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001. list	Senior Seminar Foreign Service Institute, Forty-Second Session (partial) [National Security Act] (1 page)	08/30/2000	P3/b(3)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21070

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2007-1550-F

kc1292

RESTRICTION CODES

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

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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and his advisors, or between such advisors [(a)(5) of the PRA]
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2201(3).

RR. Document will be reviewed upon request.

**UGRENT
FAX**

**FROM THE OFFICE OF
UNDER SECRETARY
FOR GLOBAL AFFAIRS**

**DEPARTMENT OF STATE
2201 C Street, N.W.
Room 7250
Washington, D.C. 20520
Phone: 202-647-6240 Fax: 202-647-0753**

**To: Sandra L. Thurman
Office of National Aids Policy**

JUN 27 2000

From: G - Dan Smith

Fax: 456-2439

NOTE:

**U/S Loy would like to speak to you about this. He leaves for
Warsaw this evening, but I would be delighted to discuss the issue with
you if you can't reach him before he leaves.**

CURRICULUM VITAE
WILLIAM GRAHAM WALKER
FOREIGN SERVICE OFFICER

Born : Kearny, New Jersey
Raised: Santa Monica, California

FOREIGN SERVICE ASSIGNMENTS

HEAD of MISSION, OSCE's KOSOVO VERIFICATION MISSION
ORGANIZATION FOR SECURITY AND COOPERATION IN EUROPE
PRISTINA, KOSOVO, AND SKOPJE, MACEDONIA 1998-99

SPECIAL REPRESENTATIVE of the SECRETARY GENERAL
(an UNDER SECRETARY GENERAL level position) 1997-98
UNITED NATIONS EASTERN SLAVONIA, CROATIA

VICE PRESIDENT 1994-97
NATIONAL DEFENSE UNIVERSITY FORT MCNAIR, WASHINGTON, D.C.

SHORT ASSIGNMENTS, STATE DEPARTMENT 1992-94
DEPARTMENT OF STATE WASHINGTON, D.C.

AMBASSADOR TO EL SALVADOR 1988-92
AMERICAN EMBASSY SAN SALVADOR, EL SALVADOR

DEPUTY ASSISTANT SECRETARY OF STATE 1985-88
DEPARTMENT OF STATE WASHINGTON, D.C.

DEPUTY CHIEF OF MISSION 1983-85
AMERICAN EMBASSY LA PAZ, BOLIVIA

DEPUTY CHIEF OF MISSION 1980-82
AMERICAN EMBASSY TEGUCIGALPA, HONDURAS

FOREIGN SERVICE INSPECTOR 1978-80
DEPARTMENT OF STATE WASHINGTON, D.C.

FELLOW, COUNCIL ON FOREIGN RELATIONS 1977-78
COUNCIL ON FOREIGN RELATIONS (CFR) NEW YORK, NEW YORK

CHIEF, POLITICAL SECTION
AMERICAN EMBASSY

1974-77
SAN SALVADOR, EL SALVADOR

INTERGOVERNMENTAL AFFAIRS OFFICER
ENVIRONMENTAL PROTECTION AGENCY

1972-74
SAN FRANCISCO, CALIFORNIA

CHIEF, POLITICAL SECTION
AMERICAN EMBASSY

1969-72
RIO DE JANEIRO, BRAZIL

GRADUATE STUDIES, LATIN AMERICAN AFFAIRS
UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA)

1968-69
LOS ANGELES, CA

ARGENTINE DESK OFFICER
DEPARTMENT OF STATE

1967-68
WASHINGTON, D.C.

VICE CONSUL
AMERICAN CONSULATE

1964-67
OKINAWA/TOKYO, JAPAN

VICE CONSUL
American Consulate

1963-64
AREQUIPA, PERU

VICE CONSUL/STAFF AIDE TO AMBASSADOR
AMERICAN EMBASSY

1962-63
LIMA, PERU

PRE-FOREIGN SERVICE EMPLOYMENT

ENGLISH TEACHER

1960-61

VALENCIA, SPAIN

US ARMY

1957-58

PRESIDIO OF SAN FRANCISCO

POST OFFICE CLERK

1958-60

SANTA MONICA, CALIFORNIA

DRAFTSMAN, DOUGLAS AIRCRAFT 1957

SANTA MONICA, CALIFORNIA

EDUCATION

BACHELOR OF ARTS

1961

UNIVERSITY OF CALIFORNIA AT LOS ANGELES
MAJOR : POLITICAL SCIENCE

LOS ANGELES, CA

MASTERS PROGRAM (COURSE WORK COMPLETED)
UCLA

1968
LOS ANGELES, CA

MAJOR: LATIN AMERICAN STUDIES

SHORT BIO SKETCH: AMBASSADOR WILLIAM G. WALKER

A thirty-eight year veteran of the Foreign Service, Ambassador Walker has served mostly in Latin America - Bolivia, Brazil, El Salvador, Honduras, Peru and on the Argentine desk in Washington. From 1985-88, he was Deputy Assistant Secretary in the Bureau of Inter-American Affairs responsible for Central America and Panama. From 1988-92 he served as Ambassador to El Salvador, during the last three years of that civil war. From 1994-97, he was the Vice President of the National Defense University in Washington.

In August 1997, Ambassador Walker was named Special Representative of the Secretary General, heading the United Nations Transitional Administration in Eastern Slavonia (UNTAES), Croatia. The mission he commanded consisted of some 800 UN civilian and 2500 military peacekeepers and administrators.

From October 1998 through June 1999, Ambassador Walker was Head of the Kosovo Verification Mission, some 1400 international and 1500 local staff in a peacekeeping effort mounted by the Organization for Security and cooperation in Europe (OSCE), under the terms of the Holbrooke-Milošević agreement of October 16, 1999.

CURRICULUM VITAE

WILLIAM GRAHAM WALKER **FOREIGN SERVICE OFFICER**

Born : Kearny, New Jersey
Raised : Santa Monica, California

FOREIGN SERVICE ASSIGNMENTS

1998-1999 HEAD OF MISSION, KOSOVO VERIFICATION MISSION
OSCE (Organization for Security and Cooperation in Europe)
PRISTINA, KOSOVO and SKOPJE, MACEDONIA

Named, in October 1998, Head of the Kosovo Verification Mission (KVM) by the OSCE Chairman in Office. As such established and led, under the terms of the Holbrooke-Milosevic agreement, an international peacekeeping force of over 3000 personnel from 34 OSCE member states. This was, by a factor of ten, the largest OSCE field mission ever.

KVM's mission was to verify Yugoslav and Kosovo Liberation Army (KLA) compliance with the terms of UN resolutions and subsequent agreements reached among the OSCE, NATO and Milosevic. An unarmed force, the KVM operated in an extremely difficult and dangerous environment. It made a difference.

Actions and words in the aftermath of the Yugoslav security forces' massacre in the village of Racak are judged by many observers as the catalyst leading to the international community's forceful commitment to reverse Milosevic's plan of "ethnic cleansing".

When the OSCE Permanent Council made the decision to extract the KVM due to intolerable harassment and danger, all 1400 international verifiers were evacuated with nary a loss, in record time. During the next three months, in exile in Macedonia, the KVM was the instrument which saved the day when almost 3/4s of a million refugees flooded the neighboring states. The KVM mandate ended in June 1999.

1997-1998

**SPECIAL REPRESENTATIVE OF THE SECRETARY GENERAL
(an Under-Secretary General position)**

UNITED NATIONS

NEW YORK, NEW YORK

Transitional Administrator, UN Peacekeeping Mission to Eastern Slavonia (UNTAES), Croatia. Served as Head of Mission, with total executive authority to administer - for the United Nations - the reintegration of Eastern Slavonia into Croatia in the aftermath of the war of 1991-95.

Commanded a UN peacekeeping force of 650 international civilian UN professionals; 2500 combat troops from 5 contributing nations; 450 civilian police monitors; 100 military observers; 40 border monitors; and a Transitional Police Force of over 2000 Croats, Serbs and other minorities from the region.

UNTAES was the most robust UN peacekeeping presence to date, unique in that it administered all civil functions for a local population in excess of 130,000. Responsible for the performance of all activities normally associated with a sovereign state - health, education, control of borders, providing public safety, restoring and running all public services, etc. In addition, negotiating the eventual reintegration of all aspects of civil society with the Croatian government ministries due to assume those functions/at the end of the UN mandate. Monitoring compliance in accord with some 30 formal agreements negotiated with the respective ministries.

Held repeated negotiating sessions with Presidents Tudjman and Milosevic to insure Croatian and FRY cooperation at the chief-of-state level. Solo appearances before the UN Security Council, the Council of Europe, the OSCE, the UNHCR, the HCHR, and ministerial meetings throughout Europe to brief and/or solicit support. Similar sessions with Secretary General Annan, Under Secretaries and other levels at UN Headquarters.

Judged by the Security Council, and all participants in the process, as among the most successful UN peacekeeping missions.

1994-1998

VICE PRESIDENT

NATIONAL DEFENSE UNIVERSITY

FORT MCNAIR, WASHINGTON, D.C.

Alter-ego to the President of the Nation's pre-eminent military educational facility, wherein the future leaders of the military services, and civilian counterparts, are prepared to deal with national security issues at the strategic level.

NDU encompasses the National War College, the Industrial College of the Armed Forces, the Strategic Studies Center, the Information Resources Management Center, the Armed Forces Staff College, and the Center for Hemispheric (Inter-American) Studies. NDU is a fully accredited university, offering masters degrees in several disciplines.

As the VP - a post held by a senior ambassador - had the following special responsibilities: (1) chaired the University's Strategic Planning Committee; (2) supervised the studies and activities of the State Department contingent of students; (3) ran the International Fellows program, wherein 32 colonels and brigadiers from around the world attend the University at the invitation of the Chairman, Joint Chiefs of Staff; (4) designed, sold and brought to inauguration a unique hemispheric Center for the study of inter-American pol-mil issues; (5) senior advisor to the CAPSTONE program, a mandatory intensive six week seminar in which every newly promoted general/admiral is exposed to the challenges and issues to be faced as a general officer.

1992-94

SHORT ASSIGNMENTS, STATE DEPARTMENT

DEPARTMENT OF STATE

WASHINGTON, D.C.

1) Six months study for the Administrator, USAID, examining the correlation between the rule of law and sustainable development.. Spent one month apiece in Guatemala, Chile, Brazil, Kenya and Poland investigating all aspects of their administration of justice systems - judges, lawyers, law schools, courts, police, prisons, bar associations, etc., to determine perceptions and realities of justice in each.

2) Chairman, Career Minister promotion panel, both in 1994 and 1996.

3) Chairman, Freedom of Information Review Panel.

1988-92

AMBASSADOR TO EL SALVADOR

AMERICAN EMBASSY

SAN SALVADOR, EL SALVADOR

Chief of Mission during the last three years of the Salvadoran conflict, and first months of the peace process. Directed what was the second largest US embassy in the hemisphere (over 1000 personnel), administering the third largest USAID program in the world (an average of \$300 million new assistance per year, and a pipeline of over \$1 billion) - only Israel and Egypt being larger.

Principal US official involved in bringing to successful resolution the decade old civil war, one of the two-three most contentious US foreign policy objectives of the 1980s. Orchestrated overall US efforts which included diplomatic/political activities (bilateral and multilateral); military assistance (roughly \$100 million per year, administered by the largest military assistance group in Latin America); and development assistance.

On-the-spot implementer of US policy to engage the guerilla FMLN in peace negotiation process. Architect of what FMLN described as "breakthrough", the unprecedented visit by the American ambassador to an FMLN jungle military camp, Santa Marta. Credited with changing the FMLN's perception of USG's intentions. Played pivotal role throughout two year negotiation process to bring all sides - Government of El Salvador, FMLN, and UN Special Emissary - to final settlement, which judged to be among most successful peace accords in UN history.

Promoted to Career Minister rank on basis of Salvador performance.

1985-88

DEPUTY ASSISTANT SECRETARY OF STATE

DEPARTMENT OF STATE

WASHINGTON, D.C.

Responsible in the State Department of US relations with Central America, and Panama. This was period when US policy towards Nicaragua, El Salvador and Central America was at the top of the White House foreign policy agenda. Highly contentious, partisan debate surrounded every aspect of the work. And in 1987 the Noriega/Panama problem began the march which eventually led to Operation Just Cause.

1982-85

**DEPUTY CHIEF OF MISSION
AMERICAN EMBASSY**

LA PAZ, BOLIVIA

Deputy and alter ego to the ambassador in a large embassy dealing with problems of: return to democratic practice after years of military rule, by government known to be controlled by drug traffickers; expansion of USG efforts to curtail production and processing of coca leaf; capture and return to France of Klaus Barbi (nazi war criminal) and assorted political terrorists; coping with an economy run amok, with inflation running at 15,000% per annum! Awarded the State Department's Christian Herter medal in 1985, given to the outstanding senior officer of the year.

1980-82

**DEPUTY CHIEF OF MISSION
AMERICAN EMBASSY**

1980-82

TEGUCIGALPA, HONDURAS

Deputy and alter ego to two ambassadors during turnover of power from military dictatorship to civilian rule. This was period in Central America of great flux, with war in El Salvador at peak, and Sandinistas consolidating power in Nicaragua. Honduras brought into both conflicts, to become a centerpiece of US policy in the region. Responsible for internal management of mission with large USAID and military assistance programs, heavy consular workload. Point man on several terrorist attacks on embassy, two aircraft highjackings, and innumerable serious personnel problems.

1978-80

**FOREIGN SERVICE INSPECTOR
DEPARTMENT OF STATE**

WASHINGTON, D.C.

Inspector on four overseas regional inspections of embassies; and two domestic evaluations of State bureaus. Evaluated the performance of political, consular and economic sections of missions in North Africa, the Caribbean, South America, and Taiwan.

1977-78

FELLOW, COUNCIL ON FOREIGN RELATIONS

COUNCIL ON FOREIGN RELATIONS (CFR)

NEW YORK, NEW YORK

The State Department Fellow, selected by committee headed by NBC anchorman John Chancellor, at the Council. Designed and executed study groups studying illegal immigration, US relations with Central America. Participant in wide array of CFR study groups, seminars, lectures and informal discussions.

1974-77

CHIEF, POLITICAL SECTION

AMERICAN EMBASSY

SAN SALVADOR, EL SALVADOR

Served as First Secretary under two ambassadors. Led small political section through analysis and reporting on the issues, problems that two years later saw El Salvador explode in civil war - harsh military rule, the outbreak of leftist terrorism, mass public demonstrations, repression of peasant unions, etc.

1972-74

INTERGOVERNMENTAL AFFAIRS OFFICER

ENVIRONMENTAL PROTECTION AGENCY

SAN FRANCISCO, CALIFORNIA

EPA representative on Secretariat of Federal Regional Council, which coordinated the efforts of major grant giving agencies of US federal government, providing assistance to state and local governments in California, Hawaii, Nevada and Arizona. Involved in White House effort to devolve decision making to more local levels. Provided EPA input at interagency planning meetings of major federal projects throughout Federal Region IX.

1969-72

CHIEF, POLITICAL SECTION

AMERICAN EMBASSY

RIO DE JANEIRO, BRAZIL

First as number two political officer in Embassy Rio (1969-71), and then Chief of the Section in Consulate General Rio (the Embassy moved to Brasilia in 1971), responsible for analysis and reporting on all political matters - repression and torture by military regime; outbreak of political kidnappings (including first ever of an American ambassador),

skyjackings, assassinations by leftist urban guerrillas; first appearance of "death squad" phenomenon; and political consequences of "economic miracle".

1968-69 **GRADUATE STUDIES, LATIN AMERICAN AFFAIRS**
UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA) LOS ANGELES, CA

1967-68 **ARGENTINE DESK OFFICER**
DEPARTMENT OF STATE WASHINGTON, D.C.

Focal point in the State Department for all aspects - political, economic, commercial, cultural - of US relations with Argentina. Major issues at time: military regime, arms sales, Falklands (Malvinas) crisis, commercial disputes over meat importation, return of Juan Peron.

1964-67 **VICE CONSUL**
AMERICAN CONSULATE OKINAWA/TOKYO, JAPAN

Chief of Consular Section in American Consulate Naha, an anomaly since conducted full range of consular affairs in territory administered by US government. In build-up to war in Viet Nam, provided consular services - visas, protection, marriage - to US forces on Okinawa; as well as to Okinawan residents, and resident international community. Also heavy load of shipping and seamen services to greatly expanded and troubled US merchant fleet./

1963-64 **VICE CONSUL**
American Consulate Arequipa, Peru

Number two officer in small consulate in Peru's second city. Full range of consular services throughout consular district, which included Cuzco, Puno and Macchu Picchu.

1962-63

**VICE CONSUL/STAFF AIDE TO AMBASSADOR
AMERICAN EMBASSY**

LIMA, PERU

Chief of visa services in busy consular section, later serving as staff aide to the Ambassador.

PRE-FOREIGN SERVICE EMPLOYMENT

ENGLISH LANGUAGE TEACHER	1960-61	Valencia, Spain
POST OFFICE CLERK	1958-60	Santa Monica, California
DRAFTSMAN, DOUGLAS AIRCRAFT	1957	Santa Monica, California

EDUCATION

BACHELOR OF ARTS	1961
UNIVERSITY OF CALIFORNIA AT LOS ANGELES	LOS ANGELES, CA
MAJOR: POLITICAL SCIENCE	

MASTERS PROGRAM (course work completed)	1968
UCLA	LOS ANGELES, CA
MAJOR: LATIN AMERICAN STUDIES	



United States Department of State

Bureau of Oceans and International
Environmental and Scientific Affairs

Washington, D.C. 20520

DATE: 10/11/00

NUMBER OF PAGES TO FOLLOW (Including Cover Sheet):

FAX TO: Cheryl Bowerly

TELEPHONE: 456 - 2959 FAX: 456 - 2439

OFFICE: ONAP

FROM: Judith Greenspan / Nancy Carter-Foster

TELEPHONE: 647 - 4689 FAX: 736 - 7336

OFFICE: Dept of State, OES / EID

MESSAGE: Hi, Cheryl- Tim Smith gave me your name and # as a POC in ONAP. I left a confused-sounding voice mail message for you earlier today. On behalf of my boss, Nancy Carter-Foster, I wanted to invite Ms. Thurman to a meeting on HIV/AIDS in China this Friday, 10/13, at 11am. in Rm 7835 at the Main State Dept. building.

I apologize for the late notice. I'm brand new here in EID. The meeting objective is to share knowledge among various USG entities interested in HIV/AIDS in China. The meeting will be co-chaired by Ken Brill (OES) and Tom Novotny (HHS). I will be circulating an agenda shortly. Please let me know if you have any questions at all at the phone or fax numbers above. Thanks! *Judith Greenspan*

**United States Department of State**

*Bureau of Oceans and International
Environmental and Scientific Affairs
2201 C St., NW, Rm. 5806
Washington, DC 20520*

**Timothy W. Smith** *TS***Office of Emerging Infectious Diseases**

OES/EID Room 5806

202-647-4542 (Voice)

202-736-7336 (FAX)

Email: tsmith@state.gov

Date: 10/11/00

Number of Pages: 7

To: Ken Bernard, NSC

456-9390

Sandra Thurman, ONAP/PEAC

456-2439

Alex Ross, USAID/AFR

219-0507

Colleagues:

Attached for your clearance is a cable in reply to Under Secretary Loy's recent cable to African posts, soliciting reports and ideas regarding increased coordination between the U.S. and the EU. Thanks for your attention to this clearance.

