Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. fax	WASHFAX cover sheet, Tim Smith to Ken Bernard and Sandra Thurman re Draft Letter (1 page)	08/28/2000	P1/b(1)
001b. fax	State Dept cover sheet, Tim Smith to Ken Bernard and Sandra Thurman re Draft Cable Text (1 page)	08/28/2000	P1/b(1)
001c. draft	OES/EID cable re draft text of letter (5 pages)	08/28/2000	P1/b(1)
002. list	remarks clearance list (partial) (1 page)	08/29/2000	P3/b(3)

COLLECTION:
Clinton Presidential Records
Nationals AIDS Policy Office

OA/Box Number: 21070

FOLDER TITLE:
State Department [1]

2007-1550-F
kc1289

RESTRICTION CODES

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

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State

PAGE

United States Department of State

Washington, D.C. 20520

Bureau of African Affairs

Office of Regional Affairs

AF/RA, Room 5232

Fax Number (202) 736-4872

Date: 8/7

To: Cheryl B.

Fax Number: 456-243~~X~~9

Phone Number:

From: Melanie Bixby

Phone Number: 647-5936

Number of Pages: ***(including cover)*** 2

Comments:

Cheryl - per my avdix, I'm trying to quickly gather some info. for Af A/S Susan Rice's Budget Presentation (2002) to the Secretary. Susan needs wtt Blue-Sky thinking on last bullet. If I could get this info by Wed, it would be most appreciated. thank you,

Melanie

- email of required info
- 2 slides to be updated from last years' presentation

456-2439 Cheryl Bawly

Bixby, Melanie J

To: Carter-Foster, Nancy C
Subject: HIV/AIDS for Africa info for Susan Rice

Dear Nancy -

I am pulling Susan Rice's AF 2002 Budget Presentation to Undersecretary Larsen togther by mid-week this week, and need some basic information that I believe you might have at your fingertips. Thanks for your help, as always.

Regards,

Melanie Bixby 7-5776

Information Needed:

- 2000 actuals, 2001 estimates, and 2002 projected requests for LIFE initiative, across ALL USG agencies (I got the Africa Bureau HIV/AIDS numbers for CSD).
- a few bullets summarizing Administration's accomplishments last 4-5 years in combatting AIDS, including the LIFE initiative (if any results/outputs yet).
- I got general stats for Africa off of G-8 paper drafted for Talbott – do you have stats on Professionals in Africa who are dead/infected (making the case that this is more than a health issue)?
- What would OES and the White House spend a 60% increase over slated 2002 budget levels on, specifically, in order to combat HIV/AIDS and/or mitigate the effects of the crisis on society? (this is requested by S/RPP and S/P)

(WHO 2002 figures yet big shot?)

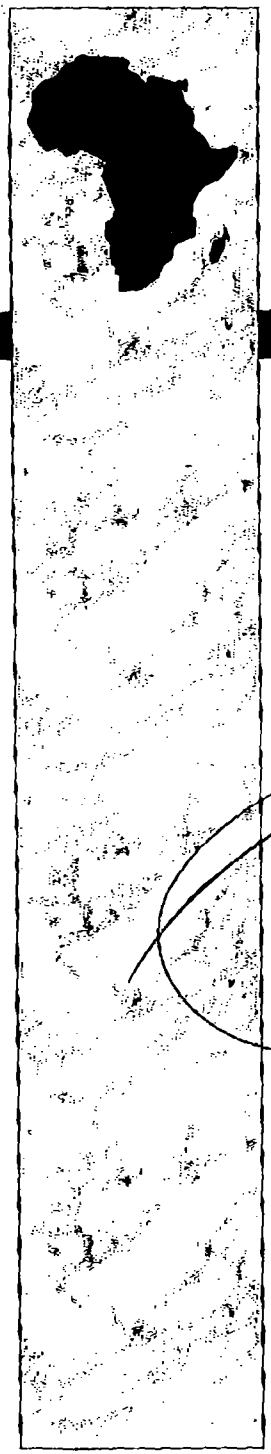
overlap USAID?

what areas would have most catalystic effect?

(OR any info)

UNAIDS website report rel. @ Durbar

copies?



The Exploding HIV/AIDS Threat

- **Africans dead of HIV/AIDS:**

  14.8 million (2.2 million in 1999 alone)

  at least 26 million will be dead by 2005

Use talkers from G-8 summit

- **Africans infected with HIV/AIDS:**

  24.5 ~~39.3~~ **million (4.0 million in 1999 alone)**

  at least 60 million will be infected by 2005

Source: UNAIDS 2000

Justification
Get from

Defending Against Transnational Threats

HIV/AIDS Initiative: Partnership for L.I.F.E.

Four pronged strategy:

- Prevention and education
- Home and community-based care
- Caring for AIDS orphans
- Infrastructure/capacity development

	(Millions)	
	2000*	**2001**
	~~114~~	~~200~~
	~~225~~	~~325~~
	(225)	(335)

* Request level

Cite PA amt

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Melanie Bixby

FROM: Cheryl Bauerle

COMPANY: Bureau of African Affairs

DATE: August 9, 2000

FAX NUMBER: (202) 736-4872

TOTAL NO. OF PAGES INCLUDING COVER: 8

PHONE NUMBER: (202) 647-5776

RE: Clinton/Gore Administration: Record of Progress on HIV/AIDS.

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

NOTES/COMMENTS:

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

The Clinton/Gore Administration

A Record of Progress on HIV and AIDS

TABLE OF CONTENTS

THE CLINTON-GORE ADMINISTRATION: A RECORD OF PROGRESS ON HIV AND AIDS

"How can we be one America if a ravaging disease like this is being brought under control in part of our population, but not in another?"

-- President Clinton, November 2, 1998

"We must talk about AIDS not in whispers, in private meetings, in tones of secrecy and shame. We must face the threat as we are facing it right here ... openly and boldly, with urgency and compassion."

-- Vice President Gore, January 10, 2000

Providing National Leadership. President Clinton has worked hard to invigorate the response to HIV and AIDS, providing new national leadership, substantially greater resources and a closer working relationship with affected communities. During his administration, funding for AIDS research has nearly doubled at the National Institutes of Health (NIH), while funding for HIV prevention has increased by 59% at the Centers for Disease Control and Prevention and 132% at the Substance Abuse and Mental Health Administration. Funding for the Ryan White CARE Act has increased by almost 500% to more than 1.7 billion.

Although much work remains to find a cure, progress has been made. In 1996, for the first time in the history of the AIDS epidemic, the number of Americans diagnosed with AIDS declined. And between 1996 and 1997, HIV/AIDS mortality declined 42 percent, falling from the leading cause of death among 25-44 year olds in 1995 to the fifth leading cause of death in that age group. There has been a decline in the number of AIDS cases overall and a sharp decline in new AIDS cases in infants and children.

Leading the Global Fight Against HIV/AIDS. In July 1999, the Administration announced a new global AIDS initiative entitled LIFE (Leadership and Investment in Fighting an Epidemic) which secured a $100 million increase in funding in FY2000. President Clinton's FY 2001 budget request includes an additional $150 million for global AIDS activities, including an increase of $50 million for global AIDS vaccine efforts. The US Agency for International Development, Centers for Disease Control, Department of Labor, and Department of State will coordinate their efforts, with a particular emphasis on sub-Saharan Africa. Projects will focus on military-to-military prevention training, labor force training, access to care and prevention. The United States has invested over $1 billion in international AIDS relief since the start of the epidemic and funds 25% of UNAIDS. In addition, on December 1, 1999, the Clinton/Gore Administration announced a new cooperative effort to help poor countries gain access to affordable medicines, including those for HIV/AIDS treatment.

Historic Effort to Address HIV/AIDS in Communities of Color. While racial and ethnic minority groups account only for about 25 percent of the U.S. population, they account for more than 50 percent of all AIDS cases. On October 28, 1998, President Clinton declared HIV/AIDS to be a severe and ongoing health crisis in racial and ethnic minority communities and announced a comprehensive new initiative that invested an unprecedented $156 million to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American, Hispanic, and other minority communities. Funding levels for Fiscal Year 2000 were increased to $250 million, and President Clinton's FY 2001 budget request includes $274 million in targeted funding, an increase of 9%.

Increases in prevention efforts, new programs to prevent substance abuse and enhance treatment efforts highlight FY 2001 efforts to address HIV/AIDS in racial and ethnic minority communities. This funding is spread across three broad categories: technical assistance and infrastructure support; increasing access to prevention and care, and building stronger linkages to address the needs of specific populations. In 1999, the Department of Health and Human Services published **HIV/AIDS and Minorities: A Guide to Federal Programs**, a comprehensive listing of federal programs and contact information targeted to racial/ethnic minority communities (available at www.omhrc.gov).

Helping People With HIV Get Back to Work and Stay at Work. On December 17, 1999, President Clinton signed the Jeffords-Kennedy *Work Incentives Improvement Act*, which will assist people with disabilities – including those living with AIDS – to get back to work or stay at work without losing critical health benefits. The legislation also includes a demonstration component important to serving persons living with HIV.

Fighting to Pass a Strong, Enforceable Patients' Bill of Rights. President Clinton has called on the Congress to pass strong, enforceable patients' bill of rights that assures Americans the quality health care they need. The bill should include important patient protections such as: assuring direct access to specialists; real emergency room protections; continuity of care provisions that protect patients from abrupt changes in treatment; a fair, timely, and independent appeals process for patient grievances; and enforcement provisions to make these rights real.

Protecting Medicaid and Social Security Coverage. The President fought for and won the preservation of the Medicaid guarantee of coverage which serves more than 50 percent of people living with AIDS -- and 92 percent of children with AIDS -- who rely on Medicaid for health coverage. He also revised eligibility rules for Social Security Disability Insurance to increase the number persons living with HIV who qualify for benefits.

Protecting the Privacy of Medical Records. In October 1999, President Clinton announced a series of actions aimed at strengthening the protection of medical records. The new regulations apply to all health plans and many health care providers, as well as to health care clearinghouses such as billing companies. The new regulations would: 1) limit the non-consensual use and release of private health information; 2) inform consumers about their right to access their records and to know who else has accessed them; 3) restrict the disclosure of protected health information to the minimum necessary; 4) establish new disclosure requirements for researchers and others seeking access to health records; and 5) establish new criminal and civil sanctions for the improper use or disclosure of such information.

Focusing National Efforts on an AIDS Vaccine. On May 18, 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He announced a number of initiatives to help fulfill this goal, including: dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations. On June 9, 1999, President Clinton dedicated the new Dale and Betty Bumpers Vaccine Research Center at the National Institutes of Health and announced that the primary work of this new Center will be HIV vaccine research.

Dramatically Increasing Overall AIDS Funding. The Clinton Administration has responded aggressively to the significant threat posed by HIV/AIDS with increased attention to research, prevention and treatment. President Clinton has increased overall funding for major HIV/AIDS programs by almost $3 billion since FY 93 or more than 140%.

Increasing AIDS Drug Assistance and Accelerating AIDS Drug Approvals. Funding for AIDS drug assistance has increased from $52 million per year to $528 million per year during the Clinton Administration. The FY 2001 budget request for ADAP is for $554 million. This program provides new life-prolonging drugs to people with HIV and AIDS. In addition, President Clinton convened the National Task Force on AIDS Drug Development, and removed dozens of bureaucratic obstacles to the effective and decent treatment of people with AIDS. Since 1993, the Food and Drug Administration has approved dozens of new AIDS drugs for AIDS-related conditions and new diagnostic tests.

Making Research a Priority. In one of his first acts in office, President Clinton signed the National Institutes of Health Revitalization Act of 1993, placing full responsibility for planning, budgeting and evaluation of the AIDS research program at NIH in the Office of AIDS Research. The Administration has nearly doubled NIH AIDS research funds since FY 93.

Building Partnerships to Optimize HIV Care. In March 1997 Vice-President Gore approved the creation of the Forum for Collaborative HIV Research, a unique coalition of federal government agencies, health care providers, pharmaceutical companies, HIV researchers, and patient advocates. The Forum builds collaboration between these stakeholders to address emerging issues in HIV clinical research and care. In its first two years, the Forum has focused issues such as adherence to HIV therapy, side effects of HIV drugs, HIV treatment education, and the development of new methods to treat HIV.

