| Folder Title: |
|---|
| AIDS, 1 of 2 [Africa] [2] |
| **Staff Office-Individual:** |
| African Affairs-Smith, Gayle/Barks-Ruggles, Erica/Sanders, Robin/Rice, Susan/Dempsey, Nora et al. |
| **Original OA/ID Number:** |
| 2853 |

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# Withdrawal/Redaction Sheet
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 001. memo | Sandra Thurman to the President, re: Report on Presidential Mission Looking at Children Orphaned by AIDS in sub-Saharan Africa (6 pages) | 04/16/1999 | P1/b(1) |
| 002. memo | Sandra Thurman to the Global AIDS Emergency Working Group, re: Background Memo Regarding Children Orphaned by AIDS in sub-Saharan Africa (5 pages) | 05/07/1999 | P1/b(1) |
| 003. list | Global AIDS Emergency Working Group Participants List [partial] [10 U.S.C. 424] (1 page) | ca. 05/1999 | P3/b(3) |

**COLLECTION:**
Clinton Presidential Records
National Security Council
African Affairs (Smith, Gayle/Barks-Ruggles, Erica/Sanders, Robin/Rice, Susan/Dempsey, Nora et al.)
OA/Box Number: 2853

**FOLDER TITLE:**
AIDS, 1 of 2 [Africa] [2]

2007-1550-F
ke2008

**RESTRICTION CODES**

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

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

**C.** Closed in accordance with restrictions contained in donor's deed of gift.
**PRM.** Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
**RR.** Document will be reviewed upon request.

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

**b(1)** National security classified information [(b)(1) of the FOIA]
**b(2)** Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
**b(3)** Release would violate a Federal statute [(b)(3) of the FOIA]
**b(4)** Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
**b(6)** Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
**b(7)** Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
**b(8)** Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
**b(9)** Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE
WASHINGTON

Gayle,

This is a copy of the latest memo to the President in response to his inquiry regarding our inability to provide AZT to pregnant women in South Africa. We attempted to put the issue in the broader context for him.

Thanks

Sandy Thurman

S 24-99

file HIV AIDS

THE WHITE HOUSE

WASHINGTON

[redacted]

cc: NSC/Sandy (I'd like to help re this)

cc: Gene S.

cc: Back to me

May 21, 1999

**MEMORANDUM TO THE PRESIDENT**

FROM: Sandra L. Thurman, Director, Office of National AIDS Policy

SUBJECT: AIDS in Africa - Response to Your Request for Additional Information

---

Thank you for calling me in Ghana and for reiterating your concern about the AIDS emergency in Africa and the need for an invigorated US effort. As a follow-up to our conversation, this memorandum provides additional information that seeks to put the issue of AZT for pregnant women in the broader context of the AIDS pandemic in Africa.

**AIDS is a plague of biblical proportion**

Thanks to the commitment of Rev. Leon Sullivan, for the first time, the African African-American Summit focused much needed attention on the issue of AIDS in Africa and acknowledged the following bleak realities:

AIDS buries more than 5,500 people a day in Africa and that number will more than double in the next few years. The WHO just declared AIDS the leading cause of death among all people of all ages in Africa, and each day, an additional 11,000 people become HIV infected. Most of these new infections are among young people, under the age of 25. By 2005, more than 100 million people worldwide will be HIV-positive.

AIDS is leaving a generation of children in jeopardy. In ~~many countries, between~~ one-fifth and one-third of all children have already been orphaned by AIDS, and the worst is yet come. Within the next decade more than 36 million children will be orphaned by AIDS in sub-Saharan Africa, ~~and this tragedy will continue to grow~~ for at least another 30 years.

AIDS is wiping out decades of steady progress in development, doubling infant mortality, tripling child mortality, and slashing life expectancy by 20 years or more. AIDS is devastating economic growth, threatening political and regional stability, and stands a serious obstacle to the realization of your new partnership with Africa, again celebrated in Ghana.

**The combination of leadership and resources can turn the tide.**

In our battle against AIDS, Uganda is the model for success in the developing world. President Museveni has been a strong and effective AIDS leader, and has created an environment ripe for change. In response, the US has invested more than $50 million on AIDS in Uganda over a ten-

Copied POTUS NSC WH Berger Sperling Podesta Thurman

year period. Through this combination of leadership and sustained resources, Uganda has cut the rate of HIV by more than half, and organized model AIDS care programs.

As an essential component of your new partnership with Africa, we need to help cultivate AIDS leadership among more African leaders, and we need to help enhance the overall investment in the war on AIDS to a level that meets the magnitude of this crisis. On the leadership front, we are beginning to see positive movement. As the realities of the AIDS become increasingly unavoidable, a growing number of African leaders are stepping up to the plate. However, the resources currently dedicated to winning this war, from both host governments and donors, are grossly inadequate. As I said in my previous memorandum, in the face of a 300% rise in annual HIV incidence and an AIDS explosion in sub-Saharan Africa, the USAID global AIDS budget has remained essentially stagnant since 1993. Other donors have followed suit. Without a dramatically enhanced response, we will lose this war.

Our Global AIDS Emergency Working Group is exploring three strategies for increasing the availability of resources to begin to meet the ever growing global AIDS crisis. First, we are looking at an increase in the USAID global AIDS budget. In this context, it is important that this increase be new money and not taken from other essential development accounts. Health, education, child-survival, and micro-finance are all interconnected components of a comprehensive human investment and AIDS strategy. Shifting money from one account to another will not improve our collective effort. Second, we are looking at an approach to debt relief that not only considers a debtor nation's economic policy but its strong commitment to investing in human capacity, particularly HIV and AIDS. Countries such as Côte d'Ivoire, Kenya, Nigeria, South Africa, and Zambia all hold considerable US debt and have a serious and growing AIDS emergency. Third, we are looking at public-private partnerships.

**Finding ways to increase access to AZT for HIV-positive pregnant women is an integral part of an invigorated response to AIDS in Africa.**

With additional resources, the US can partner with host governments and other donors to promote an aggressive strategy on four fronts including: containing the AIDS pandemic, providing home and community-based AIDS treatment and support, caring for children orphaned by AIDS, and gearing up for the long haul through health infrastructure and capacity development.

In the context of containing the AIDS pandemic, developing ways to prevent mother-to-child transmission that are workable in Africa is a high priority. In Africa today, for every ten children born to HIV-positive mothers, two become infected during delivery, one becomes infected through breast-feeding, and seven remain HIV-negative. A "short course" of AZT at the time of birth and for a week following has been found to reduce the number of babies who become HIV-positive during delivery by nearly 40%. This is extremely encouraging news. However, a host of additional issues need to be explored and addressed before this knowledge can be effectively implemented.

USAID is now devoting $6 million to answering key questions surrounding the use of AZT to reduce mother-to-child transmission of HIV in the developing world. For example, to keep babies HIV-negative, mothers who receive AZT during delivery should not breastfeed. However, in many areas of sub-Saharan Africa, babies are as likely to die from diarrhea resulting

from misuse of formula as they are from AIDS. The lack of health care infrastructure is also a serious issue. More than 95% of pregnant women do not know they are HIV-positive and currently lack access to vital testing and counseling services needed to find out. Further, in many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics unequipped for AZT interventions.

Finally, the AIDS stigma is so great in places like South Africa, that fear and denial keep pregnant women from discovering their status, even if they have the option. Recently a woman in South Africa with HIV went public with her status and was stoned to death by her neighbors, and countless others have been left destitute on the street with their children after their husbands found out they were HIV-positive. As we begin to address these issues, we will increase our ability to move forward with the implementation of an AZT intervention.

The cost of AZT remains a serious concern. Even with a price reduction from Glaxo Wellcome, AZT is expensive, particularly by African standards, and health planners face difficult choices over the best use of scarce resources. In South Africa, Health Minister Zuma has opposed providing AZT to pregnant women because it cannot be made available to all who need it and because she believes that other approaches are more cost effective. For example, she believes that it is better to focus on keeping women of childbearing age HIV-negative, thereby not only saving children from becoming infected but from becoming orphaned as well. In addition, this AZT discussion has been caught up in the debate over US policy on compulsory licensing, and South Africa's desire to produce AZT at a more affordable price. It is for these reasons that the delivery of AZT to pregnant women is one prong of a multifaceted approach to respond to AIDS in Africa.

I welcome the opportunity to discuss this with you further, and hope to have a report to you on AIDS in Africa, including recommendations from the Global AIDS Emergency Working Group, in early June.

**Battenfield, Pat A.**

**From:** Hachigian, Nina L.
**Sent:** Friday, June 04, 1999 6:39 AM
**To:** Busby, Scott W.; @NSA - Natl Security Advisor
**Cc:** @AFRICA - African Affairs; @LEGAL - Legal Advisor; @MULTILAT - Multilateral and Humanitarian Affairs; @LEGISLAT - Legislative Affairs
**Subject:** RE: Change to procedures for HIV+ refugees [UNCLASSIFIED]

Jim says OK

-----Original Message-----
**From:** Busby, Scott W.
**Sent:** Thursday, June 03, 1999 6:50 PM
**To:** Busby, Scott W.; @NSA - Natl Security Advisor
**Cc:** @AFRICA - African Affairs; @LEGAL - Legal Advisor; @MULTILAT - Multilateral and Humanitarian Affairs; @LEGISLAT - Legislative Affairs
**Subject:** RE: Change to procedures for HIV+ refugees [UNCLASSIFIED]

Nina -- For various reasons, INS plans to issue the guidance discussed below tomorrow. (Maria E. is aware of and agrees with this timetable.) I've revised e-mail to reflect this. Jim should read this e-mail tonight and let us know if he has questions/concerns in a.m. Scott

-----Original Message-----
**From:** Busby, Scott W.
**Sent:** Thursday, June 03, 1999 11:38 AM
**To:** @NSA - Natl Security Advisor
**Cc:** @AFRICA - African Affairs; @LEGAL - Legal Advisor; @MULTILAT - Multilateral and Humanitarian Affairs; @LEGISLAT - Legislative Affairs
**Subject:** Change to procedures for HIV+ refugees [UNCLASSIFIED]

Nina -- Please pass to Jim.

Cleared by Legal and Africa

Jim --

INS plans to issue tomorrow revised guidance on the processing of HIV-positive refugees. The law makes excludable for immigration purposes persons with diseases of "public health significance," including those with HIV. Nevertheless, the AG has authority to waive such excludability for humanitarian purposes, to assure family unity, or if she deems it in the public interest to do so.

For more than ten years, INS has imposed three eligibility requirements for such a waiver: the refugee applicant must establish that (1) the danger to the public health of the person's admission would be minimal; (2) the possibility of the spread of the disease would be minimal if the person were admitted; and (3) there would be no cost incurred by any level of government agency in the U.S. without the consent of that agency. The last of these prongs has proven insurmountable for most HIV-positive refugees, mostly because of the way in which INS has construed the requirement. The result has been that almost all of these individuals, who do not learn they are HIV-positive until after we have approved them for refugee status, languish in refugee camps indefinitely. At present, we estimate there are 200 cases in this posture encompassing over 700 people (most in Africa). Our failure to resettle these cases after we have determined them to be refugees has created considerable friction with UNHCR and the NGOs.

- At our urging, INS has worked with HHS to develop a solution. Specifically, INS (with Justice clearance) is now prepared to accept as sufficient for purposes of the third requirement a formal representation from HHS that it will provide certain health benefits to the refugee upon his or her arrival. (These benefits are consistent with what HHS already provides to refugees.) We think this is a workable solution, as does State, DPC, the WH Aids Office and Maria E.

  This change will be handled through revised field guidance to INS officers overseas. Although changes in INS field guidance wouldn't ordinarily attract a lot of attention, this issue has been volatile in the past (to recall, in 1993 the Congress legislated the HIV bar to admission after we tried to remove it administratively) and the change could provoke some reaction from the Hill. INS plans to notify relevant Hill staffers about the change and is preparing a communications plan if the issue gets press attention.

  -- Scott

## Battenfield, Pat A.

**From:** Bernard, Kenneth W.
**Sent:** Wednesday, June 02, 1999 10:46 AM
**To:** Sutphen, Mona K.; @AFRICA - African Affairs
**Cc:** Hachigian, Nina L.; Kerrick, Donald L.; Babbitt, James F.
**Subject:** RE: Action on POTUS Comment [UNCLASSIFIED]

Gayle, Erica, Jim Babbitt and I met on this yesterday. Had a long conversation with Sandy Thurman, offering our support, and talked with Treasury, USAID and HHS to press for deliverables. Leon is doing another meeting on AIDS/Africa on Friday. Lots of talk and some good ideas for action. I think it would be worthwhile for SRB to also send a brief note to the President at some point in support of some of those initiatives (debt relief, DOD involvement, increase in USAID funding etc.). The bottom line is new money (either debt forgiveness and/or a real increase in budget) -- tough sell to OMB -- but do-able if there is enough administration pressure. I'd hate to see Jesse Jackson or Ron Dellums to get out too far in the lead here with their "Marshall plan for Africa" idea. --Ken Bernard

-----Original Message-----
**From:** Sutphen, Mona K.
**Sent:** Wednesday, June 02, 1999 10:28 AM
**To:** @AFRICA - African Affairs; Bernard, Kenneth W.
**Cc:** Hachigian, Nina L.
**Subject:** Action on POTUS Comment [UNCLASSIFIED]

Gayle/Ken -

On a 5/21 memo from Sandy Thurman re: AIDS in Africa, POTUS cc'd the NSC and wrote: " I'd like to help w/this."

Please touch base w/Thurman's shop to coordinate on any initiatives they may develop in response to POTUS' comment. Thanks.

Mona

**Battenfield, Pat A.**

---

**From:** Busby, Scott W.
**Sent:** Thursday, June 03, 1999 11:38 AM
**To:** @NSA - Natl Security Advisor
**Cc:** @AFRICA - African Affairs; @LEGAL - Legal Advisor; @MULTILAT - Multilateral and Humanitarian Affairs; @LEGISLAT - Legislative Affairs
**Subject:** Change to procedures for HIV+ refugees [UNCLASSIFIED]

Nina -- Please pass to Jim.

