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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. fax	Nancy Carter-Foster to Paul Delay et al re July 24th Meeting (partial) (1 page)	07/21/1998	P3/b(3)
002. list	US International Response to HIV/AIDS Interagency Working Group (partial) (1 page)	nd	P3/b(3)
003. list	US International Strategy on HIV/AIDS Participants (partial) (1 page)	nd	P3/b(3)
004. list	US International Strategy on HIV/AIDS Participants (partial) (1 page)	nd	P3/b(3)
005. fax	Nancy Carter-Foster to Paul Delay et al re July 28th Meeting (partial) (1 page)	07/24/1998	P3/b(3)
006. fax	Nancy Carter-Foster to Paul Delay et al re July 28th Meeting (partial) (1 page)	07/27/1998	P3/b(3)
007. fax	Nancy Carter-Foster to Paul Delay et al re July 17th Meeting (partial) (1 page)	07/14/1998	P3/b(3)
008. fax	Nancy Carter-Foster to Paul Delay et al re July 17th Meeting (partial) (1 page)	07/16/1998	P3/b(3)
009. summary	US International Strategy on HIV?AIDS Interagency Meeting Summary (partial) (1 page)	07/13/1998	P3/b(3)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21070

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RESTRICTION CODES

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

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

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

b(1) National security classified information [(b)(1) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

e-mailed short leach testimony 6/12

United States Department of State

Washington, D.C. 20547
www.state.gov

Fax

also sent Adm. Accomplishments + referred USTR

To: Ms. Cheryl Bauerle

Fax: 456-2439

Pages: 1, including this cover sheet.

Date: May 22, 2000

Ms. Bauerle:

This is to follow our phone conversation this morning in which I raised our request that your office assist our publication of an electronic journal on HIV/AIDS by providing a lead piece for Ms. Thurman's signature defining for our readers the administration's policy.

Specifically, we are looking for: *U.S. Policy on AIDS* – Sandra Thurman, director of President Clinton's Office of National AIDS Policy. Byliner, interview or prepared testimony would discuss the administration's current AIDS policy and planned international initiatives; the unusual precedent of treating a disease as a security threat and the implications of such a policy; why it's imperative that the administration be a leader in the effort to deal with HIV/AIDS; and the administration's initiative to make AIDS-related drugs and medical technologies more accessible and affordable in sub-Saharan African countries.

This article, intended for an international audience, should be approximately 1000 to 1500 words. Included with this message is our current table of contents for the journal. You may look at some of our earlier journals by going to < Http://usinfo.state.gov/journals/journals.htm >; the electronic journals produced by our team are in the column under *GLOBAL ISSUES*.

These journals are produced by our office of International Information Programs for distribution electronically and in hard copy through U.S. embassies. They are intended to explore an important international issue and provide a comprehensive statement of U.S. policy.

Because we are striving to make the journal available for distribution at the time of the 13TH International AIDS Conference in Durban, South Africa, July 9-14, we are working with a very compressed editorial schedule. We need to have Ms. Thurman's piece not later than June 19; earlier would be wonderful.

I am very grateful for your consideration and look forward to speaking further with you about the mechanics of production.

Bill Peters

From the desk of...

William Peters
Team Leader
DoS, IIP/T, Global Issues & Communications
202/619-6671
Fax: 202 - 358-2340

Draft

Proposed Table of Contents for AIDS Journal

HIV/AIDS is the largest killer of any of the diseases that now exist and was recently identified as a threat to U.S. national security. The Electronic Journal on AIDS planned by IIP's Global Issues and Communications Team will describe the administration's current AIDS policy, look at the reasons why stopping the spread of AIDS has been given such high priority, address what's being done and what needs to be done to deal with the global pandemic, and report on the latest developments in research, prevention and education. The team hopes to have the journal available for the July 9-14 World AIDS Conference in Durban, South Africa.

WORKING TITLE

AIDS: Facing the Pandemic

U.S. Policy on AIDS -- Sandra Thurman, Director of President Clinton's Office of National AIDS Policy. Byliner, interview or prepared testimony would discuss the administration's current AIDS policy and planned international initiatives; the unusual precedent of treating a disease as a security threat and the implications of such a policy; why it's imperative that the administration be a leader in the effort to deal with HIV/AIDS; and the administration's initiative to make AIDS-related drugs and medical technologies more accessible and affordable in sub-Saharan African countries.

Richard Holbrooke, U.S. Ambassador to the United Nations -- Holbrooke's speech at the first U.N. Security Council session of the 21st century set the tone by addressing AIDS as a security threat. It was the first Security Council meeting ever to discuss a "health issue." Holbrooke byliner or interview would address how HIV/AIDS threatens not only human health, but also global economic prosperity and development, international security, and human rights; and what needs to be done by the U.N., donor organizations, national governments and the private sector – all working together -- to stem the spread of AIDS.

Timothy Geithner, under secretary of the Treasury for International Affairs -- Geithner, referred to as one of the administration's most insightful and important officials on HIV/AIDS, has testified that, in many countries, health issues are the greatest threat to economic development. Geithner byliner, interview or testimony would discuss the economics of AIDS, why it is in the economic interest of the United States to combat AIDS in the developing world, and review the lessons of recent development experience in dealing with AIDS.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases -- Fauci is one of America's leading AIDS researchers. Fauci bylined article or interview would discuss the origins of HIV, what has occurred since the

Draft

world first became aware of AIDS in 1981, the latest advances in AIDS research and treatment, and the prospects for the future.

INFORMATION

Peter Piot, executive director of the Joint United Nations Program on HIV/AIDS (UNAIDS) -- Piot has just returned from Ouagadougou where he spoke at a meeting of the ministers of health of the Organization of African Unity on HIV/AIDS. A Piot interview, byliner or speech would address the limited ability of health systems in Africa to successfully tackle the HIV epidemic now ravaging the continent, describe why some country prevention programs have had significant success in reducing unsafe behavior -- especially in Senegal, Uganda, Tanzania and Thailand -- and talk about the meeting in Ouagadougou and his response to recent African suspicions regarding the cause of AIDS.

-- Dr. Helene Gayle, director of HIV prevention at the federal Centers for Disease Control and Prevention in Atlanta -- Gayle byliner or speech would discuss the progress made to date in both prevention and treatment and describe the most effective prevention programs, but at the same time call attention to the danger of emerging drug resistance.

Primer on AIDS -- how it is transmitted and prevented, based on an array of publicly available sources.

CIA Report: Excerpts from extensive report entitled "The Global Infectious Disease Threat and Its Implications for the United States."

DEPARTMENTS

Bibliography
Books, documents, and articles on HIV/AIDS

Internet Sites
A list of Web Sites for information on government bodies, international health organizations, and NGOs involved in combating AIDS.

Draft

Testimony by

Sandra Thurman
Director, Office of National AIDS Policy

Before the

House of Representatives
Committee on Banking and Financial Services

March 8, 2000

w/ 2 minor edits...

Mr. Chairman and Members of the Committee, I am delighted to be with you today to talk about the global AIDS pandemic – with a special focus on AIDS in Africa. Your leadership and commitment to addressing this crisis is very much appreciated – and desperately needed.

I would like to use my time with you to lay out a vivid picture of the scope of this tragedy – particularly as it impacts the stability of families, communities and nations. I would like to share with you some of my experiences with the faces behind these shocking facts. And I would like to outline for you some key components of our enhanced Administration response to this global pandemic.

By any and every measure – AIDS is a plague of Biblical proportion. And it is claiming more lives in Africa than in all of the wars waging on the continent combined. AIDS is now the leading cause of death among all people of all ages in Africa – and the progression of this pandemic has outpaced all of our projections. In 1991 the World Health Organization predicted that by 1999 there would be 9 million infected and nearly 5 million deaths in Africa due to AIDS. The resulting numbers are *two to three times* higher with nearly 24 million infected and 14 million deaths.

And yet this war rages on. Each and every day Africa buries 5,500 men, women, and children as a result of AIDS – and that count will more than double in the next few years. It is now projected that by 2005 more than 100 million people worldwide will have become HIV infected. And unlike other wars – it is women and children that are increasingly caught in the crossfire of this relentless pandemic.

In Africa, an entire generation of children is in jeopardy. Already, in several sub-Saharan African countries, between one-fifth and one-third of all children have already been orphaned by AIDS. And the worst is yet to come. Within the next decade, more than 40 million children in Africa will have lost one or both parents to AIDS. 40 million. That is about the same number as all children in the United States living east of the Mississippi River.

In just a few short years, AIDS has wiped out decades of hard work and steady progress in improving the lives and health of families throughout the developing world – infant mortality is doubling, child mortality is tripling, and life expectancy is plummeting by twenty years or more.

And AIDS is not just a health issue; it is an economic issue, a fundamental development issue, and a security and stability issue.

AIDS is having a dramatic effect on productivity, trade and investment – striking down workers in their prime, driving up the cost of doing business, and driving down GNP. Many company are already being forced to hire at least two employees for every one job – assuming one will die of AIDS.

AIDS is also effecting stability in the region. As Ambassador Holbrooke will discuss shortly, the UN Security Council recently held a daylong meeting on HIV/AIDS. This historic event highlighted the growing awareness that AIDS is a security threat that requires a global mobilization. This reality was also addressed in a report recently released by the National Intelligence Council, which documents that the impact of this pandemic is far more serious a threat than we thought.

Yet my message to you today is not one of hopelessness and desolation. On the contrary, I hope to share with you a sense of optimism. For amidst all of this tragedy, there is hope. Amidst this terrible crisis, there is opportunity: the opportunity for us – working together – to empower women, to protect children, and to support families and communities throughout the world in our shared struggle against AIDS.

It is important to remember that what we are talking about today is not numbers but names, not facts and figures but faces and families. Let me tell you the story of one inspirational grandmother I met in a small village outside of Masaka, Uganda.

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

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

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

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

The good news is, we know what works. With our partners in Africa we have developed useful knowledge and effective tools. Together, we have designed model programs and proven that they work. And today, we know how to stem the rising tide of new infections, how to provide basic care to those who are sick, and how to mobilize communities to support the growing number of children orphaned by AIDS. Uganda has demonstrated that with strong political commitment and sustained nationwide programs, HIV prevalence can be cut in half. And Senegal has shown that HIV can be stopped in its tracks and prevalence can be kept low. But there is more, much more that needs to be done if we are to bring these successes to scale.

