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Go

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White House History

White House Tours

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release Saturday, August 19, 2000

RADIO ADDRESS BY THE PRESIDENT TO THE NATION

The Map Room

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THE PRESIDENT: Good morning. During the recent political convention we asked people all across our country to take stock of our nation's progress and the challenges that lie ahead. One thing is clear: We live in a moment of unprecedented peace and prosperity, and getting there was not a matter of chance, but of choice.

When the Vice President and I set out to restore the American Dream eight years ago we faced some choices. But with the support of the American people, we made those choices together. Today I want to talk about how far we've come and how we can use this historic good time to address our outstanding challenges at home and abroad.

We now enjoy the longest economic expansion in our history, turning record deficits into record surpluses, creating more than 22 million jobs, with the lowest unemployment in 30 years. And average family income has jumped by more than $5,000.

But more than just being better off, America is a better nation. We ended welfare as we knew it. With the benefits of job-training, child care and transportation, 7.5 million Americans have moved from welfare to work. We're turning our schools around with higher standards, more accountability, more investment. As a result, our reading, math, and

Saturday Radio Addresses

Radio Address of the President - August 5, 2000

Radio Address of the President to the Nation - August 12, 2000

Discurso Radial del Presidente al País - 12 de agosto de 2000

Radio Address of the President to the Nation - August 19, 2000

Discurso Radial del Presidente al País - Sábado 19 de agosto de 2000

Radio Address of the President to the Nation - August 26, 2000

Discurso Radial del Presidente al País - 26 de agosto de 2000

SAT scores are going up, and more students than ever are going to college.

We made our communities safer by putting 100,000 new police officers on the streets, banning assault weapons, keeping guns away from a half million felons, fugitives and stalkers, and together, we brought crime to a 25-year low.

We've also extended the life of the Medicare trust fund by 26 years, and passed the Family and Medical Leave Act, which over 20 million Americans have used to take a little time off for a newborn baby or a sick loved one. Our air and water are cleaner, our food is safer.

We've also stepped up our fight against AIDS, doubling AIDS research and prevention efforts. We're working on the reauthorization of the Ryan White CARE Act to provide a lifeline to half-million Americans living with HIV and AIDS.

While we're making real progress in the fight against AIDS here at home, we have to do more to combat this plague around the world. That's why today I'm pleased to sign the Global AIDS and Tuberculosis Relief Act. This bipartisan legislation authorizes funding for AIDS treatment and prevention programs worldwide, and increases investment in vaccines for the world's children, including AIDS vaccine research. I hope Congress will also approve our vaccine tax credit to speed development of such critical vaccines for the developing world.

Fighting AIDS worldwide is not just the right thing to do, it's the smart thing. In our tightly connected world, infectious disease anywhere is a threat to public health everywhere. AIDS threatens the economies of the poorest countries, the stability of friendly nations, the future of fragile democracies. Already HIV-AIDS is the leading cause of death in Africa, and increasingly threatens Asia and the states of the former Soviet Union. In the hardest-hit countries, AIDS is leaving students without teachers, patients without doctors, and children without parents. Today alone, African families will hold nearly 6,000 funerals for loved ones who died of AIDS.

But we still have time to do a world of good if we act now. This bill is an important step in the fight against AIDS. It's also a symbol of the good we can accomplish when we work together in a bipartisan spirit. In that same spirit, Congress still has time to get important work done for the American people this fall. When they return in a few weeks, they'll still have time to put progress before partisanship to

pass a real patients' bill of rights; affordable Medicare prescription drug benefits for all our seniors; to set aside the Medicare surplus so that it can only be spent to strengthen Medicare, not raided for tax cuts we can't afford; to pass tax cuts that help middle class families send their kids to college and provide long-term care for their loved ones.

We should also pass a strong hate crimes bill and common-sense gun legislation. We should rebuild our crumbling schools, hire the rest of those 100,000 teachers, and raise the minimum wage.

These are big challenges, but if we make the tough choices together, we'll keep our progress and prosperity going.

Thanks for listening.

THE WHITE HOUSE

Office of the Press Secretary
(Lake Placid, New York)

For Immediate Release August 19, 2000

STATEMENT BY THE PRESIDENT

Today I am pleased to sign into law H.R.3519, the "Global AIDS and Tuberculosis Relief Act of 2000," which represents the latest U.S. effort in the long-term global fight against HIV/AIDS and its related threat of tuberculosis.

In July 1999, Vice President Gore and I launched the Administration's interagency "Leadership and Investment in Fighting an Epidemic" (LIFE) initiative to expand our funding for global HIV/AIDS prevention, care, and treatment in the worst affected developing countries. With bipartisan support, the Congress appropriated the additional $100 million that we requested for FY 2000 to enhance these efforts. For FY 2001, my budget includes an additional $100 million for the LIFE initiative.

While the LIFE initiative greatly strengthens the foundation of a comprehensive response to the pandemic, the United States clearly understands that there is much more to be done. The Joint United Nations Program on HIV/AIDS has estimated that it will take $1.5 billion annually to establish an effective HIV prevention program in sub-Saharan Africa and an additional $1.5 billion annually to deliver basic care and treatment to people with AIDS in the region.

H.R.3519 takes some of the additional steps to broaden the global effort to combat this worldwide epidemic. It provides enhanced bilateral authorities and authorizes funding for the Agency for International Development's HIV/AIDS programs; authorizes new funding for the Global Alliance for Vaccines and Immunizations and the International AIDS Vaccine Initiative; and authorizes the creation of a World Bank AIDS Trust Fund that is intended to create a new, multilateral funding mechanism to support AIDS prevention and care programs in the most grievously affected countries.

The United States, however, cannot and should not battle AIDS alone. This crisis will require the active engagement of all segments of all societies working together. Every bilateral donor, every multilateral lending agency, the corporate community, the foundation community, the religious community, and every host government of a developing nation must do its part to provide the leadership and resources necessary to turn this tide. It can and must be done.

There is currently no vaccine or cure for HIV/AIDS, and weare at the beginning of a global pandemic, not the end. What we see in Africa today is just the tip of the iceberg. There must be a sense of urgency to work together with our partners in Africa and around the world, to learn from both our failures and our successes, and to share this experience with those countries that now stand on the brink of disaster. Millions of lives-- perhaps hundreds of millions-- hang in the balance. That is why this legislation is so important.

I wish to thank and congratulate our congressional partners who worked hard to make this bipartisan legislation a reality: Representatives Leach, Lee, LaFalce, Gejdenson, Gilman, Jackson-Lee, Maloney of New York, and Pelosi, and Senators Kerry, Frist, Biden, Boxer, Durbin, Feingold, Helms, Leahy, Moynihan, and Smith of Oregon.

2

While I strongly support this legislation, certain provisions seem to direct the Administration on how to proceed in negotiations related to the development of the World Bank AIDS Trust Fund. Because these provisions appear to require the Administration to take certain positions in the international arena, they raise constitutional concerns. As such, I will treat them as precatory.

The United States has been engaged in the fight against AIDS since the 1980s. Increasingly, we have come to realize that when it comes to AIDS, neither the crisis nor the opportunity to address it have borders. We have a great deal to learn from the experiences of other countries, and the suffering of citizens in our global village touches us all. The pages of history reveal moments in time when the global community came together and collectively found "the higher angels of our nature." In a world living with AIDS, we must reach for one of those historic moments now-- it is the only way to avoid paying the price later.

WILLIAM J. CLINTON

THE WHITE HOUSE,
August 19, 2000.

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THE WHITE HOUSE

Office of the Press Secretary
Washington, DC

For Immediate Release August 19, 2000

FACT SHEET
LEADING THE FIGHT AGAINST AIDS AND OTHER INFECTIOUS DISEASES

Today President Clinton signed into law H.R. 3519, the "Global AIDS and Tuberculosis Relief Act of 2000," which represents the latest U.S. effort in the long-term fight against HIV/AIDS and its related threat of tuberculosis. This bill authorizes funding for the Administration's FY 2001 international HIV/AIDS initiatives and will strengthen our response to the global HIV/AIDS pandemic. The bill also authorizes new funding for the Global Alliance for Vaccines and Immunization (GAVI) and the International AIDS Vaccine Initiative (IAVI), and authorizes the creation of a World Bank AIDS Trust Fund.

The bill authorizes:

- **$300 million for USAID development assistance programs,** including primary prevention and education, voluntary testing and counseling, prevention of mother to child transmission, and care for those living with HIV or AIDS;
- **$50 million for GAVI and $10 million for IAVI to accelerate the development and delivery of vaccines;** and
- **$60 million for international Tuberculosis Control.**

The bill also authorizes the creation of a **World Bank AIDS Trust Fund** to provide grants to hard-hit countries for AIDS prevention, care and education over a two-year period.

This legislation builds on the Administration's LIFE Initiative (Leadership and Investment in Fighting an Epidemic), an aggressive response to the global AIDS pandemic. The United States has invested more than $1.4 billion in international AIDS programs since the start of the epidemic.

- President Clinton is asking Congress for **an increase of $100 million -- to $342 million -- for international AIDS prevention and care in FY 2001,** more than double the FY 99 level. Funds will be targeted to the countries where the disease is most widespread, particularly in sub-Saharan Africa. Priorities include: stepped up primary AIDS prevention efforts; care and treatment for those infected; care for children orphaned by AIDS, and strengthening the public health infrastructure that can prevent and control the disease.
- On January 10, 2000, **Vice President Gore chaired the first-ever United Nations Security Panel session on a health issue** -- HIV/AIDS as an international security threat.
- On May 10, 2000, the President signed an Executive Order to help make **HIV/AIDS-related drugs and medical technologies more affordable and accessible** in beneficiary sub-Saharan African countries. Last month, the pharmaceutical industry announced an initiative to reduce prices for anti-retroviral drugs for developing countries.