Cleared by Legal and Africa

Jim --

By the end of the week, INS plans to issue revised guidance on the processing of HIV-positive refugees. The law makes excludable for immigration purposes persons with diseases of "public health significance," including those with HIV. Nevertheless, the AG has authority to waive such excludability for humanitarian purposes, to assure family unity, or if she deems it in the public interest to do so.

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This change will be handled through revised field guidance to INS officers overseas, which INS hopes to issue in the next week or so. Although changes in INS field guidance wouldn't ordinarily attract a lot of attention, this issue has been volatile in the past (to recall, in 1993 the Congress legislated the HIV bar to admission after we tried to remove it administratively) and the change could provoke some reaction from the Hill. INS plans to notify relevant Hill staffers about the change and is preparing a communications plan if the issue gets press attention.

-- Scott

## Battenfield, Pat A.

**From:** Barks-Ruggles, Erica
**Sent:** Thursday, June 03, 1999 9:07 AM
**To:** Smith, Gayle E.
**Cc:** @AFRICA - African Affairs
**Subject:** HIV/AIDS stuff [UNCLASSIFIED]

Gayle -
At the meeting with OVP to (once again) go through with Tom Rosshirt why we could not get out there and announce a final agreement on the IPR issues (i.e. we do not have one w/in the USG, much less an agreement with the South Africans), the conversation turned to how to handle the HIV/AIDS piece of the question (wrapped up into IPR because of the AZT issue in South Africa). The Ralph Nader sponsored letter will not officially come to the WH until June 30th according to their web site, so we are pushing USTR to budge on IPR stuff and get a proposed resolution to the SAG before then.

Sandy Thurman was at the meeting. She reaffirmed that we are all working together (she included Ken Bernard in the list) to put together a **strategy for POTUS consideration**. She says Podesta is pressing her to get it done by next Wed. in time for a POTUS event at NIH (inauguration of a vaccination center). She has told him this is impossible. She would, however, like to aim for the 11or 14th so that we 1) have this ready to go for POTUS to push at G-7 (especially any debt swap piece), 2) have it ready to go as a deliverable for the inauguration delegation. (This would also help undercut the Ralph Nader group if we are ahead of their June 30th curve).

**FYI**

- Sandy has a regular monthly meeting with HIV/AIDS activists groups on Monday and Tuesday next week (the 7th and 8th) and will use Q&A's that we and OVP are putting together w/ her on what we have done so far on this issue.
- Leon Sullivan is also meeting w/POTUS on Monday or Tuesday (he went the back door and got OPL to sponsor). She was grateful for our help and heads up on the Ron Dellums request and has weighed in appropriately with OPL as well.

**Sandy wants our help** getting 1) note up to SRB in support of a POTUS initiative on AIDS in Africa (I assured her we are working on it), and 2) getting DOD to cough up some money. She is aiming at $120 million total with $50 million in new money (not sure from where), $20 million from NIH, $20-30 million in debt swaps and $20-30 million from DOD. She has Treasury debt office up to $8 million and NIH around $5 already...DOD has been non-responsive.

UNCLASSIFIED
NSC/RMO PROFILE

RECORD ID: 9904034
RECEIVED: 25 MAY 99 14

TO: PRESIDENT

FROM: THURMAN, S

DOC DATE: 21 MAY 99
SOURCE REF:

KEYWORDS: INTL HEALTH
HUMANITARIAN ASSISTANCE
AFRICA

PERSONS:

HIV/AIDS Bill

SUBJECT: POTUS REQUESTS NSC RECOMS RE AIDS IN AFRICA MEMO

ACTION: PREPARE MEMO FOR BERGER DUE DATE: 31 MAY 99 STATUS: S

STAFF OFFICER: BERNARD LOGREF:

FILES: PA NSCP: CODES:

D O C U M E N T D I S T R I B U T I O N

| FOR ACTION | FOR CONCURRENCE | FOR INFO |
|---|---|---|
| BERNARD | GUARNIERI | SCHWARTZ |
| | SMITH, G | WIPPMAN |

Erica
Pls touch base w/Ken on this. I don't think he was at IWG. Would like to see memo/draft when it returns if poss
Thanks
JS

COMMENTS: POTUS NOTE: I'D LIKE TO HELP W/ THIS

DISPATCHED BY _____ DATE _____ BY HAND W/ATTCH

OPENED BY: NSTSM CLOSED BY: DOC 1 OF 1

UNCLASSIFIED

4034

THE WHITE HOUSE
WASHINGTON

May 21, 1999

MR. PRESIDENT:

I understand you asked Sandy to provide you this information right away.

Sean Maloney

5-24-99

copied
POTUS
NSC WWDesk
Berger
Sperling
Podesta

5-24-99

THE WHITE HOUSE

WASHINGTON

May 21, 1999

[redacted]
cc: NSC/Sandy Berger
cc: Gwen
cc: Bruce Lindsey

**MEMORANDUM TO THE PRESIDENT**

FROM: Sandra L. Thurman, Director, Office of National AIDS Policy

SUBJECT: AIDS in Africa - Response to Your Request for Additional Information

---

Thank you for calling me in Ghana and for reiterating your concern about the AIDS emergency in Africa and the need for an invigorated US effort. As a follow-up to our conversation, this memorandum provides additional information that seeks to put the issue of AZT for pregnant women in the broader context of the AIDS pandemic in Africa.

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AIDS is leaving a generation of children in jeopardy. In ~~many countries, between~~ one-fifth and ~~one-third of~~ all children have already been orphaned by AIDS, and the worst is yet come. Within the next decade more than 36 million children will be orphaned by AIDS in sub-Saharan Africa, ~~and this tragedy will~~ continue to grow for at least another 30 years.

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year period. Through this combination of leadership and sustained resources, Uganda has cut the rate of HIV by more than half, and organized model AIDS care programs.

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**Finding ways to increase access to AZT for HIV-positive pregnant women is an integral part of an invigorated response to AIDS in Africa.**

With additional resources, the US can partner with host governments and other donors to promote an aggressive strategy on four fronts including: containing the AIDS pandemic, providing home and community-based AIDS treatment and support, caring for children orphaned by AIDS, and gearing up for the long haul through health infrastructure and capacity development.

In the context of containing the AIDS pandemic, developing ways to prevent mother-to-child transmission that are workable in Africa is a high priority. In Africa today, for every ten children born to HIV-positive mothers, two become infected during delivery, one becomes infected through breast-feeding, and seven remain HIV-negative. A "short course" of AZT at the time of birth and for a week following has been found to reduce the number of babies who become HIV-positive during delivery by nearly 40%. This is extremely encouraging news. However, a host of additional issues need to be explored and addressed before this knowledge can be effectively implemented.

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from misuse of formula as they are from AIDS. The lack of health care infrastructure is also a serious issue. More than 95% of pregnant women do not know they are HIV-positive and currently lack access to vital testing and counseling services needed to find out. Further, in many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics unequipped for AZT interventions.

Finally, the AIDS stigma is so great in places like South Africa, that fear and denial keep pregnant women from discovering their status, even if they have the option. Recently a woman in South Africa with HIV went public with her status and was stoned to death by her neighbors, and countless others have been left destitute on the street with their children after their husbands found out they were HIV-positive. As we begin to address these issues, we will increase our ability to move forward with the implementation of an AZT intervention.

The cost of AZT remains a serious concern. Even with a price reduction from Glaxo Wellcome, AZT is expensive, particularly by African standards, and health planners face difficult choices over the best use of scarce resources. In South Africa, Health Minister Zuma has opposed providing AZT to pregnant women because it cannot be made available to all who need it and because she believes that other approaches are more cost effective. For example, she believes that it is better to focus on keeping women of childbearing age HIV-negative, thereby not only saving children from becoming infected but from becoming orphaned as well. In addition, this AZT discussion has been caught up in the debate over US policy on compulsory licensing, and South Africa's desire to produce AZT at a more affordable price. It is for these reasons that the delivery of AZT to pregnant women is one prong of a multifaceted approach to respond to AIDS in Africa.

I welcome the opportunity to discuss this with you further, and hope to have a report to you on AIDS in Africa, including recommendations from the Global AIDS Emergency Working Group, in early June.

CONSTITUENCY FOR AFRICA

Copy going to Sandy Thurman

May 25, 1999

President William Clinton
The White House
Washington, D.C. 20500

via fax: 202-456-2604

Dear Mr. President:

I write this letter to request a meeting with you to discuss the global threat of HIV/AIDS and the AIDS Marshall Plan for Africa (AMPFA). I have become very active in the effort to provide treatment and care to HIV/AIDS victims throughout the world. I now chair the Constituency for Africa (CFA), and serve on the board of directors for AIDS Action.

As you know, since my retirement from Congress I have been very active in seeking solutions and answers to combat the growing pandemic of HIV/AIDS. I have tried repeatedly to meet and share information with members of your Administration regarding the worsening situation caused by HIV/AIDS in Africa. Needless to say, I am both frustrated and surprised by the lack of follow through and access to key members of your Administration.

I am certain that you are aware of the problems caused by the global spread of HIV/AIDS and how its exponential growth threatens the security of the world. According to UNAIDS, there are currently 7.8 million orphans on the continent of Africa because of HIV/AIDS. That number could expand to 40 million by 2010. Additionally, 11.5 million people have died in sub-Saharan Africa, and 22.5 million will die in the next decade if measures are not developed to slow the spread of the virus.

The above statistics only begin to give you an idea of the extent of the problem caused by HIV/AIDS throughout the developing world. Since October of last year, I have met with several ministers of health from various African countries regarding the problems and solutions for the HIV pandemic. I have shared with them my intention to bring this matter to the attention of the American government. As a result, I have met with the Congressional Black Caucus (CBC) and they have endorsed the concept of the AMPFA. The CBC has tasked Congresswoman Barbara Lee to draft and introduce legislation that will embody the concept of AMPFA.

1629 K Street, N.W. • Suite 1010 • Washington, D.C. 20006
(202) 371-0588 • Fax (202) 371-9017
http:\\www.cfanet.com
E-mail: cfanet@cfanet.org

You should also know that there is considerable interest in the AMPFA in Africa and throughout the world. I am certain that our discussion is vital and that you will agree that we are pursuing a solution that is worthy of your support. Ms. Sandra Thurman, Director of National AIDS Policy, is familiar with the AMPFA and has provided me with valuable insight and information

Mr. President, the problems caused by HIV/AIDS throughout the world deserves and need the attention of America. We cannot be witnesses to a situation that will kill more people than all world wars combined and will cause severe devastation to the human family. We have a responsibility to prevent another holocaust and therefore, I seek your prompt attention and reply to my request for a meeting.

Please call me directly or contact Charles Stephenson or Ann Brown, of my staff, at 202-857-3290 to arrange for a meeting at your earliest convenience.

Sincerely,

Ronald V. Dellums
Chair

**Battenfield, Pat A.**

**From:** Barks-Ruggles, Erica
**Sent:** Friday, May 28, 1999 5:53 PM
**To:** Busby, Scott W.; Krass, Caroline D.
**Cc:** @AFRICA - African Affairs; @LEGAL - Legal Advisor; @MULTILAT - Multilateral and Humanitarian Affairs
**Subject:** RE: PLEASE CLEAR: Note on HIV+ refugees [UNCLASSIFIED]

Scott - As discussed, this looks fine to me. Need to put in time frame for the INS revised guidelines. Also Congress angles - who opposed last time, could they be a huge problem, how are we going to consult with Hill. - Erica

-----Original Message-----
**From:** Busby, Scott W.
**Sent:** Friday, May 28, 1999 5:35 PM
**To:** Barks-Ruggles, Erica; Krass, Caroline D.
**Cc:** @AFRICA - African Affairs; @LEGAL - Legal Advisor; @MULTILAT - Multilateral and Humanitarian Affairs
**Subject:** PLEASE CLEAR: Note on HIV+ refugees [UNCLASSIFIED]

Caroline, Erica -- Please clear attached note to Jim

Nina -- Please pass to Jim.

Jim --

FYI, INS is on the verge of issuing revised guidance on the processing of HIV-positive refugees. The law makes excludable for immigration purposes persons with diseases of "public health significance," including those with HIV. Nevertheless, the AG has authority to waive such excludability for humanitarian purposes or if she deems it in the public interest to do so.

For more than ten years, INS has imposed three eligibility requirements for such a waiver: the refugee applicant must establish that (1) the danger to the public health of the person's admission would be minimal; (2) the possibility of the spread of the disease would be minimal if the person were admitted; and (3) there would be no cost incurred by any level of government agency in the U.S. without the consent of that agency. The last of these prongs has proven insurmountable for most HIV-positive refugees, mostly because of the way in which INS has applied the requirement. The result has been that these individuals -- almost all of whom do not learn they are HIV-positive until after we have approved them for refugee status -- languish in refugee camps indefinitely. Our failure to resettle these cases after we have determined them to be refugees has created some friction in our relationship with UNHCR. At present, we estimate there are 200 cases in this posture encompassing over 700 people (most of whom are in Africa).

INS has worked with HHS to develop a solution. Specifically, INS (with Justice clearance) is now prepared to accept as sufficient for purposes of the third requirement a formal representation from HHS that it will provide certain health benefits to the refugee upon his or her arrival. We think this is a workable solution, as does State, DPC, the WH Aids Office and Maria E.

This change will be handled through revised field guidance to INS officers overseas, so it shouldn't attract a lot of attention. Nevertheless, this issue has been volatile in the past (to recall, in 1993 the Congress legislated the HIV bar to admission after we

tried to remove it administratively). Thus, we wanted you to know about the change before it happens.

-- Scott

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

| TO: | FROM: |
|---|---|
| **Pat Battenfield** | Cheryl Bauerle |
| COMPANY: | DATE: May 18, 1999 |
| FAX NUMBER: 6-9260 | TOTAL NO. OF PAGES INCLUDING COVER: 2 |
| PHONE NUMBER: | |
| RE: | |

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

NOTES/COMMENTS:

The attached is just an FYI . We are sending out the memo this afternoon to some of the members of the Working Group in hopes of getting ~~a more~~ formal response.

Many thanks.