The United States has been engaged in the fight against AIDS here at home since the early 1980s. But increasingly we have come to realize that when it comes to AIDS – both the crisis and the opportunity have no borders. We have much to learn from the experiences of other countries, and the suffering of citizens in our global village touches us all.

We have done much, but there remains much more that the United States and other developed nations can and must do.

During the past year and a half I have made four trips to eight African countries. Together with members and staff from both parties and chambers we went to witness firsthand both the tragedies and triumphs of AIDS in Africa. In response to the findings of these trips, the Administration requested and the Congress appropriated an additional $100 million in FY2000 to enhance our global AIDS efforts.

This new initiative provides for a series of steps to increase US leadership through support for some of the extraordinary community-based programs currently being funded through USAID and to provide much needed technical assistance to developing nations struggling to respond to the needs of their people infected and affected by AIDS. This effort more than doubles our funding for programs of

prevention and care in Africa, and challenges our G8 and other partners to increase their efforts as well.

The initiative focuses on four key areas:

- **Prevention** – particularly stigma reduction strategies, especially for women and young people, including: HIV education, voluntary counseling and testing, and interventions to reduce mother-to-child transmission.
- **Home and community-based care** – This will help to create and enhance counseling and support systems, and to provide some basic medical care (including treatment for related illnesses like STDs and TB).
- **Care of children orphaned by AIDS** – through nutritional assistance, education, training, health, and counseling support, in coordination with micro-enterprise programs.
- **Infrastructure** – These funds will help to increase the capacity for the effective delivery of essential services through governments, NGOs, and the private sector.

Some of the other key components of this initiative include an increase in our efforts to include the AIDS epidemic in our foreign policy dialogue, to promote the use of resources freed up by debt relief for HIV prevention, and to engage all sectors including business, labor, foundations, the religious community and other non-governmental organizations in a broad-based mobilization.

You will find a more complete description of this initiative – both the problems and solutions -- in the report released by the Administration last summer. I have submitted a copy to this Subcommittee and would like to request that it be included in the record as part of my remarks.

While this new initiative greatly strengthens the foundation of a comprehensive response to the pandemic, UNAIDS has estimated that it will take $1 billion to establish an effective HIV prevention program in sub-Saharan Africa. Currently all donors combined are contributing less than $350 million to that end. In addition, UNAIDS estimates that it will take a minimum of $1 billion to begin to deliver basic care and treatment to people with AIDS in the region. We have not even begun to scratch the surface when it comes to delivering even this most basic treatment.

In the face of such tremendous need, the Administration has requested, in the President's 2001 Budget submission, an additional $100 million increase to enhance and expand our efforts to combat AIDS in Africa and around the world.

These funds will enable us to bolster our efforts already underway at USAID and CDC, and to expand our approach to include the Departments of Labor and Defense for efforts to address HIV/AIDS transmission in the workplace and in the military.

Let me repeat, however, that the United States cannot and should not do this alone. Chairman Leach, your initiative and the one put forward by Representive Lee clearly recognize, as we do, that this crisis will require the active engagement of all segments of all societies working together. Every bilateral donor, every multilateral lending agency, the corporate community, the foundation community, the religious community and every African government must do its part to provide the leadership and resources necessary to turn this tide. It can and it must be done.

The bottom line is this: we have no vaccine or cure in sight, and we are at the beginning of a global pandemic, not the end. What we see in Africa today, frankly, is just the tip of the iceberg. As goes Africa, so will go India and the Newly Independent States of the Former Soviet Union. There must be a sense of urgency to work together with our partners in Africa and around the world, to learn from both our failures and our successes, and to share this experience with those countries that now stand on the brink of disaster. Millions of lives – perhaps hundreds of millions of lives – hang in the balance.

We look forward to working closely with each and every one of you and are so grateful that this issue is receiving the broad-based bipartisan support it deserves. AIDS is not a democratic or republican issue – it is a devastating human tragedy that cries out to all of us for help.

We are one world – and in many ways – Africa's destiny is our destiny. There is hope on the horizon – but that hope will only be realized if we take constructive action together. Today, let us commit to seize this opportunity. As Archbishop Tutu said: "If we wage this holy war together – we will win."

Thank you.

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Bill Peters
COMPANY:

FROM: Cheryl Bawdle
DATE:

FAX NUMBER: 358-2340
PHONE NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER: 9

RE:

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

NOTES/COMMENTS:

Here this is helpful - pls. call
me w/ questions.
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Clinton/Gore Accomplishments

Approved first ever demonstration project to allow people with HIV to be covered under Medicaid, thus helping individuals access life saving and prolonging drugs before there develop AIDS.

Increased funding for the Ryan White CARE Act, which helps cities and states care for those living with HIV and AIDS by 472% since 1993 ($1.719 billion in the FY 2001 budget request).

Increased HIV prevention funding at the Centers for Disease Control and Prevention to $795 million in the FY 2001 budget request, or more than 59% since FY 1993).

Continue to lead the world's efforts at developing an AIDS vaccine. Increased AIDS research funding to the National Institutes of Health to $2,111 million (an increase of 98% since FY 1993 in the FY 2001 budget request.

Continue to address the relationship between HIV and substance abuse. Increased funding for substance abuse services targeting those at highest risk of HIV infection, through the Substance Abuse and Mental Health Services Administration (SAMHSA) by 132% since FY 1993 in the FY 2001 budget request.

Continued to support the housing needs of people living with AIDS by supporting the Housing Opportunities for People With AIDS (HOPWA) Program at the Department of Housing and Urban Development. FY 2000 funding request is a 160% increase over the FY93).

In support of Vice-President Al Gore's historic presentation the United Nation's Security Council in which he presented HIV/AIDS as a international security concern, an increase of $100 million is being requested to enhance the Administration's efforts on global AIDS, including funding efforts through the Centers for Disease Control and Prevention, Department of Defense, Department of Labor and the U.S. Agency for International Development.

Based on the potential economic and societal impact internationally, the U.S. declared AIDS a national security threat. Vice President Gore chaired the UN Security Council and for the first time, presented a health issue as a security issue.

CLINTON/GORE ADMINISTRATION RECORD ON HIV/AIDS

Overview: An estimated 800,000 to 900,000 Americans are believed to be living with HIV, the virus that causes AIDS. Since the AIDS epidemic began in 1981, more than 700,000 Americans have been diagnosed with AIDS and more than 420,000 men, women, and children have lost their lives to this disease.

The Clinton/Gore Administration has responded aggressively to the significant threat posed by HIV/AIDS with increased attention to research, prevention, and treatment. Overall funding for AIDS-related programs within HHS has increased by 150 percent under the Clinton Administration, with funding for AIDS care under the HHS Health Resources and Services Administration's Ryan White CARE Act increasing by 358 percent and assistance for the purchase of AIDS drugs increasing by 965 percent. The FY 2001 budget includes $9.2 billion in total HIV/AIDS funding within HHS.

At the same time, the Administration has sharpened the focus of its AIDS programs, establishing a new Office of National AIDS Policy at the White House, and signed legislation creating a permanent Office of AIDS Research at the National Institutes of Health (NIH). The Administration also convened the first-ever White House Conference on HIV and AIDS in December 1995, released the first National AIDS Strategy in December 1996, and prepared the first federal biomedical research plan in 1997. In addition, in May 1997, President Clinton announced a comprehensive AIDS vaccine research initiative designed to lead to the development of an AIDS vaccine within 10 years, and in 1998, the Food and Drug Administration approved the nation's first large-scale trial for an AIDS prevention vaccine.

Today, HIV research efforts are making real inroads. New drugs are providing vast improvements in the treatment of HIV and AIDS, and new treatment guidelines released by HHS are giving health professionals much needed guidance to help standardize care of individuals living with HIV and AIDS. As a result of these more powerful anti-HIV drugs, the National Center for Health Statistics announced on October 5, 1999, that HIV/AIDS mortality has declined more than 70 percent since 1995, and AIDS cases are no longer among the top 15 causes of death, a fall from 8th place in 1996. Overall, the age-adjusted death rate from HIV infection is the lowest since 1987. This reflects the greatly improved treatments for those living with HIV. But transmission of the disease continues, and effective prevention efforts are still crucially important.

The trends in AIDS death rates are uneven across racial and ethnic groups. In 1998, President Clinton declared HIV/AIDS to be a severe and ongoing health crisis in racial and ethnic minority communities and announced a comprehensive new initiative in collaboration with the Congressional Black Caucus to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American, Hispanic and other minority communities. On June 16, 1999, the Administration announced that Detroit, Philadelphia and Miami would be the first of 11 U.S. metropolitan areas to receive special technical assistance from federal Crisis Response Teams to help combat the spread of HIV/AIDS among racial and ethnic minority populations. The Crisis Response Teams are meeting with local officials, public health personnel and

community-based organizations that work with racial/ethnic minority persons living with HIV/AIDS to help them develop targeted strategies to curb the rapid spread of HIV/AIDS among minority populations in their communities.

HHS Spending on HIV/AIDS. Under the Clinton Administration, discretionary spending for AIDS research, prevention, and treatment has increased dramatically. Altogether, discretionary AIDS-related spending by HHS in FY 2000 will total $8.5 billion, up from $2.1 billion in FY 1993. In addition, at least $3.9 billion is expected to be expended in FY 2000 for AIDS care under Medicare and Medicaid, up from $1.6 billion in FY 1993. It is estimated that more than 50 percent of Americans living with AIDS rely on Medicaid for their health care coverage.

The President's FY 2001 budget proposes an increase of $66 million, for a total of $795 million, for programs focused in two areas - domestic prevention and global AIDS. This increase in funding for HIV activities at the Centers for Disease Control and Prevention (CDC) will be used to encourage individuals at risk to avoid behaviors that can result in the transmission of the disease. Internationally, the President's budget includes $61 million for CDC, an increase of $26 million, or 74 percent, to continue efforts to prevent the spread of HIV in developing nations. It is estimated that currently there are 22 million adults and 1 million children living with HIV/AIDS in the Sub-Saharan region of Africa.

The FY 2001 budget will also invest an additional $125 million, for a total of $1.72 billion, in the Ryan White Program, an increase of almost 8 percent over last year's funding level, to provide primary medical care and other crucial support services for people living with HIV and AIDS among increasingly vulnerable populations. This increase will allow an additional 2,900 persons to receive drug therapy through the AIDS Drug Assistance Program (ADAP). These drugs have helped to decrease the progression of HIV to AIDS as well as improve the quality of life for people living with HIV/AIDS.

