FOIA Number: 2007-1550-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 21070

FolderID:

Folder Title:
State Department (Continued) [3]

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	4	3

FAX COVER SHEET

United States Department of State

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

Date: 11/1

The Senior Seminar

TO: Ben Johnson — FAX 456-2577
McCley Ibarra — ~~PHONE~~: —
Sandy Thurman — FAX: 456-6220
fax 456-2439

FROM: Robin Symes — PHONE: (703) 302-7178
The Senior Seminar — FAX: (703) 302-7181

SUBJ: Framework issues for 11/8

Number of pages including cover sheet: 5

United States Department of State

Foreign Service Institute

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

MEMORANDUM

TO: ROBERT BEN JOHNSON
MICKEY IBARRA
SANDRA THURMAN

FROM: ROBIN SANDERS

SUBJECT: NOV 8, 1999, 10:30 – 12:45 – WHITE HOUSE MEETING

Given the diversity of the leadership class we have prepared some general points that members of the class are interested in hearing you address as part of your remarks. We hope this is helpful. Again, thank you in advance for meeting with us, and we look forward to the briefing and "q" and "a".

Attachments: Framework issues: One America
Intergovernmental Affairs
National AIDS Policy

Framework for discussion - One America

- Highlights and goals of "One America" Initiative
- What is your view of the state of race relations in the U.S.?
- Address issues of police brutality and its links to race relations.
- Views on Affirmative Action and changes in Affirmative Action policies.
- How is "One America" different than the Race Initiative?
- Comments/views on leadership and what it takes to be a good leader.
- Comments/views impact of race on education and educational resources.

Framework for discussion - Inter-Governmental Affairs

Does the Administration believe that the power and resource sharing on key issues among Federal, State, and local authorities is working? Should cities be doing more? States? Could you give us examples using such topics as race relations, the fight against poverty, health care?

How do cities and municipalities make their agendas known to the White House? What role does your office play in fostering communications among the Federal, State and local governments?

Revenues and appropriations are major factors in the domestic policy debate. Who decides which level of government should pay for what? How are disagreements worked out?

In terms of governance and the separation of powers among Federal and State authorities, is the Administration satisfied with the way things are working, or should there be changes?

How does your office lead/shape debate of state and local government policy formulation?

How do you decide what issues deserve Administration attention, or are better addressed by States and municipalities?

Framework for Discussion - National AIDS Policy

- Discussion prevention and education in the U.S.
- What is our National AIDS policy strategy?
- How are we doing as a nation to stem the increase of infection?
- What are we doing on the national level to help those already infected?
- How do we assists states with coping with the AIDS epidemic
- Discuss economic and social implications/affects of AIDS in the U.S.
- Touch briefly on the affects of AIDS in other regions of the world

United States Department of State

Washington, D.C. 20520

November 30, 2000

Sandra Thurman
Director, Office of AIDS Policy
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Ms. Thurman:

Thank you so much for taking the time to brief foreign journalists yesterday on World AIDS Day. I hope that the experience was as worthwhile for you as it was for your audience, both those here in Washington and those throughout the world reached by television and by video and audio streaming.

You know better than anyone the enormous importance of the fight against AIDS for the United States and the World. Your excellent briefing helped the Foreign Press Center immeasurably in its mission of communicating U.S. policy and values to foreign audiences.

I look forward to seeing you here again, and thank you once more.

With best wishes,

Sincerely,

Peter J. Kovach
Director
Foreign Press Centers

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: 11/16/00 Number of Pages: 2

To: Cheryl

Agency/Office: ONAP/PEAC

Office Phone: 202-456-2959 Fax: 202-456-2439

Cheryl:

The hits just keep on coming. Attached is contact information for Suriname's executive-level HIV-AIDS contact. Cheers!

UNCLASSIFIED

PARAMARIBO 946

Printed By: Timothy W Smith 11/16/2000 09:32:22 AM
Subject: HIV/AIDS COORDINATOR: SURINAME

Cable Text:

TED9310
ACTION OES-01

INFO	LOG-00	NP-00	AID-00	AMAD-00	ACQ-00	CIAE-00	COME-00
	INL-00	DINT-00	DODE-00	DOEE-00	WHA-00	SRPP-00	DS-00
	EB-00	E-00	UTED-00	VC-00	H-01	TEDE-00	INR-00
	IO-00	L-00	VCE-00	AC-01	NSAE-00	NSF-01	OIC-02
	OMB-01	PA-00	PM-00	PRS-00	ACE-00	P-00	SP-00
	SSO-00	SS-00	TRSE-00	T-00	USIE-00	EPAE-00	PMB-00
	DSCC-00	DRL-02	G-00	NFAT-00	SAS-00	/009W	

------------------9FB500 161100Z /38

R 160945Z NOV 00
FM AMEMBASSY PARAMARIBO
TO SECSTATE WASHDC 2543
INFO WHITE HOUSE WASHDC
NSC WASHDC

UNCLAS PARAMARIBO 000946

DEPT FOR OES/EID AND WHA/CAR
NSC FOR KEN BERNARD
WHITE HOUSE FOR ONAP

E.O. 12958: N/A
TAGS: KHIV, SENV, PREL, NS
SUBJECT: HIV/AIDS COORDINATOR: SURINAME

REF: STATE 185611

THE GOVERNMENT OF SURINAME HAS APPOINTED JENNY GEERLINGS-SIMONS TO BE THE HIV/AIDS COORDINATOR. MS. SIMONS IS A MEMBER OF THE NATIONAL ASSEMBLY AND A PROMINENT MEMBER OF THE NATIONAL DEMOCRATIC PARTY (NDP), AN OPPOSITION PARTY.

Johnson
NNNN

End Cable Text

Printed By: Timothy W Smith 11/16/2000 09:32:22 AM

(2:00-4:00?

* This is mtg. on same day as cong. briefing (1:30-3:30

FAX

10/25/99

FROM: DAS Witney Schneidman, AF 5 PAGES

SUBJECT: SADC Forum Planning Meeting

TO:

NAME	AGENCY	PHONE	FAX
Nancy Carter Foster	DOS/OES	647-2435	736-7336
Jonathan Margolis	DOS/OES	647-1511	647-0773
Kathy Shippe	DOS/OES	647-1055	647-0773
Paul Patin	DOS/AF/PD	619-6904	619-5925
Charles Snyder	DOS/AF/RA	647-6476	736-4872
Bill Craft	DOS/EB/TPP/MTA	647-1310	647-1537
Jim Callahan	DOS/INL	776-8746	776-8703
Gio Snidle	DOS/PM	647-3799	647-9779
Kathleen Doherty	DOS/D	647-8930	647-6047
Anne Pence	DOS/E	647-7513	647-9763
Erica Barks-Ruggles	DOS/P	647-4315	647-4780
Pat Jordan	USAID	712-0125	216-3233
Verne Newton	USAID	712-0500	216-3008
Maureen Dugan	USAID	712-4790	216-3233
Franklin Moore	USAID	712-1863	216-3124
Nora Dempsey	NSC	986-9267	486-9260
Adam Grissom	OSD/ISA	703-697-9753	703-695-4620
Max Alston	DOD/DUSA/IA	703-588-8080	703-588-8094
John Harris	DOJ/OIA	514-0020	514-0080
Ed Casselle	USDOC	482-4925	482-6083
Sally Miller	USDOC	482-4227	482-5198
Linda Wells	USDOC/CLDP	482-2400	482-3244
Ed Barber	TREASURY	622-0332	622-1432
Connie Wilson-Hunter	DOT/OST	366-9521	366-7417
Al Logie	DOT/FHWA	366-9628	366-9626
Frankie King	USDA	690-0511	690-4769
Patrick Coleman	USDA/FAS	690-1850	690-2079
Kathryn Washburn	Interior	208-3048	501-6381
Ann Marie Emmet	EXIM	565-3933	565-3931
John Richter	TDA	703-875-4357	703-875-4009
Sam Smoots	OPIC	336-8645	218-0183
Bethany Schwartz	USTR	395-9493	395-4505
Sydney Smith	Labor	219-7616	219-5613
Andrea Lockwood	DOE	586-6082	586-0013
Rachel King	DOE/OSE	586-0310	586-0148
Sandy Thurman	ONAP	456-2437	456-2439
Mike Iskowitz	ONAP	456-2437	456-2439

United States Department of State

Washington, D.C. 20520

October 22,1999

TO: Distribution

FROM: AF - DAS Witney Schneidman WS

SUBJECT: **U.S.-SADC Forum Meeting – Wednesday, 3 November, 2:00 p.m.**

You are invited to participate in a meeting Wednesday, 3 November 1999, at 2:00 in the African Bureau Conference Room at State (room 3519) to discuss follow-up of last April's U.S.-SADC (Southern African Development Community) Forum in Gaborone and begin planning U.S.-SADC Forum II (date and place to be determined).

