAID Director J.

Brian Atwood among other articles.

- The organization of briefings by senior U.S. AIDS experts for foreign journalists at USIA's Foreign Press Centers in Washington D.C., New York and Los Angeles (as appropriate).
- The development of U.S. programs for international visitors including discussions and briefings on AIDS policies and issues such as treatment, prevention, and research efforts.
- USIA conducts these programs on a regular yearly basis.

Funding

The funding level dedicated to HIV/AIDS programs by USIA is difficult to assess. Much of the programming conducted by the Agency is electronic, e.g. VOA broadcasts, WORLDNET TV programming and the electronic journal (published in November, 1996). There is no specific budget for these programs, other than staff salaries and overhead expenses. However, in addition to these programs, USIA exchanges under the Fulbright, International Visitor, and U.S. Speaker programs, budgeted \$655,200 in FY-98 on HIV/AIDS programs. This figure has been relatively constant since 1995.

Agency Strategy for Specific Issues

The U.S. Information Agency is a multi-faceted public diplomacy organization, which uses its multi-lingual electronic and print media outlets and its educational and exchange programs to give broad support to policies aimed at combating HIV/AIDS.

U.S. PEACE CORPS

Agency Mandate Relevant to HIV/AIDS

Peace Corps' efforts in HIV/AIDS education and prevention is divided into three spheres of activities: (1) education efforts targeting Peace Corps employees; (2) education efforts targeting Peace Corps volunteers (hereinafter "volunteers"); and, (3) prevention efforts conducted by Peace Corps volunteers targeting the people in the countries in which the volunteers are serving. The focus of this document is on the third sphere -- the work that the volunteers do in the communities in which they serve. To date, the Peace Corps' HIV/AIDS prevention and education activities are being conducted in 48 countries around the world.

Peace Corps does not earmark any of its appropriated budget to a technical area such as HIV/AIDS. Rather, the agency funding is used to recruit, place and support volunteers - many who then work in HIV/AIDS efforts. Peace Corps does receive funding from USAID through an interagency agreement to support some of its HIV/AIDS activities. In FY-1999, these resources will equal \$450,000.

Agency Strategy for Specific Issues

Prevention

The focus of Peace Corps work is in prevention specifically targeting women and youth. Since the mid-1980s when HIV/AIDS was first identified, volunteers have been working to help individuals and communities understand the disease, and to collectively develop solutions for how communities can protect themselves and care for those who become ill. In December 1988, the Peace Corps and the Government of the Central African Republic negotiated the first formal agreement to place volunteers in HIV/AIDS education. Since then, the pace of volunteers' involvement has increased dramatically, both in number of volunteers engaged in HIV/AIDS work and in the range of activities.

Peace Corps volunteers are involved in HIV/AIDS efforts by working in health projects focused solely on HIV/AIDS; community health projects that also have an HIV/AIDS prevention component; projects that are not primarily involved with health, for example, education projects; and, community outreach activities undertaken by the volunteers

in addition to their main assignment.

The four major programmatic areas that the volunteers work in are (1) NGO and CBO development in HIV/AIDS; (2) integrated community health approaches to HIV/AIDS prevention and care; (3) programs for women and girls; and (4) programs for youth, both in and out of school.

The Peace Corps meets these general objectives largely through training and educational activities that build host-country capacity in project planning, monitoring/evaluation and organizational management.

An example of the kind of work that volunteers do is illustrated in the participatory development of a unique, low cost, content-based approach to English language instruction, "Teach English, Prevent AIDS" project in Cameroon. Education volunteers, Cameroonian educators, and public health specialists worked together to draft 50 hours of lesson plans. To date the program has provided behavior change education to 300 teachers and 10,800 students, all of whom were also engaged in community-based HIV/AIDS prevention campaigns through the learning process. The manual, published with private sector support, as well as the curriculum development process itself are being considered by UNAIDS as an international model for HIV/AIDS student and community education. The program is sustained as an established part of the curriculum and has been adapted for use by multiple Peace Corps posts throughout Africa and the rest of the world.

Volunteers have a viable role to play in HIV/AIDS prevention and education overseas. Most importantly volunteers are successful at accessing communities which are often not reached by National AIDS Programs and introducing new innovative education methods to achieve their outreach.

Although not quantified, there is also a growing number of volunteers who, based on their experiences overseas, return to the United States and continue to work in HIV/AIDS prevention in their communities. Bringing the lessons home is a valuable contribution that Peace Corps makes to the domestic efforts in HIV/AIDS work.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- NATIONAL INSTITUTES OF HEALTH

At the request of the Department of Health and Human Services, the section on the National Institutes of Health is not being made available for public review of the draft document.

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- CENTERS FOR DISEASE CONTROL AND PREVENTION**

Mandate Relevant to HIV/ADS

The National Center for HIV, STD and TB Prevention (NCHSTP), as one of seven National Centers within the Centers for Disease Control and Prevention (CDC), is responsible for public health surveillance, prevention research and programs to prevent and control HIV infection AIDS, other sexually transmitted diseases (STDs) and tuberculosis (TB). Center staff work in collaboration with governmental and non-governmental partners at community, state, national, and international levels, applying well-integrated multi-disciplinary programs of research, surveillance, technical assistance and evaluation.

NCHSTP translates knowledge about effective methods of preventing HIV/AIDS into nationwide strategies that reach people in communities throughout this country. NCHSTP collects national data on HIV/AIDS incidence and prevalence, and related behaviors; monitors change over time; conducts epidemiological, laboratory, clinical, and behavioral research; and develops and evaluates prevention strategies. NCHSTP works closely with its partners in state and local health agencies, national and community-based organizations, business and academia to design and test and disseminate prevention programs that work.

The Division of HIV/AIDS Prevention-Surveillance and Epidemiology (DHAP/SE) conducts surveillance, epidemiologic and behavioral research to monitor trends and risk behaviors and provide a basis for targeting prevention resources. In addition to work within the United States, DHAP/SE is active in surveillance, research, prevention, evaluation and technology transfer activities in developing countries.

The Division of HIV/AIDS-Intervention Research and Support (DHAP/IRS) conducts behavioral intervention and operations research and evaluation, and provides financial and technical assistance for HIV prevention programs conducted by state, local, and territorial health departments, national minority organizations and training agencies.

Funding

In FY-97 the CDC received approximately \$634 million in

funding for HIV/AIDS prevention and associated research and evaluation; DHAP/IRS received approximately \$330 million and DHAP/SE received approximately \$102 million. Of this latter total, approximately 10 percent or \$10 million was dedicated to international activities.

AGENCY STRATEGY FOR SPECIFIC ISSUES

Prevention

CDC has two strategic approaches to international collaboration in HIV/AIDS prevention: field-based research collaborations and limited CDC-based technical assistance, training, and project management.

Field-based Research:

Field-based research provides collaborative assistance to two developing countries. Through collaborative agreements with governments of Cote D'Ivoire (Project RETRO-CI) and Thailand (HIV/AIDS Collaboration), DHAP/SE participates in studies designed to increase the understanding of the epidemiology of HIV-1 and HIV-2 infections and to evaluate intervention methodologies in the host country and the United States.

Project RETRO CI

This project in Cote d'Ivoire is an HIV/AIDS epidemiologic research collaboration between the CDC and the Republic de Cote d'Ivoire, Ministry of Health and Social Affairs. A broad spectrum of epidemiologic research has been conducted at Project RETRO-CI since its inception in 1988. This research has served to define the magnitude of the HIV/AIDS epidemic in Cote d'Ivoire and to describe which sub-populations have been most affected. It also has described the clinical manifestation of HIV-1 and HIV-2 infections; studied in detail the modes of transmission and transmissibility of HIV-1 and HIV-2 by heterosexual, blood product, and mother-to-child routes; defined causes of death in HIV-infected persons; studied the response to therapy in HIV-infected patients with tuberculosis; and studied the laboratory serologic diagnosis of HIV-1 and HIV-2 infections. The research agenda is now dominated by clinical trials of interventions to prevent transmission of HIV and to reduce HIV-associated mortality.