The FY 2001 budget also requests a total of $2.1 billion for AIDS-related research at the NIH. This is an increase of $105 million, or 5.2 percent over the FY 2000 level. It represents a 97 percent increase in funding for NIH AIDS-related research since FY 1993.

Further, the FY 2001 budget requests $128.4 million for the Substance Abuse and Mental Health Services Administration (SAMHSA) to address substance abuse and mental illness specifically as they relate to HIV/AIDS. This is an increase of $14.8 million, or 13 percent, over the FY 2000 level. The majority of this funding will be used for the HIV set-aside of the Substance Abuse Block Grant and Targeted Capacity Expansion programs for substance abuse treatment, prevention, and HIV/AIDS services focused on building infrastructure in racial and ethnic minority communities highly impacted by the HIV/AIDS epidemic.

ADMINISTRATION INITIATIVES ON HIV/AIDS

Under President Clinton, a wide array of initiatives has been undertaken including:

AIDS Policy.

Office of National AIDS Policy. In 1993, the President created the Office of National AIDS Policy within the White House to advise him on AIDS policy issues and coordinate interdepartmental activities.

White House Conference on AIDS. On December 6, 1995, the President convened the first White House Conference on HIV and AIDS, bringing together more than 300 experts, activists, and citizens from 37 states, the District of Columbia, and Puerto Rico for a full day of discussions of key issues.

Presidential Advisory Council on HIV/AIDS. In 1995, the President created the Presidential Advisory Council on HIV and AIDS to provide him and his Administration with expert outside advice on ways in which the Federal government should respond to the HIV/AIDS epidemic. A National Leadership Forum was conducted in August 1996 to improve collaboration on preventing substance abuse and the spread of HIV/AIDS. President Clinton asked that a meeting of state and local individuals involved in both public health and substance abuse prevention be convened to develop an action plan that integrates prevention of HIV/AIDS and substance abuse.

National AIDS Strategy. On December 17, 1996, the Clinton Administration released the first National AIDS Strategy, establishing goals for the nation and opportunities for immediate progress. During each year of this Administration, the NIH has prepared a comprehensive strategy for HIV-related research.

AIDS Vaccine Initiative. On May 18, 1997, President Clinton challenged the nation to commit itself to the goal of developing an AIDS vaccine within the next ten years. The President also announced a number of important initiatives to help fulfill this commitment, including high-level international collaboration, a dedicated research center for AIDS vaccine research at NIH, and outreach to scientists, pharmaceutical companies, and patient advocates to maximize the involvement of both private and public sectors in the development of an AIDS vaccine. As of June 1998, NIAID-supported researchers had evaluated 27 vaccine candidates and 12 adjuvants (substances incorporated into a vaccine that boost specific immune responses to the vaccine) in more than 3,000 volunteers in phase I/II clinical trials. On June 3, 1998, the Food and Drug Administration granted permission to VaxGen Inc. for the nation's first phase III clinical trial for an AIDS prevention vaccine. The trial of the vaccine, called AIDSVAX, will include at least 5,000 volunteers from the U.S., Canada and Europe and will last up to five years. A separate phase III trial of AIDSVAX in Thailand will enroll 2,500 volunteers.

NIH has increased funding for AIDS vaccine research by 100 percent since the President's challenge in 1997, resulting in the award of new grants to foster innovative research on HIV vaccines, including vaccine design and development, and the invigoration and reorganization of the NIH vaccine clinical trials effort. Construction of the new intramural Vaccine Research Center is expected to be completed this summer. In February 1999, NIH-supported investigators initiated the first AIDS vaccine trial in Africa. The AIDS Vaccine Research Committee, chaired by Nobel laureate Dr. David Baltimore, continues to provide critical advice on all aspects of the NIH AIDS vaccine development program.

Research. In one of his first acts in office, President Clinton signed the National Institutes of Health Revitalization Act of 1993, placing full responsibility for planning, budgeting, and evaluation of the AIDS research program at NIH in the Office of AIDS Research. The President requested and received the first federal plan for biomedical research on AIDS.

NIH clinical trials continue to study new anti-retroviral drugs and combinations of therapies to prevent disease progression and HIV-associated opportunistic infections and malignancies. NIH has also implemented guidelines requiring the inclusion of women and minorities in clinical trials.

NIH-supported research was pivotal to discovering and defining the importance of the HIV protease enzyme. NIH-supported scientists helped determine the precise three-dimensional structure of HIV protease, a crucial step in designing drugs that block the action of the enzyme. NIH also supported researchers who helped drug-screening efforts by developing simple, rapid tests to measure the inhibition of protease activity. These accomplishments set the stage for NIH's collaboration with the pharmaceutical industry in developing the new class of anti-HIV drugs known as protease inhibitors. NIH worked closely with industry as they designed, produced, and clinically tested protease inhibitors. This collaboration helped speed product development. NIH-supported investigators conclusively demonstrated that triple-drug combination with a protease inhibitor and two other anti-HIV drugs were more effective than one- or two-drug regimens for long-term suppression of HIV. Basic researchers at NIH laboratories have helped explain why HIV can rebound in patients who discontinue combination therapy, and continue to open new avenues for drug development.

NIH researchers demonstrated the benefits of AZT therapy for preventing mother-to-infant transmission of HIV. A recently completed NIH study in Uganda demonstrated the effectiveness of another less expensive therapy, nevirapine, in decreasing risk of perinatal HIV transmission.

Accelerated Drug Approvals. Since 1993, the FDA has approved 11 AIDS drugs and 22 drugs for AIDS-related conditions, and accelerated approval to record times. Included in those approvals are a new class of drugs known as protease inhibitors, which have proven to be dramatically effective in the treatment of HIV disease. In March 1997, the FDA approved the first protease inhibitor with labeling for use in children.

Prevention. HIV prevention efforts in the United States have significantly reduced the incidence of HIV infections. Prevention initiatives have helped slow the rate of new HIV infections in the United States from more than 150,000 in the late 1980s to approximately 40,000 today. Specifically, the number of U.S. infants who acquire AIDS from mother-to-child transmission dropped by 75 percent from 1992 to 1998.

Both the CDC and the NIH conduct prevention research to assure that prevention efforts are based on sound behavioral and biomedical science. In addition, the CDC supports several community prevention programs, working with local health departments and organizations to provide technical assistance and build capacity in governmental and non-governmental organizations delivering HIV prevention services.

On June 18, 1998, the National Institute of Mental Health (NIMH) at the NIH announced that the NIMH Multisite HIV Prevention Trial found that even among persons considered hardest to reach, educational sessions that motivate and offer specific strategies to reduce high-risk sexual behaviors can cut those behaviors in half. The National Institute on Drug Abuse at the NIH has also conducted research on understanding the trends in HIV transmission among drug users and their sexual partners, as well as ways to reduce viral spread. As a result, innovative models of outreach have been developed to help stem the spread of HIV among this at-risk population.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) funds Project Shield, the HIV/AIDS High-Risk Behavior Prevention/Intervention Model for Adolescents/Young Adults and Women Program. Project Shield is a four year, multi-site effort which is developing, implementing and evaluating a community-focused intervention to reduce high-risk behaviors among individuals at high risk for HIV-infection. SAMHSA also supports specialized Targeted Capacity Expansion grants to increase the capacity of minority community-based organizations to provide integrated substance abuse prevention and HIV prevention services.

Substance Abuse. More than one-third of all AIDS cases are directly or indirectly attributable to substance abuse. Current evidence indicated that substance abuse treatment greatly reduces risk behaviors associated with the transmission of HIV. SAMHSA currently supports a Community-Based HIV/AIDS Outreach program that targets high risk injecting drug users and two Targeted Capacity HIV programs that support HIV/AIDS and substance abuse treatment and expansion to racial and ethnic communities in high AIDS case rate areas. It is the goal of the latter two programs to assist the targeted communities to develop the infrastructure to proportionately share in the federal resources allocated for HIV/AIDS. In addition, SAMHSA's Substance Abuse Prevention and Treatment Block Grant HIV set-aside provides funds for HIV counseling and testing in states with high AIDS care rates.

Mental Health. SAMHSA's Center for Mental Health Services (CMHS) has a High Risk Prevention/Intervention Program, designed to develop and test, through a series of pilot studies, a single model for a brief, short-term prevention/intervention protocol, to encourage and enable adolescents/women who engage in high-risk behaviors associated with HIV/AIDS transmission to change these behaviors. In addition, CMHS has a Treatment Adherence, Health Outcomes, and Associated Costs. It is a collaborative effort of six bureaus/center/institutes and is designed to determine the effectiveness of treatment adherence models, health outcomes, and costs associated with the provision of integrated mental health, substance abuse, and HIV/AIDS primary care services for people living with HIV/AIDS who have both a mental disorder and a substance abuse disorder. The CMHS also has a program designed to disseminate to mental health care providers state of the art knowledge about how to identify and treat the psychosocial and the neuropsychiatric sequelae of HIV/AIDS and to develop knowledge on how to be more effective in its dissemination. It is also designed to pilot test an HIV/AIDS ethics curriculum.

Surveillance. CDC works with state and local health departments to track the number of AIDS cases in different areas. In December 1999, after extensive work with state health departments and community HIV/AIDS organizations, CDC released guidelines to assist states in designing and implementing effective HIV surveillance systems. These guidelines include specific

standards for both quality and confidentiality, reflecting CDC's responsibility to balance the need for better data with legitimate concerns about confidentiality and security. They also stress the continued importance of anonymous testing as an essential component of any surveillance system.

While the guidelines set out strict confidentiality and quality standards for HIV surveillance data, they do not dictate the type of surveillance system used to gather those data. CDC does believe that, based on its review of currently available studies of name-based reporting systems, that such systems are most likely to provide data that meets the quality standards. However, a state can use any surveillance system that meets the performance criteria specified by CDC.

Racial and Ethnic Minorities. While racial and ethnic groups account only for about 25 percent of the U.S. population, they account for more than 50 percent of all AIDS cases. While overall AIDS deaths are down, AIDS remains the leading killer of African-American males age 25-44. In early 1998, the President revealed a major, new Federal initiative to eliminate racial and ethnic disparities in HIV/AIDS and five other key areas of health. In FY 1999, CDC funded the first phase of the Racial and Ethnic Approaches to Community Health 2010 (REACH) program at $10 million. This demonstration program will enable multiple communities to design and test community-tailored interventions to improve the health of minority populations. In FY 2000, Congress has appropriated $30 million to continue and expand the REACH demonstrations. In addition, Congress has provided increases in several public health programs such as Community Health Centers that, in partnership with community, advocacy and tribal organizations, would expand and adapt proven public health strategies to better reach minority populations.