- The Peace Corps announced that all **2,400 Peace Corps volunteers** serving in 25 countries in Africa will be trained as educators of HIV/AIDS prevention and care.
- In his State of the Union address, President Clinton announced **the Millennium Vaccine Initiative** to accelerate the development of malaria, TB, and AIDS vaccines -- vaccines for which there is an enormous need, but little market incentive for industry to develop. The initiative calls for:
  - ✓ $50 million in the President's FY2001 budget as a contribution to the vaccine purchase fund of the Global Alliance for Vaccines and Immunization (GAVI);
  - ✓ Presidential leadership to ensure that the World Bank and other multilateral development banks dedicate an additional $400 million to $900 million annually of their low-interest rate loans to health care services;
  - ✓ significant increases in basic research on diseases that affect developing nations;
  - ✓ $1 billion tax credit for sales of vaccines for malaria, TB and AIDS to accelerate their development and production.
- The Clinton-Gore Administration made global AIDS and infectious diseases a top priority at the U.S.-European Union Summit in Portugal in May and last month's G-8 Summit in Okinawa, where billions were mobilized from our G-8 partners.

Domestically, the Administration has increased funding for care and treatment through the Ryan White Care Act by close to 350% and nearly doubled funding for research and prevention since 1993. In the President's FY 2001 budget request, including:

- Funding for the Ryan White CARE Act, which helps cities and states care for those living with HIV and AIDS is increased by $125 million, or 8% to $1.719 billion;
- AIDS prevention funding to the Centers for Disease Control and Prevention is increased by $65 million to $795 million;
- AIDS research funding to the National Institutes of Health is increased by $89 million to $2.111 billion;
- Funding for substance abuse services targeting those at highest risk of HIV infection is increased by $6 million to $128 million;
- The Housing Opportunities for People With AIDS (HOPWA) Program at the Department of Housing and Urban Development is increased to $260 million, 12% more than last year.
- In addition, the President has proposed to fully fund the $750 million authorized for the Ricky Ray Hemophilia Trust Fund, which provides one-time, $100,000 relief payments to hemophiliacs who contracted HIV from blood solids during the 1980s, and to their eligible family members.

Facts on HIV/AIDS and other Infectious Diseases in Developing Countries:

- Last year, AIDS killed 2.8 million people in worldwide and is now the single leading cause of death in Africa; HIV-infection rates are soaring in parts of Asia, and Eastern Europe.
- In Botswana, Zimbabwe and South Africa, one half of all 15-year-olds will die of AIDS.
- Thirteen million sub-Saharan African children have now lost one or both of their parents to AIDS; the number will reach 40 million by the end of the decade.
- Over 8 million children die each year of diseases like malaria, TB, and diarrheal diseases – more than 3 million of these deaths could be prevented by existing vaccines.
- Tuberculosis is the single biggest infectious disease killer of adults worldwide and is the leading cause of death of persons with AIDS.

- Immunization is one of the most cost effective health interventions. It costs only $15 to immunize a child, yet in developing countries, children remain 10 times more likely to die of a vaccine preventable disease than those in the industrialized world. Twenty percent of children worldwide lack access to basic immunization services.
- Only 2% of all global biomedical research is devoted to the major killers in the developing world.

Document No.

WHITE HOUSE STAFFING MEMORANDUM

Date: 8.17.00 ACTION / CONCURRENCE / COMMENT DUE BY: 8.18.00 9:00 AM

Subject: RADIO ADDRESS - AFRICA AIDS BILL

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	✓	☐	LOCKHART	☐	✓
PODESTA	✓	☐	MARSHALL	☐	☐
ECHAVESTE	✓	☐	MOORE	☐	☐
RICCHETTI	✓	☐	NASH	☐	☐
LEW	☐	☐	NOLAN	☐	☐
BAILY	☐	☐	REED	✓	☐
BERGER	✓	☐	SPERLING	☐	☐
BLUMENTHAL	☐	☐	STREETT	☐	☐
BRAIN	✓	☐	TRAMONTANO	✓	☐
BURSON	✓	☐	UCELLI	✓	☐
CAHILL	☐	☐	VERVEER	☐	☐
EDMONDS	☐	☐	JENNINGS	✓	☐
FRAMPTON	☐	☐	THURMAN →	✓	☐
IBARRA	☐	☐	_____	☐	☐
JOHNSON, B.	☐	☐	_____	☐	☐
JOHNSON, J.	✓	☐	_____	☐	☐
LANE	☐	☐	_____	☐	☐

REMARKS: COMMENTS TO JOHN POLLACK

RESPONSE:

Staffing Form 5/26/00

Office of the Staff Secretary
Ext. 62702

Draft 8/17/00 7:10 p.m.
John Pollack

PRESIDENT WILLIAM JEFFERSON CLINTON
RADIO ADDRESS ON AFRICA AIDS BILL AND
ADMINISTRATION ACCOMPLISHMENTS
WASHINGTON, DC
August 19, 2000

Good Morning. During the recent political conventions, we asked people all across the country to take stock of our nation's progress, and the challenges that lie ahead. Looking at their own lives and communities, most Americans will agree that we live in a moment of unprecedented peace and prosperity. And that getting here was not a matter of chance, but of choice.

When the Vice President and I set out to restore the American Dream eight years ago, we faced some tough choices. But with the support of the American people, we made those tough choices together. Today, I want to talk about how far we've come, and how we can use these historic good times to address our outstanding challenges, both at home and abroad.

We are now enjoying the longest economic expansion in our history. Together, we've turned record deficits into record surpluses, and created more than 22 million new jobs. Unemployment is now the lowest it's been in 30 years. Wages are rising across the board, and the average family's income has jumped more than $5,000.

But America is not just better off, we are a better nation. We are more hopeful, and more secure.

We are more hopeful, because we ended welfare as we knew it. With the benefit of job training, childcare and transportation, 7.5 million Americans have moved from welfare to work.

We are more hopeful because we're turning our schools around, with higher standards, more accountability and more investment. As a result, America's reading, math and SAT scores are going up. And more students than ever are going on to college.

And we are more secure, because we've made our communities safer. We put 100,000 new police officers on the streets, banned assault weapons, and kept guns away from half a million felons. Together, we've brought crime to a 25-year low.

We also extended the life of the Medicare Trust Fund, and passed the Family and Medical Leave Act, which has allowed more than 20 million Americans to take time off work to care for a newborn or sick loved one. Our air and water are cleaner, and our food is safer. We have doubled our AIDS research and prevention efforts, and are working to extend the Ryan White Care Act to help the 500,000 Americans battling this terrible disease.

While we are making real progress in the fight against AIDS here at home, we must do more to combat this plague around the world. That's why, today, I am pleased to sign the Global AIDS and Tuberculosis Relief Act. This bipartisan legislation authorizes funding for AIDS treatment and prevention programs worldwide, and increases investment in vaccines for the world's children, including AIDS vaccine research.

Fighting AIDS worldwide is not just the right thing to do, it's the smart thing. In this tightly connected world, infectious disease anywhere is a threat to public health everywhere. AIDS threatens the economies of the poorest countries, the stability of friendly nations, and the future of fragile democracies.

Already, HIV/AIDS is the leading cause of death in Africa and increasingly threatens Asia and the States of the former Soviet Union. In the hardest-hit countries, AIDS is leaving students without teachers, patients without doctors, and children without parents. But we still have time to do a world of good – if we act now. This bill is an important step in that direction.

In that same spirit, Congress still has time to get important work done for the American people this fall, if we work together. Not as Democrats or Republicans, but as fellow citizens committed to the common good.

So when Congress returns in a few weeks, we need to put progress before partisanship. Let's pass a real Patients' Bill of Rights and a voluntary, affordable Medicare prescription drug benefit. Let's set aside the Medicare surplus so that it can only be spent to strengthen Medicare, not raid it for tax cuts we can't afford. Let's pass tax cuts that help middle-class families send their kids to college, and provide long term care for their loved ones.

We should also pass a strong Hate Crimes Bill and commonsense gun legislation. Let's rebuild our crumbling schools, hire the rest of those hundred thousand teachers, and raise the minimum wage.

These are big challenges. But only if we make the tough choices together will we keep our progress and prosperity going. Thanks for listening.

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THE WHITE HOUSE

WASHINGTON

August 1, 2000

Jacob J. Lew
Director
Office of Management and Budget
The White House
Washington, D.C. 20503

Dear Mr. Lew:

On July 27, Congress passed HR 3519, the Global AIDS and Tuberculosis Act of 2000. The Office of National AIDS Policy urges the President to sign this legislation.

HR 3519 compliments Administration efforts to address the global AIDS pandemic. In particular, it authorizes funding for a global AIDS program at USAID at $300 million in FY 2001 and FY 2002. This authorization level is consistent with the President's FY 2001 budget request at $244 million. It provides $50 million for the Global AIDS Vaccine Initiative, and $60 million for anti-TB efforts, both of which were included in the President's FY 2001 request. Also included is an authorization of $10 million for the International AIDS Vaccine Initiative, aimed at assisting in the development of an AIDS vaccine, and consistent with the President's desire to facilitate public/private partnership in this effort.

HR 3519 directs the Secretary of the Treasury to pursue the creation of a multilateral trust fund at the World Bank to provide support to developing nations to address HIV. While the Administration raised some concerns about this provision, including language "directing" the Secretary to take this action, a Statement of Administration Policy on this provision as a free-standing vehicle supported its passage.

The Office of National AIDS Policy believes that this legislation is consistent with the Administration's desire to enhance the USG response to the global AIDS pandemic. HR 3519 allows the U.S. to continue its leadership role as a bilateral donor as well as in a broad based coordinated response that includes G-8 countries, multi-lateral institutions and the private sector.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

-1.- WBTF

UNIFIED DRAFT TECHNICAL CHANGE REVISION DOCUMENT TO THE WORLD BANK AIDS MARSHALL PLAN TRUST FUND ACT
Using the original bill, strikethroughs and underline (to show new additions) are used to suggest changes—FOR DISCUSSION PURPOSES

World Bank AIDS Marshall Plan Trust Fund Act

106th CONGRESS

2d Session

H. R. 3519

AN ACT

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

HR 3519 EH

106th CONGRESS

2d Session

H. R. 3519

AN ACT

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the `World Bank AIDS Marshall Plan Trust Fund Act'.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS- The Congress finds the following:

(1) According to the Surgeon General of the United States, the epidemic of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300's and the influenza epidemic of 1918-1919 which killed more than 20,000,000 people worldwide.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 33,600,000 people in the world today are living with HIV/AIDS, of which approximately 95 percent live in the developing world.