UNCLASSIFIED

Domestic OutGoing Cable

Status: Draft

Classification UNCLASSIFIED

Date 10/11/2000

DRAFTER/APPROVER INFORMATION

Drafter Info:

Office OES/SEID Name TWSMITH Phone 202-647-4245

Approver Info:

Office G Name U/S LOY

ADDRESS INFORMATION

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D - RGILCHRIST
P - LTEPPER
S/P - ELIEF
NSC - KBERNARD
ONAP - STHURMAN
USAID/AFR - AROSS
M/P - APONCE
S/S -**MESSAGE/HEADER INFORMATION**

Special Handling Captions:**Other Captions:**

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FreeForm Captions: ADDIS ABABA
GABARONE AND ABIDJAN ALSO FOR REO
NSC FOR KEN BERNARD

TAGS: PREL, KHIV, SOCI, TBIO, EUN

Subject Line: U.S.-EU
COOPERATION ON HIV/AIDS,
MALARIA AND TUBERCULOSIS
IN AFRICA: POST
RESPONSES

Reference: A: STATE 152319
B: KIGALI 3867 C: LUSAKA
4411
D: LIBREVILLE 1879
E: PORT LOUIS 1693
F: KINSHASA 6465
G: ANTANANARIVO 2302
H: ACCRA 4554

Message Text:

1. This cable has been cleared by M/P (SEP).

2. Summary. Ref A requested that African posts make contact with representatives of the EU presidency (France), the European Commission and ambassadors from EU nations in your host countries to share information, assess host country needs, and explore ways to intensify U.S.-EU cooperation. Ref A specifically suggested that one aspect where posts' input would be particularly appreciated is the question of how to increase public awareness and responsiveness to the health care crisis in each host country. The Department has received several excellent responses to ref a. The purpose of this cable is to communicate back to the field those initiatives and ideas that appear to be most transferable to other posts in the region, that address the issues of increasing public awareness and responsiveness to the health care crisis in a particular country, and are most appropriate to ambassador-level participation. In para 11, Department provides additional guidance based on coordination ideas considered for the Queluz U.S.-EU Summit. Although budget levels for combating infectious diseases in FY 2001 are yet to be set, they are likely to exceed the administration's request. End summary.

3. Many posts noted that cooperation on HIV/AIDS was relatively more advanced in their host country than is cooperation on malaria and tuberculosis, even in nations where AIDS is not, at present, the number one killer. Another general theme is the recognition that the success of our current and future collaboration with the EU, other donor partners, and host countries is dependent upon the distribution of significant resources in the future, not

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only to target specific diseases, but to support the creation and strengthening of entire health infrastructures.

4. Department appreciates the excellent responses that it continues to receive from African posts. Universally, these responses have provided State and other agencies with valuable insights into the country-by-country dynamics at play as we work to strengthen regional cooperation with our EU partners, other donors and host countries. The Department also acknowledges its communication with posts seeking additional guidance before engaging their EU partners. The balance of this cable provides addressees with the good ideas and initiatives that some African posts, in response to reftel as well as other taskings, are pursuing in their efforts to increase U.S.-EU diplomatic cooperation. These models and precedents are provided so that posts may use and adapt them as appropriate to your host country situation(s), as a basis for discussion with your EU and other colleagues as you pursue the agenda outlined in ref a.

Coordination mechanisms

5. Many posts report that U.S.-EU cooperation and information sharing is organized, with standing bodies meeting at regular intervals. Various donor partners, working groups and/or similarly constructed groups were reported by multiple respondents. Several of these groups meet at the Chief of Mission/Aid Agency Director/Health Sector Advisor level. In most cases, the groups coordinate with the host government's national AIDS strategy group(s) and include the U.S., the EU and its member states with local representation, international organizations, IFIs, and other donors that are present in the host country. In Rwanda, the USAID mission has taken the initiative to develop and share with other donors and the Rwandan Ministry of Health a coordination matrix for donor-funded HIV/AIDS activities in Rwanda (ref B.)

6. Senior level coordinating groups are used to assess local needs and capacities, to compare and coordinate program assistance, and to develop diplomatic and public awareness strategies. To the extent that such a model fits local realities, the Department encourages such a structure, both for the practical program benefits of regular coordination, and for the demonstration value of chairing the sessions at the Ambassadorial level.

Ongoing Coordination

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7. Although the thrust of the exercise is on diplomatic interventions, many posts responded with useful tallies of U.S. and EU (and separate, member-state bilateral assistance) development assistance throughout Africa. In Ref C, Amembassy Lusaka provided a useful list of low/no-cost diplomatic activities in which post has engaged to increase public awareness and responsiveness, which serves as a model for effective low/no cost diplomatic interventions. According to ref c, in Zambia, the U.S. and the EU jointly supported the September 1999 Africa-wide ICASA conference - a precursor to this year's international conference in Durban. In February 2000 the donors cooperated in the negotiation of an MOU with the Government of Zambia on donor/government cooperation in the health sector. Finally, the U.S., the EU and other donor partners are engaging in joint advocacy with the GOZ to establish a national HIV/AIDS council, secretariat and policy.

8. In Ref D, Amembassy Libreville provided an example of how a post with no USG bilateral assistance program nevertheless found a way to coordinate with a larger EU presence. Some 70 Peace Corps volunteers are involved with the effort to battle AIDS, from (EU-provided) condom distribution to education.

Future collaboration

9. Most responding posts were on the right track in outlining possibilities for future coordination. A couple of posts highlighted upcoming events, including the impending release of national AIDS strategies (reftel E), a national AIDS conference (reftel F), or the appointment of an executive-level HIV/AIDS office (reftel B) as events around which increased coordination can be built. In Madagascar, the embassy is taking the initiative, launching an October 13 HIV/AIDS information and education campaign for all mission employees, inviting medical and health professionals from other missions, host government, media and NGOs (reftel G). Most responding posts agree that, given limited State Department resources, assistance designed to support awareness and prevention efforts is most cost effective and efficient.

10. In addition, Amembassies Accra (reftel H) and Lusaka (reftel C) provided well-considered ideas for high-level diplomatic activities directed at raising public and official awareness of emerging infectious diseases. Among the specific items mentioned:

- U.S. and EU ambassadors to issue a joint public statements, congratulating local efforts where that is

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appropriate, and committing themselves to improved coordination on HIV/AIDS, malaria and tuberculosis, and highlighting Queluz Summit communique.

- Organize joint public event(s) on Dec. 1, World AIDS Day, with Ambassador-level representation.
- U.S. and EU ambassadors could have journalists accompany them for an HIV/AIDS test, or on a visit to people living with HIV/AIDS.
- Use public diplomacy tools jointly with the EU.
- Host an interactive dialogue on HIV/AIDS prevention strategies for a local audience.
- Include HIV/AIDS points in every diplomatic engagement, linking the impact of the disease to the relevant sector.
- Educate political leaders and other opinion leaders on the socio-economic impact of HIV/AIDS when opportunities arise, for example newly-elected MPs. Educate resident ambassadors.

Further Guidance

11. In addition to ideas and reports submitted in response to ref a, for posts' information, the Department shares the following ideas that have been considered in the run-up to, and following the Queluz U.S.-EU summit:

- The EU shares the U.S. interest in improving the human rights situation of Africans living with HIV/AIDS. We could enlist EU support to target human rights issues in their diplomatic initiatives with SADC countries, underscoring the efforts in our policy project work to address these concerns as part of a multisectoral policy review.
- We should offer other cooperation in other regional efforts, including joint meetings of U.S.-EU Ambassadors in some regions to jointly learn about the HIV/AIDS problems in the region and to develop joint approaches to addressing problems, including with joint diplomatic efforts.
- We could have joint diplomatic efforts to strengthen disease surveillance, strengthening capacity in the range of issues needed to provide for timely, consistent and reliable exchange of common data for disease reporting.
- We could collaborate on diplomatic initiatives to work with our respective businesses to develop more workplace

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interventions.

- We could work jointly to enhance the climate for addressing some of the worst public health problems through efforts to target solutions for product supply/availability and quality issues, including cooperation in working with foreign facilities to upgrade capacity and end product, and to identify current and potential sources of drugs.

- Various clinical trials will be held during the next one-two years by German, U.S., UK and other EU national companies and government institutions. Diplomatic support to work with host officials for holding these trials and for working out the governmental arrangements for same may be needed, and interventions with high level government officials to develop the terms for the cooperation of companies might be part of any effort.

- Ambassadors in HIPC countries should stress inclusion of healthcare infrastructure development as part of their poverty reduction strategies, with particular attention/priority to HIV/AIDS, TB and malaria.

Future Resources

12. As many posts have pointed out, the efficacy of our future assistance and coordination efforts is tied directly to the availability of resources. While the State Department resource picture is not entirely clear for FY 2001, Congress is likely to provide significant levels of funding for HIV/AIDS and TB, exceeding the administration's request. Department is working with USAID to meet the need for increased bilateral and regional assistance for combating infectious diseases beyond, as well as in, the LIFE initiative countries. Your responses to this and other initiatives are, and will continue to be, essential to stating our case.

13. Minimize considered.

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Claudia w/Tim
referred to Ken
O - DOS



United States Department of State

*Bureau of Oceans and International
Environmental and Scientific Affairs
2201 C St., NW, Rm. 5806
Washington, DC 20520*



Timothy W. Smith

Office of Emerging Infectious Diseases

OES/EID Room 5806 202-647-4542 (Voice) 202-736-7336 (FAX) Email: tsmith@state.gov

Date: 9/27/00

Number of Pages: 8

To: Ken Bernard, NSC – 456-9390

____ Sandra Thurman, ONAP – 456-2439

____ Laura Effros, OSTP – 456-6028

____ Alex Ross, USAID/G – 216-3046

Attached for your clearance is a draft reply to Paris on a French EU-Presidency proposal to conduct a HIV/AIDS drug study in time to present as a deliverable at the December US-EU Ministerial.

I have also included a copy of the incoming cable from Paris for your information.

(Untitled)

Domestic OutGoing Cable

Status: Clearance

Classification UNCLASSIFIED

Date 09/27/2000

DRAFTER/APPROVER INFORMATION**Drafter Info:**

Office G Name JCHOW Phone 202-647-8309

Approver Info:

Office OES/PDAS Name KBRILL

ADDRESS INFORMATION**DESIRED DISTRIBUTION:**

AF; EUR; NSC; OES; OSTP-OFF; PRE; G

POST ADDRESSES

PARIS PRIORITY

USEU BRUSSELS

CLEARANCE INFORMATION

OES/SEID - NCARTER-FOSTER

OES/SEID - TWSMITH

EUR/ERA - ENYMAN

EUR/WE - CRDAVIS

AF/EPS - RPARTARD

G - DGRAHAM

NSC - KBERNARD

ONAP - STHURMAN

OSTP - LEFROS

USAID/G - AROSS

MESSAGE/HEADER INFORMATION**Special Handling Captions:**

Other Captions: SENSITIVE

FreeForm Captions:

TAGS: KHIV, KSCA, EUN, FR, TBIO

Subject Line: FRENCH EU

PRESIDENCY-HIV/AIDS:

FRENCH PROPOSAL ON DRUG

PRICING EVALUATION

Reference: PARIS 10208

Message Text:

1. (SBU) THE USG APPRECIATES THE EFFORT BY FRANCE TO DEVELOP SPECIFIC DELIVERABLES ON HIV/AIDS BY THE TIME OF THE DECEMBER U.S.-E.U. SUMMIT. IT IS CLEAR THAT BOTH THE U.S.

(Untitled)

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AND FRANCE ARE INTERESTED IN INCREASING ACCESSIBILITY AND AFFORDABILITY OF DRUGS IN DEVELOPING NATIONS. WE WISH TO PURSUE INITIATIVES WITH THE E.U. THAT TAKE ADVANTAGE OF EACH SIDE'S RESOURCES AND CAPABILITIES AND THAT COMPLEMENT THE ONGOING WORK DONE BY INDIVIDUAL GOVERNMENTS, NGOS, AND MULTILATERAL INSTITUTIONS.

2. (SBU) THE OFFER TO CONDUCT A JOINT PRICING STUDY ON AIDS DRUGS, WITH BROAD SCOPE AND SCALE, AS A DELIVERABLE FOR THE SUMMIT SEEMS COMPLEX AND DIFFICULT, GIVEN THE TIME AND RESOURCES NECESSARY FOR PLANNING, PARTICIPATION, AND IMPLEMENTATION. THERE ARE ELEMENTS OF THE PROPOSAL AS DESCRIBED IN REFTEL THAT ARE UNCLEAR OR THAT MAY HAMPER ACTIVE PARTICIPATION BY KEY PARTIES. SPECIFICALLY, THE POSSIBLE INTENT TO USE SUCH A STUDY AS A BASIS TO CALL FOR A SINGLE GLOBAL PURCHASER OF MEDICINES WOULD ENGENDER CONCERNS OVER THE BALANCE OF INCENTIVES FOR INNOVATION, AVAILABILITY, AND LOWER PRICES. PHARMACEUTICAL COMPANIES ARE JUDGED UNLIKELY TO PARTICIPATE IF THE CHIEF PURPOSE OF THE STUDY IS PERCEIVED TO LEAD TOWARD THE SINGLE PURCHASER CONCEPT. IT IS ALSO UNCLEAR HOW SUCH A STUDY WOULD BE DISTINCTIVE FROM CURRENT WORK UNDER WAY AT NGOS, UNIVERSITIES, AND GOVERNMENTS. IT IS DOUBTFUL THAT USG AGENCIES WOULD CHOOSE TO FINANCE A PROJECT THAT MAY REPLICATE THE FINDINGS OF OTHERS. CONCERNS WERE ALSO RAISED ABOUT THE METHODOLOGY, DIRECTION, AND LEADERSHIP OF A STUDY, ISSUES REQUIRING SIGNIFICANT TIME AND ATTENTION.

3. (SBU) ONE POSSIBLE APPROACH WOULD BE FOR BOTH SIDES TO SHARE AND DISCUSS AN INVENTORY OF EXISTING STRATEGIES BEING PURSUED TO OVERCOME COST OF AND ACCESS TO AIDS DRUGS. FOR EXAMPLE, THE USG COULD DISCUSS THE OPERATION OF THE AIDS DRUGS ASSISTANCE PROGRAM, WHICH CONSIST OF FEDERAL GRANTS TO STATES TO ASSIST ECONOMICALLY DISADVANTAGED INDIVIDUALS ACQUIRE THEIR MEDICINES, OR THE PRESIDENT'S TAX CREDIT PROPOSAL FOR NEW VACCINES. THE EU SIDE COULD PRESENT THEIR MECHANISMS FOR ASSISTING AIDS PATIENTS. A COLLECTIVE DISCUSSION OF THESE MECHANISMS MAY YIELD IDEAS FOR IMPLEMENTATION IN AFRICA.

4. (SBU) OVERALL, THE USG BELIEVES THAT WHAT IS MOST NEEDED IS RAPID, CONCERTED COOPERATION WITH THE E.U. IN THE AREAS IDENTIFIED IN THE QUELUZ SUMMIT, WITH A STRONG PREFERENCE TOWARD ACTIONS THAT HAVE A HIGH LIKELIHOOD OF DEMONSTRABLE SUCCESS IN AFRICAN COUNTRIES. THERE ARE SEVERAL USG AGENCIES WITH THE CAPACITY TO WORK EITHER IN CONJUNCTION WITH OTHERS OR JOINTLY ON IN-COUNTRY PROJECTS. AREAS SUCH AS INTERNATIONAL BIOETHICS OF AIDS RESEARCH AND THE MULTILATERAL INITIATIVE ON MALARIA ARE EXAMPLES WHERE RAPID COOPERATION IS POSSIBLE.

5. (SBU) UPON COMPLETION OF THE SEPTEMBER 28 ROUNDTABLE, USG WILL ASSESS THE TONE AND OUTCOME OF THE MEETING, AND WILL DEVELOP RECOMMENDATIONS ON A CONSTRUCTIVE APPROACH OF

(Untitled)

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ENGAGING THE EU. A MEETING WITH USG TECHNICAL AGENCIES IS ANTICIPATED TO FURTHER SOLICIT INPUT AND POSSIBILITIES FOR COOPERATION.

6. (SBU) USG WISHES TO CONVEY ENCOURAGEMENT AND APPRECIATION FOR THE FRENCH EFFORT IN IDENTIFYING POTENTIAL COLLABORATION ON CONFRONTING THE KEY CHALLENGES IN THE GLOBAL FIGHT AGAINST AIDS. THE USG WOULD WELCOME CONTINUED DIALOGUE ON AIDS DRUG PRICING AS ONE OF SEVERAL IMPORTANT FACTORS REQUIRING ATTENTION.

(Untitled)

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PARIS 10208

Printed By: Timothy W Smith 09/27/2000 02:35:48 PM

Subject: FRENCH EU PRESIDENCY-HIV/AIDS: DISCUSSIONS ON FRENCH PROPOSAL ON DRUG PRICING EVALUATION

Cable Text:

TED3004

ACTION OES-01

INFO	LOG-00	NP-00	AF-00	AID-00	AMAD-00	CIAE-00	CIP-00
	DINT-00	DODE-00	DOEE-00	ITCE-00	SRPP-00	EB-00	EUR-00
	UTED-00	HHS-01	TEDE-00	INR-00	ITC-01	NASA-01	DCF-01
	NSAE-00	NSCE-00	NSF-01	PM-00	SP-00	STR-00	EPAE-00
	PMB-00	SAS-00	/006W				

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FM AMEMBASSY PARIS

TO SECSTATE WASHDC 4077

UNCLAS SECTION 01 OF 02 PARIS 010208

STATE PASS NIH FOR FIC - AMAR BHAT
 STATE PASS USAID FOR ALEX ROSS
 STATE FOR OES/EID, EUR/ERA AND AF/EPS
 WHITE HOUSE FOR NSC - KEN BERNARD
 WHITE HOUSE FOR OSTP - LAURA EPROS

E.O. 12958: N/A

TAGS: TBIO, KHIV, EUN, FR, KSCA

SUBJECT: FRENCH EU PRESIDENCY-HIV/AIDS: DISCUSSIONS ON
 FRENCH PROPOSAL ON DRUG PRICING EVALUATION

REF: A. A. BRUSSELS 004173

B. B. STATE 152319

PARIS 01 OF 02 10208

1. SUMMARY. ESTCOUNS AND ESTOFF EXPLORED FRENCH PROPOSAL FOR JOINT U.S.-EU STUDY OF ALL ELEMENTS OF AIDS DRUG PRICING, INCLUDING DRUG COMPANIES' METHODOLOGY IN DETERMINING PRICING FOR THEIR PRODUCTS. FRENCH OFFICIALS WERE HOPEFUL THAT AN AGREEMENT ON A JOINT STUDY COULD BE REACHED DURING THE FRENCH EU PRESIDENCY AND SIGNED DURING THE U.S.-EU SUMMIT IN DECEMBER. NO CLEAR METHODOLOGY FOR CONDUCTING SUCH A STUDY HAS BEEN PROPOSED. PROGRESS ON DEVELOPING THE FRENCH PROPOSAL WILL PROBABLY HAVE TO WAIT UNTIL THE SEPTEMBER 28 EU ROUNDTABLE ON AIDS IN BRUSSELS. END SUMMARY.

2. RECENT SUMMIT STATEMENTS (THE U.S.-EU JOINT STATEMENT ON INFECTIOUS DISEASES AT QUELUZ ON MAY 31, 2000 AND PARAS 29-32 OF THE OKINAWA G-8 COMMUNIQUE) POINT TO THE DESIRE OF MAJOR DONORS TO EXPAND THE ACCESS TO MEDICINES OF DEVELOPING COUNTRIES HARD-HIT BY HIV/AIDS AND OTHER DISEASES. U.S. AND FRENCH OFFICIALS, AMONG OTHERS, HAVE BEEN DISCUSSING WAYS TO BRING TO REALITY THE DESIRES EXPRESSED AT QUELUZ AND OKINAWA.