In 1998, President Clinton declared HIV/AIDS to be a severe and ongoing health crisis in racial and ethnic minority communities and announced a comprehensive new initiative in collaboration with the Congressional Black Caucus to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American, Hispanic and other minority communities.

The NIH has implemented a series of guidelines, policies, and programs to ensure that HIV-infected individuals from the most at-risk populations for HIV/AIDS are enrolled and accrued into federally-sponsored AIDS studies. In 1994, NIH implemented revised Guidelines on the Inclusion of Women and Minorities in Clinical Research, requiring applicants to address the appropriate inclusion of women and minorities in clinical research. Applications that fail to meet these requirements, as evaluated by peer review, are barred from funding.

The FY 1999 and FY 2000 Public Health and Social Services Emergency Fund appropriations provided $50 million to address the high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS. Utilizing these funds, significant steps have been taken to respond to this threat through enhancements in technical assistance, research, treatment and prevention initiatives. The President's FY 2001 budget proposal continues this important funding.

Ryan White CARE Act. HRSA's HIV/AIDS Bureau administers the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act, which was enacted in 1990 to provide primary care and supportive services for low-income, underinsured and uninsured individuals

and families affected by HIV/AIDS. Since FY 1991, $7.5 billion has been appropriated for CARE Act programs. The AIDS Drug Assistance Program (ADAP) authorized under Title II of the CARE Act, provides medications to low-income persons with HIV. HRSA funding for this program has increased by 965 percent under the Clinton Administration.

On May 20, 1996, President Clinton signed a five-year reauthorization of this program, continuing funding authorization for the program until the end of the year 2000. The FY 2001 budget includes $1.7 billion for Ryan White CARE Act activities to support medical care and supportive services for vulnerable populations. For the ADAP program, the budget proposal includes $554 million, a 5 percent increase over FY 2000.

Needle Exchange. Scientific research supported by NIH has shown that needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other bloodborne infectious diseases in communities that choose to include them, and do not encourage the use of illegal drugs. The Administration has communicated what has been learned from the science so that communities can construct the most successful programs possible to reduce the transmission of HIV, while not encouraging illegal drug use.

Perinatal Transmission. Following the release of research findings from an NIH-sponsored AIDS clinical trial that indicated that use of AZT by HIV-infected pregnant women dramatically reduced the rate of HIV transmission from mother to infant, the U.S. Public Health Service issued guidelines recommending routine counseling and voluntary HIV testing for all pregnant women. For those found to be HIV infected, the use of AZT during pregnancy is recommended. In developing countries, where this AZT regimen is too costly and difficult to administer, the rate of mother-to-infant HIV transmission continues to rise. NIH researchers continue to search for simpler and less-expensive ways to prevent mother-to-infant transmission of HIV which can be used globally.

Treatment Guidelines. HHS regularly releases updates and draft guidelines for treating HIV-infected adults, including pregnant women, adolescents, children, and infants with antiretroviral drugs. The guidelines, developed by panels of AIDS clinicians and researchers, reflect the current state of knowledge about HIV disease and antiretroviral drugs, and will help standardize and improve the quality of care for HIV-infected persons in the United States.

Housing. The Department of Housing and Urban Development has established the National Office of HIV/AIDS Housing to assist people with HIV/AIDS to pay for housing. Funding for the Housing Opportunities for Persons with AIDS program has increased by 10 percent. On December 1, 1998, Vice President Gore announced that he would release $200 million in funds to assist communities around the country to prevent individuals affected by HIV/AIDS and their families from becoming homeless. This represents a $21 million increase for the HUD program in FY 1999. In addition, HUD and HHS have launched collaborative efforts to combine housing assistance, medical and social services for people living with HIV/AIDS, including testing outreach programs and other special efforts for people with multiple diagnosis.

Water Safety. The CDC and the Environmental Protection Agency issued guidelines recommending steps to purify drinking water to protect vulnerable populations against Cryptosporidium, which can be fatal to those with compromised immune systems.

State Dept - Mtg w/ NGOs on Strategy 7/24/98

Melinda - intro

- Need multi-dimensional approach
- higher profile w/ Sec. of State & POTUS
- highlight "best practices" along with goals & objectives
- need more condoms - free & cheap
- STD control - need host governments to support
  - drugs - availability
  - ~ storage
  - ~ leakage
  - ~ every country "a mess" but a unique mess

- Summit of the Americas ~ not in agenda
- infrastructure support for activities & of local NGOs
- multiple strategies - can't depend on programs that just go through governments, because they can't serve some communities
- look at different-tiered strategies - prevalence, political commitment, capacity
- can we elevate HIV/AIDS issues in human rights issues reports done on an annual basis? Executive Order? ☐
- ongoing process - not just stopping with report
  - assessments
  - evaluations
- need overall responsibility for implementation of the strategy
- better define State's role

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. fax	Nancy Carter-Foster to Paul Delay et al re July 24th Meeting (partial) (1 page)	07/21/1998	P3/b(3)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21070

FOLDER TITLE:
State Department [4]

2007-1550-F
kc1290

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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Freedom of Information Act - [5 U.S.C. 552(b)]

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[001]

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

Facsimile Transmittal

TO: (by fax, 4 page to follow)

USAID/G/PHN- Paul Delay (216-3046)
USAID/G/PHN- Alan Getson (216-3046)
USAID/G/PHN- Barbara de Zalduondo (216-3046)
USAID/AFR/SD- William H. Lyerly (216-3373)
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DHHS/OS/OIRH- Greg Pappas (301-443-6288)
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DHHS/NIH- Neal Nathanson (301-496-2119)
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DHHS/FDA- Michelle Limoli (301-443-0235)
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OSTP- Kerri-Ann Jones (456-6028)
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DOD- Lynn Pahland (703-681-3658)
DOC- Mary Ann Mausser (482-5375)
DOC- Bill Hurt (482-2565)
DOJ- Matthew Nosanchuk (514-5715)
OMB- Gordon Agress (395-5648)
Nat'l Intelligence Council- (b)(3)
NIH/OAR- Robert W. Eisinger (301-402-8638)
OS/HHS- Marsha Martin (690-7098)

FROM: OES/E/EID- Nancy Carter Foster

SUBJECT: July 24th Meeting on U.S. International HIV/AIDS Strategy

DATE: July 21, 1998

Please see attached memo regarding July 24, 1998 meeting with the Department of State and NGO representatives.

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

July 21, 1998

MEMORANDUM

TO: Interagency Group on U.S. International HIV/AIDS

FROM: OES/E/EID - Nancy ~~Carter~~ Foster

SUBJECT: U.S. International Strategy on HIV/AIDS
Meeting with NGO representatives

As discussed at the July 13, 1998 meeting, the meeting with the NGO representatives is scheduled for July 24, 1998 from 2p.m.-4p.m., in room 4825 at the Department of State. After the meeting, I would like for the Interagency group to stay an extra half-hour to discuss any feedback from the meeting. Attached for your information is a copy of the agenda and the list of NGOs that were invited. If you are planning to attend please call Helen J. Arteaga (202)647-4824 and provide your social security number and date of birth for pre-clearance.

LIST OF NGO FOR JULY 24, 1998 MEETING

ORGANIZATION	FAX
Population Services International - Peter Clancy	785-0120
Planned Parenthood - Julia Cohen	293-4349
National Latino/Latina Lesbian, Gay, Bisexual, and Transgender Organization - Martin Ornelas	466-8530
Global AIDS Action Network - Paul Boneberg	483-1135
National Hemophilia Foundation - Val Bias	833-0086
American Nurses Association - Rose Gonzalez	544-0189
National Alliance of State & Territorial AIDS - Byron J. Harris	434-8092
AIDS Policy Center for Children - David Harvey	785-3579
AIDS Action Council - Christian Lubinski	986-1345
National Minority AIDS Council - Miguelina Maldonado	483-1135
National Association of People with AIDS - Mike Shriver	898-0435
American Foundation for AIDS Research - Jane Silver	331-8606
Human Rights Campaign - Winnie Stachelberg	347-5323
AIDS Action Council - Daniel Zangalli- Exec. Director	986-1345
NCIH - Ron McInnis and Helen Cornman	833-0075
Whitman-Walker Clinic Inc. - James R. Millner II	797-3504
Family Health International - Peter Lampley	(703)516-9781
International Center for Research on Women- Daniel Whellan	797-0020
Population Council- Beverly Ben-Salem	237-8410
Project Hope- Bettina Schwethelm	(540)837-1813

U.S. INTERNATIONAL STRATEGY ON HIV/AIDS
NGO MEETING
JULY 24, 1998

MEETING AGENDA

INTRODUCTION

1. Overview of new strategy

- Aims to discuss progress since 1995 strategy and remaining challenges

2. Target audience

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

3. General Objectives

Raise awareness of the issues and (not in order of priority):

- Enhance collaboration between federal and international agencies/organizations
- Increase affordability/accessibility of treatment in developing countries by enhanced international collaborations/public/private partnerships
- Increase political and economic commitment by foreign leaders
- Foster greater involvement by NGOs and industry in AIDS policy and program formulation
- Encourage efforts of UNAIDS and other international organizations
- Consider human rights implications of HIV/AIDS
- Women and HIV/AIDS

4. Specific Issues

- Prevention
- AIDS-Orphaned Children

- Issues surrounding Treatment Equity
- Vaccine Research
- Behavioral Research/ Behavioral Change Interventions
- Microbicide Development

DISCUSSION: Non-Governmental Organization Role in Development of U.S. International Strategy on HIV/AIDS

5. Issues/Concerns

- Collaboration between domestic and international NGOs
- Additional programs/objectives/activities since 1995 strategy
- Current NGO priorities
- Ensuring adequate and effective process

6. What Role Do NGOs Envision?

INITIALS
APPR: MLK ...

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▶

To Todd Summers	From M H Fromin
Dept./Agency	Phone #
Fax #	Fax #

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

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CLR 15: RDE ...
CLR 16: DST ...
CLR 17: APE ...
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CLR 19: MJM ...
~~CLR 20: CPA~~ ...

