Case Number: 2007-1550-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the Clinton Presidential Library Staff.

Folder Title: AIDS, 1993-1997 [1]				
Staff Office-Individual: Multilateral & Humanitarian Affairs-Schwartz, Eric				
Original OA/ID Number: 3214				
Row: 40	Section: 6	Shelf: 2	Position: 3	Stack: V

AID - Democracy

USAID/CENTER FOR DEMOCRACY AND GOVERNANCE
320 21st Street, N.W. (Room 5258)
Washington, DC
tel 202-663-2251
fax 202-6632772

Erik -
AID general democracy info. If they can't pull it into 1½-2 pp, I'll do it.

fax transmittal

to:	Lisa Misol
fax #:	456-(9245) 9140
from:	Francis Luzzatto
date:	July 25, 1997
re:	USAID Democracy Programs
pages:	6 including this cover sheet

NOTES: I hope this info helps for now.

Table 2.1 (labeled as page 2-5) identifies USAID countries with Democracy and Governance (DG) objectives, by region and by specific objective i.e., Rule of Law, Elections and Political Processes, Civil Society and Governance.

Pages 2-1, 2-2, 2-7 and 2-8 (These pages are in sequence. We omitted the tables.) provide a broad overview of the sector.

We are working on getting the DG budget figures by country but don't have them yet. .

Table 2.1. USAID Programs With Democracy and Governance Objectives in 1996

	Africa	Asia and the Near East	Eastern Europe and the New Independent States	Latin America and the Caribbean	Total
Number of programs	27	18	29	16	87
Number of countries with democracy objectives	16 (59%)	10 (56%)	24 (83%)	15 (94%)	64 (74%)
Objective 2.1: Strengthened rule of law and respect for human rights	Burundi, Eritrea, Ethiopia, Guinea-Bissau, Kenya, Madagascar, Malawi, Mozambique, South Africa, Uganda (10)	Bangladesh, Cambodia, Egypt, Indonesia, Mongolia, Nepal, Sri Lanka, West Bank–Gaza (8)	Albania, Armenia, Belarus, Bosnia–Herzegovina, Bulgaria, Croatia, Georgia, Kazakstan, Latvia, Lithuania, Poland, Russia, Slovakia, Tajikistan, Ukraine, Uzbekistan (16)	Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru (15)	50 (57%)
Objective 2.2: More Genuine and Competitive Political Processes	Benin, Burundi, Ethiopia, Ghana, Kenya, Malawi, Mozambique, South Africa, Tanzania, Uganda (10)	Bangladesh, Cambodia, Mongolia, Nepal, West Bank–Gaza (5)	Albania, Armenia, Azerbaijan, Bosnia–Herzegovina, Croatia, Georgia, Latvia, Lithuania, Moldova, Russia, Ukraine (11)	Bolivia, Dominican Republic, El Salvador, Guyana, Haiti, Mexico, Nicaragua, Paraguay (8)	34 (39%)
Objective 2.3: Increased development of politically active civil society	Benin, Burundi, Ethiopia, Guinea, Guinea-Bissau, Kenya, Mali, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia (13)	Bangladesh, Cambodia, Egypt, Indonesia, Mongolia, Nepal, Philippines, Sri Lanka, West Bank–Gaza (9)	Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kazakstan, Kyrgyzstan, Latvia, Lithuania, Macedonia, Poland, Romania, Russia, Slovakia, Tajikistan, Ukraine, Uzbekistan (22)	Bolivia, Brazil, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Peru (10)	52 (60%)
Objective 2.4: More transparent and accountable government institutions	Guinea, Guinea-Bissau, Kenya, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia (10)	Bangladesh, Cambodia, Egypt, Indonesia, Lebanon, Mongolia, Nepal, Philippines, Sri Lanka, West Bank–Gaza (10)	Albania, Armenia, Bosnia–Herzegovina, Bulgaria, Croatia, Czech Republic, Georgia, Hungary, Kazakstan, Kyrgyzstan, Latvia, Lithuania, Macedonia, Poland, Romania, Russia, Slovakia, Ukraine (18)	Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru (14)	50 (57%)

* Excludes regional and global bureaus with major democracy and governance objectives.

Democracy and Governance Highlights

Strengthening Rule Of Law and Respect For Human Rights

In 49 countries USAID programs assist in establishing a predictable legal environment, developing independent, fair, and effective judicial systems and strengthening human rights.

■ New or modified criminal and civil codes have been reviewed or adopted in Armenia, Bolivia, Colombia, Czech Republic, Ecuador, El Salvador, Georgia, Guatemala, Honduras, Lithuania, the Former Yugoslav Republic of Macedonia, Panama, Peru, Russia, and Slovakia. Significant progress in strengthening USAID-supported public defender programs in Bolivia, Cambodia, El Salvador, Honduras, and Panama is evidenced by the increased quality of the defenders and the mushrooming demand for their services.

Creating More Genuine And Competitive Political Processes

USAID plays an important role in ensuring genuine and competitive political processes with programs in 35 countries.

