

FOIA MARKER

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Folder Title: AIDS in Africa (NSC Interests)				
Staff Office-Individual: International Health Affairs				
Original OA/ID Number: 3456				
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Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Samuel Berger and Sandra Thurman to the President, re: [Global AIDS] (5 pages)	ca. 02/2000	P1/b(1)
002. paper	Re: [Intellectual Property Rights] (3 pages)	08/31/1999	P1/b(1)
003. cable	Re: [UN Security Council] (5 pages)	01/08/2000	P1/b(1)
004. 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)
005. email	Kenneth Bernard to Mona Sutphen, et al., re: AIDS (2 pages)	03/07/2000	P1/b(1)
006. email	Kenneth Bernard to Kevin Cosgriff, re: Pkg 7991 (1 page)	12/03/1998	P1/b(1)
007. memo	Sandra Thurman to the President, re: AIDS in South Africa (4 pages)	05/01/2000	P1/b(1)
008. email	Kenneth Bernard to Mona Sutphen, et al., re: AIDS (2 pages)	03/07/2000	P1/b(1)
009. memo	Kenneth Bernard and Gayle Smith to Samuel Berger, re: AIDS in Africa - NSC Interests (3 pages)	06/29/1999	P1/b(1)
010. memo	Kenneth Bernard and Erica Barks-Ruggles to Sandy Berger and Jim Steinberg, re: AIDS in Africa (2 pages)	06/17/1999	P1/b(1)
011. email	Erica Barks-Ruggles to Alexander Arvizu, et al., re: SRB-AIDS in Africa Initiative (1 page)	07/15/1999	P1/b(1)

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National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

AIDS in Africa (NSC Interests)

2007-1550-F
ke2020

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

RR. Document will be reviewed upon request.

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012. email	Gayle Smith to Donald Camp, et al., re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (3 pages)	07/14/1999	P1/b(1)
013a. email	Daniel Shapiro to Gayle Smith, et al., re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (2 pages)	07/14/1999	P1/b(1)
013b. email	Gayle Smith to National Security Advisor, re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (2 pages)	07/13/1999	P1/b(1)
014. email	Kenneth Bernard to Gayle Smith, re: Draft e-mail for SRB (2 pages)	07/13/1999	P1/b(1)
015. email	Donald Camp to Gayle Smith, re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (3 pages)	07/14/1999	P1/b(1)
016. email	Gayle Smith to Kenneth Bernard, re: [POTUS AIDS in Africa Initiative] (1 page)	07/14/1999	P1/b(1)
017. email	Daniel Shapiro to Alexander Arvizu, et al., re: [POTUS AIDS in Africa Initiative] (1 page)	07/14/1999	P1/b(1)
018. email	Kenneth Bernard to Kevin Cosgriff, re: Pkg 7991 (1 page)	12/03/1998	P1/b(1)

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NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

February 2, 2000

ACTION

MEMORANDUM FOR SAMUEL R. BERGER

FROM: KENNETH W. BERNARD *KB*

SUBJECT: Follow-up to the UN Security Council Meeting on
HIV/AIDS

You asked for a memo to the President concerning the Security Council meeting on HIV/AIDS in Africa that was chaired by the Vice-President, and to outline the next steps to deal with the problem.

This is a very complex set of issues with wide ranging activities and equities, both within and outside the government. To tie together the strands, we first will hold an Interagency Working Group (IWG) to develop a matrix of ongoing activities, and a set of recommendations to advance Administration efforts to combat the disease worldwide.

The attached memorandum outlines three major objectives of a strategic plan that will be presented to the IWG, and our initial thoughts on priority areas for Administration action.

Drafting of the memorandum has been coordinated with Sandy Thurman. The length is necessary to cover the breadth of the government response to the issue.

Concurrence by: Nora Dempsey, Jim Babbitt *3 \$/fr*

RECOMMENDATION

That you sign the memorandum to the President at Tab I.