Secretary Albright, during her lunch with SADC foreign ministers on the margins of the UN General Assembly in September, suggested the forthcoming U.S.-SADC Forum focus on three main areas:

- collective security,
- economic architecture/good governance/rule of law, and
- HIV/AIDS.

The SADC foreign ministers welcomed this approach to our relations with SADC. This is not to say that we will cease areas of cooperation agreed upon last April, but rather that the next Forum might be more tightly focused. I encourage everyone to put some thought into how each office/agency can contribute to U.S.-SADC relations in these core areas and to discuss their ideas for engagement with SADC in these and other areas with us at the November 3 meeting. Once we consolidate interagency input, we will begin negotiating with SADC on the timing and agenda of the next Forum.

I have also attached for your information an update on the development of the cooperative efforts initiated at U.S.-SADC Forum I, which was sent to our embassies to share with member countries.

I hope to see you all November 3.

U.S.-SADC FORUM
STATUS OF COOPERATIVE PROJECTS

Economic Working Group

U.S.-SADC Trade and Investment Framework Agreement (TIFA) – A multilateral agreement to encourage U.S. investment in southern Africa by providing a forum in which to discuss issues affecting trade and investment.
Status: The SADC Summit in Maputo authorized the Secretariat to pursue negotiation of a U.S.-SADC TIFA in close consultation with the SADC Presidency, Vice Presidency, past Presidency, and political Organ Chair. The USG has submitted a draft text to the SADC Secretariat, which is circulating it for comments from member States for a coordinated SADC response. The USG also distributed copies of the TIFA text to SADC capitals.

Investor Roadmap – A guide for potential U.S. investors to facilitate their entry into southern Africa.
Status: the SADC secretariat has provided to USAID's Regional Center for Southern Africa (RCSA) clarifications on this project. RCSA envisions this as an activity to be managed by the U.S.-funded Trade Advisor to be seconded to the Secretariat (see below)

Expansion of SADC Utilization of U.S. Generalized System of Preferences (GSP) Benefits – Guidance on how SADC members can more fully take advantage of GSP benefits to expand SADC exports.
Status: U.S. preparing guidance.

WTO Waiver for Non-reciprocal ACP Benefits – SADC countries will need a waiver of the WTO right to reciprocal treatment for the U.S. in order to fully benefit from the special considerations granted to Lome countries by the European Union once such a program is finalized.
Status: U.S. Trade Representative committed to reviewing and considering European Union request for non-reciprocal "Lome V" benefits when submitted.

Formation of a U.S.-SADC Business Council – A council would facilitate dialogue among U.S. firms in southern Africa and the SADC private sector with the objective of expanding trade and investment.
Status: Special Representative to SADC, Ambassador Krueger, hosted an organizational meeting for interested American businesses in the region on October 16 in Gaborone.

Commercial Law Development Program (CLDP) – Commercial laws and regulations are the essential underpinnings of a healthy investment climate and efficient trade. The CLDP provides assistance in many aspects of commercial law.
Status: The SADC Secretariat and Legal Sector Coordinating Unit have approved the USG proposal focussing on intellectual property rights (IPR). A two-day roundtable on the WTO Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPs) compliance is

scheduled for early December 1999 in Gaborone. This session will be followed by a March 2000 workshop and short-term technical consultations aimed at assisting SADC with IPR issues.

U.S. Trade Advisor for SADC Secretariat – A U.S. trade advisor seconded to the Secretariat would be a resource to assist SADC in implementing its Trade Protocol.
Status: Negotiations between RCSA and the SADC Secretariat should be completed by the end of October 1999, paving the way to have the advisor in place by the end of 1999.

SADC Free Trade Area Study – The study would examine the potential benefits and drawbacks of a SADC free trade area.
Status: In support of SADC's Trade Protocol implementation, the United States is providing technical assistance is evaluating the impact, including revenue impact, of the creation of a SADC free trade area.

Transportation and Communication Protocol
Status: RCSA is providing ongoing technical assistance to the SADC Secretariat to assist the Southern Africa Transport and Communications Commission (SATCC) in implementing the protocol.

Transportation Technology Transfer Centers
Status: There are existing centers in Tanzania and South Africa where land transportation technologies are shared; the U.S. Department of Transportation will cooperate in establishing another in Zimbabwe. Mozambique and Botswana are also interested.

Open Skies Initiative – An initiative to increase civil aviation link between countries by leaving service scheduling discussions to the private sector rather than to governments.
Status: Discussed at the U.S.-Africa Transportation Ministerial in Atlanta.

Safe Skies – A U.S. Department Transportation program to enhance the safety of civil aviation in Africa.
Status: Zimbabwe, Tanzania and Angola are on an Africa-wide timetable for the program. Will use these to share experiences with other SADC members.

Y2K Risk Assessment – To exchange information and encourage readiness for Y2K difficulties.
Status: Briefings held in May and October for ambassadors in Washington; further briefings scheduled for November and December. IBRD conference in June.

Information Exchange on Biotechnology
Status: U.S. Department of Agriculture will hold a seminar for SADC members in southern Africa on biotechnology.

Sanitary and Phytosanitary Training
Status: U.S. Department of Agriculture will hold training seminar for SADC members in southern Africa on U.S. requirements for imports in early 2000.

Regional International Visitor Program
Status: USG will sponsor groups from SADC countries to visit the United States for programs in which they will learn more about attracting investment to southern Africa. One program will be arranged in 1999, and four are planned for 2000.

Social and Transborder Issues Working Group

International Law Enforcement Academy – An academy would enhance SADC's law enforcement training capacity and improve law enforcement coordination and cooperation among member states.
Status: A USG team visited potential sites for the academy September 19-October 1. Since April, USG officials have consulted extensively with the SADC Secretariat, SARPCCO, and several SADC member state governments regarding the ILEA concept. Aiming to have the academy in place during 2000.

Training in Firearms Laws and Tracking Firearms – U.S. to propose a two-week course to SARPCCO on tracking firearms and improving legislation to control firearms.
Status: USG to propose a training date in late 1999 or early 2000.

Training on Strengthening Border Controls – U.S. to provide a two-week training program to assist SARPCCO to strengthen border controls and enhance cooperation among members.
Status: U.S. Customs is developing a training proposal.

Regional Mutual Legal Assistance Treaty
Status: U.S. Department of Justice has offered to host a conference to discuss advantages and modalities of creating a regional MLA. Awaiting indication of SADC member state interest.

Natural Disaster Preparedness Workshops – Expert level workshops to discuss capacity and preparedness for natural disasters in order to allow member states to work together and call on one another in the event of a crisis.
Status: USG prepared to offer expert-level workshops for disaster preparedness if SADC identifies this as a priority area for cooperation and identifies a suitable point-of-contact.

Workshops on the Environment – Workshops to exchange information on the dangers of certain environmental concerns that are sometimes overlooked.
Status: Climate Change Workshop took place September 13-17;
Organic Pollutant Workshop planned for December 1999 (jointly with UNEP);
Natural Resource Information Network Workshop planned for January 2000;
Dryland Tourism Workshop planned for April 2000.

HIV/AIDS
Status: SADC Health Sector Coordinator is coordinating with RCSA on regional HIV/AIDS policies.

United States Department of State

Bureau of Oceans and International
Environmental and Scientific Affairs
2201 C St., NW, Rm. 7821
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: 9/11/00 Number of Pages: 5

To: Sandra Thurman//Ken Bernard

Agency/Room: ONAP/NSC

Office Phone: FAX: 456-2439//456-9390

Attached is the negotiating text of the HIV/AIDS letter to be signed by the Secretary and 12 other female foreign ministers in New York **tonight**. Added are the El Salvador and South Africa proposals in the letter - which are negotiated changes, not the raw proposals - are the proposals of the Barbados foreign minister - who will not be at the session tonight but whose endorsement is being sought by the USG.

Thanks, for your immediate attention to this matter.