■ USAID assistance in Bangladesh, the Dominican Republic, Haiti, Mongolia, Russia, South Africa, and the West Bank–Gaza resulted in improved electoral administration and increased competition among candidates.

■ USAID launched its global Women in Politics Program. The program gives women a chance to become more effective voters, advocates, candidates, and legislators.

Increasing the Development Of Politically Active Civil Society

USAID programs in 50 countries direct their efforts toward organizations engaged in or having the potential for championing democratic governance reforms.

■ In cooperation with indigenous trade unions, USAID has designed and implemented programs aimed at increasing the membership of women workers in manufacturing. As a result of this assistance, labor unions in Bangladesh, Indonesia, the Philippines, and Sri Lanka have increased the number of women members by 25 percent.

Developing More Transparent And Accountable Government Institutions

USAID supports accountable governments in 50 countries, improving their ability to perform effectively and efficiently, respecting ethical standards, and consulting with their constituencies.

■ In 37 countries the Agency's approach to democratic local governance is emphasizing increased citizen participation, promoting empowerment for minorities and vulnerable groups, engendering greater local government responsiveness and accountability to citizen needs, improving local revenue mobilization, reducing corruption, and lessening ethnic tension and conflict.

Building Democracy and Governance

National interests of the United States center on the development of a global environment that promotes U.S. economic opportunities, enhances the prospects for peace and stability, and protects against specific global dangers, including complex humanitarian and other crises.

Our national values, expressed in the Declaration of Independence and the Constitution, are built on the concept of governmental sovereignty derived from the citizenry and universal respect for internationally recognized human rights. The administration's three foreign policy goals of peace, prosperity, and democracy are based on these global interests and values.

USAID's goal of sustainable development evolved directly from the administration's foreign policy goals, and democratization is an essential part of sustainable development. Democratization facilitates informed participation, public sector accountability, and protection of human rights. USAID's success in the other core areas of sustainable development is inextricably linked to democratization and good governance. Repression, corruption, autocracy, human rights abuses, exclusion of marginalized groups, and disregard for the rule of law are antithetical to development. Democratic governments are inherently more stable and therefore more reliable international partners. They are more likely to advocate and observe international law and agreements and have long-term stability. Moreover, and equally important, they make better trading partners for the United States.

Given this fundamental relationship, the democracy-and-governance program is an integral component of USAID's support for sustainable development. The Agency's commitment to strengthening democratic institutions and popular participation in decision-making is evidenced by its decision to define "sustainable democracies built" as one of the Agency's goals.

Establishing democratic institutions, free and open markets, an informed and educated populace, a vibrant civil society, and a relationship between state and society that encourages pluralism, inclusion, and peaceful conflict resolution—all these contribute to the goal of building sustainable democracies. To guide programming, the Agency's strategic framework (see figure 2.1) establishes four strategic objectives:

- Strengthened rule of law and respect for human rights
- More genuine and competitive political processes
- Increased development of politically active civil society
- More transparent and accountable government institutions

The countries with USAID programs promoting these objectives are represented on map 2.1 and listed in table 2.1.

While these four objectives provide the basis for the overall program, emphases vary from region to region (see figure 2.2). In Africa civil society receives most attention, followed by electoral process. The Asia and the Near East priorities are civil society and governance, respectively. In central and Eastern Europe governance has the most emphasis, followed by civil society. And in Latin America and the Caribbean the Agency stresses the rule of law, with a growing emphasis on civil society. These differences reflect variations in opportunities, constraints, stages of democratic progress, and lessons from experience.

Even within regions, countries require unique programs. Although most democracy assistance is examined through the optic of sustainable development, crises, usually resulting from armed conflict and societal

collapse, require that the impact of assistance be examined with immediate goals and risks in mind. Strategies will vary; so will performance expectations.

Status of Democracy Worldwide

On a global basis, it is difficult to characterize the "state of democracy" at any given time. Yet, over time most countries of the world clearly are becoming more democratic. A decade ago, Freedom House, in its *Annual Survey of Political Rights and Civil Liberties*, characterized 42 percent of countries as formal democracies. This year, Freedom House classified 61 percent of countries as democracies. In its annual report, Freedom House ranks countries as "free," "partly free," or "not free."

Latin America continues to experience advances in democracy. Haiti and the Dominican Republic represent two new, if still uncertain, democratic accomplishments. A coup attempt in Paraguay in April 1996 demonstrated that the armed forces there, as in many other countries in Latin America, remain a threat to the democratic process. Nevertheless, popular opposition to the generals' seizure of power and the immediate intervention by neighboring countries in support of the elected government thwarted the coup. These events demonstrate the force of popular democratic sentiment in Paraguay and in neighboring countries. They also send a clear signal to other countries in Latin America that a military coup in the region will not be condoned.

The influence of international crime threatens democracy worldwide. In Latin America this threat was illustrated in Bolivia, where Freedom House downgraded its country ranking from free to partly free. The downgrading was due in part to the influence of the drug trade, which caused the government to impose a six-month state of siege to quell protests against coca-eradication policies. The government action suspended labor rights and civil liberties.

