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Folder Title: AIDS/Africa				
Staff Office-Individual: Multilateral & Humanitarian Affairs-McLean, Mathew				
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Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Kenneth Bernard to African Affairs and Multilateral and Humanitarian Affairs, re: TPs for ABC breakfast (2 pages)	03/07/2000	P1/b(1)
002. briefing	Slides for presentation, re: Africa's AIDS Crisis (36 pages)	ca. 2000	P1/b(1)
003a. fax	Fax coversheet from Kenneth Bernard to Witney Schneidman, et al. [partial] [10 U.S.C. 424] (1 page)	02/14/2000	P3/b(3)
003b. memo	Memorandum for Distribution from Kenneth Bernard, re: Meeting of the AIDS IWG Sub-committee on Security [partial] [10 U.S.C. 424] (1 page)	02/14/2000	P3/b(3)
004. memo	Samuel Berger and Sandra Thurman to the President, re: U.S. Leadership in the Global Battle Against AIDS (3 pages)	02/16/2000	P1/b(1)
005. list	AIDS Interagency Working Group Meeting participants [partial] [10 U.S.C. 424] (1 page)	02/08/2000	P3/b(3)
006. report	Re: [Sub-Saharan Africa] (13 pages)	01/05/2000	P1/b(1)
007. report	Re: The Global Infectious Disease Threat and Its Implications for the United States (63 pages)	11/1999	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
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OA/Box Number: 2978

FOLDER TITLE:

AIDS/Africa

2007-1550-F
ke2042

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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NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

2575

April 20, 2000

ACTION

MEMORANDUM FOR SAMUEL R. BERGER

THROUGH: GAYLE E. SMITH

FROM: NORA B. DEMPSEY

SUBJECT: Response to POTUS Comment on New York Times
Article on HIV/AIDS

On a recent New York Times article on HIV/AIDS, the President wrote ". . . I hope we can do more to get the global effort off the ground." You asked for an update on our efforts generally, and including the U.S.-EU Summit, and within the G-8. The Africa Directorate is responding to your query because Ken Bernard is at the Health experts meeting this week in Tokyo in preparation for the G-8 meeting in July in Okinawa.

The NSC received the incoming correspondence on April 13.

Concurrence by: Hoyt Yee (email), Matt McLean (email), Ken Bernard (email), Richard Wilcox (email)

RECOMMENDATION

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

Attachments

Tab I Memo to the President

Tab A New York Times Article

THE WHITE HOUSE
WASHINGTON

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL BERGER

SUBJECT: Response to Your Comment on New York Times Article

On Nadine Gordimer's April 11 op-ed in the New York Times, you wrote "I hope we can do more to get the global effort off the ground."

The United States is taking the lead in mobilizing the international community to fight the HIV/AIDS pandemic, including through the G-8 and U.S.-EU Summit. U.S. and other health experts are now meeting in Tokyo to craft a collaborative diplomatic strategy and agree on specific proposals, to be adopted at the G-8 meeting in Okinawa in July, for combating HIV/AIDS and other infectious diseases. Our paper, distributed in advance of the April 6-7 Sherpa meeting, calls upon the G-8 to step up efforts to combat the HIV/AIDS pandemic by providing strong leadership, increased resources and, in the context of improving health services, an accelerated effort to develop and deliver vaccines for the deadliest infectious diseases, including HIV/AIDS.

At the U.S.-EU Senior Level Group in Washington in advance of the May 31 U.S.-EU summit in Lisbon, we found the EU generally supportive of our proposals. Because we want to ensure that progress made at the Summit complements our approach in the G-8, we will convene a teleconference this week to refine the details of possible joint initiatives with the Europeans. Our goal is that the Summit's pronouncements on the pandemic feed into the G-8, and that both are then incorporated into deliberations on HIV/AIDS and other diseases at the Millennium Assembly being convened by the UN in September. By highlighting this issue, and pressing for consideration of specific proposals, we aim to build international cooperation and generate political and practical support for your initiatives on the global AIDS crisis, malaria, TB, and vaccines. In order to allow

cc: Vice President
Chief of Staff

announcement-of the most important deliverables at the G-8, the U.S.-EU Summit will focus on Africa, albeit framed in the global context.

We hope to reach agreement with the EU in advance of the U.S.-EU Summit on a comprehensive strategy to combat HIV/AIDS, as well as tuberculosis and malaria, that would include:

- increasing national government attention and funding;
- scaling up prevention and care, and particularly increasing access to essential drugs;
- integrating HIV/AIDS response into poverty reduction strategies;
- supporting research, especially for new vaccines;
- supporting the development and implementation of surveillance systems;
- encouraging policy changes to mitigate the public and private impact of these diseases;
- supporting multi-sectoral strategies
- increasing support for multilateral development bank concessional lending for health programs.

France will assume the EU presidency in July, and we expect that HIV/AIDS will feature prominently in their Presidency agenda.

Parallel to our global efforts, over 20 U.S. government agencies are working together to craft proposals for expanding our bilateral response to the HIV/AIDS crisis and for assuming greater international leadership. Sandy Thurman and I have sent you a memo outlining the interagency's progress, and we will convene the Deputies the first week of May to take decisions on new proposals.

Attachment

Tab A New York Times Article

2575

4-12-00

Sandy is
This is a wonderful
idea - the program can be
a great global effort for
Johanna
De

Copied
Beiger
Podesta
NSC W. W. Desk
Sandy Thurman

APR 12 15:11

Africa's Plague, and Everyone's

By Nadine Gordimer

Sixty-nine percent of the world's victims of H.I.V. and AIDS are in sub-Saharan Africa. This figure is not easy to take in. AIDS seems to have come upon everyone while we were looking the other way; it happened to some sex or color other than our own; it was endemic to some other country.

