

FOIA MARKER

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Folder Title:

HIV/AIDS Analysis Meeting, Thursday, June 15, 2000, 1:30 PM, Room 231

Staff Office-Individual:

International Economic Affairs-Samans, Richard

Original OA/ID Number:

3943

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38	5	2	1	V

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	HIV-AIDS Analytical Group Mtg [4 copies] [partial] (4 pages)	06/15/2000	P3/b(3)
002. paper	Discussion Paper for NSC Deputies Committee Meeting (7 pages)	ca. 05/2000	P1/b(1)
003. paper	Discussion paper re: HIV/AIDS (11 pages)	05/17/2000	P1/b(1)
004. list	Re: [Objectives] (3 pages)	ca. 05/2000	P1/b(1)
005. calendar	Annotated Calendar of Major International Events (6 pages)	ca. 05/2000	P1/b(1)
006. memo	Rick Samans to Paul Delay, et al., re: HIV AIDS Analysis: Meeting on Thursday, June 15, 1:30 pm [partial] (1 page)	06/13/2000	P3/b(3)
007. memo	Rick Samans to Paul Delay, et al., re: HIV AIDS Analysis: Meeting on Thursday, June 15, 1:30 pm [partial] (1 page)	06/13/2000	P3/b(3)
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012. list	Clearance List [partial] (1 page)	ca. 06/2000	P3/b(3), P6/b(6)

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National Security Council
International Economic Affairs (Samans, Richard)
OA/Box Number: 3943

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HIV/AIDS Analysis Meeting, June 15, 2000, 1:30 PM, Room 231

2007-1550-F
ke2018

RESTRICTION CODES

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

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

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HIV-AIDS ANALYTICAL GROUP MTG
JUNE 15, 2000 1:30-3:00 P.M.

PARTICIPANT	AGENCY	PHONE	FAX
JIM BABBIT	OVP	456-9511	456-9500
RICK SAMANS	NEC/NSC	456-9281	456-9280
KEN BERNARD	NSC	456-9391	456-9390
GAYLE SMITH	NSC	456-9261	456-9260
VICTORIA GREENFIELD	CEA	395-5040	395-6970
LAURA EFROS	OSTP	456-6065	456-6028
SANDY THURMAN	OPD/ONAP	456-2437	456-2438
MELANY NAKAGIRI	OMB HEALTH	395-4926	395-5648
RON SILBERMAN	OMB INT'L AFFAIRS	395-4595	395-5770
JACK CHOW	STATE	647-8309	647-2746
ADEDEJI OKEDIJI	STATE	647-8094	647-2746
P3/(b)(3)			
PAUL De LAY	AID	712-0683	216-3702
ALEX ROSS	AID	712-5365	219-0507
HELENE GAYLE	CDC	404-639-8000	404-639-8600
ERIC GOOSBY	HHS	690-5560	690-7560
TOM NOVOTNY	HHS	301-443-1774	301-443-6288
DAVID WILCOX	TREASURY	622-2200	622-2633
HELEN WALSH	TREASURY	622-1265	622-1228
ROSCOE MOORE, JR.	OIRH/OFC OF INT'L REFUGE HEALTH	301-443-9942	301-480-8382

[001]

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TO MEETING
PARTICIPANTS, IF
YOU CHOOSE TO DO
SO.

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Tab D International AIDS Legislative Goals and Calendar

Part I: Appropriations Process

1) Secure full funding for the President's budget request on international AIDS (including HIPC&IDA money) in Appropriations process. Key Appropriations subcommittees are Agriculture, Foreign Operations, Defense and Labor/HHS (to be reviewed by Martha Foley (WH Legislative Affairs), OMB, USAID first). Attached Appropriations calendar to follow.

2) Organize interagency briefings for above subcommittees. Also target and work with friends on the Committee (Pelosi, Leahy, Durbin, Jackson (Il), Feinstein etc).

Part II: Non-Appropriations Measures

1) Secure passage of Administration proposals. Seek legislative vehicle for our vaccine tax credit proposal (Ways & Means, Finance, Health Care revenue bills).

2) Devise strategy for managing congressional initiatives. Leach/Lee (H.R. 3519) passed in the House by voice vote on May 15th. Need to fine-tune administration position and prepare for Senate strategy. Currently OMB, Treasury and USAID are reviewing H.R. 3519's language and devising coordinated strategy for future negotiations with members.