Focusing on Prevention: Supporting the Centers for Disease Control and Prevention. The Administration has increased funds for HIV prevention at the CDC by more than $230 million since FY 93, and is requesting an additional increase of $65 million in FY 2001, an increase of 9% over FY 2000. The FY 2001 budget request for all CDC activities is $795 million. Under the leadership of the Clinton/Gore Administration, the CDC reorganized its AIDS prevention efforts to foster greater overall coordination and enhance efforts to reduce sexually transmitted diseases and tuberculosis.

Educating Young People about the Dangers of AIDS. The Clinton/Gore Administration launched the Prevention Marketing Initiative, focusing on the risk to young adults (18-25) with frank public service announcements recommending the correct and consistent use of latex condoms for those who are sexually active. This recommendation, along with numerous others, were contained in "Youth and HIV/AIDS: An American Agenda", A Report to the President, presented in March 1996.

Requiring the Federal Workforce to Understand AIDS. The Administration issued a directive on September 30, 1993 that requires every Federal employee to receive comprehensive education on HIV/AIDS. On World AIDS Day 1999, each federal Department/agency/office provided all federal employees a "World AIDS Day" message on their payroll stubs, along with information on how to learn more on how to speak with young people about HIV – the first time a single message was included on all federal employee pay stubs.

Established a White House AIDS Office and Created a Presidential Advisory Council. President Clinton created a White House Office of National AIDS Policy to bring greater direction and visibility to the war on AIDS. Sandy Thurman, the current director of the office, has broad experience in both domestic and international AIDS services. At the same time, the Administration has sharpened the focus of its AIDS programs. The President also created the Presidential Advisory Council on HIV and AIDS to provide him and his Administration with expert outside advice on the ways in which the Federal government should respond to the HIV/AIDS epidemic. Former Congressman Ronald V. Dellums chairs the Council.

Convened the First Ever White House Conference on HIV and AIDS. On December 6, 1995, the President convened the first White House Conference on HIV and AIDS in the history of the epidemic, bringing together more than 300 experts, activists and citizens from across the country for a discussion of key issues.

Selected Federal Investments

	FY 2000	FY 2001 Request
Ryan White CARE Act	$1.6 billion	$1.7 billion
AIDS Drug Assistance	$554 million	$586.5 million
HIV Prevention (CDC)	$730 million	$795 million
AIDS Research	$2.0 billion	$2.1 billion
Housing (HUD)	$232 million	$260 million
International	$242 million	$342 million
Global AIDS Vaccine		$50 million
Minority AIDS Initiative	$250 million	$274 million

LIFE Initiative – Global AIDS Funding

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

U.S. Dept. of State
OES/EID

facsimile transmittal

To:	Distribution	**Fax:**	[Click here and type fax number]
From:	Nancy Carter-Foster	**Date:**	05/22/00
Re:	MPP Priority Countries for HIV/AIDS and Emerging Infectious Disease	**Pages:**	[Click here and type number of pages]
CC:	[Click here and type name]		

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Note: The Department of State has begun its development planning for the Bureaus Program Plans for International HIV/ADS and EID issues for FY 2002. We have been asked to first of all develop a list of priority countries and objectives to guide the further evolution of our specific program plans and performance goals. Although designed specifically around the efforts of the Department's diplomatic infrastructure for the efforts included in this attachment, because we rely on the technical agencies for on the ground work, we seek to make sure that our diplomatic efforts are in sync with technical agency BPP's simultaneously under development.

We ask that you review this specific priority country and objectives list and **provide your comment by Monday, May 22 at 2:00 p.m. by fax (202) 736-7336.** There will be more materials submitted for your comment on Tuesday , which will build upon the priorities and objectives outlined in the attachment to this note, so it is important that we get it right at this stage. Please feel free to suggest other priorities or objectives, and please let us know the specifics of your agencies plans in order that we can incorporate your planning efforts into the overall

international planning effort we are all engaged in. We appreciate your help in this and your prompt response to this request.

BPP Distribution: USAID/G:PDeLay/JRPerla

ONAP:Sthurman

NSC:Kbernard

AF/S:Tniblock

EUR/ERA:Rwalser

USAID:Pholmes

DHHS:Tnovotny

CDC:Helene Gayle/SBlount

USAID/AF:ARoss

SEID PRIORITY COUNTRIES AND OBJECTIVES FOR 2002

Priority countries which will be the focus for USG international activities have been delineated under the LIFE Initiative as follows: **Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, and India.** These will also be OES/SEID priority countries in order that our diplomatic efforts coordinate and support the development assistance emphasis being placed on these countries, which have the highest incidence of HIV/AIDS cases. Many of these countries, with the exception of Kenya, Nigeria, and India are also the countries of the Southern Africa Development Community (SADC), which OES/SEID is funding by a contract to enhance development and coordination of HIV/AIDS and other infectious diseases policies across borders. The focus and strategy for these countries, while necessarily more intense, also differs from the approach being taken with other countries of secondary priority, but which are important in fighting HIV/AIDS while the incidence rate is reasonably low.

SEID Objective in Priority 1 countries:

- Intensify diplomatic efforts to gain political and financial support from national governments through use of debt reduction strategies, IFI loan and grant funding;

- Increase political and financial commitments to addressing HIV/AIDS by the international community;

- Enhance regional coordination and bilateral effort to raise awareness and reduce the spread of EIDs.

- Development of coordinated/regional policy to reduce the spread of HIV/AIDS, across borders, including through peacekeeping.

- Enhance international coordination in debt-reduction strategies, and other initiatives to develop public health infrastructure to enhance access to treatments and therapies.

Priority 2 nations:

Of importance, but bearing secondary priority are those countries which at present show relatively low incidence of HIV/AIDS, in particular, and other infectious diseases, but which if left unchecked threaten to be the next crisis area. Countries in this category are: non-LIFE African countries, Russia and the former Soviet Union states, China, and the Caribbean, especially Haiti.

Although we have begun efforts to address the burgeoning problems of HIV/AIDS and EIDs in Russia, Latvia, and Estonia in particular, we have yet to turn much attention to the Caribbean, where these diseases threaten Americans at our own backdoor. Equally important are those countries of Africa, which are not yet experiencing the HIV/AIDS epidemic we are seeing in southern Africa. In each of these countries, missions have been encouraged to actively engage their counterparts at the highest levels of national governments, and in MPP's have requested more development assistance to fulfill their mandates. SEID will monitor activities and provide support where needed, and will assist in a push for more development assistance from the US or other sources, to be devoted to these countries on a Priority 2 basis. We must not send a message to countries with low prevalence that they will not receive assistance until the diseases are out of control.

Priority 2 country Objectives:

- Enhance the commitments by IFI's and other G-7 nations, the EU and others to compliment USG efforts to fight HIV/AIDS and other EIDs in non-USG or low USG assistance nations.

- Enhance international commitment and coordination of efforts to address the public health infrastructure problems in priority 2 nations.

- Seek broader international cooperation/agreement to supplement available USG resources with those of other sources where needed to address priority needs with collaborative investments in complimentary program efforts.

O-State

United States Department of State

Bureau of Oceans and International
Environmental and Scientific Affairs

Washington, D.C. 20520

Date: 04/10/00 Time: _____

NUMBER OF PAGES TO FOLLOW: 2 pages w/cover

FAX TO: Attention: Sherrill

TELEPHONE NUMBER: _____

FAX NUMBER: (202) 456-2439

OFFICE: White House

FAX FROM: Kenneth Brill

TELEPHONE NUMBER: (202) 647-3004

FAX NUMBER: (202) 647-0217

OFFICE: OES

MESSAGE:

Ambassador Kenneth C. Brill is the Principal Deputy Assistant Secretary of State for the Bureau of Oceans and International Environmental and Scientific Affairs (OES), a position he assumed August 24, 1999. Prior to joining OES, Ambassador Brill was the U.S. Ambassador to the Republic of Cyprus from 1996 - 1999.

A career member of the U.S. Foreign Service, Ambassador Brill joined Department of State in 1975. His overseas assignments have included postings in Ghana, Jordan, and India, where in his last posting (1991- 1994) he served as Deputy Chief of Mission and Charge d'affaires.

Ambassador Brill has also had a variety of Washington assignments involving countries in Africa and the Middle East. In addition, he has served in various capacities with senior State Department officials, including the Under Secretary of State for Political Affairs and the Secretary of State. During the period 1994 - 1996, he served as Executive Secretary of the Department of State and Special Assistant to the Secretary of State.

Ambassador Brill graduated with a BA from Ohio University in 1969 and received his MBA from the University of California at Berkeley in 1973. He is married to the former Mary Lee Pfeifer of Minnesota and has two children. Ambassador Brill has received the Department of State's Distinguished, Superior and Meritorious Honor Awards.

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O-State

US Department of State
Office of Emerging Infectious Disease
and HIV/AIDS
2201 C. Street, NW
Washington DC, 20520

To:	Sandy Thurman	**From:**	Elizabeth Scharl
Fax:	202-456-2439	**Fax:**	202-736-7336
Phone:	202-456-2459	**Phone:**	202-647-4689
Pages	10 (including cover)	**Date:**	07/12/2000

Could I please get your clearance on this cable ASAP? This cable needs to be sent tomorrow, so please send comments by COB today.

The cover letter to the Secretary is enclosed to explain the context of this cable.

Thanks much.

UNCLASSIFIED

TO: The Secretary

FROM: OES - David B. Sandalow
AF - Susan E. Rice
EUR - Charles Ries, Acting

SUBJECT: Signature on HIV/AIDS, tuberculosis, and malaria action cable to Ambassadors serving in Africa

The United States and the European Union decided, at the May 31, 2000 Summit in Queluz, Portugal, to intensify their cooperation in fighting HIV/AIDS, malaria and tuberculosis in Africa. The joint statement adopted on that occasion commits both sides to work together "to mobilize our diplomats and representatives in each concerned country to work with national leaders and others to intensify co-operative actions, to share relevant information needed to encourage prevention, and to strengthen local capacity to deliver necessary health services and treatments for HIV/AIDS, malaria and tuberculosis."

As a first step in implementing the joint statement and as a follow-up to your Diplomatic Initiative on HIV/AIDS, we have agreed to inform ambassadors at African posts of the joint statement and urge them to work with their EU and French counterparts to develop collaborative approaches to implementing this agreement. The attached cable text was drafted for your authorization. The European Commission will also send similar instructions to their heads of delegations.

RECOMMENDATION

That you authorize issuance of a cable to post instructing U.S.-EU collaboration in the field (see Tab 1).

Approve_____ Disapprove_____

Attachments:

Tab 1: outgoing cable text to U.S. Ambassadors in Africa

Drafted: OES/EID: EScharl
74689

Clearance:
OES/EID: NCarter-Foster
EUR/ERA: RWalser
AF/EPS: RPatard
G: JChow
D: RGilchrist
P: LTepper
S/P: ELief

INITIALS	
APPR:	MA ...
DRAFT:	RW ...
CLR 1:	CR ...
CLR 2:	DB ...
CLR 3:	NP ...
CLR 4:	JC ...
CLR 5:	DG ...
CLR 6:	LT ...
CLR 7:	EL ...

UNCLASSIFIED

EUR/ERA:R WALSER:RW
08/01/00 647-1605
THE SECRETARY

EUR: CRIES OES: DSANDALOW AF: SRICE G: JCHOW
D: DGILCREST P: LTEPPER S/P: ELIEF USAID: AROSS (INFO)

PRIORITY ALAFD

PRIORITY ALLEU, ALGIERS, CAIRO, RABAT, TUNIS

E.O. 12958: N/A

TAGS: PREL, SOCI, KHIV, TBIO, EUN

SUBJECT: SECRETARY'S LETTER ON U.S.-EU COOPERATION ON HIV/AIDS, MALARIA AND TUBERCULOSIS IN AFRICA

1. THE FOLLOWING IS A LETTER FROM THE SECRETARY TO ALL U.S. AMBASSADORS IN AFRICA.

2. BEGIN LETTER:

THE UNITED STATES AND THE EUROPEAN UNION DECIDED, AT THE RECENT SUMMIT IN QUELUZ, PORTUGAL, ON MAY 31, 2000, (SEE PARA 6) TO INTENSIFY THEIR COOPERATION IN FIGHTING HIV/AIDS, MALARIA AND TUBERCULOSIS IN AFRICA. THE JOINT STATEMENT ADOPTED ON THAT OCCASION COMMITS BOTH PARTIES TO WORK TOGETHER TO ADVANCE THE FOLLOWING FOUR OBJECTIVES: DEVELOP INTERNATIONAL PARTNERSHIPS; RAISE AWARENESS IN AFRICA AND ELSEWHERE AMONG POLITICAL LEADERS AND THE GENERAL PUBLIC; IMPROVE RESEARCH AND DEVELOPMENT OF NEW MEDICINES, INCREASE ACCESS TO CURRENT TREATMENTS AND VACCINES; AND MOBILIZE RESOURCES.