Tim

His Excellency Kofi Anan
Secretary General of United
Nations
New York, New York

Dear Mr. Secretary-General:

We are writing as the Foreign Ministers of thirteen nations, and as concerned women, to proclaim our joint resolve to combat the global scourge of HIV/AIDS. We are saddened to note that HIV/AIDS continues to ravage the developing world, where 95 percent of global infections and deaths have occurred. The worldwide HIV/AIDS pandemic, (South Africa) **and the continued health challenges of other associated opportunistic infections, such as malaria and tuberculosis,** threatens to rob multiple generations of the promises and hope of a new century.

Our governments recognize that the HIV/AIDS pandemic is an urgent foreign policy issue with humanitarian, security, economic, and development implications that threaten decades of hard-won progress, and which extends beyond the means and competence of any one nation or entity to counter. This is especially evident in the pandemic's current epicenter, Africa. We are cognizant, however, of the need to focus international attention on the emerging HIV/AIDS threat in Asia, Russia, the newly independent states, regions of northern Europe, and parts of the Western Hemisphere, (Barbados) **especially the Caribbean**, as well.

We welcome the success of the recent HIV/AIDS conference in Durban and the urgency attached to tackling HIV/AIDS by African leaders, donors, international financial institutions and the private sector. We encourage all Heads of State to devote high-level political leadership and direction to the struggle against HIV/AIDS, not only in Africa, but also around the world. Experience has shown that strong national leadership and open discussion of the problem are critically important to the fight against HIV/AIDS, and we call on all national leaders, not (only) just Health Ministers, to join in the public fight against IV/AIDS.

Mr. Secretary-General, our governments are committed to supporting your call to stop and reverse the spread of HIV/AIDS by 2015, and to provide special assistance to children orphaned by HIV/AIDS. We recognize that support of this goal requires the dedication of significant financial and human resources, and we will strive to identify and dedicate those resources. We especially note the critical need to support UNAIDS,(El Salvador) **including the promotion of assistance to developing countries in their efforts to treat people infected with HIV/AIDS.**

Finally, but by no means the least of our concerns, we as women note the special needs of women in HIV/AIDS prevention, care and treatment. Recognizing the increasing number and growing proportion of women with HIV, we call upon the UN membership to take into account the need for the enhanced availability of education, testing, counseling, care and treatment designed to address the specific needs of women and girls. (Barbados) **The destructive forces of the AIDS pandemic pose a fatal threat to young men and women during their productive years, and, in the case of women, in the reproductive process itself.** In addition, we call for enhanced medical interventions aimed at lessening the risk factors associated with mother-to-child transmission of HIV/AIDS, and which address the needs of mothers as well as their newborn.

We thank you, Mr. Secretary-General, for your leadership on this issue of global importance. We look forward to working with you in our common effort to overcome this global plague.

We ask that you circulate this letter as a document of the General Assembly.

(signed) Maria Soledad Alvear Valenzuela
Foreign Minister
Chile

(signed) Benita Ferrero-Waldner
Foreign Minister

Austria

(signed) Nadezhda Mihailova
Foreign Minister
Bulgaria

(signed) Maria Eugenia Brizuela de Avila
Foreign Minster
El Salvador

(signed) Lydia Polfer
Foreign Minister
Luxembourg

(signed) Dr. Andrea Willi
Foreign Minister
Principality of Liechtenstein

(signed) Lila Ratsifandrihamanana
Foreign Minister
Republic of Madagascar

(signed) Lilian Patel

Foreign Minister
Malawi

(signed) Rosaria Green Macias
Foreign Secretary
Mexico

(signed) Nkosazana Zuma
Foreign Minister
Republic of South Africa

(signed) Maria E. Levens
Foreign Minister
Suriname

(signed) Anna Lindh
Foreign Minister
Sweden

(signed) Madeleine K. Albright
Secretary of State
United States of America

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

November 4, 1999

UNCLASSIFIED
MEMORANDUM

TO: AF/EPS - MUrbina de Breen (Fax 202 736-4583)
AF/S - CGurney (Fax 202 647-5007)
USAID/AF - BJeffers (Fax 202 216-3233)
USAID/AF - ARoss (Fax 202 219-0506)
USAID/AF - IHussein (Fax 202 219-0507)
USAID/GPHN - AGetson (Fax 202 216-3046)
ONAP - SThurman (Fax 202 456-2438)
NSC - NDempsey (Fax 202 456-9260)
DOL - ADeShazer (Fax 202 693-4780)
DOL - RShepherd (Fax 202 219-5613)
CDC - HGayle (Fax 404 639-8600)

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

SUBJECT: Interagency Planning Meeting for the second SADC Forum

I have scheduled a preliminary meeting for the upcoming SADC Forum in April. The meeting is set for Tuesday, November 9, from 2:00 p.m. to 4:00 p.m. in Room 4825. HIV/AIDS will be one of the three major focus areas for the April/May meeting. A preliminary proposal has been circulated but is attached for your review and comment.

Please call David Wagner on (202) 647-4542 with pre-clearance information by noon on Tuesday. If you have any questions you may reach me at (202) 647-2435.

Attachment: As stated

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

MEETING AGENDA
NOVEMBER 9, 1999

TIME AND LOCATION

2 p.m. to 4 p.m.
State Department
2201 C Street NW
Room 4825

SUMMARY

HIV/AIDS will be one of the three major focus areas for the SADC Forum in April/May 2000. We are consolidating interagency ideas and identifying USG programs for engagement with SADC (Southern African Development Community) in HIV/AIDS. Of special concern is the integration of HIV/AIDS into the other issues, i.e., collective security, economic architecture, labor, military, etc.

DISCUSSION

1. Overview of U.S.-SADC Forum

2. Status report of HIV/AIDS policy project

3. Agency programs and contributions to SADC

4. Ways to integrate HIV/AIDS with other issues

5. Next steps

PROPOSAL FOR SADC FORUM DISCUSSION ON HIV/AIDS

In preparation for planning for the next SADC Forum, which will be held in April-May in Maputo, Mozambique, it was agreed that the next Forum will be more focussed and will highlight only three issues: 1) sound economic architecture, 2) HIV/AIDS, and 3)regional security. OES/EID will work with ONAP, USAID, DRL, and DOL to address the impacts of HIV/AIDS on the labor sector, featuring agriculture and mining; education sector (as it relates to future skilled labor), and to national and regional security, linking the HIV/AIDS discussion to the other agenda discussions. We would like to also visit the issue of providing greater access to drugs for opportunistic infections, like tuberculosis, and will work with the White House and those agencies involved in meetings with the pharmaceutical industry on this issue. We would also work on increased assistance to HIV/AIDS orphans, expected under the LIFE initiative, pending Congressional approval. We hope to expand upon work underway at posts with Business Chambers of Commerce, to highlight USAID and DOL workplace interventions in HIV/AIDS prevention and treatment programs as well.

It might also be useful to have a Congressional participant who could address the three issues on the SADC agenda in a holistic way. We propose Cong. Charlie Rangel as a possibility, or Cong. Jessie Jackson, Jr. or Sr., although OES Sr. officials feel Cong. Rangel would most bring together the economic development (trade), security and HIV/AIDS message we would support.

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

MEETING AGENDA
NOVEMBER 9, 1999

TIME AND LOCATION

2 p.m. to 4 p.m.
State Department
2201 C Street NW
Room 4825

SUMMARY

HIV/AIDS will be one of the three major focus areas for the SADC Forum in April/May 2000. We are consolidating interagency ideas and identifying USG programs for engagement with SADC (Southern African Development Community) in HIV/AIDS. Of special concern is the integration of HIV/AIDS into the other issues, i.e., collective security, economic architecture, labor, military, etc.

DISCUSSION

1. Overview of U.S.-SADC Forum

2. Status report of HIV/AIDS policy project

3. Agency programs and contributions to SADC

4. Ways to integrate HIV/AIDS with other issues

5. Next steps

PROPOSAL FOR SADC FORUM DISCUSSION ON HIV/AIDS

In preparation for planning for the next SADC Forum, which will be held in April-May in Maputo, Mozambique, it was agreed that the next Forum will be more focussed and will highlight only three issues: 1) sound economic architecture, 2) HIV/AIDS, and 3) regional security. OES/EID will work with ONAP, USAID, DRL, and DOL to address the impacts of HIV/AIDS on the labor sector, featuring agriculture and mining; education sector (as it relates to future skilled labor), and to national and regional security, linking the HIV/AIDS discussion to the other agenda discussions. We would like to also visit the issue of providing greater access to drugs for opportunistic infections, like tuberculosis, and will work with the White House and those agencies involved in meetings with the pharmaceutical industry on this issue. We would also work on increased assistance to HIV/AIDS orphans, expected under the LIFE initiative, pending Congressional approval. We hope to expand upon work underway at posts with Business Chambers of Commerce, to highlight USAID and DOL workplace interventions in HIV/AIDS prevention and treatment programs as well.