(3) UNAIDS data shows that among children age 14 and under worldwide, 3,600,000 have died from AIDS, 1,200,000 are living with the disease; and in one year alone--1999--an estimated 570,000 became infected, of which over 90 percent were babies born to HIV-positive women.

(4) Although sub-Saharan Africa has only 10 percent of the world's population, it is home to 23,300,000--roughly 70 percent--of the world's HIV/AIDS cases.

(5) Worldwide, there have already been an estimated 16,300,000 deaths because of HIV/AIDS, of which 13,700,000--over 80 percent--occurred in sub-Saharan Africa.

(6) According to testimony by the Office of National AIDS Policy, an entire generation of children in Africa is in jeopardy, with one-fifth to one-third of all children in some countries already orphaned and the figure estimated to rise to 40,000,000 by 2010.

(7) The 1999 annual report by the United Nations Children's Fund (UNICEF) states `[t]he number of orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response' and that `finding the resources needed to help stabilize the crisis and protect children is a priority that requires urgent action from the international community.'.

(8) A 1999 Bureau of the Census report states that the average life expectancy in the Republic of Botswana, the Republic of Zimbabwe, the Kingdom of Swaziland, the Republic of Malawi, and the Republic of Zambia has decreased from approximately age 65 to approximately age 40--the lowest life expectancy in the world--due to high mortality rates from HIV/AIDS.

(9) A January 2000 unclassified United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases--especially HIV/AIDS--are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.

(10) According to the same NIE report, HIV prevalence among militias in Angola

and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and at 15 to 30 percent in Tanzania.

(11) The HIV/AIDS epidemic is of increasing concern in other regions of the world with UNAIDS reporting, for example, that there are 6 million cases in South and South-east Asia, that the rate of HIV infection in the Caribbean is second only to sub-Saharan Africa, and that HIV infections have doubled in just two years in the former Soviet Union.

(12) Despite the grim statistics on the spread of HIV/AIDS, some developing nations--such as Uganda, Senegal, and Thailand--have implemented prevention programs that have substantially curbed the rate of HIV infection.

(13) AIDS, like all diseases, knows no boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(14) According to a 1999 study prepared by UNAIDS and the Francois-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health, HIV/AIDS is spreading three times faster than funding available to control the disease.

(15) The United Nations Secretary General has stated `[n]o company and no government can take on the challenge of AIDS alone,' and that `what is needed is a new approach to public health--combining all available resources, public and private, local and global.'.

(16) The World Bank, declaring AIDS not just a public health problem but `the foremost and fastest-growing threat to development' in Africa, has launched a new strategy for HIV/AIDS in Africa, declaring it a top priority for the Bank on that continent.

(17) The World Bank estimates that for Africa alone $1,000,000,000 to $2,300,000,000 annually is needed for prevention in contrast to the approximately $300,000,000 a year in official assistance currently available for HIV/AIDS in Africa.

(18) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(b) PURPOSES- The purposes of this Act are to prevent the spread of HIV/AIDS and promote its eradication, prevent human suffering, and to mitigate the devastating impact of the disease on economic and human development, social stability, and security in the developing world, through the creation of a trust fund which is designed to--

(1) work with governments, civil society, non-governmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership

Against AIDS in Africa, other international organizations, donor agencies, and the private sector to intensify action against the HIV/AIDS epidemic and to support essential field work in the most affected countries to assist in the development of AIDS vaccines; and

(2) seek to leverage financial commitments by the United States in order to mobilize additional resources from other donors, the private sector, nongovernmental organizations, and recipient countries to combat the spread of HIV/AIDS.

TITLE I--NEGOTIATIONS FOR THE CREATION OF A WORLD BANK AIDS TRUST FUND

SEC. 101. TRUST FUND TO ASSIST IN HIV/AIDS PREVENTION, CARE AND TREATMENT, AND ERADICATION.

The Secretary of the Treasury ~~shall seek~~ is authorized to enter into negotiations with the International Bank for Reconstruction and Development or the International Development Association, in consultation with ~~and with~~ other U.S. government agencies, and with the member nations of the IBRD or IDA ~~such institutions~~ and with other interested parties, for the creation of a trust fund which would be authorized to solicit and accept contributions from governments, the private sector, and nongovernmental entities of all kinds and use the contributions to address the HIV/AIDS epidemic in countries eligible to borrow from such institutions, as follows:

(1) PROGRAM OBJECTIVES- The trust fund would provide only grants, including grants for technical assistance, to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective and affordable HIV/AIDS prevention, education, treatment and care services, and research and development activities, including access to affordable drugs. Among the activities the trust fund would provide grants for would be programs to promote best practices in prevention, including health education messages that emphasize risk avoidance; measures to ensure a safe blood supply; voluntary HIV/AIDS testing and counseling; measures to stop mother-to-child transmission of HIV/AIDS, including through diagnosis of pregnant women, access to cost-effective treatment and counseling and access to infant formula or other alternatives for infant feeding; and deterrence of gender-based violence and provision of post-exposure prophylaxis to victims of rape and sexual assault.

New sub-section (2)—using existing language previously merged with (1):

(2) PROGRAM COORDINATION-In carrying out these objectives, the trust fund ~~would~~ is expected to closely collaborate and coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(3) PRIORITY- In providing such grants, the trust fund would give priority to countries that have the highest HIV/AIDS prevalence rate or are at risk of having a high HIV/AIDS prevalence rate, and that have or agree to carry out a national HIV/AIDS program which--

(A) has a government commitment at the highest level and multiple partnerships with civil society and the private sector;

(B) invests early in effective prevention efforts;

(C) requires cooperation and collaboration among many different groups and sectors, including those who are most affected by the epidemic, religious and community leaders, nongovernmental organizations, researchers and health professionals, and the private sector;

(D) is decentralized and uses participatory approaches to bring prevention care programs to national scale; and

(E) is characterized by community participation in government policymaking as well as design and implementation of the program, including implementation of such programs by people living with HIV/AIDS, nongovernmental organizations, civil society, and the private sector.

(~~3~~ 4) GOVERNANCE-

(A) IN GENERAL- The trust fund would be administered as a trust fund of the International Bank for Reconstruction and Development. The Trust Fund is expected to use technical expertise from UN agencies, such as UNAIDS, or other appropriate organizations in the execution of the grants program.

New sub-section B:

(B) MANAGEMENT STRUCTURES—. Subject to general policy guidance from the President of the United States and representatives of the other donors to the trust fund, the Trustee would ~~be responsible for managing the day-to-day operations of the trust fund~~ establish appropriate management structures to ensure proper day to day operations of the Fund, accountability of grants, host country commitment, oversight and monitoring and evaluation, and relevance to countries.

(C) SELECTION OF PROJECTS AND RECIPIENTS- In consultation with the President and other donors to the trust fund, the Trustee would establish criteria, that have been agreed on by the donors, for the selection of projects to receive support from the trust fund, standards and criteria regarding qualifications of recipients of such support, as well as such rules and

procedures as would be necessary for cost-effective management of the trust fund. The trust fund would not make grants for the purpose of project development associated with bilateral or multilateral development bank loans.

(D) TRANSPARENCY OF OPERATIONS- The Trustee shall ensure full and prompt public disclosure of the proposed objectives, financial organization, and operations of the trust fund.

(E) ADVISORY BOARD-

(i) APPOINTMENT- The President of the United States should seek, together with representatives of other participating donors to the trust fund, to establish an Advisory Board, and appoint to the Advisory Board renowned and distinguished international leaders who have demonstrated integrity and knowledge of issues relating to development, health care (especially HIV/AIDS), and Africa.

(ii) DUTIES- The Advisory Board would, in consultation with other international experts in related fields (including scientists, researchers, and doctors), advise and provide guidance for the trust fund on the development and implementation of the projects receiving support from the trust fund. In negotiating the terms of the trust fund pursuant to Section 101, the Secretary of the Treasury shall require the Trustee to provide the
Advisory Board access to information and documents of the trust fund as necessary for the effective functioning of the Advisory Board.

TITLE II--UNITED STATES FINANCIAL PARTICIPATION

SEC. 201. LIMITATIONS ON AUTHORIZATION OF APPROPRIATIONS.

In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to AIDS or economic development, there are authorized to be appropriated ~~to the Secretary of the Treasury $100,000,000~~ $500,000,000 for ~~each of~~ fiscal years 2001 to ~~through~~ 2005 for payment to the trust fund established as a result of negotiations entered into pursuant to section 101.

TITLE III--REPORTS

SEC. 301. REPORTS TO THE CONGRESS.

(a) ANNUAL REPORTS- Not later than 1 year after the date of establishment of trust fund pursuant to this Act ~~of the enactment of this Act~~, and annually thereafter for the duration of the trust fund established pursuant to section 101, the Secretary of the Treasury shall submit to the appropriate committees of the Congress a written report on the trust fund, the goals of the trust fund, the programs, projects, and activities, including

any vaccination approaches, supported by the trust fund, and the effectiveness of such programs, projects, and activities in reducing the worldwide spread of AIDS.

(b) APPROPRIATE COMMITTEES DEFINED- In subsection (a), the term `appropriate committees' means the Committees on Appropriations, on International Relations, and on Banking and Financial Services of the House of Representatives and the Committees on Appropriations, on Foreign Relations, and on Banking, Housing, and Urban Affairs of the Senate.

TITLE IV--HIV/AIDS PREVENTION AND CARE

SEC. 401. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.

Title XVI of the International Financial Institutions Act (22 U.S.C. 262p--262p-7) is amended by adding at the end the following:

'SEC. 1625. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.

`The Secretary of the Treasury shall instruct the United States Executive Director at the International Bank for Reconstruction and Development to use the voice and vote of the United States to encourage the Bank to work with sub-Saharan African countries to modify projects financed by the Bank and develop new projects to build local capacity to manage and implement programs for the prevention of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and the care of persons with HIV/AIDS, including through health care delivery mechanisms which facilitate the distribution of affordable drugs for persons infected with HIV.'.

1. World Bank Trust Fund

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: John Williamson

FROM: Cheryl for Michael Eskowitz

COMPANY:

DATE:

FAX NUMBER: 789-1601

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

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

NOTES/COMMENTS:

Please call me with questions.