In South Africa it was quite some time before the realization that the disease was not the unfortunate problem of our poorer neighboring countries, but was our own. Now, out of South Africa's 43 million people, about 4 million have been infected by H.I.V. and a further 1,700 are infected daily. Recently, in a Johannesburg home caring for orphaned or abandoned babies born with AIDS, there was a service in memory of 40 who had died there not long before. While South Africa is the most highly developed country on the African continent, we are faced with this kind of future for the generations to come.

But every community, every affected country, has to decide how to approach what is no longer a problem but a catastrophe. There is prevention, and there is cure. The ideal is to seek both at once, but this is beyond the capacity of most countries where the disease is rampant.

Cure, and prevention by inoculation, are not within the capacity of lay people; these are in the hands of medical science, which implies money to be provided to advance research. Immediate prevention is in the hands and initiative of each population itself.

I believe we cannot emphasize bluntly enough that the cure and vaccine development depend on money. And until recently, the country that has the money, the United States, perhaps inevitably has concentrated on a vaccine for a subtype of AIDS prevalent in the Northern Hemisphere. It was only at the World Economic Forum's meeting this year that President Clinton announced that large-scale aid for vaccine development would be forthcoming from the United States. Only now has the International AIDS Vaccine Initiative announced a third international development project, based on those subtypes of the virus most prevalent in the direly affected regions of Southern and East Africa, the subtypes C and A.

It is encouraging that the project is being pursued in wide collaboration among researchers of the United States, South Africa, Kenya and Oxford University, and that the philosophy of the initiative is that of "social venture capital," meaning that in return for financing, it has secured rights to ensure that a successful vaccine, when it is achieved, will be distributed in developing countries "at a reasonable price." The formation of an International Partnership Against HIV/AIDS in Africa is to be welcomed as extremely important in the same context.

The question of money — price — is vital in terms of the palliatives available to arrest the disease and alleviate symptoms. It is another piercing ex-

ample of the gulf between the world's rich and the world's poor that the suffering from AIDS may be alleviated, and even the lives prolonged, of those victims who can afford expensive treatment. The same principle applies to prevention. Everywhere in Africa moral and humanitarian decisions are a common dilemma, with money the deciding factor.

At the level of international — global — responsibility, the total sum needed annually for AIDS prevention in Africa is on the order of \$2.3 billion. Africa currently receives only \$165 million a year in official assistance from the world community.

Other questions that rest with the world community become relevant:

H.I.V. thrives on a paucity of hope among the poor and of love among the rich.

debt relief for developing countries, for example. The director-general of the World Health Organization said last year that debt relief should be reviewed in light of the resources that governments with large debts need to confront H.I.V.

The role of governments in financing is another example. Where does the defense budget not far exceed the public health budget to combat AIDS? Nevertheless, what H.I.V. and AIDS mean to the capability to govern, ultimately, was revealed in South Africa by the minister of public service and administration in February. The public service is the largest employer in the country and the fundamental government structure. In 1999, one in eight South Africans was H.I.V.-positive. It is estimated that 270,000 out of 1.1 million public servants could be infected by 2004. This looming crisis in governance exists almost everywhere on the African continent. If, in developing countries, defense budgets continue to leave H.I.V. budgets relegated to a footnote, all we shall have left to defend in the end is a graveyard.

AIDS is not only a health catastrophe, a challenge to medical science. It is socially enmeshed in the conditions of life that obtain while it spreads, just as the medieval plague was in its time. Although AIDS is no respecter of class or caste, slum conditions, ignorance and superstition (it is a white man's disease, it is a black man's disease) make the

poor its greatest source of victims.

In working to prevent the spread of the virus, we must accept the idea that promiscuity is difficult to condemn when sex is the cheapest or only available satisfaction for people society leaves to live on the street. On another socioeconomic level, casual sex thrives among young people who are materially privileged yet whom society has failed to endow with the real values of human sexuality, the knowledge that fulfillment involves contact with the other's personality, that the sexual act is not some mere bodily function like evacuation — which is what some campaigners seem to reduce it to.

There are subtleties, important ones, connected with any campaign against H.I.V. and AIDS, if it is to succeed in changing attitudes toward sexual mores. For there will be a cure discovered, there will be a vaccine — and after that? How shall we restore the quality of human relations that have been debased, shamed, reduced to the source of a fatal disease? The free condom dispenser is not the panacea. Neither, alone, is sex education restricted to anatomical diagrams and dire warnings in schools. The entire meaningfulness of personal sexual relations will need to be restored. That is what social health means, along with inoculation and survival.

Self-interest cannot be discounted. So, to the developed world, a pragmatic word from the stricken African continent: Call not to ask for whom the stock exchange bell tolls and the figures on the computer sound the alarm — the toll is for Europe, for the United States, even for those countries where H.I.V. and AIDS victims are few. For if the markets and vast potential markets for the developed world's goods fail — if decimated populations mean there is no one left economically active with money to spend — that bell tolls for thee, globally.

H.I.V./AIDS is everyone's disaster. It has, finally, something to do with our whole manner of existence. It confronts us with questions that must be answered historically: What have we done with the world, politically? What are we doing with the world? What do we mean by development? Some Ugandans who had been in the audience of an AIDS information play were asked what message it had brought them. One said, "Don't go out with bar girls." Another said, "Stick to one partner." Then an older woman said, "AIDS has come to haunt a world that thought it was incomplete. Some wanted children, some wanted money, some wanted property, and all we ended up with is AIDS."