CDC-Thailand HIV/AIDS Collaboration

The objective of the HIV/AIDS Collaboration is to conduct research and related activities pertaining to HIV infection and AIDS in Thailand, to improve understanding of the disease and the dynamics of its spread in Thailand and to provide a scientific basis for the development, planning and monitoring of intervention programs to prevent and control HIV infection and AIDS. The collaboration has conducted epidemiologic and laboratory research to examine maternal-child transmission, heterosexual HIV transmission, HIV transmission among injection drug users, HIV transmission via blood, molecular epidemiology of HIV transmission and tuberculosis, and tuberculosis drug reactivity and resistance. Increasingly, the research agenda is oriented toward evaluation on interventions to prevent HIV transmission.

HIV Variant Project

The Division of HIV/AIDS Prevention in collaboration with the National Center for Infectious Diseases, has conducted international surveillance of the genetic diversity of HIV. This investigation has involved establishing research collaborations in numerous countries throughout the world. To date, genetic analysis of HIV variants has been conducted in the following countries: Bahamas, Brazil, Cameroon, Central African Republic, China, Cote d'Ivoire, Honduras, Kenya, Morocco, Thailand, Trinidad, Uganda, Uruguay and Zaire.

Limited CDC-Based Technical Assistance, Training and Project Management

Field-Based Technical Assistance

CDC currently has placed three staff in the field to provide long-term technical assistance and management capacity to two USAID-funded HIV prevention interventions in Uganda and in South Africa. CDC staff works in conjunction with USAID and the host government in the provision of technical expertise to ongoing HIV prevention interventions. CDC has also expanded its field-based technical assistance and training through the placement of a CDC staff person in Vietnam.

Short-term Technical Assistance

In addition to these field-based staff, CDC provides short-term technical assistance and training to numerous countries including Brazil, Russia, The Republic of South Africa, and Mali. CDC also plans to provide technical assistance and training to India as part of an HHS memorandum of understanding.

Short-term Training

In conjunction with these technical assistance activities, CDC provides training in the areas of epidemiology, evaluation, prevention methodologies and other technical areas through an extensive program of training based in Atlanta as well as at field sites in Thailand and Cote d' Ivoire.

USAID Resource Sharing Agreement

CDC recently signed a resource sharing agreement with USAID which will provide funding for two new international activities. The first activity will develop three pilot programs designed to link U.S.-based community organizations and their prevention interventions with counterparts in developing countries in order to establish mechanisms to share relevant experiences, provide materials and resources, and training opportunities across countries. The second program will provide USAID-assisted countries access to CDC epidemiologic and surveillance expertise.

Strengthening Public Health Infrastructure

Although not specific to HIV/AIDS, it is important to note that CDC's international work focuses heavily on strengthening public health infrastructure, and such work can contribute to sustainable HIV/AIDS control. For example, the CDC established field epidemiology training programs in developing countries. Epidemiology is the cornerstone of public health science, and trained epidemiologists are valuable to countries to detect, monitor and help control their key public health programs. Secondly, CDC has established a sustainable management development program to provide practical training in management of public health programs in developing countries.

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- FOOD AND DRUG ADMINISTRATION**

At the request of the Department of Health and Human Services, the section on the Food and Drug Administration is not being made available for public review of the draft document.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- OFFICE OF HIV/AIDS POLICY (OHAP)

At the request of the Department of Health and Human Services, the section on the Office of HIV/AIDS Policy is not being made available for public review of the draft document.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- PUBLIC HEALTH SERVICE'S OFFICE ON WOMEN'S HEALTH (PHS/OWH)

At the request of the Department of Health and Human Services, the section on the Public Health Service's Office on Women's Health is not being made available for public review of the draft document.

U.S. DEPARTMENT OF COMMERCE

Agency Mandate Relevant to HIV/AIDS

The mission of the Department of Commerce is to foster, serve and promote U.S. economic development and technological advancement. Data collection and analysis programs conducted by the Bureau of the Census and the Bureau of Economic Analysis affect the distribution of funds and other resources for private and public health initiatives, including HIV/AIDS research, treatment and service programs.

Scientific standards, methodologies and technologies developed through the programs of the National Institute of Standards and Technology affect laboratory procedures and equipment calibration at HIV/AIDS research facilities. The Patent and Trademark Office Biotechnology Examining Groups review and research patent applications for immunological testing apparatus and processes, apparatus for chemical and clinical analysis, immunoassay and pharmaceutical compositions, apparatus and processes related to sterilization, cell biology and blood and blood products.

The Department's primary scientific research organizations are the National Oceanic and Atmospheric Administration (NOAA) and the National Institute of Standards and Technology (NIST). NOAA conducts research in fields such as meteorology, oceanography, hydrology, geophysics, fisheries conservation and management and coastal resources management. NIST programs include measurement standards, engineering technologies, applied mathematics and materials science.

AGENCY STRATEGY FOR SPECIFIC ISSUES

Vaccine Research and Other HIV/AIDS-Related Research

Patent Database

On its homepage on the world wide web, the U.S. Patent and Trademark Office provides a searchable database containing the full-text and images of patents related to AIDS research. This free service is available to anyone with access to the Internet, in the U.S. or internationally. Currently, there are almost 3,000 U.S. patents available for searching as well as almost 800 Japanese patent documents and approximately 700 European patent documents in this

database. This project was coordinated by the Patent and Trademark Office and the National Science Foundation and developed in cooperation with private and nonprofit organizations.

Advanced Technology Program

The Department has funded biotechnology development projects through NIST's Advanced Technology Program (ATP). The ATP is a unique partnership between government and private industry to accelerate the development of high-risk technologies that promise significant commercial payoffs and widespread benefits for the economy. The ATP encourages a change in how industry approaches R&D, providing a mechanism for industry to extend its technological reach and push the envelope of what can be attempted. The ATP supports enabling technologies that are essential to the development of new products, processes, and services across diverse application areas. Private industry bears the costs of product development, production, marketing, sales, and distribution.

ATP awards are made strictly on the basis of rigorous peer-reviewed competitions designed to select that proposals that are best qualified in terms of the technological ideas, the potential economic benefits to the nation, and the strength of the plan for eventual commercialization of the results. One project currently being funded through the ATP is a project on the Evolution of a Murine Model for AIDS: Applications to Discovery of Small Molecule and Vaccine Therapeutics. This project aims to provide a small-animal model for research on AIDS therapies and vaccines by developing a variant of HIV-1 that will replicate in mice. This approach will be less expensive than the current practice using primates and has the potential to accelerate discovery and improve the quality of new AIDS therapies and vaccines.

Accelerated processing of patent applications

The Patent and Trademark Office offers accelerated processing of applications for inventions related to HIV/AIDS.

Trade

The Department of Commerce works closely with the U.S. pharmaceutical and biotechnology sectors in the battle

against HIV/AIDS. Commerce is proud that the U.S. industry is one of the leaders in research and development that produces new medical products to combat HIV/AIDS. Through Commerce trade missions and seminars, the Department works with industry to spread information about new medical products and discoveries in the pharmaceutical and biotech areas. Commerce will work with industry and other governments to create a trade environment that maximizes the exposure of new HIV/AIDS treatments. Commerce will continue to combine efforts with industry, NGOs, and other government agencies in a coordinated effort against the HIV/AIDS epidemic.

HIV/AIDS Surveillance

The U.S. Bureau of the Census compiles, International Programs Center, compiles, evaluates, and analyzes selected health and related data for all countries overseas. With funding from USAID through an interagency agreement, the Health Studies Branch maintains and updates the HIV/AIDS Surveillance Data Base, which is a compilation of information on HIV prevalence and incidence from all available studies from Africa, Asia, Latin America and some select countries in Europe. Using this information, the Bureau of the Census tracks patterns and trends in HIV infection among sub-populations within countries. This information is then used to estimate AIDS mortality and is incorporated into our world population estimates and projections. These estimates are available from the Census Bureau's International Data Base.