THE QUELUZ COMMITMENT RESPONDS TO GROWING INTERNATIONAL CONCERN OVER THE THREAT THESE DISEASES POSE TO THE PEOPLE OF AFRICA. THESE CONCERNS WERE ALSO REITERATED IN JANUARY BEFORE THE UN SECURITY COUNCIL, AT THE AFRICA-EUROPE SUMMIT IN APRIL AND AT THE G8 SUMMIT IN OKINAWA IN JULY. IN THE COMING MONTHS, WORK MUST CONTINUE TO IDENTIFY AND IMPLEMENT CONCRETE ACTIONS IN RESPONSE TO THE THREAT POSED BY HIV/AIDS, MALARIA AND TUBERCULOSIS.

THE UNITED STATES AND THE EUROPEAN UNION AGREED, IN THEIR SUMMIT STATEMENT 'TO MOBILIZE OUR DIPLOMATS AND REPRESENTATIVES IN EACH CONCERNED COUNTRY TO WORK WITH NATIONAL LEADERS AND OTHERS TO INTENSIFY CO-OPERATIVE ACTIONS, TO SHARE RELEVANT INFORMATION NEEDED TO ENCOURAGE PREVENTION, AND TO STRENGTHEN LOCAL CAPACITY TO DELIVER NECESSARY HEALTH SERVICES AND TREATMENTS FOR HIV/AIDS, MALARIA AND TUBERCULOSIS'.

I URGE YOU TO PARTICIPATE IN THIS CRITICAL EFFORT. I REQUEST THAT YOU MAKE CONTACT WITH REPRESENTATIVE OF THE EU PRESIDENCY (FRANCE) AND EUROPEAN COMMISSION, AS WELL AS AMBASSADORS FROM EU NATIONS, IN YOUR COUNTRY TO SHARE INFORMATION, ASSESS HOST COUNTRY NEEDS, AND EXPLORE WAYS OF INTENSIFYING CO-OPERATION. GIVEN THAT THE SITUATION WILL VARY FROM COUNTRY TO COUNTRY, YOU AND YOUR COLLEAGUES IN THE FIELD ARE CLEARLY THOSE BEST PLACED TO ASSESS THE BEST WAY TO MOVE THIS MATTER FORWARD. ONE ASPECT WHERE YOUR INPUT WOULD BE PARTICULARLY APPRECIATED IS THE QUESTION OF HOW TO INCREASE PUBLIC AWARENESS AND RESPONSIVENESS TO THE HEALTH CRISIS IN YOUR HOST COUNTRY.

THE UNITED STATES HAS AND WILL CONTINUE TO TAKE AN ACTIVE LEAD IN THE DEVELOPMENT OF NEW STRATEGIES AND INTERNATIONAL PARTNERSHIPS TO MEET THE CHALLENGES OF THE AFRICAN HEALTH CRISIS. WE ARE COMMITTED TO WORKING CLOSELY WITH THE FRENCH PRESIDENCY AND THE EUROPEAN COMMISSION IN RESPONSE TO THIS BURGEONING THREAT.

I REQUEST BY THE END OF SEPTEMBER A FULL REPORT ON YOUR CONTACTS WITH YOUR COUNTERPARTS IN THE EUROPEAN UNION TOGETHER WITH YOUR IDEAS AND RECOMMENDATIONS FOR POSSIBLE U.S.-EU INITIATIVES AND IMPLEMENTING ACTIONS THAT CORRESPOND TO THE GOALS OF COOPERATION SET FORTH IN THE U.S.-EU SUMMIT STATEMENT.

I THANK YOU FOR YOUR ASSISTANCE ON THIS IMPORTANT MATTER. END TEXT OF THE SECRETARY'S LETTER.

3. A PARALLEL LETTER CONTAINING THE SAME OPERATIONAL INSTRUCTIONS IS BEING SENT TO ALL AFRICAN POSTS INCLUDING NORTH AFRICA BY CHRIS PATTEN, COMMISSIONER FOR EXTERNAL RELATIONS, AND POUL NIELSON, COMMISSIONER FOR DEVELOPMENT. FOR THE EU PRESIDENCY MINISTER OF FOREIGN AFFAIRS VEDRINE WILL WRITE A SIMILAR LETTER TO THE FRENCH AMBASSADORS IN AFRICA.

4. FYI: EU COMMISSIONER FOR DEVELOPMENT NIELSON IS PREPARING FOR TRANSMISSION IN THE AUTUMN A COMMUNICATION TO THE EUROPEAN COUNCIL ON THE SUBJECT OF HIV/AIDS AND INFECTIOUS DISEASES IN AFRICA. HE WILL ALSO LEAD A MAJOR SEPTEMBER 28 ROUNDTABLE ON THE TOPIC. THE EVENT WILL BE ORGANIZED IN COOPERATION WITH WHO AND WILL INVOLVE THE PARTICIPATION OF KEY PARTNERS FROM THE DEVELOPING WORLD, PHARMACEUTICAL INDUSTRIES, RESEARCH INSTITUTIONS, THE DONOR COMMUNITY AND NGO'S. WE ALSO EXPECT THE SUBJECT WILL BE DISCUSSED AT THE NEXT US-EU SUMMIT ON DECEMBER 18 IN WASHINGTON.

5. WHEN RESPONDING TO THIS REQUEST, PLEASE MAKE SURE RESPONSES ARE SLUGGED FOR G (J CHOW); OES/EID (N CARTER-FOSTER); AF/EPS (RPATARD) AND EUR/ERA (WALSER/HUIZINGA).

6. U.S./EU SUMMIT STATEMENT ON ACCELERATED ACTION ON HIV/AIDS, MALARIA AND TUBERCULOSIS IN AFRICA

FEW CHALLENGES ARE MORE PROFOUNDLY DISTURBING OR MORE FAR-REACHING THAN THE COLLECTIVE THREAT POSED TO THE CITIZENS OF AFRICA BY THREE MAJOR COMMUNICABLE DISEASES: HIV/AIDS, MALARIA AND TUBERCULOSIS.

WHILE THE SCOPE OF THE THREAT IS GLOBAL, AFRICA BEARS A DISPROPORTIONATE SHARE OF THE SUFFERING CAUSED BY THESE DISEASES. THIS YEAR ALONE, HIV/AIDS WILL CLAIM MORE THAN TWO MILLION LIVES IN AFRICA WHILE MORE THAN A MILLION WILL BE LOST TO MALARIA AND TUBERCULOSIS. WHILE THERE HAVE BEEN SOME NOTABLE POSITIVE DEVELOPMENTS IN AFRICA, THE DEVASTATING EFFECTS OF THESE DISEASES THREATEN TO REVERSE DECADES OF DEVELOPMENT AND TO ROB AN ENTIRE GENERATION OF HOPE FOR A BETTER FUTURE. THIS HEALTH CRISIS IN MUCH OF AFRICA CONTRIBUTES TO A VICIOUS CYCLE OF DISEASE AND

POVERTY, ERODING SECURITY AND UNDERMINING SOCIAL AND ECONOMIC DEVELOPMENT AND POVERTY REDUCTION.

WE, THE U.S. AND THE EU, REITERATE OUR COMMITMENT TO COMBAT HIV/AIDS, MALARIA AND TUBERCULOSIS. TOGETHER WITH OTHER COUNTRIES AND INTERNATIONAL ORGANIZATIONS, WE ARE ALREADY MAKING A MAJOR EFFORT. WE ACKNOWLEDGE THE EXTENSIVE WORK BEING DONE IN THIS FIELD BY MANY INTERNATIONAL ORGANIZATIONS, SUCH AS WHO, WORLD BANK AND UNAIDS. BUT THE SCALE OF THE PROBLEM REQUIRES NEW MECHANISMS TO MOBILIZE INTERNATIONAL OPINION, RESOURCES AND TO TAKE APPROPRIATE ACTION TO ASSIST AFRICAN COUNTRIES.

WE WELCOME THE WORK DONE IN THE UN SECURITY COUNCIL DURING THE JANUARY 2000 U.S. PRESIDENCY. IN THE CAIRO DECLARATION AND THE ACTION PLAN OF APRIL 2000, THE EU AND AFRICAN LEADERS PLEDGED THEIR COMMITMENT TO PURSUE FURTHER ACTION IN THIS FIELD. THE RENEWAL OF THE ACP-EU PARTNERSHIP AGREEMENT IN JUNE 2000 WILL HIGHLIGHT THE NEED TO WORK WITH THE AFRICAN, CARIBBEAN AND PACIFIC PARTNERS ON A COMPREHENSIVE APPROACH IN THE CONTEXT OF POVERTY REDUCTION. WE ARE LOOKING FORWARD TO THE G8 INITIATIVES ON COMMUNICABLE DISEASES AND POVERTY AT THE UPCOMING SUMMIT IN OKINAWA.

TODAY, AT THE U.S.-EU SUMMIT, WE AGREED TO JOIN FORCES AND TO DEVELOP NEW MECHANISMS AND PARTNERSHIPS IN RESPONSE TO THE THREATS POSED BY HIV/AIDS, MALARIA AND TUBERCULOSIS. THIS WILL BECOME PART OF OUR GLOBAL AGENDA. WE WILL WORK TOGETHER TO ADVANCE THE FOLLOWING OBJECTIVES:

INTERNATIONAL PARTNERSHIPS

-- HAVING REINFORCED OUR OWN COMMITMENT, WE CALL UPON OTHERS IN THE INTERNATIONAL COMMUNITY TO JOIN US IN COMBATING HIV/AIDS AND CONTROLLING MALARIA AND TUBERCULOSIS IN AFRICA.

-- WE WILL WELCOME AND ENCOURAGE INITIATIVES AIMED AT DEVELOPING INTERNATIONAL PARTNERSHIPS WITH THE WHO, UNAIDS AND OTHER UN AGENCIES, THE DONOR COMMUNITY, GOVERNMENTS IN DEVELOPED AS WELL AS DEVELOPING COUNTRIES, THE PHARMACEUTICAL INDUSTRY AND CIVIL SOCIETY TO DEVELOP NEW AND CO-ORDINATED INTERNATIONAL RESPONSES, SUSTAIN

SUCCESSFUL NATIONAL HEALTH STRATEGIES, AND IMPROVE ACCESS TO DRUGS.

-- WE RECOGNIZE THE CENTRAL ROLE AND RESPONSIBILITIES OF GOVERNMENTS IN AFRICA IN SETTING PRIORITIES AND CO-ORDINATING COUNTRY EFFORTS, AND CALL UPON OUR PARTNERS TO SUPPORT SUCH NATIONAL OWNERSHIP.

-- WE WILL MOBILIZE OUR DIPLOMATS AND OTHER REPRESENTATIVES IN EACH CONCERNED COUNTRY TO WORK WITH NATIONAL LEADERS AND OTHERS TO INTENSIFY CO-OPERATIVE ACTIONS, TO SHARE RELEVANT INFORMATION NEEDED TO ENCOURAGE PREVENTION, AND TO STRENGTHEN LOCAL CAPACITY TO DELIVER NECESSARY HEALTH SERVICES AND TREATMENTS FOR HIV/AIDS, MALARIA AND TUBERCULOSIS.

PUBLIC AWARENESS

-- WE WILL CO-OPERATE TO INCREASE PUBLIC AWARENESS OF THE SCOPE OF THE CRISIS AND TO PROPAGATE EFFECTIVE HEALTH AND PREVENTION MEASURES. THE ROLES OF PRIMARY HEALTH CARE SERVICES AND BASIC EDUCATION ARE CRUCIAL, AS ARE INFORMATION AND OTHER DISEASE-TARGETED CAMPAIGNS.

-- WE CALL UPON POLITICAL LEADERS IN AFRICA AND ELSEWHERE TO ENCOURAGE INFORMATION AND EDUCATION CAMPAIGNS, INCLUDING ON HOW TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS. WE WELCOME THE SUCCESS IN SOME COUNTRIES, WHERE STRONG POLITICAL LEADERSHIP, OPENNESS TO THE ISSUES, AND FLEXIBLE RESPONSES COME TOGETHER.