Maybe she spoke for Africa. □

Nadine Gordimer, who was awarded the Nobel Prize for Literature in 1991, is a goodwill ambassador for the Race Against Poverty project of the United Nations Development Program.

The New York Times

TUESDAY, APRIL 11, 2000

734.3222

Battenfield, Pat A. (AF)

From: Sutphen, Mona K. (NSA)
Sent: Monday, April 17, 2000 4:17 PM
To: @HEALTH - International Health Affairs; @AFRICA - African Affairs
Cc: @EXECSEC - Executive Secretary; @NSA - Natl Security Advisor; @RECORDS & ACCESS
MGMT
Subject: NYT Piece - Action on POTUS Comment [UNCLASSIFIED]

Ken/Gayle -

On Nadine Gordimer's recent oped in the NYT, POTUS wrote: "this is a wonderful piece -- I hope we can do more and get the global effort off the ground." In response, SRB would like a report on where we are generally on this initiative, including on U.S.-EU step and G8 step. I'll send this item to you.

Mona
cc: EXEC to track

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SCOTT WILLET
SLIDES

Matthew K. McLean
Director of Humanitarian Affairs
NSC
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McClean, Matthew K. (MULTI)

From: Bernard, Kenneth W. (HEALTH)
Sent: Saturday, February 26, 2000 3:48 PM
To: @MULTILAT - Multilateral and Humanitarian Affairs; @AFRICA - African Affairs
Subject: FW: AIDS [UNCLASSIFIED]

Fyi. Apparently Leon and Holbrook sprung one of the "below the horizon" issues at a breakfast the other day and Sandy was annoyed that he hadn't been briefed. Jim Babbitt said Leon might raise these issues again, so I am covering my rear.... -Ken

-----Original Message-----

From: Bernard, Kenneth W. (HEALTH)
Sent: Friday, February 25, 2000 8:08 PM
To: @NSA - Natl Security Advisor
Subject: AIDS [UNCLASSIFIED]

Pls pass to Jim and Sandy:

From Ken Bernard

Subject: some working AIDS issues

Both Leon Fuerth and Dick Holbrooke are quite "engaged" in the discussion of our international AIDS activities. Because you see both of them at various breakfasts and other meetings, I wanted to note a couple of working issues that they could possibly bring up. I would not ordinarily bother you with these details at this point, but I cannot predict what Dick or Leon might say unexpectedly.

1. Leon met with the French Ambassador. France wants to put together a high-level private/public sector group of AIDS experts to advise Kofi Annan on where the UN should go in battling the international epidemic. Generally not a bad idea, and we agreed to talk about a joint effort with the French to provide some form of high-level advisory group for Annan. Our engagement would help ensure that French exuberance does not undermine the ongoing efforts of other UN agencies that perceive they already have that role (UNAIDS, WHO, etc.).
2. In our recent interagency meetings on international security aspects of AIDS, one of Holbrooke's staff has suggested that interested countries designate a "Presidential Envoy for Coordination of AIDS Efforts" (PEAC). These envoys would comprise a high-level international "Forum" to intensify and coordinate international action to combat HIV/AIDS. (Note that this idea is similar, or at least compatible, with the French proposal). The PEACs idea is being vetted in the interagency, and a fuller description and recommendation will be forthcoming.
3. OVP and others have suggested changing the "organizational structure" coordinating the U.S. efforts to combat international HIV/AIDS. The most discussed option is to add several people (detailees) to Sandy Thurman's office to coordinate our national plans and focus the interagency process. Her "deputy" for international affairs in one plan could have a "dotted line" relationship with NSC. Again, these issues are currently being debated, hopefully leading to a recommendation or options by mid-March.

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003a. fax	Fax coversheet from Kenneth Bernard to Witney Schneidman, et al. [partial] [10 U.S.C. 424] (1 page)	02/14/2000	P3/b(3)

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NATIONAL SECURITY COUNCIL

From: Kenneth W. Bernard

February 14, 2000

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Daniel Feldman, Matt McLean, NSC	6-9140

PLEASE SEE ATTACHED INVITATION!

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

February 14, 2000

MEMORANDUM FOR DISTRIBUTION

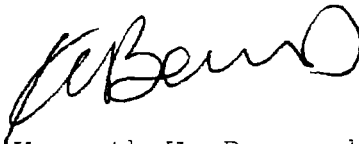
SUBJECT: Meeting of the AIDS IWG Sub-committee on Security

The AIDS IWG sub-committee on security aspects of the HIV/AIDS epidemic will meet on Friday, February 25, between 1:00-2:30 PM in room 208 of the Old Executive Office Building.

For those who wish to participate, please come prepared to contribute to the development of plans of action based on current resources, as well as plans for what would be possible if additional resources are identified.

Attendees must be pre-cleared to enter the building. Please phone Chris Keenan at 202-456-9394 to confirm your attendance.

Nancy Walker, the co-chair, and I look forward to seeing you on February 25th.