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OES:MLKIMBLE

OES/E:RPOMERANCE OES/E/EID:NCARTER-FOSTER
EUR/ERA:KKVIEN AF/RA:CSYNDER
NEA/PPR:CLAWSON USAID:AGETSON
G:CTHOMPSON SA/RA:LSCENSNY EB:CPARKER
EAP:MJOHNSON ARA/PPC:EWEINGOLD S/P:PFROMUTH +

IMMEDIATE ALDAC, SPECIAL EMBASSY PROGRAM

E.O. 12958: N/A

TAGS: TBIO

SUBJECT: RELEASE OF INTERNATIONAL HIV/AIDS REPORT

REFTEL: A) STATE 226488, B) STATE 064220

1. THIS IS AN ACTION CABLE SEE PARA 7. U.S. DIPLOMATIC INITIATIVE ON EMERGING INFECTIOUS DISEASES (EID) AND HIV/AIDS: STEP 1: THE RELEASE OF THE 1999 U.S. INTERNATIONAL RESPONSE TO HIV/AIDS.

2. ON MARCH 15, SECRETARY ALBRIGHT WILL BE ANNOUNCING THE RELEASE OF THE 1999 U.S. INTERNATIONAL RESPONSE TO HIV/AIDS AT THE PLENARY SESSION OF THE U.S.-AFRICA PARTNERSHIP MINISTERIAL. THE U.S.-AFRICA MINISTERIAL WILL BE ATTENDED BY FOREIGN, FINANCE AND TRADE MINISTERS FROM SUB-SAHARAN AFRICAN COUNTRIES. ALL U.S. CABINET SECRETARIES AND AGENCY HEADS ARE SCHEDULED TO PARTICIPATE. SECRETARY ALBRIGHT

ANNOUNCED THE FUTURE RELEASE OF THIS REPORT AND THE PLANNED LAUNCH OF A MAJOR DIPLOMATIC INITIATIVE ON EID AND HIV/AIDS AT A DECEMBER 1, 1998 WORLD AIDS DAY EVENT CO-HOSTED WITH PRESIDENT CLINTON. THE RELEASE OF THE 1999 REPORT IS THE FIRST STEP IN THE DIPLOMATIC INITIATIVE ON EID AND HIV/AIDS ANNOUNCED BY THE SECRETARY.

3. THE DIPLOMATIC INITIATIVE ON HIV/AIDS HAS SIX MAJOR COMPONENTS: 1) DEVELOPMENT OF THE 1999 U.S. INTERNATIONAL RESPONSE TO HIV/AIDS REPORT; 2) RELEASE OF THE REPORT AND LAUNCH OF THE U.S. DIPLOMATIC INITIATIVE ON HIV/AIDS; 3) AN EVENT, HOSTED BY THE DEPARTMENT OF STATE, TO EDUCATE THE FOREIGN DIPLOMATIC COMMUNITY IN WASHINGTON ABOUT THE INTERNATIONAL HIV/AIDS PANDEMIC AND THE DOS LED DIPLOMATIC INITIATIVE; 4) CONGRESSIONAL BRIEFINGS ON INTERNATIONAL HIV/AIDS ISSUES; 5) FOLLOW-UP AND INTEGRATION OF THE DIPLOMATIC INITIATIVE INTO DOS ACTIVITIES; AND 6) INTERACTION WITH USG AGENCIES, NON-GOVERNMENTAL ORGANIZATIONS AND INDUSTRY TO ADDRESS SPECIFIC ISSUES. AS PART OF THE DIPLOMATIC INITIATIVE, EMBASSY OFFICIALS AT THE HIGHEST LEVELS WILL BE INSTRUCTED TO OVERSEE AND STRUCTURE A PROGRAM OF SUSTAINED INVOLVEMENT WITH HOST GOVERNMENT COUNTERPARTS TO RAISE THE LEVEL OF POLITICAL COMMITMENT AND TO ENHANCE COLLABORATIONS TO DETECT, PREVENT AND EFFECTIVELY CONTROL THE SPREAD OF INFECTIOUS DISEASES. THE URGENT ISSUES SURROUNDING HIV/AIDS WILL BE ACCORDED A PARTICULAR PRIORITY IN MOST REGIONS.

4. THE DEVELOPMENT AND RELEASE OF THE 1999 U.S. INTERNATIONAL RESPONSE TO HIV/AIDS IS PART OF A CONTINUING EFFORT BY THE U.S. GOVERNMENT TO CREATE POSITIVE CHANGE IN THE INTERNATIONAL FIGHT AGAINST HIV/AIDS. IT IS DESIGNED TO STIMULATE POLITICAL COMMITMENT, DEMONSTRATE THE NECESSITY FOR AND BENEFITS OF INTERNATIONAL AND PUBLIC/PRIVATE SECTOR PARTNERSHIPS, AND PROVIDE A DIRECTORY OF PUBLIC PROGRAMS THAT CAN SERVE AS A MODEL OF GOVERNMENT POLICY AND RESOURCE INVESTMENTS TO MORE EFFECTIVELY MEET THE CHALLENGES OF THE GLOBAL HIV/AIDS PANDEMIC. THE 1999 REPORT IS THE PRODUCT OF AN INTERAGENCY EFFORT AND CONTAINS A SET OF U.S. GOVERNMENT PRIORITIES FOR COMBATING THE WORLDWIDE SPREAD OF THIS DEADLY DISEASE. IT ALSO DESCRIBES THE RELATIVE ROLES OF INTERNATIONAL ORGANIZATIONS, INDUSTRY AND NON-GOVERNMENTAL ORGANIZATIONS AS PARTNERS IN DEVELOPING SOLUTIONS TO THESE GLOBAL HEALTH PROBLEMS. THE STATE DEPARTMENT WILL JOIN WITH OTHER AGENCIES,

INTERNATIONAL ORGANIZATIONS, INDUSTRY, NON-GOVERNMENTAL ORGANIZATIONS AND OTHER GOVERNMENTS TO ADDRESS ISSUES IDENTIFIED IN THE 1999 REPORT AND TO ENHANCE PRIVATE SECTOR INVOLVEMENT IN THE FIGHT AGAINST HIV/AIDS.

5. 10 COPIES OF THIS DOCUMENT ARE BEING MAILED IMMEDIATELY TO ALL POSTS TO THE ATTENTION OF THE CHIEF OF MISSION, TO BE AVAILABLE FOR MEETINGS WITH HOST GOVERNMENT OFFICIALS. THE 1999 U.S. INTERNATIONAL RESPONSE TO HIV/AIDS SHOULD BE USED AS A TOOL TO STIMULATE DISCUSSION WITH HEADS OF STATE, AND POLITICAL, FOREIGN, ECONOMIC AND LABOR MINISTERS, AS A MEANS OF FOSTERING POLITICAL COMMITMENT FOR URGENT ACTION ON THESE ISSUES.

6. 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 AND EID.

7. AN ALDAC CABLE PROVIDING UNIVERSAL TALKING POINTS AND INSTRUCTIONS TO POST FOR CARRYING OUT A SUSTAINED EFFORT IN SUPPORT OF THIS DIPLOMATIC INITIATIVE WILL FOLLOW PENDING FINAL CLEARANCE IN WASHINGTON, DC. YY

PA/PL:YO'BRIEN
S/S:
D:RDEVILLAFRANCA
P:DSTRAUB
E:APENCE
PRM:NOVERALL
DRL:MJMCISAAC

Y

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

Facsimile Transmittal

TO: Distribution (see attached)

FROM: OES/E/EID- Nancy Carter-Foster NCF by DW

SUBJECT: Interagency Working Group on International HIV/AIDS Meeting Agenda

DATE: January 13, 1999

Please see the attached meeting agenda for the January 14 interagency meeting at the State Department from 4 p.m. to 5 p.m. in Room 3519.

Prior to this meeting, there will be a briefing on the economic implications of HIV/AIDS in Southern Africa. Dr. Alan Whiteside, a professor of health economics from the University of Natal, will brief ONAP in advance of their January trip to Africa. The briefing is from 3 p.m. to 4 p.m. in Room 3519.

Please call Dave Wagner (647-4542) to provide DOB and SS# for pre-clearance.

INTERAGENCY WORKING GROUP ON INTERNATIOANL HIV/AIDS

MEETING AGENDA
JANUARY 14, 1998

TIME AND LOCATION

4 p.m. to 5 p.m.
State Department
2201 C Street NW
Room 3519

SUMMARY

- To address the full range of foreign policy implications of HIV/AIDS, DOS is proposing a Diplomatic Initiative on Global HIV/AIDS and Infectious Diseases to educate national foreign leaders and international actors in the fight against HIV/AIDS. A key part of the initiative is the 1999 U.S. International Response to HIV/AIDS.

DISCUSSION

- Ways to implement the U.S. diplomatic initiative on global HIV/AIDS and infectious diseases, ie., congressional briefings, cable to posts, country-specific talking points, etc.

- Agenda and goals for upcoming government/industry business roundtable

- Interagency conference on global HIV/AIDS as a foreign policy issue to U.S. Foreign Service, the foreign diplomatic community and HIV/AIDS community

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. list	US International Response to HIV/AIDS Interagency Working Group (partial) (1 page)	nd	P3/b(3)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21070

FOLDER TITLE:
State Department [4]

2007-1550-F
kc1290

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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RR. Document will be reviewed upon request.

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

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002

U.S. International Response to HIV/AIDS
Interagency Working Group

State/PRM- Nedra Overall (663-3094)
State/PRM- Suzanne Petroni (663-3094)
State/DRL- Karen Jo McIssac (647-9519)
State/IO- Elizabeth Bollman (736-7467)
USAID/G/PHN- Paul Delay (216-3046)
USAID/G/PHN- Alan Getson (216-3046)
USAID/G/PHN- Barbara de Zalduondo (216-3046)
USAID/AFR/SD- William H. Lyerly (216-3373)
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DHHS/OS/OHAP- Eric Goosby (690-6584)
DHHS/OS/OHAP- Margaret Scarlett (690-6584)
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DHHS/NIMH- Steven Hyman (301-443-2578)
DHHS/NIMH- Dianne Rausch (301-443-9719)
DHHS/NIH- Jack Whitescarver (301-496-2119)
DHHS/NIH/NIAID- Karl Western (301-402-3255)
DHHS/NIH/OAR- Robert Eisinger (301-402-8638)
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DOC- Mary Ann Mausser (482-5375)
DOC/Census- Karen Stanecki (301-457-3034)
DOJ- Matthew Nosanchuk (514-5715)
OMB- Melany Nakagiri (395-5648)
OMB- Barbara Menard (395-7840)
Nat'l Intelligence Council- (b)(3)

State Dept - mtg w/ Int'l Orgs. 4/28/98

Rafe - intro
NLF - details

Funding ? Harvard AIDS Institute - through UNAIDS
Epi ?
Advocacy ?
Aid coordination

- Family Planning
-

International Federation of Red Cross

- strategy for looking at each country
  - NGO capacity
  - government acknowledgment
  - epi + surveillance

  Paul - don't ~~dete~~ list countries - need future flexibility

- establish core principles for international involvement

- UNAIDS - country level and int'l
  - country level - strategic planning - flexible response
    - theme groups - to enhance + facilitate involvement - identify gaps + overlap

- int'l
  - convening int'l. organizations
  - advocacy / info.