DRUGS AND VACCINES: RESEARCH AND ACCESSIBILITY

-- TOGETHER WITH DEVELOPING COUNTRY PARTNERS AND WITH INDUSTRY, WE WILL STRENGTHEN OUR RESEARCH AND DEVELOPMENT CO-OPERATION IN THE FIGHT AGAINST THESE POVERTY-RELATED DISEASES. IN THIS RESPECT, WE CALL FOR ENLARGED PARTNERSHIPS AIMED AT SPEEDING UP RESEARCH AND DEVELOPMENT. WE WILL EXPLORE NEW METHODS OF EVALUATING DRUGS AND VACCINES, INCLUDING STRENGTHENING CAPACITY AND TRAINING IN THOSE COUNTRIES MOST IMPACTED BY THESE DISEASES.

-- IN ORDER TO MAKE NEW DRUGS, VACCINES AND OTHER PUBLIC HEALTH INTERVENTION METHODS AVAILABLE FASTER, WE WILL

STIMULATE INCREASED LINKS BETWEEN OUR RESPECTIVE RESEARCH ACTIVITIES AND CO-ORDINATE RESEARCH TASKS.

-- WE WILL SUPPORT THE INTRODUCTION OF NEW FINANCIAL, LEGAL AND INVESTMENT INCENTIVES DESIGNED TO MAKE DRUGS AND VACCINES MORE ACCESSIBLE AND AFFORDABLE TO COUNTRIES IN NEED. TO THIS END, WE WILL ENCOURAGE PARTNERSHIPS AND INTERNATIONAL INITIATIVES, SUCH AS THE GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION (GAVI), THE MULTILATERAL INITIATIVE ON MALARIA, AND THE EU-ACP VACCINE INDEPENDENCE INITIATIVE IN AFRICA.

RESOURCES

-- THE U.S. AND EU WILL SEEK INCREASED GOVERNMENTAL AND PRIVATE RESOURCES DEDICATED TO THE FIGHT AGAINST HIV/AIDS, MALARIA AND TUBERCULOSIS, INCLUDING THROUGH MULTILATERAL ORGANIZATIONS AND INSTITUTIONS. WE ACKNOWLEDGE AND ENCOURAGE THE IMPORTANT ROLE OF INDUSTRY, NGOS AND CIVIL SOCIETY.

-- IN THE WORLD BANK AND REGIONAL DEVELOPMENT BANKS, WE WILL SUPPORT INCREASED FINANCIAL RESOURCES FOR BASIC HEALTH CARE SYSTEMS NEEDED TO COMBAT THESE DISEASES.

-- WE WILL SUPPORT GOVERNMENTS THAT UNDERTAKE TO IMPROVE THEIR HEALTH SYSTEMS WITH RESOURCES MADE AVAILABLE UNDER THE HIGHLY INDEBTED POOR COUNTRIES DEBT RELIEF INITIATIVE AND THROUGH THE IMPLEMENTATION OF THE POVERTY REDUCTION STRATEGIES DEVELOPED IN CONSULTATION WITH CIVIL SOCIETY AND INTERNATIONAL DONORS.

YY

O-State

US Department of State
Office of Emerging Infectious Diseases
and HIV/AIDS
2201 C. Street, NW
Washington DC, 20520

To:	Dr Ken Bernard (456-9390) Alan Getson (216-3046) Sandy Thurman (456-4238)	**From:**	Donovan Maust
Fax:		**Fax:**	202-736-7336
Phone:		**Phone:**	202-647-4909
Pages	5 (including cover)	**Date:**	08/10/00

Please review this document, prepared for POTUS at the Millennium Summit this September. Please let us know OOB Friday if you have comments. If you have questions after today, direct them to Nancy Carter-Foster at 647-2435 because this is my last day in the office.

Thank you,

Donovan

Donovan

HIV/AIDS OVERVIEW

BACKGROUND

The HIV/AIDS pandemic is of global proportions. With 34.3 million infected globally, its impacts are measured not only in terms of human suffering, but also as a threat to hard-fought gains in development, economic growth, and stability. Sub-Saharan Africa is especially devastated, home to 24.5 million cases, 71% of the global total. In several countries, the proportion of the adult population infected with HIV is 20% or greater. The populations of three southern African nations – Botswana, Zimbabwe and South Africa – will experience negative population growth by the year 2010. South and South-East Asia follow Africa in severity, with 5.6 million HIV/AIDS infections. India is second only to South Africa in its number of persons living with HIV/AIDS. Yet only the Government of Thailand has made the necessary commitment to addressing the HIV/AIDS epidemic, which has translated into successful efforts to lower transmission. All governments, particularly those most affected, need to make similar efforts while their incidence rates are still relatively low. This point will be underscored at a African Heads of State Summit on HIV/AIDS hosted by President Obasanjo later this year. Latin America and the Caribbean have 1.7 million cases, with high incidence rates near 5% in Haiti and 4% in the Bahamas.

Economic progress in the African and Asian countries could be undermined should the HIV/AIDS epidemic go unchecked. One estimate foresees a 0.8 to 1.4% per annum reduction in the annual GDP growth rate of some African nations. A recent report by Chinese academic Zeng Yi predicted the Chinese economy could lose 460-770 billion rmb (USD $55.6-$93.0 billion) due to the epidemic.

Injection drug use and the collapse of the Former Soviet Union has made HIV/AIDS a greater threat for Russia and the Baltic states as well. Coupled with antimicrobial resistant tuberculosis (TB), the HIV/AIDS problems in the region are complicated and spreading rapidly. Though international assistance has begun, more needs to be done. North America and Western Europe report only 1.4 million cases of HIV/AIDS, due in large part to increased prevention and the broader availability of antiretroviral therapies, which have been largely inaccessible to developing countries. Recent efforts by the USG, UNAIDS, and the pharmaceutical industry are working to enhance access to antiretrovirals, other pharmaceuticals, and

medical equipment needed by developing nations to prevent, treat and diagnose HIV/AIDS and associated opportunistic infections.

UN AND GLOBAL INITIATIVES

In his Millennium Report, UNSYG Annan urged Heads of State to take action in order to halt and reverse the spread of HIV/AIDS by 2015. The Secretary-General pushed developed nations to work on vaccine development and drug-availability for developing countries, especially for HIV/AIDS, TB and malaria. The UN Security Council (UNSC) has helped raise the international profile of HIV/AIDS, beginning with Vice President Gore's address to the UNSC session on AIDS in Africa in January 2000. In July, the UNSC passed an historic health resolution, detailing the complications that HIV/AIDS poses for UN peacekeeping missions.

The World Health Organization (WHO) is working with developing nations to address HIV/AIDS in the context of poverty reduction. WHO issued a call for increased funding to developed nations and international partners from both the public and private sectors to fight HIV/AIDS in Africa, setting the goal at $3 billion per annum.

The G8, with USG leadership, has also lent attention to health issues. During the Okinawa G8 Summit, members committed to work towards UN-established health goals for 2010 to reduce HIV/AIDS infections, reduce TB deaths and prevalence; and reduce the malaria disease burden. The Enhanced Heavily Indebted Poor Countries (HIPC) debt initiative, launched at the 1999 Cologne G8 Summit, provides an avenue through which debt relief can be tied to improvements in health outcomes, especially HIV/AIDS-related, in developing countries. While the USG lags behind the UK and others in meeting its commitments for debt relief, we are expecting increased funding pending final Congressional action.

USG has proposed $325 million for FY-2001 international HIV/AIDS funding, including $100 million for efforts under the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative. This has more than doubled the USG funding commitment since 1998. This is in addition to $50 million for the Global Alliance for Vaccines and Immunization (GAVI), a part of the Millennium Initiative, which seeks to promote delivery of currently available vaccines and development of vaccines for HIV/AIDS, malaria, and TB.

TALKING POINTS

- Leaders throughout the world must make the fight against HIV/AIDS both a national and an international priority. We must also expand collaborations for prevention of TB and malaria. As these diseases proliferate unabated, their collective impact upon African, Asian, and other nations will extend beyond the health sector, eroding economic development, social cohesion, and political stability.

- We must enlist all sectors of our governments in addressing the impacts and implications of these diseases which extend beyond the means and competence of any one entity. We must enlist the support of both the public and private sectors in this fight, treating the disease as more than a health problem.

- However, resources alone will not ultimately defeat the AIDS pandemic. The other half of the equation is strong leadership and public political commitment to fighting the disease.

- There must be a sense of urgency in fighting the pandemic to prevent the current devastation in Africa from repeating in other parts of the globe.

- I urge all leaders of affected nations, and that includes us all, to actively engage the needed human and financial resources of both the public and private sector communities; to make and keep the commitment to openly and urgently joining together to address the many and growing impacts of HIV/AIDS.

- I commend those nations that have begun to take action, like Senegal and Nigeria, as well as Uganda and Thailand, which have longstanding commitments to fighting this disease. Their efforts set an example for their neighbors on how to escape the devastation of this global threat.

Drafted by: OES/EID - DMaust (x74909)
OES/EID - NCarter-Foster (x72435)
H:/working documents/maustdt/AIDS POTUS Millennium summit 08/10/2000

Cleared by: OES/EID - NCarter-Foster
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[Click here and type address] D - State Dept

facsimile transmittal

To:	Distribution	Fax:	(202) 736-7336
From:	Nancy Carter-Foster	Date:	08/29/00
Re:	Secretary' Remarks for Marie Claire's Reception	Pages:	3 5
CC:	[Click here and type name]		

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Notes:

I would appreciate your clearance on the paper for the Secretary's Remarks as soon as possible.

Thank you.

BUILDING BLOCKS FOR SECRETARY'S REMARKS FOR MARIE CLAIRE RECEPTION

It is fitting that this group of female foreign ministers should focus its attention on the global HIV/AIDS issue so critical to women in Africa, Asia and around the world.

Women now constitute the largest group of persons infected and affected by HIV/AIDS. Nearly half of all new (5.4 million) HIV infections last year were in women (2.3 million). And 15.7 million of the 34.3 million living with HIV/AIDS at the end of 1999 were women. Women accounted for 1.2 million of the 2.8 million HIV/AIDS deaths reported in 1999, and 7.7 million of the 18.8 million AIDS deaths since the beginning of the epidemic.

Women are both the direct and the indirect victims of HIV/AIDS, attacked and ravaged by the disease transmitted most frequently from husbands and partners experiencing broader sexual contacts, through domestic violence and rape, and from the abuses of the issue discussed in this forum last year, trafficking in women and commercialized sexual exploits.

But women also are most often the caretakers of husbands, fathers, children, orphaned by HIV/AIDS and other devastating disasters--whether they be manmade wars or natural disasters like drought or famine. Women are the cord which holds together our social fabric, which is being pulled in all directions by the devastation of HIV/AIDS.

We are the links to prevention and to enhanced care and treatment, and the needs of women must be an important focus for enhanced scientific research and care and treatment.

The infection rates in young African women are far higher than those in young men. In the 11 population-based studies presented in the UNAIDS 2000 report, the average rates in teenage girls were over five times higher than those in teenage boys.

Among young people in their early 20s, the rates were three times higher in women. The fact that in Africa women's peak infection rates occur at earlier ages than men's helps explain why there are an estimated 12 women living with HIV for every 10 men in the region.

Although in comparison with the rates of HIV infection in Africa, rates among the general population are low, HIV/AIDS is growing rapidly in countries like India and China, where the epidemic portends a fate similar to Africa if those nations and the world community do not act swiftly to stem the spread.

China and India between them account for roughly 36% of the world's population, and with such large populations, even low HIV prevalence rates mean that large numbers of people are living with the HIV virus and are potential vectors for further spread of the disease. India stands only behind South Africa as the country with the largest number of persons living with HIV/AIDS.

Other countries in the Asia region have mixed efforts underway, with mixed results. Yet countries such as Senegal, Thailand and Uganda show that active government leadership in combating HIV/AIDS is an effective and essential element of a comprehensive HIV/AIDS prevention and education effort.

The effort to combat HIV/AIDS, like the disease itself, can know no borders. We must all work together to break the silence which surrounds HIV/AIDS, the stigma which prohibits those infected and affected from seeking help.

USAID

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002. list	remarks clearance list (partial) (1 page)	08/29/2000	P3/b(3)

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OA/Box Number: 21070

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P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[002]

Peace Corps

Ruth Mota / Kathy Callahan

Ms. ~~Shelley Smith~~
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National Intelligence Council (NIC)

(b)(3)

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Ray Walker

FROM: Cheryl for Sandy Thurman

COMPANY:

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RE:

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NOTES/COMMENTS:

Attached pls. find Sandy Thurman's revision + call me with questions.