GAYLE

FYI

file

thanks

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

May 18, 1999

To: (Members of the Global AIDS Emergency Working Group)

From: Sandra Thurman, Director
Office of National AIDS Policy

---

As discussed in the meeting of the Global AIDS Emergency Working Group, we have been charged with making recommendations to the President on how best we may enhance the US response to HIV/AIDS in sub-Saharan Africa, and to do so in short order. To that end, we asked that each of you consider what your agency is currently doing towards this effort, as well as how additional funds could be identified and effectively utilized to shape a strengthened and more coordinated response. We would appreciate it immensely if you would briefly outline in writing your thoughts regarding this inquiry.

As you know, the President has asked that recommendations be ready during the first week in June. In order for us to meet this deadline, I hope that you will be able to respond to our request as soon as possible. I would appreciate your faxing it to Cheryl Bauerle in my office at (202) 456-2439 by Friday, May 21.

Thank you very much for your time and attention.

May 3, 1999

**Memo**

To:

From: Sandy Thurman, Director
White House Office of National AIDS Policy

Re: **Report and Recommendations Regarding AIDS in Africa**

---

In response to a recent Presidential Mission to sub-Saharan Africa designed to assess the impact of the AIDS epidemic, the President has instructed me to convene and chair a global AIDS emergency working group to make recommendations for an enhanced US effort. The President has indicated the he expects this working group to be "active and effective", and that he wants the recommendations for action ready to be released along with a report during the first week in June.

Areas of consideration will include the following:

- new funding
- dept swap for AIDS
- consistent and coordinated US response
- mobilizing other donors
- promoting African leadership
- public-private partnerships

The working group will be co-chaired by Gayle Smith, Senior Director for African Affairs at the NSC and myself. The first meeting will take place on **Friday, May 7 at 1:30 PM in Room 476 of the OEOB**. At this meeting we will provide an overview briefing on AIDS in sub-Saharan Africa, followed by a strategy conversation of how best to execute the task we have been given in the time frame allotted. The success of this working group depends heavily on your participation. While we realize that this meeting is being called on short notice, I hope you will be able to attend this important opening session. Please have a member of your staff contact Cheryl Bauerle in my office at (202) 456-2959 so that she can make sure we have appropriate clearance information.

Thank you very much for your time and attention.

Note: The Working Group includes representatives from the CIA, Commerce, DOD, HHS, NIC, NSC, OMB, OVP, Peace Corps, State, Treasury, USAID and USTR.

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

| | |
|---|---|
| TO: Ms. ~~Gayle~~ Smith PCC | FROM: Cheryl Bauerle |
| COMPANY: | DATE: May 4, 1999 |
| FAX NUMBER: 456-9290 | TOTAL NO. OF PAGES INCLUDING COVER: 2 |
| PHONE NUMBER: 456-9261 | |
| RE: | |

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

NOTES/COMMENTS:

Sandy Thurman asked me to fax to you the attached copy of the invitation for Friday's meeting at 1:30. Please call me if you have any questions (6-2959).

Many thanks.

Cheryl

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

499

THE WHITE HOUSE
WASHINGTON

Gayle,

This is a copy of the memo that went to the President regarding the Africa trip.

He has instructed us to move forward with the working group and to make it "Active and effective".

That is great news! (Of course we will need your support).

Thanks so much for your help on this——

Sandy

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 001. memo | Sandra Thurman to the President, re: Report on Presidential Mission Looking at Children Orphaned by AIDS in sub-Saharan Africa (6 pages) | 04/16/1999 | P1/b(1) |

**COLLECTION:**
Clinton Presidential Records
National Security Council
African Affairs (Smith, Gayle/Barks-Ruggles, Erica/Sanders, Robin/Rice, Susan/Dempsey, Nora et al.)
OA/Box Number: 2853

**FOLDER TITLE:**
AIDS, 1 of 2 [Africa] [2]

2007-1550-F
ke2008

**RESTRICTION CODES**

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

**P1** National Security Classified Information [(a)(1) of the PRA]
**P2** Relating to the appointment to Federal office [(a)(2) of the PRA]
**P3** Release would violate a Federal statute [(a)(3) of the PRA]
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**C.** Closed in accordance with restrictions contained in donor's deed of gift.
**PRM.** Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
**RR.** Document will be reviewed upon request.

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

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

## ATTACHMENT A

## PRESIDENTIAL MISSION TO AFRICA
## MARCH 27, 1999 – APRIL 5, 1999

### MEMBERS OF CONGRESS

Rep. Carolyn Kilpatrick, Foreign Operations Subcommittee, Appropriations,
Congressional Black Caucus
Rep. Barbara Lee, Africa Subcommittee, International Relations,
Congressional Black Caucus
Rep. Sheila Jackson Lee, Founder and Chair, Congressional Children's Caucus,
Congressional Black Caucus

### CONGRESSIONAL STAFF

Bruce Artim, Health Staff, Senator Hatch
Mary Lynn Qurnell, Legislative Assistant, Senator Helms
Stephanie Robinson, General Counsel, Senator Kennedy
Carolyn Bartholomew, Legislative Director, Rep. Pelosi,
Minority Staff, Foreign Operations Subcommittee, Appropriations

### NON-GOVERNMENTAL PARTICIPANTS

William Harris, President, Children's Education and Research Institute
Bishop Felton May, General Board of Global Ministries, United Methodist Church
David Dinkins, Chair, Black Leadership Coalition on AIDS
Dr. Jacob Gayle, World Bank
Rory Kennedy, Documentary filmmaker
Nick Doob, Documentary filmmaker

### ADMINISTRATION OFFICIALS

Sandy Thurman, Director, Office of National AIDS Policy
Michael Iskowitz, Consultant, USAID
Dr. Paul DeLay, Director, HIV/AIDS Programs, USAID
Maria Sotiropoulos, Protocol Officer, State Department
Phil Drouin, Africa Bureau, State Department

### MILITARY PERSONNEL

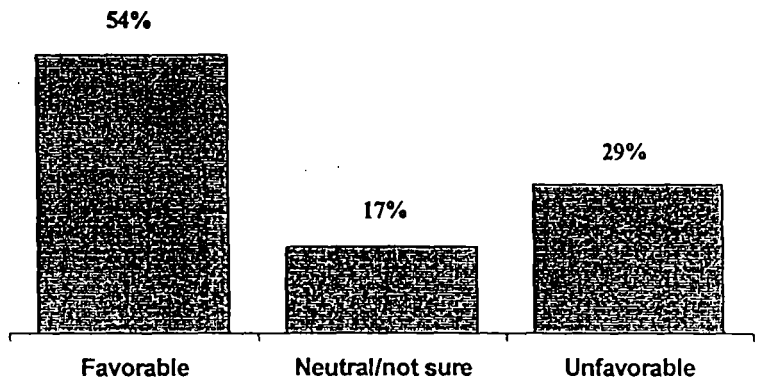
Lt. Commander James Erskine
Dr. Anthony Barile
Brenda Geist, Director Congressional Travel

ATTACHMENT B

**Peter D. Hart Research Associates, Inc.**

1724 Connecticut Avenue, N.W.
Washington, D.C. 20009
202-234-5570
202-232-8134 FAX

# Increase U.S. Assistance to Fight AIDS in Africa




*Peter D. Hart Research Associates surveyed 1,411 registered voters, including 310 African Americans, by telephone between February 20 and 26, 1999, for the Children's Research and Education Institute.*

American voters view the spread of AIDS in Africa as a serious problem. Although many voters have not heard much about the issue, they nonetheless believe that it is likely to have an impact here at home. A majority of Americans have a favorable view of a proposal to increase U.S. government assistance for international AIDS programs in Africa.

- The spread of AIDS in Africa is viewed as a serious problem by two-thirds (67%) of American voters, with 45% saying that it is an extremely serious problem and an additional 22% describing it as a quite serious problem.
- The same proportion (67%) believe that it is false to say that the global AIDS crisis is coming under control.
- In addition, three-quarters (75%) of voters believe that the AIDS epidemic in Africa will affect people in the United States.
- Although the issue is important, only 19% of voters say that they have read or heard a lot about it. Nearly half (48%) say that they have heard little or nothing about it.
- A 54% majority are favorable to a proposal to increase government assistance for international efforts to fight the spread of AIDS in Africa. Only 29% are unfavorable.
  - An overwhelming 83% majority of African Americans are favorable (55% strongly favorable), and only 10% are unfavorable.
- Support for greater assistance increases when it is placed in the context of an international effort. Three-quarters (76%) of voters say that they would be more likely to support assistance to help Africa deal with the AIDS epidemic if they knew that it would be a part of a larger international effort with Europe, Japan, and other countries doing their share.

Study #5408
CREI/Social Issues
Interviews: 1411 voters, including 310 African Americans
Dates: February 20-26, 1999

## AIDS in Africa

I'm going to mention some different issues, and I'd like to find out how serious a problem you consider each one to be in our country today. For each one, please tell me whether you consider it to be an extremely serious problem, a quite serious problem, a somewhat serious problem, or not that serious a problem.

| | Extremely Serious Problem | Quite Serious Problem | Somewhat Serious Problem | Not That Serious A Problem | Not Sure |
|---|---|---|---|---|---|
| The spread of AIDS in Africa ..... | 45 | 22 | 13 | 8 | 12 |

Now I'm going to read you another list of statements. For each statement, please tell me whether you're sure it's true, think it's probably true, think it's probably false, or are sure it's false.

| | Sure It's True | Think It's Probably True | Think It's Probably False | Sure It's False | Not Sure |
|---|---|---|---|---|---|
| The global AIDS crisis is coming under control ..... | 2 | 20 | 37 | 30 | 11 |

Now, I'm going to mention several proposals and I'd like to get your reaction. For each proposal I read, please tell me whether your reaction is very favorable, somewhat favorable, neutral, somewhat unfavorable, or very unfavorable.

| | Very Favorable | Somewhat Favorable | Neutral | Somewhat Unfavorable | Very Unfavorable | Not Sure |
|---|---|---|---|---|---|---|
| Increasing U.S. government assistance for international efforts to fight the spread of AIDS in Africa | | | | | | |
| ALL VOTERS ..... | 23 | 31 | 15 | 14 | 15 | 2 |
| African Americans ..... | 55 | 28 | 6 | 5 | 5 | 1 |

How much have you heard or read about the issue of AIDS in Africa -- a lot, some, just a little, or not very much? **

| | ALL VOTERS | African Americans |
|---|---|---|
| Heard/Read | | |
| A lot ..... | 19 | 31 |
| Some ..... | 32 | 28 |
| Just a little ..... | 22 | 22 |
| Have not heard/read very much ..... | 23 | 16 |
| Heard/read nothing (VOL) ..... | 3 | 1 |
| Not sure ..... | 1 | 2 |

** Asked of one-half the respondents (FORM B).

Study #5408
CREI/Social Issues
Interviews: 1411 voters, including 310 African Americans
Dates: February 20-26, 1999

## AIDS in Africa

Do you think that the AIDS epidemic in Africa will affect people in the United States, or not? **

| | ALL VOTERS | African Americans |
|---|---|---|
| Yes, will affect people in the U.S..... | 75 | 83 |
| No, will not affect people in the U.S ... | 16 | 10 |
| Not sure..... | 9 | 7 |

** Asked of one-half the respondents (FORM B).

If you knew that the U.S. assistance to help Africa deal with the AIDS epidemic would be part of a larger international effort with Europe, Japan, and other countries doing their share, would you be much more likely to support it, somewhat more likely to support it, or no more likely to support it? **

| | ALL VOTERS | African Americans |
|---|---|---|
| Much more likely to support ..... | 37 | 49 |
| Somewhat more likely to support ..... | 39 | 35 |
| No more likely to support..... | 20 | 12 |
| Less likely to support (VOL) ..... | 1 | - |
| Not sure..... | 3 | 4 |

** Asked of one-half the respondents (FORM B).

Study #5408
CREI/Social Issues
Interviews: 1411 voters, including 310 African Americans
Dates: February 20-26, 1999

## AIDS in Africa

Now I am going to read you some reasons that people might give for supporting increased U.S. government assistance to fight the spread of AIDS in Africa . For each one, please tell me how convincing a reason it is to support increased assistance -- very convincing, fairly convincing, only somewhat convincing, or not that convincing. **

| | Very Convincing | Fairly Convincing | Only Somewhat Convincing | Not That Convincing | Not Sure |
|---|---|---|---|---|---|
| **We all live on one planet, and the whole world benefits from fighting the spread of AIDS--if the epidemic has spread that much in Africa, we are fooling ourselves if we think that it won't affect the U.S.--it will, unless we do something now** | | | | | |
| ALL VOTERS | 44 | 14 | 21 | 16 | 5 |
| African Americans | 67 | 12 | 11 | 7 | 3 |
| **The AIDS epidemic is creating millions of orphans that are overwhelming the capacities of orphanages and churches, and filling the streets of many African cities. An estimated forty million children will lose a parent to AIDS by 2010** | | | | | |
| ALL VOTERS | 40 | 15 | 23 | 15 | 7 |
| African Americans | 56 | 18 | 17 | 6 | 3 |

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 002. memo | Sandra Thurman to the Global AIDS Emergency Working Group, re: Background Memo Regarding Children Orphaned by AIDS in sub-Saharan Africa (5 pages) | 05/07/1999 | P1/b(1) |

**COLLECTION:**
Clinton Presidential Records
National Security Council
African Affairs (Smith, Gayle/Barks-Ruggles, Erica/Sanders, Robin/Rice, Susan/Dempsey, Nora et al.)
OA/Box Number: 2853

**FOLDER TITLE:**
AIDS, 1 of 2 [Africa] [2]

2007-1550-F
ke2008

**RESTRICTION CODES**

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

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# Global AIDS Emergency Working Group

**Introductory Meeting**
**Friday**
**May 7, 1999**
**1:30 PM**
**OEOB, Room 476**

## AGENDA

- Welcome
- Introductions
- Charge from the President
- Overview of AIDS in Africa
  - AIDS as a health issue
  - AIDS as a development issue
  - AIDS as a trade issue
  - AIDS as a security issue
- Questions and Answers
- Discussion re: Strategic Approach to Task

# Global AIDS Emergency Working Group

## Participants List

**Ms. Sandra Thurman**
**Director**
**Office of National AIDS Policy**

**Ms. Gayle Smith**
**Special Assistant to the President and Senior Director**
**African Affairs**
**National Security Council**

