Enclosed

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

TO: Erika Barth, Paul Dedon, Amy Lopa Sutkin
216-3046

FROM: Nancy Carter Foster

SUBJ: Participant list & agenda for Africa Ministerial

See attached list. Many of the Ministers represent broader interests than environment & a reception (doesn't have to be sit-down dinner) costing approx $1500 here in the State treaty room would be a great opportunity for a couple of speakers - Debrawork from W.B & E.O. - Dir. Sec. IMS at State.

Nancy
X67336

PARTICIPANTS FOR THE AFRICA MINISTERIAL
OCTOBER 6-7, 1999
WASHINGTON, DC
Draft 9/23/99 10am

CENTRAL AFRICA REPUBLIC

Note: Names are good—start making reservations for all three—check with Embassy on contact info

1) Thierry Yinifold Vanden-Boss, Minister of Environment
   Tel: 236-61-7921 (check number)
   Fax 236-61-5741 (check number)

2) Lambert Gnapelet, UNFCCC Focal Point, Ministry of Environment
   Tel: 236-618044 /010166 (check number)
   Fax 236-618044 / 616700 (check number)
   Email: ccnucc@intnet.cf

3) Bendert Bokia, Ministry of Plan*

US Embassy Point of Contact: Deputy Chief of Mission, Judy Frances, tel 236 -610-200; fax 236 –614-494

MALI

Note: We do not feel comfortable at all about the Mali participants—wait for now on making reservations.

Not coming

1) Mama Konate, Director General (double check on name)
   BP 237 Bamako
   Mali, West Africa
   Tel: 223 29 21 01
   Fax: 223 2921 01
   Email: dnm@mailnet.ml

2) Kalilou Traore, Ministry of State and Environment—probably ok

US Embassy Point of Contact: Deputy Chief of Mission, Bob Porter, tel 223-22-54-70; fax 223-22 37-12
Email: porterrc@state.gov or ipc@us-embassy.malinet.ml

Plus 3 representatives each from the Japanese, Canadian & Norwegian[1] Embassies

ZIMBABWE

Note: Mission has cleared names—go ahead and make reservations for all

1) Hon. E.T. Chindori-Chininga, Deputy Minister, Ministry of Mines, Environment and Tourism*
15th Floor, Karigamombe Centre, Private bag 7753, Causeway,
Harare, Zimbabwe
Tel (private line): 263-4-759391 (direct) or 757881-5 (main ministry)
(Secretary is Cecilia)
Fax: 263-4-752586 or 755006

Note: has already purchased his airline tickets; would like assurance that USAID will cover his travel from Harare to DC

2) Margaret Mukahahana, Under Secretary
14th Floor, Karigamombe Centre
53 Samora Machel Avenue
Harare, Zimbabwe
Tel: 263-757881/5
Fax: 263-4-748541
Email: ozone@gta.gov.zm

3) Davius Marongwe, Assistant Secretary for Environment, Ministry of Mines, Environment and Tourism*
14th Floor, Karigamombe Centre
53 Samora Machel Avenue
Harare, Zimbabwe
or
Postal Address: Private Bag 7753
Causeway, Harare, Zimbabwe
tel and fax (263-4) 748541, or use main ministry no.

Note: He does not need airfare—only requests per diem and lodging; see fax from Embassy

US Embassy Point of Contact: Shawn Thorne, economic officer, tel 263-4-794-521 or 523; fax 263-4-796-487
Email: thornes@state.gov

*No one at the ministry has e-mail.

*People in the U.S. frequently have trouble getting through to government offices in Zimbabwe. Contact US Embassy for assistance.

UGANDA

Note: Hold off for now on making any reservations.

1) Minister Henry Muganwa Kajura, Minister of Water, Land and Management (not on State's list—hold off, maybe replaced by #3)
C/o Mr. Tugeineyo Charles
Office of the Minister, Water, Land and Environment
PO Box 7096
Kampala, UGANDA
Tel: 259420; or 235372/259420/ 077425787
Fax: 230891

2) Minister Apuuli Rwango, Commissioner of Meteorology (not on State's list)
C/o Mr. Tugeineyo Charles
Office of the Minister, Water, Land and Environment
PO Box 7096
Kampala, UGANDA
Tel: 251798 or 235372/259420/ 077425787
Fax: 230891

3) Kezimbira Miyingo, Minister of State for Environment (State has, but Canadians don't)

US Embassy Point of Contact: Mike McKinley, tel 256-41259-792 or 793 or 795 fax 259 794; email: mckinleypm@state.gov

REPUBLIC OF SOUTH AFRICA

Note: Missions have cleared names—all are good names—start making reservations

1) Rejoice Mabudhafhasi, Deputy Minister of DEAT

2) Muriel Dube, Director, Atmospheric Protection and Chemicals Management

3) Jennifer Abrahams, Personal Assistant to the Deputy Minister
Tel: 27-21-462-1777
Email: dmin_ja@ozone.pwv.gov.za

US Embassy Point of Contact: Ms. Atim Ogunba, tel: 27-12-342-1048 ext 2345; fax 27-12-342-2244
Email: ogunbaae@state.gov

SENEGAL

Note: hold off on some (first two names are ok—go ahead with #1 and #2) (question of funding for 4th person—USAID says no)—embassy has gone to Loy's office and awaits answer

1) Souty Toure, Ministry of Environment
Direction do 'l Environment el des
Tel: 821 42 40
Fax: 822 21 80

2) Fatima Dia Toure Director of Environment
Tel: 821 0725; 8234683;
Fax 822-62 12

3) Madamae Mbenge, Agency for Economic Cooperation (?)

4) Colonel Mbarek Diop, Technical Advisor to the President (?)

US Embassy Point of Contact: Andrew Haviland, tel 221- 823-4296 or 7384; fax 221-822-2991

Ensuring that International Action on Climate Change Contributes to Sustainable Development in Africa

Ministerial Roundtable
Hosted by the United States
October 6-7, 1999

Draft Agenda

Wednesday, October 6

Morning Session:

Informal Welcome and Coffee (30 mins)

Adoption of Agenda and Opening Remarks – U.S. (10 mins)

Opening Comments by Ministers (approx. 30 - 45 mins)

Discussion of Key Themes (short presentations followed by discussion):

Vulnerability (Presenter: Rosina Bierbaum, OSTP)

Capacity Building (Presenter; TBD [B. Kante??]

Lunch Stu on Sioux Falls Writers at lunch

Afternoon Session:

Economic and Environmental Advantages of Partnerships (Presenter: Irving Mintzer, NGO Rep.)

Making the Negotiations More Effective (Discussion?)

Summary/Issues for Next day's Discussion (10 mins.)

Thursday, October 7, 1999

Morning Session Only

Welcoming Remarks (10 mins)

Strengthening the Partnership – Key National Interests and Goals (90 mins.)

Closing Statements (30 mins)

Dhales
09/30/99
12:09 PM

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.

To: Sandy

Fr: Alex

Sandy,

This is the handout from the State meeting I attended re: the upcoming EV meeting

HIV/AIDs and Infectious Diseases
U.S. - EU Next Steps

A call for increase political awareness/attention:

- At Summit, President Clinton, PM Guterres and Commission President Prodi sign an open letter to heads of state urging high priority attention to the fight..

Coordinate efforts to fight HIV/AIDS and other infectious disease:

- Prepare in time for the Summit a joint fact sheet outlining resources and programs U.S. and EU are and will devote to the global fight, including a report on accomplishments of the Infectious Diseases Task Force.

- Include cooperation in SLG Report.

- Establish points of contact both between U.S. and EU for the further exchange of information on HIV/AIDs and other infectious diseases. Agree to share fully information on lessons learned in the fight against HIV/AIDS.

- Identify and establish liaison with appropriate international and regional bodies. WHO? OAU? SADC?

- Develop U.S.-EU pilot project. Perhaps working with the private sector to invest in vaccines and other treatments (as suggested in G-8 non-paper). Or a pilot public diplomacy effort in a selected area of Africa (USEU).

Use U.S.-EU work as integral part of the G-8 effort to promote an international response to the global HIV/AIDS crisis.

- Develop strategy to provide complimentary interface with G-8 efforts.

Action Steps

1. Draft paper proposing action steps for presentation to EU (before next SLG).

2. Decide on whether or not to send Clinton letter (now).

3. Place on agenda of SLG (now).

4. Identify and propose a potential pilot project (by May and next SLG).

5. Draft open letter from Clinton, Guterres, Prodi to world leaders for signing/release at Summit (June).

6. Underscore U.S.-EU support at G-8 Summit in Okinawa.

7. Encourage continuity with French Presidency (July and beyond).

U:\PUBLIC FILES\EU\WalserR\3-20 Discussion Paper on HIV-AIDS.doc

UNCLASSIFIED

TO: G – Mr. Loy

FROM: AF – Nancy J. Powell (Acting)

SUBJECT: Follow-up to UN Security Council Meeting on AIDS
4:00 p.m., January 19, Conference Room 1105

I. OBJECTIVE

To consider follow-up action that can be taken on AIDS to reinforce the Vice President's address to the UN Security Council.

II. APPROACH

The Vice President's speech on January 10 at the UNSC has focused domestic and international attention on the issue of AIDS in Africa, creating an exceptional window of opportunity for the State Department and other concerned agencies to intensify our own programs to fight HIV/AIDS and to push for additional resources and action by both our allies and developing countries. This memorandum provides background on the problem and sets out some options for discussion and potential action.

The single most important missing ingredient in an effective plan of action in fighting HIV/AIDS in Africa is the need for top level leadership and action by national governments. This includes governmental acknowledgement of the problem, public education, social marketing, ~~blood testing~~ HIV Test, curbing of injected drug use, and improved treatment and care. African countries themselves must make fighting AIDS a top national priority, ~~develop~~ develop a long-term substantive plan to combat the disease and promote ~~actual~~ changes in behavior, and include all stakeholders in their programs. Simply falling back on calls for money from donors will not make a difference.

III. PARTICIPANTS

Mr. Loy
U/S Pickering
IO Assistant Secretary Welch
OVP Jim Babbit
AID G Bureau Acting AA Barbara Turner
AF DAS Witney Schneidman
OES DAS Brill
EB DAS Kimble
NSC Health Director Ken Bernard
Jack Chow, Office of Under Secretary Loy

IV. Background on AIDS in Africa

The Problem: Africa is the continent hardest hit by the AIDS pandemic. Over two-thirds of HIV cases in the world (nearly 34 million) live in sub-Saharan Africa. Four million new cases occur every year in this region. AIDS is the leading cause of death in Africa with 5,000 people dying daily. Since the start of the epidemic, about 11.5 million Africans (out of 13.9 million worldwide) have died of AIDS. In some communities, up to 60 percent of sexually active women are HIV infected. The number of HIV infections is increasing most quickly among the youth and average life expectancies have fallen by 18 years in Kenya and by 28 years in Botswana. By 2020, 40 million children will lose one or both parents to AIDS. AIDS is not only destroying lives, it is threatening economies by reducing the size, skills, and experience of the labor force, increasing health care expenditures, increasing cost of labor, and reducing savings and investment. Where governments and national leaders have openly made a commitment and intervened with heightened public awareness, results have followed in controlling the spread of AIDS, e.g., Uganda and Senegal.

USG Response: The Administration is implementing several HIV/AIDS initiatives to mitigate the impact of HIV/AIDS on economic growth, social, and political stability. AID's budget for HIV/AIDS activities has risen from $125 million in FY 1999 to $ 200 million this fiscal year, and the request for FY 2001 announced by the Vice President will be $335 million. Its flagship program is the Leadership and Investment in Fighting an Epidemic (LIFE) AIDS Initiative commits $100 million in FY 2000 to contain the spread of AIDS globally, particularly in Africa. LIFE provides home and community-based care, care for AIDS orphans, and strengthens prevention and treatment by augmenting capacity. State's Diplomatic Initiative on HIV/AIDS calls for all diplomatic posts to intensify HIV/AIDS awareness and raise political commitment at the highest host governmental levels.

Since 1986 the United States has spent $650 million for HIV/AIDS programs in Africa, 50 percent of the $1.2 billion spent worldwide. In addition to extensive bilateral assistance provided to the region under AID, the Administration recently set aside $10 million to assist children affected by AIDS most of who are in sub-Saharan Africa. Most recently, at the first ever U.S.-Africa Ministerial (March 1999) and U.S.-SADC Forum (April 1999), the Administration held discussions with high-level African counterparts on HIV/AIDS. We agreed at the Ministerial to deepen partnership with African countries in the areas of collaborative research, effective and affordable treatment, and also to cooperate on efforts to build African capacity to better monitor the disease. At the SADC Forum, the U.S. and SADC countries agreed to pursue collaborative efforts to develop harmonized HIV/AIDS policies in southern Africa.