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ONE OF THE IDEAS PROPOSED TO HELP MAKE AIDS THERAPEUTIC DRUGS MORE ACCESSIBLE TO HARD HIT COUNTRIES IS THE FRENCH PROPOSAL FOR A JOINT U.S.-EU STUDY TO DETERMINE ALL THE ELEMENTS INVOLVED IN AIDS DRUG PRICING, WHICH WOULD INCLUDE AN EVALUATION OF DRUG COMPANIES' METHODOLOGY FOR PRICING THEIR PRODUCTS.

I. AUGUST 25 MEETING WITH FRENCH OFFICIALS AT THE MFA

3. ESTCOUNS AND ESTOFF MET ON AUGUST 25 WITH THE FOLLOWING OFFICIALS AT THE FRENCH MFA:

- A. LAURENT VIGIER - DIRECTORATE FOR EUROPEAN COOPERATION, MFA;
- B. PHILIPPE POMMIER - DIRECTORATE FOR DEVELOPMENT AND TECHNICAL COOPERATION, MFA;
- C. PHILLIPE BOUSCHARAIN - HEALTH OFFICE, MFA;
- D. MICHELE SOYOW - PHARMACIST, FRENCH AGENCY FOR HEALTH SAFETY;
- E. CHRYSTELLE GUSTALDI-MENAGER - ECONOMIST, FRENCH AGENCY FOR HEALTH SAFETY.

4. VIGIER OPENED THE MEETING BY RECALLING THE EMPHASIS OF THE QUELUZ JOINT STATEMENT ON AIDS AND INFECTIOUS DISEASES FOLLOWING THE US-EU SUMMIT LAST MAY TO FIGHT AGAINST INFECTIOUS DISEASES, INCLUDING HIV/AIDS. HE ALSO MENTIONED THE FRENCH PROPOSAL TO HOST AN INTERNATIONAL CONFERENCE ON AIDS NEXT YEAR, UNDER THE AUSPICES OF THE UN.

5. BOUSCHARAIN THEN FOLLOWED WITH A PRESENTATION ON STUDIES INTO DRUG PRICING CONDUCTED BY "DOCTORS WITHOUT BORDERS" AND OTHER NGOS. BOUSCHARAIN PRODUCED TABLES WHICH POINTED TO LARGE PRICE DISPARITIES NOT JUST BETWEEN THE US AND DEVELOPING COUNTRIES, BUT, IN SOME CASES, EVEN AMONG DEVELOPING COUNTRIES. VIGIER POINTED OUT THAT VARIOUS FACTORS INFLUENCED THE PRICING OF MEDICATION, INCLUDING, BUT NOT LIMITED TO, PRODUCTION COSTS, TRANSPORTATION COSTS, CUSTOMS DUTIES, IPR ROYALTIES, AND PROFIT MARGIN. ESTOFF INQUIRED AS TO WHETHER SIMILAR STUDIES WERE CONDUCTED BY FRENCH RESEARCHERS. BOUSCHARAIN RESPONDED THAT MOST SUCH WORK HAS BEEN CONDUCTED EXCLUSIVELY BY US RESEARCHERS OR UNAIDS. HE INDICATED THAT HIS MINISTRY HAS BEEN IN CONTACT WITH A DR. RICHARD LAING AT BOSTON UNIVERSITY AND SUGGESTED THAT USG OFFICIALS MAY WANT TO CONTACT DR. LAING WITH REGARD TO HIS RESEARCH ON DRUG PRICING.

6. VIGIER INDICATED THAT AN AGREEMENT ON ORGANIZING THE STUDY PRIOR TO THE NEXT US-EU SUMMIT IN DECEMBER WOULD PRODUCE A GOOD DELIVERABLE FOR BOTH SIDES. HE SUGGESTED THAT THE STUDY SHOULD BE FUNDED JOINTLY BY THE US AND EU AND THAT IT SHOULD BE CONDUCTED BY UNIVERSITY-LEVEL RESEARCHERS, WHO ARE WELL-REGARDED BY THE INTERNATIONAL, GOVERNMENTAL, MEDICAL, AND NGO COMMUNITIES. VIGIER INDICATED THAT THE STEERING COMMITTEE FOR SUCH A STUDY ALSO WOULD HAVE TO HAVE PHARMACEUTICAL INDUSTRY REPRESENTATION TO ENSURE THAT INDUSTRY'S COOPERATION, AS WELL AS TO MAINTAIN CONFIDENTIALITY OF THEIR PROPRIETARY INFORMATION.

7. VIGIER THEN SUGGESTED THAT THE END POINT OF THIS EXERCISE

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WOULD BE TO NEGOTIATE LOWER DRUG PRICES FOR COUNTRIES IN NEED. HE INDICATED THAT, IN HIS VIEW, PHARMACEUTICAL COMPANIES WOULD PREFER TO NEGOTIATE PRICES ON A COUNTRY-BY-COUNTRY BASIS. HE STATED THAT SUCH A SCENARIO WOULD RESULT IN CONTINUED PRICE DISPARITIES AMONG DIFFERENT COUNTRIES. HIS SUGGESTION WAS FOR A SINGLE ENTITY TO HAVE THE AUTHORITY TO NEGOTIATE WORLDWIDE PRICES WITH THE

PARIS 02 OF 02 10208

PHARMACEUTICAL COMPANIES; HE PROPOSED UNAIDS FOR THIS ROLE.

II. SEPTEMBER 8 MEETING WITH HEALTH OFFICIALS

8. ON SEPTEMBER 8, ESTCOUNS AND ESTOFF MET WITH OLIVIER VILLEY, DEPUTY DIRECTOR FOR INTERNATIONAL AFFAIRS FOR THE MINISTRY OF EMPLOYMENT AND SOLIDARITY, TO DISCUSS THE TOPIC OF PHARMACEUTICAL PRICING. ALSO PRESENT FROM THE FRENCH SIDE WERE TWO HEALTH DIRECTORATE OFFICIALS DR. CATHERINE BILGER, IN CHARGE OF BILATERAL COOPERATION, AND DR. LESAET-ROBIN, IN CHARGE OF MULTILATERAL PROGRAMS.

9. ESTCOUNS INFORMED THE FRENCH CONTINGENT OF DISCUSSION WITH MFA ON POSSIBLY CONDUCTING A JOINT US-EU STUDY OF THE FACTORS THAT AFFECT THE PRICING OF HIV/AIDS MEDICINES. THE FRENCH OFFICIALS, WHO WERE NOT WELL-INFORMED ON THE MFA PROPOSAL, EXPRESSED INTEREST IN THE IDEA AND INDICATED THAT THE MATTER WOULD BE DISCUSSED AT AN EU ROUNDTABLE ON HIV/AIDS IN BRUSSELS ON SEPTEMBER 28, TO WHICH, THEY ADDED, US OFFICIALS AND PHARMACEUTICAL INDUSTRY REPRESENTATIVES ARE INVITED.

10. DR. BILGER STATED THAT A STUDY ON THE METHODOLOGY OF DRUG PRICING WOULD ENTAIL THE PARTICIPATION OF "MEDICAL ECONOMISTS" AND THAT SUCH A STUDY COULD BE, IF NECESSARY, CONDUCTED WITHOUT THE PARTICIPATION OF THE DRUG COMPANIES. VILLEY INSTRUCTED DR. BILGER TO PROVIDE EMBASSY PARIS WITH A LIST OF FRENCH EXPERTS ON THE TOPIC, WHICH WOULD GIVE THE USG A BASIS ON WHICH TO DEVELOP ITS OWN LIST OF EXPERTS TO MEET WITH THE FRENCH TEAM TO DISCUSS THE PARAMETERS OF A DRUG PRICING STUDY.

III. NEXT STEPS

11. VILLEY INDICATED THAT IF A MEETING BETWEEN U.S. AND FRENCH OFFICIALS ON THIS ISSUE WERE TO TAKE PLACE PRIOR TO THE SEPTEMBER 28 ROUNDTABLE, IT COULD HELP TO SHARPEN THE FOCUS OF DISCUSSIONS AT THE ROUNDTABLE. HE DID NOT PROPOSE ANY DATES OR A VENUE FOR SUCH A MEETING. VILLEY ENVISIONED SUCH A MEETING AS AN EXCHANGE OF IDEAS AND LISTS OF EXPERTS, WHICH WOULD PAVE THE WAY FOR AN AGREEMENT AT THE 9/28 ROUNDTABLE TO ORGANIZE A TECHNICAL EXPERTS' MEETING IN

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OCTOBER/NOVEMBER TO DISCUSS AND, HOPEFULLY, AGREE UPON THE PARAMETERS OF THE STUDY.

12. COMMENT: THE FRENCH PROPOSAL LACKS CONCRETE DETAILS ON THE EXACT METHODOLOGY TO BE USED TO EVALUATE PHARMACEUTICAL PRICING. ESTOFF WAS UNDER THE IMPRESSION THAT THE FRENCH WERE LOOKING TO THE US FOR GUIDANCE ON THE PROPER APPROACH FOR SUCH A STUDY. POST ALSO PRESSED FRENCH CONTINGENT ON WHETHER THE FRENCH GOVERNMENT HAS APPROACHED FRENCH PHARMACEUTICAL COMPANIES WITH REGARD TO THIS PRICING STUDY; VIGIER RESPONDED IN THE NEGATIVE. THE FRENCH PROPOSAL APPEARS TO STILL BE IN THE EARLY STAGES OF DEVELOPMENT. EMBASSY IS CONCERNED, HOWEVER, THAT THE EMPHASIS OF SUCH A STUDY WOULD BE WEIGHTED HEAVILY AGAINST U.S. FIRMS OR MULTINATIONALS WITH LARGE U.S. OPERATIONS, AND THAT THESE FIRMS WILL REACT NEGATIVELY TO THIS FRENCH-PROPOSED EXERCISE. EMBASSY WOULD APPRECIATE A RESPONSE FROM THE DEPARTMENT ON USG REACTION TO THE FRENCH PROPOSAL.

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End Cable Text

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United States Department of State

*Bureau of Oceans and International
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Office of Emerging Infectious Diseases

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Date: 12/6/00

Number of Pages Including Cover: 14

To: E – C.A. Pence, 7-9763; P – L. Tepper, 7-4780; PRM/POP – C. Jess/M. Pollack, 3-3094; G – D. Graham, 7-0753; IO/T – A. Blackwood, 7-8902; NIH/FIC – A. Bhat, 301-496-4903; NSC – K. Bernard, 456-9390; ONAP – S. Thurman, 456-2439

To: Interagency Participants
From: Nancy Carter-Foster
Subj: U.S.-China Collaboration on HIV/AIDS

The attached memorandum outlines the status of the HIV/AIDS problem in China, with an overview of present and potential USG activities for expanded U.S.-China cooperation on HIV/AIDS. It also outlines a program for funding consideration in order that we can move forward with recommendations for a specific program for the Chinese government on a concerted HIV/AIDS prevention program in FY2001.

We ask that you review and clear the document NLT COB Thursday, 12/7 for higher level review and consideration for funding commitments by a variety of USG agencies. In addition, CDC plans to meet with World Bank officials to discuss ways to leverage USG funding. You can reach me by phone, fax, or for my DOS colleagues, by classified email.

Meeting announcement

We invite all addressees (see clearance page at end of the attached document) to a meeting to discuss where we go from here, to be held either Thursday or Friday, January 4/5, most likely from 2-3:30 p.m. in Room 7835 of the Main State Department building. I will confirm the precise date, time and room number here at State shortly, and will be back in touch to give you those specifics. Thank you in advance.

MEMORANDUM

I. HIV/AIDS in China

The Vice President, Under Secretary of State for Global Affairs Frank Loy, and Surgeon General David Satcher all have recently urged their PRC counterparts to expand collaboration on fighting HIV/AIDS and other infectious diseases. The Chinese have responded to these approaches with cautious interest. As China will be key to the success or failure of regional and global efforts to stem the spread of infectious diseases, we should capitalize on this opportunity to strengthen our bilateral cooperation in meeting China's HIV/AIDS and infectious disease challenges.

According to leading PRC experts, China's annual HIV growth rate is 30-40 percent; more than a million Chinese are infected. Though this represents a small proportion of China's population (one in every 1,300 people), experts fear HIV/AIDS could be approaching the threshold of explosive growth in the world's most populous country. Until recently, the spread of the disease occurred in an atmosphere of official indifference compounded by reluctance to acknowledge, let alone deal candidly with, China's growing problems with sexually transmitted diseases, prostitution and illegal drug use.

That said, China is now beginning to take more seriously what could be a burgeoning public health crisis both for the PRC and the world community. Ranking Vice Premier Li Lanqing has been designated Beijing's point person for coordinating government activities, and the Chinese media have become more active in bringing attention to China's HIV/AIDS situation. Minister of Health Zhang Wenkang told Surgeon General Satcher that now is the critical time for controlling HIV in China, before it gets out of control.

II. Ongoing U.S.-China Health Cooperation

The 1979 U.S.-China Health Protocol (renewed in 1998) provides a broad umbrella for cooperation in the health sciences. Cooperative activities in the form of grants, contracts, and research fellowships have increased steadily over the past few years, and pertain to a broad array of

infectious and non-infectious diseases and public health threats. While NIH grant and training activities support collaborative research on HIV/AIDS in China, neither CDC nor USAID yet support actual HIV/AIDS program work.

The Centers for Disease Control and Prevention (CDC)

maintains longstanding collaborative activities with Chinese counterparts on subjects including neonatal screening, behavioral risk surveillance, lipid research, child mortality and neural tube defects. CDC is particularly interested in its ongoing work with China on measles control and polio eradication, including the planning, implementation, and evaluation of eradication activities and development of disease surveillance systems.

The National Institutes of Health (NIH) as of March this year had 316 Chinese scientists working in its labs on state-of-the-art research projects. NIH grants to U.S. institutions support several times this number of Chinese scientists working in the U.S. Specific collaborative efforts include:

- National Institute of Child Health and Human Development's support for China's first nationally representative survey of sexual health and family behavior (especially timely in view of the heightened focus on the spread of HIV/AIDS);
- The National Heart, Lung, and Blood Institute's joint epidemiology studies (dating from 1981) on cardiovascular and pulmonary diseases;
- The National Cancer Institute's longstanding cooperation with Chinese institutions in studies of esophageal, lung, and stomach cancers and choriocarcinoma in different areas of China (e.g. breast cancer in Shanghai and lung cancer in Yunnan tin mines);
- The National Institute of Allergy and Infectious Disease's (NIAID) competitive award to the China Academy of Preventive Medicine for the establishment of geographic information systems and resources for collection and study of infectious parasites. NIAID Director Anthony Fauci visited China in September 1999 to discuss HIV/AIDS research. Two NIAID scientists participated in a November 1999 meeting in Beijing to

prepare national plans for China's HIV/AIDS vaccine research efforts.

Other health-related cooperative activities not falling under the Health Protocol include:

- EPA - Working with China's State Environmental Protection Administration on several studies examining the link between air pollution and respiratory disease.

Several international organizations are doing work in China in this area, including UNAIDS, WHO, and the World Bank. The UK is also working in China on a contract with Family Health International (also a USAID contractor). Opportunities exist for U.S. HIV/AIDS project grants to leverage non-USG funds by blending with, for example, World Bank loan funds (see next section).

III. Support for Expanded Cooperation

The President has made it clear that controlling the global spread of HIV/AIDS is a U.S. national security priority. Vice President Gore has written Chinese Premier Zhu Rongji urging strengthened bilateral cooperation. Various senior U.S. officials, including Under Secretary Loy and Surgeon General Satcher, have delivered the same message to their Chinese counterparts during recent visits.

The Chinese have responded positively to our overtures. Recent meetings suggest the GOC is ready for significantly more engagement on these issues than in previous years. The following areas are particularly well-suited for bilateral cooperation:

- Public health human resource development through the establishment of a Field Epidemiology Training Program.
- Expanded HIV vaccine development and research. This is clearly an area of U.S. priority interest. (NIH)
- Expanded CDC-funded LIFE activities: HIV Surveillance, STD control, prevention through education, condom social marketing. \$5 million may be possible from expanded LIFE initiative funding. The possibility of including these funds as part of a World Bank project, now under preparation, might leverage as much as \$10 million for HIV/AIDS work by CDC. CDC plans to meet with Bank officials this fall.

- Safe Blood - The World Bank Health IX project included a small component on safe blood in a single Chinese province. FDA and the Red Cross might be able to team with the Bank on a larger project in other provinces if new project loan/grant funds were made available.
- Deploying NGOs and/or officials that have worked with the USG in Southeast Asian HIV/AIDS projects to exchange lessons learned and technical assistance with their Chinese counterparts.
- Public Awareness effort on HIV/AIDS and EIDs through an IAA between the Department of State and CDC to conduct awareness-raising workshops in East and South Asia with high-level USG and Asian counterpart officials, and from NGOs who are responsible for HIV/AIDS prevention and control in their countries. Successful Asian models for prevention and control of HIV/AIDS (such as Thailand's program) will be showcased.
- Public Diplomacy activities, funded by the State Department's Bureaus of Educational and Cultural Affairs and International Information Programs and administered by USIS Beijing, represent the full range of PD exchanges and programs. The U.S. Embassy in Beijing employs these information and cultural and professional exchange programs, products and services to address Mission Program Plan goals and priorities. Posts throughout China regularly program American Speakers, target of opportunity speakers, Telepress Conferences and Digital Video Conferences to promote and advance U.S. foreign policy. International Visitor programs bring Chinese professionals to the U.S. on group or individual short term exchanges.

IV. New Funding Approved by Congress

Congress approved significant funding increases for international programs aimed at combating the spread of HIV/AIDS for FY2001 under the Foreign Appropriations Bill. In addition, preliminary FY 2001 numbers indicate that CDC may receive \$113 million for LIFE/HIV/AIDS, USAID will receive between \$260 and \$315 million for international HIV/AIDS program assistance, NIH \$2 billion for HIV/AIDS research, and FDA funding, outside of the LIFE initiative,

may also be possible for blood screening and similar activities.

V. Legal Considerations

There are no specific restrictions on spending funds appropriated to CDC or NIH on programs in China. The State Department also has a role in choosing candidates for targeted exchange programs. Funds appropriated to USAID, however, have traditionally been subject to numerous restrictions under the Foreign Assistance Act (FAA) that prohibit funding programs in China (e.g. funds may not be spent in countries whose governments engage in a consistent pattern of gross human rights violations.) However, the FY2000 and FY2001 Foreign Operations Bills include language that permits USAID to spend FAA funds on HIV/AIDS prevention, treatment, and control activities "notwithstanding any provision of law that restricts assistance to foreign countries."

To initiate an HIV/AIDS program in China, USAID would have to notify Congress. Due to political sensitivities on this, USAID anticipates political obstacles in Congress, and is hesitant to engage, preferring to encourage HHS programs as a more appropriate alternative at this juncture. However, there may be some areas where USAID has a comparative advantage in addressing Chinese problems. Although efforts to capitalize on USAID strengths and comparative advantages will continue, USAID initially will not undertake any HIV/AIDS activities in China until a political decision is made regarding the policy and political tradeoffs.

VI. Recommendation

- A convergence of favorable circumstances (China's heightened focus on the threat posed by HIV/AIDS, as well as a new receptivity to bilateral cooperation, plus clear Administration and Congressional support for our programs) presents us with a valuable opportunity to make a difference in China's effort to contain the spread of HIV/AIDS before it reaches crisis proportions. Doing so is clearly in the U.S. national interest, as China's large and increasingly mobile population, rapid economic growth rate, and imminent WTO accession could comprise

the elements of an environment perfectly suited to the growth and spread of its infectious disease problems to the global community. NIH, CDC, USAID, and State should utilize existing and new funding to implement the projects outlined in Section III above. For example, a CDC team visited China in October 2000 to discuss the establishment of a Field Epidemiology Training Program with Chinese officials. A draft plan has been developed, and follows on the next pages.