Thank you!

Cheryl (456-2959)

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Washington, DC 20503
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Bill 8 of 50

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World Bank AIDS Marshall Plan Trust Fund Act (Reported in the House)

HR 3519 RH

Union Calendar No. 298

106th CONGRESS

2d Session

H. R. 3519

[Report No. 106-548]

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

IN THE HOUSE OF REPRESENTATIVES

January 24, 2000

Mr. LEACH introduced the following bill; which was referred to the Committee on Banking and Financial Services

March 28, 2000

Additional sponsors: Ms. LEE, Ms. MILLENDER-MCDONALD, Mr. GUTIERREZ, Ms. ROYBAL-ALLARD, Mr. EVANS, Mr. HALL of Ohio, Mr. GONZALEZ, Ms. DELAURO, Mr. RUSH, Mr. HOUGHTON, Mr. FILNER, Ms. WATERS, Mr. FROST, Mr. LAFALCE, Mr. CUMMINGS, Mr. NADLER, Ms. SLAUGHTER, Ms. SCHAKOWSKY, Mrs. MORELLA, Mr. WEXLER, Ms. MCKINNEY, Mrs. JONES of Ohio, Ms. CARSON, Mr. CASTLE, Mr. BENTSEN, Ms. WOOLSEY, Mr. WATT of North Carolina, Ms. NORTON, and Mr. Rangel

March 28, 2000

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on January 24, 2000]

A BILL

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the `World Bank AIDS Marshall Plan Trust Fund Act'.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS- The Congress finds the following:

(1) According to the Surgeon General of the United States, the epidemic of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300's and the influenza epidemic of 1918-1919 which killed more than 20,000,000 people worldwide.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 33,600,000 people in the world today are living with HIV/AIDS, of which approximately 95 percent live in the developing world .

(3) UNAIDS data shows that among children age 14 and under worldwide, 3,600,000 have died from AIDS, 1,200,000 are living with the disease; and in one year alone--1999--an estimated 570,000 became infected, of which over 90 percent were babies born to HIV-positive women.

(4) Although sub-Saharan Africa has only 10 percent of the world's population, it is home to 23,300,000--roughly 70 percent--of the world's HIV/AIDS cases.

(5) Worldwide, there have already been an estimated 16,300,000 deaths because of HIV/AIDS, of which 13,700,000--over 80 percent--occurred in Sub-Saharan Africa.

(6) According to testimony by the Office of National AIDS Policy, an entire generation of children in Africa is in jeopardy, with one-fifth to one-third of all children in some countries

already orphaned and the figure estimated to rise to 40,000,000 by 2010.

(7) The 1999 annual report by the United Nations Children's Fund (UNICEF) states `[t]he number of orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response' and that `finding the resources needed to help stabilize the crisis and protect children is a priority that requires urgent action from the international community.'

(8) A 1999 Bureau of the Census report states that the average life expectancy in the Republic of Botswana, the Republic of Zimbabwe, the Kingdom of Swaziland, the Republic of Malawi, and the Republic of Zambia has decreased from approximately age 65 to approximately age 40--the lowest life expectancy in the world --due to high mortality rates from HIV/AIDS.

(9) A January 2000 unclassified United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases--especially HIV/AIDS--are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.

(10) According to the same NIE report, HIV prevalence among militias in Angola and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and at 15 to 30 percent in Tanzania.

(11) The HIV/AIDS epidemic is of increasing concern in other regions of the world with UNAIDS reporting, for example, that there are 6 million cases in South and South-east Asia, that the rate of HIV infection in the Caribbean is second only to sub-Saharan Africa, and that HIV infections have doubled in just two years in the former Soviet Union.

(12) Despite the grim statistics on the spread of HIV/AIDS, some developing nations--such as Uganda, Senegal, and Thailand--have implemented prevention programs that have substantially curbed the rate of HIV infection.

(13) AIDS, like all diseases, knows no boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(14) According to a 1999 study prepared by UNAIDS and the Francois-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health, HIV/AIDS is spreading three times faster than funding available to control the disease.

(15) The United Nations Secretary General has stated `[n]o company and no government can take on the challenge of AIDS alone,' and that what is needed is a new approach to public health--combining all available resources, public and private, local and global.'

(16) The World Bank , declaring AIDS not just a public health problem but `the foremost and fastest-growing threat to development' in Africa, has launched a new strategy for HIV/AIDS in Africa, declaring it a top priority for the Bank on that continent.

(17) The World Bank estimates that for Africa alone $1,000,000,000 to $2,300,000,000 annually is

needed for prevention in contrast to the approximately $300,000,000 a year in official assistance currently

available for HIV/AIDS in Africa.

(18) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(b) PURPOSES- The purposes of this Act are to prevent the spread of HIV/AIDS and promote its eradication, prevent human suffering, and to mitigate the devastating impact of the disease on economic and human development, social stability, and security in the developing world , through the creation of a trust fund which is designed to--

(1) work with governments, civil society, non-governmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, donor agencies, and the private sector to intensify action against the HIV/AIDS epidemic and to support essential field work in the most affected countries to assist in the development of AIDS vaccines; and

(2) seek to leverage financial commitments by the United States in order to mobilize additional resources from other donors, the private sector, nongovernmental organizations, and recipient countries to combat the spread of HIV/AIDS.

TITLE I--NEGOTIATIONS FOR THE CREATION OF A WORLD BANK AIDS TRUST FUND

SEC. 101. TRUST FUND TO ASSIST IN HIV/AIDS PREVENTION, CARE AND TREATMENT, AND ERADICATION.

The Secretary of the Treasury shall seek to enter into negotiations with the International Bank for Reconstruction and Development or the International Development Association, and with the member nations of such institutions and with other interested parties for the creation of a trust fund which would be authorized to solicit and accept contributions from governments, the private sector, and nongovernmental entities of all kinds and use the contributions to address the HIV/AIDS epidemic in countries eligible to borrow from such institutions, as follows:

(1) PROGRAM OBJECTIVES- The trust fund would provide only grants, including grants for technical assistance, to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective and affordable HIV/AIDS prevention, education, treatment and care services, and research and development activities, including affordable drugs. In carrying out this objective, the trust fund would coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(2) PRIORITY- In providing such grants, the trust fund would give priority to countries that have the highest HIV/AIDS prevalence rate or are at risk of having a high HIV/AIDS prevalence rate, and that have or agree to carry out a national HIV/AIDS program which--

(A) has a government commitment at the highest level and multiple partnerships with civil society and the private sector;

(B) invests early in effective prevention efforts;

(C) requires cooperation and collaboration among many different groups and sectors, including those who are most affected by the epidemic, religious and community leaders, nongovernmental organizations, researchers and health professionals, and the private sector;

(D) is decentralized and uses participatory approaches to bring prevention care programs to national scale; and

(E) is characterized by community participation in government policymaking as well as design and implementation of the program, including implementation of such programs by people living with HIV/AIDS, nongovernmental organizations, civil society, and the private sector.

(3) GOVERNANCE-

(A) IN GENERAL- The trust fund would be administered as a trust fund of the International Bank for Reconstruction and Development. Subject to general policy guidance from the President of the United States and representatives of the other donors to the trust fund , the Trustee would be responsible for managing the day-to-day operations of the trust fund .

(B) SELECTION OF PROJECTS AND RECIPIENTS- In consultation with the President and

other donors to the trust fund , the Trustee would establish criteria, that have been agreed on by the donors, for the selection of projects to receive support from the trust fund , standards and criteria regarding qualifications of recipients of such support, as well as such rules and procedures as would be necessary for cost-effective management of the trust fund . The trust fund would not make grants for the purpose of project development associated with bilateral or multilateral development bank loans.

(C) TRANSPARENCY OF OPERATIONS- The Trustee shall ensure full and prompt public disclosure of the proposed objectives, financial organization, and operations of the trust fund .

(D) ADVISORY BOARD-

(i) APPOINTMENT- The President of the United States and representatives of other participating donors to the trust fund would establish an Advisory Board, and appoint to the Advisory Board renowned and distinguished international leaders who have demonstrated integrity and knowledge of issues relating to development, health care (especially HIV/AIDS), and Africa.

(ii) DUTIES- The Advisory Board would, in consultation with other international experts in related fields (including scientists, researchers, and doctors), advise and provide guidance for the trust fund on the development and implementation of the projects receiving support from the trust fund . Once the Advisory Board is established, the Secretary of the Treasury shall ensure that the Trustee provides

the Advisory Board complete access to all information and documents of the trust fund necessary to the effective functioning of the Advisory Board.

TITLE II--UNITED STATES FINANCIAL PARTICIPATION

SEC. 201. LIMITATIONS ON AUTHORIZATION OF APPROPRIATIONS.

In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to AIDS or economic development, there are authorized to be appropriated to the Secretary of the Treasury $200,000,000 for each of fiscal years 2001 through 2005 for payment to the trust fund established as a result of negotiations entered into pursuant to section 101.

TITLE III--REPORTS

SEC. 301. REPORTS TO THE CONGRESS.

(a) ANNUAL REPORTS- Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the trust fund established pursuant to section 101, the Secretary of the Treasury shall submit to the appropriate committees of the Congress a written report on the trust fund , the goals of the trust fund , the programs, projects, and activities, including any vaccination approaches, supported by the trust fund , and the effectiveness of such programs, projects, and activities in reducing the worldwide spread of AIDS.

(b) APPROPRIATE COMMITTEES DEFINED- In subsection (a), the term `appropriate committees' means the Committees on Appropriations, on International Relations, and on Banking and Financial Services of the House of Representatives and the Committees on Appropriations, on Foreign Relations, and on Banking, Housing, and Urban Affairs of the Senate.

TITLE IV--HIV/AIDS PREVENTION AND CARE

SEC. 401. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.

Title XVI of the International Financial Institutions Act (22 U.S.C. 262p--262p-7) is amended by adding at the end the following:

`SEC. 1625. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.