Thank YOU!

Cheryl (456-7959).

736 Jackson Place
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(202) 456-2438 (fax)

Fax
U.S. Department of State
Office of European Union and Regional Affairs

Ray Walser
Political Officer
202-647-1605
(fax) 202-647-9959

Date:

To: Mr. Kenneth Bernard — **Fax:** 456-9390
Ms. Sandra Thurman — 456-2439
Mr. Alex Ross — 219-0507
Subject:

Number of pages (including cover) 7

Message: This is a cable to USEU + Lisbon. It is the outcome of a brainstorming session last Thursday. Nancy Carlin-Foster, Jack Chow and Tony Holmes have reviewed it and clear. Please feel free to call me. I hope to send this out today. Thanks

INITIALS		
APPR:	E	W ...
DRAFT:	R	W ...
CLR 1:	R	M ...
CLR 2:	J	C ...
CLR 3:	N	C-F ...
CLR 4:	A	R ...
CLR 5:	S	T ...

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EUR/ERA R WALSER:RW
03/28/00 EXT 7-1605
EUR:E A WAYNE

EUR/ERA: R MORFORD G: J CHOW AF/EPS: T HOLMES
OES/EID: N CARTER-FOSTER USAID/AFR/SD: A ROSS NSC: S THURMAN

REF: LISBON 930

PRIORITY USEU BRUSSELS, LISBON

PRIORITY ALLEU, ALAFD

E.O. 12958: N/A

TAGS: PREL, EAID, EU, TBIO

SUBJECT: DEVELOPING A FRAMEWORK FOR U.S.-EU COOPERATION ON HIV/AIDS AND OTHER INFECTIOUS DISEASES IN AFRICA

1. SUMMARY. ENHANCING U.S.-EU COOPERATION ON HIV/AIDS AND INFECTIOUS DISEASES IN AFRICA HAS THE POTENTIAL TO BECOME AN IMPORTANT DELIVERABLE AT THE U.S.-EU SUMMIT IN JUNE. THIS CABLE CONTAINS A NON-PAPER TO BE SHARED WITH EU COUNTERPARTS AS A FIRST STEP TOWARD DEVELOPING CONSENSUS ON HOW TO APPROACH THE ISSUES. IT ALSO CONTAINS IDEAS ABOUT THE NEED FOR ADDITIONAL PUBLIC DIPLOMACY EFFORTS DIRECTED AT ENCOURAGING INCREASED ATTENTION BY AFRICAN LEADERS TO THE GROWING PROBLEM OF INFECTIOUS DISEASES. THE HOPE IS TO LAUNCH AN IMPORTANT INITIATIVE THAT WILL ATTRACT ADDITIONAL RESOURCES AND WORK IN A COMPLEMENTARY WAY WITH G-8 EFFORTS. END SUMMARY.

2. THE SECRETARY RAISED THE ISSUE OF ENHANCED U.S.-EU COOPERATION ON HIV/AIDS AND OTHER INFECTIOUS DISEASES AT THE U.S.-EU MINISTERIAL IN LISBON ON MARCH 3 AND IN HER MEETING WITH COMMISSION PRESIDENT PRODI IN BRUSSELS ON MARCH 10. REFTEL NOTES HOW THE EU PRESIDENCY VERY MUCH WANTS TO MAKE FURTHER PROGRESS ON HIV/AIDS IN AFRICA A

DELIVERABLE FOR THE U.S.-EU SUMMIT, CURRENTLY SCHEDULED FOR JUNE 5 IN PORTUGAL.

3. ACTION ADDRESSEES ARE REQUESTED TO SHARE THE FOLLOWING NON-PAPER WITH APPROPRIATE COUNTERPARTS IN THE PORTUGUESE MFA AND THE EUROPEAN COMMISSION/COUNCIL SECRETARIAT AND REPORT BACK ON INITIAL REACTION NO LATER THAN APRIL 5. WE HOPE TO USE THIS INPUT IN DISCUSSING THE SUBJECT AT THE APRIL 13 SENIOR LEVEL GROUP MEETING. INFO ADDRESSEES ARE FREE TO SHARE THE NON-PAPER WITH APPROPRIATE CONTACTS AND TO MAKE ADDITIONAL COMMENTS.

BEGIN NON-PAPER:

4. THE HUMAN TOLL OF THE AIDS EPIDEMIC IS STAGGERING. FIFTY MILLION PEOPLE WORLDWIDE HAVE BEEN AFFECTED WITH THE HIV VIRUS; 33.6 MILLION ARE NOW LIVING WITH HIV/AIDS, AND ANNUAL AIDS-RELATED FATALITIES HIT A RECORD 2.6 MILLION IN 1999. NINETY-FIVE PERCENT OF ALL CASES ARE IN THE DEVELOPING WORLD. AIDS IS NOW THE LEADING CAUSES OF DEATH IN AFRICA AND THE FOURTH IN THE WORLD. OTHER INFECTIOUS DISEASES, NOTABLY MALARIA, ALSO EXACT AN ALARMING HUMAN TOLL. IN ALL, INFECTIOUS DISEASES CAUSE SIXTY-FIVE PERCENT OF DEATHS IN SUB-SHARAN AFRICA. AIDS IS WIPING OUT DECADES OF PROGRESS ON A HOST OF DEVELOPMENT OBJECTIVES IN AFRICA. SINCE HIV/AIDS GENERALLY AFFECTS THE YOUNG AND MOBILE, ITS ECONOMIC, POLITICAL AND SOCIAL CONSEQUENCES ARE EXPECTED TO BE SEVERE AND LONG LASTING. THE NUMBER OF CHILDREN IN AFRICA WHO HAVE LOST ONE OR BOTH PARENTS TO AIDS EXCEEDS TEN MILLION. ANNUALLY, AN ESTIMATED ONE MILLION AFRICANS DIE FROM MALARIA. CHOLERA, DYSENTERY AND OTHER DIARRHEAL DISEASES ALSO ARE MAJOR KILLERS IN THE REGION, PARTICULARLY AMONG CHILDREN, REFUGEES AND INTERNALLY DISPLACED POPULATIONS.

5. THE U.S. AND EU HAVE AN ESTABLISHED RECORD OF COOPERATION ON VITAL HEALTH ISSUES. THE NEW TRANSATLANTIC AGENDA INITIATIVE ON HEALTH UNDER THE U.S.-EU TASK FORCE ON COMMUNICABLE DISEASES ESTABLISHED A FRAMEWORK FOR SUCCESSFUL WORK. IT IS IMPORTANT AT THIS TIME TO REEXAMINE AND REVITALIZE THEIR EFFORTS. WE AWAIT A RESPONSE FROM THE EU CO-CHAIR OF THE COMMUNICABLE DISEASES TASK FORCE REGARDING THE ESTABLISHMENT OF THREE EXPERT GROUPS (ANTI-MICROBIAL RESISTANCE, HIV/AIDS AND TB) AND TO ESTABLISH SCHEDULES FOR INITIAL EXPERT GROUP MEETINGS AND VENUES. IT IS EQUALLY IMPORTANT THAT THE U.S. AND EU REAFFIRM THEIR HIGH-LEVEL COMMITMENT TO DEALING COOPERATIVELY WITH

HIV/AIDS AND OTHER INFECTIOUS DISEASES IN AFRICA THROUGH COLLABORATIVE DIPLOMATIC EFFORTS.

DEVELOPING A TRANSATLANTIC FRAMEWORK

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6. IT IS TIME THAT THE U.S. AND EU RECOGNIZE THE EXTENT OF THE INTERNATIONAL HEALTH PROBLEM DESCRIBED ABOVE AND REAFFIRM THEIR READINESS TO ASSUME A LEADERSHIP ROLE IN THE FIGHT AGAINST HIV/AIDS AND OTHER INFECTIOUS DISEASES. WE SHOULD USE THE NEXT U.S.-EU SUMMIT TO STRENGTHEN OUR MUTUAL COMMITMENT TO FIGHT HIV/AIDS/INFECTIOUS DISEASES IN AFRICA.

-- WE ARE OPEN TO IDEAS CONCERNING HOW THIS RECOGNITION CAN BE ACHIEVED AT THE NEXT U.S.-EU SUMMIT. ONE SUGGESTION IS A JOINT SUMMIT STATEMENT CONFIRMING OUR MUTUAL AND RESPECTIVE COMMITMENT TO ADDRESS THE GLOBAL HIV/AIDS PANDEMIC. ANOTHER POSSIBILITY IS AN OPEN LETTER FROM PRESIDENT CLINTON, PRIME MINISTER GUTERRES AND COMMISSION PRESIDENT PRODI TO AFRICAN HEADS OF STATE AND OTHER LEADERS CALLING FOR ENHANCED COLLABORATIVE EFFORTS TO ADDRESS THE HIV/AIDS AND INFECTIOUS DISEASE SITUATION THERE.

7. THE U.S. IS EXPLORING THE POSSIBILITY OF APPOINTING A PRESIDENTIAL ENVOY DEDICATED TO GLOBAL HIV/AIDS, WITH THE HOPE OF INFLUENCING OTHER COUNTRIES TO ALSO APPOINT SIMILAR ENVOYS. AS A GROUP, THESE ENVOYS WOULD INITIATE DISCUSSION OF ISSUES NEEDING INTERNATIONAL ACTION, SUCH AS HEALTH AND PREVENTION STRATEGIES, DRUG AVAILABILITY IN POOR COUNTRIES AND DEVELOPING A HIGH PROFILE COMMUNICATIONS STRATEGY FOR PUBLIC DIPLOMACY ON HIV/AIDS CONTROL (SEE BELOW). THE ENVOYS WOULD ALSO ENCOURAGE RESPONSIVE AND RESPONSIBLE ACTION IN AT RISK COUNTRIES AND AIM TO EDUCATE FOREIGN LEADERS ON THE IMPACT OF HIV/AIDS ON POLITICAL STABILITY, ECONOMIC GROWTH AND THE DEVELOPMENT OF CIVIL SOCIETY. IF APPROVED AND APPOINTED, THE U.S. ENVOY WOULD NEED TO WORK WITH COUNTERPART SENIOR OFFICIALS OR ENVOYS FROM CONCERNED COUNTRIES AS QUICKLY AS POSSIBLE.

-- IF AN ENVOY IS APPOINTED WITHIN THE NEXT TWO MONTHS, WOULD THE EU BE PREPARED TO WORK WITH THE U.S. ON A DIPLOMATIC INITIATIVE OF THIS TYPE AND AS PROPOSED EARLIER TARGETING THE SADC COUNTRIES HARDEST HIT BY THE HIV/AIDS PANDEMIC.

-- IT SHOULD BE EMPHASIZED THAT MANY OPERATIONAL DETAILS OF ORGANIZING AND APPOINTING THE ENVOY REMAIN TO BE

DETERMINED. BECAUSE THE CONCEPT OF A PRESIDENTIAL ENVOY MAY CHANGE SUBSTANTIALLY DURING THE INTERAGENCY PROCESS, WE CAN ONLY DISCUSS THIS CONCEPT IN GENERAL TERMS.

-- WE ARE INTERESTED IN FURTHER EXPLORATION OF COLLABORATIVE DIPLOMATIC EFFORTS IN THE SADC REGION, AS PROPOSED BY THE U.S. IN RECENT MEETINGS BETWEEN THE U.S.-EU TASK FORCE ON COMMUNICABLE DISEASES CO-CHAIRS.

MOBILIZING RESOURCES

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8. THE U.S. AND EU RECOGNIZE THAT WINNING THE FIGHT AGAINST HIV/AIDS AND OTHER INFECTIOUS DISEASES WILL REQUIRE SUBSTANTIAL RESOURCES. UNAIDS ESTIMATES THAT IT WILL REQUIRE AT LEAST USD ONE BILLION ALONE FOR HIV PREVENTION PROGRAMS IN AFRICA TO STEM THE RISING TIDE OF INFECTION. BECAUSE OF THE INCREASING IMPORTANCE THE U.S. PLACES ON THE INTERNATIONAL HIV/AIDS FIGHT, IT WILL SPEND OVER USD 225 MILLION IN FY-2000 FOR INTERNATIONAL HIV/AIDS PREVENTION AND CARE PROGRAMS ALONE. THIS FIGURE DOES NOT INCLUDE RESEARCH FUNDING. THE U.S., AS A MATTER OF PRINCIPLE, ENCOURAGES THE EU TO CONTINUE PROVIDING GENEROUS FINANCIAL SUPPORT. THE IDENTIFICATION OF ADDITIONAL RESOURCES, HOWEVER, IS NOT A PREREQUISITE AT THIS TIME FOR THE LAUNCH OF A NEW HIV/AIDS INITIATIVE. THE U.S. SEEKS FOREMOST TO USE ITS WORKING RELATIONSHIP WITH THE EU TO IMPROVE THE NATIONAL AND INTERNATIONAL POLITICAL COMMITMENT TO ENHANCE AFRICAN NATION'S ABILITY TO ADDRESS THE CHALLENGES OF HIV/AIDS.