**Ambassador Harriet Babbitt**
**Deputy Administrator**
**US Agency for International Development**

**Mr. Jim Babbitt**
**Special Advisor to the Vice President for African Affairs**

**Ms. Katy Button**
**Assistant to the Chief of Staff to the First Lady**

**Mr. Edward J. Casselle**
**Deputy Assistant Secretary for Africa**
**Department of Commerce**

**Mr. Allen E. Clapp**
**International Economist, Office of Multi-lateral Development Banks**
**Department of the Treasury**

**Lt. Col. Andrew Cox**
**Regional Director for Policy and Plans**
**OSD, ISA, AA**

**Mr. Philip Drouin**
**Desk Officer, Office of Southern African Affairs**
**Bureau of African Affairs**
**Department of State**

**Mr. Duff Gillespie**
**Deputy Assistant Administrator**
**Bureau for Global Programs and Field Support**
**US Agency for International Development**

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 003. list | Global AIDS Emergency Working Group Participants List [partial] [10 U.S.C. 424] (1 page) | ca. 05/1999 | P3/b(3) |

**COLLECTION:**
Clinton Presidential Records
National Security Council
African Affairs (Smith, Gayle/Barks-Ruggles, Erica/Sanders, Robin/Rice, Susan/Dempsey, Nora et al.)
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**FOLDER TITLE:**
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ke2008

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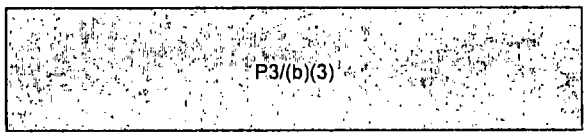
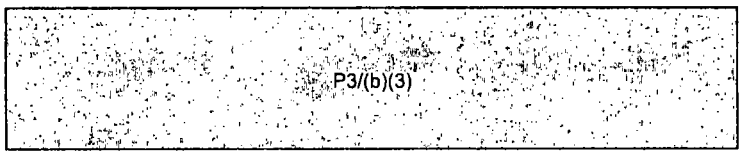



[003]

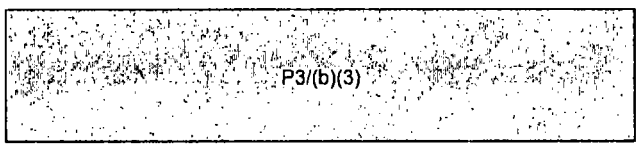
Mr. Robert Kyle
Associate Director
National Security and International Affairs
Office of Management and Budget




Mr. Verne P. Newton
Deputy Assistant Administrator
Bureau for Africa
US Agency for International Development

Dr. Greg Pappas
Acting Director, Office of International and Refugee Health
Department of Health and Human Services

Ms. Susan Rice
Assistant Secretary for African Affairs
Bureau of African Affairs
Department of State




Ms. Marlene Urbina de Breen
Economist, Economic Policy Staff
Bureau of African Affairs
Department of State

Ms. Rosa Whittaker
Assistant United States Trade Representative for Africa

Mr. Earl Yates
Regional Director for Africa
Peace Corps

Mr. Daniel M. Zelikow
Deputy Assistant Secretary for International Affairs
Department of the Treasury

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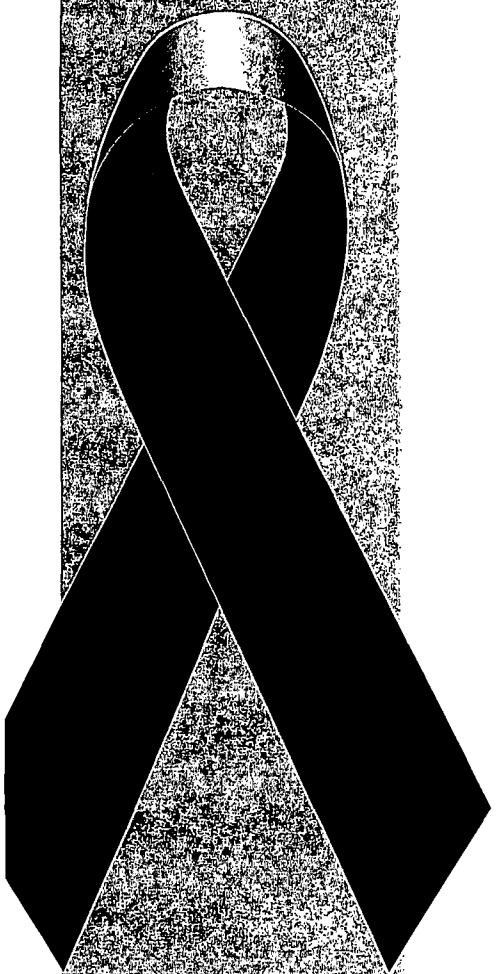
UNAIDS JOINT UNITED NATIONS PROGRAMME ON HIV / AIDS



# AIDS epidemic update:

## December 1998

UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK

World Health Organization

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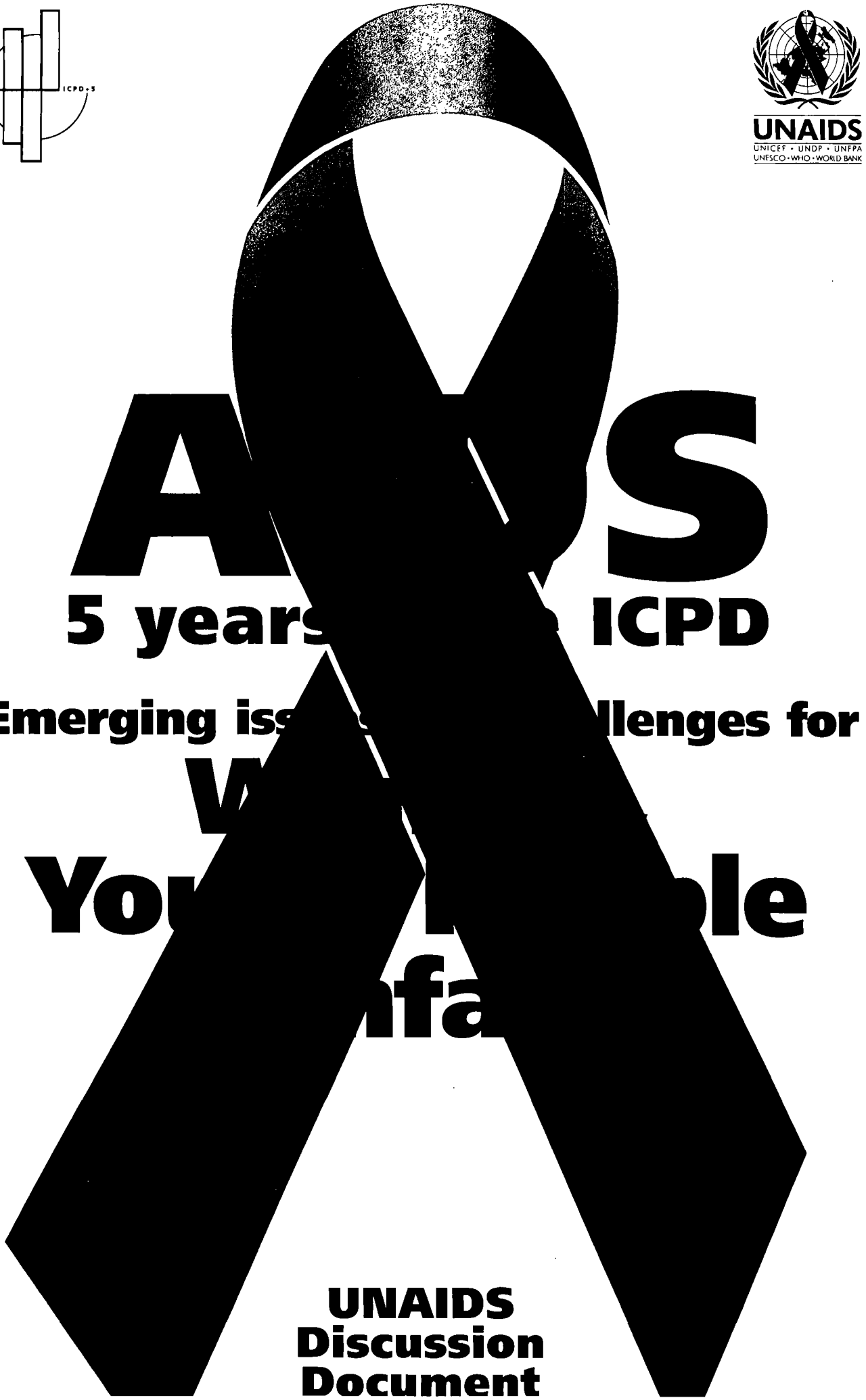

UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK

# AIDS

## 5 years after ICPD

## Emerging issues and challenges for Women

## Young People

## Unfinished Agenda

**UNAIDS Discussion Document**

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release December 1, 1998

# PRESIDENT CLINTON COMMEMORATES WORLD AIDS DAY BY UNVEILING NEW STEPS TO ADDRESS THE GROWING CRISIS OF CHILDREN ORPHANED BY AIDS

December 1, 1998

Today, President Clinton will join Secretary of State Madeleine Albright and Brian Atwood, Administrator of the U.S. Agency for International Development (USAID), to commemorate World AIDS Day by launching a series of new initiatives to address the growing crisis of HIV/AIDS around the world, particularly the millions of children orphaned by AIDS. The President will unveil historic increases in funding for research at the National Institutes of Health (NIH) designed to develop an effective AIDS vaccine and prevention strategies to help address the problem of HIV/AIDS throughout the world. He will announce new emergency funding from USAID to support international AIDS orphan programs. In addition, he will direct his AIDS policy advisor, Sandra Thurman, to lead a delegation to Sub-Saharan Africa to assess the growing problem of AIDS orphans and recommend new strategies for responding to the crisis.

USAID projects that up to 40 million children will be orphaned by HIV/AIDS by the year 2010, over 90 percent of whom live in developing countries with few resources to provide for their care and support. Over 33 million people around the world are now living with HIV or AIDS, with another 5.8 million becoming infected every year. As with so many epidemics, children and young people bear much of the terrible burden of AIDS. In the United States, as many as 80,000 children already have been orphaned by AIDS.

Increases in funding by the National Institutes of Health for research to prevent and treat HIV around the world. The National Institutes of Health will undertake the largest single public investment in AIDS research in the world by supporting a comprehensive program of basic, clinical, and behavioral research on HIV infection and its related illnesses. This program will include:

$200 million -- a 33 percent increase from last year's funding -- for research on AIDS vaccines to prevent transmission around the world. The development of a safe and effective AIDS vaccine is critical to stemming the growing problem of HIV/AIDS and AIDS orphans internationally. The President will announce that NIH will dedicate $200 million to vaccine research in Fiscal Year (FY) 1999, a $47 million or 33 percent increase over FY 1998 and an 100 percent increase over FY 1995. This investment is critical in meeting the President's challenge to develop an effective AIDS vaccine.

$164 million for other research critical to addressing the HIV/AIDS epidemic around the world. The President also will announce that NIH will invest $164 million in FY1999, a $38 million increase over last year, in critical research projects aimed at reducing the number of AIDS orphans by preventing and treating HIV/AIDS internationally. These projects will include: a new prevention trials network to reduce adult and perinatal transmission of HIV/AIDS; new strategies to prevent and treat

HIV infection in children; funding to train more foreign scientists to collaborate on this epidemic; research on the prevention and treatment of the opportunistic infections, such as tuberculosis, that commonly kill people with HIV/AIDS; and research on topical microbicides and other female-controlled barrier methods of HIV prevention.

$10 million in USAID emergency relief funding to provide support for AIDS orphans. USAID will make available $10 million in emergency funding to support community-based efforts for orphans in the countries most affected by this problem. These efforts will include training and support for foster families, initiatives to keep children in school, vocational training, and nutritional enhancements. In addition, USAID will take steps to help prevent the spread of HIV from mothers to children and to improve medical care for children already infected with HIV.

AIDS Policy Advisor Sandra Thurman to lead fact-finding delegation to raise awareness and make recommendations to address growing problem of AIDS orphans. President Clinton will ask Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding delegation early next year to Sub-Saharan Africa, where 90 percent of AIDS orphans reside. The delegation will include representatives from key Congressional offices. Its goal will be to raise awareness of this emerging problem and to develop recommendations for action.

New steps to address the continued needs of those living with HIV/AIDS in the United States. While the problem of HIV/AIDS is particularly acute internationally, the President will underscore the impact of HIV/AIDS on families in this country as well. The President will highlight an announcement today by Vice President Gore of more than $200 million in funds this year for the Housing Opportunities for People With AIDS (HOPWA) program to prevent individuals affected by HIV/AIDS and their families from becoming homeless. The Vice President will announce these grants at a meeting with local community leaders who provide housing and other support services for people living with HIV/AIDS and with several individuals and families who have benefited from these services.

A solid record of achievement in HIV/AIDS. Today's announcements build on a deep and ongoing commitment by the Clinton Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical investments in HIV/AIDS. This year alone, the President:

Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new $156 million initiative to address this problem. This initiative included crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies.

Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs. Increases this year alone include: a $262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, totaling nearly $1.8 billion; a $32 million increase for HIV prevention programs at the Centers for Disease Control and Prevention; and a $21 million increase in the Housing Opportunities for People With AIDS (HOPWA) program at HUD.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 18, 1999

# U.S.-Africa Ministerial Joint Communique

From March 15-18, 1999, the United States hosted the first-ever meeting of African and American Ministers to enhance the U.S.-Africa partnership in order to foster greater economic development, trade, investment, political reform, and mutual economic growth in the 21st century. The President, eight members of the Cabinet, and four agency heads met for the first time with the African delegations. Eighty-three Ministers from forty-six sub-Saharan African nations, representatives from four North African nations, and the heads of eight African regional organizations participated in this historic and successful meeting. African Ministers also met with members of the U.S. Congress.

In an effort to consolidate and build upon the significant progress achieved in Africa in recent years, Ministers and senior U.S. officials discussed concrete ways to accelerate Africa's integration into the global economy. African Ministers expressed strong support for the immediate passage by Congress of the African Growth and Opportunity Act and for continued implementation of the President's Partnership for Economic Growth and Opportunity.