V. OPTIONS FOR DISCUSSION AND POSSIBLE ACTION

- Respond to our Southern Africa chiefs of mission initiative (99 Harare 7005, attached at Tab A).

- Work with Congress to broaden the scope of activities permissible using earmarked "child survival" funds to include appropriated HIV/AIDS activities.

- Develop an approach to regional and sub-regional organizations (e.g. OAU, ECOWAS, EAC, SADC, UNECA, COMESA) to initiate HIV/AIDS programs.

- Development a USG plan to deal with the controversial issue of LDC access to high-cost pharmaceuticals; USTR etc

- Ask all AF Chiefs of Mission to development a tailored policy dialogue with their host country that includes: Use TP's from USAID

  - Creating AIDS awareness and promoting education;

  - Pointing out specific areas where host government action is needed (USAID has provided an analysis for most AF countries) if momentum is to be achieved;

  - Coordinate support for host government action from local OECD ambassadors. → embassy staff

For the G-8 and IFIs

- Persuade G-8 partners to offer new resources for AIDS, as the United States and Italy did at the UNSC session.

- Through the G-8 sherpa process work to get a separate, stand alone agenda item for a discussion at the Okinawa summit in July of the HIV/AIDS problem to galvanize our partners toward accelerated action.

- Work with the World Bank and regional development banks to increase their AIDS technical assistance and project lending;

For the UN System

- Work with UNAIDS to make sure the International Partnership Against AIDS in Africa action plan (expected in May) calls for policy action by African governments.

- Deliver on UNAIDS Director Piot's offer to coordinate the above plan with the UNSC.

- Schedule a follow-up session at the UNSC, as appropriate.

- Incorporate in UNSC peacekeeping discussions consideration of military-to-military assistance to curtail the spread of HIV/AIDS within PKO contingents.

- At the WHO Executive Board meeting (beginning January 24), reiterate the Vice President's key points before the UNSC and urge WHO to reinvigorate its support to African countries for AIDS surveillance and treatment.

- At upcoming UNICEF Executive Board, seek a more direct and robust program for preventing sexual transmission of the HIV virus among youth.

- Use the 13th International AIDS Conference in Durban, South Africa, next July, to reinforce these initiatives.

Drafted: AF/EPS:JAHolmes
1/14/00, x7-4066

Cleared: OES/EID: NCFoster
USAID/G: PDelay
AF:Wschneidman
IO/T:LLambert

FAX MESSAGE

U.S. Agency for International Development
HIV-AIDS Division, Office of Health and Nutrition
Global Bureau
Mailing address: G/PHN/HN/HIV-AIDS
3.07–075M, 3rd Flr, RRB
Washington, DC 20523-3700
U.S.A.

To: Cheryl Beverle
ONAP

Phone:
FAX: 456 2439

cc:

From: Paul DeLay, M.D., D.T.M.& H.
Chief, HIV/AIDS Division

Phone: 202 712 0683
FAX: 202 216 3046

Pages: 3
Date: 1/19

Subject: Ley briefing

UNCLASSIFIED

TO: G – Mr. Loy

FROM: AF – Nancy J. Powell (Acting)

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Drafted: AF/EPS:JAHolmes
1/14/00, x7-4066

Cleared: OES/EID: NCFoster
USAID/G: PDelay
AF:Wschneidman
IO/T:LLambert

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF SCIENCE AND TECHNOLOGY POLICY
494 OLD EXECUTIVE OFFICE BUILDING
WASHINGTON, DC 20502

DATE: 5/13 **PAGES (Including Cover):** 6

TO: Todd Summers
PHONE:
FAX: 6-2438

FROM: Laura Efros
PHONE: 6-6065
FAX: 6-6028

Here's the famous Nancy-gram.

U.S. Department of State
Bureau of Oceans and International
Environmental and Scientific Affairs
Washington, DC 20520

facsimile transmittal

To:	Laura Efros	**At Fax Number:**	456-6028
From:	Erika Barth	**Date:**	May 13, 1999
Phone:	(202) 647-4542	**Fax:**	(202) 736-7336
Re:	Sous Sherpa	**Pages:**	4 (including cover)

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Notes:

Laura,

Thank you for your help on this. Please give me a call as soon as you can to let me know what you think. It needs to be in by noon. I really apologize for the inconvenience.

Thanks,

Erika

BACKGROUND PAPER: HIV/AIDS AND INFECTIOUS DISEASES

KEY ISSUES

On March 16, 1999, you announced the release of the 1999 U.S. International Response to HIV/AIDS, a report on the U.S. response to the global HIV/AIDS pandemic, at the plenary session of the U.S.-Africa Partnership Ministerial. The release of the 1999 report is the first step in a USG effort, announced by you on World AIDS Day 1998, to enhance political commitment by key governments to actively combat and prevent HIV/AIDS. To address the full range of foreign policy implications of the disease, the HIV/AIDS Initiative will be used to educate national leaders and international actors in the fight against HIV/AIDS.

BACKGROUND

With over 33.4 million persons infected worldwide, and as HIV infection rates and resultant AIDS deaths continue to rise, the pandemic will increasingly undermine projects intended to foster key U.S. policy goals, including democratization, economic development, conflict resolution and peacekeeping, and the promotion of individual and political rights. Studies have shown that discussion of the impacts of HIV/AIDS and infectious diseases has been largely confined to the health sector. The DOS led HIV/AIDS initiative is intended to broaden the scope of the HIV/AIDS discussion and to highlight the labor, economic, security, and larger foreign policy implications of the pandemic. By targeting these sectors, we aim to raise the level of political commitment accorded to HIV/AIDS in host countries.

POTENTIAL PROBLEMS

Although the issue may not arise in this forum, you should be aware that USAID officials have been working closely with their French counterparts on an initiative known as the "International Therapeutic Solidarity Fund" (ITSSF). This initiative was announced by President Chirac

and Minister of Health Bernard Kouchner in December 1997 at the 10th International Conference on AIDS in Africa held in Abidjan. The ITSF was conceived by the French as an effort to increase access to care for people living with HIV and AIDS in developing countries. In May 1997, the ITSF was presented at the meeting of the G-8 in Birmingham. It was agreed that there should be further discussion concerning the Fund, which would involve technical experts. Subsequent meetings were held in New Delhi in December 1998 and most recently in Washington at the French Embassy. The last meeting included representatives from USAID, CDC, NIH, HRSA and the NSC. France hopes ITSF will be on the G-8 Summit agenda again.

The U.S. still has serious reservations about ITSF, and although we wish to continue dialogue, no endorsement of the fund should be implied in any consultations with French authorities. The basic proposal has evolved over the past year and now prioritizes the use of interventions to prevent mother to child transmission of HIV rather than ongoing anti-viral treatments for HIV infected persons. France has provided $US 4.5 million as the initial funding for the ITSF for the next two years. Pilot sites to implement programs to reduce mother to child transmission are planned for Cote D'Ivoire, Senegal, Vietnam, and possibly South Africa. According to USAID, there continue to be profound and worrisome technical and ethical questions about how to best implement ITSF and what proportion of resources should be devoted to mother to child transmission versus primary prevention of HIV transmission among adults.

Cable to post w/ cleared (March)

HIV/AIDS TALKING POINTS

- Infectious diseases, particularly HIV/AIDS, have widespread implications for economic productivity and national security, requiring the attention of political leaders at the highest levels of national governments, e.g. heads of state, foreign ministers, economic/finance ministers and labor ministers.

- Since HIV/AIDS generally affects the young and mobile - its economic consequences are severe and long lasting. A healthy population underpins a productive labor pool necessary for economic productivity and essential to attracting foreign investment, sustainable development, and ultimately to protecting national security.

- We would like to work with your government, with regional and international organizations, and with the private sector (NGOs and industry) to enhance national preparedness, surveillance and response to infectious diseases. What measures can your government take to escalate the fight against international HIV/AIDS?

- The Western industrialized world has a key role to play in sharing lessons learned with other regions battling the HIV/AIDS epidemic.

- Widespread human suffering, declining life expectancy and the adverse impact of HIV/AIDS on economic growth and productivity in the developing world underscore the need to address the HIV/AIDS problem in the areas of the globe most seriously affected.

- We collectively have committed in the G-8 to address HIV/AIDS and infectious diseases as a priority.

- Collaborative action coordinated effectively with the world health organization (WHO) must bring us to the development of an HIV/AIDS vaccine which will address strains of the virus prevalent in developing countries.

- We must also commit to addressing this issue in sectoral meetings before labor and finance organizations and in multilateral fora.

- Will lend your support and leadership in these efforts?

Drafted: OES/EID: EBarth 7-4542
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Taken from: Briefing memo for A/S Rice meeting with French Ministry of Foreign Affairs (5/6/99)
Talking points for diplomatic initiative on HIV/AIDS (March 1999)

INITIALS		
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G:MFRUMIN
USAID:AGETSON
PRM:NOVERALL
OES/EID:NCARTER-FOSTER
AF/RA:MUDEBREEN
USAID:HSUTKIN
S/S:

IMMEDIATE ALAFD, SPECIAL EMBASSY PROGRAM IMMEDIATE

E.O. 12958: N/A

TAGS: TBIO, XA

SUBJECT: TALKING POINTS FOR DIPLOMATIC INITIATIVE ON HIV/AIDS AND INFECTIOUS DISEASES

REF: STATE 226488, STATE 046185

1. THIS IS AN ACTION CABLE, SEE PARA 3.

2. PER REFTEL 046185, ON MARCH 16, SECRETARY ALBRIGHT ANNOUNCED THE RELEASE OF THE 1999 U.S. INTERNATIONAL RESPONSE TO HIV/AIDS, A REPORT ON THE U.S. RESPONSE TO THE GLOBAL HIV/AIDS PANDEMIC, AT THE PLENARY SESSION OF THE U.S.-AFRICA PARTNERSHIP MINISTERIAL. THE RELEASE OF THE U.S. INTERNATIONAL RESPONSE TO HIV/AIDS IS THE FIRST STEP IN THE U.S. DIPLOMATIC INITIATIVE ON HIV/AIDS ANNOUNCED BY THE SECRETARY ON WORLD AIDS DAY 1998, REFTEL 226488. TEN COPIES HAVE BEEN MAILED TO POST, ADDRESSED TO THE CHIEF OF MISSION.

3. AS A NEXT STEP IN THE DIPLOMATIC INITIATIVE, COUNTRY TEAM OFFICIALS ARE REQUESTED TO BEGIN TARGETING HOST LEVEL OFFICIALS AT THE HIGHEST LEVELS FOR ENGAGEMENT ON THE LABOR, ECONOMIC AND SECURITY IMPLICATIONS OF HIV/AIDS. OFFICIALS ARE ASKED TO DELIVER THIS DOCUMENT, ALONG WITH THE SIGNED LETTER FROM THE SECRETARY, AND TO ENGAGE IN DISCUSSION ON INTERNATIONAL AIDS WITH HEADS OF STATE, FOREIGN MINISTERS, LABOR MINISTERS AND ECONOMIC MINISTERS. PLEASE DRAW FROM AND DELIVER THE FOLLOWING TALKING POINTS, IN WRITTEN OR VERBAL FORMAT, AS A BASIS FOR YOUR COMMUNICATION WITH HOST GOVERNMENT OFFICIALS ON INTERNATIONAL HIV/AIDS.

4. PLEASE REPORT ON YOUR MEETING AND PROVIDE ANY OTHER FEEDBACK ON YOUR EFFORTS BY CABLE TO OES/E/EID - NCARTER-FOSTER (202) 647-2435.

5. GENERAL TALKING POINTS FOR USE IN DISCUSSION WITH FOREIGN COUNTERPARTS:

-- INFECTIOUS DISEASES, PARTICULARLY HIV/AIDS, HAVE WIDESPREAD IMPLICATIONS FOR ECONOMIC PRODUCTIVITY AND NATIONAL SECURITY, REQUIRING THE ATTENTION OF POLITICAL LEADERS AT THE HIGHEST LEVELS OF NATIONAL GOVERNMENTS, E.G. HEADS OF STATE, FOREIGN MINISTERS, ECONOMIC/FINANCE MINISTERS AND LABOR MINISTERS.