It might also be useful to have a Congressional participant who could address the three issues on the SADC agenda in a holistic way. We propose Cong. Charlie Rangel as a possibility, or Cong. Jessie Jackson, Jr. or Sr., although OES Sr. officials feel Cong. Rangel would most bring together the economic development (trade), security and HIV/AIDS message we would support.

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: 11/22/00 Number of Pages: 2

To: Cheryl

Agency/Office: ONAP/PEAC

Office Phone: 202-456-2959 Fax: 202-456-2439

Subject: Luxembourg's AIDS contact

Cheryl:

Another country heard from.

FYI -- I have submitted a request to travel to Addis Ababa for the December 2-8 conference. I'll let you know what happens.

UNCLASSIFIED

+ IEAC

LUXEMBOURG 493

Printed By: Timothy W Smith 11/22/2000 08:41:21 AM
Subject: LUXEMBOURG'S HIV/AIDS COORDINATOR

Cable Text:

TED3357
ACTION OES-01

INFO	LOG-00	NP-00	AID-00	AMAD-00	ACQ-00	CIAE-00	SMEC-00
	COME-00	INL-00	DINT-00	DODE-00	DOEE-00	SRPP-00	DS-00
	EB-00	EUR-00	E-00	UTED-00	VC-00	H-01	TEDE-00
	INR-00	IO-00	L-00	VCE-00	AC-01	NSAE-00	NSCE-00
	NSF-01	OIC-02	OMB-01	PA-00	PM-00	PRS-00	ACE-00
	P-00	SCT-00	SP-00	SSO-00	SS-00	TRSE-00	T-00
	USIE-00	EPAE-00	PMB-00	DSCC-00	DRL-02	G-00	SAS-00
	/009W						

----------A29510 221220Z /38

R 221209Z NOV 00
FM AMEMBASSY LUXEMBOURG
TO SECSTATE WASHDC 1145
ALL EUROPEAN UNION POST COLLECTIVE

UNCLAS LUXEMBOURG 000493

FOR OES/EID

E.O. 12958: N/A
TAGS: KHIV, SENV, PREL, LU
SUBJECT: LUXEMBOURG'S HIV/AIDS COORDINATOR

REF: STATE 185611

Per ref, post advises that the GOL has not officially nominated an HIV/AIDS coordinator that reports directly to the head of government, but Dr. Robert Hemmer has served as chairman of the National AIDS Committee (Commission Nationale de Surveilliance du SIDA) since its inception in 1983. The committee's 11 members are nominated by and report directly to the Minister of Health. Hemmer, who met Sandra Thurman at the last U.N. conference on AIDS, is chief of the National Service for Infectious Diseases at the Central Hospital in Luxembourg City and can be reached by telephone at 352 44 11 3091 or by email at hemmer.robert@chl.lu.

HORMEL
NNNN

End Cable Text

Printed By: Timothy W Smith 11/22/2000 08:41:21 AM

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: 11/15/00 Number of Pages: 2

To: Cheryl

Agency/Office: ONAP/PEAC

Office Phone: 202-456-2959 Fax: 202-456-2439

Cheryl:

As discussed. Please keep me in the loop as/if planning goes forward for a December trip to southern Africa. Thanks.

Smith, Timothy W (OES)

From: Merida, Mario E
Sent: Wednesday, November 15, 2000 8:24 AM
To: Smith, Timothy W (OES)(EID)
Subject: Sandra Thurman in Southern Africa

Hello, Tim.

In this morning's (Embassy Gaborone) country team meeting, it was reported that ONAP/PEAC Sandra Thurman is planning on visiting South Africa and Zimbabwe on Dec. 13-14. Ambassador Lange asked that we explore arranging for her to visit Botswana as well.

Note: The Ambassador has often said that Botswana, which has among the highest rate of HIV infection in the world (including some 35.8% of working age/sexually active age people thought by UNAIDS to be HIV positive), is "ground ZERO on HIV/AIDS. The President and his Ministers have racheted-up their activism on AIDS recently (including Pres. Mogae's visit Nov. 12-14 to the U.S. for the "Africa Now" AIDS summit in Cambridge, MA, etc. -- so I am sure we could put together an interesting and informative schedule.

Can you explore this with appropriate contacts at NSC, ONAP or elsewhere and let us know what are the possibilities?

Thanks,

Mario Merida
Regional Environment and Health Officer
for Southern Africa
US Embassy Gaborone

PAGE 01 OF 02
PRT: thurman
SIT: Bernard Bolan NSC Camp

<PREC> ROUTINE <CLAS> UNCLASSIFIED <DTG> 230744Z OCT 00

FM AMEMBASSY NEW DELHI

TO RUEHC/SECSTATE WASHDC 7687
INFO RUEHPH/CDC ATLANTA GA
RUSBAY/AMCONSUL MUMBAI 0345
RUEHCI/AMCONSUL CALCUTTA 9408
RUEHCGAMCONSUL CHENNAI 5171
UNCLAS NEW DELHI 007556

DEPT. PASS TO DHHS (HOHMAN), PHS/OIRH (NOVOTNY/CHUNG), NIH/FIC (KEUSCH/BHAT), CDC (BLOUNT), USAID/G/PHN (DELAY), USAID/AWE (SPRATT), USAID/G/AA (TURNER/SPRATT)

NSC FOR KEN BERNARD, WHITE HOUSE FOR ONAP

E.O. 12958: N/A
TAGS: KHIV, SENV, PREL
SUBJECT: PRESIDENTIAL ENVOY FOR AIDS COOPERATION - INDIAN CONTACT

1. POST WELCOMES THE NEWS THAT SANDRA THURMAN HAS BEEN NAMED PRESIDENTIAL ENVOY FOR AIDS COORDINATION (PEAC). AIDS IS A CRITICAL ISSUE IN INDIA. THE MISSION, THROUGH THE SCIENCE OFFICE AND USAID, IS WORKING WITH INDIAN COLLEAGUES TO ADDRESS THE ISSUE. MORE COULD BE DONE, AND WE BELIEVE THAT MS. THURMAN'S VISIT CAN HELP US TO CONSIDER NEW OPPORTUNITIES. WE UNDERSTAND MS. THURMAN IS CONSIDERING A VISIT TO INDIA, AND WE LOOK FORWARD TO MAKING IN-COUNTRY ARRANGEMENTS FOR SUCH A VISIT. THE DIRECTOR OF INDIA'S NATIONAL AIDS CONTROL ORGANIZATION (NACO) IS MR. PRASADA RAO. MS. THURMAN AND MR. RAO KNOW EACH OTHER WELL. HE IS WELL-REGARDED IN THE INTERNATIONAL HIV/AIDS COMMUNITY. AS MS. THURMAN KNOWS, SPECIAL SENSITIVITIES SURROUND THE ISSUE OF HIV/AIDS IN INDIA, AND THE POST WOULD BE HAPPY TO BRIEF MS. THURMAN OR HER STAFF BY PHONE OR E-MAIL. POINTS OF CONTACT WOULD BE SCIENCE ATTACHQ DR. CHARLES GARDNER (GARDNERCA#STATE.GOV; 91-011-419-8000, EXTENSION 8213); DR. VICTOR BARBIERO, DIRECTOR, POPULATION, HEALTH AND NUTRITION, USAID (VBARBIERO#USAID.GOV; 91-011-419-8000, EXTENSION 8406); AND DR. WALTER NORTH, DIRECTOR, USAID (WNORTH#USAID.GOV; 91-011-419-8000, EXTENSION 8400).
END

CELESTE

<PRIOR_DIST>

<SSN> 7556
<MSGID> M4692540

TO: Laura 6-9280

We would like to invite you to an inter-agency meeting on U.S.-EU cooperation in fighting HIV/AIDS and other infectious diseases. The meeting will take place at 2:00 p.m. on Friday, October 20 in the EUR/ERA conference room, Rm. 6519 at the State Department.

We will discuss progress on the Queluz U.S.-EU Summit statement of May 31 in which the U.S. and EU agreed to work together to combat HIV/AIDS, malaria and tuberculosis, concentrating on: (1) building international partnerships; (2) increasing public awareness; (3) intensifying research and improving accessibility of drugs and vaccines; and (4) seeking sources of increased resources.

We will also discuss the reports from our posts in Africa on U.S.-EU cooperation happening on the ground, how we should react to the French proposal for a joint drug pricing study, and the EU's policy framework as announced at the Round Table in Brussels on September 28.