U.S. and African Ministers engaged in an active exchange on a broad range of economic, political, and social issues. They shared the view that high indebtedness constitutes a serious constraint to sustainable development in many African countries. In response to African requests for more effective debt relief, President Clinton proposed a six-point expanded debt relief program for highly indebted poor countries, which was warmly welcomed by the African ministers.

African and American officials discussed trade finance, market access, and access to private investment capital for ventures in Africa. Initiatives to enhance trade and investment links and economic policy dialogue were discussed as well as efforts to improve transportation and communications infrastructure and cooperation in agribusiness and energy. Ministers also reaffirmed the importance of addressing environmental issues. They noted that early ratification by the U.S. Senate of the UN Convention to Combat Desertification will help to mobilize community and international efforts to better manage land and water resources.

African Ministers and their U.S. counterparts exchanged ideas on how to enhance Africa's ability to compete in the global market through the development of its greatest resource - its people. Emphasizing the need for accelerating reform and continued development assistance as well as trade and investment, participants examined ways to bolster human capacity through investment in education, skills training, gender equity, micro-enterprises and health, particularly the prevention of HIV/AIDS. All agreed that these steps will accelerate the ability of Africa to sustain socio-economic development and reduce poverty. They also recognized the crucial role of regional cooperation in the overall development process and in the integration of African states into the global economy.

Recognizing that sub-Saharan Africa is a vast and diverse region marked by serious problems as well as significant successes, Ministers examined ways to enhance U.S.-Africa cooperation to prevent and resolve conflicts. They also agreed on the importance of strengthening

democratic institutions and respect for worker and human rights, accelerating economic reform, and creating a positive climate for business through political and social reforms. Ministers noted that the Ministerial illuminated the breadth and depth of the U.S.-Africa partnership, and set it on a firm foundation for future mutual advancement in the 21st century. All recognized the need for continuing dialogue and agreed to work out the means of ensuring regular and timely follow-up.

# # #

**Secretary of State Madeleine K. Albright**
Remarks at World AIDS Day 1998, The White House
Washington, D.C., December 1, 1998
As released by the Office of the Spokesman
U.S. Department of State

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Mr. President, Brian Atwood, Amy Slemmer of Mothers' Voices Against AIDS, Carol Bellamy of UNICEF, Nafis Sadik of the UN Population Fund, distinguished colleagues, guests and friends. I am pleased to participate in this program but saddened by its necessity.

For today we observe World AIDS day for the eleventh time. And we can expect many more.

I look around this room and I see many valiant members of the global network that is fighting the causes and consequences of HIV/AIDS. That network is strong and deeply motivated; it is growing; it is active almost everywhere; but it is not yet winning the war against this disease of awful and shattering power.

Thirty-three million people are now infected with HIV. And up to forty million children will be orphaned by AIDS by the end of the next decade.

It is a deep human tragedy that 90 percent of AIDS orphans live in sub-saharan Africa. But this highly mobile disease has migrated to every corner of the earth.

So directly or indirectly, HIV/AIDS threatens us all -- whether as individuals, as family, friends and neighbors, or as members of the global community.

For we cannot build dynamic economies where one in five or even one in twenty adults is being struck down. We cannot create vibrant democratic institutions where communities are preoccupied with suffering and sorrow. We cannot count on stability where the ranks of military and political leadership are decimated. And we cannot expect a strong sense of social responsibility in the young where too many children have no parents.

All this is why fighting HIV/AIDS, and helping its victims, is a foreign policy imperative.

Soon, I will be releasing a report entitled the 1999 U.S. International Response to HIV/AIDS. This is an interagency effort to document the full range of U.S. resources engaged in the struggle against AIDS. We will use it to launch a diplomatic initiative designed to mobilize and energize others around the world -- both from the top down and the bottom up -- so that international organizations, governments and grassroots reinforce each other and pull in the same direction.

If we are to make progress, governments must understand what you and your overseas counterparts already understand. And that is that HIV/AIDS cannot be denied or ignored or patronized or put off until tomorrow.

This is an urgent, deadly, global threat. It cannot be appeased; it must be confronted.

And as Secretary of State, I will do all I can to see that this imperative is raised as a matter of international security, at the highest levels, at every opportunity, in every region, on every continent.

On this day of special dedication, let us vow to work together across all lines of profession, culture and national borders so that we may bring closer the day when nations and people

everywhere are aware of the dangers of this disease; all act to prevent its spread; all afflicted are helped and their human rights respected; and none rest until HIV/AIDS is conquered or controlled.

Thank you. And now I'd like to introduce the head of the agency whose employees have long been on the front lines of this fight, my good friend, the Administrator of the Agency for International Development, Brian Atwood.

# AIDS IN THE THIRD WORLD

## A global disaster

PIETERMARITZBURG, HARARE, KAMPALA

**The AIDS virus has infected 47m people, and shows no signs of slowing. It cannot be cured. Can it be curbed?**

IN RICH countries AIDS is no longer a death sentence. Expensive drugs keep HIV-positive patients alive and healthy, perhaps indefinitely. Loud public-awareness campaigns keep the number of infected Americans, Japanese and West Europeans to relatively low levels. The sense of crisis is past.

In developing countries, by contrast, the disease is spreading like nerve gas in a gentle breeze. The poor cannot afford to spend $10,000 a year on wonder-pills. Millions of Africans are dying. In the longer term, even greater numbers of Asians are at risk. For many poor countries, there is no greater or more immediate threat to public health and economic growth. Yet few political leaders treat it as a priority.

Since HIV was first identified in the 1970s, over 47m people have been infected, of whom 14m have died. Last year saw the biggest annual death toll yet: 2.5m. The disease now ranks fourth among the world's big killers, after respiratory infections, diarrhoeal disorders and tuberculosis. It now claims many more lives each year than malaria, a growing menace, and is still nowhere near its peak. If India, China and other Asian countries do not take it seriously, the number of infections could reach "a new order of magnitude", says Peter Piot, head of the UN's AIDS programme.

The human immuno-deficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS), is thought to have crossed from chimpanzees to humans in the late 1940s or early 1950s in Congo. It took several years for the virus to break out of Congo's dense and sparsely populated jungles but, once it did, it marched with rebel armies through the continent's numerous war zones, rode with truckers from one rest-stop brothel to the next, and eventually flew, perhaps with an air steward, to America, where it was discovered in the early 1980s. As American homosexuals and drug injectors started to wake up to the dangers of bath-houses and needle-sharing, AIDS was already devastating Africa.

So far, the worst-hit areas are east and southern Africa. In Botswana, Namibia, Swaziland and Zimbabwe, between a fifth and a quarter of people aged 15-49 are afflicted with HIV or AIDS. In Botswana, children born early in the next decade will have a life expectancy of 40; without AIDS, it would have been nearer 70. Of the 25 monitoring sites in Zimbabwe where pregnant women are tested for HIV, only two in 1997 showed prevalence below 10%. At the remaining 23 sites, 20-50% of women were infected. About a third of these women will pass the virus on to their babies.

The region's giant, South Africa, was largely protected by its isolation from the rest of the world during the apartheid years. Now it is host to one in ten of the world's new infections—more than any other country. In the country's most populous province, KwaZulu-Natal, perhaps a third of sexually active adults are HIV-positive.

Asia is the next disaster-in-waiting. Already, 7m Asians are infected. India's 930m people look increasingly vulnerable. The Indian countryside, which most people imagined relatively AIDS-free, turns out not to be. A recent study in Tamil Nadu found over 2% of rural people to be HIV-positive: 500,000 people in one of India's smallest states. Since 10% had other sexually transmitted diseases (STDs), the avenue for further infections is clearly open. A survey of female STD patients in Poona, in Maharashtra, found that over 90% had never had sex with anyone but their husband; and yet 13.6% had HIV. China is not far behind.

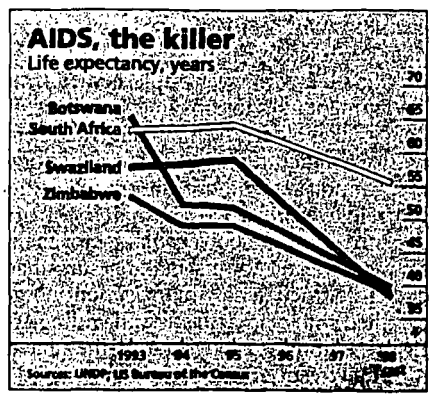
No one knows what AIDS will do to poor countries' economies, for nowhere has the epidemic run its course. An optimistic assessment, by Alan Whiteside of the University of Natal, suggests that the effect of AIDS on measurable GDP will be slight. Even at high prevalence, Mr Whiteside thinks it will slow growth by no more than 0.6% a year. This is because so many people in poor countries do not contribute much to the formal economy. To put it even more crudely, where there is a huge oversupply of unskilled labour, the dead can easily be replaced. Some people argue that those who survive the epidemic will benefit from a tighter job market. After the Black Death killed a third of the population of medieval Europe, labour scarcity forced landowners to pay their workers better.

Other researchers are more pessimistic. AIDS takes longer to kill than did the plague, so the cost of caring for the sick will be more crippling. Modern governments, unlike medieval ones, tax the healthy to

help look after the ailing, so the burden will fall on everyone. And AIDS, because it is sexually transmitted, tends to hit the most energetic and productive members of society. A recent study in Namibia estimated that AIDS cost the country almost 8% of GNP in 1996. Another analysis predicts that Kenya's GDP will be 14.5% smaller in 2005 than it would have been without AIDS, and that income per person will be 10% lower.

### The cost of the disease

In general, the more advanced the economy, the worse it will be affected by a large number of AIDS deaths. South Africa, with its advanced industries, already suffers a shortage of skilled manpower, and cannot afford to lose more. In better-off developing countries, people have more savings to fall




back on when they need to pay medical bills. Where people have health and life insurance, those industries will be hit by bigger claims. Insurers protect themselves by charging more or refusing policies to HIV-positive customers. In Zimbabwe, life-insurance premiums quadrupled in two years because of AIDS. Higher premiums force more people to seek treatment in public hospitals: in South Africa, HIV and AIDS could account for between 35% and 84% of public-health expenditure by 2005, according to one projection.

Little research has been done into the effects of AIDS on private business, but the anecdotal evidence is scary. In some countries, firms have had to limit the number of days employees may take off to attend funerals. Zambia is suffering power shortages because so many engineers have died. Farmers in Zimbabwe are finding it hard to irrigate their fields because the brass fittings on their water pipes are stolen for coffin handles. In South Africa, where employers above a certain size are obliged to offer generous benefits and paid sick leave, companies will find many of their staff, as they sicken, becoming more expensive and less productive. Yet few firms are trying to raise awareness of AIDS among their workers, or considering how they will cope.

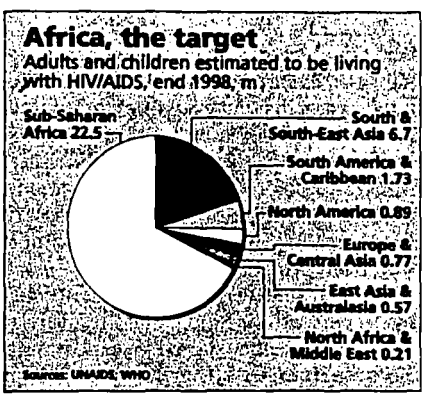
In the public sector, where pensions and health benefits are often more generous, AIDS could break budgets and hobble the provision of services. In South Africa, an estimated 15% of civil servants are HIV-positive, but government departments have made little effort to plan for the coming surge in sickness. Education, too, will suffer. In Botswana, 2-5% of teachers die each year from AIDS. Many more take extended sick leave.

At a macro level, the impact of AIDS is felt gradually. But at a household level, the blow is sudden and catastrophic. When a breadwinner develops AIDS, his (or her) family is impoverished twice over: his income vanishes, and his relations must devote time and money to nursing him. Daughters are often forced to drop out of school to help. Worse, HIV tends not to strike just one member of a family. Husbands give it to wives, mothers to babies. This correspondent's driver in Kampala lost his mother, his father, two brothers and their wives to AIDS. His story is not rare.

### Obstacles to prevention

The best hope for halting the epidemic is a cheap vaccine. Efforts are under way, but a vaccine for a virus that mutates as rapidly as HIV will be hugely difficult and expensive to invent. For poor countries, the only practical course is to concentrate on prevention. But this, too, will be hard, for a plethora of reasons.

- Sex is fun... Many feel that condoms make it less so. Zimbabweans ask: "Would you eat a sweet with its wrapper on?"
- ... and discussion of it often taboo. In Kenya, Christian and Islamic groups have publicly burned anti-AIDS leaflets and condoms, as a protest against what they see as the encouragement of promiscuity. A study in Thailand found that infected women were only a fifth as likely to have discussed sex openly with their partners as were uninfected women.
- Myths abound. Some young African women believe that without regular infusions of sperm, they will not grow up to be beautiful. Ugandan men use this myth to seduce schoolgirls. In much of southern Africa, HIV-infected men believe that they can rid themselves of the virus by passing it on to a virgin.
- Poverty. Those who cannot afford television find other ways of passing the evening. People cannot afford antibiotics, so the untreated sores from STDs provide easy openings for HIV.
- Migrant labour. Since wages are much higher in South Africa than in the surrounding region, outsiders flock in to find work. Migrant miners (including South Africans forced to live far from their homes) spend most of the year in single-sex dormitories surrounded by prostitutes. Living with a one-in-40 chance of being killed by a rockfall, they are inured to risk. When they go home, they often infect their wives.
- War. Refugees, whether from genocide in Rwanda or state persecution in Myanmar, spread HIV as they flee. Soldiers, with their regular pay and disdain for risk, are more likely than civilians to contract HIV from prostitutes. When they go to war, they infect others. In Africa the problem is dire. In Congo, where no fewer than seven armies are embroiled, the government has accused Ugandan troops (which are helping the Congolese rebels) of deliberately spreading AIDS. Unlikely, but with estimated HIV prevalence in the seven armies ranging from 50% for the Angolans to an incredible 80% for the Zimbabweans, the effect is much the same.
- Sexism. In most poor countries, it is hard for a woman to ask her partner to use a condom. Wives who insist risk being beaten




up. Rape is common, especially where wars rage. Forced sex is a particularly effective means of HIV transmission, because of the extra blood.