-- IT IS NOT TOO LATE FOR NATIONAL GOVERNMENTS AND EXPERT PARTNERS TO INTERVENE TO BUILD OR STRENGTHEN NATIONAL INFRASTRUCTURES TO DEVELOP EFFECTIVE HIV/AIDS PREVENTION AND MITIGATION INTERVENTIONS.

-- A HEALTHY POPULATION UNDERPINS A PRODUCTIVE LABOR POOL NECESSARY FOR ECONOMIC PRODUCTIVITY AND ESSENTIAL TO ATTRACTING FOREIGN INVESTMENT, SUSTAINABLE DEVELOPMENT, AND ULTIMATELY TO PROTECTING NATIONAL SECURITY.

-- WE WOULD LIKE TO WORK WITH YOUR GOVERNMENT, WITH REGIONAL AND INTERNATIONAL ORGANIZATIONS, AND WITH THE PRIVATE SECTOR (NGOS AND INDUSTRY) TO ENHANCE NATIONAL PREPAREDNESS, SURVEILLANCE AND RESPONSE TO INFECTIOUS DISEASES.

-- WE ARE INTERESTED IN YOUR GOVERNMENT'S COMMITMENT TO ENHANCING GLOBAL PREPAREDNESS AGAINST INFECTIOUS DISEASES. WILL YOU PLEDGE TO RAISE THE PRIORITY ACCORDED BY YOUR GOVERNMENT TO STEMMING THE SPREAD OF HIV/AIDS?

6. See attached for regional specific talking points...

*****SEPARATE TALKING POINTS WILL BE SEND TO THE FOLLOWING REGIONS: 1. SUB-SAHARAN AFRICA; 2. EAST ASIA AND THE PACIFIC/SOUTH ASIA; 3. EASTERN EUROPE AND THE FORMER SOVIET UNION; 4. JAPAN; 5. LATIN AMERICA AND THE CARIBBEAN; 6. NORTH AFRICA/MIDDLE EAST; 7. CANADA; 8. WESTERN EUROPE*****

6. THE FOLLOWING POINTS ARE SPECIFIC TO THE SUB-SAHARAN AFRICA REGION:

-- ALTHOUGH ONLY A TENTH OF THE WORLD'S POPULATION LIVES IN SUB-SAHARAN AFRICA, OVER TWO-THIRDS OF ALL THE PEOPLE NOW LIVING WITH HIV IN THE WORLD - NEARLY 22.5 MILLION MEN, WOMEN AND CHILDREN - LIVE IN SUB-SAHARAN AFRICA, AND FULLY 83% OF THE WORLD'S AIDS DEATHS HAVE BEEN IN THIS REGION.

-- AMONG CHILDREN UNDER 15, AFRICA'S SHARE OF NEW INFECTIONS IN 1998 WAS 9 OUT OF 10. AT LEAST 95% OF ALL AIDS ORPHANS ARE AFRICAN.

-- LEFT UNCHECKED, AIDS THREATENS THE ECONOMIC FUTURE OF NATIONS THAT TURN A BLIND EYE TO ITS IMPENDING DEVASTATION.

-- AIDS ILLNESSES AND DEATHS INCREASE LABOR COSTS AND INCREASE THE COST OF FOREIGN INVESTMENT.

-- IF AFRICA IS TO ACHIEVE ITS FULL ECONOMIC POTENTIAL NATIONAL LEADERS MUST MAKE A POLITICAL COMMITMENT TO STEM THE SPREAD OF HIV/AIDS.

-- COUNTRIES SUCH AS UGANDA HAVE BEGUN TO SHOW SUCCESS IN REVERSING THE EPIDEMIC'S PROGRESSION. UGANDA'S HIGH-LEVEL POLITICAL COMMITMENT TO INSTITUTE APPROPRIATE INTERVENTIONS TO STEM THE SPREAD OF THE DISEASE IS MAKING THE CRITICAL DIFFERENCE. WE ARE IMPRESSED BY UGANDA'S HIGH-LEVEL COMMITMENT AND HOPE THEIR EFFORTS CAN BE DUPLICATED ELSEWHERE.

-- THERE IS NO CURE OR VACCINE LIKELY TO BE AVAILABLE IN TIME TO AVOID ESCALATING DEATH TOLLS. BUT IF NATIONAL LEADERS ACT NOW WE CAN COLLECTIVELY TAKE MEASURES WHICH CAN PROLONG LIFE AND SLOW THE EPIDEMIC.

-- AT THE SAME TIME WE CAN EXPAND AND ENHANCE INTERNATIONAL COLLABORATIONS TO SHARE SPECIALIZED TECHNICAL EXPERTISE AND ENHANCE CAPACITY FOR PREPAREDNESS AND RESPONSE TO DISEASE PROBLEMS.

-- THIS CALLS FOR MOBILIZATION AND MORE TARGETED INVESTMENT OF RESOURCES TO BUILD AND SUSTAIN CAPACITY TO TREAT OPPORTUNISTIC INFECTIONS, SUCH AS TB; AND THE DEVELOPMENT AND URGENT IMPLEMENTATION OF NATIONAL AIDS STRATEGIES WHICH BETTER COORDINATE AND MAXIMIZE NATIONAL OR INTERNATIONAL INVESTMENTS, TO ENSURE A GREATER IMPACT ON THWARTING THE SPREAD OF THE DISEASE.

-- WE CAN IDENTIFY KEY TRAINING OPPORTUNITIES, WHICH WILL INCREASE YOUR CAPACITY TO RESPOND. OUR TECHNICAL EXPERTS AT USG AGENCIES ARE READY TO ASSIST YOU IN MAKING YOUR NATIONAL AIDS POLICIES AND PLANS A REALITY. THE HIV/AIDS REPORT GIVES AN OUTLINE OF OUR PROGRAMS AND EXPERTISE FOR YOUR REVIEW.

7. WE LOOK FORWARD TO YOUR REACTION AND FEEDBACK ON THIS REPORT. YY

6. THE FOLLOWING ARE SPECIFIC TALING POINTS FOR USE WITH NATIONS OF THE EAST ASIA AND PACIFIC AND SOUTH ASIA REGIONS:

-- AN IMPORTANT TREND OF THE 1990S HAS BEEN THE BEGINNING OF SHIFT OF THE GLOBAL AIDS PROBLEM FROM AFRICA TO ASIA, WHICH WILL SOON HAVE MORE NEW HIV INFECTIONS THAN ANY OTHER REGION OF THE WORLD.

-- ALTHOUGH NO ASIAN COUNTRY HAS REACHED THE PREVALENCE LEVELS COMMON IN SUB-SAHARAN AFRICA, HIV HAS BECOME WELL ESTABLISHED ACROSS THE CONTINENT. NEARLY 7.2 MILLION PEOPLE IN THE REGION ARE NOW BELIEVED TO BE LIVING WITH HIV.

-- INDIA AND CHINA, TWO OF THE MOST POPULOUS COUNTRIES ON EARTH, HAVE EXPERIENCED EXPONENTIAL GROWTH.

-- INDIA, WITH A POPULATION OF OVER 900 MILLION, HAD 3-5 MILLION PEOPLE INFECTED IN JUST THE LAST 3 YEARS, MAKING IT CURRENTLY THE NATION WITH THE GREATEST NUMBER OF HIV/AIDS-INFECTED INDIVIDUALS. CHINA, THE WORLD'S MOST POPULOUS NATIONS, WILL NEED TO ACT QUICKLY AND EFFECTIVELY TO AVOID FOLLOWING A SIMILAR COURSE.

-- IF WE FAIL TO MEET THE CHALLENGES NOW BEFORE THE EPIDEMIC TAKES HOLD, WE WILL SEE RATES THAT RIVAL THOSE OF OTHER REGIONS FACING IMPENDING TRAGEDY.

-- EVEN IN TIMES OF FINANCIAL HARDSHIP, THE INVESTMENT IN A HEALTHY POPULACE IS CRITICAL TO SUSTAINING A RELIABLE WORKFORCE, ECONOMIC GROWTH AND PRODUCTIVITY, FOREIGN INVESTMENT AND NATIONAL SECURITY.

-- THERE IS NO CURE OR VACCINE LIKELY TO BE AVAILABLE IN TIME TO AVOID ESCALATING DEATH TOLLS. BUT IF NATIONAL LEADERS ACT NOW WE CAN COLLECTIVELY TAKE MEASURES WHICH CAN PROLONG LIFE AND SLOW THE EPIDEMIC.

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6. THE FOLLOWING POINTS ARE SPECIFIC TO THE EASTERN EUROPE AND THE FORMER SOVIET STATES:

-- UNTIL THE MID-1990S RUSSIA EASTERN EUROPE AND THE FORMER SOVIET STATES APPEARED TO HAVE BEEN SPARED THE WORST OF THE EPIDEMIC. HOWEVER, THE REGION NOW HOLDS AN ESTIMATED 270,000 PEOPLE LIVING WITH HIV.

-- THE PATTERN OF HIV SPREAD IS MUCH THE SAME AS IN INDUSTRIALIZED COUNTRIES. INJECTING DRUG USE AND OTHER CONDITIONS CONDUCIVE TO RISING HIV RATES THREATEN TO UNLEASH AN AIDS EPIDEMIC OF MUCH HIGHER PROPORTIONS.

-- THIS REGION HAS ALSO SEEN AN INCREASE IN HIV OPPORTUNISTIC INFECTIONS SUCH AS TUBERCULOSIS (TB). TB INFECTION RATES IN SOME AREAS OF THE REGION HAVE RISEN TO NUMBERS EQUAL TO THOSE OF TWENTY YEARS AGO, EXACERBATED BY THE BREAKDOWN OF THE HEALTH CARE INFRASTRUCTURE AND A SEVERE DEARTH OF AVAILABLE FUNDS.

-- IF WE FAIL TO MEET THE CHALLENGES NOW BEFORE THE EPIDEMIC TAKES HOLD, WE WILL SEE RATES THAT RIVAL THOSE OF OTHER REGIONS FACING IMPENDING TRAGEDY.

-- EVEN IN TIMES OF FINANCIAL HARDSHIP, THE INVESTMENT IN A HEALTHY POPULACE IS CRITICAL TO SUSTAINING A RELIABLE WORKFORCE, ECONOMIC GROWTH AND PRODUCTIVITY, FOREIGN INVESTMENT AND NATIONAL SECURITY.

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7. WE LOOK FORWARD TO YOUR REACTION AND FEEDBACK ON THIS REPORT. YY

6. **THE FOLLOWING POINTS ARE SPECIFIC TO JAPAN:**

-- ALTHOUGH JAPAN HAS RELATIVELY LOW LEVELS OF INFECTION (APPROXIMATELY 125,000 PEOPLE LIVING WITH HIV/AIDS), OTHER NATIONS IN THE REGION HAVE BEEN HARDER HIT WITH THE EPIDEMIC.

-- WHILE RATES REMAIN LOW RELATIVE TO SOME OTHER REGIONS, WELL OVER 7 MILLION ASIANS ARE ALREADY INFECTED AND HIV IS CLEARLY BEGINNING TO SPREAD IN EARNEST THROUGH THE VAST POPULATIONS OF INDIA AND CHINA.

-- JAPAN HAS A KEY ROLE TO PLAY IN ASSISTING THE EFFORTS OF OTHER NATIONS IN THE ASIAN REGION, AS WELL AS OTHER REGIONS OF THE WORLD, IN PREVENTING THE SPREAD AND MITIGATING THE EFFECTS OF THE HIV/AIDS PANDEMIC.

-- WIDESPREAD HUMAN SUFFERING AND CO-INFECTIONS OF TB AND OTHER OPPORTUNISTIC INFECTIONS UNDERSCORE THE NEED TO ADDRESS THE HIV/AIDS PROBLEM IN AREAS OF THE GLOBE MOST SERIOUSLY AFFECTED.

-- WE COLLECTIVELY HAVE COMMITTED IN THE G-7(8) TO ADDRESS HIV/AIDS AND INFECTIOUS DISEASES AS A PRIORITY.

-- COLLABORATIVE ACTION COORDINATED EFFECTIVELY WITH WHO MUST BRING US TO DEVELOPMENT OF AN HIV/AIDS VACCINE WHICH WILL ADDRESS STRAINS OF THE VIRUS PREVALENT IN DEVELOPING COUNTRIES.