`The Secretary of the Treasury shall instruct the United States Executive Director at the International Bank for Reconstruction and Development to use the voice and vote of the United States to encourage the Bank to work with Sub-saharan African countries to modify projects financed by the Bank and develop new projects to build local capacity to manage and implement programs for the prevention of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and the care of persons with HIV/AIDS, including through health care delivery mechanisms which facilitate the distribution of affordable drugs for persons infected with HIV.'.

Union Calendar No. 298

106th CONGRESS

2d Session

H. R. 3519

[Report No. 106-548]

A BILL

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

March 28, 2000

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

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Next Hit	Forward	New Bills Search
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	Doc Contents	

THE WHITE HOUSE

Office of the Press Secretary
(Lake Placid, New York)

For Immediate Release August 19, 2000

STATEMENT BY THE PRESIDENT

Today I am pleased to sign into law H.R.3519, the "Global AIDS and Tuberculosis Relief Act of 2000," which represents the latest U.S. effort in the long-term global fight against HIV/AIDS and its related threat of tuberculosis.

In July 1999, Vice President Gore and I launched the Administration's interagency "Leadership and Investment in Fighting an Epidemic" (LIFE) initiative to expand our funding for global HIV/AIDS prevention, care, and treatment in the worst affected developing countries. With bipartisan support, the Congress appropriated the additional $100 million that we requested for FY 2000 to enhance these efforts. For FY 2001, my budget includes an additional $100 million for the LIFE initiative.

While the LIFE initiative greatly strengthens the foundation of a comprehensive response to the pandemic, the United States clearly understands that there is much more to be done. The Joint United Nations Program on HIV/AIDS has estimated that it will take $1.5 billion annually to establish an effective HIV prevention program in sub-Saharan Africa and an additional $1.5 billion annually to deliver basic care and treatment to people with AIDS in the region.

H.R.3519 takes some of the additional steps to broaden the global effort to combat this worldwide epidemic. It provides enhanced bilateral authorities and authorizes funding for the Agency for International Development's HIV/AIDS programs; authorizes new funding for the Global Alliance for Vaccines and Immunizations and the International AIDS Vaccine Initiative; and authorizes the creation of a World Bank AIDS Trust Fund that is intended to create a new, multilateral funding mechanism to support AIDS prevention and care programs in the most grievously affected countries.

The United States, however, cannot and should not battle AIDS alone. This crisis will require the active engagement of all segments of all societies working together. Every bilateral donor, every multilateral lending agency, the corporate community, the foundation community, the religious community, and every host government of a developing nation must do its part to provide the leadership and resources necessary to turn this tide. It can and must be done.

There is currently no vaccine or cure for HIV/AIDS, and weare at the beginning of a global pandemic, not the end. What we see in Africa today is just the tip of the iceberg. There must be a sense of urgency to work together with our partners in Africa and around the world, to learn from both our failures and our successes, and to share this experience with those countries that now stand on the brink of disaster. Millions of lives-- perhaps hundreds of millions-- hang in the balance. That is why this legislation is so important.

I wish to thank and congratulate our congressional partners who worked hard to make this bipartisan legislation a reality: Representatives Leach, Lee, LaFalce, Gejdenson, Gilman, Jackson-Lee, Maloney of New York, and Pelosi, and Senators Kerry, Frist, Biden, Boxer, Durbin, Feingold, Helms, Leahy, Moynihan, and Smith of Oregon.

2

While I strongly support this legislation, certain provisions seem to direct the Administration on how to proceed in negotiations related to the development of the World Bank AIDS Trust Fund. Because these provisions appear to require the Administration to take certain positions in the international arena, they raise constitutional concerns. As such, I will treat them as precatory.

The United States has been engaged in the fight against AIDS since the 1980s. Increasingly, we have come to realize that when it comes to AIDS, neither the crisis nor the opportunity to address it have borders. We have a great deal to learn from the experiences of other countries, and the suffering of citizens in our global village touches us all. The pages of history reveal moments in time when the global community came together and collectively found "the higher angels of our nature." In a world living with AIDS, we must reach for one of those historic moments now-- it is the only way to avoid paying the price later.

WILLIAM J. CLINTON

THE WHITE HOUSE,
August 19, 2000.

# # #

I. WBTF

facsimile TRANSMITTAL

NATIONAL INSTITUTES OF HEALTH
OFFICE OF AIDS RESEARCH

DATE: 8/21/00

TO: Cheryl Bawele

PHONE: 202-456-2959

FAX: 202-456-2439

FROM: Paul Gaist

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SUBJECT: FYI + Q

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET: 8
(If total number of pages have not been transmitted, please call (301) 402-3555

COMMENTS:

Cheryl -
as per phone conversation:
(1) WH AIDS Fact sheet
Q - what is the source for the last "fact"... 2%...? I called the WH Press office + they referred me to Dom Pol Council
(2) Article for Sandy + Michael → Nancy Padian is well known Researcher

- [illegible]

Gaist, Paul (OD)

To: Cheryl Bauerle
Subject: WH AIDS Fact Sheet - FYI

White House Fact Sheet on AIDS Funding

WASHINGTON, August 18 /U.S. Newswire/ -- The following was released today by the White House:

By signing into law H.R. 3519, the 'Global AIDS and Tuberculosis Relief
> Act of 2000,' President Clinton is launching our latest U.S. effort in
> the long-term fight against HIV/AIDS and its related threat of
> tuberculosis. This bill authorizes funding for the Administration's FY
> 2001 international HIV/AIDS initiatives and will strengthen our response
> to the global HIV/AIDS pandemic. The bill also authorizes new funding
> for the Global Alliance for Vaccines and Immunization (GAVI) and the
> International AIDS Vaccine Initiative (IAVI) and authorizes the creation
> of a World Bank AIDS Trust Fund.
>
> The bill authorizes:
>
> -- $300 million for USAID development assistance programs, including
> primary prevention and education, voluntary testing and counseling,
> prevention of mother to child transmission, and care for those living
> with HIV or AIDS;
>
> -- $50 million for GAVI and $10 million for IAVI to accelerate the
> development and delivery of vaccines; and
>
> -- $60 million for international Tuberculosis Control.
>
> The bill also authorizes the creation of a World Bank AIDS Trust Fund to
> provide grants to hard hit countries for AIDS prevention, care and
> education over a two-year period.
>
> This legislation builds on the Administration's LIFE Initiative
> (Leadership and Investment in Fighting an Epidemic), an aggressive
> response to the global AIDS pandemic. The United States has invested
> more than $1.4 billion in international AIDS programs since the start of
> the epidemic.
>
> -- President Clinton is asking Congress for an increase of $100 million
> -- to $342 million -- for international AIDS prevention and care in FY
> 2001, more than double the FY 99 level. Funds will be targeted to the
> countries where the disease is most widespread, particularly in sub-
> Saharan Africa. Priorities include: stepped up primary AIDS prevention
> efforts; care and treatment for those infected; care for children
> orphaned by AIDS, and strengthening the public health infrastructure
> that can prevent and control the disease.
>
> -- On January 10, 2000, Vice President Gore chaired the first-ever
> United Nations Security Panel session on a health issue -- HIV/AIDS as
> an international security threat.
>
> -- On May 10, 2000, the President signed an Executive Order to help make
> HIV/AIDS-related drugs and medical technologies more affordable and
> accessible in beneficiary sub-Saharan African countries. Last month,
> the pharmaceutical industry announced an initiative to reduce prices for
> anti-retroviral drugs for developing countries.
>

> -- The Peace Corps announced that all 2,400 Peace Corps volunteers
> serving in 25 countries in Africa will be trained as educators of
> HIV/AIDS prevention and care.
>
> -- In his State of the Union address, President Clinton announced the
> Millennium Vaccine Initiative to accelerate the development of malaria,
> TB, and AIDS vaccines -- vaccines for which there is an enormous need,
> but little market incentive for industry to develop. The initiative
> calls for:
>
> -- $50 million in the President?s FY2001 budget as a contribution to the
> vaccine purchase fund of the Global Alliance for Vaccines and
> Immunization (GAVI);
>
> -- Presidential leadership to ensure that the World Bank and other
> multilateral development banks dedicate an additional $400 million to
> $900 million annually of their low-interest rate loans to health care
> services;
>
> -- significant increases in basic research on diseases that affect
> developing nations;
>
> -- $1 billion tax credit for sales of vaccines for malaria, TB and AIDS
> to accelerate their development and production.
>
> -- The Clinton-Gore Administration made global AIDS and infectious
> diseases a top priority at the U.S.-European Union Summit in Portugal in
> May and last month's G-8 Summit in Okinawa, where billions were
> mobilized from our G-8 partners.
>
> Domestically, the Administration has increased funding for care and
> treatment through the Ryan White Care Act by close to 350 percent and
> nearly doubled funding for research and prevention since 1993. In the
> President's FY 2001 budget request, including:
>
> -- Funding for the Ryan White CARE Act, which helps cities and states
> care for those living with HIV and AIDS is increased by $125 million, or
> 8 percent to $1.719 billion;
>
> -- AIDS prevention funding to the Centers for Disease Control and
> Prevention is increased by $65 million to $795 million;
>
> -- AIDS research funding to the National Institutes of Health is
> increased by $89 million to $2.111 billion;
>
> -- Funding for substance abuse services targeting those at highest risk
> of HIV infection is increased by $6 million to $128 million;
>
> -- The Housing Opportunities for People With AIDS (HOPWA) Program at the
> Department of Housing and Urban Development is increased to $260
> million, 12 percent more than last year.
>
> -- In addition, the President has proposed to fully fund the $750
> million authorized for the Ricky Ray Hemophilia Trust Fund, which
> provides one-time, $100,000 relief payments to hemophiliacs who
> contracted HIV from blood solids during the 1980s, and to their eligible
> family members.
>
> Facts on HIV/AIDS and other Infectious Diseases in Developing Countries:
>
> -- Last year, AIDS killed 2.8 million people in worldwide and is now the
> single leading cause of death in Africa; HIV-infection rates are soaring
> in parts of Asia, and Eastern Europe.
>

> -- In Botswana, Zimbabwe and South Africa, one half of all 15-year-olds
> will die of AIDS.
>
> -- Thirteen million sub-Saharan African children have now lost one or
> both of their parents to AIDS; the number will reach 40 million by the
> end of the decade.
>
> -- Over 8 million children die each year of diseases like malaria, TB,
> and diarrheal diseases ? more than 3 million of these deaths could be
> prevented by existing vaccines.
>
> -- Tuberculosis is the single biggest infectious disease killer of
> adults worldwide and is the leading cause of death of persons with AIDS.
>
> -- Immunization is one of the most cost effective health interventions.
> It costs only $15 to immunize a child, yet in developing countries,
> children remain 10 times more likely to die of a vaccine preventable
> disease than those in the industrialized world. Twenty percent of
> children worldwide lack access to basic immunization services.
>
> - Only 2 percent of all global biomedical research is devoted to the
> major killers in the developing world.
>
> KEYWORDS:
>
> WHITE HOUSE HEALTH MEDICAL/PHARMACEUTICAL
>
> Contact: White House Press Office, 202-456-2580
>

1-World Bank Trust Fo...