Attachment

Tab I Memorandum to the President

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MEMORANDUM

S/S

UNCLASSIFIED (WITH ~~CONFIDENTIAL~~ ATTACHMENT)

TO: S/S

FROM: AF - Nancy Powell, *N. Powell* Acting

SUBJECT: MUST GO BY CROSS-HATCH

The attached cable to all African diplomatic posts informs our missions what the U.S. expects to accomplish during the United Nations Security Council January sessions on Africa. The cable must go today, January 8, to ensure that posts receive this information before the first session takes place on Monday, January 10. It is likely that posts will receive queries from the foreign ministries about this series of meetings and posts need to address those issues in a timely manner before the sessions are held.

Contact person: Gil Donahue
Africa Bureau, Office of Regional
Affairs
Office telephone: (202) 736-4435
Home telephone: (703) 764-5997

Contact: (NSC) Gayle Smith

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THE WHITE HOUSE
WASHINGTON

UNAP
update
5/21/99

May 18, 1999

MEMO

To: Mr. Duff Gillespie
Deputy Assistant Administrator

From: Sandra Thurman, Director
Office of National AIDS Policy

Re: Global AIDS Emergency Working Group

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.

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original input

STATUS OF THE GLOBAL HIV/AIDS PANDEMIC, THE LEVEL OF RESPONSE, AND REQUEST FOR ADDITIONAL RESOURCES

Status of the Pandemic with focus on sub-Saharan Africa: Over this past decade, there has been a massive expansion of the HIV/AIDS crisis on an almost unimaginable scale. We continue to underestimate the severity and rapidity of the acceleration of this pandemic. In 1990, the WHO Global Program on AIDS estimated that 8 million adults were living with HIV/AIDS worldwide, of which 5 million were in Africa. There are now four times as many people infected with HIV in 1998 than there were in 1990, 32.2 million adults, and over 14 million adults and children have already died of AIDS. In 1998, 5.8 million adults and children became newly infected-600,000 in South Africa alone, with a population of 38 million. (Compared to 44,000 new infections in 1998 in the U.S.) By the year 2005, we are estimating that the cumulative total of HIV infected persons will exceed 100 million. At that time, we will be experiencing nearly 6 million deaths per year from HIV related disease, 4.5 million of these in Africa alone.

Sub-Saharan Africa continues to be the hardest hit by the AIDS pandemic. Currently, two in every three persons in the world living with HIV/AIDS is in Sub-Saharan Africa. In some communities in eastern and Southern Africa, 30 to 60% of sexually active adults are already infected and national HIV levels amongst adults are now ranging from 12 to 32%. (See Figure 1) The likelihood of adults in this region to be infected with HIV is 10 times greater than for an adult in North America. Of every 10 women currently living with HIV, 8 are in Sub-Saharan Africa. And of the estimated 590,000 children born with HIV in 1998, 9 out of 10 are in this region. At least 95% of all AIDS orphans have been African. Yet only a tenth of the world's population lives in Africa south of the Sahara.

The impact that this pandemic is having on individuals, families, communities and nations is tragic. Unlike other infectious diseases (malaria, diarrhea, etc) and chronic conditions (cardiac disease, stroke, etc.) AIDS strikes people in the most productive age groups and is essentially 100 percent fatal. AIDS causes a reduction in the size and experience of the labor force, increases health care expenditure, raises the costs of labor and reduces savings and investment. At the macroeconomic level, the impact depends partly on the structure of the economy. Especially in eastern and southern Africa, economies based on extractive industries (mining) and export agriculture will be the most severely affected. For example in Zambia, the GDP could be 5 to 10% lower in the year 2000 because of AIDS.

By the year 2010, estimates are that over 41 million children will have lost one or both parents from all causes in the 23 countries hardest hit by the pandemic- over 70% will be due to HIV/Aids. At least 95% of all children already orphaned by HIV/AIDS have been African. (While Africa has borne the brunt of the impacts of HIV/AIDS, the number of orphans is growing in Latin America and the Caribbean, where the pandemic started later. The sheer size of the population at risk for HIV/AIDS in Asia means that the problem of orphans in that region are expected eventually to eclipse those of sub-Saharan Africa) The number of orphans in the

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countries already most affected by AIDS are not expected to peak until after the year 2030. The impacts of HIV/AIDS on children are both large scale and long term. They affect not only children whose parents have died, but those who are living with parents who are ill and also children living in families whose resources – financial and emotional – are stretched by the care of large numbers of orphans.