Field Epidemiology Training Programs in China Draft Workplan (October 20, 2000)

I. Introduction

Following major national reforms since 1978, China has experienced rapid political and socioeconomic changes that have directly affected the health infrastructure. Health care has become decentralized, no longer the responsibility of a central government system, and rapid economic development in urban areas has made both internal and external migration increasingly common. Associated increases in new and emerging health problems have made it difficult for the public health system to train sufficient numbers of epidemiologists and health care workers, strengthen prevention and control programs, and otherwise address such challenges. Not only are diseases such as HIV and other STDs becoming more common, but noncommunicable diseases and injuries are growing as well due to widespread tobacco use and increases in risk behaviors among the population.

To address such challenges, strengthening China's surveillance and control, outbreak investigation and response capacities will be crucial. Although China has a number of excellent academic programs which train graduates in broad-based public health skills it has not yet developed programs to train high-level applied epidemiology specialists with disease surveillance, outbreak investigation, and related skills. Training and placement of applied epidemiologists will be crucial for strengthening China's public health capacity and infrastructure at the national and local levels, and its ability to address emerging public health problems.

During Fall, 2000, Ministry of Public Health, Union of Public Health Schools (CAPM, PUMC, BMU), UNICEF, WHO, CDC, and other staff discussed interest in developing applied epidemiology training in China. This group concluded that development of a Field Epidemiology Training Program (FETP) would be an important means of providing highly-trained applied epidemiologists to strengthen China's disease surveillance and outbreak investigation capacity. Such a program would emulate the FETP model used to train more than 3300 applied epidemiologists in 30 FETP programs worldwide during the past 20 years.

II. Goals and Objectives

The major goal of this program is to strengthen China's national and local surveillance and outbreak capacity through establishment of a Field Epidemiology Training Program (FETP). The major objectives are to recruit, train, and place 6-10 highly-skilled applied epidemiologists throughout the Ministry of Health (MOH) and Epidemic Prevention Stations (EPSs) annually. The FETP will partner with existing MOH, CAPM, and affiliated academic programs, from which FETP trainees and faculty will be recruited.

Training will be primarily field-oriented rather than didactic and will emphasize acquisition of practical skills in three core areas: 1) communicable and non-communicable disease epidemiology; 2) health information systems; and 3) program management. Graduation will require successful mastery of a core set of competencies during the 2-year program (see Appendix).

III. Project Description and Activities

This 2-year certificate program will be based on the FETP model of "learning by doing" and incorporate approximately 80% field and 20% classroom activities. Applicants should have a Masters of Public Health degree, at least three years of public health experience, and be sponsored by an Epidemic Prevention Station (EPS) or Public Health Bureau (PHB) work unit. A key criteria in recruiting and selecting applicants will be a commitment from the trainee's work unit to guarantee a senior epidemiology technical position upon their graduation. The first class of 6 to 10 students will be based in Beijing at the Chinese Academy of Preventive Medicine (CAPM), which is under the jurisdiction of the Ministry of Health.

The program will be centered on "training-through-service" in which trainees master a core set of applied epidemiology competencies during their placements throughout EPSs and PHBs. These competencies include developing and evaluating disease surveillance systems, investigating outbreaks, and applied public health research (see Appendix). Students research projects will be based on real-life problems and focus on priority needs of the work unit or community from which trainees are recruited and in which they are placed.

During the first five years of the project, there will be one full-time domestic program director, two assistant directors, and one or two international co-directors. Co-directors and faculty would provide technical assistance to:

- a) Prepare the training curriculum and assist in teaching of short courses for each FETP class;
- b) Provide mentoring for trainees, including on-site assistance in outbreak investigations; development of public health interventions and community-based prevention and control programs; design and evaluation of public health surveillance systems; and evaluation of interventions and ongoing disease prevention and control programs;
- c) Technical sectors of the Ministry of Health, as requested;
- d) Facilitate the development of national scientific forums in epidemiology.

At least one supervisor per five students will be available to oversee all activities. Faculty will be selected from programs affiliated with the FETP. All staff positions will need to be approved by the Ministry of Health and members of the selection committee. Supervision will be a critical factor in developing skills, since students from the first class will be expected to become teachers following the completion of their training. A special one-week course for supervisors will include mentorship and leadership training in field epidemiology. Supervisors assigned to specific students will be responsible for ensuring that course participants meet specific requirements. International experts will be recruited to provide short-term training or other technical assistance to complement local expertise, as needed.

CDC's Division of International Health, Epidemiology Program Office, will implement this activity, and will be responsible for selecting, supervising, and supporting the activities of the on-site consultants.

This training program will not replace, but will build upon the masters of public health degree curriculum. Activity reports will be required of trainees and publication of project results in Chinese and international journals will be expected.

If a disease outbreak or other public health problem is identified and the Provincial Epidemic Prevention Station requests assistance, students will be accompanied by their supervisor and participate in all phases of the investigation. Other activities might include: the design or evaluation of surveillance systems and the design, implementation, analysis and interpretation of surveys. Because China is such a huge country with many choices of places to learn, the first class will focus in areas where expert supervision is always available. The first years will provide models for future training sites without the infrastructure could not currently meet training program requirements. An important goal of this training program is to develop the capacity to go to scale, in order to strengthen public health training and surveillance in the most rural areas, in harmony with health reform.

The two-year training phase will conclude with formal presentations by each student with the opportunity for questions and answers by colleagues and supervisors. Local and national government officials, policymakers, researchers, Chinese students training in public health, and health care professionals will be invited to attend. Future candidates and trainees already selected for the following class will be present as well. This will provide an opportunity to acknowledge accomplishments made and provide a framework for further discussions on expanding the training program. The graduating students will receive a certificate in Public Health which has been approved by the Ministry of Health (MOH), the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and UNICEF.

Years Three to Five: Career Path Development

Upon successful completion the program, operational support will be provided to graduates who return to their original work sites. This will facilitate the creation of field positions for senior field epidemiologists, and supervisors for future FETP trainees. Additional resources in the field will allow the graduates to apply what they have learned and serve as mentors for others, while avoiding excessive administrative responsibilities. A natural progression from student to teacher will optimize the translation of the learning experience into public health practice and provide continuity to the program. The complete five-year program will help to develop a future core of Chinese public health leaders.

Key Stakeholders and Institutional Linkages

This applied training program will be based at CAPM (which includes the Union School of Public Health of the Peking Union Medical College), under the leadership of the MOH. Partners will include UNICEF, WHO, CDC and other member countries of the Training in Epidemiology and Public Health Network (TEPHINET). In addition, technical expertise may be provided by Chinese experts from institutions with a variety of experiences in public health research, health information systems, policy, and other key areas. Beijing Medical University, Shanghai Medical University, Western China Medical University, and other institutions may also participate, depending on geographic area and expertise. Experts at provincial and district levels may also be selected in areas where project sites are identified to

encourage local involvement. Figure one show the relationship of potential partners with the FETP in China.

Recruitment of Candidates for the FETP

The advisory committee will review applications responding to announcements by schools of public health, medical schools, and other institutions. Letters will be distributed by the MOH to schools of public health, provincial and district level Epidemic Prevention Stations, and health bureaus announcing a call for applications for candidates of the FETP program to ensure an objective and comprehensive recruitment process.

Evaluation of Pilot Training Program in Applied Public Health

Indicators to measure the success of the training program will be developed and an independent evaluation will be carried out at the end of the first two years. Annual local training site-visits will be made by members of the Advisory Committee to inspect the facilities, and perform quality assurance of the field training component. Evaluation by committee members will include: access to telecommunication such as telephone, fax and e mail; computer software needed to satisfactorily carry-out field work investigations including statistical analysis and literature searches; access to current and relevant literature; the level and types of responsibilities each student is delegated and the role the supervisor has played to encourage optimal learning and enable professional growth.

Timetable:

November 30, 2000:	Proposal sent to potential donors
January 30, 2001:	Donors identified
February 28, 2001:	Meeting with Epidemic Prevention Station Directors
March, 2001:	Staff Selection
May, 2001:	Candidate Selection
September, 2001:	First Class Begins

Appendix

Examples of Training Activities to Meet Objectives

1. Conduct or participate substantively in a field investigation of a potentially serious public health problem that requires a rapid public health response. This health problem can be infectious or non-infectious in nature and should involve direct contact with human subjects.
2. Design, conduct, and interpret an epidemiologic analysis of a new or pre-existing data set. This data set must have been collected by the trainee or obtained from existing or routinely collected data from China's MOH or other public health institution in the country. As a result of the analysis, appropriate public health recommendations should be made.
3. Design, implement, or evaluate a public health surveillance or other information system.
4. Develop a research proposal and carry out a pre-planned epidemiologic study or survey to assess a health concern of public health importance to the country. The nature of this problem may be either infectious or non-infectious.
5. Use scientific literature to support the findings of epidemiologic investigation and recommendations made from investigations. Write and submit a report for publication in a public health bulletin and write a scientific manuscript for a peer-reviewed journal.
6. Give an oral presentation at a training seminar, and at a national or international scientific conference.
7. Respond appropriately to written or oral public health inquiries from the public, the media, government officials, or other health professionals.
8. Teach in a course on public health topics and/or serve as a proctor or mentor for junior level trainees.
9. Write a fundraising document for a proposed program to implement activities that will improve public health outcomes.
10. Communicate with the media and representatives of a community on a health problem or program.
11. Present briefing document to decision-maker (WHO leadership, National MOH or politicians) on a health problem.
12. Use computers effectively to manage public health work including: budgeting (spreadsheets), epidemiologic analysis (Epi-info), document presentation (word processing), and communication (graphics).

13. Attend and participate in training courses on program evaluation, cost-effectiveness analysis, graphics and visual presentations and media relations.
14. Participate in program management activities and actual implementation of public health interventions.

Drafted: EAP/CM:JDFritz:7-7628:17OCT2000
O:CM:Econ:Global:Aids:HIV-AIDS memo_1
and
OES/EID:JRGreenspan:7-4689:20NOV2000
H:EID/working documents:Judith:China:11-24-00 PD revision
China MEMORANDUM
and
DHHS/DIRG:TNovotny/TChung

Clearances:

OES:KABrill
EAP:DNJohnson
EAP/CM:JRKeith
EAP/CM:RGoldberg
EAP/RSP:NForino
EAP/PD:TThiele
EAP/PD:CStromme (info)
R:KAbramson
IIP/T/GIC:WPeters (info)
OES/PCI:WEDilday
OES/PCI:LBrodey (info)
OES/STC:ASTreeter
OES/EID:NCarter-Foster
OES/EID:TWSmith
OES/PD:SKoenig (info)
EB/IFD/ODF:RdeMarcellus
E:CAPence
G:JCChow/DGraham
P:LTEpper
H:JJBuczacki
L/OES:RlaMotte/EBloom/PClayman
DRL:SO'Sullivan
PRM/POP:CJess/MPollack
IO/T:ABlackwood
USAID/G:PDeLay
USAID/ANE:KSpratt
NIH:GKeusch/ABhat
CDC:HGayle
NSC:KJarrett/KBernard
NEC:DRosen
NSC/NEC:LEfros
OVP:TGOsius
ONAP:SThurman

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HELSINKI 3971

Printed By: Timothy W Smith 12/06/2000 11:34:51 AM

Subject: FINLAND HAS NOT APPOINTED AN OFFICIAL HIV/AIDS COORDINATOR

Cable Text:

TED2960

ACTION OES-01

INFO LOG-00 NP-00 AID-00 AMAD-00 EVG-00 CIAE-00 SRPP-00
 EUR-00 UTED-00 HHS-01 TEDE-00 INR-00 MCO-01 NSAE-00
 SS-00 SNIS-00 NISC-00 SAS-00 /0000

-----A73936 04 OPTIONAL FORM 99 (7-90)

R 041423Z DEC 00

FM AMEMBASSY HELSINKI

TO SECSTATE WASHDC 2772

INFO ALL EUROPEAN UNION POST COLLECTIVE

UNCLAS HELSINKI 003971

FAX TRANSMITTAL

of pages 1

To	Cheryl	From	Tim Smith - State
Dept./Agency	DNAP/PEAC	Phone #	647-4542
Fax #	456-2439	Fax #	736-7336
NSN 7540-01-317-7368		5099-101 GENERAL SERVICES ADMINISTRATION	

FOR OES/EID

E.O. 12956: N/A

TAGS: TBIO, FI.

SUBJECT: FINLAND HAS NOT APPOINTED AN OFFICIAL HIV/AIDS COORDINATOR

REF: STATE 185611

Re reftel, Embassy received the following answer from Mr. Olli Kuukasjarvi, Ministerial Adviser, Ministry of Social Affairs and Health (MSAH):

Begin text:

The GOF has participated for several years in the cooperation against HIV/AIDS in, for instance, Eastern Europe.

MSAH highly appreciates the U.S. initiative in the struggle against HIV/AIDS and is aware of the meaning and threat of HIV/AIDS for the social welfare and health sector. MSAH finances and supports both bilateral and multilateral efforts in this field

The cooperation in the field concerned, supported by MSAH, is carried out through direct contacts with the partners, mainly in Eastern Europe. Finland has therefore not named an HIV/AIDS coordinator.

End Text.

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WHITE HOUSE SITUATION ROOM

PAGE 01 OF 05

PRT: FUERTH aidspolicythurman

SIT: Bernard NSC HUSO KEITH LIEBERTHAL MCADEN OSIUS PRITCHARD ROBERTS
SAUNDERS SMITH

<PREC> ROUTINE <CLAS> UNCLASSIFIED <DTG> 190043Z JUN 00

FM AMEMBASSY BEIJING

TO RUEHC/SECSTATE WASHDC 5709
INFO RUEHSH/AMCONSUL SHENYANG 0897
RUESLE/AMCONSUL SHANGHAI 3777
RUEHGZ/AMCONSUL GUANGZHOU 1893
RUEHCN/AMCONSUL CHENGDU 1251
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
RUEHUM/AMEMBASSY ULAANBAATAR 1522
RUEHVK/AMCONSUL VLADIVOSTOK 0166
RUEHGO/AMEMBASSY RANGOON 3230
RUEHVN/AMEMBASSY VIENTIANE 2863
RUEHSB/AMEMBASSY HARARE 0032
RUEHPH/CDC ATLANTA GA
RUEHRC/DEPT OF AGRICULTURE WASHDC
RHEHAAA/WHITE HOUSE WASHDC
RUEIFBS/FBIS RESTON VA
RUCPDO/USDOC WASHDC
RUCPCIM/CIMS NTDB WASHDC
RUEKDIA/DIA WASHDC
UNCLAS SECTION 01 OF 03 BEIJING 006037

WHITE HOUSE FOR OSTP AND OVP
WHITE HOUSE FOR NSC/DR. BERNARD, AIDS POLICY OFFICE FOR
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STATE PASS NIH/FOGARTY CENTER FOR ALAN HOLT AND
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HHS FOR HOHMAN, NOVOTNY, PHS AGENCIES
OES FOR EMERGING DISEASES/NANCY CARTER-FOSTER
BANGKOK FOR CDC/TIMOTHY MASTRO

E.O. 12958: N/A

TAGS: TBIO, KHIV, SOCI, UNFPA, NTDB, CH

SUBJECT: PRC AIDS: ADVICE FOR U.S. COLLABORATORS

REFS: (A) BEIJING

1. SUMMARY. CHINA'S MODERN HIGH VOLUME VACCINE
PRODUCTION CAPACITY AND NATIONWIDE EPIDEMIOLOGICAL
NETWORK COULD MAKE A MEANINGFUL CONTRIBUTION TOWARDS
DEVELOPING AN AIDS VACCINE. YET WEAK MANAGEMENT AND POOR
COORDINATION AMONG RESEARCH ORGANIZATIONS MAKE IT HARD
TO REALIZE THIS POTENTIAL. U.S. COLLABORATORS SHOULD TRY
TO MEET A WIDE RANGE OF CHINESE RESEARCHERS, ESPECIALLY
IN THE PROVINCES, SINCE CHINA'S BEST RESEARCH WORKERS
ARE OFTEN NOT IN CLOSE CONTACT WITH ONE ANOTHER. END

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SUMMARY.

MAJOR AIDS COLLABORATORS WITH CHINA

2. MAJOR FOREIGN DONORS FOR AIDS PREVENTION AND EDUCATION WORK IN CHINA INCLUDE THE WORLD BANK, UNAIDS, WHO, THE EUROPEAN UNION, THE UNITED KINGDOM, AND AUSTRALIA AS WELL AS NGOS SUCH AS THE FORD FOUNDATION. A LIST OF INTERNATIONAL COLLABORATORS AND OF KEY CHINESE AIDS RESEARCH AND GOVERNMENT CONTACTS APPEARS ON THE UNAIDS-BEIJING WEBSITE AT [HTTP://WWW.UNCHINA.ORG/UNAIDS/](http://www.unchina.org/unaids/)

CHINESE RESEARCHERS CAPABLE BUT UNDERFUNDED

3. CHINA HAS MANY BRILLIANT YET POORLY FUNDED, HUNGRY SCIENTISTS. SOME OF CHINA'S BEST TALENT IS LOCATED IN RESEARCH BUREAUCRACIES MODELED ON THE SOVIET ACADEMY OF SCIENCES. MUCH OF CHINA'S GOVERNMENT-TO-GOVERNMENT COOPERATION IS FUNNELED THROUGH THE CENTRAL GOVERNMENT MINISTRIES IN BEIJING. WHILE GOVERNMENT-TO-GOVERNMENT PROJECTS SEEM TO REQUIRE A HEAVY INVOLVEMENT BY GOVERNMENT BUREAUCRACIES, THIS IS NOT NECESSARILY TRUE FOR PRIVATELY FUNDED PROJECTS. MOREOVER LOCAL GOVERNMENTS SOMETIMES SEE BENEFITS TO THEIR OWN PEOPLE AND SO ARE EVEN MORE ENTHUSIASTIC ABOUT PROJECTS THAT OFFICIALS AT THE CENTER. NGOS FROM THE UNITED STATES AND OTHER COUNTRIES DO IMPORTANT WORK ON AIDS IN THE PROVINCES, PARTICULARLY IN YUNNAN PROVINCE.

4. RESOURCES ARE SPREAD THINLY AMONG CHINA'S MANY RESEARCH ORGANIZATIONS, SOME OF WHICH HAVE BEEN PUSHED INTO THE PRIVATE SECTOR TO SINK OR SWIM OVER THE PAST HALF-DOZEN YEARS. GOVERNMENT GRANTS TO RESEARCHERS TEND TO BE VERY SMALL, ON THE ORDER OF A FEW THOUSAND U.S. DOLLARS AND DO NOT INCLUDE OVERHEAD FOR INSTITUTIONS. BASIC RESEARCH IS SUPPORTED BY ORGANIZATIONS SUCH AS THE NATIONAL NATURAL SCIENCE FOUNDATION OF CHINA AND THE MINISTRY OF SCIENCE AND TECHNOLOGY AS WELL AS ON A SMALLER SCALE BY PROVINCIAL GOVERNMENTS. ONE RESEARCHER COMMENTED RECENTLY, "WHEN YOU GET YOUR GRANT, YOU HAVE TO SHARE IT WITH YOUR TEACHER, WITH YOUR DEAN, AND WITH ANYONE ELSE WHO COULD HURT YOU." SO GRANTS OFTEN DON'T GO VERY FAR. ONE HOPEFUL SIGN: THE PEER REVIEW GRANT SYSTEM PROMOTED BY THE NATIONAL NATURAL SCIENCE FOUNDATION OF CHINA AND OTHER ORGANIZATION IS MAKING IT INCREASINGLY LIKELY THAT SUPPORT WILL BE BASED ON MORE ON MERIT THAN JUST ON POLITICAL CONNECTIONS.