- Drinking. Asia and Africa make many excellent beers. They are also home to a lot of people for whom alcohol is the quickest escape from the stresses of acute poverty. Drunken lovers are less likely to remember to use condoms.

### How to fight the virus

Pessimists look at that list and despair. But three success stories show that the hurdles to prevention are not impossibly high.

First, **Thailand**. One secret of Thailand's success has been timely, accurate information-gathering. HIV was first detected in Thailand in the mid-1980s, among male homosexuals. The health ministry immediately began to monitor other high-risk groups, particularly the country's many heroin addicts and prostitutes. In the first half of 1988, HIV prevalence among drug injectors tested at one Bangkok hospital leapt from 1% to 30%. Shortly afterwards, infections soared among prostitutes.

The response was swift. A survey of Thai sexual behaviour was conducted. The results, which showed men indulging in a phenomenal amount of unprotected commercial sex, were publicised. Thais were warned that a major epidemic would strike

if their habits did not change. A "100% condom use" campaign persuaded prostitutes to insist on protection 90% of the time with non-regular customers.

By the mid-1990s, the government was spending $80m a year on AIDS education and palliative care. In 1990-93, the proportion of adult men reporting non-marital sex was halved, from 28% to 15%; for women, it fell from 1.7% to 0.4%. Brothel visits slumped. Only 10% of men reported seeing a prostitute in 1993, down from 22% in 1990. Among army conscripts in northern Thailand, a group both highly sexed and well-monitored, the proportion admitting to paying for sex fell from 57% in 1991 to 24% in 1995. The proportion claiming to have used condoms at their last commercial entanglement rose from 61% in 1991 to 93% in 1995.

People lie about sex, so reported good behaviour does not necessarily mean actual good behaviour. But tumbling infections suggest that not everyone was fibbing. The number of sexually transmitted diseases reported from government clinics fell from over 400,000 in 1986 to under 50,000 in 1995. Among northern conscripts, HIV prevalence fell by half between 1993 and 1995, from over 7% to under 3.5%.

Most striking was the government's success in persuading people that they were at risk long before they started to see acquaintances die from AIDS. There was no attempt to play down the spread of HIV to avoid scaring off tourists, as happened in Kenya. Thais were repeatedly warned of the dangers, told how to avoid them, and left to make their own choices. Most decided that a long life was preferable to a fast one.

Second, **Uganda**. Thailand shows what is possible in a well-educated, fairly prosperous country. Uganda shows that there is hope even for countries that are poor and barely literate. President Yoweri Museveni recognised the threat shortly after becoming president in 1986, and deluged the country with anti-AIDS warnings.

The key to Uganda's success is twofold. First, Mr Museveni made every government department take the problem seriously, and implement its own plan to fight the virus. Accurate surveys of sexual behaviour were done for only $20,000-30,000 each. Second, he recognised that his government could do only a limited amount, so he gave free rein to scores of non-governmental organisations (NGOs), usually foreign-financed, to do whatever it took to educate people about risky sex.

The Straight Talk Foundation, for example, goes beyond simple warnings about AIDS and deals with the confusing complexities of sex. Its staff run role-playing exercises in Uganda's schools to teach adolescents how to deal with romantic situations. Its newsletter, distributed free, covers everything from nocturnal emissions to what to do if raped. Visiting AIDS workers from South Africa and Zimbabwe asked the foundation's director, Catharine Watson, how she won government permission to hand out such explicit material, and were astonished to hear that she had not felt the need to ask.

The climate of free debate has led Ugandans to delay their sexual activity, to have fewer partners, and to use more condoms. Between 1991 and 1996, HIV prevalence among women in urban ante-natal clinics fell by half, from roughly 30% to 15%.

Third, **Senegal**. If Uganda shows how a poor country can reverse the track of an epidemic, Senegal shows how to stop it from taking off in the first place. This West African country was fortunate to be several thousand miles from HIV's origin. In the mid-1980s, when other parts of Africa were already blighted, Senegal was still relatively AIDS-free. In concert with non-governmental organisations and the press and broadcasters, the government set up a national AIDS-control programme to keep it that way.

In Senegal's brothels, which had been regulated since the early 1970s, condom use was firmly encouraged. The country's blood supply was screened early and effectively. Vigorous education resulted in 95% of Senegalese adults knowing how to avoid the virus. Condom sales soared from 800,000 in 1988 to 7m in 1997. Senegalese levels of infection have remained stable and low for a decade—at around 1.2% among pregnant women.

Contrast these three with South Africa. On December 1st, World AIDS Day, President Nelson Mandela told the people of KwaZulu-Natal that HIV would devastate their communities if not checked. The speech was remarkable not for its quality—Mr Mandela is always able to move audiences—but for its rarity. Unlike Mr Museveni, South Africa's leader seldom uses his authority to encourage safer sex. It is a tragic omission. Whereas the potholed streets of Kampala are lined with signs promoting fidelity and condoms, this correspondent has, in eight months in South Africa, seen only two anti-AIDS posters, both in the UN's AIDS office in Pretoria.

### How to dither and die

South Africa has resources and skills on a scale that Uganda can only marvel at. It even has an excellent AIDS prevention plan, accepted by the new cabinet in 1994. But the plan was never implemented. The government likes to consult every conceivable "stakeholder", so new plans are eternally drafted and redrafted. Local authorities cannot act without orders from the central government. NGOs, many of them dependent on the powers-that-be for their finance, waste months making sure that enough of their senior management posts are filled with blacks to satisfy the ruling African National Congress. And they have minimal freedom to experiment.

"There's an idea that if you disagree with the government, you are betraying the liberation struggle," says Mary Crewe, head of the Greater Johannesburg AIDS project. As a result, soldiers in the South African army are so ignorant that they snip the tips off their free condoms, and HIV has spread through South Africa as fast, according to Dr Neil McKerrow of Grey's Hospital in Pietermaritzburg, as if no preventive measures at all had been taken.

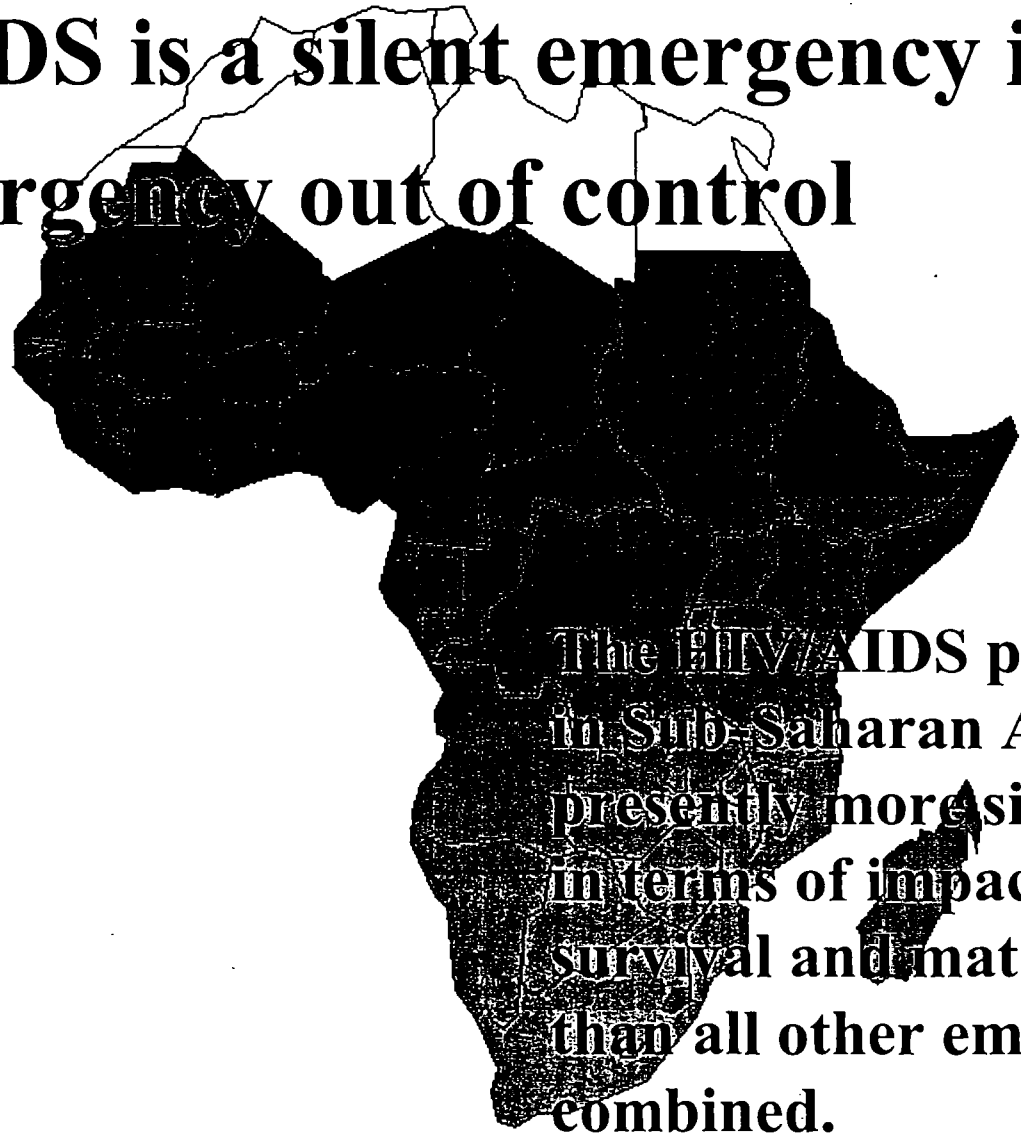
Such bungling is not unique to South Africa. Most governments have been slow to recognise the threat from AIDS. From Bulawayo to Beijing, apathy and embarrassment have hamstrung preventive efforts.

In anarchic countries, such as Congo and Angola, there have been almost no preventive efforts. Many people believe that the cause—a bid to restrain one of the most basic human instincts—is hopeless. As a Zimbabwean novelist, Chenjerai Hove, puts it with disturbing fatalism: "Since our women dress to kill, we are all going to die." But if the sexual drive is basic, so is the desire to live. If governments in poor countries wake up to the need to persuade their citizens that unprotected sex is Russian roulette, Mr Hove could be proved wrong.

This article is indebted to a number of UNAIDS reports, including AIDS epidemic update (December 1998), AIDS in Africa (November 1998), and "A measure of success in Uganda" (May 1998).

# HIV/AIDS is a silent emergency in Africa

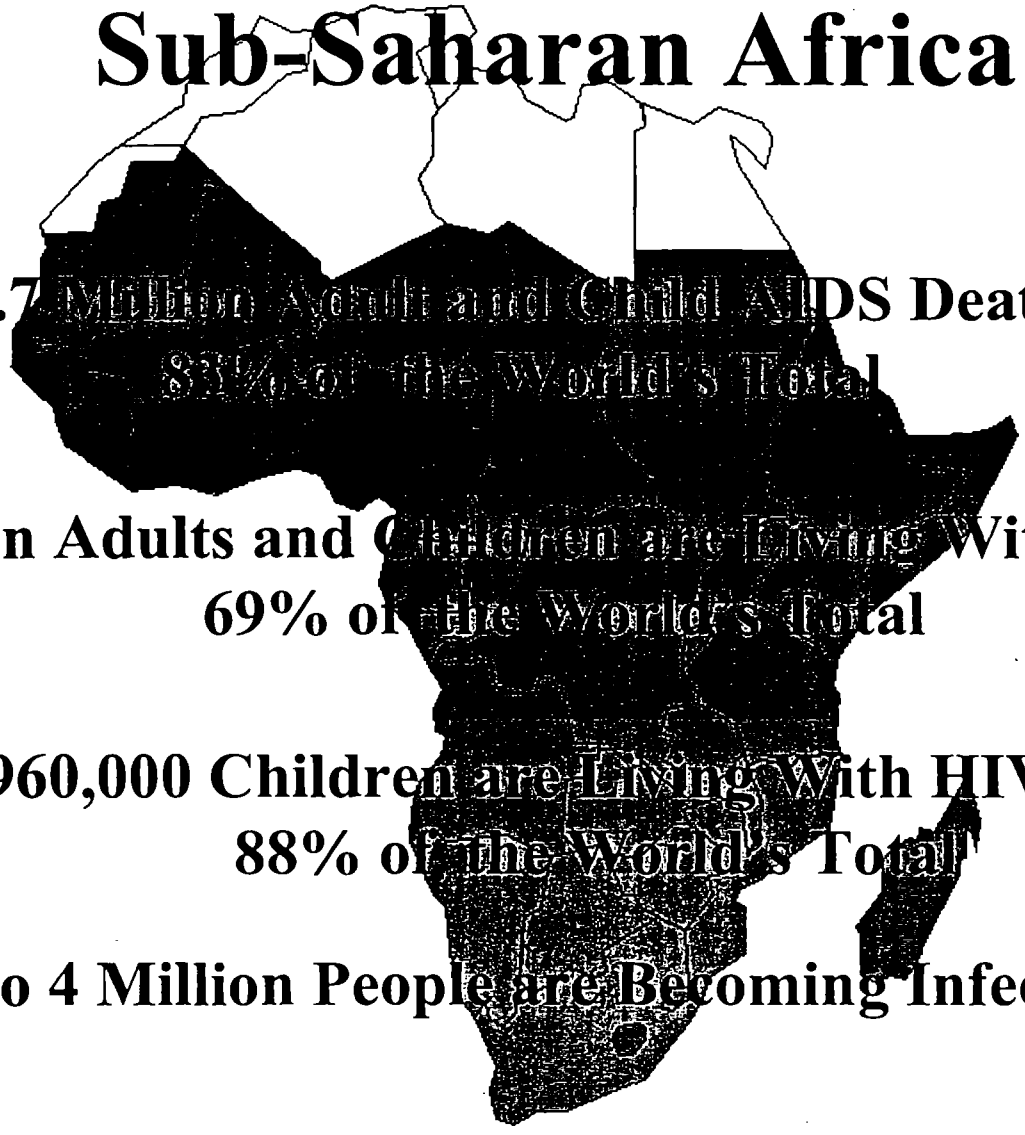
## An emergency out of control



**The HIV/AIDS pandemic in Sub-Saharan Africa is presently more significant, in terms of impact on child survival and maternal mortality than all other emergencies combined.**