-- WE MUST ALSO COMMIT TO ADDRESSING THIS ISSUE IN SECTORAL MEETINGS BEFORE LABOR AND FINANCE ORGANIZATIONS AND IN MULTILATERAL FORA. WE HOPE YOU WILL LEND YOUR SUPPORT AND LEADERSHIP IN THESE EFFORTS.

-- WE INVITE YOU TO JOIN IN AN INTERNATIONAL COLLABORATIVE EFFORT TO COMBAT THIS PANDEMIC. THIS CALLS FOR MOBILIZATION AND MORE TARGETED INVESTMENT OF RESOURCES TO BUILD AND SUSTAIN CAPACITY TO TREAT OPPORTUNISTIC INFECTIONS, SUCH AS TB; AND THE DEVELOPMENT AND URGENT IMPLEMENTATION OF NATIONAL AIDS STRATEGIES WHICH BETTER COORDINATE AND MAXIMIZE NATIONAL OR INTERNATIONAL INVESTMENTS, TO ENSURE A GREATER IMPACT ON THWARTING THE SPREAD OF THE DISEASE.

-- WE CAN IDENTIFY KEY TRAINING OPPORTUNITIES, WHICH WILL INCREASE YOUR CAPACITY TO RESPOND IN SURVEILLANCE AND RESPONSE TO A BROAD SPECTRUM OF INFECTIOUS DISEASES. OUR TECHNICAL EXPERTS AT USG AGENCIES ARE READY TO ASSIST YOU IN MAKING NATIONAL AIDS POLICIES AND PLANS PROPOSED OR ADOPTED BY DEVELOPING NATIONS A REALITY. THE HIV/AIDS REPORT GIVES AN OUTLINE OF OUR PROGRAMS AND EXPERTISE FOR YOUR REVIEW.

7. WE LOOK FORWARD TO YOUR REACTION AND FEEDBACK ON THIS REPORT. YY

6. THE FOLLOWING POINTS ARE SPECIFIC TO THE LATIN AMERICA/CARIBBEAN REGION:

-- ALTHOUGH THERE ARE CURRENTLY ONLY 1.4 MILLION ADULTS AND CHILDREN LIVING WITH HIV/AIDS IN LATIN AMERICA, A RELATIVELY LOW NUMBER COMPARED WITH OTHER REGIONS OF THE WORLD, THE PATTERN OF HIV SPREAD IS MUCH THE SAME AS IN INDUSTRIALIZED COUNTRIES.

-- INJECTING DRUG USE AND OTHER CONDITIONS CONDUCIVE TO RISING HIV RATES THREATEN TO UNLEASH AN AIDS EPIDEMIC OF MUCH HIGHER PROPORTIONS.

-- IF WE FAIL TO MEET THE CHALLENGES NOW BEFORE THE EPIDEMIC TAKES HOLD, WE WILL SEE RATES THAT RIVAL THOSE OF OTHER REGIONS FACING IMPENDING TRAGEDY.

-- EVEN IN TIMES OF FINANCIAL HARDSHIP, THE INVESTMENT IN A HEALTHY POPULACE IS CRITICAL TO SUSTAINING A RELIABLE WORKFORCE, ECONOMIC GROWTH AND PRODUCTIVITY, FOREIGN INVESTMENT AND NATIONAL SECURITY.

-- THERE IS NO CURE OR VACCINE LIKELY TO BE AVAILABLE IN TIME TO AVOID ESCALATING DEATH TOLLS. BUT IF NATIONAL LEADERS ACT NOW WE CAN COLLECTIVELY TAKE MEASURES WHICH CAN PROLONG LIFE AND SLOW THE EPIDEMIC.

-- AT THE SAME TIME WE CAN EXPAND AND ENHANCE INTERNATIONAL COLLABORATIONS TO SHARE SPECIALIZED TECHNICAL EXPERTISE AND ENHANCE CAPACITY FOR PREPAREDNESS AND RESPONSE TO DISEASE PROBLEMS.

-- THIS CALLS FOR MOBILIZATION AND MORE TARGETED INVESTMENT OF RESOURCES TO BUILD AND SUSTAIN CAPACITY TO TREAT OPPORTUNISTIC INFECTIONS, SUCH AS TB; AND THE DEVELOPMENT AND URGENT IMPLEMENTATION OF NATIONAL AIDS STRATEGIES WHICH BETTER COORDINATE AND MAXIMIZE NATIONAL OR INTERNATIONAL INVESTMENTS, TO ENSURE A GREATER IMPACT ON THWARTING THE SPREAD OF THE DISEASE.

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7. WE LOOK FORWARD TO YOUR REACTION AND FEEDBACK ON THIS REPORT. YY

6. THE FOLLOWING POINTS ARE SPECIFIC TO NORTH AFRICA AND THE MIDDLE EAST REGION:

-- LESS IS NOWN ABOUT HIV INFECTION RATES IN NORTH AFRICA OR THE MIDDLE EAST THAN IN OTHER PARTS OF THE WORLD.

-- SOME COUNTRIES, PARTICULARLY THOSE WITH LARGE POPULATIONS OF IMMIGRANT WORKERS, CARRY OUT MASS SCREENING FOR THE VIRUS, BUT NONE ESTIMATES INFECTIONS AT MORE THAN 1 ADULT IN 100.

-- JUST OVER 200,000 PEOPLE ARE ESTIMATED TO BE LIVING WITH HIV IN THESE COUNTRIES, UNDER 1% OF THE WORLD TOTAL.

-- ALTHOUGH THE RATE OF INFECTION IS LOW RELATIVE TO OTHER PARTS OF THE WORLD, IF WE FAIL TO MEET THE CHALLENGES NOW BEFORE THE EPIDEMIC TAKES HOLD, WE WILL SEE RATES THAT RIVAL THOSE OF OTHER REGIONS FACING IMPENDING TRAGEDY.

-- EVEN IN TIMES OF FINANCIAL HARDSHIP, THE INVESTMENT IN A HEALTHY POPULACE IS CRITICAL TO SUSTAINING A RELIABLE WORKFORCE, ECONOMIC GROWTH AND PRODUCTIVITY, FOREIGN INVESTMENT AND NATIONAL SECURITY.

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7. WE LOOK FORWARD TO YOUR REACTION AND FEEDBACK ON THIS REPORT. YY

6. **THE FOLLOWING POINTS ARE SPECIFIC TO CANADA:**

-- WITH RELATIVELY LOW INFECTION RATE IN THE INDUSTRIALIZED WORLD (NORTH AMERICA HAS 890,000 AND WESTERN EUROPE HAS 500,000 PEOPLE LIVING WITH HIV/AIDS) NEW COMBINATIONS OF ANTI-HIV DRUGS CONTINUE TO REDUCE AIDS DEATHS SIGNIFICANTLY.

-- HOWEVER, BECAUSE NEW INFECTIONS CONTINUE TO OCCUR WHILE ANTIRETROVIRAL DRUG COCKTAILS KEEP ALREADY-INFECTED PEOPLE ALIVE, THE PROPORTION OF OUR POPULATIONS LIVING WITH HIV HAS ACTUALLY GROWN.

-- THE WESTERN INDUSTRIALIZED WORLD HAS A KEY ROLE TO PLAY IN SHARING LESSONS LEARNED WITH OTHER REGIONS BATTLING THE HIV/AIDS EPIDEMIC.

-- WIDESPREAD HUMAN SUFFERING AND CO-INFECTIONS OF TB AND OTHER OPPORTUNISTIC INFECTIONS UNDERSCORE THE NEED TO ADDRESS THE HIV/AIDS PROBLEM IN AREAS OF THE GLOBE MOST SERIOUSLY AFFECTED.

-- WE COLLECTIVELY HAVE COMMITTED IN THE G-7(8) TO ADDRESS HIV/AIDS AND INFECTIOUS DISEASES AS A PRIORITY.

-- COLLABORATIVE ACTION COORDINATED EFFECTIVELY WITH WHO MUST BRING US TO DEVELOPMENT OF AN HIV/AIDS VACCINE WHICH WILL ADDRESS STRAINS OF THE VIRUS PREVALENT IN DEVELOPING COUNTRIES.

-- WE MUST ALSO COMMIT TO ADDRESSING THIS ISSUE IN SECTORAL MEETINGS BEFORE LABOR AND FINANCE ORGANIZATIONS AND IN MULTILATERAL FORA. WE HOPE YOU WILL LEND YOUR SUPPORT AND LEADERSHIP IN THESE EFFORTS.

-- WE INVITE YOU TO JOIN IN AN INTERNATIONAL COLLABORATIVE EFFORT TO COMBAT THIS PANDEMIC. THIS CALLS FOR MOBILIZATION AND MORE TARGETED INVESTMENT OF RESOURCES TO BUILD AND SUSTAIN CAPACITY TO TREAT OPPORTUNISTIC INFECTIONS, SUCH AS TB; AND THE DEVELOPMENT AND URGENT IMPLEMENTATION OF NATIONAL AIDS STRATEGIES WHICH BETTER COORDINATE AND MAXIMIZE NATIONAL OR INTERNATIONAL INVESTMENTS, TO ENSURE A GREATER IMPACT ON THWARTING THE SPREAD OF THE DISEASE.

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6. THE FOLLOWING POINTS ARE SPECIFIC TO THE WESTERN EUROPEAN REGION:

-- WITH RELATIVELY LOW INFECTION RATES IN THE INDUSTRIALIZED WORLD (NORTH AMERICA HAS 890,000 AND WESTERN EUROPE HAS 500,000 PEOPLE LIVING WITH HIV/AIDS) NEW COMBINATIONS OF ANTI-HIV DRUGS CONTINUE TO REDUCE AIDS DEATHS SIGNIFICANTLY.

-- HOWEVER, BECAUSE NEW INFECTIONS CONTINUE TO OCCUR WHILE ANTIRETROVIRAL DRUG COCKTAILS KEEP ALREADY-INFECTED PEOPLE ALIVE, THE PROPORTION OF OUR POPULATIONS LIVING WITH HIV HAS ACTUALLY GROWN.

-- THE WESTERN INDUSTRIALIZED WORLD HAS A KEY ROLE TO PLAY IN SHARING LESSONS LEARNED WITH OTHER REGIONS BATTLING THE HIV/AIDS EPIDEMIC.

-- WIDESPREAD HUMAN SUFFERING AND CO-INFECTIONS OF TB AND OTHER OPPORTUNISTIC INFECTIONS UNDERSCORE THE NEED TO ADDRESS THE HIV/AIDS PROBLEM IN AREAS OF THE GLOBE MOST SERIOUSLY AFFECTED.

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-- WE MUST ALSO COMMIT TO ADDRESSING THIS ISSUE IN SECTORAL MEETINGS BEFORE LABOR AND FINANCE ORGANIZATIONS AND IN MULTILATERAL FORA. WE HOPE YOU WILL LEND YOUR SUPPORT AND LEADERSHIP IN THESE EFFORTS.

-- WE INVITE YOU TO JOIN IN AN INTERNATIONAL COLLABORATIVE EFFORT TO COMBAT THIS PANDEMIC. THIS CALLS FOR MOBILIZATION AND MORE TARGETED INVESTMENT OF RESOURCES TO BUILD AND SUSTAIN CAPACITY TO TREAT OPPORTUNISTIC INFECTIONS, SUCH AS TB; AND THE DEVELOPMENT AND URGENT IMPLEMENTATION OF NATIONAL AIDS STRATEGIES WHICH BETTER COORDINATE AND MAXIMIZE NATIONAL OR INTERNATIONAL INVESTMENTS, TO ENSURE A GREATER IMPACT ON THWARTING THE SPREAD OF THE DISEASE.

-- WE CAN IDENTIFY KEY TRAINING OPPORTUNITIES, WHICH WILL INCREASE YOUR CAPACITY TO RESPOND IN SURVEILLANCE AND RESPONSE TO A BROAD SPECTRUM OF INFECTIOUS DISEASES. OUR TECHNICAL EXPERTS AT USG AGENCIES ARE READY TO ASSIST YOU IN MAKING NATIONAL AIDS POLICIES AND PLANS PROPOSED OR ADOPTED BY DEVELOPING NATIONS A REALITY. THE HIV/AIDS REPORT GIVES AN OUTLINE OF OUR PROGRAMS AND EXPERTISE FOR YOUR REVIEW.