Part III: General Education and Outreach to Members and Committee Education

1) Draft and clear interagency talking points on the AIDS crisis and highlight the Administration's proposals.

2) Design outreach (including specific talking points) for interested congressional groups (CBC, Women's, Asian, Military Committees etc).

3) Develop and utilize existing core groups of interested members (for dear colleagues, floor debates, one minutes, "whipping"- internal lobbying, etc).

Legislative Calendar

May

4	Senate & House Ag Appropriations - Subcommittee
9	Senate Ag & Foreign Ops Appropriations - Full Committee
10	House Ag Appropriations - Full Committee, House Labor/H Approps - Subcommittee & Senate Labor/H Approps - Subcommittee
11	Senate Labor/H Approps - Full Committee House Defense Approps - Subcommittee
18	Senate Defense Approps - Full Committee (subcommittee date?)
19	House Agriculture Appropriations Bill - Floor Action
24	House Labor/H Approps Bill - Full Committee
25	House Defense Approps Bill - Full Committee
29	Begin House and Senate Recess (May 29 - June 4)
tbd	Senate Agriculture Appropriations Bill - Floor Action
tbd	Senate Defense Approps bill - Floor Action
tbd	Senate Foreign Ops bill - Floor Action
tbd	Senate Labor/H Approps bill - Floor Action

June

5	House and Senate Return from Recess
7	House Defense Approps Bill - Floor Action
8	House Labor/H Approps Bill - Floor Action
12	House Foreign Ops Approps Bill - Subcommittee
20	House Foreign Ops Approps Bill - Full Committee & House Foreign Ops Approps Bill - Floor Action

July

2-9	Projected House and Senate Recess
29	Projected House and Senate Recess (July 29 - Sept 5)

August

House and Senate out all month

September

6	House and Senate return from Recess
13-16	CBC Week, DC

October House and Senate Adjourn

LIFE Initiative / Africa Partnership / Worldwide HIV-AIDS Goals

LIFE Initiative 11/99	Africa Partnership 01/99	Worldwide Goals 09/98
1) primary prevention - decrease in HIV incidence in 15-24 group - decrease in reported non-regular sex partners over the first year - increase in reported barrier method use with non-regular / regular sex partners - decrease in reported STI prevalence for men / women - decrease in perinatal infections - increased awareness of HIV status and implementation of effective prevention / education programs for military personnel	a) reduced HIV transmission - HIV incidence in 15-24 group reduced by 25% in most affected countries - At least 90% of young men & women 15-24 will have access to information & skills required to reduce vulnerability to HIV infection - At least 50% of HIV+ pregnant women will have access to testing, counselling, treatment and replacement feeding programmes	Incidence of HIV infection will be reduced by 25% among 15-24 group by 2005 By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission
2) improving community & home based care and treatment - increase in # of primary health facilities providing quality prevention and treatment for OIs - increase in % of local government implementing care and support activities - increase in # of households caring for persons living with HIV/AIDS that receive help in delivering that care from an institution or group outside the family - increase in % of dually (TB-HIV) infected persons who complete standard TB therapy within 12 months	b) reduced suffering - at least 50% of all HIV+ persons will have access to drugs for common OIs - a major increase in access of HIV-infected persons to an appropriate continuum of care	At least 75% of HIV infected persons will have access to basic care & support services at the home & community levels, including drugs for common OIs
3) caring for children affected by AIDS % of households in high HIV prevalence communities with increased access to food % of households in high prevalence communities receiving assistance from CBOs	c) mitigated impact of AIDS 50% of affected families will have access to an essential package of services, including health / education / food	Orphans will have access to education and food on equal basis as their non-orphaned peers
4) capacity & infrastructure development - increased number of HIV/AIDS/STI/TB information / service delivery points which meet minimum quality standards - surveillance plans / survey designs in all focus countries - lab capacity for surveillance strengthened - training of surveillance managers / key staff in at least 8 countries - increased national AIDS control program capacity to plan / manage / evaluate national AIDS programs		

LIFE Initiative / Africa Partnership / Worldwide HIV-AIDS Goals

5) multisectoral interventions • democracy & governance • education • agricultural resource management • economic growth • natural resource management • post-conflict situations	a) mitigated impact of AIDS • development and use of social / legal / human rights frameworks which address fear / stigma / discrimination • 50% of affected families will have access to an essential package of services, including health / education / food • implementation of national programmes which effectively address the impact on development of the AIDS crisis	By 2002, domestic and external resources available for HIV/AIDS efforts will have doubled to \$300 million per year