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BARRIERS BETWEEN ORGANIZATIONS REDUCE EFFECTIVENESS

5. WHILE RIVALRIES BETWEEN AND AMONG ORGANIZATIONS AND BETWEEN THOSE LOCATED IN THE CAPITAL AND THOSE IN THE PROVINCES OCCUR IN MANY COUNTRIES, THEY SEEM TO BE PARTICULARLY ACUTE IN CHINA. AS ONE LONGTIME AMERICAN UNCLAS SECTION 02 OF 03 BEIJING 006037

WHITE HOUSE FOR OSTP AND OVP
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HHS FOR HOHMAN, NOVOTNY, PHS AGENCIES
OES FOR EMERGING DISEASES/NANCY CARTER-FOSTER
BANGKOK FOR CDC/TIMOTHY MASTRO

E.O. 12958: N/A
TAGS: TBIO, KHIV, SOCI, UNFPA, NTDB, CH
SUBJECT: PRC AIDS: ADVICE FOR U.S. COLLABORATORS

STUDENT OF CHINA COMMENTED, "CHINESE LIKE TO BUILD WALLS". CHINESE POLITICAL SCIENTISTS AND SOCIOLOGISTS TALK ABOUT THE HIGH BARRIERS TO EXCHANGE AND COMMUNICATION BETWEEN ORGANIZATIONS AT THE SAME HIERARCHICAL LEVEL AND BETWEEN ORGANIZATIONS AT DIFFERENT LEVELS (TIAO AND KUAI).

6. THE WORK UNIT SYSTEM ESTABLISHED DURING THE EARLY 1950'S GAVE WORK UNIT LEADERS CONSIDERABLE CONTROL AND THE SOMETIMES UNQUESTIONED POWER OVER THE HOUSING, WORK, AND ECONOMIC OPPORTUNITIES OF WORK UNIT MEMBERS. ALL THIS IN ORDER, AS A CHINESE SOCIAL SCIENTIST COMMENTED IN THE 1998 BOOK "CHINA'S WORK UNIT SYSTEM" [ZHONGGUO DANWEI ZHIDU], TO MAXIMIZE BOTH THE STATE'S POLITICAL CONTROL AND ITS EXTRACTION OF ECONOMIC RESOURCES FROM SOCIETY. ALTHOUGH THIS WORK UNIT SYSTEM IS ALREADY FADING, IT STILL TENDS TO KEEP BARRIERS BETWEEN ORGANIZATIONS HIGH.

DON'T LET FERTILE WATERS FLOW INTO OTHER PEOPLE'S FIELDS

7. IN THIS CONTEXT, FOREIGN COLLABORATORS WITH CHINESE SCIENTISTS SHOULD BEAR IN MIND THE CHINESE SAYING, "DON'T LET YOUR FERTILE WATERS FLOW ON OTHER PEOPLE'S FIELDS" [FEISHUI BU LIU WAITIAN]. CHINESE SCIENTISTS WILL SOMETIMES NOT BE INTERESTED IN INTRODUCING U.S. COLLABORATORS TO OTHER DISTINGUISHED CHINESE SCIENTISTS (READ RIVALS). RESEARCH OPPORTUNITIES WILL VARY CONSIDERABLY WITH THE ATTITUDE OF LOCAL GOVERNMENTS AND

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THE EXPERIENCE OF LOCAL COLLABORATORS.

ISOLATION OF CHINESE SCIENTISTS PARTLY DUE TO SYSTEM

8. YET OFTENTIMES, THE PLOT IS NOT SO THICK -- THE CHINESE SCIENTISTS SIMPLY DON'T KNOW EACH OTHER. CHINESE SCIENTISTS SOMETIMES COMPLAIN ABOUT BEING ISOLATED. SOME OF THIS TO BE SURE IS DUE TO WORKING IN A DEVELOPED COUNTRY THAT IS STILL IN SOME RESPECTS ON THE PERIPHERY OF WORLD SCIENCE. YET MUCH OF THIS ISOLATION CAN ALSO BE ATTRIBUTED TO THE CHINESE RESEARCH SYSTEM AND THE FREQUENT RELUCTANCE OF CHINESE SCIENTISTS TO SPEAK THEIR MINDS FOR A VARIETY OF POLITICAL, SOCIAL AND CULTURAL REASONS. ACADEMICIAN ZENG YI'S RECENT VERY FRANK TALK ON CHINA'S AIDS CRISIS (SEE SEPTTEL) IS A REMARKABLE EXCEPTION.

U.S. COLLABORATORS SHOULD SPREAD THEIR NET WIDELY

9. WHAT DOES THIS MEAN FOR U.S. SCIENTISTS WHO COLLABORATE WITH U.S. AIDS COLLABORATORS? FIRST, U.S. COLLABORATORS SHOULD NOT ASSUME THAT THE PEOPLE IN BEIJING THEY MEET KNOW ALL THE BEST PEOPLE IN THE PROVINCES. THEY SHOULD TRY TO CAST THEIR NET AS WIDELY AS POSSIBLE. SECOND, THE VERY MANY CHINESE SCIENTISTS SETTLED IN THE UNITED STATES WHO HAVE ALREADY BUILT A DENSE NETWORK OF CONTACTS ACROSS THE PACIFIC WITH THEIR CLASSMATES CAN HELP AVOID TOO NARROW AN EXPERIENCE OF COLLABORATION WITH CHINESE COLLEAGUES. THIRD, YUNNAN, FUJIAN AND THE MORE DEVELOPED PROVINCES OF THE CHINESE COAST MAY BE RELATIVELY GOOD PLACES TO WORK. SOME OF THE INTERIOR PROVINCES SUCH AS HENAN CAN BE DIFFICULT PLACES TO DO AIDS RESEARCH.

10. PREVIOUS U.S. EMBASSY BEIJING REPORTS ON HIV IN CHINA AND SOME CHINA HIV WEB LINKS AND SUMMARY
UNCLAS SECTION 03 OF 03 BEIJING 006037

WHITE HOUSE FOR OSTP AND OVP
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OES FOR EMERGING DISEASES/NANCY CARTER-FOSTER
BANGKOK FOR CDC/TIMOTHY MASTRO

E.O. 12958: N/A

TAGS: TBIO, KHIV, SOCI, UNFPA, NTDB, CH

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PAGE 05 OF 05

SUBJECT: PRC AIDS: ADVICE FOR U.S. COLLABORATORS

TRANSLATIONS ARE MAINTAINED ON THE U.S. EMBASSY BEIJING
WEBSITE AT
HTTP://WWW.USEMBASSY-
CHINA.ORG.CN/ENGLISH/SANDT/INDEX.HTML

MARTIN
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PAGE 01 OF 09

PRT: FUERTH aidspolicythurman

SIT: Bernard NSC ROBERTS SAUNDERS

<PREC> ROUTINE <CLAS> UNCLASSIFIED <DTG> 190124Z JUN 00

FM AMEMBASSY BEIJING

TO RUEHC/SECSTATE WASHDC 5713
INFO RUEHSH/AMCONSUL SHENYANG 0900
RUESLE/AMCONSUL SHANGHAI 3780
RUEHGZ/AMCONSUL GUANGZHOU 1896
RUEHCN/AMCONSUL CHENGDU 1254
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
RUEHUM/AMEMBASSY ULAANBAATAR 1525
RUEHVK/AMCONSUL VLADIVOSTOK 0169
RUEHGO/AMEMBASSY RANGOON 3233
RUEHVN/AMEMBASSY VIENTIANE 2866
RUEHSB/AMEMBASSY HARARE 0035
RUEHPH/CDC ATLANTA GA
RUEHRC/DEPT OF AGRICULTURE WASHDC
RHEHAAA/WHITE HOUSE WASHDC
RUEIFBS/FBIS RESTON VA
RUCPDO/USDOC WASHDC
RUCPCIM/CIMS NTDB WASHDC
RUEKDIA/DIA WASHDC
UNCLAS SECTION 01 OF 05 BEIJING 006040

WHITE HOUSE FOR OSTP AND OVP
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HHS FOR HOHMAN, NOVOTNY, PHS AGENCIES
OES FOR EMERGING DISEASES/NANCY CARTER-FOSTER
BANGKOK FOR CDC/TIMOTHY MASTRO

E.O. 12958: N/A

TAGS: TBIO, KHIV, SOCI, UNFPA, NTDB, CH

SUBJECT: PRC AIDS: MID 2000 OVERVIEW

REFS: (A) 99 CHENGDU 84 (B) BEIJING 3043

1. SUMMARY: THE HUMAN COMPLEXION OF CHINA'S AIDS
EPIDEMIC VARIES BY REGION: HOMOSEXUALS AND DRUG USERS IN
BEIJING; HETEROSEXUALS ALONG CHINA'S SOUTHEASTERN COAST;
AND DRUG USERS AND HETEROSEXUALS IN XINJIANG AND YUNNAN.
CHINA'S SENIOR AIDS RESEARCHER, ZENG YI, WORRIES THAT
THE CHINESE CENTRAL AND LOCAL GOVERNMENTS HAVE NOT MADE
AIDS PREVENTION, EDUCATION AND RESEARCH A SUFFICIENTLY
HIGH PRIORITY. HE CRITICIZES LOCAL GOVERNMENTS FOR
HIDING THE TRUE SITUATION IN THEIR REGIONS AND SAYS SOME
LOCAL AUTHORITIES HARASS AND HINDER AIDS RESEARCHERS.

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END SUMMARY.

CHINA AIDS OVERVIEW

2. CHINA'S AIDS EPIDEMIC PROFILE VARIES GREATLY BY REGION AND SOCIAL STRATA. INTRAVENOUS DRUG USE AND HETEROSEXUAL SEX ARE THE MOST IMPORTANT CHANNELS OF HIV TRANSMISSION IN THE WESTERN PROVINCES OF YUNNAN, XINJIANG AND GUANGXI. THE TWO AREAS WITH THE MOST NUMBERS OF NEW CASES ARE XINJIANG, FOLLOWED BY YUNNAN. IN THE RELATIVELY PROSPEROUS PROVINCES ALONG CHINA'S SOUTHEASTERN COAST SUCH AS GUANGDONG, HETEROSEXUAL TRANSMISSION IS THE MOST IMPORTANT SOURCE OF HIV TRANSMISSION. THIRTY PERCENT ANNUAL INCREASES IN SEXUALLY TRANSMITTED DISEASES RATES MAKE HIV SPREAD FASTER AND MORE WIDELY HETEROSEXUALLY. IN SOME AREAS OF YUNNAN AND XINJIANG VERY HIGH LEVELS OF HIV INFECTION AMONG INTRAVENOUS DRUG USERS HAVE BEEN REPORTED. IN BEIJING, HIV HAS APPEARED AMONG MALE HOMOSEXUALS AND INTRAVENOUS DRUG USERS. CHINESE EPIDEMIOLOGISTS, SOME COLLABORATING WITH NIH-FUNDED U.S. SCIENTISTS, STRIVE TO UNDERSTAND THE BEHAVIORS OF THESE GROUPS SO AS TO LEARN HOW HIGH-RISK BEHAVIORS CAN BE MODIFIED. LIMITED SUPPLIES OF SOME FOREIGN HIV DRUGS (SUCH AS AZT PROVIDED BY FOREIGN COMPANIES FOR PRC DRUG CERTIFICATION TRIALS) ARE PROVIDED FREE TO SOME HIV PATIENTS. MOST CHINESE CANNOT AFFORD TO PURCHASE THESE DRUGS THEMSELVES.

LACK OF COHORT STUDIES COMPLICATES UNDERSTANDING PRC AIDS

3. CHINESE AND FOREIGN AIDS RESEARCHERS HAVE REMARKED THAT CHINA LACKS LONGITUDINAL COHORT STUDIES ESSENTIAL FOR UNDERSTANDING THE DEVELOPMENT OF AIDS IN CHINA. THIS MAY BE AT LEAST PARTLY DUE TO THE DETERMINATION OF SOME LOCAL GOVERNMENT TO EXCLUDE OUT AIDS RESEARCHERS FROM THEIR AREAS IN ORDER TO HIDE THE TRUE SITUATION. [COMMENT: SEE THE TRANSLATION OF A JUNE 2000 NEWS REPORT ON ZENG'S CRITICISM OF LOCAL OFFICIALS WHO BLOCK AIDS RESEARCH. THE LOCAL OFFICIALS ARE CONCEALING THE TRUE SITUATION NOT ONLY FROM THEIR OWN COMMUNITY BUT FROM THE CENTRAL GOVERNMENT AS WELL. END COMMENT] THE ATTITUDE OF LOCAL GOVERNMENT TOWARD THEIR HIV PROBLEM VARIES WIDELY. YUNNAN PROVINCE, WHICH HAS THE LONGEST EXPERIENCE WITH AIDS OF ANY CHINESE PROVINCE, IS AMONG THE MOST OPEN. MANY RESEARCHERS, SOME SUPPORTED BY INTERNATIONAL ORGANIZATIONS AND NGOS, OPERATE IN YUNNAN PROVINCE WITH THE APPROVAL AND COOPERATION OF LOCAL GOVERNMENT AND POLICE.

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HOW MANY PEOPLE HAVE HIV IN CHINA?

4. NOBODY HAS A VERY GOOD IDEA OF HOW MANY PEOPLE HAVE
UNCLAS SECTION 02 OF 05 BEIJING 006040

WHITE HOUSE FOR OSTP AND OVP
WHITE HOUSE FOR NSC/DR. BERNARD, AIDS POLICY OFFICE FOR
S. THURMAN
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BANGKOK FOR CDC/TIMOTHY MASTRO

E.O. 12958: N/A
TAGS: TBIO, KHIV, SOCI, UNFPA, NTDB, CH
SUBJECT: PRC AIDS: MID 2000 OVERVIEW

HIV IN CHINA. THE OFFICIAL NUMBER IS OVER 500,000. DATA
ON HIV CASES IN VARIOUS RISK GROUPS IS OFTEN FRAGMENTARY
AND OF UNCERTAIN QUALITY SO ADJUSTMENTS AND PROJECTIONS
MUST BE MADE TO ARRIVE AT AN ESTIMATE OF THE TOTAL
NUMBER OF CASES. [COMMENT: AS PEOPLE CORRECT FUZZY DATA,
THEY MAY FIND IT HARD NOT TO ADJUST IT TO MEET THEIR
EXPECTATIONS. END NOTE.] SOME CHINESE AGENCIES USE THE
NUMBER FOUR MILLION INTERNALLY, BUT OTHER RESEARCHERS
WITH EXTENSIVE FIELDWORK EXPERIENCE SAY THIS NUMBER IS
TOO HIGH AND THE REAL NUMBER IS SOMEWHERE IN BETWEEN.
THE EPIDEMIOLOGICAL MONITORING NETWORK APPEARS TO BE
STRONGER IN THE CITIES THAN IN THE COUNTRYSIDE WHERE 70
PERCENT OF CHINA'S PEOPLE LIVE.

LITTLE IS KNOWN ABOUT HIV IN RURAL CHINA

5. THE EXTENT OF AIDS IN THE COUNTRYSIDE IS NOT WELL
UNDERSTOOD. TENS OF MILLIONS OF MIGRANT WORKERS MOVE
REGULARLY BETWEEN THEIR COUNTRY HOMES AND THE BIG
CITIES. ALTHOUGH THE LEVEL OF PHYSICIAN'S TRAINING
CONTINUES TO IMPROVE IN THE CHINESE COUNTRYSIDE, MOST
PRIMARY CARE PHYSICIANS ONLY ENJOY THREE YEARS MEDICAL
VOCATIONAL SCHOOL TRAINING AFTER GRADUATION FROM JUNIOR
HIGH SCHOOL. THUS MANY RURAL PHYSICIANS HAVE DIFFICULTY
DIAGNOSING AIDS -- ESPECIALLY WHERE LOCAL GOVERNMENTS
ARE NOT WILLING TO ACKNOWLEDGE THAT HIV IS PRESENT IN
THEIR COMMUNITY.

HENAN BLOOD DONOR VILLAGE AIDS DISASTER STORY CONFIRMED

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6. A SICHUAN NEWSPAPER RECENTLY CLAIMED THAT MANY PEOPLE IN A BLOOD DONOR VILLAGE IN SHANGCAI COUNTY, HENAN WERE INFECTED WITH HIV AND HAD EXPERIENCED A RASH OF AIDS DEATHS. BUT WHEN ESTOFF VISITED THE COUNTY, THE LOCAL EPIDEMIOLOGICAL STATION TOLD HIM THAT "THERE IS NO AIDS HERE". THIS ASSERTION WAS DIRECTLY CONTRADICATED BY A CHINESE AIDS RESEARCHER WHO TOLD ESTOFF THAT THERE CERTAINLY IS AIDS THERE -- AND THAT HE HAD IN FACT TESTED THE BLOOD SAMPLES FROM THE VILLAGE MENTIONED IN THE PRESS REPORT. FIVE PERCENT OF THE BLOOD DONORS IN SOME AREAS OF RURAL HENAN PROVINCE HAVE HIV, SAID THE RESEARCHER. THE RESEARCHER SAID THAT THE PROPORTION OF PEOPLE WHO GOT HIV FROM BLOOD TRANSFUSIONS IS FAR HIGHER THAN THE 0.3 PERCENT OF REPORTED CASES (INCLUDING 50 CASES 1985 - 99 AND 15 CASES DURING 1999). [COMMENT: COMPARE THIS OFFICIAL FIGURE OF 50 REPORTED CASES OF HIV DUE TO BLOOD TRANSMISSION WITH THE 70 HIV CASES THE RESEARCHER CONFIRMED IN ONE HENAN BLOOD DONOR VILLAGE ALONE. END COMMENT]

FUNDING PROBLEMS REFLECT GOVERNMENT PRIORITIES

7. LACK OF FUNDING REFLECTS NOT JUST POVERTY BUT THE RANKING AIDS HAS IN THE PRIORITIES OF CHINA'S CENTRAL AND LOCAL GOVERNMENTS RELATIVE TO OTHER PRIORITIES INCLUDING HEPATITIS AND TUBERCULOSIS. HIV INFECTIONS CANNOT BE CONFIRMED UNTIL A WESTIN BLOT CONFIRMATORY TEST IS DONE. YET SOMETIMES GOVERNMENT AGENCIES CAN'T AFFORD TO DO THE SECOND TEST -- SUCH CASES ARE NOT COUNTED IN THE STATISTICS. THE NUMBER OF AIDS TESTS CONDUCTED IN NATIONAL SURVEILLANCE SURVEYS FELL FROM 3.4 MILLION IN 1997 TO 1.3 MILLION IN 1998. TESTS OF PEOPLE IN HIGH RISK GROUPS FELL FROM 170,000 IN 1997 TO 70,000 IN 1998. (SEE SUMMARY TRANSLATIONS "RECENT REPORTS ON HIV/AIDS AND STDs IN CHINA" AT [HTTP://WWW.USEMBASSY-UNCLAS](http://www.usembassy-unclas) SECTION 03 OF 05 BEIJING 006040

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CHINA.ORG.CN/SANDT/HIVARTIC.HTML FOR MORE DETAILS) THIS DROP WAS CONCURRENT WITH 40 PERCENT ACROSS THE BOARD BUDGET CUTS IN THE CENTRAL GOVERNMENT. THE DECEMBER AIDS DAY EDUCATION CAMPAIGNS OF 1998 AND 1999 ALSO SEEM TO HAVE BEEN LESS EXTENSIVE THAN THE ONE IN 1997.