The International Programs Center has been designated a UNAIDS Collaborating Centre and contributed to the development and production of the UNAIDS Epidemiological Fact Sheets.

U.S. DEPARTMENT OF DEFENSE

Agency Mandate Relevant to HIV/AIDS

HIV is a serious threat to United States military forces. In response to that threat, the military research program was initiated in 1986 to minimize the impact of HIV on military readiness by monitoring the spread of HIV infection in military forces and developing methods to prevent infection. This Tri-Service effort is a highly targeted research program, which addresses the military concerns of HIV. This includes surveillance of infection rates and HIV subtypes around the world; development of vaccines and education strategies to prevent infection; and clinical studies to slow progression and prevent immune deficiency.

The Military HIV Research Program has as its primary goal the prevention of HIV infection in the fighting force. Once infected, the soldier, sailor, airman or marine is, irrevocably, a casualty and that service member and his or her family and the country will feel the effects - physically, emotionally and economically. Knowledge that HIV infection is possible and that HIV is present in the environment can have deleterious effects on unit morale and cohesion of deployed forces. Prevention of HIV decreases casualties and improves unit effectiveness, helps protect the replacement blood supply and preserves the available recruitment population in the civilian community.

AGENCY STRATEGY FOR SPECIFIC ISSUES

Prevention

All military services have HIV/AIDS prevention and treatment programs in place for the active duty personnel. In addition to HIV/AIDS prevention and treatment programs within the military, DOD contractors also provide the TRICARE benefit package that includes education and counseling about HIV avoidance, and programs that care for those who are already infected. DOD also has started to use a health assessment review, the Health Enrollment Assessment Review (HEAR), at the time a beneficiary (including active duty) enrolls in a health plan. The information from the HEAR identifies individuals and groups that may benefit from education and/or treatment programs.

Within the DOD school system, HIV exposure avoidance is included in current counseling services. Every effort is made to inform students of the availability of counseling. One of the health-related objectives of the DOD is to exceed the Health and Human Services *Healthy People 2000* goal to decrease the incidence of HIV.

Behavioral Research/ Behavioral Change Interventions

DOD has health behaviors programs in place for all active duty personnel and all other beneficiaries who use the Military Health System - to include the TRICARE beneficiaries. DOD uses nationally recognized HIV/AIDS education and treatment protocols in their health care delivery system and requires the same for TRICARE contractors. The DOD monitors the effectiveness of clinical programs and education approaches through quality management and performance measures. The DOD Worldwide Survey of Health Related Behaviors monitors active duty health related behaviors. Data from the survey helps the DOD identify health programs that are effective and identifies areas that may need further attention.

Care and Treatment

Case management is available throughout the entire Military Health System (which includes military "direct care" and health care that DOD maintains through contracts), that targets the special management of anyone who has AIDS. This care includes medical treatment, assisting with activities of daily living, and availability of spiritual and psychological counseling. DOD's Military Health System is committed to ensure education and disease management principles are current with national standards. There are numerous marketing campaigns in various stages of development and implementation throughout the DOD to educate our beneficiaries regarding the educational and treatment programs that health plans offer.

Vaccine Research

The Program's preventive vaccine strategy involves development of several vaccine candidates in collaboration with industry, academia, and collaborators in Thailand. An initial, Phase I safety trial of an HIV recombinant protein vaccine was successfully completed in Thailand in 1997. The vaccine was safe and well tolerated with immunogenicity similar to that observed in trials in the United States.

This current trial is the first of its kind to match the HIV vaccine to the HIV subtype of the population and the Program is conducting the first Phase II, vaccine trial with a vaccine prepared from HIV subtype E, which is prevalent in the population of Thailand. The Military Program has a comprehensive vaccine development strategy with clear milestones leading to a large-scale efficacy evaluation of candidate vaccines in the year 2001.

The military research program is highly leveraged through cooperative development initiatives with private industry. In 1998 alone, three new cooperative research and development agreements were established and two new HIV candidate vaccines have entered Phase I trials at the Walter Reed Army Institute of Research (WRAIR) and the Army overseas laboratory in Thailand.

Cooperation and coordination with other Federal agencies (including NIH/National Institutes of Allergy and Infectious Diseases and the Centers for Disease Control) and international agencies (WHO and UNAIDS) and a strategic alliance with the Royal Thai Government has resulted in an unprecedented opportunity to conduct advanced development and testing of protective vaccines.

Regarding vaccine testing, an initial Phase I vaccine trial of an HIV DNA vaccine began in 1998 with volunteers at WRAIR. Another protocol for an HIV vaccine involving unique boosting strategy with a novel envelope protein also began at WRAIR. The Military Program has secured a commitment from several of its industrial partners to produce large batches of these vaccines and plans to proceed with a large scale multiple-arm efficacy vaccine trial in Thailand. The possibility of conducting vaccine trials in East Africa is also being investigated where it would be possible to test the effectiveness of vaccines against the subtypes of HIV found in Africa. Continued development and testing of second generation vaccines with significantly improved biological properties generates optimism for the rapid advancement of the development of vaccines effective against the various HIV subtypes found throughout the world.

In the area of diagnostic and clinical research, the Program is working on post exposure prophylactic measures to deal with mass casualty situations that might occur in HIV endemic areas overseas involving United States military personnel. These emergency situations require the use of rapid, sensitive diagnostic field tests for HIV, which are

currently being developed and evaluated. In a clinical study the program has assessed the use of an HIV gp160 vaccine as therapy for persons already infected with HIV. The results of this long term, Phase II, study involving over 600 volunteers demonstrated that the amount of virus, a patient's viral load, predicts disease progression. In addition, certain antibody responses altered disease progression so that the production of these antibodies will be the target of future vaccine development. In another clinical research project we have an ongoing effort to monitor the development of resistance to antivirals in patients receiving triple drug therapy. This will assure the most effective use of these drugs while extending the lives and health of HIV infected military health care beneficiaries.

Finally, DOD representation and numerous presentations of DOD conducted research have occurred at HIV/AIDS international meetings.

NATIONAL INTELLIGENCE COUNCIL

Agency Mandate Relevant to HIV/AIDS

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

Agency Strategy For Hiv/Aids Issues

The National Intelligence Council will produce an assessment on the global threat from infectious diseases, including HIV/AIDS; the capacity of foreign governments and international organizations to deal with such diseases; and the implications for the United States.

The Defense Intelligence Agency's Armed Forces Medical Intelligence Center (AFMIC) will continue to assess systematically worldwide HIV/AIDS incidence and prevalence. AFMIC also will assess and forecast the impact of HIV/AIDS and other infectious diseases on U.S. national security interests and deployed forces. AFMIC also will examine the impact of such diseases on foreign military force readiness, military and civilian healthcare infrastructures, societal stability, and transnational health trends.

Other intelligence community collection and analytical components will focus on HIV/AIDS issues as necessary and upon authorized request.

IV. ROLE OF THE PHARMACEUTICAL INDUSTRY

Mandate Relevant to HIV/AIDS

In general, the role of the pharmaceutical industry is to find sustainable long-term solutions that will marshal the expertise and resources of all stakeholders to improve the health of those infected with HIV/AIDS, and to help establish balanced approaches to education, prevention, and treatment of HIV/AIDS. Effective responses to the HIV/AIDS challenge must take into consideration all the relevant factors such as available therapies and their applicability for developing countries, medical infrastructure, available resources, disease awareness and prevention initiatives, and national commitment and leadership to make HIV/AIDS a public health priority.

The principal role of the research-based U.S. pharmaceutical industry in confronting HIV/AIDS (in the developing world) is to continue to marshal the expertise and capacity in basic biomedical research and drug development to discover new and more effective treatments, make treatments more affordable and, in the longer term, to develop an effective HIV vaccine.