Kenneth W. Bernard
Special Advisor to the
Assistant to the President
for Nation Security Affairs

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003b. memo	Memorandum for Distribution from Kenneth Bernard, re: Meeting of the AIDS IWG Sub-committee on Security [partial] [10 U.S.C. 424] (1 page)	02/14/2000	P3/b(3)

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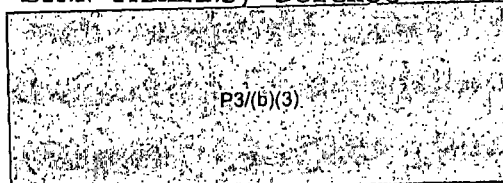
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NANCY WALKER, Defense
DAVID HAMON, Defense
LYNN PAHLAND, Defense



[0036]

BARBARA TURNER, USAID
PAUL DELAY, USAID
VERNE NEWTON, USAID
ALEX ROSS, USAID
LEON FUERTH, OVP
JAMES BABBITT, OVP
SHIRLEY SAGAWA, WH/OFL
JOANNA SLANEY, WH/LEG
ROBERT KYLE, OMB
CHERYL GRACZEWSKI, OMB
JENNIFER FERGUSON, OMB
STEPHANIE PASHMAN, OMB
MELANY NAKAGIRI, OMB
MIKE CASELLA, OMB
JOE PAPOVICH, USTR
CLAUDE BURCKY, USTR
SANDRA THURMAN, ONAP
MICHAEL ISKOWITZ, ONAP
LAURA EFROS, OSTP
GAYLE SMITH, NSC
NORA DEMPSEY, NSC
DANIEL FELDMAN, NSC
MATT MCLEAN, NSC

February 16, 2000

ACTION

MEMORANDUM FOR SAMUEL R. BERGER

FROM: KENNETH W. BERNARD

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 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 have held an Interagency Working Group (IWG) to develop a set of recommendations to advance Administration efforts to combat HIV/AIDS worldwide.

The attached memorandum outlines the process, summarizes the directions we are taking towards a strategic plan that can be rapidly implemented, and addresses some critical ongoing activities.

The paragraph on India directly addresses the President's recent comments that we need to support more countries in developing successful AIDS control programs such as those in Thailand.

Drafting of the memorandum has been coordinated with Sandy Thurman.

Concurrence by: Nora Dempsey, Jim Babbitt, Don Camp, Brian Peterman, Matt McLean, Caroline Krass, Dan Shapiro, Laurie Hendricks

RECOMMENDATION

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

Attachment

Tab I Memorandum to the President

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. memo	Samuel Berger and Sandra Thurman to the President, re: U.S. Leadership in the Global Battle Against AIDS (3 pages)	02/16/2000	P1/b(1)

COLLECTION:

Clinton Presidential Records
National Security Council
Multilateral & Humanitarian Affairs (McLean, Matthew)
OA/Box Number: 2978

FOLDER TITLE:

AIDS/Africa

2007-1550-F
ke2042

RESTRICTION CODES

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

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

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]

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]

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.



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:

Matt Mclean

FROM:

Cheryl Bauerle

COMPANY:

DATE:

February 9, 2000

FAX NUMBER:

6-9140

TOTAL NO. OF PAGES INCLUDING COVER:

4

PHONE NUMBER:

RE:

IWG Meeting

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

NOTES/COMMENTS:

Please see attached.

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

THE WHITE HOUSE
WASHINGTON

Memorandum for the Interagency Working Group on International AIDS

From: Sandra L. Thurman
Director
Office of National AIDS Policy

Date: February 10, 2000

Re: Follow-up to IWG Meeting, February 8

Thank you for attending the first meeting of the Interagency Working Group on International AIDS. Attached please find a list of those who attended.

As discussed, we have formed five sub-committees that will develop plans of action based on current resources, as well as plans for what would be possible if additional resources are identified. The action plans will need to be finalized before our next meeting scheduled for March 6th at 1:00PM (Announcement to follow).

The sub-committees are as follows:

- **Budget and Legislation** – Chair: Sandra Thurman, ONAP
- **Diplomacy and Awareness** – Chair: Jack Chow, State
- **Security** – Chair: Ken Bernard, NSC, and Co-Chair: Nancy Walker, DOD
- **Economics, Trade and Finance** – Chair: Alan Bowser, Commerce, and Co-Chair: Helen Walsh, Treasury
- **Prevention and Care** – Chair: Paul Delay, USAID

I encourage all of you to participate on one or more of the sub-committees. Please contact the Chairs directly. As you know, there is a tremendous amount to do in a very short time, and your input continues to be invaluable.

If I can assist you in any way, please feel free to call me at (202) 456-2437 or call Ken Bernard at NSC at (202) 456-9391. Thank you again for your continued efforts and I look forward to seeing you all at our next meeting.

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. list	AIDS Interagency Working Group Meeting participants [partial] [10 U.S.C. 424] (1 page)	02/08/2000	P3/b(3)

COLLECTION:

Clinton Presidential Records
National Security Council
Multilateral & Humanitarian Affairs (McLean, Matthew)
OA/Box Number: 2978

FOLDER TITLE:

AIDS/Africa

2007-1550-F

ke2042

RESTRICTION CODES

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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.