Our meeting is in preparation for a DVC with representatives of the European Commission and the French Presidency of the EU. We would like to schedule that DVC for the week of October 23-28 or the first part of the following week, and will discuss who from the USG should participate. On November 3, EUR PDAS Charlie Ries will use that input in his discussion with his EC and French Presidency counterparts on deliverables for the U.S.-EU Summit on December 18.

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ► 1

To Sandra Thurman	From Todd Huizinga
Dept./Agency WH Office of Nat'l AIDS Pol'y	Phone # (202) 647-3843
Fax # 456-2439	Fax # (202) 647-9959

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

Per my phone call of today (10/17) with Cheryl Bowerle.
-Todd Huizinga
EUR/ERA
State Department

UNITED STATES DEPARTMENT OF STATE
Bureau of International Organization Affairs
Office of Technical and Specialized Agencies (IO/T)
Washington, DC 20520-6319

Fax

To: Sandra Thurman
Director, ONAP

From: **ANN S. BLACKWOOD**
Multilateral Health Programs
Phone: (202) 647-4196
Fax: (202) 647-8902
blackwoodas@state.gov

Fax: 456-2439 **Total pages:** 9 **Date:** 8/30/00

Subject: Riot meeting Memo

☐ **Urgent** ☐ **For Information** ☐ **Please Comment/Clear** ☐ **Please Reply**

Remarks:

Attached for your information.

regards,
Ann Blackwood
647-1546

United States Department of State

Washington, D.C. 20520

BRIEFING MEMORANDUM
S/S

UNCLASSIFIED

TO: The Secretary

FROM: IO - William B. Wood, Acting

SUBJECT: Checklist/Briefing Memo for Meeting with UNAIDS Director Dr. Peter Piot, September 8, 2000

I. OBJECTIVES

1. To support Millenium Summit goals on HIV/AIDS and stimulate the political commitment and capacity necessary to turn the epidemic around.

2. To commend Piot and UNAIDS and to make clear the increased U.S. financial commitment to AIDS internationally.

3. To express support for the Presidential Envoy on AIDS Coordination.

II. APPROACH

Dr. Piot has been a consistent and clear voice on HIV/AIDS issues internationally. He has logged the miles to wake up leaders to the severity of the AIDS situation, especially in Africa and Asia. Piot has emphasized the political and socio-economic impacts of AIDS without veering from a core health approach, and he has urged rapid and dramatic responses at the country level. These efforts have made a difference. UNAIDS, however, has only limited resources -- about $60 million a year -- at its disposal. USAID contributes about 25 per cent of this, making the U.S. UNAIDS' principal donor. Notwithstanding our support, UNAIDS is struggling financially, and we want to stress the need to support UNAIDS with other donor nations.

Piot may wish to raise the President's recent appointment of Sandra Thurman, Director of the White House Office of National AIDS Policy (ONAP), as Presidential Envoy on AIDS. The State Department will provide key support to ONAP. We are enthusiastic about the concept and other countries appointing a high-level official to address AIDS issues, but it is too early to discuss the concept in detail.

III. PARTICIPANTS

U.S.	UNAIDS
The Secretary	Dr. Peter Piot
IO DAS E. Michael Southwick	TBD
Notetaker	
Others TBD	

IV. MEDIA

None required

Attachments:

Tab 1 - Checklist of Key Issues
Tab 2 - Talking Points

1. Political, security, and economic crisis
2. Millenium initiative
3. Commitment and capacity of countries

Checklist of Key Issues
Meeting with Dr. Peter Piot, UNAIDS Director

1. **Political, security, and economic issue**: Much to do to awaken countries that HIV/AIDS is more than a health crisis.

2. **Millenium Summit**: Support Summit goal to halt and begin to reverse the spread of HIV/AIDS and other major diseases by 2015. Need enhanced public/private partnerships with industry to enhance health infrastructure and access to drugs in developing countries.

3. **Commitment and capacity**. U.S. is committed. We have doubled financial resources since 1999. Others must do more, including support to UNAIDS. Raise profile and increase capacity to address AIDS in countries.

4. **PEAC's**. The just named U.S. PEAC is Sandra Thurman of ONAP. Want to work with Piot as the concept is being developed.

1. Political, Security, and Economic Issue

- AIDS is causing unique and unprecedented devastation on nations, especially in Africa. Requires an unprecedented response.

- UN Security Council action and resolution on AIDS recognizes the political and security impacts, and need to ensure peacekeepers do not spread AIDS.

- Without political leadership the devastation will only multiply.

- We will encourage countries to use their diplomatic representatives to raise the issue to the highest levels in affected countries.

- Appreciate your assistance to Vice President Gore and Ambassador Holbrooke at UNSC meetings.

2. Millenium Summit

- Support Summit goal to halt and begin to reverse the spread of HIV/AIDS and other major diseases by 2015.

- Enhanced public/private partnerships with industry to improve health infrastructure and further access to drugs in developing countries.

- Special attention to Africa.

3. Commitment and Capacity

- The U.S. has more than doubled U.S. funding for global HIV/AIDS prevention and care programs since 1999.
- We are hopeful at least $342 million will be available for FY 2001.
- In addition -- $50 million U.S. contribution to the Global Alliance for Vaccines and Immunization, and $1 billion in loans for health infrastructure and sales of new treatments for AIDS, malaria and tuberculosis.
- Other nations and donors must do more to address AIDS.
- Increase the capacity for affected countries.
- Enhance public/private partnerships for research and increased access to AIDS therapies.
- Applaud UNAIDS efforts with limited resources. We will consider how we can support your efforts, including by increasing our financial support (from USAID).

4. PEAC

- Sandra Thurman, Director, White House Office of National AIDS Policy, recently named as the first U.S. Presidential Envoy on AIDS Coordination (PEAC).

- The impetus is for high-level political attention to AIDS in each country to raise the intensity of AIDS issues.

- Too early to discuss concept in detail but look forward to working with you in developing the concept.

Drafted: IO/T:ABlackwood
Z:SETASB\health\UNAIDS\Millenium Secy-Piot.doc

Cleared: IO:EMSouthwick
IO/T:LLambert - ok
OES/EID:NCFoster - ok
PRM:MPollack - ok
USUN/W:JMarty - ok
G:DGraham - ok
P:DLopezdeRosa - ok
E:APence - ok
R:NO'Neill - ok
S/P:ELief - ok
PA:LHerrmann - ok
USAID:JHolfeld -ok
NSC:KBernard - ok
ONAP:SThurman (info)

U. S. Dept. of State
OES/EID
(202) 736-7336

facsimile transmittal

To:	Distribution	Fax:	
From:	Nancy Carter-Foster	Date:	10/24/00
Re:		Pages:	7 (including coversheet)
CC:	[Click here and type name]		

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

Notes: **Please review the attached draft G-8 sous sherpa paper by 3 pm. today. Thanks**

Distribution:

Ken Bernard, NSC (202) 456-9390

Paul Delay/Alan Gettson USAID (202) 216-3046

Sandy Thurman, ONAP (202) 456-2438

Mike Cassella, OMB (202) 395-5770

Helen Walsh, Treasury (202) 622- 1228

HIV/AIDS AND INFECTIOUS DISEASES
G-8 Sous Sherpa meeting - October 28-29, 2000

Issue

To follow-up on our G-8 commitments made at Okinawa, and to continue planning for Japanese meeting promoting international partnerships pursuant to G-8 commitment, including:

Mobilizing resources and call on the MDB's to expand assistance as much as possible to build effective health delivery systems;

Promote political leadership through enhanced high-level dialogue in order to raise public awareness in the affected countries.

Key points

- Visit the outcomes of the EU Roundtable meeting on HIV/AIDS, TB and malaria in Africa, held September 28 in Brussels, which focussed on enhanced access to vaccines and pharmaceuticals.

- Note that the EU Roundtable meeting on HIV/AIDS, TB, and malaria, co-sponsored by WHO and UNAIDS, was a constructive step forward in developing closer international cooperation in responding to the challenge of these infectious diseases.

- Encourage EU movement from statements to action, culminating in the publication of an end of year action plan for EU support on HIV/AIDS, TB and malaria resulting from the Roundtable meeting.

- Highlight recent USG actions - in terms of both funding and leadership, including:

    - Congressional approval of increased debt reduction and increased funding for HIV/AIDS, TB, malaria and other infectious diseases has resulted in new funding increasing overall USG international assistance by $ million in FY 2001.