As corporate entities, the pharmaceutical industry seeks a return on the sizable investment for research and development of new drugs. Annually, the U.S. pharmaceutical industry spends approximately \$2 billion on research and development of HIV/AIDS-related drugs. As citizens of the larger global community, however, the industry has a commitment to bring to bear its vast resources to help those in need.

The research-based U.S. pharmaceutical industry is also well-positioned to provide input in the area of national health education and policy through contacts with government and health agencies around the world. This expertise should supplement the responsibilities and expertise of other members of the world health care community, both public and private.

Strategy for Specific Issues

Prevention

Major U.S. companies are active across a broad front to try to improve the quality, delivery, and outcome of

HIV/AIDS care in the developing world. The pharmaceutical industry has aggressively pursued prevention and treatment efforts for HIV and related illnesses. The following is a summary of the pharmaceutical sector's efforts:

- A new class of drugs called non-nucleoside reverse transcriptase inhibitors became available for use in combination therapy.
- There are more than 120 new medicines for HIV/AIDS in development:
 - 40 antiviral medicines, including new protease inhibitors;
 - 23 medicines to fight AIDS-related cancers such as Kaposi's sarcoma;
 - 12 vaccines;
 - 12 immunomodulators designed to stimulate the patient's own immune system to fight the HIV virus;
 - 11 anti-infective medicines to fight against such deadly diseases as *Pneumocystis carinii* pneumonia, a lung infection that affects eight out of ten AIDS patients;
 - eight antifungal medications aimed at thwarting fungal infections that can prove deadly to people with compromised immune systems; and
 - five gene therapies designed to genetically alter cells in patients' bodies to make them more resistant to the HIV virus or to alter the virus itself.
- Two protease inhibitors have been approved to treat children with AIDS.
- A new medicine that combines two widely prescribed AIDS drugs in a single tablet has been approved by the FDA, a first important step toward simplifying the highly effective, but complex, combination drug therapy.
- The treatment of HIV-positive pregnant women with an antiviral drug has shown to be highly effective in preventing transmission of the virus to babies, even in women with advanced AIDS.
- In 1997, a pharmaceutical became the first HIV

therapy simultaneously cleared for use both in adults and in children 2 through 13 years of age.

- Recent needle destruction devices that electrically oxidize all types and sizes of needles immediately after use have brought new engineering controls to sharps containment.

In light of this progress, the most beneficial solution to the HIV/AIDS challenge worldwide would be the prevention of new HIV infection via a safe and effective vaccine, especially for those areas of the world where antiretroviral therapy is not yet feasible or practical.

A vaccine, however, will require adequate distribution and supply programs. In some disease areas where vaccines exist, for example, there are insufficient mechanisms for funding and supplying vaccines. To increase the availability of needed pharmaceuticals, the pharmaceutical industry must work with nations to build a cooperative relationship and to develop appropriate expertise and infrastructure to facilitate distribution.

Treatment Equity

The conventional view is that there needs to be greater equity in access to treatments between patients in developed and developing countries. Although this is a straightforward and laudable goal, the issue is complex. In many developing countries, the lack of medical infrastructure and a basic health care system undermine best efforts to make advanced AIDS therapies more widely available. Even if an unlimited amount of drugs were made available, access to HIV/AIDS therapies in the developing world may be thwarted by the lack of basic medical care, poor infrastructure, and the lack of political will and leadership at national levels. In addition to battling the complex HIV/AIDS problem, developing countries are faced with the dilemma of allocating scarce resources to effectively implement prevention, education, and treatment programs and deal effectively with the complex social, cultural, and economic factors involved in improving population health.

In many respects, price is not the only issue. Even at a substantially lower price, many of the world's poorest regions still would not be able to obtain optimum clinical benefit from the new treatment drugs, like protease

inhibitors or other antiretroviral therapy.

An illustrating example of the problems faced in treatment equity is the fact that many basic vaccines to prevent disease that cost as little as \$1.50 per dose (and antibiotics that cost even less) are not widely used in the developing world, even when donated. This is due to the lack of properly trained medical personnel and supporting public health infrastructure, inadequate distribution mechanisms, and other challenges. Using protease inhibitors and other antiretroviral therapy under such circumstances would not only be impractical and potentially ineffective, but even hazardous, as the combination therapies require strict dosage schedules and substantial HIV medical support care to ensure ongoing and uninterrupted use. Inappropriate use of therapy increases the risk of emergence of drug-resistant virus, which exacerbates the impact of HIV/AIDS in affected populations.

To reduce the spread of HIV/AIDS, there is a need for better health infrastructure and government commitment. Government action is required to provide incentives for private individuals and firms to pursue responsible development of new drug therapies and to develop the necessary public health infrastructure. This will permit the development of therapies that are consistent with internationally recognized rights and standards and promote the distribution of safe and effective medical supplies and services.

Aggressive government interventions can be successful. In 1996, the Government of Brazil undertook a treatment program to signal a real concern for its patients and to seek a method to overcome the price barrier. It examined the costs of HIV/AIDS to families, society and government and implemented an aggressive treatment program for HIV by providing the country's 55,000 patients with free and universal access to three antiretroviral drugs. The annual budget for these drugs is \$369 million (US).

As a result, the treatment program has generated almost R\$1 billion of savings for the government (R\$1.05 = \$1 US) and in Sao Paulo, the number of AIDS-related deaths fell by 35% in the first half of 1997, compared with the first half of 1996. In Rio de Janeiro, the number of deaths was 21% lower. Other ancillary effects include a 20% reduction, in the last six months, on government spending for related medication; in Sao Paulo, the use of emergency facilities by

AIDS patients fell by 40% and one entire floor of an AIDS wing in the city's largest hospital was closed due to insufficient demand; and patients receiving the antiretroviral drugs required less treatment for opportunistic diseases. Another indirect effect of the program is the increased ability for HIV-infected individuals to retain the physical vigor to continue in their jobs.

The industry plans to continue to work in partnership with governments, non-governmental organizations, advocacy groups and academic institutions to lead, support, or initiate projects on AIDS awareness. This can result in a better understanding of the patterns of HIV-related illnesses, care-taking behaviors and determinants of such behaviors among HIV positive individuals. Industry also stands ready to work with governments, international organizations and others to address public health infrastructure needs in developing countries.

At the 12th World AIDS Conference in 1998, Merck & Co., Inc., announced a \$3 million grant from the Merck Company Foundation to underwrite the Enhancing Care Initiative, coordinated by the Harvard AIDS Institute and the Francois-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health. The Enhancing Care Initiative will address the issue of HIV/AIDS in the developing world by bringing together the best possible expertise within specific countries, including representatives of the local HIV community, to evaluate the needs of those living with HIV/AIDS. The goal is to customize concrete, practical improvements that will help to advance the quality, delivery and outcomes of HIV care for men, women and children living with HIV/AIDS, not only in the initial countries selected (beginning with Senegal and Brazil), but in a broad range of developing world countries.

Women and Health

Some gender analysis, though limited, has begun. An analysis of data from a protease inhibitor study shows comparable effects on disease progression among men and women as a result of treatment. The study, a clinical endpoint trial of 996 previously untreated HIV patients in Brazil included 277 women (28 percent of total patients), which constitutes one of the largest representations of women in a long-term protease inhibitor study in the world. The objective of the analysis was to determine whether there

was consistency of treatment effects across gender in the testing of various new therapies. This type of study is only a beginning. There is a strong need for more research on women's risks, prevention and care needs. Also, funding for women-specific interventions programs needs to be increased.

Vaccine Research

In November 1997, the Pharmaceutical Research Manufacturers of America (PhRMA) reported that twelve vaccines under development from member companies, including the first National Drug Association-preventive AIDS vaccines, were in clinical trials or under review by the U.S. Food and Drug Administration.

Biopharmaceutical research and development companies are involved in the development of therapeutic and preventive vaccines that can induce protective immunity against HIV-1 clades (subtypes) prevalent in different parts of the world.