AIDS INTERAGENCY WORKING GROUP MEETING -- FEBRUARY 8, 2000

AGENCY REPRESENTATIVES: PHONE NO: FAX NO:STATE:

WHITNEY SCHNEIDMAN	202 647-1818	202 647-6301
THOMAS NIBLOCK	202 647-4067	202 736-4583
ERICA BARKS-RUGGLES	202 647-1033	202 647-4780
JACK CHOW	202 647-8309	202 647-2746
NANCY CARTER-FOSTER	202 647-2431	202 736-7336

USUN:

KEN THOMAS	212 415-4296	212 415-4299
R. P. EDDY	212 415-4402	212 415-4303
ROBERT ORR	202 736-7555	202 736-7551
GRANT HARRIS	202 736-7555	202 736-7551

DEFENSE:

DEBORAH BRIX	301 251-5093	301 762-4177
NANCY WALKER	703 697-8824	703 695-4620
DAVID HAMON	703 697-2771	703 695-4620
LYNN PAHLAND	703 681-1703	703 681-3658

COMMERCE:

ALAN BOWSER	202 482-0614	202 482-5666
WILLIAM HURT	202 482-5125	202 482-2562
EDWARD CASSELLE	202 482-4925	202 482-8063

TREASURY:

HELEN WALSH	202 622-1265	202 622-1228
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LABOR:

MACARTHUR DESHAZER	202 693-4770	202 693-4780
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HEALTH AND HUMAN SERVICES:

ERIC GOOSBY	202 690-5560	202 690-6584
MARSHA MARTIN	202 690-5400	202 690-7098
ELIZABETH D'JAMOOS	202 690-6061	202 690-5405

P3/(b)(3)

[005]

DEBORAH VON ZINKERNAGEL	202 690-5560	202 690-7560
THOMAS NOVOTNY	301 443-1774	301 443-6288
JACK WHITESCARVER	301 496-0357	301 496-2119
CARMINE BOZZI	404 639-8004	404 639-8600
RICHARD KEENLYSIDE	404 639-8085	404 639-8060

USAID:

BARBARA TURNER	202 712-1190	202 216-3235
PAUL DELAY	202 712-0683	202 216-3046
VERNE NEWTON	202 712-0500	202 216-3008
ALEX ROSS	202 219-0476	202 219-0507

EOP:

LEON FUERTH, OVP	202 456-9501	202 456-9500
JAMES BABBITT, OVP	202 456-9501	202 456-9500
SHIRLEY SAGAWA, WH/OFL	202 456-6266	202 456-6244
JOANNA SLANEY, WH/LEG	202 456-7161	202 456-6468
ROBERT KYLE, OMB	202 395-4657	202 395-0345
JENNIFER FERGUSON, OMB	202 395-5178	202 395-5361
STEPHANIE PASHMAN, OMB	202 395-4929	202 395-7840
MELANY NAKAGIRI, OMB	202 395-3894	202 395-5648
CHERYL GRACZEWSKI, OMB	202 395-3948	202 395-5770
MIKE CASELLA, OMB	202 395-4594	202 395-5770
CLAUDE BURCKY, USTR	202 395-6864	202 395-3891
JOE PAPOVICH, USTR	202 395-4510	202 395-3891
SANDRA THURMAN, ONAP	202 456-2437	202 456-2439
MICHAEL ISKOWITZ, ONAP	202 456-2437	202 456-2439
MATT MCLEAN, NSC	202 456-9141	202 456-9140
GAYLE SMITH, NSC	202 456-9261	202 456-9260
KEN BERNARD, NSC	202 456-9391	202 456-9390
NORA DEMPSEY, NSC	202 456-9261	202 456-9260
DANIEL FELDMAN, NSC	202 456-9249	202 456-9240
LAURA EFROS, OSTP	202 456-0655	202 456-2068



U.S. Department of Commerce
Summary of International AIDS Activities and Possible Initiatives

Bureau of the Census

HIV/AIDS Surveillance. The Bureau of the Census maintains and updates the HIV/AIDS Surveillance Data Base, which is a compilation of information on HIV prevalence and incidence from all available studies from Africa, Asia, Latin America and some select countries in Europe. Funding is provided by USAID.

National Institute of Standards and Technology

Advanced Technology Program. The Department has funded biotechnology development projects through the National Institute of Standards and Technology's (NIST) Advanced Technology Program. The program is a unique partnership between government and private industry to accelerate the development of high-risk technologies that promise significant commercial payoffs and widespread benefits.

Patent and Trademark Office

Patent Database and Accelerated Processing of Patent Applications. On its website, the Patent and Trademark Office (PTO) provides a searchable database of full-text and images of patents related to AIDS research. PTO also offers accelerated processing of applications for inventions related to HIV/AIDS.

International Trade Administration

Workplace Interventions. The Department is enlisting its Africa Foreign Commercial Service (Africa FCS) offices to engage with U.S. business. We have provided the Africa FCS with copies of a comprehensive plan for helping businesses manage HIV/AIDS in the workplace. Africa FCS is using the plan as a focus of discussion of the AIDS problem with U.S. firms. The plan was authored by an NGO with a USAID grant.

The Department's workplace initiative consists of the following activities: working with AID missions and NGO's to encourage corporations to fund publications; outreach efforts and production of educational videos specific to the African context; dissemination of these products through business organizations, e.g., American Chambers of Commerce in Africa; promoting corporate best practices (i.e., education/prevention programs) in public speaking events and other fora; and regular reporting on these activities so that successes can be replicated.



International Organizations. The Department will continue to work with international organizations like the WHO, PAHO, the World Bank, and the World Intellectual Property Organization to promote private/public partnerships.

Industry Outreach. At the staff level, the Department of Commerce will continue its efforts with an industry working group to discuss international outreach strategies. The Department is working with industry leaders to facilitate industry's contribution in a coordinating role with other agencies and non-governmental organizations. The working group will seek input from industry consultants, analysts and medical professionals to suggest innovative approaches and programs.

Given the Department's working relationship with the pharmaceutical industry and its role in the USG's formulation and implementation of U.S. foreign trade and economic policies, it is uniquely suited to help facilitate industry's contributions to global AIDS treatment and prevention. To create a dialogue with the goal of greater access to AIDS treatment drugs and increased health infrastructure development in developing countries, the Department plans to meet with CEOs from the pharmaceutical industry.