- World Bank -
  - see HIV as development issue

- coordination needs to be focused on specific issues / areas - different issues will require coordination among different groups

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

Facsimile Transmittal

TO: Distribution, 2 pages to follow

FROM: OES/E/EID- Nancy Carter-Foster NCF by DW

SUBJECT: Status of U.S. International HIV/AIDS Strategy

DATE: September 30, 1998

As you know, an interagency working group is revising the U.S. International Strategy on HIV/AIDS. As of today, we have received a large portion of the necessary information and data from agencies, international NGOs, international organizations and the pharmaceutical industry. Some key information, however, remains outstanding.

Due to this delay, we must truncate our earlier schedule and cancel the meetings scheduled for October 1st and 2nd. Nonetheless, we continue to work on the draft strategy and maintain December 1, 1998 as the release date of the final document. We hope to complete a draft shortly and will inform all interested parties when it is available for review and comment.

We appreciate your understanding and support in this collaborative endeavor. Should you have any questions, please call me (202/647-2435) or Dave Wagner (202/647-4542).

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003. list	US International Strategy on HIV/AIDS Participants (partial) (1 page)	nd	P3/b(3)

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

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[003]

U.S. International Strategy on HIV/AIDS
Participants

State/PRM- Nedra Overall (663-3094)
State/PRM- Suzanne Petroni (663-3094)
State/DRL- Karen Jo McIssac (647-9519)
State/IO- Elizabeth Bollman (736-7467)
USAID/G/PHN- Paul Delay (216-3046)
USAID/G/PHN- Alan Getson (216-3046)
USAID/G/PHN- Barbara de Zalduondo (216-3046)
USAID/AFR/SD- William H. Lyerly (216-3373)
USIA- Jim Kelman (619-5646)
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DHHS/OS/OHAP- Margaret Scarlett (690-6584)
DHHS/CDC- Victor Barnes (404-639-0897
DHHS/NIMH- Steven Hyman (301-433-2578
DHHS/NIH- Jack Whitescarver (301-496-2119)
DHHS/NIH/NIAID- Karl Western (301-402-3255)
DHHS/NIH/OAR- Robert Eisinger (301-402-8638)
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ONAP/PACHA- Daniel Montoya (456-2438)
Peace Corps- Shelley Smith (692-2666)
DOD- Lynn Pahland (703-681-3658)
DOC- Bill Hurt (482-2565)
DOC/Census- Karen Stanecki (301-452-3034)
DOJ- Matthew Nosanchuk (514-5715)
OMB- Melany Nakagiri (395-5648)
OMB- Barbara Menard (395-4929)
Nat'l Intelligence Council- (b)(3)
Population Services International- Peter Clancy (785-0120)
Planned Parenthood- Julia Cohen (293-4349)
Nat'l Latino/Latina Lesbian, Gay, Bisexual, and Transgender Org.-
Martin Ornelas (466-8530)

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[004]

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[005]

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Bureau of Oceans and International
Environmental and Scientific Affairs
Washington, DC 20520

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TO: (by fax, 1 page to follow)

USAID/G/PHN- Paul Delay (216-3046)
USAID/G/PHN- Alan Getson (216-3046)
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DOC- Bill Hurt (482-2565)
DOJ- Matthew Nosanchuk (514-5715)
OMB- Gordon Agress (395-5648)
Nat'l Intelligence Council- (b)(3)

FROM: OES/E/EID- Nancy Carter-Foster

SUBJECT: July 28th Meeting on U.S. International HIV/AIDS Strategy

DATE: July 24, 1998

Please see attached memo regarding July 28, 1998 meeting with representatives with international organizations.

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

July 22, 1998

MEMORANDUM

TO: International Organization Representatives

FROM: Nancy Foster, Director
Emerging Infectious Diseases and HIV/AIDS Program

SUBJECT: July 28, 1998, Meeting Between HIV/AIDS Interagency Working Group and International organizations to Discuss U.S. International Strategy on HIV/AIDS

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 in the process of reviewing the performance of the agencies in meeting the objectives by having each agency complete an assessment survey. The survey inquires about past and current objectives/goals of various agencies as well as discusses future issues that will be included in the upcoming strategy.

The next phase of our plan involves obtaining input from representatives of non-governmental groups, business and trade representatives, and non-governmental service organizations. After all input has been received, a draft strategy will be devised which will be open for public comment. You have been invited to attend as a representative of your organizations at the upcoming meeting on July 28, 1998. The meeting is currently scheduled from 2 p.m. to 4 p.m. in room 7531 at the Department of State. Please RSVP at (202) 647-4824 if you plan to attend the meeting. For pre-clearance, please provide your date of birth and social security number.

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

July 28, 1998:	Meeting with representatives from International organizations
August:	Public comment on draft strategy
September:	Revisions made to draft strategy
October:	Final strategy completed
December:	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.

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006. fax	Nancy Carter-Foster to Paul Delay et al re July 28th Meeting (partial) (1 page)	07/27/1998	P3/b(3)

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[006]

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Bureau of Oceans and International
Environmental and Scientific Affairs
Washington, DC 20520

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TO: (by fax, 4 pages to follow)

USAID/G/PHN- Paul Delay (216-3046)
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OMB- Gordon Agress (395-5648)
Nat'l Intelligence Council- (b)(3)
NIH/OAR- Robert W. Eisinger (301-402-8638)
OS/HHS- Marsha Martin (690-7098)

FROM: OES/E/EID- Nancy Carter Foster

SUBJECT: July 28th Meeting on U.S. International HIV/AIDS Strategy

DATE: July 27, 1998

Please see attached memo regarding July 28, 1998 meeting with representatives with international organizations.

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

July 26, 1998

MEMORANDUM

TO: Interagency Group on U.S. International HIV/AIDS Strategy

FROM: OES/E/EID - Nancy Carter-Foster

SUBJECT: U.S. International Strategy on HIV/AIDS Meeting with International Organization

As discussed at the July 13, 1998 meeting, the meeting with the international organizations is scheduled for July 28, 1998 from 2p.m.-4p.m., in room 7531 at the Department of State. After the meeting, I would like for the Interagency group to stay an extra half-hour to discuss any feedback from the meeting. Attached for your information is a copy of the list of international organizations invited. If planning to attend please call Helen J. Arteaga(202) 647-4824 and provide your Social Security Number and Date of Birth for pre-clearance.

INTERNATIONAL ORGANIZATIONS

Contact List

UNAIDS
Peter Piot, UNAIDS
Ambassador Sally Cowal, UNAIDS

Contact:
Patsy Fleming
Patsy S. Fleming Associates
301/263-0010
301-263-0013 (fax)

WHO
Contact:
Nell Temple-Brown
202-331-9081

UNFPA
Contact:
Sarah Craven
202-326-8713 (ph)

UNDP
Contact:
Sarah Burns
Senior Liaison Officer
United National Development Programme
1775 K Street NW
Suite 420
Washington, DC 20006
202-331-9130 (ph)
202-331-9363 (fax)

UNICEF
Contact:
Dr. Eri Mercier
Senior Advisor, Child Health
Health Section
Programme Division
United Nations Children's Fund
212-824-6334 (ph)
212-824-6460 (fax)

Red Cross
Frank Sieverts
2100 Pennsylvania Ave. NW
Suite 545
Washington D.C. 20037 (ph)202-293-9430, (Fax)202-293-9431

Human Rights Commission (State)

World Bank
Contact: Debrework Zewdie
Reproductive Health Specialist
Population, Health, and Nutrition Department
The World Bank
202/473-9414 (ph)
202/522-3235 (fax)

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

facsimile transmittal

To: Todd Sommers At Fax Number: 456-2439

From: Nancy Carter-Foster Date: July 23, 1998

Phone: (202) 736-7112 Fax: 202-736-7336

Re: July 24th HIV/AIDS Meeting Pages: 3

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

Notes: Here's the materials of meetings (July 24, 1998 HIV/AIDS).

THANKS

Denise Goode

Please Call me once you Receive this FAX.