--- WE WELCOME INFORMATION ON CURRENT EU SUPPORT FOR THE FIGHT AGAINST HIV/AIDS AND OTHER INFECTIOUS DISEASES, BOTH IN AFRICA AND ELSEWHERE. A FULL EXCHANGE OF INFORMATION WILL ENABLE US TO DEMONSTRATE TO OTHERS THE STRENGTH OF OUR JOINT COMMITMENT. THE EXCHANGE OF INFORMATION ON PREVENTION, TREATMENT AND CARE ACTIVITIES FOR HIV/AIDS WILL ALSO ALLOW US TO FOCUS NEW EFFORTS ON INTERNATIONAL NEEDS AND GAPS.

-- THE U.S. WOULD BE PLEASED TO MAKE AVAILABLE TO EU OFFICIALS THE RECENT NATIONAL INTELLIGENCE ESTIMATE ENTITLED "THE GLOBAL INFECTIOUS DISEASE THREAT AND ITS IMPLICATIONS FOR THE UNITED STATES". THIS REPORT, WRITTEN BY THE NATIONAL INTELLIGENCE COUNCIL, SUCCINCTLY CHARACTERIZES THE MULTI-DIMENSIONAL IMPACTS OF INFECTIOUS

DISEASES IN KEY AREAS OF THE WORLD AND DELINEATES THE THREAT TO ECONOMIC AND POLITICAL SYSTEMS.

9. AN IMPORTANT ASPECT OF THE U.S.-EU APPROACH WILL BE WORKING TOGETHER TO LEVERAGE SUPPORT FOR THE FIGHT AGAINST INFECTIOUS DISEASES IN OTHER INTERNATIONAL FORA. THE YEAR 2000 IS IMPORTANT BECAUSE OF THE STRONG G-8 ENGAGEMENT WITH THE GLOBAL HIV/AIDS CRISIS. WE HOPE THE U.S. AND ITS EUROPEAN ALLIES WILL WORK JOINTLY FOR A COMPREHENSIVE TREATMENT OF HIV/AIDS ISSUES AT THE G-8 SUMMIT IN OKINAWA. THE U.S. AND EU CAN ALSO EXAMINE WAYS TO STRENGTHEN THEIR SUPPORT FOR UNAIDS' AND THE WORLD BANK'S INTERNATIONAL PARTNERSHIP AGAINST AIDS IN AFRICA. WE CAN WORK TOGETHER TO ENCOURAGE MULTILATERAL DEVELOPMENT BANKS TO DEDICATE ADDITIONAL CONCESSIONARY LOANS TO EXPAND IMMUNIZATION AND PREVENT AND TREAT INFECTIOUS DISEASES, INCLUDING HIV/AIDS. WE MAY ALSO WISH TO DISCUSS WAYS TO ENCOURAGE HIGHLY INDEBTED POOR COUNTRIES (HIPC) TO USE, AS A PRIORITY, THEIR DEBT SERVICE SAVINGS FOR HIV/AIDS PREVENTION AND CARE ACTIVITIES AND OTHER MEASURES DIRECTED AT INFECTIOUS DISEASES.

REINFORCING POLITICAL WILL

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10. A CRITICAL ELEMENT WILL BE FOR THE U.S. AND EU TO DEMONSTRATE SOLIDARITY WITH HIGHLY IMPACTED DEVELOPING NATIONS AND TO FOSTER INCREASED POLITICAL AND SOCIETAL COMMITMENT TO COMBAT HIV/AIDS AND OTHER INFECTIOUS DISEASES. AT THE NEXT SUMMIT AND BEYOND, U.S. AND EU LEADERS MUST ENCOURAGE NATIONAL ACTION. THEY CAN ALSO GIVE SPECIAL RECOGNITION TO THOSE AFRICAN NATIONS, SUCH AS UGANDA AND SENEGAL, WHERE IMPORTANT COMMITMENTS TO DEVELOPING MORE EFFECTIVE HIV PREVENTION PROGRAMS HAVE BEEN MADE. A JOINT U.S.-EU STRATEGY SHOULD ALSO UTILIZE THE TOOLS OF PUBLIC DIPLOMACY TO ENCOURAGE AFRICAN PARTNERS TO BUILD OR STRENGTHEN NATIONAL INFRASTRUCTURES AND TO DEVELOP EFFECTIVE HIV/AIDS EDUCATION AND PREVENTION/MITIGATION.

WEAPONS IN THE FIGHT

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11. A COMPREHENSIVE STRATEGY WILL ALSO REQUIRE MAKING SURE THAT DRUGS, VACCINES AND OTHER HEALTH SERVICES ARE MADE ACCESSIBLE TO THE DEVELOPING COUNTRIES IN AFRICA. AT THE SAME TIME WE ARE COGNIZANT OF THE CRITICAL RESEARCH AND

DEVELOPMENT UNDERTAKEN BY PHARMACEUTICAL COMPANIES ON BOTH SIDES OF THE ATLANTIC AND WILL WORK TOGETHER TO SAFEGUARD INTELLECTUAL PROPERTY RIGHTS. THE U.S. AND EU CAN BEGIN TO EXPLORE HARMONIZED WAYS TO MAKE VACCINES DEVELOPED FOR HIV/AIDS AND OTHER DISEASES SUCH AS TB AND MALARIA MORE WIDELY AVAILABLE TO THE MOST NEEDY. OUR JOINT EFFORTS CAN ALSO EXPLORE WAYS TO INCORPORATE THE PRIVATE SECTOR IN A COMPREHENSIVE APPROACH. WE CAN ALSO AGREE ON GUIDELINES FOR SHARING THE LATEST INFORMATION AND ANALYSIS ON EFFECTIVE ANTI HIV/AIDS STRATEGIES. WE CAN WORK TOGETHER TO SUPPORT THE GLOBAL INITIATIVE ON VACCINES.

A JOINT PROGRAM
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12. IT IS OUR HOPE THAT THESE EFFORTS WILL EXTEND BEYOND THE PORTUGUESE PRESIDENCY. WE HOPE TO BE ABLE TO IDENTIFY A SPECIAL AREA OR PARTICULAR PROJECT WHERE WE CAN WORK TOGETHER WITH THE EU ON SOME ASPECT OF THE HIV/AIDS PROBLEM. IN THE PAST, THE U.S. AND THE EU HAVE DISCUSSED AND EXCHANGED INFORMATION ON PROGRAMS FOR HIV/AIDS SURVEILLANCE AND BLOOD SAFETY. WE HOPE TO USE THE LEAD-UP TO THE U.S.-EU SUMMIT TO DEFINE THE POSSIBLE PARAMETERS FOR A JOINT PROJECT OR COMPLEMENTARY HIV/AIDS PROGRAM.

YY

FAX

DATE: July 12, 1999

TO: Ms. Sandy Thurman

PHONE: (202) 456-2441

FAX: (202) 456-2439

FROM: Vivian Lowery Derryck

PHONE: (202) 712-0500

FAX: (202) 216-3008

NUMBER OF PAGES (INCLUDING): 3

MESSAGE: Per our phone conversation.

PLEASE DELIVER UPON RECEIPT.

July 12, 1999

Hi, Sandy.

1) Transferring this $32 million out of existing successful programs is robbing Peter to pay Paul. There is no new money here. (See attached.)

2) This $32 million is all Africa Bureau, not the Agency as a whole.

3) We can come in for severe criticism for having an African initiative on such a critical issue without expending any new monies.

4) If another supplemental goes forward it should include new monies for the President's HIV/AIDS Initiative.

It's always good to talk to you. I'm grateful for your leadership on this issue.

Vivian

AFR Bureau: Reprogramming to accommodate Additional HIV/AIDS Directive

- The Africa Bureau is committed to doing more to combat HIV/AIDS in Africa. We will be requesting significantly higher funding levels in our FY 2001 budget request, and hope that additional funding over our FY 2000 CP request levels can be secured.
- We have made HIV/AIDS our number one sectoral priority. Should additional funding not be secured in FY 2000, and should we be required to realign our FY 2000 CP request, we would make changes to those remaining sectors where we maintain a modicum of flexibility, but where significant lost impact will be keenly felt. We would not propose shifting allocations from high scrutiny Congressional and Administration priority areas such as Child Survival, Infectious Diseases, Agriculture, Basic Education or Population sectors. Instead, we propose the following very painful cuts:

- To meet an overall internal budget realignment of $15 million for HIV/AIDS, we would:
  - Reduce our Economic Growth request by approximately 7% ($10 million), and apply these funds to HIV/AIDS. This includes a $3 million cut to the $30 million Africa Trade and Investment Program (ATRIP). Historically, our greatest flexibility in responding to development challenges has been through scarce Economic Growth funds. Our latest reviews show that 92% of our Economic Growth strategic objectives met or exceeded their performance targets. Cuts in this already extremely scarce resource undermine our efforts to bring good performing partners into the mainstream of the world trade economy, and lessens our ability to strengthen key economic programs which in many cases help support hard fought political and social stability.
  - Reduce our Environment request by approximately 5% ($5 million), and apply these funds to HIV/AIDS. This will reduce our ability to provide innovative solutions to the critical problems of environmental degradation. This will also jeopardize our successful community wildlife management initiatives, now reaching a critical stage in their development.

- To meet an overall internal budget realignment of $32 million for HIV/AIDS, we would take the following additional measures:
  - Reduce our minimal Democracy/Governance request by approximately 13% ($9 million), and apply these highly valued funds to HIV/AIDS, thereby decimating the D/G program in Africa. The D/G sector is traditionally oversubscribed by missions requesting funds to strengthen and support newly emerging democratic institutions and provide key support to civil society growth.
  - Reduce our Promoting Health request by approximately 17% ($2.0 million), and apply these funds to HIV/AIDS. This reduced funding would result in serious cuts in programs that support health care financing, policy reform and African health capacity building. We will not cut programs directed at reducing maternal mortality rates in Africa which are the highest in the world. We cannot cut deeper in this sector without placing our efforts to reduce unnecessary mortality due to complications during pregnancy and poor essential obstetric care practices across the region at risk.
  - Further reduce our Economic Growth request by approximately 2% ($3 million), bringing the total EG request down by over 9% and apply these funds to HIV/AIDS. further eroding the progress that we are making in sustaining and rewarding good performing partners.
  - Further reduce our Environment request by approximately 3% ($3 million), and apply these funds to HIV/AIDS.

February 17, 2000

State

To: ONAP – Sandra Thurman

From: AF/EPS – Tom Niblock
TEL – 202-647-4067
FAX – 202-736-4583

Subject: Draft HIV/AIDS Cable for U.S. Ambassadors in Africa

Attached is a draft cable from Susan Rice to our Ambassadors in Africa. I would appreciate your clearance and any comments you might wish to make. Obviously, our intent is not to duplicate the good work being done by USAID, CDC and others, but to overlay on those efforts a greater political component. I would also hope that we can involve additional personnel and agencies overseas who have heretofore not been much concerned with HIV/AIDS. Susan would like this to go out today. All the best.

UNCLASSIFIED

AFEPS:TNIBLOCK
02/17/2000 202-647-3502
AF:SRICE

AF:WSCHNEIDMAN
AF:NPOWELL
AF/EPS:JAHOLMES
USAID:VDICKSON-HORTON +

AF, AF/C, AF/E, AF/EPC, AF/EX, AF/RA, AF/S, AF/W

ROUTINE ALAFD

FOR AMBASSADORS FROM ASSISTANT SECRETARY RICE

E.O. 12958: N/A

TAGS: SOCI, ECON, PREL, EAID, AF

SUBJECT: STRENGTHENING OUR RESPONSE TO THE HIV/AIDS PANDEMIC

1. This is an action telegram.

2. The recent UNSC session on HIV/AIDS highlighted the pandemic as a significant security issue for the United States. This disease threatens to undermine our important long-term policy objectives in Africa. In a single generation, AIDS may wipe out much of the social and economic progress Africa has made over the past 30 years. AIDS is a security threat, an economic threat, and perhaps the single most significant humanitarian and moral challenge of our lifetimes.