Congresswoman Barbara Lee

9th District of California

U.S. House of Representatives

Fax Cover Sheet

Date: 7/29 Pages to Follow: 9

To: Sandy Thurman | Michael Izkowitz

From: 456-2439

Fax number: Jennifer

Message:

update as of 4:20 pm 7/29

Thank you!

414 Cannon HOB * Washington, DC 20515

Telephone (202) 225-2661

Fax (202) 225-9817

F:\M6\LEE\LEE.015 H.L.C.

7/29

State Dept. Document to Barbara Lee

106TH CONGRESS
1ST SESSION

H. R. _____

IN THE HOUSE OF REPRESENTATIVES

Ms. LEE introduced the following bill; which was referred to the Committee on _____

A BILL

To amend the Foreign Assistance Act of 1961 to establish a program under the authority of the Overseas Private Investment Corporation to provide research, prevention, and care for individuals in Africa with HIV/AIDS.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "AIDS Marshall Plan Fund for Africa Act" or "AMPFA Act".

SEC. 2. FINDINGS.

The Congress finds the following:

(1) The 1999 annual report by the United Nations Children's Fund (UNICEF) states that 14,000,000 individuals worldwide have died of HIV/AIDS and 11,000,000 of such individuals were from African countries.

(new order, updated stats)

(2) The World Health Organization announced that HIV/AIDS is now the "world's most deadly infectious disease", making it the fourth leading cause of death in the world, and the United Nations states that in sub-Saharan Africa, HIV/AIDS is the "worst infectious disease catastrophe since the bubonic plague".

(3) The World Health Organization reports that 33,400,000 individuals throughout the world are currently infected with HIV and 22,500,000 of such individuals live in sub-Saharan Africa.

(4) The Joint United Nations Programme on HIV/AIDS (UNAIDS) has declared that every day more than 16,000 individuals worldwide become infected with HIV.

(5) 3,600,000 South Africans are HIV-positive, with 1,500 new infections daily, and the virus is expected to infect 20 percent of that country's workforce by 2000.

(6) In the Republic of Zimbabwe, 1 out of every 5 adults is infected with HIV/AIDS, and an estimated 1,400 people die every week from AIDS.

(7) A 1999 Bureau of the Census report states that the average life expectancy in the Republic of Botswana, the Republic of Zimbabwe, the Kingdom of Swaziland, the Republic of Malawi, and the Republic of Zambia has decreased from approximately age 65 to approximately age 40—the lowest life expectancy in the world—due to high mortality rates from HIV/AIDS.

(8) According to a 1997 UNAIDS study, between one-fifth to one-half of all pregnant women in the Republic of Zimbabwe are infected with HIV/AIDS and at least one-third of these pregnant women are likely to pass the infection on to their baby.

(9) 1,800 babies are born HIV-positive in Africa every day.

(10) In sub-Saharan Africa, 960,000 children are living with HIV/AIDS.

(11) In the coming decades, HIV/AIDS will double infant mortality in many sub-Saharan African countries and will triple child mortality rates.

(12) It is estimated that by 2010, more than 40,000,000 African children will become orphans as a result of HIV/AIDS and 95 percent of these children will be located in sub-Saharan Africa.

(13) The 1999 annual report by the United Nations Children's Fund (UNICEF) states that "[t]he number or orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response" and that "finding the resources needed to help stabilize the crisis and protect children is a priority that requires urgent action from the international community".

(14) The South African Press Agency has reported that an estimated 7 out of every 10 teachers in the Kingdom of Swaziland are HIV-positive.

(15) A World Bank study has found that in sub-Saharan Africa, 34 percent of individuals with a postsecondary education are infected with HIV.

(16) In joint report issued by the Director of the Office of National AIDS Policy, the Secretary of State, and the Administrator of the United States Agency for International Development predicts that more than 25 percent of the working-age population in sub-Saharan Africa will be infected with HIV by 2010.

(17) Most sub-Saharan African countries have a high rate of HIV infection among members of their militaries, including an estimated 80 percent rate in the Republic of Zimbabwe.

SEC. 3. PROGRAM TO PROVIDE RESEARCH, PREVENTION, AND CARE FOR INDIVIDUALS IN AFRICA WITH HIV/AIDS.

Title IV of chapter 2 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2191 et seq.) is amended by inserting after section 234A the following:

"SEC. 234B. PROGRAM TO PROVIDE RESEARCH, PREVENTION, AND CARE FOR INDIVIDUALS IN AFRICA WITH HIV/AIDS.

"(a) ESTABLISHMENT.—The Corporation shall, in consultation with the Director of the Office of National AIDS Policy and the heads of appropriate Federal agencies, establish and carry out a program to provide research, prevention, and care for individuals in Africa with HIV/AIDS.

"(b) IMPLEMENTATION BOARD.—The Corporation—

"(1) shall establish within the Corporation an implementation board of directors (hereinafter referred to as the 'implementation board') to carry out the program under subsection (a); and

"(2) shall appoint to the implementation board individuals with training and experience in development issues and healthcare issues, including issues relating to HIV/AIDS, issues relating to Africa, and the administration of grant programs generally. new

"(c) ADVISORY BOARD.—The Corporation—

"(1) shall establish an advisory board of directors (hereinafter referred to as the 'advisory board') to advise the implementation board on the development and implementation of the program under subsection (a); and

"(2) shall, acting through the President of the Corporation and with the approval of the Board of Directors of the Corporation, appoint to the advisory board distinguished and respected leading international experts who have demonstrated integrity, leadership, and knowledge of development issues and healthcare issues, including issues relating to HIV/AIDS, and issues relating to Africa. new

"(d) ACTIVITIES UNDER THE PROGRAM.—In carrying out the program under subsection (a), the implementation board—

"(1) shall, in consultation with representatives from community-based African health, education, and other related organizations, provide grants to new

African governments and nongovernmental organizations for projects that provide research, prevention, and care for individuals in Africa with HIV/AIDS; and

"(2) shall solicit contributions to the fund established under subsection (g)(1) from private sources and from foreign governments, including the governments of other G–8 countries.

"(e) OTHER REQUIREMENTS.—In providing grants under subsection (d)(1), the implementation board—

"(1) shall establish self-sufficiency requirements for a government or organization receiving a grant; and

"(2) shall establish matching fund requirements, based on ability to pay, for a government receiving a grant, to be determined according to the amount of the grant plus the total amount of the grants received by all nongovernmental organizations carrying out projects for the country involved.

new

"(f) DEFINITIONS.—In this section:

"(1) G–8 COUNTRIES.—The term "G–8 countries" means the group consisting of France, Germany, Japan, the United Kingdom, the United States, Canada, Italy, and Russia established to fa-

new

cilitate economic cooperation among the 8 major economic powers.

"(2) HIV/AIDS.—The term 'HIV/AIDS' means infection with the human immunodeficiency virus.

"(g) FUNDING.—

"(1) ESTABLISHMENT OF FUND.—There is hereby established in the Treasury of the United States a fund that shall be known as the "AIDS Marshall Plan Fund for Africa" (hereinafter in this section referred to as the "fund"), consisting of such amounts as may be contributed to the fund in accordance with subsection (d)(2) and such amounts as may be appropriated to the fund in accordance with paragraph (3).

"(2) EXPENDITURES FROM FUND.—Amounts in the fund shall be available only for purposes of carrying out the program under subsection (a).

"(3) AUTHORIZATION OF APPROPRIATIONS.—

"(A) FISCAL YEAR 2000.—There is authorized to be appropriated to the fund $200,000,000 for fiscal year 2000.

"(B) SUBSEQUENT FISCAL YEARS.—There are authorized to be appropriated to the fund for fiscal year 2001 and each subsequent fiscal year an amount equal to 25 percent of the total

amount of funds contributed to the fund in accordance with subsection (d)(2) for the immediately preceding fiscal year.

"(C) ADMINISTRATIVE EXPENSES.—Not more than 15 percent of the amount appropriated under this paragraph for a fiscal year may used for administrative expenses for carrying out the program under subsection (a) for that fiscal year.".

new

Congresswoman Barbara Lee

9th District of California
U.S. House of Representatives

Fax Cover Sheet

Date: 6/8 Pages to follow: 1

To: Michael Iskowitz / Cherly Bauerle

From: Jennifer

Fax number: 456-2439

Message:

Michael - [illegible] - Could you give me a [illegible]

Thanks very much, JLS

414 Cannon HOB ♦ Washington, DC 20515 ♦ (202) 225-2661

BARBARA LEE
9TH DISTRICT, CALIFORNIA

COMMITTEES:
BANKING AND FINANCIAL SERVICES
INTERNATIONAL RELATIONS

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ASSISTANT DISTRICT DIRECTOR

Congress of the United States
House of Representatives
Washington, D.C. 20515-0509

June 2, 1999

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear ~~Director Thurman~~ Sandy

As we discussed in our recent follow up meeting to the Presidential Mission for Children Orphaned by AIDS, I am working closely with former Congressman Ron Dellums to create a plan to treat HIV/AIDS on the continent of Africa. In the upcoming weeks, it is my intent to introduce legislation supporting this initiative, and I am writing to request your assistance in its development.

To draft the legislation, I have been working with a broad base of organizations, principally Constituency for Africa and AIDS Action. As we discuss some of the specific provisions in the bill, your input and consultation would be greatly appreciated.