The state of democracy in Eastern Europe and the former Soviet Union is less clear. On the one hand, the successful elections in Russia speak well for the evolution away from communism and a closed society as does continuing progress in the Baltics and central Europe. On the other, a seriously flawed election in Albania is a symbol of the deterioration of advances made in some countries in the region. The communist-leaning regressions in the Central Asian republics, as well as the continued popularity of communism in Russia, are cause to examine just how well democratic forces have consolidated their efforts.

In Africa the democratic environment remains mixed. The year was marked by several attempted military coups. Moreover, Zambia, once thought to be a vanguard democratic reformer, has shown signs of backsliding. On the positive side, consolidation continues throughout much of southern Africa, highlighted by continued peace in Angola and Mozambique. Furthermore, the only four gains in the Freedom House ranking were experienced in this region. Eritrea, Ethiopia, and Tanzania, rated not free last year, were rated partly free this year. Mali, rated as partially free last year, was judged as free in this year's Freedom House scale.

Elections in the West Bank and in Gaza signal significant democratic progress in the Near East, and recent political events in Jordan and Morocco indicate political openings that may lead to deeper democratization. Yet in other countries of the region, authoritarian regimes continue to hold power, and human rights are far from universally respected.

Democratic progress in Asia also is mixed. The Philippines has made significant progress toward democratization. Mongolia's successful elections demonstrate advances toward a more pluralistic society. Recent elections in Bangladesh appear to have been accepted by the governing elites and have cooled political tensions. However, serious backsliding has occurred in Cambodia, where the Freedom House rating slipped from partly free to not free. Civil war continues in Sri Lanka. And serious

compromises in the protection of human rights continue throughout the region.

Overall, the progress of democratization in the world has been uneven. Some democratic regimes have been considerably strengthened, and some political openings have emerged where authoritarian regimes once reigned. But national and international threats to the survival of democracy in the world loom heavy on the horizon. International crime and terrorism continue to be major problems worldwide. Organized criminal syndicates centered in Sicily, Colombia, Russia, Nigeria, and large swaths of Asia continue to expand operations and undermine both stable and newly forming democratic governments. For example, illegal drug production and trade as well as corruption represent cross-regional threats to democracy. Tolerance for free speech and assembly continues to be compromised.

USAID is now emphasizing political risks and constraints to democratic progress as an integral part of all country analyses. Country strategies put democratic development as a high priority, and USAID programs in all sectors are designed specifically to enhance democratic political development (see box 2.1). Within the democracy and governance sector, the Agency has made significant progress. This report highlights notable examples during 1995–96.

Box 2.1. In Benin, Donors and Host Coordinate Efforts

In mid-1995 Vice President Al Gore launched the New Transatlantic Initiative to enhance cooperation among member coutries of the Commission of the European Communities (CEC). Within that framework, the Africa Bureau is collaborating with the CEC in assessing progress toward democratic governance in the West African country of Benin. In addition to tracking progress, the assessment seeks to 1) diagnose problems, 2) identify corrective reforms, 3) generate a dialog among donors and representatives of Beninois civil society and government, and 4) improve donor and Beninois governance assessment tools, skills, and procedures.

The assessment, planned for fall 1996, is to be carried out by a team composed of CEC, USAID, and Beninois officials. The group will apply a common analytical framework and assessment methodology. It is to be followed by a series of workshops and seminars designed to get donors and Beninois talking about issues in democracy.

Progress in Measuring Results

USAID Missions and bureaus have become far more concerned with measuring results, and they have made considerable progress in defining and testing democratic impact. Still, quantitative measures for the Agency's programs remain elusive. In particular, measuring and comparing results across programs is difficult because of the decentralized nature and relative newness of the strategic-planning process. In the last year, the Global Bureau's Center for Democracy and Governance has assisted several Missions in developing performance-based measures of impact. This effort is a first step in establishing uniform means of measuring the progress of USAID democracy programs. Despite the absence, as yet, of quantitative measures, ample evidence exists of the contributions of USAID programs on democratic processes around the world.

The following sections highlight results achieved over the past year in each of the four objectives.

Michael Schneider
Senior Adviser

Under Secretary
for Global Affairs
Department of State
Washington, D. C. 20520

(202) 647-6240
(202) 647-0753 (fax)

United States Department of State

Under Secretary of State
for Global Affairs

June 28, 1995

Eric -

FYI. This has been inter-agency cleared and, within state up to the Secretary. We would put it into a more attractive format and have a relatively low-key release in about 3 weeks.