    - Although our effort to get Congressional approval for the full Administration request for HIPC debt reduction, we have increased USG's contribution to $

million, which represents a significant increase over FY 2000 levels.

- USG announcement of Sandy Thurman as the Presidential Envoy for HIV/AIDS Coordination, and encouragement of other nations to appoint similar high-level coordinators for HIV/AIDS issues.

- Secretary of State's meeting of female foreign
- ministers and their letter to UNSY Annan calling for greater international attention to HIVAIDS with particular attention to the needs of girls and women.

- Access progress of Japanese planning for December 6-8 meeting, expanding contacts with conference planners for more active USG involvement.

- Stress the need for concrete objectives in order to achieve concrete results.

Other Countries' Positions

European Commission held a Roundtable meeting on September 28, on issues related to malaria, TB and HIV/AIDS, highlighting the issues of access to drugs and vaccines and collaborative research. Although we found the meeting constructive in tone and participatory spirit of public and private sector attendees, we await the issuance of an EU action plan as a framework for EU action in the areas of development, research and policy. In addition EU-US cooperation through our joint diplomatic initiative announced at Queluz in June has fostered expanded collaborative efforts to strengthen political commitment and more targeted funding for HIV/AIDS in African countries. The EU has recently announced that it will fund the entire operating budget for the Rwandan Ministry of Health for the year 2000/2001, including the National AIDS Control Program.

UK announced new funding contributions to the World Bank's International Partnership for Africa. The UK contribution of 15 million British pounds will be used for projects in Burundi, Ethiopia and one other country. This follows an earlier UK announcement that it will triple assistance to select African countries from 20-60 million British pounds in the next three years.

Japan has begun implementing its Debt Relief Grant Mechanism. Under the program countries that are paying bilateral debt servicing obligations to Japan receive an

equivalent amount of the money paid back in the form of a grant to the country. This grant can be used to buy commodities or for other purposes.

The Debt Relief Grant Mechanism operates on a quarterly basis per the GOJ fiscal year. At the beginning of each quarter the Embassy of Japan receives notification from Tokyo on how much money will be made available for the Debt Relief Grant Mechanism. The recipient country and the Embassy of Japan develop an Exchange of Notes, which specifies the use of the funds on a quarterly basis. The GOJ requires that the resources be used in a transparent and accountable fashion. Initial discussions are underway to assess the feasibility of utilizing the Debt Relief Grant Mechanism to support the full implementation of the National HIV/AIDS Strategic Frameworks in Malawi and Zambia.

France, as EU chair, convened the EU Roundtable and is promoting the issue of enhanced access to pharmaceuticals. They have suggested that a drug pricing study be undertaken and its results would be integrated into the EU Framework for Action expected to be unveiled at the end of the year. No new announcements of increased bilateral HIV/AIDS assistance have occurred.

Canada, Germany and Russia have not made new announcements on bilateral assistance since the last Sous Sherpa meeting.

Background

HIV/AIDS and infectious diseases have been a part of the G-8 dialogue since 1996 at the Lyon Summit. In 1997 President Clinton made the issue a centerpiece of the Denver Summit and secured broadened commitments from G-8 nations. At subsequent summits efforts to actualize commitments have resulted in expanded debt reduction efforts at the Cologne Summit, and agreement on collaborations to increase funding, research and international support to meet WHO and UNAIDS disease reduction targets. Pre-meetings with representative developing nations are broadening partnerships and dialogue to work with developing countries to address health issues as part of the poverty reduction discussions surrounding the G-8 Summits.

Commitments at Okinawa - At Okinawa, the G-8 made TB, malaria and particularly HIV/AIDS, top priorities and called for increased bilateral and multilateral assistance; called for expanded research; support for partnerships with industry to accelerate the development and delivery of new vaccines and drugs, and an effort to address drug access.

In the Okinawa Communiqué, the G-8 committed to working together with WHO, UNAIDS, MDBs, NGOs, industry, and developing countries to reduce infection rates of HIV/AIDS, TB and malaria. The Japanese agreed to host a meeting of the G-8 this December to coordinate infectious disease assistance and to develop a strategy for reaching WHO and UNAIDS disease-reduction targets. Planning is being finalized for that meeting scheduled for December 6-8 in Tokyo.

Burden of Disease - Infectious diseases, including HIV/AIDS, malaria, TB, continue to ravage the developing world, causing nearly half of all deaths worldwide and threatening recent gains in economic growth, education, and life expectancy. Approximately 35 million people are infected with HIV/AIDS worldwide, 25 million in Africa. Killing nearly 3 million people, HIV/AIDS is the leading cause of death in Africa today. Much of Asia and Latin America could suffer a similar explosion in HIV/AIDS cases, particularly in Asia.

TB accounts for more than 2.3 million deaths each year, while malaria kills more than one million, mostly children in Africa. At least 3 million children die needlessly each year for lack of access to existing vaccines, a deficit the WHO sponsored Global Access to Vaccines Initiative is attacking.

Global Funding for HIV/AIDS, TB and malaria - While these and other infectious diseases continue to ravage populations around the globe, funding to meet the challenges they pose are woefully inadequate. The WHO and UNAIDS estimate that $3 billion is required each year over the next five years to address issues of minimum HIV/AIDS prevention and care programs in Africa alone. However a recent USAID study has projected that these figures are still inadequate to wage a fully effective war against HIV/AIDS.

Newest projections estimate that between $3 billion-$4.9 billion will be needed to provide minimum prevention, care and treatment in sub-Saharan Africa over the next five years. This range represents an $800 million-$1.6 billion (or 66%-80%) per year increase over current levels of spending on prevention alone in sub-Saharan Africa. Total development agency funding is estimated to have increased from $280 million in 1996 to $450 million in 2000. G-8 and other donor commitments to increase international HIV/AIDS funding are slowly coming in, but we must stress the need to accelerate contributions, and to meet commitments to UNAIDS, which is operating in the red at present. We also need to

work with recipient nations to strengthen oversight mechanisms to ensure that increases in HIV/AIDS funding are being put to the best-intended use.

USG Actions -

Increased International HIV/AIDS Funding - The US remains the largest bilateral donor to international HIV/AIDS assistance. In FY 2000, US assistance for the response to the global AIDS pandemic was $235 million. It is estimated that USG funding for FY 2001 will exceed $335 million, pending final congressional action on appropriation bills. The FY 2001 budget for research for HIV/AIDS, malaria and TB is expected to be approximately $2 billion. However, we lag behind some EU nations in debt-reduction efforts. We are likely to receive only about half of the $435 million HIPC debt appropriations the Administration requested.

Leadership in Multilateral Fora - The US successfully championed a resolution for a UNGA Special Session on HIV/AIDS to be held on June 25-27,2001. The special session is expected to result in a "Declaration of Commitment" to secure a global commitment to enhance coordination and intensification of international efforts to combat HIV/AIDS in a comprehensive manner. Provisions for NGO participation in the preparatory process according to traditional UN practice prevailed.

President Clinton announced Sandra Thurman as the Presidential Envoy for HIV/AIDS Coordination, filling a dual role continuing in her position as Director of the White House Office of National AID Policy. We are encouraging other nations to similarly appoint a high-level official to coordinate HIV/AIDS programs for other countries.

World Bank Trust Fund discussions are underway to explore how best to proceed with establishing the fund authorized under the Global HIV/AIDS and TB Relief Act signed by President Clinton in August. The Trust Fund is intended to be a new multilateral funding mechanism to support AIDS prevention and care programs. The World Bank would manage the fund, a source of private and public sector contributions. The Bank has committed to rapid development of the Trust Fund, if their momentum is matched by timely and serious additional resources from the international community. While the Bank has related overtures of interest from a growing number of potential donors, including private and philanthropic entities, we need to ascertain whether the G-8 donors would likely contribute to such a fund, once

established. The Global HIV/AIDS and TB Relief Act authorizes $150 million dollars for each of two years as the USG contribution to the World Bank AIDS Trust Fund.

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▶ 2

To Cheryl Bauerle	From Todd Hunting
Dept./Agency WH Office Nat'l AIDS Pol'y	Phone # 647-3843
Fax # 456-2439	Fax # 647-9959

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

MEMORANDUM

TO: PEAC - Sandra Thurman
NSC - Ken Bernard
USTR - John Desrocher
USAID - Alex Ross
NIH - Amar Bhat
HHS - Roscoe Moore
OES - Jack Chow
OES/EID - Nancy Carter-Foster/Tim Smith
AF/EPS - Richard Patard

FROM: EUR/ERA - Richard A. Morford

DATE: October 27, 2000

SUBJECT: Meeting on U.S.-EU Cooperation in Combating Infectious Diseases

The Office of European Union and Regional Affairs (EUR/ERA) is looking forward to your participation in an inter-agency meeting on U.S.-EU cooperation in fighting HIV/AIDS and other infectious diseases. The meeting will take place at 2:00 p.m. on Tuesday, October 31 in the EUR/ERA conference room, Rm. 6519 at the State Department. Please take a look at the attached proposed agenda, which may include items on which we are asking you to lead the discussion.