Industry also must commit to make therapies available where clinical trials are performed. In research programs underway in the Ivory Coast and Thailand, one U.S. company has designed its protease inhibitor clinical trials so that patients in these trials will continue to get access to the therapy after the studies are completed.

Vaccine research is difficult and expensive. The risk of failure is high. Of an initial five thousand compounds in basic research, only one will emerge from the laboratories and actually reach the market. Promising new vaccines require an average of 10 to 15 years of intense study and development. Nonetheless, U.S. pharmaceutical companies active in the HIV/AIDS field remain committed to developing new and innovative vaccines as well as developing combination vaccines, multiple antigens in a single inoculation. For vaccine researchers, the ideal would be converting multidose vaccination regimens into a single time-released shot.

Vital to the continued progress in developing new pharmaceutical defenses against HIV/AIDS is strong intellectual property protection. Intellectual property protection provides the indispensable incentives to invest in pharmaceutical research, which leads to the discovery and development of better treatments for patients with AIDS all

over the world. Strong worldwide patent protection is essential to spur pharmaceutical innovation.

Behavioral Research/Behavioral Change Interventions

As part of its ongoing effort to work with partners to improve environments through which health care is delivered in developing countries, PhRMA underwrote AIDS education work in Africa, in partnership with Africare.

In Nigeria, the pharmaceutical industry joined forces with WHO in Geneva, Women's Health & Action Research Centre in Benin, Nigeria, the Ford Foundation in Beijing and three U.S. universities in a project that aimed at identifying choices made by Nigerian youth to treat symptoms of sexually transmitted diseases (STDs) and identify targets for improving treatment of STDs. The findings will guide an intervention to reduce the prevalence of STDs and incidence of HIV among Nigerian youth.

Microbicide Development

Pharmaceutical companies are working to develop microbicides that women can apply topically to inhibit HIV infection. Although none have been shown to be effective to date, a potential spermicidal microbicide is in later stages of efficacy testing against HIV. Other formulations of microbicide are still in early development and testing.

The pharmaceutical industry realizes that women need microbicide that allow conception, but prevent infection with HIV and other STDs.

Donor Coordination

The pharmaceutical companies sponsor billions of dollars of research and development into new treatments as well as donate products. To facilitate product donations, U.S. research-based pharmaceutical companies created the Product Donations Steering Committee, an organization of innovative companies and key U.S.-based voluntary organizations. The Committee was organized to facilitate experience sharing regarding obstacles to donations and to formulate guidelines for responsibly managing donations.

The Steering Committee has forged a "Statement of Principles" and has taken other actions such as educational meetings and seminars to help insure that donations are

carried out and coordinated between the donor company, private voluntary organizations and recipients in a way that assures the highest level of quality and ethics.

Donor coordination requires consideration of what is needed for a successful donation in general. The need for coordination goes far beyond the donors, it extends to all of those involved in the donation process -- donors, private voluntary and/or non-governmental development organizations, local ministry of health, governments, field staff, and patients. In addition, coordination of organizations working in any one particular area is needed to avoid overlap, duplication of efforts, and to ensure appropriate coverage.

Sustainability of treatment is crucial and must be considered when planning donor coordination. Sustainability of treatment is contingent on a number of factors: available product supply, program funding, government/minister of health involvement, and recipient fatigue. For diseases like AIDS that require long term treatment and medicines with complex administration protocols, a reliable medical staff is needed to administer the medicines. Failure to ensure proper and continued administration could actually harm the patient. Other requirements for a successful donation include a reliable delivery system on the ground in the recipient country; assurances of adequate and appropriate storage of the medicines; and a system for recording adverse reactions and monitoring patients.

ROLE OF INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS

Discussion of Mandate(s) Relevant to HIV/AIDS

Progress in halting the spread of the HIV/AIDS pandemic and its consequences can only be made if public sector efforts are supplemented by private sector involvement in HIV/AIDS prevention and mitigation. Over the past decade, selected non-governmental organizations (NGOs) have demonstrated that they are often in the best position to mobilize communities for HIV/AIDS prevention and care. Their close relationship with target communities and their experience in community development enables NGOs to work with community members to develop responsive, cost-effective programs. To build effective and sustainable HIV/AIDS programs, it is essential to improve and enhance the performance of these local organizations to provide appropriate HIV prevention and care services.

The functions of NGOs in a democratic society are many: they monitor the action of governments in meeting the needs of poor and disenfranchised populations; are instrumental in building community awareness and support for efforts by international organizations and government agencies; and help to provide a seamless transition from externally sponsored immediate assistance to long-term, domestic assistance.

STRATEGY FOR SPECIFIC ISSUES

Prevention

NGOs work to educate the media, private sector, development organizations, multilateral and bilateral institutions, domestic and international AIDS organizations, the US government, and others about the importance of international HIV/AIDS prevention efforts. NGOs in the HIV/AIDS movement also work to create linkages with other health programs, domestic AIDS organizations and advocacy institutions. The NGO coordinated strategy for improving and creating linkages with other health programs includes: educating domestic AIDS service organizations on global HIV/AIDS issues to ensure that they will create linkages with indigenous NGOs, and the creation of a working group dedicated to looking at development issues, health and HIV/AIDS.

NGOs engage in HIV/AIDS behavioral prevention strategies that traverse several levels of impact, highlighting best practices and exemplary behavior change programs. Conference workshops are organized to feature behavior change issues and specific interventions designed on the premise that personal behavior is profoundly influenced by broad contextual factors, including service accessibility and social norms, and that sustained individual behavior change is unlikely unless there is also a change in relevant contextual factors.

Interventions targeting individuals include activities such as peer counseling, couples counseling and testing, and small group interventions. Initiatives at the societal level, such as mass media campaigns and school and workplace interventions, mobilize communities to provide a supportive environment for reducing risk, and support individually-based interventions. Advocacy activities targeting environmental or structural constraints contribute as well. In short, accurate knowledge and sustained behavior change at the community level is directed at the demand side to create understanding and awareness and spur the adoption of appropriate HIV/AIDS behaviors at the community level.

NGO prevention programs target the population as a whole, as well as groups most vulnerable to HIV, including adolescents, women, refugees, migrant workers, miners, commercial sex workers and intravenous drug users. For instance, NGO HIV/AIDS prevention projects target young adults with information and services that address their specific issues. Communication material targeting young adults promotes safer sexual behavior, encouraging abstinence as a viable alternative to early sexual activity and making condoms the right choice for protection when sexual activity does take place. Advice, information and products are made readily available where youth spend their leisure time. Additionally, NGOs collaborate with traditional condom outlets (for example, pharmacies) to make them youth-friendly. Call-in radio shows in India, Zambia and South Africa invite and respond to young people's questions about sex and send out additional, youth-oriented information booklets to interested callers. A comic book is used in Haiti to encourage teens to discuss sexual matters with their parents. Youth-oriented "phonovellas" in Bolivia capture in print the same stories portrayed in popular TV miniseries on unwanted pregnancies, STI's and HIV/AIDS.

Over the last 15 years, NGOs have targeted women in their prevention strategies as well. NGO initiatives encourage women to purchase condoms and to insist on their use with partners. Women in Cameroon and Cote d'Ivoire can purchase condoms in self-service shops where the anonymity of a checkout counter is preferred over direct interaction with sales staff. In Burkina Faso, the *Griottes*, an organized union of female historians and story tellers, go door to door to talk about AIDS with women. Women street vendors do the same in Haiti, where free samples are included in boxes of female hygiene products.

Further, NGOs have worked collaboratively to open markets for female condoms in developing countries, and to create a video training program on their benefits and use. NGOs have also collaborated with UNAIDS to communicate with local governments, NGOs, and health providers in developing countries about this product and to assess their demand and technical assistance needs for starting or sustaining female condom projects.

Recognizing that injecting drug use has played a critical role in fueling the epidemic in various regions, particularly in some countries in Asia, Eastern Europe, and the Commonwealth of Independent States, NGO's support at least three major prevention components, including: early implementation of prevention initiatives while HIV prevalence is low; community outreach to injecting drug users (IDUs) to provide HIV/AIDS information and help develop trust between IDUs and health care providers; and widespread provision of sterile injection equipment.