- Michael Schneider

U.S. INTERNATIONAL STRATEGY ON HIV/AIDS

AIDS

June, 1995

ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

CDC Centers for Disease Control and Prevention

CIA Central Intelligence Agency

DHHS Department of Health and Human Services
DOD Department of Defense

FDA Food and Drug Administration

HIV Human Immunodeficiency Virus

JCPA Joint and Co-Sponsored United Nations
Programme on HIV/AIDS

NGO non-governmental organization
NIH National Institutes of Health

PHS Public Health Service

STD sexually transmitted disease

U.N. United Nations
UNDP United Nations Development Programme
UNFPA United Nations Population Fund
UNICEF United Nations Children's Fund

USAID United States Agency for International Development

WHO World Health Organization

I. INTRODUCTION

The HIV/AIDS pandemic poses major challenges to all nations. HIV/AIDS is, as President Clinton observed "the health crisis of this century". HIV/AIDS will also have economic, social, political and security implications throughout the world.

While human suffering is the most significant implication of HIV/AIDS, the pandemic is affecting a widening spectrum of society both in the United States and abroad. The spread of HIV/AIDS threatens to undermine democratic initiatives by destabilizing societies. HIV/AIDS threatens the sustainable economic development of many countries, including current and potential trading partners. U.S.-based multinational companies will face difficult challenges in addressing the impact of global HIV/AIDS on trade and investment considerations. National security interests are affected by the high rate of HIV infections among the military of certain countries. The international community is becoming increasingly concerned that some governments use HIV/AIDS as a justification for the violation of human rights. In many countries women's lower socio-economic status puts them at higher risk of becoming infected.

The United States must struggle against the HIV/AIDS pandemic. As the major contributor to multilateral and bilateral prevention efforts and as the world's standard bearer for biomedical research, the United States has been a central player in efforts to stem the spread of global HIV/AIDS. Our strong support for the streamlined newly established Joint and Co-Sponsored Programme on HIV/AIDS, provides another example of U.S. leadership on this issue. Yet much hard work remains. Success will require a sustained and vigorous commitment by the United States and its international partners.

About this document

This Strategy and action plan seeks to assist U.S. policymakers in working more effectively with international partners in the fight against global HIV/AIDS. Even as an early draft, this framework proved useful in guiding our preparation for the Paris AIDS Summit in December, 1994, and will help guide the U.S. planning for the IVth World Conference on Women to be held in September, 1995 and other future international meetings.

A USG interagency working group developed the document in consultation with non-governmental AIDS activist groups, business and trade representatives, and service organizations. The strategy articulates a set of U.S. international objectives for the fight against HIV-infection and AIDS and a set of actions aimed at meeting these objectives. The paper is intended mainly for the traditional foreign affairs agencies, such as the Department of State and USAID, as well as domestic agencies such as the Department of Health and Human Services to the extent that their activities promote international HIV/AIDS policy objectives.

Appendices B-E are interagency working group reports which formed the basis of the Strategy. Reports were prepared on Research (chaired by NIH), Prevention (chaired by USAID), National Security (chaired by CIA) and Donor Coordination (chaired by USAID). The Strategy itself, which has been cleared by all concerned USG agencies, is based on the interagency working group reports and State Department input and was developed through coordination and synthesis by the State Department. The Strategy does not describe all AIDS-related activities of all agencies but rather highlights activities that advance foreign policy objectives (USAID activities, for example, are described in a separate, comprehensive document).

The interagency working groups made rapid progress in outlining the fundamental tenets of the present document. This permitted the United States to support the inclusion of many of the principles contained herein in the Paris AIDS Declaration which was signed by leaders from 42 countries at the 1994 Paris AIDS Summit. The document is the basis in principle for U.S. support for the establishment of the U.N. Joint and Co-Sponsored Programme on HIV/AIDS and for the World Health Organization's Global Programme on HIV/AIDS.

HIV/AIDS is a long-term problem requiring a long-term commitment. The present Strategy should therefore be considered a long-term foreign policy framework supported by a near-term set of action items. As the present pandemic changes, and as we learn more about successful approaches to combat HIV/AIDS, our overall strategy and action plan should change accordingly. The Strategy should be viewed as a dynamic and flexible document, to be reviewed and revised as appropriate and at least biennially. The State Department will monitor progress toward reaching the goals outlined in the present Strategy.

Scope of the Pandemic

No region of the world has been spared the steady, silent spread of human suffering associated with AIDS. While the poorest regions of the world have been spared the least, industrialized countries will also be faced with increasing numbers of AIDS cases well into the foreseeable future. In the United States, HIV/AIDS is now the number one killer of Americans in the 25 - 44 year old age group, according to the Centers for Disease Control and Prevention.

Two to three million new HIV infections worldwide are expected annually. By the year 2000, the WHO estimates conservatively that 30-40 million people will have been infected. Harvard's Global AIDS Policy Coalition estimates that between 40 to 110 million people will have been infected by that time. While a small percentage of HIV-infected individuals have lived for twelve years or more with no sign of AIDS, the large majority of HIV-infected individuals develop AIDS and die within years.

Unlike other infectious disease epidemics such as cholera or plague, AIDS will not likely run its course and subside, at least in the foreseeable future. Without more effective response strategies and massive behavioral and societal change, or an effective vaccine, AIDS will continue to spread, especially in the Third World, reaching staggering levels of infection, death, human suffering, and social disorder. Thus, without human intervention, the number of AIDS cases will continue to rise in all regions of the world well into the next century.