7. WE LOOK FORWARD TO YOUR REACTION AND FEEDBACK ON THIS REPORT. YY

U.S. Department of State
Bureau of Oceans and International
Environmental and Scientific Affairs
Washington, DC 20520

facsimile transmittal

To:	Distribution	**At Fax Number:** ~~74344~~ See attached	
From:	Erika Barth	**Date:**	March 18, 1999
Phone:	(202) 647-4542	**Fax:**	(202) 736-7336
Re:	Diplomatic Initiative on HIV/AIDS	**Pages:**	4 (including cover)

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

We are pleased to tell you that the Secretary of State announced the release of the U.S. International Response to HIV/AIDS on Tuesday, March 16. 10 copies of the document have been mailed out to all U.S. diplomatic and consular posts. As part of the diplomatic initiative we are sending a cable to all posts with both universal and regional talking points on HIV/AIDS (see attached).

Please review this cable and provide us with any comments by COB today, if possible.

Paragraphs 1 through 5 are virtually identical for all regions and paragraph 6 contains more specific regionally tailored talking points. I have attached all of the regional talking points.

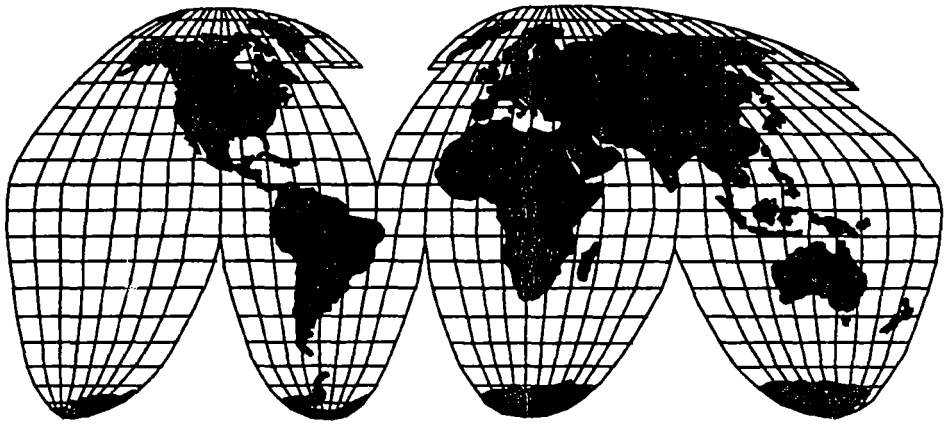
Call Erika Barth (647-4542) with any questions. Thanks for your help!!

Erika

Distribution:

Jim Kelman	USIA	619-5646
Alan Getson	USAID	216-3046
Nedra Overall	PRM	663-3904
David Hohman	HHS	690-7127
Karen Jo McIsaac	DRL	647-4344
Karen Stanecki	Census	301-457-3034
Todd Summers	ONAP	456-2438

United States International Strategy on HIV/AIDS



July, 1995

United States Department of State

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

Released September 1995

United States Department of State

Under Secretary of State
for Global Affairs

Washington, D.C. 20520-7261

Dear Friend,

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

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

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

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

Sincerely,

Timothy E. Wirth

ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

CDC Centers for Disease Control and Prevention
CIA Central Intelligence Agency

DHHS Department of Health and Human Services
DOD Department of Defense

FDA Food and Drug Administration

HIV Human Immunodeficiency Virus

NGO non-governmental organization
NIH National Institutes of Health

PHS Public Health Service

STD sexually transmitted disease

U.N. United Nations
UNDP United Nations Development Programme
UNFPA United Nations Population Fund
UNICEF United Nations Children's Fund
USAID United States Agency for International Development

WHO World Health Organization

I. INTRODUCTION

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

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

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

About this document

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

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

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

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

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

Scope of the Pandemic

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

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

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

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

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

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

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

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

Preventing Infections

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

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

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

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

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

Treatment

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

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

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

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

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

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

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

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

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

A. PREVENT NEW HIV INFECTIONS

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

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

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

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

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

2. Develop Behavioral Prevention Strategies.

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

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

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

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

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

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

3. Augment Research.

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

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

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

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

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

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

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

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

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

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

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

4. Safeguard the Blood Supply.

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

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

5. Provide Access to Health Services and Technologies.

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

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

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

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

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

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

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

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

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

- -- Human rights abuses, such as the selling of women and girls into prostitution and the traditional practice of female genital mutilation;
- -- Increasing trend toward early childhood marriage; and,
- -- Discriminatory land-tenuring and inheritance laws.

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

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

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

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

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

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

B. REDUCE PERSONAL AND SOCIAL IMPACT

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

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

1. Provide Care and Support.

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

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

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

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

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

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

2. Guarantee Human Rights.

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

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

3. Protect Politico-Military Structures at Risk.

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

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

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

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

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

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

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

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

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

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

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

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

C. MOBILIZE AND UNIFY NATIONAL AND INTERNATIONAL EFFORTS

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

- The Interdepartmental Task Force on HIV/AIDS, chaired by the National AIDS Policy Director, will develop a national action plan for HIV/AIDS, as directed by the President.

  -- The State Department will work to ensure that the objectives outlined in the present document support and complement those of the national action plan.

- The Joint U.N. Programme on AIDS is expected to provide an excellent framework for the coordination of bilateral and multilateral HIV/AIDS efforts. Continued support for the Programme sends the message that the U.S. sees coordination of efforts as a critical element in a successful effort to combat global HIV/AIDS.

  -- The State Department and senior USG officials will support -- and will urge other governments to support -- the speedy establishment of the Joint U.N. Programme on AIDS.

- The State Department and senior USG officials will urge other governments to increase their contributions to the UN's efforts on HIV/AIDS to the already high levels being contributed by the USG.

- Since the HIV/AIDS issue is taken up in a number of intergovernmental fora, both within and without the U.N system, the State Department will convene regular interagency meetings to discuss the international agenda and to develop common approaches on HIV/AIDS issues.

- Using the HIV/AIDS component of the Common Agenda with Japan as a model, the State Department and USAID will pursue agreements with other donors to work more closely on HIV/AIDS in priority countries.

- To the extent possible, U.S. international policy on HIV/AIDS will be consistent with other international efforts, and those of the U.N. system in particular.

APPENDIX A: An Agenda for Action

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

State Department

1a The State Department will ensure that the major tenets of this document are promoted in relevant international meetings of the U.N. and other bodies, including the IVth World Conference on Women, as well as within U.N. agencies themselves, and particularly in the Joint U.N. Programme on AIDS.

1b The State Department will develop policy guidance materials to ensure that U.S. international HIV/AIDS objectives are promoted in discussions between senior USG representatives and national leaders from key countries. In addition to encouraging leaders to join the United States in endorsing the 1994 Paris AIDS Declaration and the Joint U.N. Programme on AIDS, USG representatives will emphasize a range of concerns, including the urgent need for leaders to openly address the HIV/AIDS pandemic in their own countries, the need for governments to consider the adverse economic impact of HIV/AIDS in their countries, the need for other governments to increase spending on HIV/AIDS prevention and research, and the need to establish or implement National AIDS Action Plans.

1c U.S. ambassadors and other embassy representatives will meet with host country counterparts to describe the U.S. International Strategy on HIV/AIDS and to encourage leaders to expand HIV/AIDS prevention and mitigation programs. Emphasis will be placed on the important role that NGOs, business groups, people living with HIV/AIDS, and community organizations should play in an effective response to HIV/AIDS.

1d The State Department will transmit this Strategy on HIV/AIDS in a cable to all posts.

1e The State Department will seek to heighten the awareness of the foreign policy implications of HIV/AIDS to the foreign service community through all available mechanisms.

1f The Secretary of State will join the Secretary of the Department of Health and Human Services in sending a joint letter to Congress

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

1g The State Department will host a 1-5 day conference with U.S.-based international business leaders to discuss a range of HIV/AIDS-related issues, including the impact of HIV/AIDS on trade and investment decisions and on sustainable economic development of trading partners.

1h The State Department will assist USG agencies as necessary in strengthening or establishing international research and training collaborations and will assist, as necessary, in gaining approval for HIV/AIDS vaccine trials and other research efforts in host countries.

1i he State Department will convene a meeting of the National Science and Technology Council's Committee on International Science, Engineering, and Technology to address the global challenge of emerging and re-emerging diseases, including HIV/AIDS.

1j The State Department, in collaboration with the CDC, will organize a workshop to examine surveillance and epidemiological issues and related policy concerns in the Former Soviet Union.

1k The State Department will emphasize to appropriate U.N. agencies, including UNICEF, UNDP, WHO and UNFPA, the importance which the USG places on prevention of HIV infection of children and youth and will urge U.N. bodies to prioritize their efforts for preventing infections and mitigating the impact of HIV/AIDS on children and youth.

1l The State Department will convene an interagency working group to discuss mechanisms whereby the USG may work more closely with development banks to reduce the spread of HIV/AIDS at development project sites.

1m The State Department and other appropriate USG representatives will promote the safeguarding of the protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing and social welfare in all appropriate fora.

1n The State Department will continue to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting.

1o The State Department will convene an interagency meeting to address the impact of HIV/AIDS on international peacekeeping operations and humanitarian missions. Recommendations for action will be made to appropriate officials, including those responsible for U.S. policy on U.N. peacekeeping operations.

1p The State Department will work with the Departments of Commerce and Treasury and USTR to include AIDS as an agenda item at the G-7 and other appropriate international economic meetings.

1q The State Department will work to ensure that the objectives outlined in the present document support and complement those of the national HIV/AIDS action plan, now being developed.

1r The State Department and senior USG officials will support -- and will urge other governments to support -- the speedy establishment of the Joint U.N. Programme on AIDS. They will also urge other governments to increase their contributions to the U.N.'s efforts on HIV/AIDS to the already high levels being contributed by the USG.

1s The State Department will convene regular interagency meetings to discuss the international calendar and to develop common approaches on HIV/AIDS issues.

1t Using the HIV/AIDS component of the Common Agenda with Japan as a model, the State Department and USAID will pursue agreements with other donors to work more closely on HIV/AIDS in priority countries.

USAID

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

2a Identify successful prevention strategies and, through USAID missions and U.S. embassies, publicize successes to government and community health workers so that they may be duplicated elsewhere, including in other regions of the same country as well as in other countries.

2b Continue to support behavioral research, with the aim of developing culturally appropriate prevention strategies, and studies of the economic impact of HIV/AIDS, particularly at the household level.

2c Continue to develop programs which underscore the linkage between provision of reproductive health services, the treatment of sexually transmitted diseases, and reduction in the spread of HIV/AIDS.

2d Address the socio-economic factors which contribute to women's vulnerability to HIV infection through programs to increase the level of education in girls and women and their economic potential.

2e Support efforts in the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.

2f Develop new and better male condoms.

2g When appropriate and feasible, incorporate HIV/AIDS prevention activities into the overall health strategy for well-established refugee camps.

2h With the goal of developing long-term treatment and care strategies for HIV/AIDS affected persons, USAID, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures in countries in need.

2i Continue to provide technical assistance to countries for the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.

2j Work with other donors to establish innovative programs, including the establishment of trust funds, in order to provide social services and support for the burgeoning number of AIDS orphans in developing countries.

DHHS AGENCIES

3a NIH's Office of AIDS Research, in collaboration with the Fogarty International Center, will develop an inventory of NIH-supported research being conducted in both developing and developed countries.

3b NIH will continue its strong AIDS research program with the aim of developing effective behavioral strategies, drugs, vaccines and other preventive technologies and approaches, including vaginal microbicides, and low-cost diagnostics to reduce the spread and impact of HIV/AIDS. NIH will work with the private sector, as appropriate, in this endeavor.

3c FDA will work with product manufacturers to facilitate the rapid development of new agents for the prevention and treatment of HIV-related conditions as well as medical devices for the prevention of HIV transmission.

3d CDC will continue to support behavioral research which provides information on risk behaviors and which assists in targetting prevention strategies more appropriately.

3e NIH's Office for Protection from Research Risks will continue its advisory and regulatory role in ensuring that international research is conducted in an ethical manner and one that is consistent with agreed principles for protecting human subjects.

3f DHHS will work with international partners, including NGOs and international development agencies and organizations, to assist in safeguarding the world blood supply.

3g FDA will work with manufacturers to facilitate the development of new testing methodologies and other approaches to help assure the safety of the blood supply.

3h PHS will prioritize efforts in the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.

3i PHS will prioritize efforts to develop new and better male condoms.

3j The NIH will place a high priority on following up initial studies which could lead to methods for preventing HIV transmission from mother to fetus, including antiviral therapy (AZT) and micronutrient treatment (vitamin A) during pregnancy and on further defining the context of their use.