Workplace Interventions

For over 5 years, labor unions have conducted an ongoing effort in the U.S. to combat the scourge of HIV/AIDS and STDs through unique programs of workplace peer education. Despite vast cultural differences, two things nearly all people the world over share in common are the need to work and the need to receive medical care. People, rich or poor, uneducated or educated, active in community organizations or not, are best reached where they work. This is particularly true in developing countries and among workers who are most at risk of contracting HIV/AIDS. Truckers, transit workers, miners and others whose jobs require them to travel through porous borders are the ones most often associated with the spread of HIV/AIDS. Few ways

exist to reach these people other than through their jobs and at their place of employment.

What began as a practical effort to cope with issues of occupational safety and health at the beginning of the AIDS pandemic has now become a deep commitment to share the special strengths of labor movements worldwide to open a new front in a global war against this tragic disease. Now more than ever, a mounting body of evidence suggests that the workplace peer education strategy can respond to program needs with practical low-technology methods to help arrest the explosion of HIV/AIDS infection rates in developing nations.

Social Marketing

An example of a specific HIV/AIDS prevention and mitigation methodology utilized by NGOs to make condoms available to low-income people in developing countries is a technique called social marketing. Condom social marketing involves the distribution of condoms to lower-income persons by marketing through the existing local commercial and NGO infrastructures. NGOs procure products using donor funding or obtain them directly from donors; establish an office and a distribution system in the developing country, often acting as its own distributor; and sell the products, through the existing wholesale and retail network in the country. Products are branded and attractively packaged, and sold at low prices making them affordable to the poor. Since this retail price is often lower than even the manufacturing cost, donor contributions are a vital element of the social marketing process.

A key ingredient to successful social marketing is effective communications to stimulate demand and encourage the adoption of appropriate health practices. This is done through both brand advertising and generic educational campaigns, using a mix of strategies and channels, such as mass media and interpersonal communications, to reach the targeted audience. Activities range from brand advertising informing the public that a quality product is available and where it can be purchased, to generic educational efforts that help people understand why changing behavior is necessary and important.

A project in Cote d'Ivoire provides an illustration of communications initiatives designed to effect behavioral change. Saturation-level brand promotion informs the public

about condoms and that their use protects against contracting HIV/AIDS. That activity is complemented by producing and broadcasting a popular and award-winning television soap opera, *SIDA dans la Cite (AIDS in the City)*. The multi-part program engages viewers in a gripping drama about a family in which the father is diagnosed with AIDS because he was unfaithful and did not use protection. This dual approach, based on research and testing, recognizes that people learn in different ways and a variety of messages will more effectively reach a larger audience.

In Guinea, imams now use their mosques to preach messages on marital fidelity and abstinence—all part of the national campaign in Guinea to prevent HIV/AIDS. In seven countries, mobile video units, equipped with camcorders and large screens, take health messages to the rural countryside. In Tanzania, these video-equipped vehicles show films that educate about AIDS, encourage fidelity, and promote condoms. These multi-media presentations are extremely popular among entertainment-starved populations; in Pakistan and Bolivia mobile video units have attracted audiences of thousands of people.

Some of the other communications activities used by NGOs include point-of-sale material; radio call-in shows, soap operas, documentaries, profiles and other programs; television documentaries, debates, and other informational programs; musical songs and videos; cinema ads and trailers; theater troupe presentations and puppetry; product demonstrations and information distribution at work places, community meeting places, and special events; print materials, posters, brochures, cartoons, and inserts; informational kiosks and peer education activities at special and sporting events, and in high traffic areas throughout communities; and providing information to and training to those with the ability to reach larger, affected populations.

Treatment Equity

The international NGO community recognizes that very few people living with HIV in the developing world have access to many life prolonging drugs, including basic antibiotics. As the number of people living with HIV/AIDS continues to reach alarming levels, programs dedicated to providing services to these individuals are drastically needed. Recognizing that prevention has been a priority for most multilateral, bilateral and private voluntary

organizations (PVOs), NGOs advocate for the development and inclusion of programs focused on care that address the needs of people living with AIDS and their family members. Care programs should include access to appropriate life-saving therapeutic treatments, development of counseling and related services, and the development of human rights projects to curb discrimination against persons affected by HIV/AIDS.

The coordinated NGO strategy to emphasize the necessity of creating care projects and to monitor the development of these projects includes: offering seminars and workshops on the prevention to care continuum and arranging meetings with PVOs and multi- and bilateral institutions. NGO's can also be advocates and work to broaden the policy dialogue on issues such as drug pricing, calling for price reductions, and aggressively working through all available private and public networks to engender an informed and supportive policy environment to effect change.

An example of a strategy to improve treatment equity is the use of mechanisms such as private sector leveraging to help communities and governments tap into additional financial resources.

AIDS Orphaned Children

Presently, the future of millions of children is threatened because of HIV/AIDS. In addition to the estimated 1.5 million children infected with HIV, a growing number of children are being orphaned as a result of AIDS-related adult mortality. Young people whose family controls are lacking may seek emotional support and security through sexual relations, thereby increasing their risk of HIV infection. In addition they may be abused and forced into prostitution. Children living in the streets are forced to fend for themselves, with few options for survival. With an estimated 100 million street children alive today, the implications for the spread of HIV are alarming.

To avoid infection, children need a supportive, enabling environment that provides them not only with knowledge about how to protect themselves, but also with the motivation and the power to do so. Care is also essential for the survival of children. NGOs have worked with local collaborators to develop a methodology for orphan assessment, which identifies priority needs of orphans and their caretakers. Activities are also focused on orphan

care and support, which include care, counseling services, and vocational training. In addition, incomes generating activities with NGOs, mobilization of local resources, and psycho-social support and training are supported by NGOs at the country level. Finally, in response to the growing number of children left parentless due to HIV/AIDS, NGOs have made efforts to highlight this crisis through conference workshops, briefings and media articles.

Women and Health

The international NGO community works to bring attention to the growing vulnerability of women to HIV/AIDS through: workshops at domestic and international conferences, briefings for government leaders, media articles and monthly email broadcasts.

NGO's have worked tirelessly to:

- Promote access to reproductive health services, such as family planning and antenatal care, that protect the health of women and their families.
- Encourage earlier access to treatment through the development of voluntary HIV counseling and testing services.
- Promote improved treatment by encouraging early management of symptoms and treatment of opportunistic infections.
- Improve STI case management at the clinic level and to make services, including drugs, more accessible to populations at risk.
- Promote dialogue between men and women.
- Expand women's prevention efforts through female condom studies.
- Educate younger women about reproductive health, providing the information they need to make informed choices about the initiation of sexual activity, selection of partners, and the use of condoms and other available protection methods.

Vaccine Research

Spending allocated to research in both the public and private sector has increased over the past few years. However, NGOs point out that issues concerning the allocation of funding and the ethics surrounding some of the clinical trials being conducted require continuing attention. While therapeutic development, particularly

antiretroviral and protease inhibitors, have been the primary focus in the US for the past several years, NGOs stress that increased focus must be directed toward vaccine development that will clearly benefit the developing world and the President's commitment to the development of an HIV/AIDS vaccine in the next 10 years. As such, the NGO community recognizes that it is extremely necessary to apply pressure to public institutions and private industry to ensure that a vaccine will be developed and can be made available for global use.

The international NGO community will continue to provide venues for debate on the ethics of individual clinical trials as whether the trials meet the United Nation's Internal Review Board (IRB) standards, through briefings, seminars, and workshops. Additionally, NGOs will continue to monitor and report on spending and profits generated by the development of vaccine, antiretrovirals, therapeutic interventions and prophylaxis by private pharmaceutical companies.