We will discuss progress on the Queluz U.S.-EU Summit statement of May 31 in which the U.S. and EU agreed to work together to combat HIV/AIDS, malaria and tuberculosis, concentrating on: (1) building international partnerships; (2) increasing public awareness; (3) intensifying research and improving accessibility of drugs and vaccines; and (4) seeking sources of increased resources.

We will also discuss the reports from our posts in Africa on U.S.-EU cooperation happening on the ground, how we should react to the French proposal for a joint drug pricing study, and the EU's policy framework as announced at the Round Table in Brussels on September 28.

EUR PDAS Charlie Ries will use input from this meeting in a November 3 NTA Task Force videoconference with his European Commission and French Presidency counterparts on deliverables for the U.S.-EU Summit on December 18.

PROPOSED AGENDA
COMBATING INFECTIOUS DISEASES
October 31, 2000

1. Welcome and introduction - EUR/ERA

2. Review of Queluz Summit Statement - ERA

3. Review of responses from posts in Africa - OES/EID, USAID

   -what are highlights of tangible cooperation which could be noted at Summit?

   -what are possible next steps?

4. Read-out of September 28 EC Round Table on HIV/AIDS, malaria and tuberculosis - NSC, OES/FO

   -EC emphasis on optimizing impact of existing intervention, improving pharmaceutical affordability and increasing investment in R&D.

   -Where can we support, and on which points do we take issue with the EU policy framework as described at the Round Table?

5. What is our reaction to French AIDS drug pricing study Proposal? Tariff issues, parallel imports, compulsory licensing - USTR, NSC

6. Multilateral Iniative on Malaria, bioethics cooperation, health and economics seminar in Africa - NIH

7. LIFE Initiative - USAID

8. U.S.-EU Infectious Disease Task Force - OES/EID

9. Wrap-up-what can we deliver at December Summit? - EUR/ERA

Drafter: EUR/ERA - Todd Huizinga
Phone: 647-3843; Fax: 647-9959

NATIONAL SECURITY COUNCIL

FAX COVER SHEET

NATIONAL SECURITY COUNCIL

17th & Penn, N.W.
Washington, D.C.
20504

Did you get a complete, clear transmission? If not, please call:

Chris Keenan at
(202) 456-9394

From: **Kenneth W. Bernard**
International Health Affairs
phone: 202 456-9391 FAX: 202 456-9390

To: Michael + Sandy T.

Agency:

Fax Number:

Date/Time:

No. of pages to follow: 9

Message:

Still a working draft not for use

10/4/2000

Draft

Drug accessibility issue

Mike | Sandy T.

not for distribution

To :

From Ken Bernard

ISSUE:

The President, on several occasions now, has remarked that he would like to do more to make "affordable drugs more accessable in Africa and other poor countries." We have at least two notes from him requiring our reponse.

This is a complex issue, requiring an unfortunate amount of detail to cover the various interests and equities. I have attached a memo that outlines the major obstacles to increasing access to affordable drugs, and provides some details, along with pros and cons, related to the evolving consensus that some kind of tiered, or differential pricing, will be necessary to lower prices in poor countries.

Clearly, major steps to increase drug accessibility in poor countries will have to be left for the next administration. However, given the President's interest, I believe he could still profitably push the issue this year.

BACKGROUND:

Improving drug accessibility is based on two components: 1) a functional health system, including a working drug finance and distribution infrastructure, and 2) availability of affordable medications for a variety of diseases disproportionately affecting poor countries, including AIDS, TB, malaria, pneumonia, dysentary, and many others.

The major obstacles to increasing access are listed in the attached memo. The Interagency Working Group on AIDS has tasked an IWG subgroup to evaluate options to increase accessability to affordable drugs. This subgroup is currently drafting background papers on each of the possible actions for increasing access.

The following is a summary of possible solutions being actively discussed by the IWG, as well as the EU, UN agencies and many developing countries:

-- **Local health infrastructures and drug procurement systems must be improved.** HIPC debt relief and World Bank loans (especially in IDA countries) are critical, as is bilateral development assistance. The administration is already doing as much or more on all three of these than any other country. WHO and UNAIDS are heavily involved.

-- **Excessive taxes and import tariffs on drugs can be reduced in poor countries.** These can double the cost of drugs to local communities. Government discussions with UNAIDS and WHO are underway to deal with this sensitive issue.

-- **Price markups added by distributors and pharmacies can be reduced.** In many developing countries this can account for 50 percent of the user cost - especially for generics. And in some countries, pharmacists still charge a fee that is a percentage of the cost of the medicine rather than a fixed price for the prescription, leading to a financial incentive to dispense the costliest drugs.

-- **Tech transfer should be encouraged** to help developing countries manufacture and distribute generic medications (which make up over 90 percent of the essential drugs).

-- **Drug pricing information should be more readily available** so purchase decisions based on quality, manufacturer as well as price can be rationally approached.

-- **Options for tiered pricing (also called differential or segmented pricing) should be evaluated** in partnership with industry, OECD and poor countries. Especially important for expensive patented medicines for AIDS, tiered pricing results in higher prices in rich and lower prices in poor countries. It can involve several mechanisms including voluntary discounting, voluntary or compulsory licensing, and parallel importing. This is complex, has domestic equites, and is explained in some detail in the attached memo.

POSSIBLE NEXT STEPS:

The following options for Presidential action in the next 3 months could include:

1) Expanding the scope of the Executive Order signed on May 10 to help make HIV/AIDS drugs more affordable by reducing trade impediments to compulsory licensing. The currently EO applies to Africa only, and a new EO could make it applicable worldwide. USTR will not now go after any country anywhere that tries to obtain a compulsory licence for a life-saving drug so long as they follow TRIPS/WTO rules. A new EO, therefore, would be institutionalizing current policy, and would be symbolic and send a positive message. USTR has indicated that they would agree.

2) Especially if the tax incentive on sales of vaccines for AIDS/TB/malaria is passed by this Congress, pulling all stakeholders in the President's Millennium Vaccine Intitiative (industry, government, Congress) into an "event" to congratulate the joint effort. Then,

challenge them to move on to making progress on increasing accessibillity of necessary medicines, focusing on the issues outlined above. Would lay down an agenda for action. (Note: Thus far we have three of the four parts of the Vaccine Intitiative likely to be funded -- NIH research, World Bank loans and GAVI. We need the tax credit to complete the package and to make this option most effective.)

3) Take advantage of the U.S.-EU summit declaration and G-8 Communique calls for increasing access to care, treatment and affordable medicines for poor countries. In a speech, either at WH or at the US-EU Summit in December, call for the stakeholders to create specific *ad hoc* task forces to find solutions to problems of access such as tariffs, trade barriers, counterfeiting, corruption of price structures, quality assurance, tech transfer, local manufacture of drugs, parallel importing, tiered pricing arrangements etc. The EU has put this issue at the top of their development agenda, and would embrace our forward-leaning approach. The naming of a high-level "mediator" has been suggested as one way to move the process and avoid non-productive meetings.

Any such speech would best be delayed until after Congress ajourns to avoid interference with the domestic legislative agenda on pharmaceutical benefits for the elderly and the drug re-importation issue (see attached memo).

GUIDANCE:

Please advise as to whether you would like us to vet the options and initiatives more formally for the purpose of preparing specific proposals for the President.

Drugs-Africa memo.doc

See attached memo

INFORMATION

MEMORANDUM FOR **Draft- not for distribution**

FROM: KENNETH BERNARD

SUBJECT: Increasing access to affordable drugs in poor countries

ISSUE: The President has written on the margins of several articles and memos concerning the affordability of medicines, "can we do any more on the drug issue?" This is complex - and the issues are not specific for AIDS drugs.