3. Africa is now the epicenter of the pandemic and as such each of you is uniquely positioned to report and advise on the implications of the disease. We must do more than report, however. Only an all-out war against AIDS will limit the devastation that is descending on Africa. This is an area where concerted U.S. diplomacy, combined with enhanced resource flows and greater international cooperation, can and must make a difference. Some of you live in countries that already have high levels of HIV infection, others in countries where the disease has yet to take firm hold. If you don't perceive an AIDS crisis in your country or region

at this time, do not be complacent. We now know that the initial spread of the HIV virus occurs relatively slowly, but that once the infection reaches five percent or so of adults, the jump to much higher levels becomes much faster. In Nigeria, for example, it is estimated that 5.2 percent of adults are now infected. Soon Nigeria will have more cases of HIV than any other country in Africa.

4. While 5,500 Africans die of AIDS each day, that toll will rise to 13,000 deaths each day by 2005. We know of nothing at this stage that is likely to prevent that from happening. AIDS will be an increasingly important economic, social and political factor in Africa for the foreseeable future. But this is not just an African issue, it is an issue of global concern. By 2015, the experts tell us, India will have more HIV infections than all of Africa today, and the disease is spreading to other parts of Asia and to the NIS at an alarming rate.

5. Action Requested: With these considerations in mind, it is imperative that every Embassy have in place a comprehensive strategy for responding to HIV/AIDS. Most USAID missions have for some time had country plans to respond to AIDS and there have been a range of HIV/AIDS-related programmatic activities, especially in the most heavily affected countries. What I envision now is a more inclusive document from each embassy that will outline, inform, and guide the HIV/AIDS activities of each and every mission component. Our colleagues at USAID and CDC have for years been doing outstanding work in the struggle against AIDS. Many other personnel at a number of missions, particularly in Southern and Eastern Africa, have been working heroically against HIV/AIDS for many years as well. It is now time to do more to augment those efforts. Every agency, every section, every USG employee needs to comprehend this issue and be involved in this fight. I would also like you to reflect your enhanced plans to address HIV/AIDS in your MPP.

6. To date, we have only a few examples of countries in Africa where the spread of HIV has been significantly slowed. Uganda has cut the adult prevalence rate by about a third through a comprehensive strategy of high-level political will, robust activity on the part of NGOs, civic and religious organizations, and substantial donor financial and technical support. It also took Uganda ten years of sustained effort and donor support to achieve the results we see today. Senegal, employing a similarly robust strategy, has been able to keep AIDS from gaining a foothold in the first place.

7. Your country strategy will be a work in progress as we learn new lessons. Our own AF and Department strategies are in draft and will be available to you soon to provide additional direction. We will also provide you a listing of suggested issues to address, and a general template, especially for those of you in countries without USAID technical staff, or with limited expertise in this area. You will receive separately a copy of the memo "What Ambassadors Can Do" which emerged from the SADC regional H IV/AIDS conference last October.

8. Many questions remain unanswered. Some of you, for example, are in countries where your own staff have been seriously affected by AIDS-related deaths, loss of productivity, and associated management challenges. We need to know more about the financial and personnel dimensions of this disease on our own diplomatic operations. We need your thoughts on the pros and cons of implementing bureau-wide HIV/AIDS personnel policies. We need your views on what can be done within the context of existing resources. These and other questions will require careful study, and your thoughts are extremely important as we undertake this exercise.

9. Let me close by noting that we do not yet fully understand exactly how HIV/AIDS is going to affect Africa's economic development or its political stability in the years ahead. There are many legitimate questions for which we don't have answers. That said, it is my firm view that we as a bureau, and as embassy communities, need to be doing substantially more now to respond to this challenge. I look to each of you to provide the kind of solid direction, creativity and guidance that a crisis of this magnitude demands. In light of the urgency of this issue, I would like to receive your action plans NLT April 1. I encourage you to share this message widely among your country team, and look forward to hearing your views and reading your suggestions.

YY

G:JCHOW
OES/EID:NCARTER-FOSTER
ONAP:STHURMAN

Y

STATE

February 17, 2000

To: ONAP – Sandra Thurman

From: AF/EPS – Tom Niblock
TEL – 202-647-4067
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ROUTINE ALAFD

FOR AMBASSADORS FROM ASSISTANT SECRETARY RICE

E.O. 12958: N/A

TAGS: SOCI, ECON, PREL, EAID, AF

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UNCLASSIFIED 3

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9. Let me close by noting that we do not yet fully understand exactly how HIV/AIDS is going to affect Africa's economic development or its political stability in the years ahead. There are many legitimate questions for which we don't have answers. That said, it is my firm view that we as a bureau, and as embassy communities, need to be doing substantially more now to respond to this challenge. I look to each of you to provide the kind of solid direction, creativity and guidance that a crisis of this magnitude demands. In light of the urgency of this issue, I would like to receive your action plans NLT April 1. I encourage you to share this message widely among your country team, and look forward to hearing your views and reading your suggestions.

YY

G:JCHOW
OES/EID:NCARTER-FOSTER
ONAP:STHURMAN

Y

Valerie Dixon Horton

DepSec Vivian

WS

UNCLASSIFIED

EFFORTS BY THE U.S. DEPT. OF STATE TO EHNANCE THE GLOBAL FIGHT AGAINST HIV/AIDS

A CHRONOLOGY

1992 -

- Department of State, working with the intelligence community, issued the first report on the impending global HIV/AIDS crisis. Reports were sent to all posts and interagency HIV/AIDS briefings held with relevant African posts by OES Population Coordinator.

- Health incorporated into multilateral discussions for the UN Conference on Environment and Development (UNCED). HIV/AIDS was included among the issues discussed in this negotiation. This marked the first time health issues were included as part of such broad multilateral negotiations.

- Briefings on HIV/AIDS were instituted as part of the pre-posting assignments training for all new Ambassadors/DCM's assigned to developing country posts. Interagency participation in these briefings provided in-depth profiles of all relevant posts HIV/AIDS problems and expanded cooperation and embassy support of HIV/AIDS programs.

1995 -

- U.S. Strategy on HIV/AIDS issued by the Department of State presented a strategy and timetable for U.S. agency programs and activities effecting international HIV/AIDS efforts.

- UnderSecretary for Global Affairs and Assistant Adminstrator for the Agency for International Development co-chair a interagency meeting of the International Sub-Committee of the Committee on International Science, Engineering and Technology (CISET) calling for an interagency study on infectious diseases, including HIV/AIDS.

- Under the direction of the International Sub-Committee co-chairs, CISET issues the report on Emerging Infectious

Diseases. This report culminated in the issuance of Presidential Decision Directive NSTC-7 calling for greater interagency activity to fight infectious diseases, including HIV/AIDS.

1996 -

- **February** - Discussions held with the Government of Japan to incorporate cooperation on HIV/AIDS issues between U.S. and Japanese technical and development assistance agencies within the context of the U.S.-Japan Common Agenda.

- **March** - Discussions held with the European Union culminates in agreement to incorporate HIV/AIDS cooperation within the context of the U.S.-EU Task Force on Communicable Diseases.

- **April** - Briefings on HIV/AIDS and other infectious diseases re-instituted for new U.S. Ambassadors assigned to developing country posts. NFATC training programs on HIV/AIDS and infectious diseases instituted as part of a broader global issues program developed for foreign service officers as well as new Ambassadors/DCMs going to overseas posts.

- Meetings with members of the business community were held to discuss HIV/AIDS and infectious disease foreign policy issues.

- **June** - HIV/AIDS incorporated into G-8 Meeting at the Lyohn Summit. This constituted the first time that HIV/AIDS or any health issue became a part of this important multilateral foreign policy/economic forum.

- **October** - Intelligence Community briefing on HIV/AIDS and infectious diseases co-sponsored by State and CIA held at the National Foreign Affairs Training Center. This marked the re-introduction of the HIV/AIDS pandemic as a foreign policy issue for the intel branches.

- **December 1, 1996** - Historic issuance of a World HIV/AIDS Day statement by U.S. Secretary of State, Madeline K. Albright. This marked the first time that any Secretary

of State had addressed the issue of HIV/AIDS as a foreign policy issue, and the first time that any Secretary of State issued a World HIV/AIDS Day statement. It has since become an annual activity.

1997 -

- **March** - HIV/AIDS and Emerging Infectious Diseases Open Forum hosted by Counselor to the U.S. Secretary of State, Wendy Sherman, who issued a directive to the foreign policy agencies to make these issues foreign policy priorities. An interagency panel of speakers and invited experts from academia addressed the foreign policy and security issues surrounding HIV/AIDS and infectious diseases, followed by a meeting of DOS principals to develop tools for Ambassadors.

- Health designated as one of the Secretary of State's priorities in development of the Department's Program Performance Plan under GIPRA. All bureaus were directed to develop appropriate goals and objectives for all bureau program plans with similar directives and links to mission performance plans required by all overseas posts.

- HIV/AIDS and infectious diseases interagency meetings held to develop issue priorities for HIV/AIDS concerns which should be considered for Ambassadorial action at posts.

- **June** - Work began on development of the successor report to the U.S. Strategy on HIV/AIDS.

- U.S. successfully negotiates an HIV/AIDS resolution in the UN Human Rights Commission meetings strengthening international commitments to HIV/AIDS cooperation and to securing greater respect for human rights for persons living with HIV/AIDS.

- International visitor programs on HIV/AIDS sponsored by DOS/USIA brought foreign professionals in a variety of fields to the U.S. to discuss HIV/AIDS and infectious diseases as a foreign policy issue.

1999 -

- **March** - Secretary of State, **Madeline K. Albright launched a Diplomatic Initiative on HIV/AIDS**, issuing the **U.S. International Response to HIV/AIDS.**

- Demarches were made to posts worldwide directing all high-level U.S. foreign policy officials to engage their counterparts outside of the health sector in discussions on the foreign policy (economic, security and social implications) of HIV/AIDS and to encourage host government leaders to raise the priority accorded to HIV/AIDS. All posts were directed to report their discussions and expand HIV/AIDS reporting and activities.

- **April** - U.S.-SADC Forum highlights HIV/AIDS as part of the high-level agenda in this initial multilateral discussion.
- $350,000 provided to SADC in ESF funds to develop HIV/AIDS policy projects and coordination.

- Under Secretary for Global Affairs, Frank E. Loy, and UNAIDS Director, Dr. Peter Piot, co-host an historic briefing for the foreign diplomatic community on the foreign policy implications of the HIV/AIDS pandemic at the U.S. Dept. of State.

- U.S. successfully negotiates an HIV/AIDS resolution in the UN Human Rights Commission meetings strengthening international commitments to HIV/AIDS cooperation and to securing greater respect for human rights for persons living with HIV/AIDS.

- **October** - Secretary of State, Madeline K. Albright, raised HIV/AIDS issues with all Heads of State during her meetings in connection with the UNGA, stressing the foreign policy implications of HIV/AIDS and the importance of making HIV/AIDS a national priority.

- Secretary Albright raised HIV/AIDS issues with all Heads of State during her trip to African capitals, encouraging a higher priority to HIV/AIDS by national governments in a variety of areas. Attended HIV/AIDS event in Kenya.

- **November 31** - Secretary of State, Madeline K. Albright, opens the UN Programs to Commemorate World HIV/AIDS Day,

opening the UN/AMFAR discussions on the Global HIV/AIDS Pandemic at UN Headquarters in New York.

- USUN Ambassador Holbrooke travels to Africa and discusses HIV/AIDS foreign policy concerns with African leaders at all destinations in preparation for US Chairmanship of the UN Security Council and our focus on Africa.

2000 -

- **January** - Historic UN Security Council meeting on HIV/AIDS in Africa chaired by Vice President Gore, initiates expanded U.S. commitment to international assistance for HIV/AIDS, and raises the HIV/AIDS issue to global attention for expanded international cooperative action.

- **February** - Ambassador Holbrooke joins interagency briefing of Congressional leaders on HIV/AIDS as a foreign policy issue, with a particular focus on its impact on international peacekeeping efforts.

- **March** - Ambassador Holbrooke testifies before the Committee on Banking and Financial Services at a hearing on the global AIDS crisis and pandemic in Africa.