COMBATING FLOOD OF SUBSTANDARD SYRINGES DIFFICULT

8. PREVENTING THE SPREAD OF BLOOD-BORNE DISEASES VIA UNHEALTHY (AND ILLEGAL) PAID BLOOD DONORS AND THE SALE OF SUBSTANDARD MEDICAL EQUIPMENT IS DIFFICULT. LARGE VOLUMES OF LOW QUALITY, SUBSTANDARD AND DANGEROUS "ILLEGAL" HYPODERMIC SYRINGES AND BLOOD TRANSFUSION EQUIPMENT ARE NOW FLOODING THE CHINESE MARKET. ONE MILLION SUBSTANDARD SYRINGES ARE SHIPPED DAILY FROM ONE REGION OF ZHEJIANG PROVINCE ALONE, ACCORDING TO AN ARTICLE IN THE APRIL 14, 2000 SOUTHERN WEEKEND [NANFANG ZHOUMO - AVAILABLE IN FULL CHINESE TEXT ON THE WEB THROUGH THE NANFANG RIBAO WEBSITE AT WWW.SOUTHCN.COM].

9. LOCAL AUTHORITIES TOLD JOURNALISTS THAT THE ADMINISTRATIVE MEASURES AT THEIR DISPOSAL ARE WEAK, AND PUBLIC SECURITY OFFICIALS ONLY WANT TO TAKE UP CASES THAT INVOLVES MORE MONEY. PRODUCTION IS DISPERSED -- ONE REGION HAD FIFTY SMALL FACTORIES, AND MORE IF SMALL HOUSEHOLD SYRINGES ARE COUNTED AND SO PRODUCTION IS HARD TO STOP. THE SOUTHERN WEEKEND ARTICLE RELATED HOW ILLEGAL SYRINGE MAKERS BEAT UP AN EPIDEMIOLOGICAL STATION WORKER WHO WAS TRYING TO CLOSE DOWN THEIR FACTORY.

BLOODBANKING: VOLUNTEERS PAID, LIABILITY CONCERNS GROW

10. AN AMERICAN BLOODBANKING EXPERT WHO ATTENDED A CHINESE BLOODBANKING CONFERENCE SAID THAT THE QUESTION MOST OFTEN RAISED WAS LEGAL LIABILITY FOR MEDICAL MISTAKES. [COMMENT: GROWING FEAR OF LAWSUITS MAY WELL RESULT IN GREATER ACCOUNTABILITY AND BETTER MANAGEMENT. END COMMENT] WHILE THE NUMBER OF NEW HIV CASES CAUSED BY BLOOD TRANSFUSIONS ARE PROBABLY MANY FEWER THAN BEFORE REFORMS IN 1996, SHORTAGES REQUIRE THE CHINESE TO CONTINUE TO RELY ON "ILLEGAL" PAID DONATIONS FOR A SIGNIFICANT PART OF THE BLOOD SUPPLY. THE AMERICAN VISITOR NOTED THAT THE VOLUNTEERS AT A BEIJING BLOOD BANK WERE BEING PAID A 200 RMB "NUTRITIONAL ALLOWANCE". [NOTE: THIS USD 25 PAYMENT IS A WEEK'S PAY FOR MANY URBAN WORKERS. END NOTE] THE AMERICAN VISITOR SAID THAT THE PERSISTENCE OF PAYMENTS IN WHATEVER FORM INCREASES

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THE LIKELIHOOD THAT UNHEALTHY DONORS WILL GIVE TAINTED BLOOD.

11. THE AMERICAN EXPERT SAID THAT THE VOLUNTEERS APPEARED TO BE HEALTHY PEOPLE IN THEIR TWENTIES, ADDING THAT CHINESE BLOOD BANKS ONLY TAKE HALF AS MUCH BLOOD (100 ML) FROM BLOOD DONORS AS DO AMERICAN BLOOD BANKS. DOUBLING THE AMOUNT OF BLOOD TAKEN FROM EACH DONOR WOULD SEEM TO BE AN EASY WAY OF BOOSTING THE SUPPLY OF BLOOD FROM VOLUNTARY DONORS AND HALVING THE NUMBER OF DONATIONS NEEDED, BUT LONGSTANDING CUSTOM MAKES THIS SEEMINGLY SIMPLE REFORM DIFFICULT.

LACK OF PRIVACY MAKE AIDS, STD DETECTION, CARE DIFFICULT

12. FOLLOWING THE PATTERN OF OTHER SEXUALLY-TRANSMITTED DISEASE EPIDEMICS, IN WHICH MANY INFECTED PEOPLE PATRONI
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"ILLEGAL" STD CLINICS RATHER THAN GOING TO AN OFFICIAL HOSPITAL FOR FEAR OF EMBARRASSMENT, IT APPEARS THAT MANY CHINESE ARE RELUCTANT TO HAVE AN HIV TEST FOR FEAR OF SOCIAL EMBARRASSMENT. THE CONCEPT OF MEDICAL PRIVACY IS NOT VERY STRONG IN CHINA FOR CULTURAL AND PRACTICAL REASONS. CHINESE PHYSICIANS MUST OFTEN WORK WITH LARGE NUMBERS OF PATIENTS IN A SMALL WORKING SPACE -- PRIVATE CONSULTATIONS ARE SOMETIMES NOT POSSIBLE.

13. WHILE PRIVACY IS NOT AS LARGE A PERSONAL AND LEGAL ISSUE IN CHINA AS IT IS IN THE UNITED STATES, CHINESE AIDS OR STD PATIENTS, LIKE PEOPLE IN OTHER COUNTRIES, DO NOT WANT THEIR CONDITION TO BECOME WIDELY KNOWN. A YUNNAN PUBLIC HEALTH OFFICIAL TOLD ESTOFF IN NOVEMBER 1999 THAT LACK OF CONCERN FOR PROTECTING PATIENT PRIVACY AMONG MANY CHINESE PHYSICIANS IS A BIG OBSTACLE TO EFFECTIVE PREVENTION AND TREATMENT OF SEXUALLY TRANSMITTED DISEASES. THE OFFICIAL CONTRASTED

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UNFAVORABLY THE ATTITUDE OF MANY CHINESE PHYSICIANS WITH THAT OF FOREIGN PHYSICIANS WORKING IN YUNNAN PROVINCE WHOM HE SAID, "TREAT THEIR PATIENTS LIKE FAMILY". ONE REVEALING ANECDOTE: A GROUP OF U.S. VISITORS WATCHED A DEMONSTRATION OF AN AIDS DATABASE RECENTLY, THE NAMES AND HOMETOWNS OF PEOPLE INFECTED WITH HIV SCROLLED DOWN THE SCREEN.

14. PREVIOUS U.S. EMBASSY BEIJING REPORTS ON HIV IN CHINA AND SOME CHINA HIV WEB LINKS AND SUMMARY TRANSLATIONS ARE MAINTAINED ON THE U.S. EMBASSY BEIJING WEBSITE AT
[HTTP://WWW.USEMBASSY-CHINA.ORG.CN/ENGLISH/SANDT/INDEX.HTML](http://www.usembassy-china.org.cn/english/sandt/index.html)

APPENDIX

THE RAPID SPREAD OF AIDS WILL BRING DISASTER TO CHINA

CHINA NEWS AGENCY, JUNE 10, 2000. ARTICLE BY YANG RUICHUN

IF CHINA DOES NOT TAKE EFFECTIVE MEASURES; CHINA WILL HAVE ONE OF THE HIGHEST NUMBER OF AIDS INFECTED PEOPLE IN THE ENTIRE WORLD. AIDS WILL BECOME A CHINESE NATIONAL DISASTER. CHINESE ACADEMY OF SCIENCES ACADEMICIAN AND AIDS RESEARCHER ZENG YI SAID THIS IN A RECENT SCHOLARLY REPORT.

THE RESULTING ECONOMIC LOSSES TO THE NATION WOULD AMOUNT TO BETWEEN 460 - 770 BILLION RMB. THIS ENORMOUS FIGURE MAKES CHINA'S LEADERS WORRY THAT AIDS THREATENS TO RUIN THE GAINS CHINA HAS MADE WITH GREAT DIFFICULTY SINCE REFORM AND OPENING TO THE OUTSIDE WORLD BEGAN.

ACADEMICIAN ZENG YI MADE THESE STATEMENTS IN A SCHOLARLY REPORT AT THE TENTH CONFERENCE OF THE ACADEMICIANS OF THE CHINESE ACADEMY OF SCIENCES. ACADEMICIAN ZENG YI'S REPORT WAS ENTITLED "TRENDS IN THE SPREAD OF AIDS, PROGRESS IN AIDS RESEARCH AND POLICIES FOR STOPPING THE SPREAD OF AIDS" THAT LEFT HIS AUDIENCE UNEASY AND SPEECHLESS.

ZENG YI SAID THAT THE INCREASE IN THE NUMBER OF PEOPLE INFECTED WITH HIV HAS CLIMBED RAPIDLY OVER THE LAST FEW YEARS. THIS MEANS THAT CHINA HAS ALREADY ENTERED THE STAGE OF THE RAPID SPREAD OF THE AIDS VIRUS. ACCORDING UNCLAS SECTION 05 OF 05 BEIJING 006040

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TO THE PATTERN IN WHICH THE AIDS VIRUS SPREADS IN A COUNTRY, THE AIDS VIRUS STARTS WITH A PERIOD OF INTRODUCTION, FOLLOWED BY A PERIOD OF SPREADING, AND THEN REACHES A PERIOD OF RAPID GROWTH. ONCE IT BEGINS THE PERIOD OF RAPID GROWTH, THE PACE OF GROWTH GRADUALLY QUICKENS. IF PREVENTIVE MEASURES ARE NOT TAKEN AT THIS STAGE, THEN THE AIDS VIRUS WILL QUICKLY REACH THE PERIOD DURING WHICH IT ENGULFS THE COUNTRY IN AN UNCHECKED RAPID SPREAD. THEREFORE THERE NOW REMAINS LITTLE TIME AND JUST A FEW OPPORTUNITIES FOR CHINA TO CHECK THE SPREAD OF THE AIDS VIRUS.

YET CHINA HAS BEEN VERY SLUGGISH IN ITS EFFORTS TO CONTROL THE SPREAD OF THE AIDS VIRUS. THERE ARE THREE MAJOR PROBLEMS IN CHINA EFFORTS TO PREVENT THE SPREAD OF AIDS:

- THERE HASN'T BEEN ADEQUATE WORK DONE IN ESTIMATING THE EXTENT OF THE SPREAD OF THE AIDS VIRUS IN CHINA.
- UNDERSTANDING OF THE SEVERE HARM CAUSED BY THE AIDS VIRUS IS INADEQUATE.
- INVESTMENT IN AIDS PREVENTION WORK HAS BEEN INSUFFICIENT.

THE RESULT OF THESE THREE INADEQUACIES HAS BEEN: INSUFFICIENT WORK BEING DONE ON AIDS PREVENTION EDUCATION; INADEQUATE POLICY SUPPORT TO AIDS PREVENTION MEASURES; INADEQUATE AND INSUFFICIENTLY WIDE RANGING ENOUGH INTERVENTIONS TO PREVENT THE SPREAD OF THE AIDS VIRUS AND NOT BEEN ENOUGH INVESTMENT IN SCIENTIFIC RESEARCH.

THE ATTITUDES OF SOME CHINESE OFFICIALS ALSO HARMS AIDS PREVENTION WORK. IN SOME AREAS, LOCAL OFFICIALS LIE TO CONCEAL THE AIDS SITUATION IN THEIR COMMUNITIES AND EVEN GO SO FAR AS TO KEEP OUT OF THEIR AREA PEOPLE DOING SURVEY OR RESEARCH WORK ON THE SPREAD OF HIV. ZENG YI

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MENTIONED THE CASE OF A RESEARCHER WHO WORKS WITH HIM WHO WAS FIRED BECAUSE OFFICIALS IN A CERTAIN LOCALITY BELIEVED THAT, BY REVEALING THE AIDS SITUATION IN THEIR REGION, THE RESEARCHER MADE THE OFFICIALS LOOK BAD AND HURT THE IMAGE OF THE LOCALITY.

ZENG YI SAID THAT THE AIDS VIRUS IS FRIGHTENING BUT IS PREVENTABLE. THE PREVENTION MEASURES ARE FAIRLY SIMPLE. ZENG SAID THAT HE HOPES THAT CHINA'S LEADERS WILL SUFFICIENTLY UNDERSTAND THE IMPORTANCE OF AIDS PREVENTION AND WILL COME OUT IN SUPPORT OF EFFECTIVE MEASURES TO PREVENT THE SPREAD OF AIDS.

ZENG EMPHASIZED THAT THE KEY TO STOPPING THE SPREAD OF AIDS IN CHINA IS THAT EVERY LEVEL OF GOVERNMENT AND ALL GOVERNMENT DEPARTMENTS SEE AIDS AS IMPORTANT AND TAKE EFFECTIVE MEASURES TO PREVENT ITS SPREAD.

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United States Department of State

Bureau of Oceans and International
Environmental and Scientific Affairs

Washington, D.C. 20520

DATE: Oct. 19, 1999

NUMBER OF PAGES TO FOLLOW (Including Cover Sheet): 4

FAX TO: Mr Sandy Thurman, DNAP

TELEPHONE: _____ FAX: (202) 456-2438

OFFICE: DNAP

FROM: Nancy Carter-Ister

TELEPHONE: (202) 647-2435 FAX: (202) 736-7336

OFFICE: OES/EIS

MESSAGE:

Please provide clearance and/or
comments on the following talking
points and return by fax or call
with clearance by Pam Tomasson.
Thank you.



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Nancy Carter-Foster FROM: Cheryl
COMPANY: _____ DATE: _____

FAX NUMBER: _____ TOTAL NO. OF PAGES INCLUDING COVER: _____

PHONE NUMBER: _____

RE: _____

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

NOTES/COMMENTS:

Please call me with any questions.
456-2959.

Nancy thanks!
Cheryl

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

TALKING POINTS FOR THE SECRETARY ON HIV/AIDS IN AFRICA

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, inequality and security underscores the need for governments leaders to confront the epidemic now.

Two-thirds of the total number of people in the world living with HIV are in Sub-Saharan Africa. Nearly all (over 95%) of infected Africans do not know they are infected, mainly because they lack awareness of or access to HIV testing, and ~~become they fear stigma, discrimination~~

The consequences of this epidemic are far-reaching. As AIDS mortality rises, world investment in economic growth and security and in democratic principles is being undermined. Life expectancy has been reduced, in some cases returning to levels of twenty years ago. Childhood mortality in Africa ~~has doubled~~ and a growing number of children will be orphaned. According to USAID, by the year 2010, over 40 million children will be orphaned by AIDS. ~~More than 80% of these children live in sub-Saharan Africa,~~ possibly thwarting the intellectual and economic potential which they might have produced for their household and national economies. This will exacerbate poverty and inequality.

This could also lead to greater political insecurity.

In Sub-Saharan Africa, 8% of all those aged 15-49 are believed to be infected with HIV (this contrasts with 0.5% of adults infected in the United States). The potential for political and economic instability is tremendous.

Further, HIV/AIDS causes illness and death among adults in the most productive age groups, resulting in significantly slower growth of the labor force and heightening educational needs among a population which is losing the well-educated as well as the under-educated. Most Sub-Saharan African countries face the dual challenge of lowering HIV prevalence and of coping with the impact of existing high prevalence on their health systems and societies. Economic progress is threatened.

reality

85

that often results from being diagnosed as HIV +

Where did this stat come from?

While at the macro level no one is certain of the exact impacts of AIDS on the sub-Saharan economies, as the disease is yet to run its full course, estimates on HIV's GDP implications run the gamut.

Studies in Namibia already estimate that AIDS cost the country almost 8% of GNP in 1996. Another analysis predicts that Kenya's GDP will be 14.5% lower in 2005 than it would have been without AIDS, and that income per person will be 10% lower. South Africa predicts that it will lose 1% per year of projected growth for the next 20 years due to HIV/AIDS. Evidence has shown, however, that early government commitment and intervention along with heightened public awareness can slow the spread of AIDS decisively.

While African governments are spending \$ on arms to defend threats to their national security, they spend on average \$5 per person per year for healthcare to fight the most urgent and devastating threat to national and economic security—HIV/AIDS and other infectious diseases.

Yet the threats from HIV/AIDS are both immediate and long-term. Already across the African continent the toll that HIV/AIDS is taking on the young, productive and mobile populations of Africa is beginning to undermine economic development and security advances.

Repeated above

Studies in Namibia already estimate that AIDS cost the country almost 8% of GNP in 1996. Another analysis predicts that Kenya's GDP will be 14.5% lower in 2005 than it would have been without AIDS, and that income per person will be 10% lower. South Africa predicts that it will lose 1% per year of projected growth for the next 20 years due to HIV/AIDS. Evidence has shown, however, that early government commitment and intervention along with heightened public awareness can slow the spread of HIV/AIDS decisively.

Life expectancy has already dropped by from 69 years to 49 years and is expected to be only 40 years in some countries (Zimbabwe) by the year 2003.

According to some reports HIV/AIDS is threatening to push development advances back nearly a century.

HIV/AIDS and other infectious diseases threaten our collective goals and investments in the future of Africa-- in its ability to attract and maintain foreign investments, to secure and maintain national security, to implement the peacekeeping commitments so important to the stability of the continent, and to safeguarding past advances and realizing Africa's full economic and human potential.

I urge African leaders, and leaders of all nations around the world, to make a political and financial commitment to addressing HIV/AIDS and infectious diseases as a national priority, and to join with UNAIDS, the World Health Organization and nations around the world in expanding efforts to prevent, diagnose, treat and stop the spread of infectious diseases as a global priority.

*** TX REPORT ***

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FAX COVER SHEET

United States Department of State

Foreign Service Institute Center
National Foreign Affairs Training
4000 Arlington Boulevard
Arlington, Virginia 22204-1500

Date: 10/8/95

The Senior Seminar

TO: Sandy Thurman
Attn: Cheryl

PHONE: _____

FAX: 456-2439

FROM: Robin Smoot
The Senior Seminar

PHONE: (703) 302-7178

FAX: (703) 302-7181

SUBJ: Request to brief Senior Seminar on 11/8

Number of pages including cover sheet: 6



United States Department of State

Foreign Service Institute

*National Foreign Affairs Training Center
4000 Arlington Boulevard
Arlington, Virginia 22204-1500*

October 8, 1999

Dear Sandy:

Thank you so much for agreeing to meet with my leadership class and speak to us on the very important issue of HIV/AIDS. I wanted my classmates to get a better understanding of this important health issue and its devastating affects on every single aspect of society. There is no one, in my view, better able to convey the seriousness on this issue than you. Your passion and commitment are the things that I admire the most. They translates to the people you are talking to and convey, along with the devastating statistics, just how critical it is for the world community to combat this disease.

Attached is the course mission statement for the Senior Seminar and participant roster. The 30 participants in the program have been selected as the next wave of senior executives by their government agencies for the 21st Century. Dean and Associate Dean, Ambassador Brazeal and Mr. Wells also will accompany the group. The key goals of the course are to ensure that we, as future leaders, better understand the values that shape our country and expand our knowledge of key policy issues, such as HIV/AIDS.

Ben Johnson is organizing a briefing for the group on several issues on November 8 from 10:30 - 12:30pm in the Roosevelt Room. Mickey Ibarra has agreed to participate, and we would like to know if you are available during that timeframe to also brief the group. Ben would begin followed by Mickey, and you, if you are available. I truly appreciate your time and consideration to do this.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robin Sanders".

Robin Sanders
Former NSC Africa Director



United States Department of State

Foreign Service Institute

National Foreign Affairs Training Center

4000 Arlington Boulevard

Arlington, Virginia 22204-1500

CURRICULUM CONCEPT

MISSION OF THE SENIOR SEMINAR

The mission of the Seminar is to ensure that its participants:

- Enhance their leadership and executive skills in preparation for top-level assignments abroad and in the United States;
- Know and reflect the values and ideas which shape our country, broadening their comprehension of current domestic issues and the institutions that protect and influence the nation's agenda;
- Understand how domestic priorities and values influence the shaping of a viable foreign policy and national security policy;
- Develop an appreciation of the role of the different foreign affairs agencies, the Congress and state and local entities, seeking to improve overall cooperation and coordination.