I would be happy to provide you with additional information. Please feel free to contact me, or Ms. Jennifer Simon of my staff, at your earliest convenience to discuss this matter, or arrange for a meeting on this issue.

Thank you for your attention to this matter, and for your ongoing work on this issue. I look forward to continuing to work with you to fight against this horrific epidemic.

Sincerely,

Barbara

Barbara Lee
Member of Congress

BL: jjs

MAR-03-2000 10:26

DEPARTMENT OF THE TREASURY
WASHINGTON

I WB Trust Fund

Facsimile Transmittal

From

Office of Multilateral Development Banks (OASIA/IDB)
1500 Pennsylvania Avenue, N.W.
Room 3501 NY
Washington, D.C. 20220
(Fax # 202-622-1228)

Date: _____ Page 1 of _____ Page(s)

To: Sandy Thurman

Tel. #
FAX # 456-2437

From: Helen Walsh

Comments:
Will appreciate your clearance today if poss. Ta

The Honorable James A. Leach
Chairman
Committee on Banking and Financial Services
U.S. House of Representatives
Washington, DC 20515-6050

Dear Mr. Chairman:

Thank you for forwarding your proposal for establishing a World Bank Trust Fund to combat HIV/AIDS. As you know, Under Secretary Geithner will be testifying at your March 8, hearing.

I fully share your sense of urgency about the need to address this terrible public health crisis in the world's poorest countries, especially in sub-Saharan Africa. It is both desirable and important to identify viable mechanisms for catalyzing international resource commitments to the fight against AIDS and other diseases in poor countries.

As you know, President Clinton has proposed a number of initiatives aimed at combating the spread of AIDS and other infectious diseases that afflict primarily developing countries. Overall, the objectives of your bill are complementary to the Administration's AIDS and vaccines initiatives.

We look forward to working with you on legislation that would address our objectives comprehensively and that would seek to maximize the availability and efficiency of financial resources needed for this crucial fight.

Sincerely,

Lawrence H. Summers

Sandy Thurman
456-2438
For your info. Not cleared yet by Treas. HW

DRAFT

F-WB trust Fund

World Bank AIDS Trust Fund

Question:

What is your position on the proposed World Bank AIDS Prevention Trust Fund Act?

Suggested Response:

We share the broad vision of the legislation -- eradication of AIDS in the next generation -- and support the creative feature of public/private sector partnership in the bill. However, we would like to work with you on four basic features that would strengthen our approach to this problem: additionality, flexibility, timeliness and receptivity of our international partners.

- First, obviously, we are supportive of additional funds for antipoverty programs such as this. However, we live in the world of offsets, and there is a risk that these funds might come at the expense of other critical antipoverty programs, such as HIPC and IDA, which would not advance our overall efforts on AIDS.

- Second, believe that flexibility on the use of funds should be a central feature of any trust fund for AIDS, with scope for AIDS prevention and treatment, but also the provision of basic health infrastructure that is essential for any anti-AIDS program to work.

- Third, the nature of this crisis is such that we need fast action. Trust funds can be cumbersome if not managed properly or if there are excessive administrative layers. Also, it may take some time to negotiate the kind of features, like transparency or weighted voting shares according to contributions, that the U.S. needs as conditions for support.

- Fourth, trust funds can be an effective way to catalyze international support. However, we may be in a difficult position in calling for a new trust fund in light of the poor record of meeting our commitments on existing trust funds like the GEF. Also, there may be some resentment among our allies if we are perceived to be legislating a trust fund.

These are not insurmountable problems. We are willing to work with you in crafting an effective multilateral mechanism that can attract the funds necessary to succeed in combating this dreadful disease.

Background:

Congressman Leach proposed in January a bill that directs the Secretary of the Treasury to enter into negotiations with the World Bank and its member nations, and with other interested parties for the creation of a trust fund which could accept contributions from governments, the private sector, and NGOs of all kinds and use it to address the AIDS epidemic in IDA-recipient countries. The bill authorizes $100 million annually over the next five years as the U.S. contribution (envisioned to represent 10 percent of total). This is in addition to any to other funds authorized for multilateral or bilateral programs related to AIDS. The bill also calls on the Secretary of the Treasury to report, no later than three years after enactment, on the trust fund, its goals, programs, projects and activities including any vaccination approaches. Congressman Leach stated in January that the legislation does not envisioning narrowly focused containment policy, but rather a broader vision of eradication of AIDS within a generation.

facs m e
TRANSMITTAL

U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON BANKING & FINANCIAL SERVICES
MAJORITY STAFF
2129 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515-6050
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(202) 226-0682 (FAX)

DATE: 9/12/00

TO: Sandy Fleischmann

PHONE:

FAX NUMBER: 456-2439

FROM: Cindy Fogleman

NUMBER OF PAGES (INCLUDING COVER): 3

SUBJECT: Trust Fund

NOTES:
Hard copy will follow by mail —

IF YOU HAVE ANY QUESTIONS OR DID NOT RECEIVE THE CORRECT NUMBER OF PAGES
PLEASE CALL (202) 225-7502

U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON BANKING AND FINANCIAL SERVICES

ONE HUNDRED SIXTH CONGRESS

2129 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–6050

September 12, 2000

The Honorable Lawrence H. Summers
Secretary
U. S. Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, DC 20220

Dear Secretary Summers:

In the wake of enactment of H.R. 3519, the "Global AIDS and Tuberculosis Relief Act" (P.L. 106-264), I write to urge the Administration to pledge the strongest possible support for full funding for the World Bank AIDS Trust Fund and to expedite the negotiations for the Fund.

As the President put it, in signing the bill last month, "There must be a sense of urgency to work together with our partners in Africa and around the world....Millions of lives-- perhaps hundreds of millions-- hang in the balance." I concur wholeheartedly and believe it is imperative that we capitalize on the extraordinary bipartisan and bicameral momentum generated by this legislation by fully funding in FY 2001 the $150 million authorized for the World Bank AIDS Trust Fund. In this context, I would urge the Administration to convey, in as strong terms as possible, its support for this initiative in the year end budget negotiations with Congress.

My concern is underscored by the fact that while the Administration has been fully supportive of the World Bank AIDS Trust Fund initiative, it was not a part of the Administration's original FY 2001 appropriations request. Therefore, if Treasury and OMB take the position that the Administration's request is the bottom line in budget negotiations, the trust fund could be overlooked. I would note that the President has emphasized this bill with a sense of urgency and I hope that Treasury and OMB would take the same position.

In this regard, I am concerned with the priority Treasury and State will give to the international negotiations related to the World Bank AIDS Trust Fund. Accordingly, I would like to request from the Department the name of the official charged with this responsibility, as well as strategies and timetables for conducting the negotiations. It is my understanding, from the communiqué issued at the close of the G-8 summit in Okinawa, that the G-8 will convene a conference this fall to discuss strategy for addressing the global HIV/AIDS pandemic. I would hope such a forum would be considered an opportunity for negotiating the early creation of the AIDS trust fund.

I am convinced that the trust fund is the most opportune vehicle for leveraging greater resources to address HIV/AIDS and also key to mobilizing more aggressive action by the governments of nations most affected by this disease.

Thank you for your consideration.

Sincerely,

James A. Leach
Chairman

cc: The Honorable Madeleine K. Albright
Secretary
Department of State

The Honorable Richard C. Holbrooke
United States Ambassador to the United Nations

The Honorable Sandra L. Thurman
Presidential Envoy for AIDS Cooperation

The Honorable J. Brady Anderson
Administrator, USAID

1-WBTF

Sandra Thurman 01/26/2000 03:30:22 PM

Record Type: Record

To: Devorah R. Adler/OPD/EOP@EOP

cc:

Subject: Global AIDS and the SOTU backgrounder

Devorah,

I received a copy of the "global AIDS" section of the SOTU background paper for review. I have added a sentence to the end of the first paragraph which I believe would be very helpful to us, and have included an brief explanation about why. I talked with Dan Mendelson and he suggested that I pass it along to you.

I have attached the section below with my additional in italics. I hope we can still get this included. If you or Chris have any questions, please do not hesitate to call me or page me.

As always, thanks for your help and for your work.

Leading the Global Campaign Against AIDS and Other Deadly Diseases

President Clinton and Vice President Gore have stepped up the international battle to prevent, treat, and search for a cure for AIDS. The United States has already pledged billions of dollars to wage this three-part strategy worldwide, and the President's FY 2001 budget calls for an additional $100 million investment in *HIV prevention and AIDS care* overseas, doubling last year's increase *[to $200 million]. This would provide at least an additional $1 billion over the next five years to the global battle against AIDS.*

NOTE: This $1 billion over 5 years is the amount called for in the Ron Dellums-Barbara Lee "Marshall Plan for Africa" which now has 70 House co-sponsors. While we do not support the bill in its current form, it would be great to signal to them that we are all after the same enhanced federal contribution. While the bill authorizes $1 billion over 5 (or $200 million a year), people continue to get confused and ask why they want $1 billion and we only want $200 million. Adding the italicized sentence above could help us get passed that.

In his September 1999 address to the United Nations General Assembly, President Clinton called for a concerted effort to make vaccines against killer diseases more widely available in the developing world. As a significant first step, the budget proposes a $50 million contribution to the newly established Global Alliance for Vaccines and Immunization (GAVI). These funds will be used to purchase existing vaccines for Hepatitis B, Haemophilus influenzae type B, and Yellow Fever, and to ensure their safe delivery. The U.S. contribution to GAVI is expected to leverage additional resources from other donors.

To increase the investment that poor countries make in their health, the President will call upon the World Bank and other multilateral development banks to dedicate an additional $400 million to $900 million of their lending to poor countries to expand immunization, prevent and

treat common diseases *(including opportunistic infections for people living with HIV/AIDS)*, and build sound delivery systems for other basic health services.

The third element of this initiative is increased funding for NIH to accelerate research on vaccines for HIV/AIDS, tuberculosis (TB), malaria, and other major infectious killers. Funding for NIH's already substantial AIDS vaccine research program will increase by 12%, while TB and malaria vaccine research funding will increase by 50% and 20%, respectively, over FY 2000 levels. Finally, the President will call for a tax credit on the sales of vaccines to developing countries as an incentive for the pharmaceutical industry to invest in the development of vaccines for diseases that disproportionately affect those countries. This tax credit would be part of a broad international effort to ensure that a market will exist for these vaccines once they become available.