Thus HIV/AIDS presents a unique set of health, social, economic and political challenges which will affect both developed and developing countries. For the most part, HIV/AIDS affects those in the 25-44 age group, agreeable the most productive in society. Developing countries and countries in transition will suffer the most from the loss of productivity. The incubation period from initial infection to disease onset is usually upward of ten years, during which time the infection may be unknowingly spread. Almost 80% of infections occur through sexual transmission; current prevention strategies rely primarily on changes in high-risk sexual behaviors, notoriously difficult to control. As governments cope with increasing numbers of cases and already weakened health care systems, the economic impact on the most productive segments of society, and the impact on their military and political forces will become increasingly evident.

Some specific examples of the broad impact of HIV/AIDS include:

- The World Health Organization (WHO) estimates there will be between 10 and 15 million orphans worldwide attributable to HIV/AIDS by the turn of the century.

- The proportion of women infected with HIV is increasing rapidly; by the year 2000, the WHO predicts that more than half of newly infected adults will be women.

- In 1992 in Thailand, multinational firms invested $1.3 billion. If projected rates of HIV infection in Thailand hold, a labor force increasingly weakened by AIDS-related illness and reduced by AIDS deaths could discourage foreign investors and jeopardize advances in the Thai standard of living. Tourism in Bangkok, a major source of income in the Thai economy, is lagging already, in part because of the fear of HIV/AIDS.

- A World Bank and U.S. Census Bureau modeling exercise found that by 2015, Africa's total GDP could be reduced by up to 22 percent relative to a no-AIDS scenario, which assumed moderate economic growth through the period.

- Certain militaries may begin to experience the adverse effects of AIDS in the next five years as rising HIV infections among young men reduce conscript pools and as an increasing number of officers, senior NCOs, and trained technicians become ill and die. HIV/AIDS could begin to degrade military manpower pools and readiness within the next ten years.

In the industrialized countries, HIV/AIDS will raise a number of questions that governments and businesses must address:

- U.S. and other multinationals will be forced to consider HIV/AIDS in foreign investment and trade discussions.

- HIV/AIDS is already straining the health care systems in cities that are hard-hit. In some U.S. cities, the majority of beds in some hospitals are filled with AIDS patients.

- Worldwide peacekeeping operations will become increasingly controversial as militaries with high infection rates find it difficult to supply healthy contingents. The United Nations

will have to grapple with politically sensitive choices, such as refusing HIV-infected troops.

- Human rights violations of HIV-infected persons are likely to increase and require attention.

Preventing Infections

Despite enormous progress in understanding the AIDS virus and its effects, there is presently no available vaccine that can prevent HIV infection or progression to AIDS.

At present, however, there are over a dozen vaccine candidates in the early phases of clinical trials. Even if one of these vaccines proves effective in preventing infection or progression of illness, it will be years before it could be produced and distributed on a global basis.

In addition to the long-range goal of vaccine development, our strategies must focus on two broad areas: the reduction of high-risk sexual and drug behaviors and the development of non-vaccine preventive technologies, especially those that allow women the option of protecting themselves from infection, including vaginal microbicides and the female condom. Improvements in female-controlled preventive technologies are promising; these technologies will be the most effective in preventing HIV infection in women, at least in the near term. Further, female-controlled technologies may be more viable options in the long run for developing countries. Also, biomedical researchers have recently demonstrated that use of an antiviral therapy appears to reduce the likelihood for HIV-infected mothers to pass the infection to their infants. In addition, preliminary studies indicate that higher levels of a particular nutrient in the mother's bloodstream are associated with decreased risk of mother-to-fetus transmission, although the nature of this relationship needs more study.

WHO estimates that if all developing countries were to implement a basic HIV prevention program about one-half of the 20 million new infections expected worldwide between now and 2000 (based on conservative estimates) could be averted. However, such a program presupposes a full commitment by national political leaders -- often in conflict with strongly held cultural and religious sentiments. While some leaders have made strong commitments to preventing the spread of HIV/AIDS, much more needs

to be done to implement government policies and programs. The United States respects the sovereign right of each nation to make its own policies. Truly successful strategies should draw on multiple sectors of society, including business and labor. A strong commitment to prevention activities could stave off the enormous adverse impact of HIV/AIDS that is projected for expanding economies. Education is critical, including discussions of abstinence and mutual monogamy.

Treatment

Although HIV infection cannot be "cured" at present, biomedical research in the 1980's and 1990's produced several drugs that prolong and improve the quality of life for those infected with HIV. In addition, relatively inexpensive non-drug therapies and other strategies are being developed to help slow the progression of HIV disease. In poorer areas these interventions may be more appropriate for than more costly antiviral drugs. Further research is needed to determine how effective and feasible these interventions may be. Nevertheless, the issue of access to adequate and affordable supplies of drugs for HIV and related opportunistic infections will surface increasingly in international discussions.