World Bank 06/99

1. Increase demand to intensify action

- Assist African leaders to mobilize civil society & private sector to intensify action against AIDS within their countries
- Build local capacity in national / local government, civil society / private sector to lead and implement effective programs

2. Strengthen Bank's own capacity to respond to increased demand

- Place HIV/AIDS as a central element of World Bank's development agenda for Sub-Saharan Africa
- Build capacity within the bank to intensify action against AIDS in Africa
- Strengthen activities to reduce the impact of socio-economic factors influencing epidemic spread

3. Expand available resources

- Increase funding for HIV/AIDS prevention / care / treatment
- Use a multisectoral approach to retrofit existing bank-financed projects to reach more vulnerable populations and to address their long term need created by HIV/AIDS
- Mobilize the international community to leverage additional resources

4. Expand available knowledge and develop additional prevention tools

- Identify innovative means of financing the development of vaccines and other prevention options such as microbicides
- Support research effort to provide decision-makers with data / tools needed to intensify efforts

Sources:

1. " Leadership and Investment in Fighting an Epidemic: Proposed Joint Operating Plan of the US Agency for International Development, the US Department of Health and Human Services, and the US Department of Defense" 11/23/99
2. "International Partnership Against HIV/AIDS in Africa: Resolution to Create and Support the Partnership" 01/20/99
3. "Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis" 06/06/99

JUSTIFICATION FOR THE TARGETS FOR THE USG RESPONSE TO THE AIDS PANDEMIC:

1. Reduce expected new HIV infections over the next five years in Africa from 20 million to 10 million, and in all other regions from 10 million to 7 million.
2. At least 50% of HIV infected pregnant women will have access to interventions that will reduce mother-to-infant HIV infection.
3. At least 30% of HIV infected persons have access to basic care and support services.
4. At least 30% of AIDS orphans will have access to basic community support services.

These targets represent the four major areas for combatting the AIDS pandemic: reducing sexual transmission of HIV (accounting for over 80% of all infections), reducing mother-to-infant HIV transmission, increasing access to care and support services for HIV infected persons and their survivors (orphans). These targets are ambitious for the five year time frame that is envisioned, however, they are realistic and achievable if appropriate resources are identified and donor and affected country governments are committed to building capacity and health care infrastructure to implement the appropriate scope and scale of these interventions.

1. In 1999, in sub-Saharan Africa, approximately 4 million persons became infected with HIV, of which 55% were women. This is a doubling of annual incidence (number of new infections in any given year) from 1993. Extensive experience from prevention programs in Uganda, Thailand, Dominican Republic and Senegal support the target of a 50% reduction in new annual HIV infections within the next five years, based on realistic resource requirements of approximately \$2.00 per capita per year for prevention. Success will also be dependent on the effectiveness of national country political mobilization in support of prevention programs.
2. Currently, in sub-Saharan Africa, less than 5% of the 22 million persons infected with HIV have access to HIV testing. Approximately 2 million HIV positive women become pregnant each year in sub-Saharan Africa, of which over 60% utilize health services at some point in their pregnancy (1.2 million). However, currently less than 1% of all pregnant women are screened for HIV status and offered an antiviral drug regimen to reduce HIV transmission to their newborn. Voluntary counseling and testing services along with mother-to-infant prevention interventions can be provided in these health settings that women are now using for pre-natal care.
3. As of the end of 1999, there were over 22 million currently HIV infected persons living in sub-Saharan Africa. Persons with end stage HIV related disease are often hospitalized for short periods of time. In fact, in the most severely affected countries in east and southern Africa up to 60% of hospital beds can be devoted to HIV infected patients. However, the level of care available and access to even the most basic symptomatic treatments, let alone effective prevention and treatments of opportunistic infections, is essentially non-existent. This is due to lack of critical health commodities and training on the care of HIV related disease. Over the next five years, with significant investments in infrastructure, a basic package of care can be made

available. This would include prophylaxis for tuberculosis and other lung diseases and treatment of the array of other opportunistic infections symptoms, such as diarrhea and fever. It is important to note that in the U.S., only about 30% of persons living with HIV actually have access to antiviral drugs. Considering the massive need to provide better access to HIV testing and the building up of healthcare systems, a goal of 30% within five years represents a dramatic increase. The package of care and support that would be provided could enhance survival and quality of life in Africa as significantly as that achieved in the U.S. through the use of combination antiviral therapies.