Microbicide Development

The NIAID-funded NIVNET consortium is directly involved in microbicide development and plays a key role in the design, implementation and monitoring of vaginal microbicide studies. NGOs are involved in clinical trials of vaginal microbicides to evaluate efficacy and acceptability in preventing STIs, HIV, and pregnancy. More than 200 scientific publications on barrier methods have been produced, including a monograph for the 1994 ICPD meeting in Cairo.

Three existing trials are Phase I safety and acceptability studies of candidate products taking place both in the United States and at seven international sites in six countries. A fourth trial, a Phase III N-9 efficacy study in Zimbabwe and Malawi (two sites), is currently in the final planning stages and the first phase of study enrollment is expected to get under way in early 1999.

A randomized control trial evaluating the impact of N-9 film on the transmission of HIV and STIs in Cameroon has been completed. Results showed N-9 film was safe but did not protect against HIV/STI. Methodological and operational lessons learned from this study have influenced directions of new microbicide development. Other related research includes a number of clinical trials of vaginal microbicides

with STI infection as the primary study endpoint, and HIV infection as a secondary endpoint.

Donor Coordination

NGOs play a role in facilitating dialogue among multilateral donors, such as UNAIDS, bilaterals, such as USAID, and private funding bodies in order to maximize donor effectiveness and minimize overlap.

In addition, at the country level, NGOs develop programs that complement those of other donors. For instance, NGOs collaborate with the World Bank on specific technical areas such as STI research, and work jointly with UNAIDS and the World Health Organization (WHO) on the development of guidelines for behavioral data collection needs of national HIV/AIDS/STI programs.

ROLE OF INTERNATIONAL ORGANIZATIONS

International Organizations' Mandate Relevant to HIV/AIDS

Where possible the USG works closely with international organizations to leverage both human and financial resources for the greater benefit of those in need. International organizations are uniquely positioned to provide support for HIV/AIDS prevention and mitigation efforts worldwide. The USG provides direct assistance to these important institutions and supports the critical role international organization's play in the international fight against HIV/AIDS. The role of international organizations is characterized as follows:

- International organizations have a wide funding base and are able to provide significant financial backing and multisectoral support.
- International organizations are able to effect cooperation without political ramifications or restrictions that bind local and national governmental actors.
- International organizations are non-partisan.
- International organization's are able to bridge gaps between countries and donor nations and provide a fora to bring various international players together on issues.

UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS), an international organization created specifically to address the HIV/AIDS pandemic, was established as an independent UN agency on January 1, 1996. UNAIDS brings together the efforts of five UN organizations, United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Educational, Scientific, and Cultural Organization (UNESCO), World Health Organization (WHO), and the World Bank. The primary focus of UNAIDS is to strengthen the capacities of national governments for an expanded response to HIV/AIDS. UNAIDS will achieve this objective through work at national, regional and global levels in the following four mutually reinforcing areas: policy development and research, technical support,

advocacy, and coordination.

Prevention

Testament to the multisectoral reach of UNAIDS are its numerous prevention efforts, ranging from collaboration with the religious sector to assessment of the cost effectiveness of HIV prevention strategies. Examples of the range of UNAIDS prevention strategies are detailed below.

Recognizing that truly effective prevention efforts must begin at a young age, UNAIDS activities target school age children through outreach and prevention efforts. In 1997, UNAIDS published a position paper on integrating HIV/STD prevention in the school setting; produced a technical update on learning and teaching about AIDS at school; and participated in the organization of seminars on school-based AIDS education at the three regional conferences on AIDS held in Côte d'Ivoire, Peru and the Philippines.

Within the religious sector, UNAIDS employs a two-pronged prevention approach. The first is to promote the exchange of ideas and training for community-based prevention and care programs. The second is to encourage religious institutions to strengthen life-skills training approaches for HIV education in schools operated by their congregations. UNAIDS also collaborates with the Roman Catholic organization CARITAS International and is supporting a forum of religious leaders in Africa.

UNAIDS' efforts to reduce risk and vulnerability in institutional settings, such as prisons and workplaces, have largely focused on strengthening national and regional networks and facilitating information exchange on effective programming. A joint undertaking with the Civil-Military Alliance to Combat HIV/AIDS, and its regional affiliates, helps to establish and strengthen AIDS programs with military services in Africa, Asia and Latin America.

To prevent intravenous transmission, UNAIDS works to strengthen regional HIV/injecting drug use harm reduction networks, focusing on exchanging lessons learned and sharing technical resources. In the area of sexual transmission, UNAIDS' principal efforts in 1997 and 1998 have been identification and dissemination of best practices in HIV prevention and care, strengthening of regional networks, and development of tools and guidelines to facilitate project

development. UNAIDS has supported specific initiatives in the Asia-Pacific region, Central and Eastern Europe, and West and Central Africa. With regard to men who have sex with men, UNAIDS is building several regional networks of experts in HIV prevention.

Finally, to assess the efficiency and effectiveness of HIV prevention efforts, UNAIDS has initiated a number of studies evaluating the cost-effectiveness of HIV prevention strategies. The studies have led to the preparation of costing guidelines for such strategies, a UNAIDS Point of View document on cost-effectiveness analysis, and three computerized models covering blood safety, prevention programs for sex workers, and school education, all of which will be published in 1998.

Treatment Equity

Recognizing that there are often insurmountable barriers to obtaining access to available HIV/AIDS treatment, UNAIDS and the WHO Action Program on Essential Drugs is developing an operational plan to improve access to drugs for HIV infection. UNAIDS supported several consultations on this subject in Senegal and during the AIDS conference in Abidjan. UNAIDS also is supporting preparation of case studies on treatment equity and access to care and drugs in Asia, Latin America and the Caribbean, and West Africa; and, in collaboration with the Ministries of Health and a number of pharmaceutical companies, is initiating pilot projects to improve access to drugs of interest to people living with HIV/AIDS, in Chile, Côte d'Ivoire, Uganda and Vietnam.

Further, UNAIDS is currently collaborating with local partners to document case studies on the process of introducing antiretrovirals in Argentina, Brazil, Colombia and Mexico, where the drugs have been made available despite resource constraints. The objective of the studies is to assess the extent to which their introduction was successful, and to learn about difficulties encountered in introducing the new technology. These lessons can serve as a learning tool for other countries.

Women and Health

UNAIDS coordinates the Informal Working Group on Mother-to-Child Transmission of HIV, which focuses on the coordination and design of clinical trials on the prevention

of HIV transmission from mothers to their children. UNAIDS also supports the Ghent international working group on perinatal transmission of HIV, sponsored by the European Union, which conducts studies on the acceptability of prenatal voluntary counseling and testing in the context of ongoing clinical trials in Africa, as well as cost-effectiveness studies related to the use of AZT and alternatives to breastfeeding.

Vaccine Research

In collaboration with the WHO Global Program for Vaccines and Immunization, UNAIDS is supporting a project to promote the development of a novel vaccine approach - the International AIDS Vaccine Initiative (IAVI) - whose mandate is to accelerate progress towards an AIDS vaccine for use in developing nations where the epidemic is spreading most rapidly. In addition, UNAIDS, WHO and the Council for International Organizations of Medical Sciences are developing a guidance document for ethical standards in the conduct of HIV vaccine trials.

Behavioral Research/ Behavioral Change Intervention

In the area of behavioral prevention, UNAIDS, CAPS, AIDSCAP and WHO collaborated to assist in the multisite voluntary counseling and testing (VCT) study carried out from 1995 to 1997 in Kenya, Tanzania and Trinidad. The study concluded that VCT significantly reduces sexual-risktaking behavior and does not increase such negative life events as disintegration of relationships and discrimination.

Another behavioral intervention project combined the efforts of UNAIDS, UNESCO, UNICEF and The World Bank in the development of communication strategies and regional networks for national AIDS and health-promotion programs.

Microbicide Development

UNAIDS advocates for the development of vaginal microbicides and serves as the secretariat for the International Working Group on Microbicides. In 1996-1997, UNAIDS launched a multicentre study on the efficacy of COL-1492 in preventing HIV infection and sexually transmitted diseases among female sex workers in Benin, South Africa and Thailand. In addition, preparatory work is proceeding in Côte d'Ivoire and Senegal. A first interim analysis is expected in 1999 but final results will not be available

before the end of 2001. It is hoped that microbicides will also be useful in preventing HIV infection in men.