U.S. Foreign Policy in the Global Combat Against HIV/AIDS

The HIV/AIDS pandemic increasingly threatens economic, social and political stability (see Appendix D), and also threatens to undermine U.S. foreign policy initiatives including the promotion of democratization and sustainable development, conflict resolution and peacekeeping, and human rights. With no effective and affordable long-term medical treatment or vaccine on the horizon and without more aggressive efforts to prevent new infections, the AIDS pandemic will have greater and greater impact on developed and developing countries well into the next century.

How can the United States advance the worldwide struggle to contain the HIV/AIDS pandemic and to mitigate its effects? This strategy lays out a plan of action for U.S. leadership:

o Increase the political and economic commitment by foreign leaders to stem the spread and mitigate the impact of HIV/AIDS;

- Persuade other donor countries to shoulder a greater share of the technical assistance burden for HIV/AIDS;

- Focus world attention on the special needs of women, children and youth and their predisposition to become infected with HIV;

- Support the concept that sustainable development, family stability and personal responsibility are inextricably linked to stemming the spread of HIV/AIDS;

- Improve international cooperation on AIDS research and vaccine development;

- Encourage the efforts of the United Nations on HIV/AIDS, including continued support for the UN Joint and Co-Sponsored Programme on HIV/AIDS;

- Address the human rights implications of HIV/AIDS in all appropriate fora; and,

- Foster greater involvement by non-governmental organizations, communities, business and labor leaders, and people infected with, and affected by, HIV/AIDS in AIDS policy and program formulation.

The U.S. Strategy is divided along thematic lines that reflect the three main objectives of the World Health Organization's "Global Strategy for the Prevention and Control of AIDS." These WHO objectives provide a useful framework from which to delineate an action plan to meet the U.S. foreign policy goals described above:

- Prevent new infections;
- Reduce personal and social impact; and,
- Mobilize and unify national and international efforts.

II. ACTION STRATEGY: MEETING U.S. INTERNATIONAL HIV/AIDS GOALS

A.*** PREVENT NEW INFECTIONS ***

One focus of U.S. and global efforts is on preventing new infections and AIDS cases by more effectively promoting the utilization of existing technologies and strategies, including the promotion of condom use; by working toward the development of more effective biomedical interventions, including vaginal microbicides and female-controlled barriers; by continuing to support health-promoting behaviors; and, by working to address underlying social conditions that enhance the transmission of HIV.

1. TAKE DIPLOMATIC INITIATIVES TO PROMOTE MORE ACTIVE INVOLVEMENT ON HIV/AIDS ISSUES BY NATIONAL GOVERNMENTS.

National governments have the primary responsibility for sounding the alarm and for instituting programs to prevent the spread of HIV/AIDS. Prevention strategies are boosted by the active involvement of political leaders who openly address the HIV/AIDS issue. The USG should work with other governments to increase their recognition of the need for strong political and governmental leadership in stemming the spread of HIV/AIDS.

- The State Department will:
  - -- urge foreign leaders to openly address the HIV/AIDS pandemic in their own countries;
  - -- urge other governments to consider the adverse economic and social impact of HIV/AIDS in their countries;
  - -- urge other governments to increase spending or to reallocate funds to prevent the spread of HIV/AIDS and strengthen AIDS research efforts;
  - -- emphasize the importance of National AIDS Action Plans which involve all relevant governmental agencies, Ministries, NGOs and the private sector;
  - -- encourage foreign leaders to support the Joint and Co-Sponsored U.N. Programme on HIV/AIDS; and,
  - -- urge foreign leaders to join the United States and 41 other countries in endorsing the Paris AIDS Declaration.
- U.S. ambassadors and other embassy representatives will meet with host country counterparts to describe the U.S. International Strategy on HIV/AIDS and will encourage leaders to expand HIV/AIDS prevention and mitigation programs.

- Emphasis will also be placed on the important role that non-governmental organizations, business groups, people living with HIV/AIDS and community organizations should play in an effective response to HIV/AIDS.

- The State Department will transmit this Strategy in a cable to all posts.

- The State Department will seek to heighten the awareness of the foreign policy implications of HIV/AIDS in the foreign service community, through all available mechanisms, including training and conferences for foreign service officers.

2. DEVELOP BEHAVIORAL PREVENTION STRATEGIES.

Prevention programs aimed at reducing high-risk behavior are the best hope for reducing the numbers of new HIV infections. The Congress will be asked to support increases in the funding for global prevention programs that have been shown to reduce high risk behaviors that lead to the spread of HIV infection.

- The Secretary of State will describe in a letter to Congress the implications of the global HIV/AIDS issue for U.S. foreign policy and the need for U.S. funding for international programs aimed at reducing high-risk behaviors associated with HIV infection. (This letter, to be sent jointly with the Secretary of Health and Human Services, will address other AIDS-related issues, as described below.)