3k With the goal of developing effective and affordable long-term treatments and strategies to provide care and to assist HIV-infected persons and their families, PHS, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures.

3l DHHS agencies will continue to work toward the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.

3m CDC, in collaboration with other agencies, will work toward improved global monitoring of the spread of HIV/AIDS. This includes working with the U.S. Census Bureau to expand its international HIV/AIDS database to include statistics from developed countries and the Former Soviet Union.

Peace Corps

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

Defense Department

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

5b The Department of Defense will continue mission relevant biomedical research efforts toward candidate vaccine development.

The Intelligence Community

6a The National Intelligence Council will coordinate the preparation of a National Intelligence Estimate on the impact of HIV/AIDS on military establishments.

6b The intelligence community will produce and update analyses of the impact of HIV/AIDS in selected countries and regions, as needed.

Multiple Agency Efforts:

7a The State Department, USAID and the National AIDS Policy Director will host a conference for domestic and international AIDS non-governmental organizations to discuss the U.S. response to global HIV/AIDS and to foster the exchange of information between domestic and international groups.

7b USG representatives, including embassy personnel, will encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research.

7c USAID, the National AIDS Policy Director and the State Department will explore the feasibility of hosting satellite meetings at the International AIDS Conferences and regional AIDS conferences at which large cohorts of domestic and international NGOs are represented in order to foster dialogue between domestic and international NGOs.

7d Concerned USG agencies will consider alternative and innovative ideas and will work with international partners to improve access to essential commodities, including condoms, vaginal microbicides (once they are developed and made available) and drugs to treat sexually transmitted diseases.

7e DHHS and the National AIDS Policy Director will establish an interagency working group to discuss women's health issues and associated concerns as they relate to key meetings on the international agenda.

7f Representatives from the State Department, USAID, the National AIDS Policy Director's office, and others will meet on a regular basis to discuss key issues of common concern.

APPENDIX B: International Research Cooperation

INTRODUCTION

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

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

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

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

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

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

CURRENT INTERNATIONAL HIV-RELATED RESEARCH ACTIVITIES

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

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

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

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

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

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

FUTURE DIRECTIONS IN INTERNATIONAL HIV RESEARCH COOPERATION

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

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

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

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

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

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

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

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

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

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

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

APPENDIX C: Prevention

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

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

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

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

Policy Dialogue

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

Information, Education and Communication for Behavior Change

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

Increase Condom Use

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

HIV Testing and Counselling

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

Biomedical Interventions

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

Injection Drug Use

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

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

Blood Screening and Blood Safety

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

Evaluation and Analysis of Data

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

Research

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

-- Intravenous drug use is a significant vector for transmission in the Middle East, Asia -- particularly China, Burma and Pakistan -- and in some urban areas of Latin America.

-- Contaminated blood products also contribute significantly to the epidemic in the former Soviet Union and some developing countries.

Social and Economic Impact

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

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

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

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

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

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

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

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

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

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

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

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

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

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

-- At least 50 countries have some explicit requirement for HIV testing of foreigners.

-- Cuba's aggressive AIDS control program of lifetime quarantine of those who test positive is a human rights concern that could increase if other countries attempt to emulate such controls.

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

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

Prevention Strategies and Cost

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

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

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

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

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

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

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

Impact of AIDS on Military Forces

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

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

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

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

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

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

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

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

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

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

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

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

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

Implications for the United States

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

-- US military personnel, operating in high-incidence countries, will be at increased risk of exposure to HIV/AIDS.

-- Medical cooperation between US and allied or coalition forces will be difficult if high HIV incidence exists in non-US troops. It is virtually impossible to employ universal blood precautions under combat medicine conditions forward of the first hospital in the evacuation chain. Therefore, US medical personnel may be forced to choose between diverting or even refusing foreign patients or placing US health care workers at elevated risk. US military personnel may also be at higher risk of exposure to HIV-associated and possibly multi-drug resistant tuberculosis.

-- The US could find itself embroiled in the explosive problem of devising UN guidelines for the participation of HIV-infected militaries in peacekeeping.

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

APPENDIX E: Donor Coordination

Introduction

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

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

Obstacles and limitations to coordination

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

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

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

This definition is supported by the following elements:

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

Agreement on the need for consultation and exchange of information;

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

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

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

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

Past and present coordination efforts

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

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

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

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

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

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

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

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

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

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

Conclusions and Recommendations

- Considerable efforts have begun to improve coordination among the multiple international partners involved in the response to the HIV/AIDS pandemic. The USG role has and will continue to be key in this evolution. International initiatives such as Joint U.N. Programme on AIDS should assist in coordinating the HIV/AIDS efforts within the U.N. system and among governments and non-governmental institutions.

- Given the involvement of multiple USG Departments and Agencies in international HIV/AIDS activities, exchange of information and coordination of activities is critical. An ongoing process should be developed to facilitate this. Possible mechanisms for increasing coordination within the USG include:

- The convening of annual or semiannual meetings of high level Department and Agency representatives to review ongoing and planned activities within the framework of an international HIV/AIDS strategy and development of related interagency policies.

- Establishment of a regular forum at the working level to exchange information among agencies on international HIV/AIDS activities. This forum could involve non-governmental organizations as appropriate based on the topics to be discussed.

- Collaboration with the National AIDS Policy Director to ensure that international activities are incorporated within the framework of a national policy and strategy.

United States Department of State

Assistant Secretary of State for Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

June 2, 1998

Mr. Todd Summers
Deputy Director
ONAP
808 17th Street
Suite 800
Washington, DC 20006

Dear Mr. Summers:

In July 1995, the U.S. Department of State released the U.S. International Strategy on HIV/AIDS. The strategy, which was the product of an interagency effort, contained a set of priorities for action in combatting the worldwide spread of HIV/AIDS. We are now asking each agency which participated in the development and implementation of the strategy to help us by assessing the success of this strategy and informing us of new developments and activities. We will then work together to develop a new unified USG international strategy on HIV/AIDS. To begin the process of revising the strategy, please complete the attached assessment survey and return it to the State Department by June 19, 1998.

We have attempted to design the survey to minimize the amount of agency time and effort needed to provide meaningful responses. Where appropriate, agency plans or brochures can be attached to provide more complete program information.

The 1995 strategy articulates a set of U.S. international objectives for the fight against HIV/AIDS and a set of actions aimed at meeting these objectives. The first part of the survey asks that you assess your agency's progress in accomplishing the stated goals, objectives and activities.

Next, please identify additional projects, programs and proposals that have been developed since the completion of the 1995 strategy.

We hope to focus the new effort on fulfilling the President's commitment to development of an HIV/AIDS vaccine and to making new HIV/AIDS treatments more available and affordable. In support of this goal as well as specific agency efforts, please identify your agency's priorities as outlined in agency plans, programs, or budget requests. Consider ways to promote equity overseas in terms of treatment, prevention, training, drug accessibility and other interventions to ameliorate suffering.

This is the first step in revising the international strategy on HIV/AIDS. The State Department will compile the results of the survey and convene an interagency meeting in late June to review and discuss the direction of the new strategy. As the strategy develops, we will seek the input of the non-governmental AIDS activist groups, business and trade representatives and non-governmental service organizations. Upon completion of a draft strategy, we will seek public comment.

Below is the anticipated schedule for completion of the new strategy:

June 1:	Assessment survey sent to participating agencies
June 19:	Survey returned to Department of State
Late June:	Interagency meeting to review survey results and develop strategy
July:	Town meeting(s) with representatives from non-governmental AIDS activist groups, business and trade organizations and non- governmental service organizations
August:	Public comment on draft strategy
September:	Revisions made to draft strategy
October:	Final strategy completed
November:	Final strategy printed and mailed to interested parties

Thank you for participating in this meaningful and valuable process. As we work to mitigate the overseas impact of HIV/AIDS, it is vital that the U.S. Government maintain an effective, unified focus and a comprehensive plan.

Sincerely,

Melinda L. Kimble

Melinda L. Kimble, Acting

Name: _____

Title: _____

Agency/Office: _____

Specialty Area (optional): _____

PLEASE RETURN SURVEY TO:
Nancy Carter-Foster
Director, Emerging Infectious Disease and HIV/ AIDS Program
Department of State, Room 4330
2201 C Street NW
Washington, DC 20520
FAX: (202) 736-7336
If you have any questions, please call:
Dave Wagner at (202) 647-4542 or
Terri Wong at (202) 647-4824

ASSESSMENT SURVEY

IF YOU NEED MORE SPACE TO MAKE COMMENTS, PLEASE FEEL FREE TO ATTACH ADDITIONAL PAGES.

PROGRESS IN MEETING PAST ACTIVITIES/GOALS/OBJECTIVES

The following excerpt was taken from the July 1995 publication entitled U.S. International Strategy on HIV/AIDS released by the Department of State. The excerpt presents the goals, objectives and/or activities that your agency established in 1995. (A copy of the strategy is enclosed for your reference.)

1. Please review and indicate whether the objective/goal was met by marking the appropriate box.
2a. If the objective/goal was met, please indicate how your agency achieved that particular objective/goal. (i.e., new programs developed)
2b. If you objective/goal was not met, please identify the reasons that hindered your agency from achieving it.

Objective 1 Achieved? Yes ☐ No ☐

The State Department, USAID and the National AIDS Policy Director will host a conference for domestic and international AIDS non-governmental organizations to discuss the U.S. response to global HIV/AIDS and to foster the exchange of information between domestic and international groups.

_____

_____

_____

_____

Objective 2 Achieved? Yes ☐ No ☐

USAID, the National AIDS Policy Director and the State Department will explore the feasibility of hosting satellite meetings at the International AIDS Conferences and regional AIDS conferences at which large cohorts of domestic and international NGOs are represented in order to foster dialogue between domestic and international NGOs.

Objective 3 Achieved? Yes ☐ No ☐

DHHS and the National AIDS Policy Director will establish an interagency working group to discuss women's health issues and associated concerns as they relate to key meetings on the international agenda.

Objective 4 Achieved? Yes ☐ No ☐

Representatives from the State Department, USAID, the National AIDS Policy Director's office, and others will meet on a regular basis to discuss key issues of common concern.

CURRENT ACTIVITIES/GOALS/OBJECTIVES

1. Please state how your objective/goals have changed since July 1995 to strengthen your agency's overall prevention strategy. (If available, please attach a program plan or other relevant document.)

   Examples:
   a. New projects
   b. Additional programs
   c. New proposals

2. Besides monetary funding, what current problems are impeding your agency from obtaining its current objectives/goals?

   For example:
   a. Lack of intra-governmental or inter-governmental coordination
   b. Overlapping efforts with other agencies
   c. Inadequate facilities
   d. Lack of authority

3a. Please indicate the percentage of international activity in the following areas that your agency is currently conducting. Also, please explain what type of activities are done in those areas.

1. Prevention/Control Strategies (Education/Training) _____
2. Research (drugs, vaccines) _____
3. Behavioral Research _____
4. STD Prevention _____
5. Other: _____ _____

Explain:

3b. What type of activities is your agency doing in collaboration with international organizations?

4. To assist users of the strategy to understand how the USG is organized to address international HIV/AIDS issues, please attach a description of your agency's mission and it's organizational structure.

FUTURE ACTIVITIES/OBJECTIVES/GOALS

1. Please check the box(es) to indicate the issues that should be addressed in our future strategy. For the issues that are marked, please explain in the area directly below.

☐ AIDS orphaned children

_____

_____

_____

_____

_____

☐ Enhanced coordination of donor assistance

_____

_____

_____

_____

_____

☐ International collaboration/cooperation for development of AIDS vaccines and for advanced treatment therapies

_____

_____

_____

_____

_____

☐ Accessibility/availability of HIV/AIDS treatment therapies (to developing countries)

_____

_____

_____

_____

_____

- ☐ International equity issues (i.e., treatment equity)

☐ Enhance collaboration between federal and international agencies/ organizations?

☐ Other

Name: _____

Title: _____

Agency/Office: _____

Specialty Area (optional): _____

PLEASE RETURN SURVEY TO:
Nancy Carter-Foster
Director, Emerging Infectious Disease
and HIV/ AIDS Program
Department of State, Room 4330
2201 C Street NW
Washington, DC 20520
FAX: (202) 736-7336
If you have any questions, please call:
Dave Wagner at (202) 647-4542 or
Terri Wong at (202) 647-4824

ASSESSMENT SURVEY

IF YOU NEED MORE SPACE TO MAKE COMMENTS, PLEASE FEEL FREE TO ATTACH ADDITIONAL PAGES.