THE SENIOR SEMINAR
FOREIGN SERVICE INSTITUTE – DEPARTMENT OF STATE

FORTY-SECOND SESSION
August 30, 1999 – June 2, 2000

ROSTER OF MEMBERSHIP

<u>NAME</u>	<u>AGENCY</u>	<u>PREVIOUS POSITION</u>
AGNEW, Elizabeth J.	STATE FE-OC	Counselor for Administrative Affairs American Embassy – ALMATY
BISHOP, Clyde	STATE FE-OC	American Consulate HONG KONG
BRIDGEWATER, Pamela	STATE FE-OC	Deputy Chief of Mission American Embassy – NASSAU
BUCCI, Steven	USA COLONEL	Army War College Carlisle
BULLOCK, James L.	USIA FE-OC	Public Affairs Officer American Embassy – RABAT
BUTLER, Letitia	AID FS-01	Deputy Mission Director American Embassy GUATEMALA CITY
CHORNYAK, William M.	FBI GS-15	Assistant Agent-in-Charge Boston
DALY, Kathleen	STATE FE-OC	Counselor for Consular Affairs American Embassy SAN JOSE
DIFALCO, Frank J.	USMC COLONEL	Quantico Marine Base Quantico, Virginia
EARL, Christopher	USN CAPTAIN	Deputy Commander, Submarine Squadron III Honolulu

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Senior Seminar Foreign Service Institute, Forty-Second Session (partial) [National Security Act] (1 page)	08/30/2000	P3/b(3)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21070

FOLDER TITLE:

State Department (Continued) [2]

2007-1550-F

kc1292

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- 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]

(b)(3)

GAINES, William R., Jr. STATE
FE-OC

Counselor for
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Affairs
American Embassy
PORT-AU-PRINCE

HUGER, Gregory AID
FE-MC

USAID Mission Director
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JEFFERSON, Thomas STATE
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Associate Director,
Office of Equal
Employment Opportunity
and Civil Rights (S/EEOCR)

(b)(3) [National Security Act]

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Counselor for Economic
Affairs
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KINNEY, Stephanie STATE
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Executive Director,
Bureau of Oceans and
International Environ-
mental Scientific
Affairs (OES)

KORKY, Ann K. STATE
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Director, Iran
and Iraq Affairs

KOTATI, Besa AGRICULTURE

Foreign Agriculture
Service

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MAGNAN, Richard A. USAF
COLONEL

Policy & Legal Advisor to
the U.S. Ambassador to
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MARWITZ, Antoinette STATE
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Office of the Executive
Director,
Bureau of Consular Affairs

NOLAN, Steve STATE
FE-OC

Counselor for Administrative
Affairs
American Embassy - NAIROBI

SALMON, Sandra	STATE FE-OC	Principal Officer, American Consulate HERMOSILLO
SANDERS, Robin	STATE FO-01	National Security Council
SCOBAY, Margaret	STATE FE-OC	Deputy Chief of Mission American Embassy - SANAA
WEST, Mary Beth	STATE SES-5	Deputy Assistant Secretary Oceans, Science and Technology
WINNICK, Seth	STATE FE-OC	U.S. Mission to the United Nations
YAMADA, Austin	DEFENSE SES-4	Director, Special Advisory Staff, Office of the Deputy Under Secretary of Defense for Policy Support
YAMAUCHI, Emi	USIA FE-OC	Information Officer American Embassy - TOKYO

SENIOR SEMINAR STAFF

Ambassador Aurelia E. Brazeal
Dean

Barry L. Wells
Associate Dean

Nancy C. Case
Training Technician

Robin W. Turco
Secretary to Dean & Associate Dean

Constance L. Champagne
Secretary to Seminar

THE WHITE HOUSE
WASHINGTON

Agenda - The White House
November 8, 1999

10:00 – Senior Seminar (SS) Participants Arrive at Northwest Gate and proceed to Roosevelt Room

10:30 – 12:40 - THE WHITE HOUSE – ROOSEVELT ROOM

Introduction of Dean, Associate Dean and SS to Mr. Johnson - Sanders

10:30 - 11:10 – ROBERT BEN JOHNSON, ASSISTANT TO THE PRESIDENT FOR "ONE AMERICA" (15 MIN BRIEF, 25 MIN Q&A)

Presentation to Mr. Johnson

Introduction of Dean, Associate Dean and SS to Mr. Ibarra -

11:15 -12:00 – MICKEY IBARRA, ASSISTANT TO THE PRESIDENT FOR INTERGOVERNMENTAL AFFAIRS (15MIN BRIEF, 25 MIN Q&A)

Presentation to Mr. Ibarra

Introduction of Dean, Associate Dean and SS to Ms. Thurman

12:00 – 12:40 – SANDRA THURMAN, DIRECTOR OFFICE OF NATIONAL AIDS POLICY (15 MIN BRIEF, 25MIN Q&A)

Presentation to Ms. Thurman

SS participants exit through West Wing Lobby to Northwest Gate

UNCLASSIFIED

AF/EPS:MBREEN
01/05/4499 202-647-4098
AF:SRICE

AF/EPS:FLIGHT
AF/E:DDUNN
AF/S:JBLANEY
P:SSCHWARTZ +

IMMEDIATE HARARE, +

ROUTINE GABORONE, +

PASS TO CHIEF OF MISSION

E.O. 12958: N/A

TAGS: SOCI, EAID, TBIO, SF, MI, ZA, ZI, UG, KE, BC

SUBJECT: COUNTRY CLEARANCE REQUEST

REF: A. UNCLASSIFIED E-MAIL FROM WASHINGTON USAID/G PAUL DELAY TO USAID FIELD OFFICES
B. STATE 226488

1. This is an action request: Country clearance and support is requested from addressee posts. Please see paragraphs 7 and 8.

2. President Clinton has directed Sandy Thurman, Director of the Office for National AIDS Policy (ONAP), to lead a fact-finding mission to sub-Sahara Africa, and to report back to him with recommendations on what more the Administration can do to help African children orphaned by AIDS.

3. Following consultations with USAID/G Paul Delay, Chief of HIV/AIDS Division and AF A/S Susan Rice, Ms. Thurman is planning to lead an advance trip with a team of five (see para 4 for a complete listing) during the period of January 23 to February 6, 1999. The team plans to stop in South Africa (January 24-27), Malawi (January 28-30), Zambia (January 31-February 3), Zimbabwe (February 3-5) (will Uganda be included? If so, need timeframe). A second CODEL trip with about twenty (20) people is scheduled for early Spring, during the spring recess (March 27-April 11). The CODEL may include Senator Leahy, selected key congresspersons and staffers (including Jesse Helms chief of staff).

UNCLASSIFIED

UNCLASSIFIED 2

4. The advance team members are:

Sandy Thurman, Director of ONAP
Carolyn Bartholomew, Chief of staff for Congresswoman Nancy Pelosi
Bill Harris, Director of KIDSPAC
Steve Sternberg, Writer for USA Today

5. In keeping with the Administration's effort to engage in dialogue with key government officials on best practices and strategies to combat the HIV/AIDS epidemic and to help victims of HIV/AIDS worldwide, Ms. Thurman's visit is timely in two respects. First, it meets the President's immediate fact-finding request on the HIV/AIDS situation, particularly on orphaned children, in countries where the virus is widely spread. Second, Ms. Thurman's trip serves as part of the Secretary's diplomatic initiative on HIV/AIDS to develop international partnerships in support of greater collaborations to fight HIV/AIDS and other infectious diseases. (Note: Reftel B informed posts of Secretary's announcement of planned U.S. diplomatic initiative to increase overseas political commitment to HIV/AIDS.)

6. During this proposed advance trip, Ms. Thurman and her team expects to be engaged in a variety of activities and discussions with high level African officials on issues related to HIV/AIDS policy, share best and worst practices, learn about regional collaborative efforts and evaluate welfare systems. The three primary areas of interest are: (1) to witness the human, economic and social tragedy that the HIV/AIDS pandemic is producing in Africa; (2) to assess what USG responses have been (these could include efforts by other donors); and (3) to seek opportunities for high level policy dialogue to facilitate better host country commitment.

7. Action Request: Assuming concurrence, action addresses are requested (1) to cable a scenesetter and suggestions or updates on issues that the advance team could profitably address during the visit; (2) ground transport on arrival, departure, and for in-country movements; (3) hotel accommodations; (4) arranging of appointments in accordance with the proposed schedule shown in paragraph 3; (5) advance background papers, including bios; (6) post recommendations for potential press opportunities for Ms. Thurman (?) (Also, will a notetaker be needed?).

8. In addition to the above requests, ONAP asked that post provide info to ONAP regarding embassy control officer, including telephone/fax numbers and e-mail addresses. ONAP logistics/schedule officer for this visit is Todd Summers,

UNCLASSIFIED

UNCLASSIFIED 3

Deputy Director at (202) 456-2444; fax (202) 456-2439. State contact is AF/EPS Marlene Breen at (202) 647-4098; fax (202) 736-4583 in collaboration with OES and AF/S.

9. Following is a trip schedule, including flight times:

YY

H:JLANIER
G:NPURVIS
OES:NCARTER-FOSTER
NSC/AF:RSANDERS
DPC:STHURMAN

Y

IMMEDIATE KAMPALA
IMMEDIATE LILONGWE
IMMEDIATE LUSAKA
IMMEDIATE PRETORIA

Y

ROUTINE NAIROBI

Y

UNCLASSIFIED

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

0425

January 22, 1999

MEMORANDUM FOR TODD SUMMERS
Deputy Director
Office of National AIDS Policy

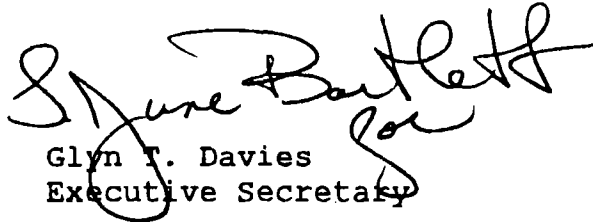
SUBJECT: Foreign Travel Approval

This memorandum is to confirm that the following foreign travel request has been approved.

Sandra Thurman
Director
Office of National AIDS Policy

January 22 - February 7, 1999

South Africa
Zimbabwe
Zambia
Uganda


Glyn T. Davies
Executive Secretary

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

0425

January 22, 1999

MEMORANDUM FOR TODD SUMMERS
Deputy Director
Office of National AIDS Policy

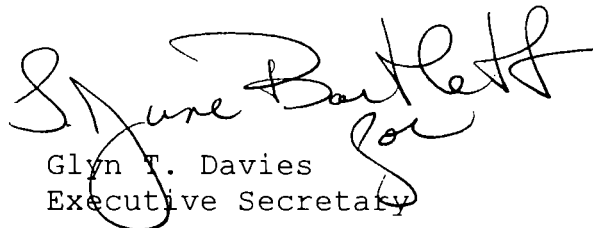
SUBJECT: Foreign Travel Approval

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South Africa
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Glyn T. Davies
Executive Secretary

UNCLASSIFIED DRAFT MEMORANDUM

TO: U/S Loy
FROM: Jack C. Chow, Senior Advisor for Global Health Policy
RE: Proposed Strategy on Global HIV/AIDS
DATE:

To follow-up on the Vice President's U.N. speech calling upon the world community to recognize and confront the AIDS epidemic as an international security concern, you asked me to develop a plan for the Department to take a pro-active approach in Africa and other vulnerable regions. With the assistance of the staff of OES/EID and the other bureaus of State, I am submitting a proposed framework for action. The Africa Bureau in particular has been very active in contributing suggestions. With your approval, this framework would form the basis of the Department's contribution to the overall USG effort.

PROPOSED DEPARTMENT OF STATE HIV/AIDS ACTION PLAN

US Government Goal: Prevent new HIV infections in regions of the world with high incidence and prevalence rates, particularly in Africa, and to prevent the spread of HIV into other vulnerable areas with weak public health infrastructures.

? early epidemic
in Asia
role of
mitigation

State Department Goal: In support of combating the epidemic as a both a national security and public health threat, the Department will pursue a leadership role to ensure that a strong, sustainable effort will be originated from the United States, the international community, and those countries strongly impacted by, or vulnerable to, the epidemic. When appropriate, the Department will also assist USG technical agencies pursue their operational objectives in host countries.

Objectives:

1. Strengthen U.S. diplomatic efforts and capabilities to promote active involvement by all governments to more effectively confront the HIV/AIDS pandemic.

2. Persuade foreign leaderships that the global spread of HIV/AIDS has profound implications for national and international security in terms of its impact on economic growth, political stability and civil society, and that national commitment to address HIV/AIDS will help elicit international assistance.
3. Enhance international scientific and health collaboration among the U.S., other nations, and international bodies.
4. Develop innovative policies in partnership with other US agencies and international bodies.

These objectives and supporting actions build upon the framework outlined in the document published by OES/EID, 1999 U.S. International Response to HIV/AIDS. The Department continues to support the recommendations contained in the document.

Taking each objective in turn:

1. Strengthen U.S. diplomatic efforts and capabilities to promote active involvement by all governments to more effectively confront the HIV/AIDS pandemic.

ACTIONS:

In Washington:

- Publicly announce the State Department's and USAID's commitment to address the global HIV/AIDS pandemic. The upcoming address by the Secretary before the American Association for the Advancement of Science (AAAS), for instance, is an opportunity to reinforce the Vice President's message and to articulate State's role. (AID, OES, G)
- Utilize the assets of Public Affairs/Public Diplomacy, in conjunction with regional bureaus, to communicate a compelling USG message to domestic and international audiences on the need to combat global HIV/AIDS. An information kit/package could be produced, including a dedicated Internet site, that would inform the public on the international importance of the epidemic. Highlight

↓
There are already a plethora of websites.

the success of high-level political commitment in countries such as Uganda, Senegal, and Ghana. (PA/PD)

- Continually reinforce the high priority given to HIV/AIDS by top State Department and USAID officials, through directives to the field, public statements, budgeting decisions, and high level visits. Raising the attention devoted to HIV/AIDS in Washington would likewise promote and reinforce the work of the field missions. (Department wide)
- While confronting AIDS in Africa is a top priority, efforts must also be broadened to include other countries and regions with high incidence or with high vulnerability to rapid propagation of HIV, such as India. Ensure that HIV/AIDS issues are fully reflected in Bureau Performance Plans. (G/OES/AF/EAP/SA/EUR)
- Ensure that HIV/AIDS assumes a prominent place in all of our public discussions about Africa (and other affected regions). In addition, the issue should be factored into all key policy statements or strategy reports issued by the Department. (AF/G/OES)
- Intensify efforts to educate bureau and department personnel about basic facts of HIV/AIDS and about the links between the pandemic and our other policy objectives. For example, arrangements could be made for select ONAP, USAID, and HHS personnel to provide a comprehensive briefing to all AF (and other relevant regional bureau) staff on the current HIV/AIDS situation in Africa. Working with their counterparts at USAID, each desk officer could maintain an HIV/AIDS situation paper for their respective country to draw upon when drafting briefing papers or participating in public discussions. (AF/G/OES/Regional Bureaus)
- Identify and analyze common traits from those countries that have been successful in addressing HIV/AIDS. Develop a medium through which to communicate best practices and examples. (G/OES/USAID/PAPD)

Use existing
profiles
ensure
updates are
shared

(SYNERGY)

already
being
implemented

At Posts:

- To be more effective in promoting HIV/AIDS awareness and education with host governments, each Ambassador should direct the Embassy to develop a comprehensive HIV/AIDS action plan geared to local circumstances and fully reflective of the level of current and future threat. HIV/AIDS should be specifically discussed in the post MPP, in work requirements statements, and reflected in decisions to allocate Self Help and other resources at post. The post action plan should encourage and seek to reward exceptional individual and group efforts to respond to the AIDS emergency. (AF/POST)
- + • Dispatch HIV/AIDS expert teams to relevant countries to discuss with Embassies, host nation officials, and NGO's dynamics of infection and prevention strategies. *Who? cost? value?*
- Each Ambassador should read and be familiar with the "What Ambassadors Can Do" memorandum which resulted from the SADC region HIV/AIDS meeting in October 1999 (Attachment B). The practical suggestions included in this memorandum may be incorporated into mission-specific HIV/AIDS action plans. Such suggestions might also be incorporated into a brochure for post use. (AF/POST/R)
- Require each U.S. ambassador posted in Africa to be briefed extensively on the status and implications of the epidemic in their assigned country. Such briefings could be held individually or collectively, such as at sub-regional HIV/AIDS gatherings. AF/PD, ONAP, OES and USAID each have distinct roles and information for education and for in-country distribution. (AF/G/OES/USAID/ONAP)
- Ambassadors should coordinate effectively with their peers in their respective regions to generate cooperative ideas and to share best practices of host government actions. This includes viewing the HIV/AIDS crisis from a regional standpoint. (AF/PSOT)
- Devote substantial time at the annual Chiefs of Mission conference to HIV/AIDS. In addition, virtually every regional gathering of bureau personnel (Administrative Conference, Economic/Commercial Conference, Consular Conference etc.) should include an HIV/AIDS component in the presentations. (AF/SA/EAP/EUR/POST)

- Require DCMs and EST officers to attend an AIDS briefing during their consultative stays in Washington. (G/OES)
- Organize sub-regional meetings for Ambassadors, USAID Mission Directors, and Public Diplomacy personnel to discuss HIV/AIDS within their respective countries and regions of Africa. These meetings could use as a model the very productive SADC regional HIV/AIDS conference. Senior DOS management should be represented at each of the sub-regional meetings. Other participants might include experts from ONAP, USAID, CDC, DOD, and the intelligence community. Consideration might be given to inviting key Congressional staff to the sessions. (AF/G/Regional Bureaus/POST/USAID)
- Provide posts with sufficient epidemiological information, both globally and in each particular country and region. This could be done through a dedicated DOS AIDS Information Officer, through USAID missions, or through an information clearinghouse that is internet accessible. In posts without a USAID mission, other means of obtaining and disseminating information may be used. Also actively solicit advice from posts on how best to approach national leaders or key public figures in country. (G/OES/USAID) *already done ✓*
- Develop a succinct set of materials for use in host country that clearly defines why AIDS is a high-priority security and foreign policy issue. (AID/FAPD/G/OES/P) *already done*
- Regularly provide posts with information on specific USG programs that address HIV/AIDS, including the Vice President's UNSC pronouncement, the Global Alliance for Vaccinations and Immunizations initiative, and the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative. (G/OES)
- Use all available diplomatic venues to advance HIV/AIDS as a topic of discussion and action and to promote the linkages to foreign policy and international security. (i.e. U.S.-SADC Forum, International AIDS Conference in Durban etc., see Attachment A). (G/OES)
- Post/DCM should advise DOS in Washington of what information and resources they need to adequately address AIDS in their host country. (POST)

- Post/DCM should encourage the development of country plans by host country. (POST)
- 2. Persuade foreign leaderships that the global spread of HIV/AIDS has profound implications for national and international security in terms of its impact on economic growth, political stability and civil society, and that national commitment to address HIV/AIDS will help elicit international assistance.