The Department also is planning a series of roundtables with the private sector, USG representatives and non-governmental organizations.

Global Outreach. Through trade missions and seminars, the Department will work closely with the U.S. pharmaceutical sector and other governments to spread information about new medical products and technologies in areas of urgent need. The Department and its Foreign Commercial Service will advise the U.S. industry about marketing relevant products abroad and to promote a dialogue on AIDS prevention and treatment in bilateral discussions.



USAID HIV/AIDS ACTIVITIES

Over 50 million people have been infected with HIV worldwide to date, with 33.6 million now living with HIV/AIDS, and 2.6 million deaths in 1999. AIDS is now the leading cause of death in Africa and fourth in the world. In Africa, AIDS now kills twice as many people as malaria and eight times as many as tuberculosis. As the hardest hit continent in the world by far, one that constitutes two thirds of all new infections in the world, and where over two thirds of persons living with HIV/AIDS live, AIDS is having major detrimental effects on current health and non-health sectors in many countries.

HIV/AIDS is unraveling four decades of development progress in Africa. Moreover, the two countries with the highest numbers of new infections per year are South Africa and India. Yet, South Africa has a population of only 43 million vs. India's nearly one billion. USAID missions are severely underfunded to respond to the epidemic.

For a decade USAID has led the fight against the global AIDS pandemic, providing HIV/AIDS assistance to 46 developing countries; 22 in Africa. Over the past 10 years, USAID has spent over \$1.2 billion dollars responding to the worsening AIDS pandemic, with approximately 60% going to sub-Saharan Africa. The U.S. Government has been the largest donor for fighting AIDS globally and is recognized as a leader in technical skills. For the past seven years, USAID's annual budget for AIDS has remained at about \$120 million dollars. However, in FY 2000, the President's LIFE Initiative, combined with additional funding from Congress increased USAID's budget from \$125 million to \$200 million- representing an increase of nearly 60%. Of the \$200 m total, approximately \$130 million is directed to Africa.

What is USAID doing in Africa?

USAID supports HIV/AIDS programs in 22 countries and three sub-regional programs. The emphasis has been on primary prevention to reduce the spread of HIV/AIDS. However, our programmatic efforts have broadened recently as described below.

The subset of 13 countries targeted by the LIFE initiative are: Ethiopia, India, Kenya, Malawi, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. These countries have the most severe AIDS epidemics, the highest number of new infections, the potential for greatest impact, and have existing USAID programs on which to build. The initiative expands the possible areas for intervention.

In addition to LIFE and in response to great demands, USAID is developing new HIV/AIDS programs in Namibia and Angola in FY 2000.

USAID HIV/AIDS Programmatic Efforts

USAID's approach to HIV/AIDS programming can be categorized by the following five categories. The first four are also directly linked to the LIFE initiative.

- **Primary Prevention:** USAID supports activities such as voluntary counseling and testing, condom marketing, behavior change programs, mother to child transmission reduction, STD treatment, blood safety, as well as programs to reduce stigma and discrimination. *LIFE:* USAID is programming \$25 million to reverse the trend of rising HIV infection rates.
- **Improving Community and Home Based Care and Treatment:** USAID is emphasizing a "prevention to care continuum" that supports basic medical services (such as for tuberculosis and other opportunistic infections), combined with psychosocial support services which utilize a wide range of community workers, including traditional healers. Such care is instrumental in ensuring the success of prevention programs. *LIFE:* USAID is allocating \$14 million for these activities.
- **Caring for Children Affected by AIDS:** USAID supports a number of programs that assist AIDS affected children and orphans. These include community-based models of support and care, food aid, and innovative programs such as those that provide school fees for orphans. *LIFE:* USAID is programming \$20 million in direct assistance for AIDS affected children (including \$10 million in food aid).
- **Capacity and Infrastructure Development:** USAID provides assistance to increase host country capacity to implement effective interventions, focusing on government, private sector, NGOs, and research institution capabilities. Key activities increase the use of accurate HIV surveillance data to target HIV/AIDS prevention and care interventions and to measure the impact of these interventions, and will expand capabilities for the delivery of care and services. *LIFE:* USAID is allocating \$6 million for these efforts.
- **Multisectoral Efforts to Reduce the Impact of AIDS:** USAID is supporting impact studies and interventions targeted at such sectors as education, democracy/governance, economic growth, agriculture/national resource management, and post-conflict situations.

Building on established relationships between its Missions and host country partners, USAID is taking lead responsibility to facilitate an unprecedented coordinated international US response at the country level involving other USG agencies such as the Department of Health and Human Services.

FY 2001 Increases

In 20 high emphasis countries USAID would use expected FY 2001 increases in HIV/AIDS funding to "scale up" prevention efforts now estimated to only reach less than 10% of vulnerable persons; provide better support for those sick and dying of AIDS; help

the vast numbers of AIDS orphans; provide pregnant women with access to new treatments to reduce transmission to their newborns; and, finally, build critical health and educational infrastructure in these countries so that African and Asian institutions and community organizations can better lead the battle in their own countries. Additional FY 2001 increases will follow the areas of programmatic emphasis identified by the LIFE initiative.

What Do We Hope to Achieve

We already possess models of success. With USAID support, Uganda actually reduced urban HIV prevalence rates from 27% to 15% reversing the progress of the epidemic and, in Senegal maintained its HIV prevalence at less than 2% while surrounding countries continued to increase. The Uganda and Senegal models prove that the battle can be won, and challenge us to bring comparable success to additional countries.