PROGRESS IN MEETING PAST ACTIVITIES/GOALS/OBJECTIVES

The following excerpt was taken from the July 1995 publication entitled U.S. International Strategy on HIV/AIDS released by the Department of State. The excerpt presents the goals, objectives and/or activities that your agency established in 1995. (A copy of the strategy is enclosed for your reference.)

1. Please review and indicate whether the objective/goal was met by marking the appropriate box.
2a. If the objective/goal was met, please indicate how your agency achieved that particular objective/goal. (i.e., new programs developed)
2b. If you objective/goal was not met, please identify the reasons that hindered your agency from achieving it.

Objective 1 Achieved? Yes ☐ No ☐

The State Department, USAID and the National AIDS Policy Director will host a conference for domestic and international AIDS non-governmental organizations to discuss the U.S. response to global HIV/AIDS and to foster the exchange of information between domestic and international groups.

_____

_____

_____

_____

Objective 2 Achieved? Yes ☐ No ☐

USAID, the National AIDS Policy Director and the State Department will explore the feasibility of hosting satellite meetings at the International AIDS Conferences and regional AIDS conferences at which large cohorts of domestic and international NGOs are represented in order to foster dialogue between domestic and international NGOs.

Objective 3 Achieved? Yes ☐ No ☐

DHHS and the National AIDS Policy Director will establish an interagency working group to discuss women's health issues and associated concerns as they relate to key meetings on the international agenda.

Objective 4 Achieved? Yes ☐ No ☐

Representatives from the State Department, USAID, the National AIDS Policy Director's office, and others will meet on a regular basis to discuss key issues of common concern.

U.S. Department of State
Bureau of Oceans and International
Environmental and Scientific Affairs
Washington, DC 20520

facsimile transmittal

To: TODD SUMMERS, ONAP	**At Fax Number:** 456-2438
From: David Wagner	**Date:** 8/18/98
Phone: 202-647-4542	**Fax:** 202-736-7336
Re: DRAFT OUTLINE	**Pages:** 10

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes: TODD, PLEASE SEE ATTACHED

U.S. INTERNATIONAL HIV/AIDS STRATEGY
DRAFT OUTLINE

(parenthetical following topic indicates drafter and approximate page limit)

PREFACE (State - 3 pages)

1. About This Document

   A. Discussion of what document is (review of USG progress since 1995 strategy and remaining challenges)
   B. Discussion of what document is not (ie., funding directory)

2. Target Audience

   A. Host countries (U.S. missions and embassies will serve as information conduit)
   B. International organizations
   C. Non-governmental organizations
   D. Developing countries

3. General Objectives

   A. Raise awareness to the issue
   B. Enhance collaboration between federal and international agencies/organizations
   C. Increase political and economic commitment by foreign leaders
   D. Foster greater involvement by NGOs and industry in AIDS policy and program formulation
   E. Encourage efforts of UNAIDS and other international organizations
   F. Consider human rights implications of HIV/AIDS
   G. Women and HIV/AIDS

4. Assessment of U.S. Interests

   A. Rationale for development of document (ie., foreign policy issue with economic, social and security implications)
   B. Reasons other governments need to address HIV/AIDS

****** Draft ******
August 14, 1998

I. INTRODUCTION: WORLD AIDS SITUATION AND U.S. RESPONSE (State - 8 pages)

1. International Impact of HIV/AIDS

2. Review of 1995 Strategy

   A. Success stories - highlight interventions that work, especially those in developing countries like Thailand and Uganda

   B. Barriers to success

      1. Lack of coordination between governments and donors
      2. Lack of adequate funding and resources

3. Changes in World AIDS Situation **(USAID to provide background info)**

4. Remaining Obstacles and New Challenges to Response to HIV/AIDS Pandemic

II. ACTION STRATEGY

1. Selection of Specific Issues
   A. Reasons for selection
   B. Importance of each issue

2. Definitions of Specific Issues **(2 pages for each definition)**

   Issues Surrounding
   A. Prevention **(State)**
   B. Treatment Equity **(CDC)**
   C. AIDS-Orphaned Children **(USAID)**
   D. Women and Health **(HHS - Office on Women's Health)**
   E. Vaccine Research **(NIH)**
   F. Behavioral Research/ Behavioral Change Interventions **(USAID, State)**
   G. Microbicide Development **(NIH)**
   H. Donor Coordination **(USAID)**
   I. Additional Issues (where appropriate)

[Each agency will follow the above format in the discussion of its strategy on specific issues. If the specific issue is not addressed by the agency in the area of HIV/AIDS, simply skip that topic.]

****** Draft ******
August 14, 1998

WHITE HOUSE OFFICE OF NATIONAL AIDS POLICY (4 pages)

1. Discussion of Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Strategy for Specific Issues

   Issues Surrounding
   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to agency)

U.S. DEPARTMENT OF STATE (4-6 pages)

1. Discussion of Agency Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Agency Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. U.S. Role in Promotion of Active Involvement on HIV/AIDS by National Governments -- Creating International partnerships·
   J. Human Rights Issues

****** Draft ******
August 14, 1998

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (15-20 pages)

1. Discussion of Agency Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Agency Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to agency)

U.S. INFORMATION AGENCY (4-6 pages)

1. Discussion of Agency Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Agency Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to agency)

****** Draft ******
August 14, 1998

U.S. PEACE CORPS (4-6 pages)

1. Discussion of Agency Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Agency Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to agency)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- NATIONAL INSTITUTES OF HEALTH (4-8 pages)

1. Discussion of Agency Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Agency Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
      - **National AIDS Vaccine Committee**
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to agency)

****** Draft ******
August 14, 1998

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- CENTERS FOR DISEASE CONTROL AND PREVENTION (4-8 pages)

1. Discussion of Agency Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Agency Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to agency)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- FOOD AND DRUG ADMINISTRATION (4 pages)

1. Discussion of Agency Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Agency Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to agency)

****** Draft ******
August 14, 1998

U.S. DEPARTMENT OF COMMERCE (4-6 pages)

1. Discussion of Agency Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Agency Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to agency)

NATIONAL INTELLIGENCE COUNCIL (4-6 pages)

1. Discussion of Agency Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Agency Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to agency)

****** Draft ******
August 14, 1998

U.S. DEPARTMENT OF JUSTICE (4-6 pages)

1. Discussion of Agency Mandate Relevant to HIV/AIDS

2. Funding
   A. Agency Budget Dedicated to International HIV/AIDS Programs
   B. Additional Funding (spin-off from domestic programs)

3. Agency Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to agency)

III. ROLE OF PHARMACEUTICAL INDUSTRY (Commerce, 4-8 pages)

1. Discussion of Mandate Relevant to HIV/AIDS

2. Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues, ie., Transparency Assurances in Overseas Research

****** Draft ******
August 14, 1998

IV. ROLE OF INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS (4-8 pages, NGO's will submit text)

1. Discussion of Mandate(s) Relevant to HIV/AIDS

2. Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues, ie., Linkages Between Domestic NGOs and International NGOs

V. ROLE OF INTERNATIONAL ORGANIZATIONS (4-8 pages, State/IO; USAID to provide info on UNAIDS)

1. Discussion of Mandate(s) Relevant to HIV/AIDS

2. Strategy for Specific Issues

   A. Prevention
   B. Treatment Equity
   C. AIDS-Orphaned Children
   D. Women and Health
   E. Vaccine Research
   F. Behavioral Research/ Behavioral Change Interventions
   G. Microbicide Development
   H. Donor Coordination
   I. Additional Issues (unique to IOs))

VI. CONCLUSION/ NEXT STEPS (3-4 pages)

VII. APPENDICES

Appendix A: U.S. Government Resources for HIV/AIDS
   1. USG Organization Chart for HIV/AIDS
   2. Relevant Phone Numbers and E-Mail Addresses

Appendix B: List of Acronyms

Appendix C: Glossary

Appendix D: Index

Todd -

these are Lahoma Romocki's answers - let me know what else I can do.

Jeannette

736-7336

FACSIMILE

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

736 Jackson Place
Washington, DC 20503

Phone: (202) 456-2437
Fax: (202) 456-2438

TO:	Nancy Carter Foster
FAX NUMBER:	(202) 736-7336
FROM:	Todd Summers
DATE:	August 19, 1998
PAGES:	(including cover sheet)
COMMENTS:	

THE ~~WHITE HOUSE~~
WASHINGTON

~~MEMORANDUM FOR PATRICIA FLEMING~~

~~From~~ To Todd Summer; Todd
Deputy Director
Office of National AIDS Policy
(202) 456-2437

From Patsy

Date: July 28, 1998

Re: State Dept. Information Request

I would appreciate it if you would look over the attached request from the State Dept. They would like information from ONAP on activities that have been done in response to the International Strategy. There are several that directly involve ONAP, and I don't know what was done in relation to these items.

Can you call with or fax any information that you have? Thanks!!

I checked boxes, but
~~Sor~~ Suggest you call LaTonica Romocki ~~for~~ for more info. I'm leaving in 10 minutes ~~for~~ for 10 days. 919-544-7040 W
919-528-4280 H
7261

Thurs. call first thing morning - 13th
919-528-4280

Name: _____

Title: _____

Agency/Office: _____

Specialty Area (optional): _____

PLEASE RETURN SURVEY TO:
Nancy Carter-Foster
Director, Emerging Infectious Disease
and HIV/ AIDS Program
Department of State, Room 4330
2201 C Street NW
Washington, DC 20520
FAX: (202) 736-7336
If you have any questions, please call:
Dave Wagner at (202) 647-4542 or
Terri Wong at (202) 647-4824

ASSESSMENT SURVEY

IF YOU NEED MORE SPACE TO MAKE COMMENTS, PLEASE FEEL FREE TO ATTACH ADDITIONAL PAGES.

PROGRESS IN MEETING PAST ACTIVITIES/GOALS/OBJECTIVES

The following excerpt was taken from the July 1995 publication entitled U.S. International Strategy on HIV/AIDS released by the Department of State. The excerpt presents the goals, objectives and/or activities that your agency established in 1995. (A copy of the strategy is enclosed for your reference.)

1. Please review and indicate whether the objective/goal was met by marking the appropriate box.
2a. If the objective/goal was met, please indicate how your agency achieved that particular objective/goal. (i.e., new programs developed)
2b. If you objective/goal was not met, please identify the reasons that hindered your agency from achieving it.

Objective 1 Achieved? Yes ☐ No ☑

The State Department, USAID and the National AIDS Policy Director will host a conference for domestic and international AIDS non-governmental organizations to discuss the U.S. response to global HIV/AIDS and to foster the exchange of information between domestic and international groups.

As of December '96 these plans were in development, number of people working on the development of a rally to be held in '97. Not sure what happened after that.

Objective 2 Achieved? Yes ☐ No ☑

USAID, the National AIDS Policy Director and the State Department will explore the feasibility of hosting satellite meetings at the International AIDS Conferences and regional AIDS conferences at which large cohorts of domestic and international NGOs are represented in order to foster dialogue between domestic and international NGOs.

NCIH and UNAIDS were coordinating and iniating some of these and there was no reason to duplicate the effort.

Objective 3 Achieved? Yes ☐ No ☐ Sort of ☑

DHHS and the National AIDS Policy Director will establish an interagency working group to discuss women's health issues and associated concerns as they relate to key meetings on the international agenda.

A working strategy draft was developed and a few meetings took place - fell through because there was much transition going on.

Objective 4 Achieved? Yes ☑ No ☐

Representatives from the State Department, USAID, the National AIDS Policy Director's office, and others will meet on a regular basis to discuss key issues of common concern.

Yes - met several times, come together and discuss current activities with DHHS and work collaboratively together.

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR KRISTIE KENNEY, DEPT. OF STATE

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: December 22, 1998

Re: Comments on "1999 U.S. International Response to HIV/AIDS"
S/S 9820322

Attached are specific comments on the above-referenced document. It is our understanding that substantial comments were submitted by other agencies. Therefore, we request review of the amended document before it is released and with adequate time to review and respond accordingly. To facilitate that review, we would appreciate both a finalized document and a "red lined" version showing changes made to that version submitted to us for review.

Re: Clearance of the U.S. Department of State's *1999 U.S. International Response to HIV/AIDS*

From: Todd Summers, Deputy Director, Office of National AIDS Policy

This text is intended to accompany a marked-up version of the above-referenced document.

Executive Summary

Page v. The use of the term "action strategy," implies a listing of steps that each entity (office/agency/department) will undertake in FY 99. No such listing is included in the document. This term should be rephrased, as appropriate.