ACTIONS:

- Post AMB should strongly urge top African leaders - heads of state and ministers in charge of economics, finance, trade and foreign affairs - to make AIDS a high priority on their national agenda, emphasizing the wide impact that an unchecked epidemic would have upon their societies. (AF/POST)
- Use R and former USIA programs to raise host nation public/governmental awareness about HIV/AIDS through trips to the US as well as US experts' trips to affected countries.
- Special attention should be placed on devising responses to HIV/AIDS in situations of instability and conflict, notably in southern Sudan, Burundi, Angola and DROC, while recognizing the great difficulties inherent in working in such environments. Post-conflict governments in each of these regions will emerge from years or decades of war, only to be confronted with the inevitable, and perhaps equally devastating crisis already being created behind the scenes by the AIDS epidemic. Even modest efforts to sensitize national decisionmakers may pay dividends later in post conflict reconstruction. In Rwanda, for example, the post-conflict and post-genocide government must now confront an AIDS epidemic which will kill many more people than either of those earlier conflagrations. (AF/PRM/Regional Bureaus/DOD/USAID)
- Each country team should work to identify the most effective agents of change in their respective country, including, where appropriate, military and national security institutions which may have the discipline or

organizational capability to disseminate HIV/AIDS related materials and expertise. These agents of change should be targeted for special attention in the mission action plan. (AF/POST)

- Provide analyses that clearly defines AIDS as a high-priority foreign policy issue and highlights the non-health implications of the disease - i.e. impact on economic growth, political stability and civil society. (G/OES)
- Issue a demarche (to follow up on the demarche delivered in March 1999) that directs posts to encourage host governments to address AIDS at the highest levels. (G/OES/Regional Bureaus)
- In cooperation with AF regional bureaus and ONAP, State should advocate for the provision of humanitarian HIV/AIDS related assistance to African military organizations. Military institutions are important vehicles for information dissemination and social change in many African countries. In addition, the loss due to AIDS of critical skills within African militaries constitutes a vital threat to stability and security in affected countries. Any such assistance could be provided bilaterally, or through regional or sub-regional initiatives. Assistance might be channeled directly to military entities through DOD or other USG programs, or indirectly through NGOs. Assistance to combat HIV/AIDS, as with humanitarian demining programs, is directed at broad social, political, and security concerns and should not be restricted. (PRM/AF/Regional Bureaus/DOD/USAID)
- Through public diplomacy, implement HIV/AIDS public awareness campaigns internationally. Provide incentives (i.e. awards) for journalistic pieces that address the security and foreign policy implications of HIV/AIDS. (PA/PD)
- Ensure that the UNAIDS Partnership Against AIDS in Africa encourages action by African governments. (G/OES/USAID/POST)
- 3. Develop innovative, sustainable policies in partnership with other US agencies and international bodies.

*Shouldn't
diminish
overall
funding*

- Increase State's involvement with the business community on HIV/AIDS issues, working with ONAP, USTR and other concerned USG entities to develop a cooperative approach on health-related intellectual property (IPR) matters that is consistent with our goal of helping poor countries gain access to affordable medicines. There is a perception among some African governments that the Western pharmaceutical industry is failing to offer assistance or flexibility in its sales of anti-retroviral medications. (AID/G/OES/EB/NGOs)
- The Secretary should consider mandating the provision of HIV/AIDS counseling and education to all U.S. and foreign national employees of posts abroad.
- Pursue creative financing mechanisms, such as debt swaps for HIV/AIDS, working with MDBs, Treasury, OMB. USAID (EB/IO/G/P/OES)
- Although initial efforts center in Africa, where almost 70% of the 33.6 million persons currently living with HIV/AIDS live, State should also accelerate efforts in India, South-East Asia, and the Newly Independent States of the former Soviet Union. (SA/EUR/G/OES)
- Fully participate in Interagency Working Groups convened by the White House and exercise leadership as appropriate on international elements of a coordinated USG plan.
- The Secretary may establish a Department Award for HIV/AIDS Reporting and Advocacy for an individual officer, and a second similar award for a post overseas.
- Devise a transition strategy to ensure the HIV/AIDS challenge will maintain a position of prominence during changeover to a new administration. (AF/G/Department wide)
- 4. Enhance international scientific and health collaboration among the U.S., other nations, and international bodies.

ACTIONS:

- Share lessons learned and encourage action by national governments at appropriate regional and international

venues (i.e. SADC, Durban, UN Security Council (summer 2000) see VENUES section). (G/OES/POST)

- Use FY '00 OES project funding, through a USG technical agency, to support an innovative project in HIV/AIDS.
- Assist technical agencies in expediting USG personnel placement in host countries.

ATTACHMENT A

VENUES

- U.N. Security Council follow-up session on HIV/AIDS (Summer 2000). (AF should engage interested donor governments and the IFIs in discussions on HIV/AIDS in Africa in an effort to secure additional donor financial support and to share knowledge and expertise. AF, in conjunction with ONAP, USUN, USAID, and the World Bank might co-host a follow-on donor meeting on HIV/AIDS, building on the January, 2000 AIDS initiative at the UNSC.)
- G-8 meeting in Okinawa. It was proposed at the Loy meeting, and adopted by consensus, that the State Department recommend to the USG sherpa through Al Larson that AIDS be broken out of the "health issues" agenda item it is presently included in and made a stand-alone agenda item. Given the seriousness of the issue, the rapidly increasing level of resources being devoted to the fight against it, and the critical need for more resources and top-level attention needed in that fight, making it the topic of a separate discussion seemed very much to fit in with the VP's initiative. AIDS has received such summit attention before, so there is precedent for this as well. Within this, Jim Babbitt highlighted the need to address HIV debt swap for non-HIPC countries.
- U.S.-Japan Common Agenda (February 29). One of the afternoon discussion sessions is being reserved for the U.S. to discuss potential bilateral cooperation in HIV/AIDS.
- President's trip to India (March). With the potential for an acceleration of HIV infections among a huge population base and a fragile public health infrastructure, the President may identify the pandemic as an area for bilateral cooperation and assistance.
- U.S.-SADC Forum (April/May 2000). AIDS is one of three issues to be highlighted (along with regional trade integration and collective security) at the 2nd U.S.-SADC Forum. There will be a planning meeting in Gaborone, Botswana on February 2, 2000.

- **Chiefs of Mission Conference in Africa (April/May 2000):** This would be an opportunity to bring in senior USG technical experts to present information sessions for Ambassadors, DCM, and perhaps African leaders.
- **Durban International AIDS Conference (July 2000).** Sandy Thurman may attend. Jim Babbitt suggested a side meeting of SADC heads of state (possibly led by Mbeki). This would serve to encourage head of state attendance at the conference.
- **President's Advisory Council on HIV/AIDS (PACHA) meeting (March 19-21).** Under Secretary Loy will be invited to brief the council on the Department of State's HIV/AIDS strategy. Other tentative invitees for this session include Sandra Thurman, Director of the Office of National AIDS Policy, and Paul Delay, Chief of the HIV/AIDS Bureau, USAID. (PACHA will be receiving 14 new members this year. The new chair of the Council will be former Congressman Ron Dellums.)
- **Labor Meeting (February 3-4):** The Secretary of Labor will facilitate a meeting of U.S. and African labor leaders, and will be co-chaired by the AFL-CIO (part of the LIFE Initiative).
- **Business Leaders Meeting (tentatively scheduled for a date after the March primaries):** The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts to rise to the AIDS challenge (part of the LIFE Initiative).
- **Religious Leaders Summit (no date yet):** The USG will facilitate a meeting of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS (part of the LIFE Initiative).

ATTACHMENT B

**USG RESPONSE TO THE EPIDEMIC
WHAT CAN AMBASSADORS DO?**

Ambassadors can make HIV/AIDS a country team priority, involving all members in strategy and development, by:

- Personally leading and coordinating country team efforts regarding HIV/AIDS;
- Talking about the epidemic in the management team;
- Being the post's senior advocate for obtaining resources from Washington;
- Using the Mission Program Plan (MPP) to flag the importance of HIV/AIDS as a global and regional issue and ensure USG support for HIV/AIDS programs;
- Incorporating HIV/AIDS into public affairs programs by:
1) bringing in high-level HIV/AIDS speakers; 2) establishing a media award program for HIV/AIDS reporting to encourage responsible and sustained local media coverage; 3) incorporating university-based HIV/AIDS awareness campaigns into the programs of Fulbright professors and visiting researchers;
- Discussing the epidemic with the Defense Attache Office to seek ways for the military assistance programs to address HIV/AIDS within the host country security establishment by: 1) working with defense counterparts to incorporate HIV/AIDS messages into demining training and contracts; and 2) encouraging HIV/AIDS education at military installations;
- Instructing the political section to consider using democracy and human rights funds to support human rights groups that perform HIV/AIDS advocacy;
- Instructing the economic section to: 1) emphasize community-based HIV/AIDS activities in the Ambassador's self help program; and 2) include HIV/AIDS issues in discussions with U.S. companies.

- Instructing the RSO to assist local police and security guard companies to develop HIV/AIDS awareness programs; and
- Including HIV/AIDS on the agendas of visiting CODELS and STAFFDELS.

Ambassadors can use their public position to promote HIV/AIDS activism by:

- Being "out in front" and not delegating to staff the opportunity to promote HIV/AIDS activism;
- Seizing their position as the "President's Representative" to ensure that they personally represent presidential initiatives, coordinate access to USG resources and stress that they are also representatives of the American people.
- Raising the profile of the issue by mentioning HIV/AIDS in all meetings with the host country president, cabinet members, and other senior government officials;
- Being proactive in capturing media coverage focusing attention on HIV/AIDS in every public speech, even if it seems unrelated;
- Motivating and mobilizing other Ambassadors and the international community, for example, by hosting forum to discuss HIV/AIDS challenges;
- Using the media to advertise Ambassador's support for persons living with AIDS in HIV/AIDS awareness by attending events and functions hosted by other organizations, and by personally visiting and holding hands of those living with AIDS;
- Urging host governments to provide tax incentives to companies and individuals who support local NGO initiatives; and
- Stressing to local government officials the importance of free public service announcements, rather than using scarce donor funds to purchase media spots.

Ambassadors can engage U.S. and local private sector companies on HIV/AIDS issues by:

- Providing leadership in the American business community through AMCHAM or the local American business associations;
- Demonstrating to companies that HIV/AIDS has a direct impact on bottom line profits, in part by using analyses that show the cost of prevention programs versus the cost of coping with HIV/AIDS in the workplace.
- Helping to establish links between companies interested in developing HIV/AIDS workplace programs and HIV/AIDS NGOs that can assist;
- Creating a private sector forum to share HIV/AIDS prevention best practices;
- Publicly recognizing businesses that have best practices, and encouraging companies to adopt such practices when mergers and acquisitions occur;
- Encouraging local rotary clubs to promote HIV/AIDS awareness and workplace policies;
- Helping the foreign commercial service and Department of Commerce prepare and deliver appropriately balanced messages to potential investors about the impact of HIV/AIDS, including accurate risk assessments; and
- Encouraging private sector social responsibility in three ways: 1) Adopting progressive internal workplace policies; 2) Extramural funding of local HIV/AIDS prevention and care activities; 3) Promoting a public image of a business that cares about its employees and the public.

FAX COVER SHEET



DEPUTY ASSISTANT SECRETARY FOR AFRICA

EDWARD J. CASSELLE

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DATE: 3/29/00 NUMBER OF PAGES _____ (INCLUDING COVER PAGE)

TO: S. THURMAN

FROM: E. CASSELLE

PHONE: _____ FAX 4562439

SANDY

MESSAGE: Attached Please Find Agenda For
TOMORROW'S ADVISORY Committee
Meeting. Note time for your
PARTICIPATION. Tell me if we
Need to Change This Around.
Looking Forward to Seeing you.
Suggest 15th St Entrance.

Ed

**MEETING OF THE
ADVISORY COMMITTEE ON AFRICA
U.S. DEPARTMENT OF COMMERCE**

Room 4830
U.S. Department of Commerce
Thursday, March 30, 2000
9 a.m. - Noon

AGENDA

- 9:00 a.m. ***Company Introductions and Advisory Committee Guidelines***
DAS Ed Casselle and Alice McKenna, Office of the General Counsel
- 9:15 a.m. ***Review of Recent Trends in U.S.-African Trade***
DAS Ed Casselle and Jerry Feldman, Office of Africa
- Reasons for 1999 decline
 - Outlook for 2000
- 9:30 a.m. ***Proposal for WTO Workshop for African Ministers***
Deputy Secretary Robert Mallett and Jerry Feldman, Office of Africa
- Objectives
 - Possible role for the private sector
- 9:45 a.m. ***AIDS in Sub-Saharan Africa***
Deputy Secretary Robert Mallett, and Sandra Thurman, National AIDS Policy Director
- Impact on business
 - What U.S. firms are doing
- 10:15 a.m. ***Innovation Africa Initiative***
*Deputy Secretary Robert Mallett and Marjory Searing, Acting Director General,
U.S. and Foreign Commercial Service*
- 10:30 a.m. **Coffee Break**
- 10:45 a.m. ***Cote d'Ivoire Coup d'Etat***
DAS Ed Casselle
- Status update
 - Commercial implications

11:15 a.m. ***Commercial Law Development Programs***
Linda Wells, Commercial Law Development Division, Office of the General Counsel

- SADC
- West Africa
- Nigeria
- Angola

11:30 a.m. ***African Growth and Opportunity Act***
Eric Biel, Deputy Under Secretary for Trade Policy Development

- Current status
- Prospects for passage

11:45 a.m. ***Other Issues***

Noon
(Approx.) ***Meeting Adjourns***

U.S. DEPARTMENT OF COMMERCE CHARTER OF THE ADVISORY COMMITTEE ON AFRICA

ESTABLISHMENT

The Secretary of Commerce, having determined that it is in the public interest in connection with the performance of duties imposed on the Department by law, and with the concurrence of the General Services Administration, hereby establishes the Commerce Advisory Committee on Africa (the "Committee") pursuant to the Federal Advisory Committee Act, 5 U.S.C. App.2

OBJECTIVES AND DUTIES

1. In furtherance of the President's Africa Initiative, the Committee will advise the Secretary of Commerce on matters of concern regarding doing business in Africa, and effectively contributing to the creation of a more enabling business environment in Sub-Saharan Africa.
2. The Committee will draw upon the expertise of its members in order to provide advice and make recommendations to the Secretary.
3. The Committee will function solely as an advisory body, and will fully comply with the provisions of the Federal Advisory Committee Act.

MEMBERS AND CHAIRPERSON

1. The Committee shall consist of not more than 21 representatives of qualified companies to be appointed by the Secretary. All of the companies represented will be required to be actively engaged in business with Africa, whether it be exporting, investing, franchising, other services, or importing. Membership shall reflect diversity in company size, geographic location, and of ethnic and gender representation.
2. Members shall serve as representatives of their companies and not as Special Government Employees.
3. The Chairperson will be the Secretary of Commerce. In his absence, the Deputy Secretary or the Deputy Assistant Secretary for Africa will serve as the interim chair.
4. Members will be appointed for two year terms and will serve at the discretion of the Secretary, except that, to create a staggered membership, the committee's initial membership will be such that a third of the initial membership will serve for two years, a second third for 3 years, and a final third for 4 years. Thus, one third of the membership will be renewed every year.
5. Vacancy appointments shall be for the remainder of the unexpired term of the vacancy.

ADMINISTRATIVE PROVISIONS

1. The Committee will report to the Secretary.
2. The Committee will meet every three months, except that additional meetings may be called as deemed desirable by the Secretary or Deputy Secretary.
3. The Deputy Assistant Secretary for Africa will provide staff support for the Committee.
4. Members of the committee will not be compensated for their services. Travel and per diem will not be provided.
5. The annual cost of operating the Committee is estimated at \$15,000 which includes .25 person/year for staff support.
6. The Committee may establish such subcommittees as may be necessary, subject to the provisions of the Department of Commerce Committee Management Handbook.

DURATION

The Committee shall terminate two years after the date of this charter unless earlier terminated or renewed by proper authority by appropriate action.

Advisory Committee on Africa

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Cancelled

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

facsimile transmittal**To:** Distribution**At Fax Number:** see attached**From:** Nancy Carter-Foster *EKB for NCF***Date:** February 1, 2000**Phone:** (202) 647-4542**Fax:** (202) 736-7336**Re:** SADC meeting**Pages:** (including cover) *4*☐ Urgent☐ For Review☐ Please Comment☐ Please Reply☐ Please Recycle**Notes:**

Please see the attached invite to the February 8, 2000 SADC meeting (at 3:30 p.m. in Main State Room 7835) and notes from the November 8 SADC planning meeting.

Thanks!



**United States Department of State****Bureau of Oceans and International
Environmental and Scientific Affairs****Washington, D.C. 20520**

February 1, 2000

UNCLASSIFIED

TO: AF/EPS - Tom Niblock (6-4583)
AF/S - Charles Gurney (7-5007)
AF/S - Pam Tremont (7-5007)
AF/S - Mike Koplovsky (7-5007)
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CDC - Richard Keenlyside (404-639-8600)
Treasury - Max Hutchins (622-0218)
Treasury - Helen Walsh (622-1228)
Treasury - Barbara Holloway (622-0218)

FROM: OES/EID - Nancy Carter-Foster *GCB for NCF*

RE: SADC Interagency Meeting

I have scheduled a meeting to further prepare for the second U.S.-Southern African Development Community (SADC) Forum, planned for April/May of 2000. The meeting is set for Tuesday, February 8, at 3:30 p.m., in Room 7835. HIV/AIDS is one of the three major focus areas of the second U.S.-SADC Forum, along with regional security and sound economic architecture. Attached is a summary of the points covered at the November 8, 1999 meeting.

Please call Erika Barth at (202) 647-4542 with pre-clearance information (social security number and date of birth) by COB on Monday February 7. If you have any questions you can reach me at (202) 647-2435. Thank you!

**INTERAGENCY PLANNING MEETING ON HIV/AIDS
FOR U.S.-SADC FORUM II**

**MEETING SUMMARY
NOVEMBER 9, 1999**

Participants

DOS – Nancy Carter-Foster	ONAP – Sandy Thurman
DOS – David Wagner	DOL – Mac DeShazer
DOS/AF/EPS – Marlene Urbina de Breen	DOL – Sue Hahn
DOS/AF/S – Charles Gurney	DOL – Maya Pachnowski
USAID/AFR – Ishrat Husain	Treasury – Maxwell Hutchins
USAID/AFR – Pat Jordan	DOD – Lynn Pahlant (by phone)
	CDC – Richard Keenlyside (by phone)

Summary

HIV/AIDS will be one of the three major focus areas for the SADC (Southern African Development Community) Forum in April/May 2000. At meeting, agencies identified USG programs for engagement with SADC and considered ways to consolidate programs/ideas.

DOS:

- Of special concern is the integration of HIV/AIDS into the other issues, i.e., collective security, economic architecture, labor, military, etc., and ensuring broad attendance of non-health sector participants.

USAID:

- Would make a presentation at SADC Forum on surveillance
- Assisting in the development of SADC HIV/AIDS Policy Project
- Stressed the need for a multi-sector approach

DOL:

- Focus is tripartite education program that involves labor, business, and government
- Scheduled to bring African country trade unions – including many SADC countries – to Washington on February 3 – 4, 1999. Meeting will be co-chaired by the AFL-CIO, to build on successes in working with the Council of South African Trade Unions to address AIDS
- Presentation at SADC would discuss mining, agriculture, and workplace interventions

CDC:

- Presently working with HHS in SADC countries in surveillance and volunteer counseling and testing (VCT)
- Would make a presentation at SADC on surveillance
- Expects more programs in early 2000 (due to LIFE Initiative)
- Also stressed need for multi-sector approach

ONAP:

- LIFE Initiative directs ONAP to write report on economic impact of AIDS to Senate
- Would make presentation at SADC (topic?)
- Expressed possibility of joint forum with SADC on business sector
- ONAP will facilitate a meeting of business leaders to encourage commitment and involvement in AIDS programs, such as workplace education, outreach to communities and increased funding support for AIDS efforts. At meeting, U.S. CEOs would present considerations on decisions for investment. Tentatively scheduled for March 2000.

Next steps

- Draft scope of programs
- Other agenda ideas
- Ways to integrate HIV/AIDS with other issues