Successful prevention strategies can provide cost-effective ways to improve both domestic and international prevention efforts. Low-cost, effective and culturally relevant programs that are designed and implemented in collaboration with affected communities hold great promise. As HIV/AIDS becomes increasingly a disease of the poor in the United States, lessons gained from community-based organizations overseas become highly relevant. Similarly, community-based organizations in other countries can benefit from the U.S. experience, for example, in community planning for HIV/AIDS prevention.

- USAID combats global HIV/AIDS by identifying successful prevention strategies and applying them to appropriate new regions or countries. Such strategies should be publicized to government and community health workers.

- The Peace Corps incorporates HIV/AIDS education into other services, such as the teaching of English. This model approach for successful and integrated intervention should receive continued support.

- Through continued military-to-military educational programs on HIV/AIDS, The Department of Defense will collaborate to reduce the rate of infection in foreign militaries.

Governmental groups should seek the expertise of those on the front lines of the HIV/AIDS battle, including people living with HIV/AIDS and non-governmental experts. The NGO community, business and labor leaders, and people living with HIV/AIDS should be included as appropriate in AIDS policy dialogue as well as in designing and implementing of prevention strategies aimed at changing high-risk behaviors.

- The State Department will host a conference with U.S.-based international business leaders to discuss a range of HIV/AIDS-related issues, including the impact of HIV/AIDS on trade and investment decisions and on sustainable economic development. The State Department will work with non-governmental organizations that bring together private sector and public health interests to prepare the conference.

- The State Department, USAID and the National AIDS Policy Director will host a conference for domestic and international non-governmental organizations to discuss the U.S. response to global HIV/AIDS and to foster the exchange of information and experiences between domestic and international groups. Expected participants include representatives from the private sector, the religious community, activist groups and service organizations.

- USAID, the National AIDS Policy Director and the State Department will explore the feasibility of hosting satellite meetings at the International AIDS Conferences and regional

AIDS conferences at which large cohorts of domestic and international NGOs are represented in order to foster dialogue between domestic and international NGOs.

3. **AUGMENT RESEARCH.**

The U.S. maintains the world's most advanced biomedical and behavioral research base on HIV/AIDS. Advances made domestically will have international applications and impact.

The U.S. research agenda on HIV/AIDS emphasizes the development of preventive vaccines and other interventions to reduce the spread of HIV/AIDS, including microbicides, and more effective behavioral strategies and therapies to suppress opportunistic infections.

-- The National Institutes of Health (NIH) have primary USG responsibility for conducting and funding basic and clinical research on AIDS.

-- USAID and the Centers for Disease Control and Prevention (CDC) conduct international surveillance, behavior research, and prevention activities.

-- The Department of Defense conducts mission relevant biomedical research activities toward candidate vaccine development.

International research collaboration helps: (a) expand the knowledge base for diverse strains of HIV, (b) boost understanding of epidemiologic trends and mechanisms of HIV transmission, and (c) identify successful behavioral strategies for prevention. Such collaboration will provide the basis for eventual large-scale testing of vaccines, therapies and other interventions.

o The Congress should be encouraged to support the substantial U.S. research agenda on HIV/AIDS since these activities are most likely to produce a vaccine, drugs, technologies or behavioral strategies that could be used on a global scale.

o In their joint letter to the Congress, The Secretary of State the and Secretary of Health and Human Services will describe the important role of U.S. biomedical and behavioral research

in the global strategy to prevent infections. The letter will explain why Congress should support fully the Administration's budget request for biomedical research.

- USG representatives, including embassy personnel, will encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research. Where appropriate, embassies will assist in gaining approval for HIV/AIDS vaccine trials and other research efforts in host countries.

Through training and education, foreign representatives and health professionals will be more able to address the epidemic in their own countries. They will develop more reliable statistics and better train more staff to monitor the spread of HIV/AIDS.

- The NIH and its Fogarty International Center will establish and strengthen international biomedical scientific collaborations and training.

- NIH's Office of AIDS Research, in collaboration with the Fogarty International Center, will develop an inventory of NIH-supported research being conducted in both developing and developed countries.

- The State Department will assist USG agencies as necessary in strengthening or establishing international research and training collaborations.

USG technical agencies will maintain, expand or improve their research-related AIDS efforts:

- The National Institutes of Health will continue its strong AIDS research program with the aim of developing effective behavioral strategies, drugs, vaccines, other prevention technologies and approaches, including vaginal microbicides, and low-cost diagnostics to reduce the spread and impact of HIV/AIDS. NIH will work with the private sector, as appropriate, in this endeavor.

- A key element of USAID's strategy on HIV/AIDS is to continue to support behavioral research, with the aim of developing

culturally appropriate prevention strategies, and studies of the economic impact of HIV/AIDS, particularly at the household level.

- FDA will work with product manufacturers to facilitate the rapid development of new agents for the prevention and treatment of HIV-related conditions as well as medical devices for the prevention of HIV transmission.

- CDC will continue to support behavioral research that provides information on risk behaviors and assists in targeting prevention strategies more appropriately.

- The Department of Defense will continue mission relevant biomedical research efforts toward candidate vaccine development.