Working closely with the UN, other bilateral donors and with governments of affected countries, within the next five years we seek to decrease HIV incidence in 15-24 year olds by 10%; decrease perinatal infections by 10%; provide basic care and support services to at least 75% of infected persons; and ensure that at least 50% of households caring for children affected by AIDS will receive essential assistance.

New Ideas

- Work with our G-8 partners in the Sherpa process to ensure that the July Okinawa summit contains a stand-alone agenda item directed at galvanizing worldwide accelerated action on HIV/AIDS.
- Working with Treasury, the World Bank, and regional development banks, ensure that HIV/AIDS programs are included in debt relief poverty reduction strategies and benefit from said relief.
- Provide technical assistance to countries to leverage their ability to ensure the flow of World Bank loan funds for HIV/AIDS.
- Work with U.S. Foundations and the private sector by providing technical assistance to these organizations and help them program and increase their HIV/AIDS resources.
- Work with State Department to ensure that Chiefs of Mission develop a proactive strategy on AIDS. Work with other nations' ambassadors to develop a multi-nation united ambassadorial campaign on HIV/AIDS in country.
- Expand multisectoral HIV/AIDS strategies that target education, democracy and governance and economic growth sectors in particular.
- Work with DoD to provide assistance to militaries for HIV/AIDS prevention.
- Work with DOL to expand the involvement of labor unions in country in the fight against AIDS.
- Challenge other donors to increase their financial commitment to HIV/AIDS.
- Challenge and/or tie US assistance to countries' increasing their own resources for HIV/AIDS prevention and care programs.

THE WHITE HOUSE

Office of the Vice President

For Immediate Release
Monday, January 10, 2000

Contact:
(202) 456-7035

REMARKS AS PREPARED FOR DELIVERY BY VICE PRESIDENT AL GORE
U.N. SECURITY COUNCIL SESSION ON AIDS IN AFRICA

Mr. Secretary General, Members of the Security Council, Distinguished Guests, and, in particular, Honored Delegates from the Nations of Africa:

"HIV/AIDS is not someone else's problem. It is my problem. It is your problem. By allowing it to spread, we face the danger that our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the health will not be able to maintain."

Mr. Secretary and Members of the Council: These are not my words. They were not uttered in the United States or the United Nations. They were spoken by my friend, President Thabo Mbeki of South Africa, as he declared South Africa's Partnership Against AIDS more than a year ago. The same words should be spoken out not only in South Africa, not only in Africa, but all across the earth. In Africa, the scale of the crisis may be greater, the infrastructure weaker, and the people poorer, but the threat is real for every people and every nation, everywhere on earth. No border can keep AIDS out; it cuts across all the lines that divide us. We owe ourselves and each other the utmost commitment to act against AIDS on a global scale -- and especially where the scourge is greatest.

AIDS is a global aggressor that must be defeated.

As we enter the new millennium, Africa has crossed the first frontiers of momentous progress. Over the past decade, a rising wave of African nations has moved from dictatorship to democracy, embraced economic reform, opened markets, privatized enterprises, and stabilized currencies. More than half the nations of Africa now elect their own leaders -- nearly four times the number ten years ago -- and economic growth in sub-Saharan Africa has tripled, creating prospects for a higher quality of life across the continent.

Tragically, this progress is imperiled, just as it is taking hold, by the spread of AIDS which now grips 20 million Africans. Fourteen million have already died -- one quarter of them children. Each day in Africa, 11,000 more men, women, and children become HIV positive -- more than half of them under the age of 25.

For the nations of sub-Saharan Africa, AIDS is not just a humanitarian crisis. It is a security crisis -- because it threatens not just individual citizens, but the very institutions that define and defend the character of a society.

This disease weakens workforces and saps economic strength. AIDS strikes at teachers, and denies education to their students. It strikes at the military, and subverts the forces of order and peacekeeping.

The United States is profoundly moved by the toll AIDS takes in Africa. At the same time, we know that our own country has not achieved as much as we should or must in our own battle against AIDS. I am pleased that our Surgeon General is here today; his recent report tells us that we have not overcome the ignorance and indifference that lead to infection. We must continue to study the success of others, while we seek to share our progress with them.

As Vice President, I have journeyed four times to sub-Saharan Africa. I have taken along top health officials, AIDS specialists, corporate leaders, and physicians. We have spent long hours with African leaders, heard their ideas, and discussed their difficulties with the fateful crisis of AIDS.

It is inspiring to see so many in Africa -- not only leaders, but health care workers and community workers, mothers and fathers, and countless ordinary citizens -- fighting to save the lives of the people they love. Ten years ago, Uganda was suffering the world's highest infection rates. Today -- because the whole nation has mobilized to end stigma, urge prevention, and change behavior -- Uganda is now recording dramatic drops in the infection rate. Uganda, which used to be proof of the problem, is now powerful proof that we can turn the tide against AIDS.

We know that the first line of defense against this disease is prevention. And prevention depends on breaking down the barriers against discussing the extent and risks of AIDS. That is one purpose of this historic Security Council meeting. Today, in sight of all the world, we are putting the AIDS crisis at the top of the world's security agenda. We must talk about AIDS not in whispers, in private meetings, in tones of secrecy and shame. We must face the threat as we are facing it right here, in one of the great forums of the earth -- openly and boldly, with urgency and compassion. Until we end the stigma of AIDS, we will never end the disease of AIDS.