LIST OF NGO FOR JULY 24, 1998 MEETING

ORGANIZATION	FAX
Population Services International - Peter Clancy	785-0120
Planned Parenthood - Julia Cohen	293-4349
National Latino/Latina Lesbian, Gay, Bisexual, and Transgender Organization - Martin Ornelas	466-8530
Global AIDS Action Network - Paul Boneberg	483-1135
National Hemophilia Foundation - Val Bias	833-0086
American Nurses Association - Rose Gonzalez	544-0189
National Alliance of State & Territorial AIDS - Byron J. Harris	434-8092
AIDS Policy Center for Children - David Harvey	785-3579
AIDS Action Council - Christian Lubinski	986-1345
National Minority AIDS Council - Miguelina Maldonado	483-1135
National Association of People with AIDS - Mike Shriver	898-0435
American Foundation for AIDS Research - Jane Silver	331-8606
Human Rights Campaign - Winnie Stachelberg	347-5323
AIDS Action Council - Daniel Zangalli- Exec. Director	986-1345
NCIH - Ron McInnis and Helen Cornman	833-0075
Whitman-Walker Clinic Inc. - James R. Millner II	797-3504
Family Health International - Peter Lampley	(703)516-9781
International Center for Research on Women- Daniel Whellan	797-0020
Population Council- Beverly Ben-Salem	237-8410
Project Hope- Bettina Schwethelm	(540)837-1813

U.S. INTERNATIONAL STRATEGY ON HIV/AIDS
NGO MEETING
JULY 24, 1998

MEETING AGENDA

INTRODUCTION

1. Overview of new strategy

- Aims to discuss progress since 1995 strategy and remaining challenges

2. Target audience

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

3. General Objectives

Raise awareness of the issues and (not in order of priority):

- Enhance collaboration between federal and international agencies/organizations
- Increase affordability/accessibility of treatment in developing countries by enhanced international collaborations/public/private partnerships
- Increase political and economic commitment by foreign leaders
- Foster greater involvement by NGOs and industry in AIDS policy and program formulation
- Encourage efforts of UNAIDS and other international organizations
- Consider human rights implications of HIV/AIDS
- Women and HIV/AIDS

4. Specific Issues

- Prevention
- AIDS-Orphaned Children

U.S. INTERNATIONAL STRATEGY ON HIV/AIDS
INDUSTRY MEETING
JULY 17, 1998

MEETING AGENDA

INTRODUCTION

1. Overview of new strategy

- Aims to discuss progress since 1995 strategy and remaining challenges

2. Target audience

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

3. General Objectives

Raise awareness of the issues and (not in order of priority):

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- Foster greater involvement by NGOs and industry in AIDS policy and program formulation
- Encourage efforts of UNAIDS and other international organizations
- Consider human rights implications of HIV/AIDS
- Women and HIV/AIDS

4. Specific Issues

- Prevention
- AIDS-Orphaned Children

- Treatment Equity
- Vaccine Research
- Behavioral Research/ Behavioral Change Interventions
- Microbicide Development

DISCUSSION: Pharmaceutical Industry Role in Development of U.S. International Strategy on HIV/AIDS

5. Issues/Concerns

- Global issue that involves international pharmaceuticals but we hope to work with domestic companies

6. What Role Does Industry Envision?

- How an government/Industry work together on HIV/AIDS issues
- Company workplace interventions and policies HIV/AIDS
- IPR issued/concerns
- Creation of greater treatment equity
- Status of International Chemical Trails, Problems/Issues/Process

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007. fax	Nancy Carter-Foster to Paul Delay et al re July 17th Meeting (partial) (1 page)	07/14/1998	P3/b(3)

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

[007]

facsimile transmittal

TO: (by fax, 1 page to follow)

USAID/G/PHN- Paul Delay (216-3046)
USAID/G/PHN- Alan Getson (216-3046)
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Peace Corps- Shelley Smith (606-3024)
DOD- Lynn Pahland (703-681-3658)
DOC- Mary Ann Mausser (482-5375)
DOC- Bill Hurt (482-2565)
DOJ- Matthew Nosanchuk (514-5715)
OMB- Gordon Agress (395-5648)
Nat'l Intelligence Council- (b)(3)

FROM: OES/E/EID- Nancy Carter-Foster

SUBJECT: July 17th Meeting on U.S. International HIV/AIDS Strategy

DATE: July 14, 1998

Please see attached memo regarding July 17, 1998 meeting with pharmaceutical industry.

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

July 15, 1998

MEMORANDUM

TO: Interagency Group on U.S. International HIV/AIDS Strategy

FROM: OES/E/EID - Nancy Carter-Foster

SUBJECT: U.S. International Strategy on HIV/AIDS Meeting with Industries

As discussed at the July 13, 1998 meeting, the meeting with the pharmaceutical and biotech industry is scheduled for July 17, 1998 from 2p.m.-4p.m., in room 4825 at the Department of State. We will also have a labor representative there as well. After the meeting, I would like for the Interagency group to stay an extra half-hour to discuss any feedback from the meeting. Attached for your information is a copy of the agenda and the list of companies that where invited. If you are planning to attend please call Helen J. Arteaga (202) 647-4824 and provide your social security number and date of birth for pre-clearance.

U.S. INTERNATIONAL STRATEGY ON HIV/AIDS
INDUSTRY MEETING
JULY 17, 1998

MEETING AGENDA

INTRODUCTION

1. Overview of new strategy

- Aims to discuss progress since 1995 strategy and remaining challenges

2. Target audience

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

3. General Objectives

Raise awareness of the issues and (not in order of priority):

- Enhance collaboration between federal and international agencies/organizations
- Increase affordability/accessibility of treatment in developing countries by enhanced international collaborations/public/private partnerships
- Increase political and economic commitment by foreign leaders
- Foster greater involvement by NGOs and industry in AIDS policy and program formulation
- Encourage efforts of UNAIDS and other international organizations
- Consider human rights implications of HIV/AIDS
- Women and HIV/AIDS

4. Specific Issues

- Prevention
- AIDS-Orphaned Children

- Treatment Equity
- Vaccine Research
- Behavioral Research/ Behavioral Change Interventions
- Microbicide Development

DISCUSSION: Pharmaceutical Industry Role in Development of U.S. International Strategy on HIV/AIDS

5. Issues/Concerns

- Global issue that involves international pharmaceuticals but we hope to work with domestic companies

6. What Role Does Industry Envision?

- How an government/Industry work together on HIV/AIDS issues
- Company workplace interventions and policies HIV/AIDS
- IPR issued/concerns
- Creation of greater treatment equity
- Status of International Chemical Trails, Problems/Issues/Process

INDUSTRIES INVITED FOR THE JULY 17 MEETING

Name	Fax	Phone Number
RoseMary Haas-ABBOTT	(202)466-8386	(202)659-8524
Amgen	(805)376-8550	(805)447-1000
Marian Trumpbul - Genetech	(650)225-8613	(605)225-1000
Jeff Sturchio - Merck Company	(908)735-1839	(908)423-3981
Paul Kello - Health Care Plus	(606)858-8203	
Ray Emp and Walter Wells - Medical Products	(606)225-5347	
Bob Hall - Health Care Plus	(615)629-6297	
Ethan Nadelmnn - Open Society Pharmacies	(212)548-4670	(212)-548-0689
Mary Burt - Genetics Institute	(617)498-8870	(617)876-1170
Fran Dever - Wyeth - Ayerst Labs	(610)989-5700	(610)902-1200
Dr. Frances and Marina Trumbul - Genewtech		(650)225-8613
Daivd Foster - Genezyme Corp.	(202)296-3411	(617)252-7500

Greet R. Kersten - Cel-Sci
Vincent Zurawski - Apollon Inc.
Sean Lance - Chiron Corp.
Kathryn Dickey
Harry G. Kanberis - AFL-CIO Solidarity Center
Chuck Einloth - George Meany Center
Laura Reifschneider - Akin Gump, Strauss, Hower & Seld
Tony L. White - Perkin-Elemer Corp.
Daniel D. Adams - Protein - Science Corp.
David Bernstein - Universal Health Watch
Jerry Chambers - American Home Products
Christy Chavis - Monsanto Corp.
Dave Keaney - Bristol Myers Squibb
Shannan Herzseld - PhRMA
Suzanne Tomison - BIO
Dr. T. Hager - Vinland Laboratories
Virginia Cunningham - Smith Kline Beechman (British Firm)
Susan Crowley - Merck

U.S. INTERNATIONAL STRATEGY ON HIV/AIDS
INDUSTRY MEETING
JULY 17, 1998

MEETING AGENDA

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. fax	Nancy Carter-Foster to Paul Delay et al re July 17th Meeting (partial) (1 page)	07/16/1998	P3/b(3)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21070

FOLDER TITLE:
State Department [4]

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[008]

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

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OMB- Gordon Agress (395-5648)
Nat'l Intelligence Council- (b)(3)

human rights stepped approach info dissemination review dev't intl funding related emerging

both Corp/NGO Partners fund - purchase - yes dev't - no technology transfer

FROM: OES/E/EID- Nancy Carter-Foster

SUBJECT: July 17th Meeting on U.S. International HIV/AIDS Strategy

DATE: July 16, 1998

Please see attached list of pharmaceutical and biotech industries list invited for the July 17th meeting and July 13th meeting summary.

INDUSTRIES INVITED FOR THE JULY 17 MEETING

Name	Fax	Phone Number
RoseMary Haas-ABBOTT	(202)466-8386	(202)659-8524
Amgen	(805)376-8550	(805)447-1000
Jeff Esturchio - American Company	(908)735-1839	(908)423-3981
Paul Kello - Health Care Plus	(606)858-8203	
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Greet R. Kersten - Cel-Sci
Vincent Zurawski - Apollon Inc.
Sean Lance - Chiron Corp.
Kathryn Dickey
Harry G. Kanberis - AFL-CIO Solidarity Center
Chuck Einloth - George Meany Center
Laura Reifschneider - Akin Gump, Strauss, Hower & Seld
Tony L. White - Perkin-Elemer Corp.
Daniel D. Adams - Protein - Science Corp.
David Bernstein - Universal Health Watch
Jerry Chambers - American Home Products
Christy Chavis - Monsanto Corp.
Dave Keaney - Bristol Myers Squibb
Shannan Herzseld - PhRMA
Suzanne Tomison - BIO
Dr. T. Hager - Vinland Laboratories
Virginia Cunningham - Smith Kline Beechman (British Firm)
Susan Crowley - Merck

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. summary	US International Strategy on HIV?AIDS Interagency Meeting Summary (partial) (1 page)	07/13/1998	P3/b(3)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21070

FOLDER TITLE:
State Department [4]

2007-1550-F
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[009]

U.S. INTERNATIONAL STRATEGY ON HIV/AIDS
INTERAGENCY MEETING
JULY 13, 1998

MEETING SUMMARY

In attendance:

USAID/G/PHN- Alan Getson
USAID/G/PHN- Barbara de Zaldundo
DHHS/CDC/NCHSTP- Victor Barnes
DHHS/FDA- Donald Pohl
USIA- Nicole Insalaco
Peace Corps- Angela Churchill
DOC- Bill Hurt
Nat'l Intelligence Council- (b)(3)
State/OES/E/EID- Nancy Carter-Foster
State/OES/E/EID- Dave Wagner
State/OES/E/EID- Helen Arteaga

Purpose of Strategy

- HHS/OIRH sent letter suggesting strategy represent DOS, not USG and that document not be a strategy but a briefing to overseas missions
- Agreement that rivalries must be set aside to focus on this priority while recognizing that each agency his its own mandate
- Commerce noted that industry would find it helpful to work with one central group
- USAID noted that strategy includes constellations of programs and interventions, not a list of resources

Strategy's Structure and Target Audience

To include IOs, NGOs, developing countries, host government (US missions and embassies would serve as information conduit)