THE PROBLEM:

Major Obstacles to increasing access to drugs:

- Inadequate health delivery systems to administer and monitor treatments.
- Inadequate drug management systems. Need for trained staff. Procurement systems, including price negotiations, international tendering, bulk purchase, etc., are not pursued to full advantage.
- Lack of financial commitment to health programs by national governments. Made worse by debt service costs that reduce available funds for investing in health.
- Lack of affordability resulting from: high drug costs, need for delivery systems to assure safe and effective use, local duties, taxes, fees, and retail markups.
- Lack of capacity for local drug manufacture.
- Lack of country regulatory capacity to assure safety, efficacy and quality of drugs. Necessary to avoid use of substandard or counterfeit drugs often obtained though black-markets.
- Lack of information on international availability and prices.
- International trade agreements (such as TRIPS) may prevent local manufacture of patented drugs.
- Little acceptance of differential (tiered) pricing by pharmaceutical companies because of fear that it will encourage "parallel importing" (re-sale of drugs purchased by a developing country at concessionary prices to a third country, undercutting manufacturers' sales and profits.)
- Lack of interest by pharmaceutical companies in offering drugs for sale in low demand (and low profit) markets.

SOLUTIONS:

The problems with access can be loosely grouped in two categories, 1) health infrastructure and systems to procure and then safely deliver medications and treatment, and 2) affordability - the cost of essential medications.

1) Health Systems:

Clearly, in the absence of effective health infrastructures, including clinical facilities, trained health personnel, drug management and procurement systems, and sustainable financial support, cheap available medications would provide no real benefit, and if misused, could be detrimental to public health. This issue is not controversial, just in need of funding and technical assistance. This is the approach favored by the EU and many foundations. Bilateral development assistance can help, but most of the sustainable resources will have to come from multilateral development banks, debt relief, foundations and other internal country sources. Our support of HIPC, and the World Bank's new health emphasis is ideal.

2) Drug costs:

- Over 90 percent of the drugs needed by developing countries are not patented, and support of generic manufacture in poor countries could solve many problems, especially for treating opportunistic infections like TB, and should be encouraged.

- Brazil, with its substantial domestic drug production, has only cut the cost of triple drug therapy for AIDS from $10-12,000/year in the U.S. to $4,700/year - still far in excess of what most countries can afford.

- In developed countries, manufacturer's prices represent only 50-60 percent of the consumer price. In poor countries, manufacturer prices drop to 20 percent of final cost. Other contributors to cost include taxes, import duties, corruption, distribution costs and dispensing fees. Each of these issues will require attention if consumer costs are to be lowered.

- Patent-protected prices consist not only of production costs but huge mark-ups to recoup development expenses and produce profits necessary to drive new drug discovery. Neither donors nor poor countries can afford to pay patent-protected prices.

- And for the least developed countries, cost of drugs produced in rich countries will be out of reach even if prices are reduced to production cost. For example, cutting the cost of the anti-AIDS drug AZT to $2 per day (20 percent of its U.S. price) still far outstrips the ability of most countries to pay. **Uganda, for example, expends only $6-7 total per person per year on health care - less than 2 cents per day.**

- For the expensive, patented drugs, therefore, even dramatically discounted prices will have to be selectively supported by donors.

- A key to reduced prices in poor countries will be adopting some sort of segmented or tiered market-pricing scheme. Market-driven prices in rich countries that would preserve profits and incentives for innovation and lower prices in poor countries that would allow access to essential medications.

  [It should be noted that domestically, some people resent paying more for a drug than is charged to other countries. However, the rich countries receive the primary benefit from innovative research paid for by the higher costs, and can better afford to pay for it. Control of excessive prices in the U.S. and distribution of research costs among OECD countries could help ameliorate some the inequities felt by Americans.]

Segmented or tiered pricing can be achieved through a variety of means:

1) **Pharmaceutical companies can discount drug prices to poor countries,** either singly or as part of international agreements and bulk purchases. UNICEF buys vaccine this way. Donations fall under this category as the "ultimate" discounted product.

Pros: This is working now. This is the only solution embraced without reservation by the drug companies because it maintains complete control over profits, IPR and distribution. Drug companies are already providing discounted pricing - the big announcement on May 11 that five companies will discount AIDS drug prices to Africa is an example. The new joint $100 million AIDS project in Botswana by Gates and Merck is another. We can and should encourage more joint partnerships with the private sector.

Cons: Spotty coverage, controlled by the pharmaceutical companies. Critics say this is a stopgap measure, failing to change the basic system responsible for the unaffordability.

2) Pharmaceutical companies could voluntarily license production of patented drugs to developing countries;

This option would require poor country licensees to refrain from exporting drugs to any country other than those countries explicitly covered by the license and agreements. Appropriate labeling regimens could help avoid smuggling and unlicensed sale in rich countries.

Pros: pharmaceutical companies would receive some return for their products sold in developing countries; would retain IPR for their drugs; would avoid charges of price discrimination across markets, as Western pharmaceutical companies would not set the end-user drug prices in poor-country markets.

Cons: Drug countries argue that they would lose control of their products, allowing companies in poor countries to export to Western markets, undercutting their prices and profits there.

In order to have tiered pricing for developing countries; we would have to ensure that provision of deeply discounted drugs to poor countries is not a door to re-import them to the U.S. and other rich countries.

3) Poor countries could import drugs that have been licensed to, and produced in, other low manufacturing-cost countries (parallel importing).

Pros: Parallel importing is legal under TRIPS/WTO rules. It would provide a way for poor countries to access needed drugs at substantially reduced prices (often 10-100 times less) than in developed countries.

Cons: The pharmaceutical companies do not like it because it undermines their ability to negotiate prices on a country-by-country basis, and can open borders to counterfeit manufacturers and products that are unsafe or ineffective.

Political Note:

Parallel importing has domestic implications. The Administration supports the Senate "Medicine Equity and

drug Safety Act of 2000" that allows U.S. pharmacists to re-import FDA-approved drugs sold cheaply to Canada and Mexico. It is an effort to lower drug prices for Americans - something the drug companies fear more than any other issue. The bill would not authorize re-importation of products and sold cheaply in developing countries that are not FDA approved.

Maintaining reasonable profitability in the pharmaceutical sector in rich countries is mandatory to drive innovation. Clearly, as repeatedly stated by the President, drug prices in the U.S. are unreasonably high, subsidizing not only innovation, but also huge advertising budgets and the highest profitability of any U.S. manufacturing sector (13-30 percent annually). A balance would need to be struck ensuring adequate profitability to ensure innovative research, but restraint to avoid over charging the American public.

4) Poor countries could force a phamaceutical company to issue a compulsory license for an essential medication.

Pros: Countries have compulsory licensing within their rights under TRIPS/WTO agreement. It allows a country to force a pharmaceutical company to issue a license to produce a patented drug if it is needed for a national health crisis. The President's May EO makes explicit our intent to allow (TRIPS compliant) compulsory licensing in Africa.

Cons: Compulsory licensing is a cumbersome process that, even after production rights are obtained, still requires the capability and facilities to manufacture the drugs.

Other arguments concerning compulsory licensing:

Many activist NGOs embrace compulsory licensing - in part, because it attacks the concept of intellectual property.

Pharmaceutical companies vehemently object to compulsory licensing, as it can affect both profits and control of their intellectual property. They argue that it strips them of the "fruits of their innovation" and, therefore, reduces their interest in developing products for poor countries.

It should be noted that no one has forced compulsory licensing of any drug yet - for AIDS or otherwise. The risk, as seen by Pharma, is that a country like Kenya would force a compulsory

license for a drug and then have it made in India which could then re-sell excess product elsewhere.

CONCLUSIONS:

- Life-saving drugs can be made more affordable and available in the developing world. Along with lower prices, adequate health infrastructures and financial resources are essential.

- Beyond improving health systems, interventions that can lower cost to the consumers include: improving local drug procurement and distribution systems; reducing taxes and import tariffs on drugs in developing countries; reducing price markups by local distributors and pharmacists; encouraging local production of generic drugs; making drug pricing information more readily available; and one or several tiered pricing schemes, especially for patented drugs.

- Any scheme to implement tiered pricing must erect some sort of protection against re-importation of drugs from poor countries back into OECD countries, or the drug companies will not play. This is not necessarily in conflict with reducing prices in rich countries as well.

- "Reasonable" profits for the big pharmaceutical companies in rich countries cannot be excessively undermined. They are needed to provide the incentive to stay in the game and do new research on innovative drugs for both the developed and developing world. Practically, this means their profits will have to be supported by the wealthier nations. Nonetheless, we can no longer afford to watch the pharmaceutical industry increase prices to fund advertising and unreasonable profitability. Other OECD countries have already taken some steps to reign in drug prices. The U.S. will have no choice but to pursue the same goal.