4. There are now nearly 24 million children who have lost one or both parents in the 19 most severely affected countries in Africa. Interventions must be directed at maintaining these children within their community, either in extended kinship families or in child headed households. These services must initially be targeted at those families most at risk for orphanhood, such as children serving as caregivers to sick and dying parents. Community support services include health and non-health services: paying for school fees, providing food assistance, provision of health services, provision of vocational training, microenterprise assistance, and stigma reduction. Current assistance programs reach a very small proportion of orphans and affected children (several hundred thousand). Significantly increased resources would support community and family based assistance programs to reach at least a third of the children at risk. Faith based organizations are particularly important in this effort given their coverage of communities and tradition of providing health and social services to communities. In addition, achieving target 3 above will allow parents to survive longer, thus delaying orphanhood.

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International Economic Affairs (Samans, Richard)
OA/Box Number: 3943

FOLDER TITLE:

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2007-1550-F
ke2018

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Jack Chow, State

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Goals and Targets

→ what countries hard hit

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→ To what extent do LDCs have effective plans?

Resources

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FOLDER TITLE:

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2007-1550-F
ke2018

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David Wilcox, Treasury
Helen Walsh, Treasury
[REDACTED] P3(b)(3) [007]
Jack Chow, State

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David Wilcox, Treasury
Helen Walsh, Treasury
P3(b)(3) [008]
Jack Chow, State

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ke2018

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[REDACTED] P3(b)(3) [009]
Jack Chow, State

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Memorandum

TO: Paul Delay and Alex Ross, AID
Helene Gayle, CDC
Tom Novotny and Eric Goosby, HHS
Ken Bernard, NSC
Gayle Smith, NSC
Laura Efros, OSTP
Jim Babbitt, OVP
Sandy Thurman, ONAP
Victoria Greenfield, CEA
Ron Silberman, OMB International Affairs
Melany Nakagiri, OMB Health
David Wilcox, Treasury
Helen Walsh, Treasury
[REDACTED] P3/(b)(3) [011]
Jack Chow, State

From: Rick Samans, NEC/NSC *RS*

Ref: HIV/AIDS Analysis: Meeting on Thursday, June 15, 1:30 pm

Date: June 13, 2000

At their previous meeting on international HIV/AIDS policy, Deputies requested that further analysis be undertaken on a number of issues. We would like to convene an initial meeting of an interagency analytical working group to develop this information on Thursday, June 15 at 1:30 pm in Room 231 of the Old Executive Office Building. Attached for purposes of discussion at the meeting is an outline of an initial paper to be tasked out.

Please confirm your participation and provide clearance information to Elaine Mitsler at Elaine_M._Mitsler@opd.eop.gov or 456-9281. We look forward to seeing you on Thursday.

Thank you.

Attachment
As stated

International HIV/AIDS Analytical Working Group Scope Paper

Deputies have requested that further analysis be undertaken to help inform consideration of international policy objectives with respect to HIV/AIDS. As a starting point, we would like to organize in a paper the best available information on a number of basic questions regarding the path of the pandemic and its potential sensitivity to various policy goals and resource input scenarios. Following is a draft outline of such a paper, which is intended to provide a baseline of information for participants in the interagency process as well as serve as a vehicle for identifying topics ripe for further research.

Goals and Targets

- What goals/targets would correspond to a halt in the expansion of the pandemic in hard-hit developing countries? A reversal (modest vs. substantial proportions)?
- To what extent do existing international targets (e.g., UNAIDS and USAID) correspond to these objectives? What level of (improvement in) health care infrastructure do they assume?
- What specific goals/targets with respect to aspects of prevention, treatment, and care have been employed in individual countries or regions that have succeeded in halting or reversing the expansion of the path of the disease? Is it appropriate to extrapolate from these to international goals and targets? To what extent do they correspond to existing international targets?
- What is the relative sensitivity of outcomes to the addition of resources in the following areas? How are outcomes influenced by the mix of resources among them?
 - Prevention, including mother-child transmission.
 - Health care intervention, including infrastructure.
 - Support for orphans.

Resources

- Estimate current annual levels of:
 - US assistance for prevention, care, treatment, orphan support, and research.
 - EU, Japan, and other OECD country assistance.
 - Developing country resources (assess range).
- Estimate global and regional resource gaps for different targets (e.g., halting the expansion of the pandemic vs. reversing it vs. making as much of an impact as is practicable given the constraints of culture, poverty, distance, etc.).

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DRAFT

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