Page vi. The use of the statement "The one-world nature of life as we know it," may be too colloquial for an official government report.

Page vi. "We look forward to joining this initiative...." What initiative is referenced here?

Page vi. "... this strategy..." What strategy is being referenced here?

Page vi. "We at the State Department will take charge..." While the sentiment is valid, you should consider rewording as "The State Department will coordinate the implementation of the (strategy/initiative) by ...." Take charge is too colloquial, and the use of the term strategy is inconsistent with the title and function of the document.

Page vi. "Safeguard all.... " is a very tall challenge, although noble. It may be more appropriate to "reduce the impact that HIV/AIDS is having across the globe, and work towards the day when HIV is eradicated" or similar.

Page vii. The last paragraph under "A Rapidly Expanding Epidemic," and the first paragraph under "Regional Assessment" repeats the point about not recognizing cultural, religious, etc. belief. Difficulties in HIV prevention are however exacerbated by cultural and religious beliefs -- at least the practices that are considered acceptable and which lead to HIV transmission or hinder the ability to implement prevention and treatment programs.

Page viii. What is the source for the statement that "95% of people with HIV live in the developing world."? This should be stated.

Page viii. Should consider using headers for the discussion of different continents/regions.

Page viii. In the graph, how does HIV indirectly facilitate the spread of TB? This should be explained. AIDS is misspelled as Aids.

Page ix. What is the source for time frames from HIV infection to development of AIDS in developing and developed countries. This should be stated.

Assessment of U.S. Interests

Page 1 Should consider mentioning the HIV blood scandal in Canada?

Page 2 Social and Economic Impact
What is the source for the $500 billion statistic? Should be stated.

Page 2 The statement that some people would have been able to receive treatment for another illness but were not able to do so because of spending on AIDS could be seen as pitting AIDS against other diseases.

Page 2 May need to discuss the impact of AIDS orphans in more detail in the last paragraph in this section.

Page 2 Impact on the Workplace
Do many companies cover the cost of death benefits and funerals, especially in the developing world? This sentence could be deleted.

Page 3 Healthcare Costs
Is the cost of HAART included in the dollar amounts listed?

Assessment of 1995 Strategy

Page 4 should consider changing "more action needs to be taken" to "more action might be taken."

Under Prevent New Infection:

> Are you discussing international efforts when you say that the "bulk of U.S. government actions have been in prevention"? Even if you are, this undercuts the U.S. efforts in vaccine development, policy leadership, orphans efforts, and other efforts. If you are focusing on U.S. efforts in general, it undercuts the tremendous investment the U.S. has made in care and treatment, behavior research, etc. One of the principal criticisms of the U.S. relates to supporting access to preventative and therapeutic treatments. This section seems to pass over that issue - a more expansive discussion would be more helpful.

Under Develop Behavioral Prevention Strategies:

Page 4 CDC's name is Centers for Disease Control and Prevention.

Page 5 When referring to "specially" vulnerable men, do you mean men at high risk for infection with HIV?

Page 5 There is a great use of the terms "we," and "our" in the document; an impersonal pronoun is more appropriate.

Page 5 You should spell out "STI" and "NGO" when first used.

Page 5. The term "AIDS prevention" should be changed to "HIV prevention".

Page 6 Under Augment Research

You should include discussion of the new HIV Prevention Trials Network.

Page 6 Safeguard Blood Supply

How bad is the problem? Is there any data which could be included?

Page 6 Provide Access to Health Services and Technologies

Should include discussion about HHS/NIH initiatives on microbicides.

Page 6, last paragraph. Should it be that FDA has approved drugs for opportunistic infections and not "infection related to HIV." Are the number of drugs accurate to date?

Page 7 Address the Adverse Impact ....

Should be people living with "HIV/AIDS" not just AIDS; again in the last paragraph in this section.

Should spell out "NGOs."

Page 7, Provide Care and Support

This section could be strengthened.

Second paragraph. Should be "support to those living with HIV/AIDS," not afflicted.

Page 8 Guarantee Human Rights

Are the guidelines in the resolution voluntary? The statement is that states "may follow" them. Should it be "should follow"?

Page 8 Protect Politico-Military Structures

What is the impact as prepared by the National Intelligence Council?

Page 8 Place HIV/AIDS on the Sustainable....

What were the results of the G 6 - 8 meetings and can they be linked to placement on the agenda of these meetings?

Page 8 Mobilize and Unify .....

Add the Office of National AIDS Policy as first on the list of agencies in the second paragraph in the sentence beginning "In addition...." Also, it would be helpful to mention the 1998 World AIDS Day activities in which the POTUS and Secretary participated.

In the last paragraph on this section, add:

"In addition, the Office of National AIDS Policy coordinates the Interdepartmental Task Force on HIV/AIDS, aimed at developing a coordinated response to the steps laid out in the National AIDS Strategy. ONAP also coordinates the federal response to World AIDS Day, and as a member of the President's Domestic Policy Council, provides ongoing input into the development of the annual federal budget request."

Issue Overview

Page 9 what issue? Per title of section.

Who is the Interagency Working Group? This may need to be explained.

Page 9 Under Effective Interventions

Should be antiretroviral, not antiviral (this occurs throughout the document)

The use of the term "short-term success" may not be able to be validated with research.

The dollar figures used are U.S. dollars?

Rewrite the sentence which starts as "And although antivirals can ..." to delete all wording after "protection to the mother." Use of the term "unborn child" is inappropriate and "protection to the HIV virus" is confusing.

Page 9 HIV Transmission and Prevention

Is the second paragraph of this section needed?

Page 10 first paragraph
It is more accurate to say that cultural, religious and personal beliefs are "challenged" rather that can cause examination of...?

Use the term "male-to-male transmission" rather than homosexual.

Page 11, first paragraph. Should be "accounts for more infections that sexual transmission."

What is the "southern cone"?

Page 12 HIV Drug and Vaccine Development

May need to add a sentence about the restrictions due to the lack of infrastructure and cost of delivering a vaccine.

In the second paragraph in this section, you say steady progress has been made -- is this true for the developing world? Further down in that paragraph, you state that there are already enormous economic costs.

Page 13 Care and Support for HIV Infected .....

The 33.4 million people is worldwide. If so, it should be stated.

Page 13. Women and Health

Is it true that women face greater biologic vulnerability to HIV than males? Is the female reproductive tract more susceptible to infection with HIV than a males anus. Why is a young girl more susceptible than an older women?

Page 13 Donor Coordination

The first paragraph states that there "will be a critical..." Is the need not already critical?

Action Strategy

Please replace the current ONAP description with the one enclosed.

U.S. Department of State

Page 18, last paragraph. Through what mechanisms are post directed?

Second bullet. Should "security/political concerns" be added?

Third bullet. Most countries do not do AIDS research.

Should a bullet be added which states that the U.S. will offer technical assistance in developing responses?

Should delete the paragraph which states that the State Department will convene regular interagency meetings.

Promoting Human Rights.

Has the increase in requests for asylum only been limited to Latin America countries? Does the Justice Department confer with U.S. based immigration groups as well?

US Agency for International Development

Page 20 First paragraph. Remove the words "among key populations." The goal should be among all populations.

Second paragraph. What is PHS in the acronym?

Does USAID's strategy compliment State's strategy?

Last full paragraph on page 20 has a run-on sentence.

The AIDSCAP acronym should be spelled out.

What is meant by "to operationalize the strategic framework"?

Page 21. Under DMELLD. When will the contract start?

Page 21. Under Biomedical Research.

Should be topical microbicide, not vaginal microbicide.

Page 23. Funding

Confused as to why resources will need to be shifted if the policy is to place them where the epidemic is having the greatest impact.

Does this include the $10 million announced by the POTUS on World AIDS Day?

Is the $700 million in FY 98 funds. Remove the exclamation point.

Under Strategy for Specific .....

Remove, "most cost effective" in the first paragraph under Prevention.

Second paragraph. Should say "HIV status", rather than "HIV testing" status, is the same.

This report only refers to confidential testing, and not to anonymous testing. CDC recommends that anonymous testing always be made available as well as confidential testing. We should not be advocating a policy that is different for other countries than what we use in the U.S.

Page 25 AIDS Orphans

Second paragraph is really long.

POTUS event estimated 42 million AIDS orphans, not the 22.9 million stated here.

When will the discussion papers be available?

When will the electronic network be operational?

Page 26 Women and Health

Antiretroviral treatment is not relatively low cost, especially when health expenditures total $10 per year in some countries.

Page 26 Vaccine Research

The second could be interpreted to mean that the U.S. government is more concerned with finding a vaccine for the developing world that for its own citizens.

Should be USAID "will" assist the vaccine development, rather than "can assist."

Page 27 Microbicide Development

Should be topical not vaginal microbicide.

Remove "used by a woman, herself."

Should be consent of "a" sexual partner.

Remove "herself" from "to protect herself from"

Page 29.Reducing Mother-....

Should be Centers for Disease Control and Prevention

Under the bullet "Voluntary... Should be more than 90 percent of HIV infected women, not just 90% of women.

Anonymous versus confidential comment from above.

Department of Defense

Page 45 Who is included in the Tri-service effort? There are four branches so it might be appropriate to know which is not participating.

Should there be a discussion of the Henry M. Jackson Foundation for Medical Research at Bethesda Naval Center?

Role of the Pharmaceutical Industry

Page 48. Although not uniformly available anywhere in the world?

Page 49. Last paragraph. Should it be "but to date, have not involved..."

So many references to Merck and Co. and not other firms makes it sound like a commercial for them..

Page 50. In the "last six months" refers to what time period?

Should add a line that the completion of the trials was also successful because it helped prolong lives, and not just that fact that research was conducted.

Page 51 Vaccine Research
Ivory Coast is referred to in French elsewhere in the document.

Page 51. "One U.S. company" If Merck is named, why is this one not?

Page 51. What is the source for the time line for new vaccine development?

Page 51. Behavior....
Why not name the universities?

Role of International NGO's

Page 53-54. Do any of them promote abstinence as an option?

Page 55 AIDS Orphans.

What are the sources for the 1.5 million children infected with HIV and the 100 million street children alive today?

Replacement Section on Office of National AIDS Policy

In 1993, President Clinton created the Office of National AIDS Policy (ONAP) to provide a national focus and direction to the U.S. government's response to HIV and AIDS. ONAP provides broad guidance for Federal AIDS policy and fosters interdepartmental communication and coordination. ONAP works closely with non-profit and for-profit organizations at the national, state, and community-based levels, as well as internationally, to ensure the broadest input into policy development and implementation. The director of ONAP, Sandra L. Thurman, is a member of the President's Domestic Policy Council, and provides ongoing input into the developing of the Administration's annual budget request to Congress. She serves as the chair of the Interdepartmental Task Force on HIV/AIDS, an intra-governmental coordinating body working to develop a unified approach to HIV/AIDS in the Federal government.

The ONAP director has taken a leadership role in international AIDS issues, having led numerous delegations to Africa, Russia and India to study first-hand the impact that HIV/AIDS is having on developing countries. In December 1998, the President directed the ONAP director to visit South Africa and report back with recommendations on additional measures the United States could implement to assist South Africa in addressing the impact of HIV/AIDS in that country. The ONAP director also participates as an official representative of the United States to UNAIDS.

In addition, ONAP coordinates all Federal World AIDS Day activities, including encouraging each Federal Department/Agency to observe in a public manner World AIDS Day and to host appropriate activities at their headquarters and field offices. This year's World AIDS Day theme was "Be A Force For Chance," and focused on youth.

In 1997, ONAP developed "The National AIDS Strategy," a comprehensive, long-term plan to address the HIV/AIDS epidemic. This Plan contains detailed descriptions of the objectives, goals and budgets of all Federal agencies involved in the Federal response to HIV in six major areas of HIV policy: prevention, research, care and services, civil rights, international activities, and translation of research advances into practices. The Plan identifies key areas for further effort. This Report was developed in consultation with many individuals and groups, public and private, both inside and outside the Federal government.

ONAP also serves as a liaison to the Presidential Advisory Council on HIV/AIDS, which was established by Executive Order to provide advice, information and recommendations to the President, the Administration, and the Secretary of Health and Human Services regarding programs and policies affecting the prevention, services and research needs of people with HIV infection. The Advisory Council has adopted HIV/AIDS in racial and ethnic communities as its primary focus for the remainder of its term. The advisory Council also focuses on appropriations, international issues, prison issues and discrimination.