We also must do much more to provide basic care and treatment to the growing number of people who, thank God, are living, instead of dying, with HIV and AIDS. This requires affordable medicine, but also more than medicine; it requires that we train doctors, nurses, and home-care workers, that we develop clinics and community-based organizations to deliver care to those who need it. Today, fewer than 5 percent of those living with AIDS in Africa have access to even basic care. We know we can prolong life, reduce suffering, and allow mothers with AIDS to live longer with their children, if we offer treatment for opportunistic infections like tuberculosis and malaria.

Our ultimate goal, our best hope, is to prevent AIDS by vaccination, and we are committed to the maximum possible research. But we need to do more to harness the talent and power of the private sector. In September, in his speech to the General Assembly, President Clinton said it was wrong that only two percent of all biomedical research is directed to the major killer diseases in the developing world. He pledged America to a new effort to speed the development and delivery of vaccines for AIDS, malaria, TB, and other illnesses that disproportionately afflict the poorest nations.

This three-part strategy of prevention, treatment, and research is the right fight. And the United States has contributed more than a billion dollars to wage it worldwide -- more than half of that for sub-Saharan Africa. But we must do more.

Last year, I announced the largest-ever increase in the U.S. commitment to international AIDS programs -- \$100 million to fight AIDS in Africa, India, and other areas.

Today, I announce America's decision to step up the battle. The budget the Clinton-Gore Administration will send to our Congress next month will include an additional increase of \$100 million for a total of \$325 million to fund our worldwide fight against AIDS. This new funding will include efforts:

- To reduce the stigma and prevent the spread of AIDS;
- To reduce mother-to-child transmission;
- To support home and community based care for people with AIDS;
- To provide care for children orphaned by AIDS;
- And to strengthen health infrastructure to prevent and treat of AIDS.

I would also like to announce here this morning that the budget we will send to our Congress next month will include \$50 million for the United States' contribution to the Vaccine Fund of the Global Alliance for Vaccines and Immunizations. This contribution -- in fulfillment of the promise President Clinton made to the General Assembly -- will help fund the research, purchase, and distribution of lifesaving vaccines in developing nations.

I am also announcing today an initiative for an expanded public-private partnership in the battle against AIDS. Indeed, in the coming months, I will convene a meeting of U.S. business leaders active in Africa, to develop a set of voluntary principles for corporate conduct to make the workplace an effective place for the education and prevention of AIDS. Let us also set this goal: through public and private efforts, in partnership with partner nations, we will attack the cycle of infection at one critical point -- its most heartbreaking point -- the moment of mother-to-child transmission.

In addition, I announce that our budget request for next year will -- for the first time ever -- offer specific funding for the U.S. military to work with the armed forces of other nations to combat AIDS. Inside our own country, our armed forces have acted effectively to prevent the spread of AIDS in the military. Secretary of Defense Cohen is ready to share our experience with our military counterparts in Africa.

We are also committed to helping poor countries gain access to affordable medicines, including those for HIV/AIDS. Last month, the President announced a new approach to ensure that we take public health crises into account when applying U.S. trade policy. We will cooperate with our trading partners to assure that U.S. trade policies do not hinder their efforts to respond to health crises.

But to win the ongoing global battle against AIDS, we must also fight the poverty that speeds its spread. In June, in Cologne, we joined with our G-7 partners in the Cologne Debt Initiative, a landmark commitment to faster and deeper debt relief for the heavily-indebted poor countries.

We will continue to engage our G-7 partners to bring greater resources to this effort. Today I challenge the world's wealthier, healthier nations to match America's increasing commitment to a worldwide crusade against AIDS.

But more money is not enough. We must also make sure that more money has more impact. Next July, the global community will gather in Durban, South Africa for the 13th International AIDS Conference. There are many inspiring efforts to fight AIDS all around the world. Right now, they amount to many isolated efforts, not a single focused assault. We must knit together the separate initiatives by local, national, regional, and global organizations, to take maximum advantage of their synergy and success. We will work with the organizers of the Durban Conference to advance this essential objective. It is essential, because how we speed the money, and how effectively we target it, not just how much we spend, will determine how many lives we save.

AIDS is one of the most devastating threats ever to confront the world community. Many have called the battle against it a sacred crusade.

The United Nations was created to stop wars. Now, we must wage an win a great and peaceful war of our time -- the war against AIDS. For all, here and around the world, willing to enlist in this cause, let us hear and heed and take heart from the words of an African poet, Mongane Wally Serote:

"remember
the passion of our hearts
the blinding ache and pain
when we heard the hysterical sobs
of our little children crying against fate

we heard these, we knew them, we absorbed them
but we surged forward
knowing that life is a promise, and that that promise is us..."

That promise is us. We here in this room -- representing the billions of people of the world -- we must become the promise of hope and of change. We must become the promise of life itself. We have the knowledge, the compassion, and the means to make a difference. We must acknowledge our moral duty and accept our great and grave responsibility to succeed.

We must make the promise and keep the promise to prevail against this disease -- so that when the story of AIDS is told to future generations, it will be a tale not just of human tragedy but of human triumph. And the moral of that story will be the capacity of the human spirit to summon us in common cause, to defeat a common foe, and secure the health and hopes of so many of our fellow human beings.

May God bless all who have suffered from this disease. May God bless the united effort of our united nations to end it -- soon and forever.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. report	Re: [Sub-Saharan Africa] (13 pages)	01/05/2000	P1/b(1)

COLLECTION:

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National Security Council
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RESTRICTION CODES

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

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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007. report	Re: The Global Infectious Disease Threat and Its Implications for the United States (63 pages)	11/1999	P1/b(1)
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Clinton Presidential Records
National Security Council
Multilateral & Humanitarian Affairs (McLean, Matthew)
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