1- Vaccines

January 24, 2000

President Clinton Unveils Millennium Initiative to Promote Delivery of Existing Vaccines in Developing Countries and Accelerate Development of New Vaccines

In his State of the Union address, President Clinton will call for concerted international action to combat infectious diseases in developing countries. These diseases cause almost half of all deaths worldwide of people under age 45, killing over eight million children each year and orphaning millions more.

The President committed the United States to addressing this terrible problem in his September speech to the United Nations General Assembly. Now the President is asking for foundations, pharmaceutical companies, international agencies, and other governments to join us in this task, and he is announcing these specific elements of his Millennium Initiative:

- **A new financial commitment to purchase and deliver existing vaccines in poor countries.** As Vice President Gore told the U. N. Security Council earlier this month, the Administration's FY 2001 budget will include **a proposed $50 million contribution to the vaccine purchase fund of the Global Alliance for Vaccines and Immunization (GAVI).**

- **Increased investments in health in developing countries. The President is calling on the World Bank and other multilateral development banks to dedicate an additional $400 million to $900 million annually of their low-interest-rate loans to expand immunization, prevent and treat common diseases, and build effective delivery systems for other basic health services.** These investments are as central to economic progress as investments in education and physical infrastructure, and they would build on the new focus on basic health services that we have supported as part of the Highly Indebted Poor Countries (HIPC) debt initiative. This proposed shift in existing resources does not require additional U.S. budget expenditures.

- **A significant increase in basic research on diseases that affect developing nations.** The Administration's FY 2001 budget for the National Institutes of Health includes **a sharp step-up in research critical to the development of vaccines for malaria, tuberculosis, and HIV/AIDS.**

- **A new tax credit for sales of vaccines for malaria, tuberculosis, and HIV/AIDS to accelerate the invention and production of these vaccines.** Because developing countries often cannot afford to buy vaccines, the market provides little incentive for pharmaceutical companies to develop vaccines for diseases that disproportionately affect those countries. This tax credit would provide such an incentive, because **every dollar paid by a qualifying organization to buy a qualifying vaccine would be matched by a dollar of tax credits – representing up to $1 billion of additional funding for future vaccine purchases.** The President is calling on other governments to make similar purchase

commitments, so that we can ensure a future market for these critically needed vaccines.

POLICY RATIONALE AND ADDITIONAL EXPLANATION

Infectious Diseases Pose a Mounting Social and Economic Burden on Developing Countries – And a Threat to Our Health As Well.

- More than eight million children die each year of centuries-old diseases like malaria, tuberculosis, and respiratory and diarrheal diseases. Deaths from the modern scourge of AIDS are climbing rapidly. Altogether, as many children die of infectious diseases each year as the total number of combatants who perished in World War I.

- In an interconnected and highly mobile world, health crises in other countries are a threat to everyone. We have seen this with HIV/AIDS, with the resurfacing of tuberculosis, and with the outbreak last year of West Nile encephalitis in New York. According to the Global Health Council, during the past 50 years, at least five times as many Americans have died from communicable diseases that have come from the developing world than have died in military conflicts.

Vaccines Are One of the Most Cost-Effective Ways to Improve the Well-Being and Productivity of the Poorest Countries – And Medicines and Other Basic Health Services Are a Necessary Complement.

- It costs about $15 to immunize a child, but millions of children die each year of diseases that could be prevented by existing vaccines. Indeed, children in developing nations are 10 times more likely to die of a vaccine-preventable disease than those in developed nations. And these tragedies occur in spite of the enormous efforts of UNICEF and others to vaccinate children, which save 3 million lives each year.

- Effective vaccines do not yet exist for malaria, TB and AIDS, which take over 5 million lives each year. But developed nations have the scientific and technological capacity to make new vaccines possible. For example, recent work on genetic sequencing, including the human genome, will open vast possibilities.

- Another health investment with very high returns is simple preventive and curative services. Providing this basic health care together with vaccines would save millions of lives each year.

A $50 Million Contribution to GAVI's "Global Fund for Children's Vaccines" Will Save Lives Now and Create Confidence that a Market for New Vaccines Will Exist in the Future.

- GAVI, the Global Alliance for Vaccines and Immunization, was formed as a collaborative effort of UNICEF, the World Health Organization (WHO), the World Bank, private foundations, bilateral aid agencies (including the U.S. Agency for International

Development), industry representatives, and developing countries. GAVI established the "Global Fund for Children's Vaccines" with an initial grant of $750 million over 5 years from the Bill and Melinda Gates Foundation. The formal launch of GAVI, and the official announcement of the Gates gift, will occur shortly in Davos, Switzerland.

- A U.S. contribution to the Global Fund will help to purchase vaccines for Hepatitis B, Haemophilus Influenzae B (Hib), and Yellow Fever, along with related safe delivery equipment such as auto-destruct syringes. To ensure that these vaccine purchases complement, rather than replace, existing vaccination efforts, they will be conditional on a country achieving minimal coverage of the DTP (diptheria-tetanus-pertussis) vaccine, which is included along with measles and polio in the existing EPI (Expanded Program for Immunization).

- A U.S. contribution will hopefully catalyze significant contributions from other countries and foundations. It will also add crucial credibility to the international community's commitment to provide a market for new vaccines when they are developed.

We Must Shift Existing International Resources Toward Building Health Infrastructure in Poor Countries That Can Deliver Vaccines and Medicines and Provide Essential Basic Health Services.

- The World Bank and other multilateral development banks (MDBs, such as the African Development Fund) lend money on highly favorable terms to the world's poorest countries. Today, roughly $1 billion to $1-1/2 billion of this so-called "concessional funding" is devoted to health care each year. The Administration proposes to increase that amount by $400 million to $900 million per year, with a focus on:
    - immunization;
    - prevention of diseases using basic measures such as information and condoms for AIDS, treated bed nets for malaria, and stronger systems for containing TB;
    - treatment of diseases, including common respiratory and diarrheal infections; and
    - more effective provision of basic health care.

- The Administration is exploring ways to use the HIPC debt reform to support this part of the Millennium Initiative. One possibility is to make an increase in vaccination rates one of the performance targets monitored in the HIPC progress reports. This could be accompanied by debtor countries' agreements to include specific improvements in vaccine delivery systems as priority uses of debt relief proceeds. We also expect that all Poverty Reduction Strategy Papers that are prepared for HIPC candidates will discuss the adequacy of budget resources and suggested policy reforms devoted to basic health care.

- This re-direction of resources supports the Administration's overall strategy for global development, which emphasizes poverty reduction and gives a central role to "global public goods" - like health or the environment - in which positive actions taken in one

country benefit other countries as well. To meet this objective, these funds should not come from spending on other basic social programs, such as education and health care.

- This aspect of the Millennium Initiative does not require a new budgetary commitment by the United States (or other donor countries). However, the U.S. ability to influence the direction of MDB lending and the use of HIPC proceeds depends crucially on meeting our existing commitments to these aid programs. We will work with other G-8 finance and development ministries to refine this proposal.

- A conservative estimate suggests that if basic health care including immunization were made broadly available, up to 2 million children's lives could be saved each year.

Higher Funding for Basic Scientific Research Through the National Institutes of Health (NIH) Will Hasten the Development of Vaccines for Malaria, TB, and AIDS.

- The Administration's FY 2001 budget for NIH includes a significant increase in research critical to creating vaccines for these diseases. For malaria and TB, this increase will build on recent advances in the genetic sequencing of these diseases, which have set the stage for major breakthroughs in vaccine development.

- Funding for malaria vaccine research will increase by 20 percent over the FY 2000 level. Future research will range from pre-clinical studies aimed at improving our understanding of the malaria parasite, through the development of vaccine candidates, to clinical trials judging vaccine efficacy and safety. NIH will also expand its collaboration with scientists in malaria-endemic regions, especially in Africa, to strengthen those regions' capacity for conducting clinical trials of malaria vaccines in the future.

- Research on a tuberculosis vaccine will receive 50 percent more funding than in FY 2000 and nearly double the FY 1999 level. NIH will focus on studying the body's defense mechanisms against TB, and developing and studying TB vaccine candidates. Through its Tuberculosis Research Unit, NIH supports an international multi-disciplinary team to translate advances in basic research into new tools for fighting TB.

- NIH funding for AIDS vaccine research will increase substantially in FY 2001 and will have more than doubled since FY 1997. These additional resources will allow NIH to accelerate basic research on developing vaccine candidates and to significantly expand testing of potential vaccine candidates in both developing and developed countries. The new Vaccine Research Center on the NIH campus, which will be occupied this summer, will receive a sizeable increase in funding for the development and pre-clinical testing of HIV vaccine candidates.

A New Tax Credit Would Effectively Provide Up to $1 Billion for Future Vaccine Purchases, Speeding the Invention and Production of New Vaccines.

- Current tax law provides substantial incentives for pharmaceutical research and development, including the research and experimentation (R&E) tax credit, the orphan drug tax credit, and an enhanced deduction for charitable contributions of certain products. Nonetheless, pharmaceutical companies may be reluctant to invest in developing vaccines for diseases that primarily afflict people in poor countries, because little or no paying market exists in those countries.

- Under the proposal, the seller of a qualified vaccine could claim a tax credit equal to 100 percent of the amount paid by a qualifying organization that received a "credit allocation" by the U.S. Agency for International Development (AID). The tax credit would match the qualified organizations' expenditures dollar-for-dollar, thereby doubling their purchasing power. A qualifying vaccine would be a vaccine that received FDA approval for use against malaria, tuberculosis, HIV/AIDS, or any infectious disease that causes over 1 million deaths annually worldwide.

- For 2002 through 2010, AID could designate up to $1 billion of vaccine sales as eligible for the credit. This tax credit would be limited to new vaccines developed to fight these terrible diseases. The credit would provide a specific and credible commitment to purchase future vaccines at reasonable prices. Together with similar commitments from foundations and other governments, it would provide a critical and powerful incentive to accelerate vaccine research and development.