The impacts of HIV/AIDS on children are felt long before a parent dies. Limited family resources are used for medical expenses. Sick parents can no longer work. Children drop out of school. Families can not buy or produce enough food. Homes fall into disrepair. Children become the care providers for sick parents and younger siblings. In most cases, when parents die, orphans are cared for by extended family and by the communities. However, the growing number of orphans is stretching the coping capacities of kin and community. The next generation is at risk, not only from HIV/AIDS, but also from the effects of living in the devastation caused by the disease. As the growing number of disaffected, undereducated, inadequately nurtured and socialized young people grow; the most-affected countries may face serious threats to their social and political stability and their economic functioning.

The U.S.G. and Global Response: The U.S. Government response to the global pandemic began in 1986 and since then we have contributed over \$1 billion to the effort. Since the early 1990's, the U.S. has been the lead donor, contributing 25% of the budget for UNAIDS this year (\$15 million) and 48% of overall development assistance devoted to HIV/AIDS prevention and control in the developing world. (See attached Figure 2) However, the USG international HIV/AIDS budget has been essentially flat-lined since 1993 at approximately \$120 million (See attached Figure 3), in the face of a 300% rise of annual HIV incidence during this time period and an explosive expansion of the epidemic in the southern regions of Africa, into Asia and in the newly independent states of the former Soviet Union. Because of the expansion of the epidemic into all regions, USAID now provides technical assistance and support to programs in 47 developing countries, with average annual USG budget contributions that vary from \$200,000 to \$5.6 million per country. These country specific programs to decrease HIV transmission and reduce the impact of AIDS on families and societies continue to be woefully underfunded, particularly in Africa and Asia. We currently estimate that USAID, combined with all of the other international donors and contributions from national host country government resources, reach only 10% of the "at-risk" population.

TWO BUDGET REQUEST SCENARIOS:

Because of the unprecedented crisis that now confronts us and the certainty that the HIV pandemic will continue to be a major cause of adult and child mortality well into the next century, we must examine ways to address the enormous deficit in resources with which to mount an adequate response. Even in the absence of an effective HIV vaccine, we already have a set of tools to provide men, women, and youth with the information, skills and materials that they need to reduce their sexual and other risk behaviors, thus reducing HIV transmission and vulnerability to infection. Equally important, we have a range of interventions, which focus

primarily on alleviating the impact of the pandemic on infants and children. In the face of an ever-escalating crisis, there is now a critical need to accelerate the implementation of these interventions as quickly as possible.

Both of these two budget request scenarios should be considered within the context of the following parameters. It is important to note that any request for increased HIV/AIDS funding must be additive, because of the potential damage to the development assistance budget as a whole that would occur. We would strongly urge a request for a phased increase of \$100 million over the next five years, rather than the \$100 million in 2000.

- **The global community as a whole (bilateral and multilateral donors, private sector, foundation support, and especially host country governments) must increase available resources.** The U.S. cannot bear the major burden of the response to the global pandemic. There are currently a series of initiatives underway to bring together these various partners for a concerted effort to increase resources, including an upcoming meeting to be co-hosted by the British government and UNAIDS in London in late April, that will include the major bilateral donors to AIDS overseas development assistance.
- **Increased funding for HIV/AIDS efforts MUST be additive to existing development assistance budgets.** Funding any increase for HIV/AIDS from the current FY 2000 request would result in critical shortfalls for democracy, agriculture and economic growth programs, especially in countries that have proven to be good performers and good development partners. In the absence of a total funding increase, these sectors would have to targeted for major reductions because of existing Congressional earmarks and directives and Administration priorities in all other sectors of assistance, e.g. Child Survival, Polio, Infectious Diseases, Population, Microenterprise and Environment. Because of the devastating impact of a request at the \$100 million level to development projects as a whole, we would strongly urge for a request for \$100 million phased over five years. If an additional \$100 million were to come in FY 2000, it would have to be as an amendment to the President's budget. Given the fact that the Congress has already proposed a reduction in the overall 150 International Affairs account of between 15 to 21%, a request for an additional \$100 million this year could not be received without any offsets for FY 2000.
- **HIV/AIDS funding should be multivear in scope and focus on building local capacity for the long haul.** Our considerable experience with the successful programs in Uganda, Thailand, Senegal, Dominican Republic and elsewhere confirms that designing and implementing effective programs depends on sustained, concerted prevention programs, with impact measurable only after at least 3 to 5 years of intensive effort. It is critical that we use any increased resources to build the local capacity for communities and governments to respond to this pandemic over the long term.