UNAIDS' Cosponsors

Although the majority of HIV/AIDS activities on the part of UNAIDS' cosponsors fall under the rubric of UNAIDS, there are continuing independent cosponsor efforts to prevent and mitigate the impact of HIV/AIDS:

- UNESCO is developing curriculum and teacher training in India, and planning seminars in Nepal and Cambodia;
- UNFPA is focusing on integration of HIV/STD prevention in family life/reproductive health programs in more than 150 countries;
- WHO is integrating school-related health services for adolescents with action-research projects in six African countries, as well as integrating HIV/STD prevention into the "Health-Promoting Schools Network" in six regions. WHO also supports the Government of China in extending HIV/STD education in all schools in the most affected Southern provinces;
- UNICEF is developing youth-friendly health services and promoting life-skills education which integrate AIDS information.
- UNDP is preparing a series of issue papers on gender and the HIV epidemic.
- UNICEF is developing resource materials for integrating gender awareness into adolescent sexual health programs.
- UNESCO is implementing a project to reduce the rate of HIV transmission among women by empowering them with awareness, knowledge and skills.
- WHO is providing technical support to an International Center for Research on Women project on reproductive-health rights of HIV-positive women.

In addition, since 1995, WHO, joined later by UNAIDS, has supported the PETRA study, in South Africa, Tanzania and Uganda, to test the efficacy of a short-term regimen of AZT and 3TC for reducing the risk of mother-to-child transmission of HIV. The preliminary results, expected to be available by end-1998, will show whether a very short course of two antiretroviral drugs is as efficacious as longer regimens that include one drug only.

Finally, after the results of the Thai/CDC trial on mother to child transmission, UNICEF-WHO-UNFPA-UNAIDS set up an international initiative to demonstrate the feasibility

of prevention of mother-to-child transmission of HIV in some of the countries worst-affected by HIV infection. Under this initiative, pilot interventions are being implemented in the following countries: Zimbabwe, Zambia, Uganda, Cote d'Ivoire, Burkina, Honduras, Vietnam, Cambodia, Thailand, Botswana, Rwanda.

The World Bank

The World Bank - one of the six UNAIDS cosponsors - is an example of an international organization that provides direct assistance to client governments in the form of loans, technical assistance and policy guidance. The World Bank's comparative advantage lies in its ability to engage in dialogue with client governments, enabling the creation of an environment for the development of sustainable and multisectoral prevention and care programs, and in its capacity to finance large national programs to combat HIV.

Most of the World Bank's loans for HIV/AIDS are provided on highly concessionary terms through the World Bank's concessionary lending arm, the International Development Association (IDA). While the approval of new loans for HIV/AIDS fluctuates considerably from year to year, the World Bank is continuing to expand its portfolio of HIV/AIDS projects and loan disbursements, which reflect efforts to implement AIDS control activities. The World Bank has committed over \$800 million to HIV/AIDS projects over the past decade, and there are indications that the pace of lending will rise in the next 3-5 years as more clients turn to the World Bank for financial assistance to address HIV/AIDS in their countries.

Additionally, the World Bank incorporates HIV/AIDS components into other loans such as reproductive health and rural development programs. The World Bank's commitment to HIV/AIDS is also reflected in its technical and operational assistance. Further, the World Bank attempts to ensure that HIV/AIDS strategies are effective and appropriate for the specific challenge facing each country. Although individual governments are ultimately responsible for project implementation, the World Bank works closely with government officials in designing, monitoring and evaluating HIV/AIDS projects. The World Bank is also increasingly focusing on capacity building as part of country specific responses to HIV/AIDS.

Prevention

The World Bank regularly funds regional prevention projects. For example, in collaboration with UNAIDS, the World Bank is providing grants for initiatives which tackle the AIDS epidemic at the regional level, dealing with cross border issues such as migration and transport, that are central to the spread of HIV. These regional problems covering Western Africa, Southern and Eastern Africa, South East Asia, and Latin America and the Caribbean, are managed by UNAIDS on behalf of the World Bank. They aim to strengthen regional cooperation and improve the capacity for neighboring countries to consult and work jointly on policy and implementation issues.

The World Bank is also working closely with UNAIDS at the country level in developing programs in a number of nations. HIV/AIDS related country level projects are ongoing in India, China, Zimbabwe and Brazil.

AIDS Orphans

In the area of AIDS-orphaned children, the World Bank supports the production of public service announcements, picture exhibits and video documentaries to bring attention to the millions of children orphaned by AIDS. In 1997, the World Bank developed a Public Service Announcement which has been aired on CNN and many other international outlets to highlight the theme of 1997's World AIDS Campaign: Children Living in a World with AIDS. On World AIDS day 1997, the World Bank hosted a picture exhibit titled: "Dying Branches: The Impact of HIV/AIDS on the Villages of Mpondas, Malawi." The goal of the exhibition was to portray both the vulnerability and resiliency of grandparents who are forced to provide for children who have lost one or both parents in a community devastated by HIV/AIDS. Finally, the World Bank developed with UNAIDS, an MTV documentary on the 1998 theme for World AIDS Day, entitled "*Youth - a Force for Change.*"

Vaccine Research

The World Bank recognizes that the HIV/AIDS epidemic in many of the World Bank's client countries has increased the priority for developing a preventive vaccine that will be effective and affordable in the developing world. As such, a World Bank Task Force is exploring the market failures leading to under-investment in an HIV/AIDS vaccine and to elaborate on the feasibility and optimal design of

innovative financing instruments, which would stimulate private investment. The task force also is responsible for developing new World Bank instruments that will increase private incentives to invest in research and development for HIV/AIDS.

Further, the World Bank is part of a global collaboration of organizations that has created and funded the International AIDS Vaccine Initiative (IAVI).

UN Commission on Human Rights

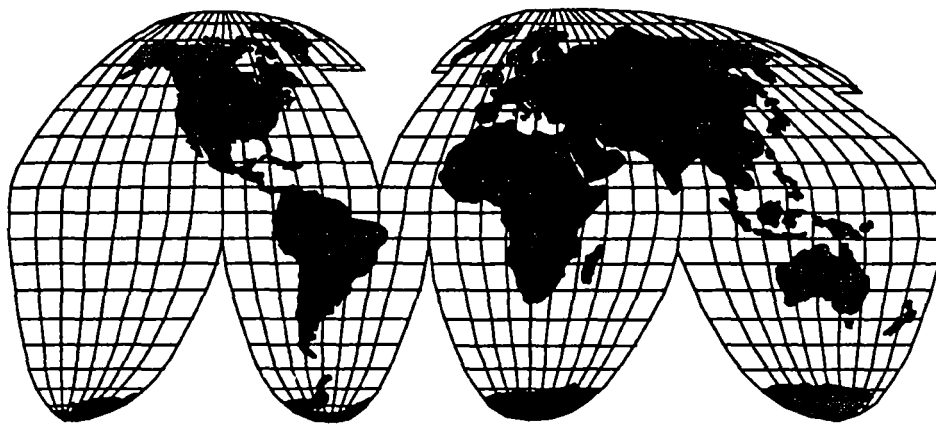
The UN Commission on Human Rights regularly considers resolutions for the protection of human rights in the context of the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The resolutions set out guidelines nations may follow in dealing with the health crisis and human toll of AIDS and HIV. Resolutions also ask the UN Secretary General to solicit input from countries, specialized agencies, and related governmental and non-governmental organizations in order to provide a progress report to the Commission on follow-up. The next session of the Commission at which an HIV/AIDS resolution is expected for consideration will take place in March 1999.

IX. CONCLUSION/ NEXT STEPS

X. APPENDICES

The conclusion and appendices are not available at this time.

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 "Timothy E. 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 targeting 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.