United States Department of State

Washington, D.C. 20520

referred to Joe Papovich

FAX TRANSMITTAL

BUREAU OF DEMOCRACY, HUMAN RIGHTS AND LABOR

OFFICE OF INTERNATIONAL LABOR AFFAIRS (DRL/IL)

TO: SANDRA THURMAN
PRESIDENT'S COORD.
FOR HIV/AIDS

FROM: **SANDRA POLASKI**
SPECIAL REPRESENTATIVE FOR
INTERNATIONAL LABOR AFFAIRS

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PAGES: 5

FAX NUMBER: (202)-647-0431

IF YOU DO NOT RECEIVE ALL OF THIS FAX, PLEASE CALL ROBYN AT (202) 647-1696.

WOULD LIKE TO DISCUSS WITH YOU PARAGRAHP 80 OF THE COPENHAGEN+5 "FURTHER ACTIONS".

A/AC.253/L.5/Rev.2
14 April 2000
(updated version)

Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives

Review and appraisal of the implementation of the outcome of the World Summit for Social Development

Consideration of further actions and initiatives to implement the commitments made at the Summit

Proposed outcome:
Text submitted by the Chairman of the Preparatory Committee

The Chairman's working draft is in three parts:

Part I: Political Declaration;

Part II: Overall review and appraisal of the implementation of the outcome of the World Summit for Social Development

Part III: Further actions and initiatives to implement the commitments made at the Summit;

Part I: Political Declaration

1. Five years have passed since the United Nations World Summit for Social Development, which marked the first time in history that Heads of State and Government had gathered to recognize the significance of social development and human well-being for all and to give these goals the highest priority into the twenty-first century. The Copenhagen Declaration on Social Development and Programme of Action established a new consensus to place people at the centre of our concerns for sustainable development and pledged to eradicate poverty, promote full and productive employment, and foster social integration to achieve stable, safe and just societies for all.

2. We, the representatives of Governments, meeting at this special session of the General Assembly in Geneva to assess achievements and obstacles and to decide on further initiatives to accelerate social development for all, reaffirm our will and commitment to implement the Copenhagen Declaration and Programme of Action, including the strategies and agreed targets contained therein. The Copenhagen Declaration and Programme of Action will remain the basic framework for social development in the years to come.

Commitment 6: To promote and attain the goals of universal and equitable access to quality education, the highest attainable standard of physical and mental health, and the access of all to primary health care, making particular efforts to rectify inequalities relating to social conditions and without distinction as to race, national origin, gender, age or disability; respecting and promoting our common and particular cultures; striving to strengthen the role of culture in development; preserving the essential bases of people-centred sustainable development; and contributing to the full development of human resources and to social development. The purpose of these activities is to eradicate poverty, promote full and productive employment and foster social integration:

Note: G77 proposed to re-order the paragraphs of this commitment, so that paragraph 81 would become 75, paragraph 84 would become 76, paragraph 85 would become 77, and paragraph 86 would become paragraph 79.

74. Recognize Governments' primary responsibility for providing or ensuring access to basic social services for all; develop sustainable, pro-poor health and education systems by promoting community participation in planning and managing basic social services, including health promotion and disease prevention; diversify approaches to meet local needs, to the extent possible utilizing local skills and resources;

73bis. Ensure appropriate and effective expenditure of resources for universal access to basic education and primary health care, within the country context, in recognition of the positive impact this can have on economic and social development, with particular efforts to target the special needs of vulnerable and disadvantaged groups;

74bis. Improve the performance of health care systems, in particular at the primary health care level, by broadening access to health care;

[74ter. Consider the promotion of community-based health insurance schemes as a possible method to make essential health services affordable and accessible for all members of society and to adapt national frameworks in ways that will encourage the creation of these non-profit insurance schemes;-EU]

75. Take all appropriate measures to ensure that infectious and parasitic diseases, such as malaria, tuberculosis, leprosy and schistosomiasis, neither continue to take their devastating toll nor impede economic and social progress; and strengthen national and international efforts to combat these diseases, *inter alia*, through **[support for research centres with the aim of]** capacity building in the developing countries with the cooperation of the World Health Organization;

[75bis. Take measures at the national level to enable all women and men, including young people, to protect themselves against HIV infection, to mitigate the adverse social impact of the epidemic and to counteract the increase in poverty and widened social and economic inequalities which have resulted from it; it is particularly important to protect the human rights of, and to improve the quality of life for, people living with HIV/AIDS. Measures to enhance prevention of STD/HIV transmission may include:

(a) Strengthening services for sexual and reproductive health;

(b) Strengthening information, education and communication campaigns to raise awareness of HIV/AIDS and to promote responsible sexual bahaviour, including abstinence, taking into account the rights of the child to information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination Against Women;-Holy See

(c) Training health providers in the avoidance of contaminating equipment and blood products and in the avoidance of re-using or sharing needles among injecting drug users;-Holy See

(d) Promoting analyses of the political, social, economic and legal aspects of HIV and AIDS, including the impact on national development;

(e) Providing social and educational support to communities, households, orphans and children affected by HIV and AIDS;]

[76. Strengthen international efforts against HIV/AIDS, with a focus on developing countries and countries with economies in transition, through partnership among UNAIDS and its co-sponsors, bilateral donors, national Governments and non-governmental organizations, based on a multisectoral approach encompassing, among other things, health care and access to treatment, population and family planning programmes, including sexual health care and education, basic education, and empowerment of women;]

[77. Provide support to countries with economies in transition to revitalize systems of primary health care and to promote more vigorous campaigns for health education and the promotion of healthy lifestyles;]

78. Encourage, at all levels, arrangements and incentives to mobilize commercial enterprises, especially in pharmaceuticals, to invest in research aimed at finding remedies that can be provided at affordable prices for diseases that particularly afflict people in developing countries; and invite the World Health Organization to consider improving partnerships between the public and private sectors in the area of health research;

[80. Make use, in the case of medicines essential to public health, of the provisions in the Trade-Related Aspects of Intellectual Property Rights Agreement (TRIPs) that allow circumvention, under certain circumstances, of normal patent rights with respect to production, export and import, especially by low- and middle-income countries;]

Note: US proposed to delete paragraph 80.

Note: EU proposed to replace paragraph 80 with the following:

[80. Acknowledge the importance of intellectual property rights in the facilitation of such arrangements and incentives, in particular adherence to the TRIPS Agreement; while recognizing the opportunity for limited exceptions to normal patent rights, under certain

circumstances that may be utilized in particular cases, for example that of a national emergency;]

[80bis. Ensure that food and medicine are not used as tools for political pressure;-Holy See]

81. Encourage new action at the international level**[, including the feasibility of proclaiming a United Nations Literacy Decade,-Mongolia]** to support national efforts to achieve universal access to basic education and primary health services for all by the year 2015;

81bis. Invite international organizations, in particular the international financial institutions, according to their mandates, to keep in mind the overall objective of facilitating long-term development, to support national health and education programmes;

[82. Invite the World Health Organization in collaboration with UNCTAD , the World Trade Organization and other concerned agencies to help strengthen the capacities of the least developed countries to analyze the (possible negative-Japan, Norway, EU to delete) consequences of agreements on trade in health services for health equity and the ability to meet the health needs of people living in poverty, and to develop policies to ensure the promotion and protection of national health services;]

Note: G77 indicated it would propose new language for paragraph 82; US proposed to replace paragraph 82 with the following, taken from World Health Assembly Resolution 52.19 of 1999:

[82. Invite the World Health Organization to cooperate with Governments, at their request, and with international organizations in monitoring and analyzing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Governments can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impact of those agreements;]

[83. Invite the organizations of the United Nations system to cooperate with the World Health Organization to integrate the health dimension into social (, environmental-US) and economic policies and programmes, in view of the close interdependence between health and other fields and the fact that (the solution/solutions-US, EU) to good health may often be found outside of the health sector itself; such cooperation may build on initiatives undertaken in one or more of the following areas: health and employment, health and education, health and macro-economic policy, (health and environment, health and transport,-Norway) development of more equitable health financing systems and trade in health goods and services;]

Note: G77 indicated it would propose new language for paragraph 83.

[84. Further expand early childhood care and education, including to foster learning readiness, ensure universal access to (basic/primary) education, improve the quality of education, (through formulation and implementation of national legislation,-EU) strengthening community-based and school-based health education programmes, eliminate gender disparities and assure girls and women full and equal access to education and improve retention rates, enhance efficient resource mobilization, with appropriate action taken to ensure the inclusion of all children, including children with special needs, ensure

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Urgent Clearance 2> Presidential Briefer

Number of pages (including cover) 4

Message:

Can you please provide feedback - clearance by COB, Mondy. May 8. Thanks

Ray Walser

U.S.-EU Initiative on HIV/AIDS and Other Infectious Diseases in Africa

Issue: To make U.S.-EU cooperation in the fight against HIV/AIDS and other infectious diseases in Africa a major and ongoing transatlantic priority.

Background: Infectious diseases remain a leading cause of death, accounting for between a quarter and a third of all deaths worldwide. Sub-Saharan Africa accounts for nearly half of infectious disease deaths globally and death rates for many diseases, including HIV/AIDS and malaria, exceed those in other areas of the world. Faced with a challenge of such magnitude, a new U.S.-EU initiative directed at HIV/AIDS, TB, malaria, and other infectious diseases is a logical next step in transatlantic cooperation. The primary objective of this initiative is to develop an ongoing, multifaceted approach to an expanding threat

The U.S. broke important ground when the UN Security Council convened its first-ever session devoted to HIV/AIDS in Africa during the January U.S. Presidency. The U.S. has also in 2000 committed to providing additional resources, with the bulk of new money going to support stepped-up HIV/AIDS-related programs in Africa. At the EU-Africa Summit, in Cairo on April 3-4, EU and African leaders agreed to increase cooperation in response to the African health crisis. The renewal this month of the Lome Convention, the main development mechanism between the EU and its African, Caribbean, and Pacific partners, also underscores the EU's enduring commitment to development, including stronger health sectors.

Secretary Albright raised enhanced U.S.-EU cooperation on HIV/AIDS at the 3 March U.S.-EU Lisbon Ministerial with Prime Minister Guterres. He urged the launch of an HIV/AIDS initiative at the Summit with implementation to follow during the French EU Presidency. Commission President Prodi also responded positively when he met the Secretary in Brussels on March 10. He suggested including infectious diseases as well.

The challenge remains to convert good EU intentions into tangible actions. While the EU seems content to focus on a joint Summit statement, we want to use the Summit to reach agreement on concrete actions. We seek a prompt EU commitment to joint actions in the following suggested areas:

Public Awareness/Public Diplomacy: We hope to develop a joint public awareness/diplomacy strategy that utilizes the EU's language capabilities and cultural influence. We also favor tighter cooperation between U.S. and EU field missions.

Mobilizing Resources: UNAIDS estimates at least two billion dollars are needed for HIV/AIDS prevention and health care and support in Africa alone. U.S. official funding for HIV/AIDS in Africa more than doubled from $75 million in 1999 to over $170 million this year, not including research funding. While the EU acknowledges the need for increased resources to scale-up the fight against infectious diseases, it is not ready to make specific commitments.

Vaccines, Drugs and Other Measures: Less than ten percent of current global biomedical research is devoted to infectious diseases. We want increased transatlantic R&D to bring new focus on developing effective and affordable drugs and vaccines against major killers. We also want to support the Global Alliance for Vaccines (GAVI), WHO's Stop TB Initiative, and the Multilateral Initiative on Malaria (MIM). We are prepared to discuss financial, tax and other incentives to foster private research with the EU.

Donor Coordination: The U.S. and EU can use the International Partnership Against AIDS in Africa (IPAA) as the common framework to improve donor coordination at the country level. We also support HIPC and other debt relief measures that free additional resources for poverty reduction and basic health care improvements.

Talking Points:

- Working together the U.S. and the EU have the ability to mobilize international opinion, resources, and action to target HIV/AIDS and other infectious diseases in Africa.

- We need to develop a joint action program to advance public awareness, mobilize resources, make drugs and vaccines more available, and closely coordinate international donor efforts.

- The Summit statement is an important start but must be accompanied by tangible actions, including commitments to provide additional resources.

- I believe we have laid the foundation for a strong working partnership and hope we can report on progress at the next U.S.-EU Summit.

- Our actions will be remembered if they produce new commitment, new momentum and new resources to counter an insidious global threat.

Drafted by EUR/ERA: R Walser
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