1. REQUEST FOR \$100,000,000 OVER THE NEXT FIVE YEARS (\$20 million/year) *
This is the preferred request:

Provided additional funding could be secured, programming could be quickly expanded. Using criteria, based on severity of HIV prevalence and degree of negative impact on communities and specific labor sectors, this funding would be geographically targeted as follows: 60% for sub-Saharan Africa, 25% for Asia, 10% for Latin America, 5% for the Newly Independent States. If additional funding were to be made available, program implementation could begin immediately in nineteen African countries where HIV/AIDS projects are currently underway and the capacity and infrastructure has been established. Two categories of activities to address the needs of children affected by the pandemic would be supported – those which address the needs of children whose parents are ill or have died as a result of AIDS; and those that focus on preventing mother to child transmission of the disease.

The families and communities most seriously affected by HIV/AIDS are the front line of response to the impacts of the pandemic. It is imperative that support is provided to strengthen their capacity to cope in a way that is both sustainable and that can be scaled-up to meet the vast needs of children affected by HIV/AIDS. Funding would be used to support and expand the innovative and effective community-based approaches already implemented by families and communities affected by HIV/AIDS. In areas where activities have not yet been developed, community-based approaches would be initiated to identify and care for children affected by HIV/AIDS and their families. Capacity of communities would be developed in order to sustain these efforts as the impact of AIDS continues to take its toll. Non-governmental organizations, governmental organizations, church groups, and others have initiated various types of efforts to provide care and support to people living with HIV/AIDS and their families. In order to maximize effectiveness of the donor response to the needs of children affected by HIV/AIDS, funds would be used to examine various approaches or model activities; identify best practices in terms of effectiveness, cost, and sustainability of these efforts; disseminate lessons learned; and provide technical assistance and support to ongoing activities so that they might better address the needs of affected children. The optimal way of mitigating the effect of HIV/AIDS on children is to prevent the transmission of the disease to their parents and to those children, a large proportion of whom are also adolescents, who are orphans or otherwise vulnerable. Protecting adults from becoming infected with HIV in the first place and being able to maintain their roles as parents is a crucial component. It is imperative that we identify and support activities that will increase the primary prevention of HIV/AIDS, while caring for those who are already affected by the disease.

(Outside Africa: In the regions of the world that are just beginning to experience the impact of a growing HIV/AIDS epidemic, efforts will be initiated that will begin to address the current and future needs of children as the impact of the disease continues to expand in those areas.)

Ten percent all new HIV infections result from mother to child transmission (MTCT), USAID has started five pilot sites in Africa that focus on preventing the transmission of HIV/AIDS from pregnant and lactating women to their babies. As a result of the recent identification of cheaper and easier drug regimens to reduce the perinatal transmission of HIV/AIDS, there has been a surge of interest and attention to implementing similar activities worldwide. If additional funds were available, these activities could be expanded to address the many complexities of implementing such activities in low resource setting. In addition, increased availability of funds

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could potentially maximize the prevention of MTCT through the expansion of innovative prevention activities to reduce the incidence of HIV/AIDS among women and their partners in the context of antenatal settings.

2. REQUEST FOR \$100,000,000 IN FISCAL YEAR 1999/2000:

Using the same geographic proportionality as noted in Option 1, funding at this level would permit escalating support to programs that address families at risk and orphans, interventions to reduce mother-to-child transmission of HIV and the increased integration of prevention and care services at community level. These additional funds would also be used to support key multisectoral activities that influence vulnerability for acquiring HIV infection. These would include microcredit schemes to provide safety nets for families that have lost one or more adults to AIDS; increased access to education, particularly for girls, in order to reduce vulnerability; and increasing local capacity in both public and private sector to shore up fragile social sector infrastructures in those countries most severely affected, particularly health services delivery. Commensurate with this expanded funding would be the need to increase on-the-ground staff capacity to assist countries in the design, implementation, and monitoring of programs and a major emphasis on building long term capacity to deal with the ramifications of the pandemic for at least the next 50 years.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	Kenneth Bernard to Mona Sutphen, et al., re: AIDS (2 pages)	03/07/2000	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