unicef

# Sub-Saharan Africa



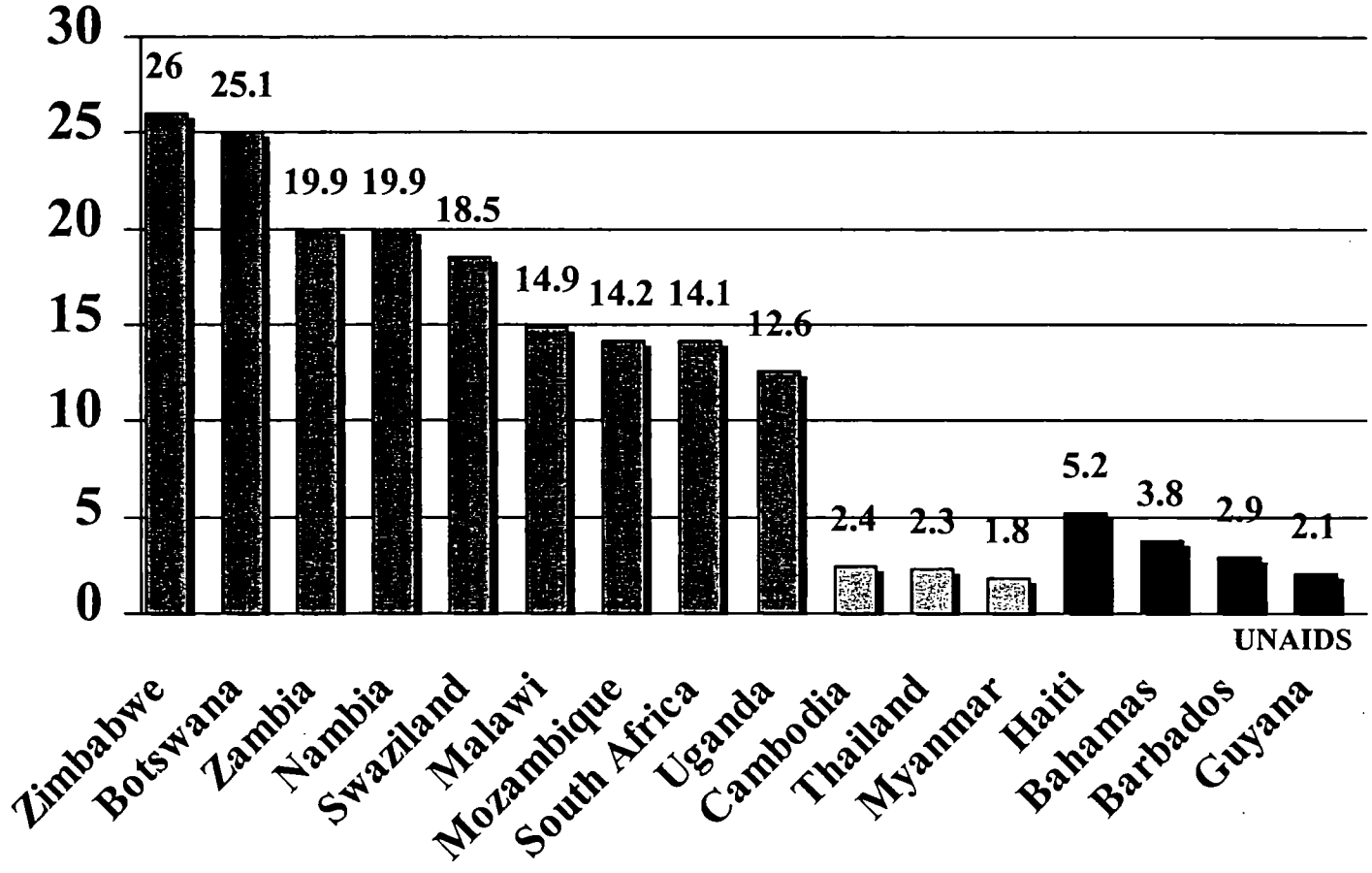
**9.7 Million Adult and Child AIDS Deaths**
**83% of the World's Total**

**21 Million Adults and Children are Living With HIV/AIDS**
**69% of the World's Total**

**960,000 Children are Living With HIV/AIDS**
**88% of the World's Total**

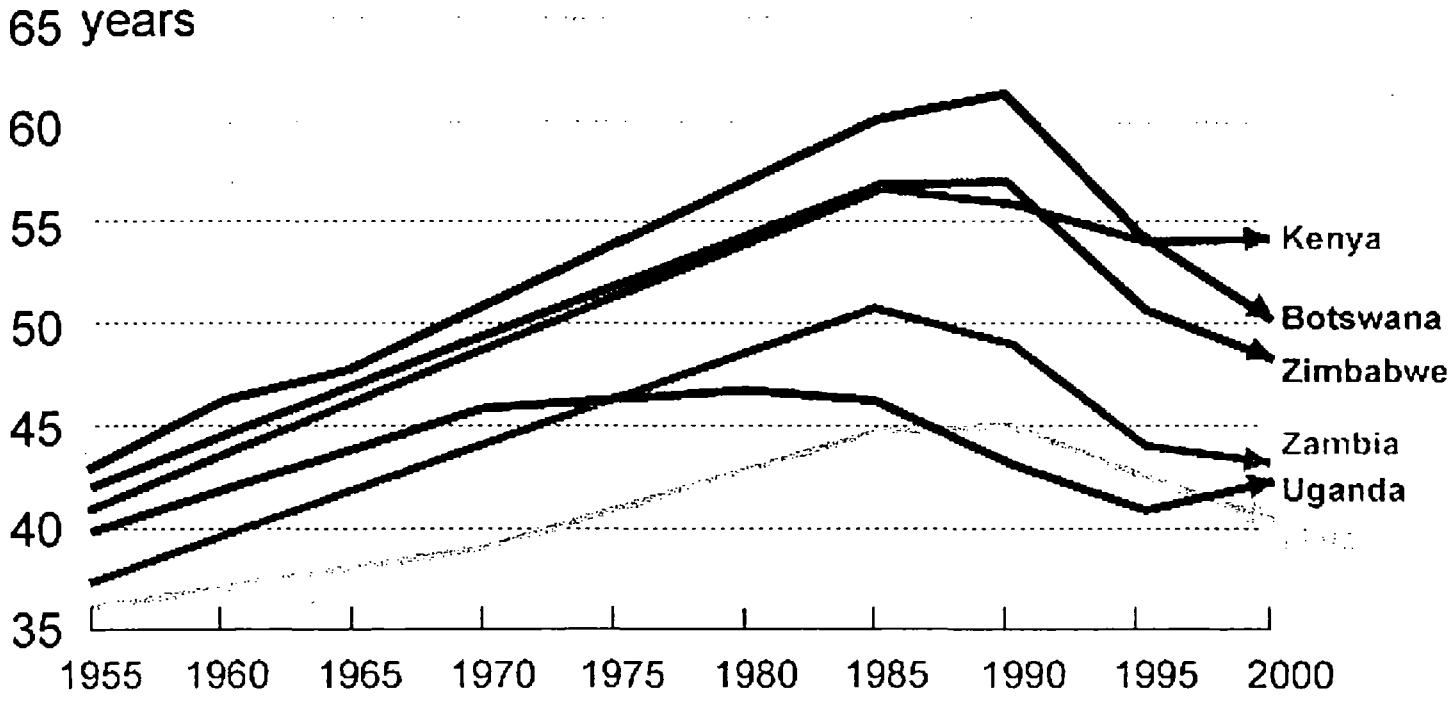
**Close to 4 Million People are Becoming Infected Yearly**