Agreed:

- Expectations may be raised (this is probably inevitable) but one should seek to minimize this effect with respect to the availability of now funding
- Document should seek to open up areas of collaboration in research, interagency and donor coordination
- Use same format as 1995 strategy, and keep the title of USG International Strategy on HIV/AIDS
- Preface to document should explain the documents purpose, what it does and what it does not do

- All agencies should come together to present a unified USG document that highlights individual agency program and mandates highlighting several agreed issue areas

General Objectives and Agreed Issues (Preliminary in no Priority Order)

Heighten awareness to the issues and:

- Promote understanding of the complexities surrounding the issues of affordability/accessibility of treatment in developing countries and enhance international collaborations/public/private partnerships in support of effective interventions
- Increase political and economic commitment by foreign leaders
- Encourage greater involvement by NGOs and industry in AIDS policy and program formulation
- Encourage efforts of UNAIDS and other international organizations
- Consider human rights implications of HIV/AIDS
- Enhance collaboration between federal and international agencies/organizations, donor coordination
- Women and HIV/AIDS
- Encourage international collaboration on research

Comments:

- There are complexities involved in treatment and therapies which need broader explanation
- In strategy, important to discuss progress since last strategy and remaining challenges highlight LDC success stories (i.e. Uganda)
- Document should present information on the USG policies and approaches to HIV/AIDS overseas while minimizing the implication of increased funding availability

July 17th Meeting with Industry

- Begin with acknowledgment of humanitarian efforts (let industry tell us what they have done)
- Seek suggestions on the roles industry can play
- Note that it is a global issue that involves international pharmaceuticals but we are working with domestic companies
- Commerce: Don't hammer industry with pricing issue
- Need to discuss:
  - company polices and programs for HIV/AIDS workplace interventions
  - IPR concerns
  - creation of greater treatment equity
  - what role does industry envision?
  - Status of overseas clinical trails, problems/concerns/issues?

July 24th Meeting with NGOs

- Will work with ONAP on invitations to small working group (Sunshine laws)?
- What roles can/do NGOs play
- Listen to their concerns/expectations for a USG strategy
- Explain our views of what the document will/won't do
- Leakage with international NGOs
-

Additional Meetings

International NGOs

- No meeting; instead use NCIH and GAAN to circulate draft to int'l NGOs

International Organizations

- Including World Bank, U.N. organizations and other donors
- On agenda: program priorities and enhance coordination/collaboration
- Meeting scheduled for Tuesday, July 28 from 2-4 p.m.

****
*** TX REPORT ***
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OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

736 Jackson Place, NW
Washington, DC 20503

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

TO: Carl

FAX NUMBER: 225 4890

FROM: Michael

DATE: July 15, 1998/4:06 PM Eastern

PAGES: (Including cover sheet)

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

July 1, 1998

Mr. Chuck Einloth
Director
George Meany Center
10000 New Hampshire Ave.
Silver Springs, MD 20903

Dear Mr. Einloth:

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 in the process of reviewing the performance of the agencies in meeting the objectives by having each agency complete an assessment survey. The survey inquires about past and current objectives/goals of various agencies as well as discuss future issues that will be included in the upcoming strategy.

The next phase of our plan involves obtaining input from non-governmental AIDS groups, business and trade representatives, and non-governmental service organizations. We hope to obtain new ideas on how industry can collaborate with federal agencies and non-governmental organizations and discuss issues such as AIDS orphaned children, research (i.e., vaccines/microbicides), and treatment equity. We hope to draw information from the various meetings to help us formulate a draft copy of our new international strategy. This draft will be open for public comment.

You have been invited to attend as a representative of your company at the upcoming industry meeting on July 17, 1998. The meeting is currently scheduled from 2-4p.m. in room 4825 at the Department of State. Please RSVP at (202) 647-4824 if you plan to attend the meeting.

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

July 17, 1998:	Business and trade organization meeting
July 24, 1998:	Community meeting with representatives from non-governmental organizations
August:	Public comment on draft strategy
September:	Revisions made to draft strategy
October:	Final strategy completed

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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,

Nancy Carter-Foster
Director, Emerging Infectious
Disease and HIV Program

Melinda Kimble, Acting Assistant Secretary
Bureau of Oceans and International Environmental & Scientific Affairs
Remarks to the National Council on International Health
June 25, 1998, Washington, D.C.
As released by the Bureau of Oceans and International Environmental and Scientific Affairs

As Prepared for Delivery

Political Will in the Response to the AIDS Pandemic

Introduction

Dire predictions from the 1980s have become the reality of the 1990s, as HIV moves from the latent state to active disease in an increasing number of people around the world. The cumulative number of those infected has more than nearly tripled from the 10 million infections estimated in 1990. UNAIDS and the World Health Organization estimate that 16,000 new infections are acquired every day and that over 30 million people are infected with HIV.

AIDS is a global problem touching virtually every country and every family around the world. It does not recognize international borders. Growing global population, massive demographic shifts, poverty, greater population mobility and other imbalances between people and nature contribute to the upsurge of HIV/AIDS and other infectious diseases.

The disease can have a far-reaching impact. Trade and travel, important sectors of most economies, can be negatively affected, as can the ability of a nation to muster troops to keep peacekeeping commitments. The disease can also afflict citizens who are otherwise productive contributors to national economies.

The immense impact of HIV/AIDS on life expectancy and health, the implications on labor and productivity, the possibility that AIDS will exacerbate problems of poverty and inequality, and its potential implications for economic stability and security makes HIV/AIDS an important foreign policy issue. This broad reach also underscores the need for governments to confront the epidemic early. Critical to turning the tide is governmental acknowledgment and political commitment for national and international action.

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

We know that more must and can be done by the global community and by the Department of State to reduce the global spread of HIV/AIDS, and that political commitment at the highest level of national government makes the critical difference. Many governments remain slow to acknowledge and to respond with appropriate measures to prevent the economic and social devastation this disease portends if left unchecked. It takes strong leadership at the highest levels working with international institutions, other nations, and non-governmental sectors to join the fight by sharing needed specialized skills in support of global interests to combat the AIDS pandemic.

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combat the AIDS pandemic.

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 impacts which go well beyond the boundaries of the traditional health sector.

The State Department and senior officials should play a central role in raising HIV/AIDS in international fora and we are strengthening our efforts to put the full weight of our diplomatic infrastructure behind enhanced political commitment for international action. The Department of State has the means to advance this issue with more than 250 diplomatic and consular posts around the world including five missions to the United Nations.

Posts through our mission planning process will be charged with active interventions to raise awareness with host government officials. Ambassadors and other foreign policy officials at posts are instructed to: urge foreign leaders to openly address the HIV/AIDS pandemic in their own countries and to address the adverse economic and social impacts of HIV/AIDS; urge other governments to increase spending or to reallocate funds to prevent the spread of HIV/AIDS and to strengthen AIDS research efforts; emphasize the importance of National AIDS Action Plans which involve all relevant governmental agencies, ministries, NGOs and the private sector; and encourage foreign leaders to support the Joint U.N. Programme on AIDS.

The State Department, through formalized briefings as part of our National Foreign Affairs Training Center curricula, and by country-specific regional briefing to senior officials, is working to heighten awareness of the foreign policy implications of HIV/AIDS to the foreign policy community through all available channels.

The State Department will convene an interagency working group to discuss mechanisms whereby the U.S. Government may work more closely with development banks to reduce the spread of HIV/AIDS in development activities.

The State Department will convene regular interagency meetings to discuss the international calendar and to develop common approaches on HIV/AIDS issues and other infectious disease 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. Recognition of the problem and political commitment to support prevention programs is vital to the success of AIDS prevention.

Previous and Ongoing Accomplishments

At the recent G-8 Summit in Birmingham, members pledged a shared international effort to reduce the global scourge of AIDS through vaccine development, preventive programs and appropriate therapy, and by continued support for UNAIDS. This follows from the U.S. Government's successful effort which has made HIV/AIDS part of the G-8 Agenda since 1996 in Lyon and a successful centerpiece for the Denver Summit in 1997.

In his March 1998 African state visit, the President emphasized continued support for AIDS interventions in Uganda and other countries of the region. One year earlier, in March 1997,

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interventions in Uganda and other countries of the region. One year earlier, in March 1997, the First Lady highlighted Uganda's successful effort to reduce transmission of HIV in a public appearance at the AIDS Information Center that has provided counseling and information to tens of thousands of Ugandans.

On World AIDS Day 1997, the Secretary of State Madeleine Albright issued an historic statement recognizing the severity of the disease and the enormity of the AIDS orphan issue. The statement also renewed the U.S. Government's commitment to prevent HIV infection, to increase research and to improve treatment for those affected by the pandemic.

Since 1986, USAID has committed more than $800 million to HIV/AIDS programs to establish effective partnerships with international organizations, donors, national governments, and non-governmental organizations to develop innovative approaches to HIV/AIDS prevention and to build community capacity to slow the spread of the epidemic. USAID continues to lead international efforts to address the HIV/AIDS through development assistance, research, and policy dialogue. USAID has established 540 HIV/AIDS projects in 42 countries.

U.S. International Strategy on HIV/AIDS

In July 1995, the State Department released the first U.S. International Strategy on HIV/AIDS. The strategy, a product of an interagency effort, contained a set of priorities for action in combating the worldwide spread of HIV/AIDS. We are now working with other agencies to develop a new, unified U.S. Government international strategy on HIV/AIDS.

We hope to focus our new effort on fulfilling the President's commitment to develop an HIV/AIDS vaccine; on addressing the foreign policy issues surrounding the availability and affordability of new HIV/AIDS treatments, and in addressing the problem of AIDS-orphaned children.

As the strategy develops, we will seek the input of the non-governmental AIDS organizations, as well as business and trade representatives. Upon completion of the new strategy, ambassadors and other embassy representatives will meet with host country counterparts to describe the strategy and encourage leaders to expand HIV/AIDS prevention and mitigation programs.

Conclusion

HIV/AIDS presents a global problem that demands an international solution. We must work together to forge the international partnerships needed to meet the many challenges of this disease and to share knowledge gained in our effort to stem its spread.

The Department of State must continue to advance the issue internationally and encourage political commitment at the highest level of national government to act at home and around the globe. A unified front by the U.S. Government and international partners in seeking practical solutions and strengthened coordination is crucial in our battle against this common enemy.

Return to Emerging Infectious Diseases and HIV/AIDS

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