AIDS in Africa (NSC Interests)

2007-1550-F
ke2020

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

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. email	Kenneth Bernard to Kevin Cosgriff, re: Pkg 7991 (1 page)	12/03/1998	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

AIDS in Africa (NSC Interests)

2007-1550-F
ke2020

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→ Guye Smith
Copies to Ken Bernard

Pls advise ^{how} SEB
or should handle.

Thanks,
Just

(301) 443-9380

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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007. memo	Sandra Thurman to the President, re: AIDS in South Africa (4 pages)	05/01/2000	P1/b(1)
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COLLECTION:

Clinton Presidential Records
National Security Council
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OA/Box Number: 3456

FOLDER TITLE:

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2007-1550-F
ke2020

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. memo	Kenneth Bernard and Gayle Smith to Samuel Berger, re: AIDS in Africa - NSC Interests (3 pages)	06/29/1999	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

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DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

June 3, 1999

TO: NSC Laura Efros, FAX (202) 456-6028
NSC Rick Holtzapple, FAX (202) 456-9290
NSC Ken Barnard, FAX (202) 456-~~9397~~ 9390
NSC Erica Barks-Ruggles (202) 456-9260
HHS David Hohman, FAX (202) 690-7127
FDA Stuart Nightingale, FAX (301) 443-1309
USAID Paul DeLay, FAX (202) 216-3046
White House, Todd Summers, FAX (202) 456-2438
State, Joyce Rabens, FAX (202) 647-5585
State, Ann Pence, FAX (202) 647-9763
Treasury, Patrick Stuart, FAX (202) 622-5117
Treasury, Joe Eichenberger, FAX (202) 622-1228
Treasury, Helen Walsh, FAX (202) 622-1228
Treasury, Gene Clapp, FAX (202) 622-1228
Treasury, Barbara Holloway, FAX (202) 622-0218
Treasury, Edwin Barber, FAX (202) 622-1432

FROM: Helen Walsh, Office of Multilateral Development Banks *HW*

SUBJECT: Inter-agency Meeting on AIDs/malaria/global health initiative

You are invited to an interagency meeting on Friday, June 4 at 4:30 p.m. in the Grant Room (2127) 15th and Pennsylvania Avenue, MT, hosted by Treasury to discuss the U.S.G. position on the World Bank proposal to the G-8 on an AIDs/malaria/global health initiative. Attached is a letter from President Wolfensohn outlining the Bank's views.

Please call clearances to Phyllis Coffman on 622-8181 or e-mail phyllis.coffman@do.treas.gov with name of person attending and their date of birth.

The World Bank
Washington, D.C. 20433
U.S.A.

JAMES D. WOLFENSOHN
President

mm
FILE COPY

ec: JP,mm

May 27, 1999

The Honorable
William J. Clinton
The President
United States of America
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President:

The AIDS epidemic is reversing decades of progress in improving the quality of life in developing countries. More than 33 million men, women, and children are infected with HIV worldwide, and more than 90 percent of those infected live in developing countries—two-thirds in Sub-Saharan Africa. In the hardest-hit African countries, life expectancy is now 10-20 years shorter than it would have been without AIDS. Meanwhile 16,000 more people worldwide become infected each day.

AIDS has therefore become a core development issue, and confronting the AIDS epidemic in developing countries has become critical to all our efforts for poverty reduction, growth, and improved quality of life. I welcome the strong concern G8 leaders have shown at past meetings, but I believe we now have to move together to a new level of action, on three fronts:

First, we must reinforce political commitment and active leadership in preventing HIV/AIDS. There is no cure for AIDS and no vaccine, but there are educational and behavioral interventions that work now to curb its spread. Half of the population of developing countries—3.5 billion people—live in countries or areas where there is still time to prevent an epidemic. Top-level, visible political leadership can make a critical difference in bringing AIDS to the top of the social and political agenda.