# Infection Levels are Higher than Ever Imagined



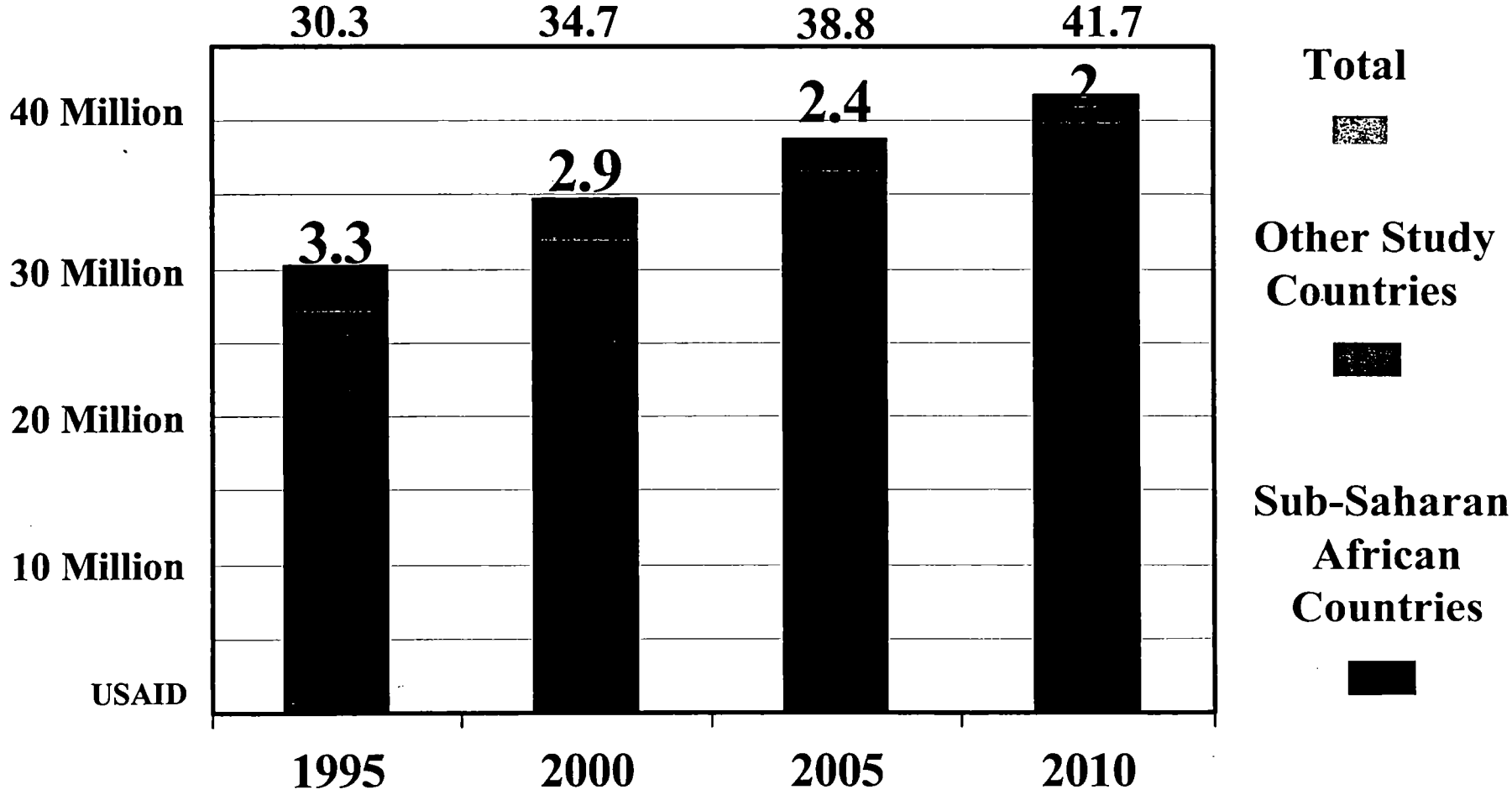

# And They Are Worsening

# In heavily infected countries in Sub Saharan Africa, life expectancy continues to decline sharply



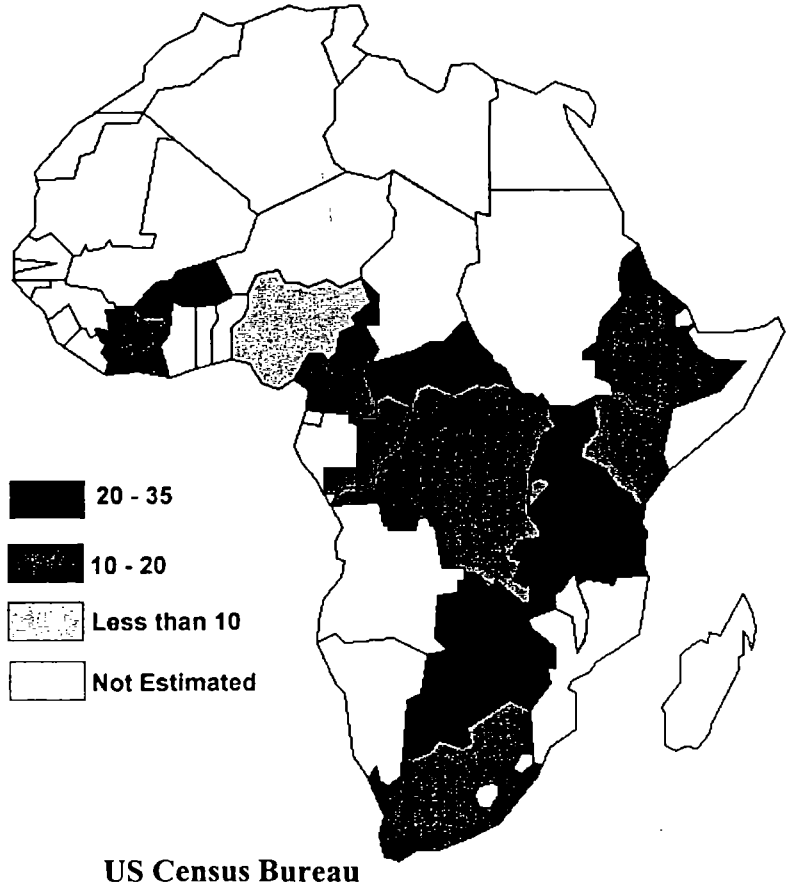

US Census Bureau

# 35 million children have been orphaned in 23 countries included in *Children on the Brink*




**This number will increase to at least 42 million over the next 10 years**

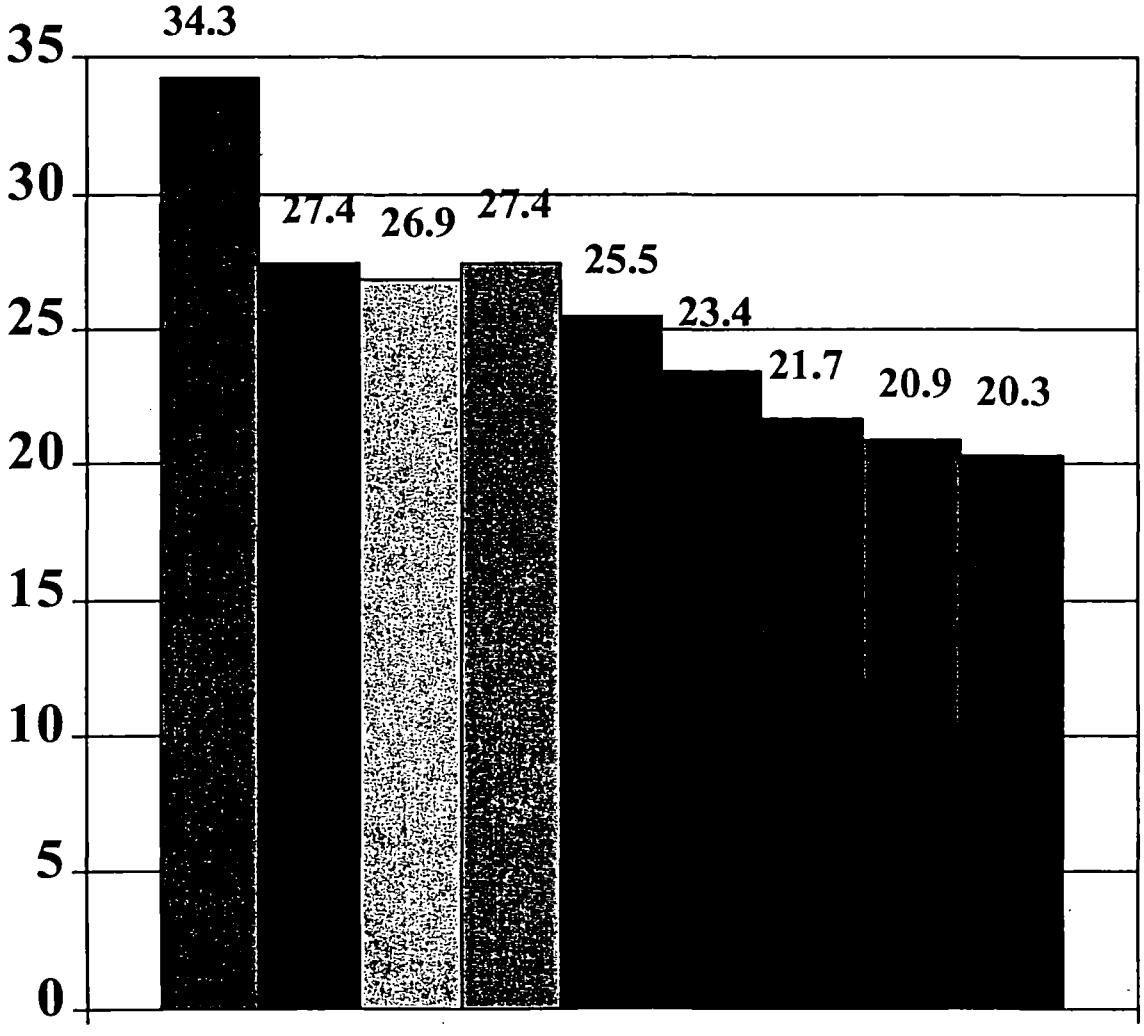
# More than 90% of the world's orphans estimated in *Children on the Brink* are in 19 Sub-Saharan African countries




US Census Bureau

unicef

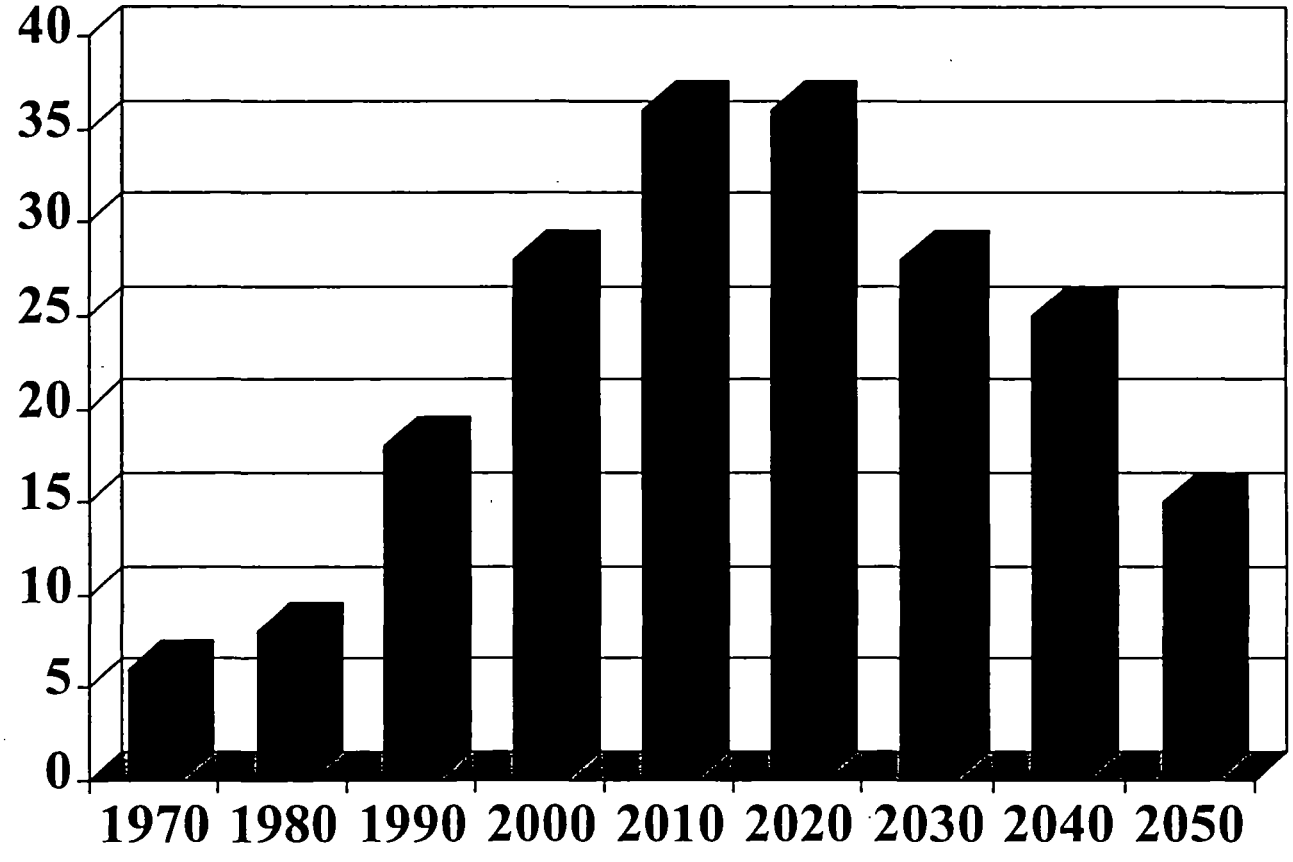
# In 9 Sub-Saharan African countries, one-fifth to one-third of all children under the age of 15 will be orphaned by the year 2000




US Census Bureau

unicef

# The Problem is Long Term




**Botswana, Malawi, Zambia and Zimbabwe will have high proportions of orphans through at least 2030**

# Compared to Emergencies…

## Emergency

2 Million in Sub-Saharan Africa at heightened risk

CDR moving to 2/10,000 per day

## HIV/AIDS

7 million new infections annually

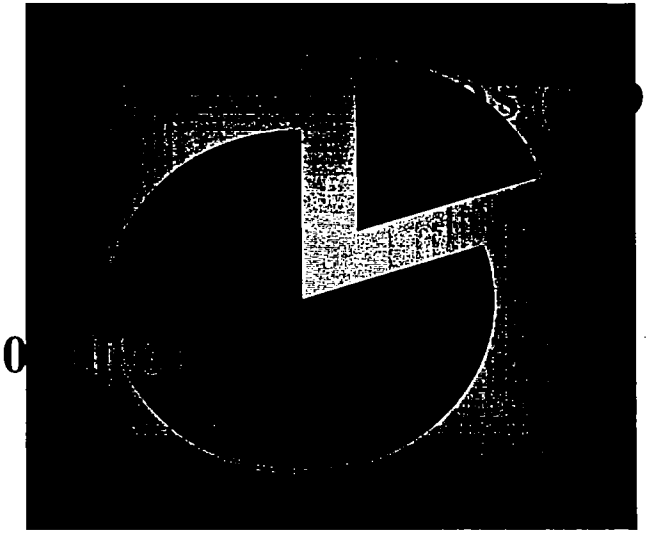
.5 to 1 million children born HIV+

20 to 35% of all children orphaned

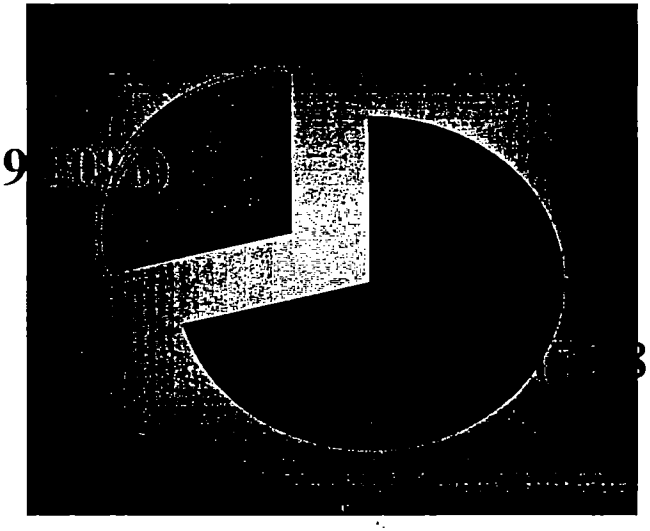
CDR moving to 2/10,000 per day

# Increases in AIDS Mortality Are Responsible for the Large Increases in Orphaning

## Orphans by Cause, 1990




## Orphans by Cause, 2010

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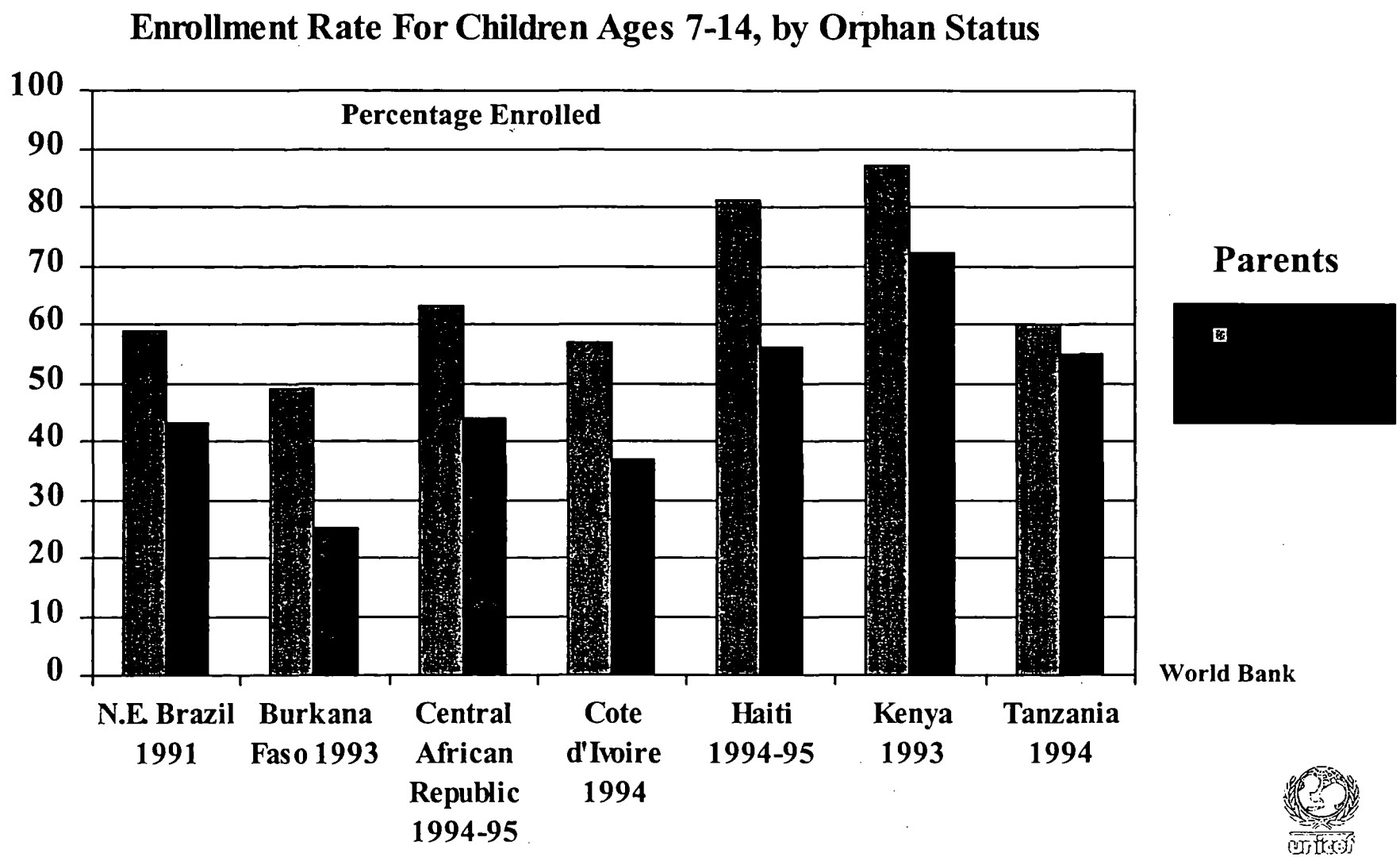
# Orphans' school attendance declines unless there is outside assistance



# Stunting of orphaned children is very high especially compared to non-orphans in the same household