Second, we must urgently find low-cost, effective therapies that are within the reach of developing countries—for example to prevent mother-child transmission and to fight AIDS-related infections like TB—and strengthen health systems to deal with the increased demand for health care. This is particularly acute in Sub-Saharan Africa, where the largest number of AIDS patients live, health systems are weak, and the ability to pay is very low.

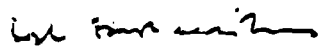
Third, we need to recognize that there is an emerging set of global health issues for which we need new approaches and instruments: accelerating the development of an HIV/AIDS vaccine that is affordable and effective in developing countries is a crucial instance. An AIDS vaccine for low-income countries is an *international public good* which is not likely to happen without innovative international public action. Private industry must play the critical role in developing and marketing a vaccine, but the private sector currently does not have the incentives to develop an AIDS vaccine for the strains of the virus and the health system capabilities of developing countries. There is growing consensus on the need for global partnership to ensure that AIDS vaccine development will move swiftly—but it will take a number of years, and much longer unless we act now.

The Bank is already hard at work on this through a special task force charged with developing new partnerships and financing instruments which bring the private and public sectors worldwide together to speed the advent of an AIDS vaccine. In this, we are working closely with UNAIDS, WHO, the International AIDS Vaccine Initiative, and other international partners. And we are starting a major program to push much greater deployment of existing vaccines, which will be good for poor people's health now, and will also encourage industry to bring new vaccines onstream.

The World Bank has lent more than US\$765 million since 1986 to help developing countries deal with the AIDS epidemic, and in recent years has been lending about \$1.6 billion annually for programs to strengthen health systems. But this is not enough. We are developing a new initiative of intensified action against AIDS in Africa, and I am determined that we will dramatically increase our response to this global epidemic. On all these fronts, we will work closely with our partner institutions of the UNAIDS coalition.

It is time to take collective action on the G8 communiqués from Denver and Birmingham to spur the development of an AIDS vaccine, and perhaps to link this effort to other global health challenges, such as the need for new therapies and a vaccine for malaria. The international community, including the developing countries, urgently needs to elaborate a global strategy for advancing this effort, an understanding of what different actors are already doing, and where there are gaps that need to be filled. The World Bank is ready to play its part in bringing it to fruition.

We will warmly welcome your support and ideas, and your commitment to urgent international action.


Sincerely yours,


James D. Wolfensohn

cc: Hon. Robert Rubin, Secretary of the Treasury

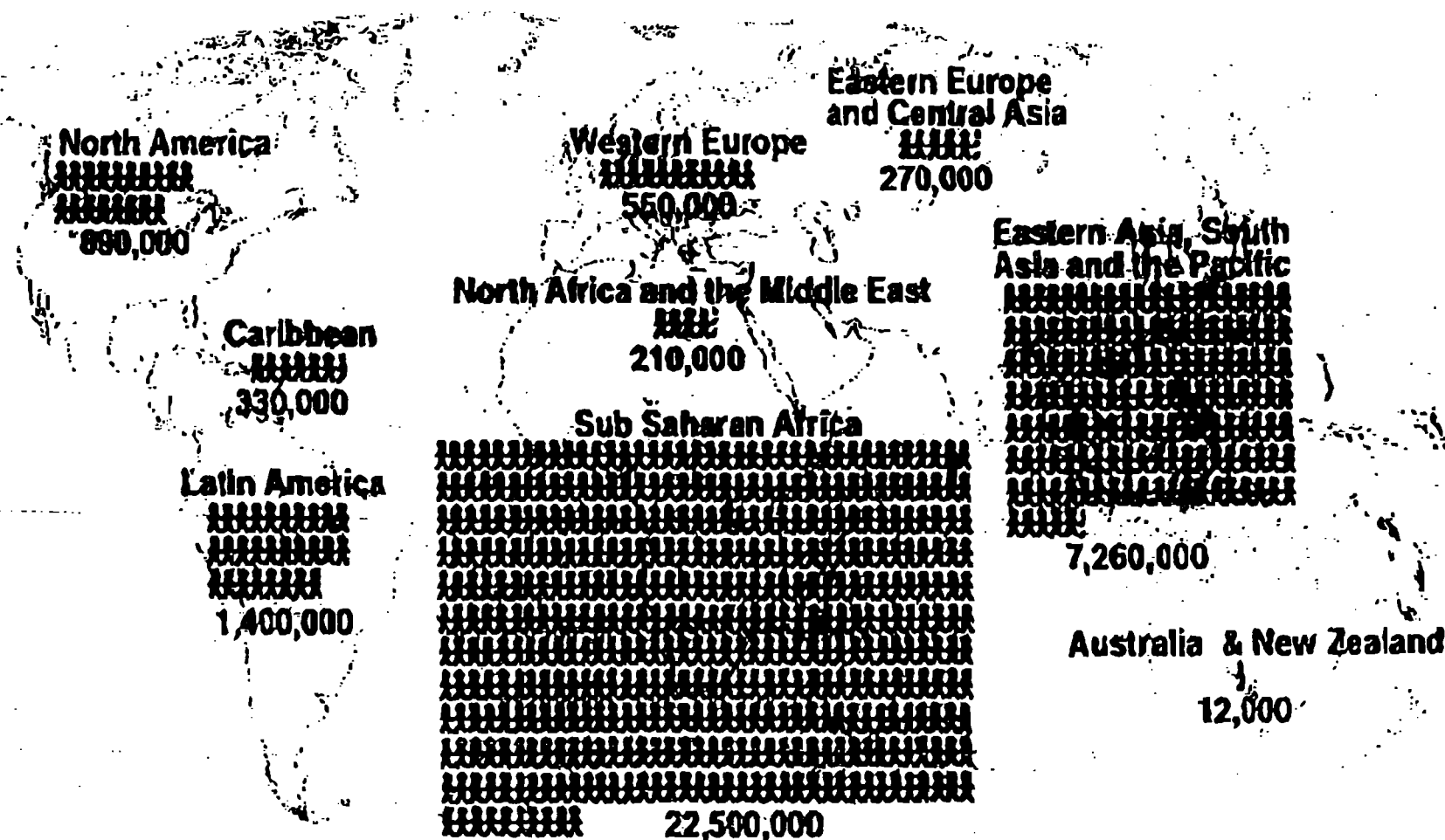
Attachment



Global Overview of the HIV/AIDS Epidemic

- HIV/AIDS is now the number one overall cause of death in Africa, and has moved up to fourth place among all causes of death worldwide, according to the latest annual World Health Report.
- An estimated 33.4 million people are living with HIV/AIDS worldwide and almost 14 million people already have died of AIDS (1998).
- 16,000 individuals are newly infected with HIV each day.
- Greater than 8.2 million children have been orphaned by HIV/AIDS. This figure may increase to 40 million HIV/AIDS orphans by 2010.
- Of all global regions, Sub-Saharan Africa has been hardest hit by the epidemic. The 21 countries possessing the highest HIV/AIDS prevalence rates in the world are all in this region. Two-thirds (22.5 million) of all those living with HIV/AIDS globally are from Sub-Saharan Africa.
- The Asian HIV/AIDS epidemic is building momentum, with South and Southeast Asia experiencing the most dramatic increases in HIV infection. About 6.7 million people are presently living with HIV/AIDS in South and Southeast Asia.
- There is also a rapid rise in the epidemic in Eastern Europe and Central Asia. HIV/AIDS infection rates have increased six-fold between 1990-1997.
- Over 1.7 million people are living with HIV/AIDS in Latin America and the Caribbean.
- North Africa and the Middle East still possess relatively low epidemic levels, although much is still unknown about the status of the HIV/AIDS epidemic in this region.

Number of Adults and Children Living with HIV/AIDS, 1998



1 = 50,000 persons living with HIV/AIDS

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. memo	Kenneth Bernard and Erica Barks-Ruggles to Sandy Berger and Jim Steinberg, re: AIDS in Africa (2 pages)	06/17/1999	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

AIDS in Africa (NSC Interests)

2007-1550-F
kc2020

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. email	Erica Barks-Ruggles to Alexander Arvizu, et al., re: SRB-AIDS in Africa Initiative (1 page)	07/15/1999	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. email	Gayle Smith to Donald Camp, et al., re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (3 pages)	07/14/1999	P1/b(1)

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013a. email	Daniel Shapiro to Gayle Smith, et al., re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (2 pages)	07/14/1999	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013b. email	Gayle Smith to National Security Advisor, re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (2 pages)	07/13/1999	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
014. email	Kenneth Bernard to Gayle Smith, re: Draft e-mail for SRB (2 pages)	07/13/1999	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

AIDS in Africa (NSC Interests)

2007-1550-F
ke2020

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]
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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)]

b(1) National security classified information [(b)(1) of the FOIA]
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
015. email	Donald Camp to Gayle Smith, re: For SRB: Podesta meeting on POTUS AIDS in Africa Initiative (3 pages)	07/14/1999	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

AIDS in Africa (NSC Interests)

2007-1550-F
ke2020

RESTRICTION CODES

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
016. email	Gayle Smith to Kenneth Bernard, re: [POTUS AIDS in Africa Initiative] (1 page)	07/14/1999	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:

AIDS in Africa (NSC Interests)

2007-1550-F
ke2020

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
017. email	Daniel Shapiro to Alexander Arvizu, et al., re: [POTUS AIDS in Africa Initiative] (1 page)	07/14/1999	P1/b(1)

COLLECTION:

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National Security Council
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Foundations

- Big Hats - 6 largest US NGOs
Nora - Paul Bremer

HHs 35ml

AID 55

DDO 10

\$100ml

HHS

10-12 million

T.B

Counseling & Testing
surveillance
Vaccine trials

Brady Anderson long exp. in Africa

1) AID & DOD cooperation

Militaries in Africa

2) Lead in SA under SADC & BUC - sector investment
UNAFIDS/

mil

Security issues

E. IMET

short. Mil Exchange & Training

State money / not DOD

inclusion

Public/Private interaction - economic
loss of workforce

debt ^{over} ~~the~~

- to pay for it

Lean

1) "5 focus"

2) Pharmaceuticals
S/A

Sarkis/USTR what were lost
& what to do

Short para on pharma
Regulation

Grainy press for Marshall
plan

? by end of June

Bernard, Kenneth W.

From: Smith, Gayle E.
Sent: Friday, June 11, 1999 2:15 PM
To: Hachigian, Nina L.
Cc: Bernard, Kenneth W.; @AFRICA - African Affairs
Subject: Draft e-mail for Sandy and Jim [UNCLASSIFIED]

Nina - for Jim. Thks.

For JS from Africa & Health on possible request to insert AIDS language into G-8 communique:

At the request of POTUS, Sandy Thurman has been developing an initiative for addressing HIV-AIDS in Africa. NSC/Africa and Health are working closely with Thurman on this, and Leon Fuerth has engaged, as well. This issue is generating increasing public attention (Ron Dellums, Jesse Jackson, the NGO community, etc.) including in a letter to the editor of USA Today from Sen. Leahy today, in which he sharply criticizes the Administration and the Hill for flat-rate spending on HIV/AIDS in Africa despite a commensurate 300% increase in infection levels.

Among other options being considered by the Thurman/NSC IWG, and now under review by Treasury, is debt swaps or targeted debt relief for HIV/AIDs spending. **You may get a call from Sec. Shalala with the recommendation that we insert a short phrase into paragraph 26 of the G-8 communique** so that it would read (insert is highlighted):

- "To this end we welcome the 1999 Köln Debt Initiative, which is designed to provide deeper, broader and faster debt relief through major changes to the HIPC framework. The central objective of this initiative is to provide a greater focus on poverty reduction by releasing resources for investment in health, **including HIV/AIDS prevention and treatment**, education and social needs."

We understand from Treasury that while they would *consider* tentative language, the fact that our debt proposal is emerging as the G-8 proposal means that we may have to hang back in terms of the communique. That said, and if the change is possible, we believe it would boost the AIDs in Africa initiative, position us to leverage other international action on HIV/AIDS, and deflect growing criticism that we are not sufficiently forward-leaning in responding to this crisis.

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
018. email	Kenneth Bernard to Kevin Cosgriff, re: Pkg 7991 (1 page)	12/03/1998	P1/b(1)

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International Health Affairs
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2007-1550-F
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