- NIH's Office for Protection from Research Risks will continue its advisory and regulatory role in ensuring that international research is conducted in an ethical manner, consistent with agreed principles for protecting human subjects.

- Recognizing that international health problems portend domestic concerns, CDC, in collaboration with other agencies, will work toward improved global monitoring of the spread of HIV/AIDS.

- The State Department will convene a meeting of the National Science and Technology Council's Committee on International Science, Engineering and Technology to address the global challenge of emerging and re-emerging diseases, including HIV/AIDS. Enhanced federal efforts to improve global surveillance of disease will be one major focus of the meeting.

- The U.S. Census Bureau will expand its international HIV/AIDS database to include statistics from developed countries and countries where data had not been available previously, such as those of the Former Soviet Union.

- The State Department, in collaboration with the CDC, will organize a workshop to examine surveillance and epidemiological issues and related policy concerns in the Former Soviet Union.

- The Department of Defense will continue its biomedical research efforts toward vaccine development and toward improving the understanding of strains of HIV which pose potential risks to U.S. troops serving overseas.

4. **SAFEGUARD THE BLOOD SUPPLY.**

The overall number of HIV infections which is attributed to receiving infected blood is relatively small. Yet technology exists that can safeguard the blood supply and effectively prevent these infections. Making this technology available to countries in need and reducing the number of unnecessary blood transfusions will prevent the majority of infections acquired through this mechanism.

- The Department of Health and Human Services, will work with international partners, including NGOs and international development agencies and organizations, to assist in safeguarding the world blood supply.

- FDA will work with manufacturers to facilitate the development of new testing methodologies and other approaches to help assure the safety of the blood supply.

5. **PROVIDE ACCESS TO HEALTH SERVICES AND TECHNOLOGIES.**

Access to health services, and particularly those related to reproductive health and treatment of sexually transmitted disease, is essential in enhancing the efficacy of prevention strategies. The U.S. will give priority to ensuring access to primary health care services, and particularly to reproductive health and STD services;

- At international meetings the USG will emphasize the importance of access to health services as an important component of HIV/AIDS prevention and care strategies.

- USAID's HIV/AIDS strategy includes programs that underscore the linkage between reproductive health services, the treatment of sexually transmitted diseases, and reduction in the spread of HIV/AIDS.

- The USG will stress the important role that communities play in delivery of health services.

Access to effective prevention and treatment technologies for HIV/AIDS remains a major concern for many groups.

- The USG will work with international partners to improve access to effective and affordable condoms and drugs, critical to effective HIV/AIDS prevention.

- Concerned USG agencies will consider alternative and innovative ideas, including the establishment of an international fund, aimed at improving access to prevention and treatment technologies, including condoms and vaginal microbiocides once they are developed.

6. ADDRESS THE ADVERSE IMPACT OF POVERTY AND OTHER FACTORS ON PREVENTION EFFORTS

The epidemic is steadily increasing in poorer populations who have limited access to information about HIV and AIDS and/or preventive health services and limited ability to act on the information they may have. As societies improve access to information and services for all members and promote the rights and dignity for all members, thereby reducing discrimination, they will be increasingly successful in reducing the social and economic damage caused by AIDS.

The USG will work with other governments and in every appropriate forum, including international conferences and within the U.N. system, toward improving conditions which foster HIV/AIDS prevention efforts for groups that may be at higher risk for HIV infection, including women, children, youth, members of minority groups, the poor, homosexuals, mobile populations, and IV drug users. Illustrative examples of USG actions are outlined below.

Women: Coupled with their biological susceptibility to infections through heterosexual transmission, the lower social, educational, and economic status of women in some countries puts them at even higher risk for becoming infected with HIV. Their subordinate role in some countries prevents them from refusing unsafe sex or from leaving marriages in which their partner is engaging in behaviors which places him at high risk for becoming HIV-infected. The improvement of the status and self-esteem of women and their role in the family will have far-reaching effects in reducing HIV infections in women and in stemming the spread of HIV/AIDS.

Several conditions may directly or indirectly impact the rates of HIV infection in women:

-- Human rights abuses, such as the selling of women and girls into prostitution and the traditional practice of female genital mutilation;
-- Increasing trend toward early childhood marriage; and,
-- Discriminatory land-tenuring and inheritance laws.

- In all appropriate fora, the USG will emphasize the special needs of women, including the protection of women's human rights.

- DHHS and the National AIDS Policy Director will establish an interagency working group to discuss women's health issues related to HIV/AIDS and associated concerns as they relate to key international meetings.

- USAID programs to increase the education of girls and women and their economic potential will address the socio-economic factors contributing to women vulnerable to HIV-infection.

- The USG will support global research priorities that emphasize protecting women from infection. Research aimed at development of technologies that increase women's ability to protect themselves from infection is of global import since such technologies may be the best hope to decrease heterosexual spread of AIDS in the near term.

- USAID and the PHS will prioritize efforts in the development of technologies such as microbiocides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.

- As a means to provide greater protection for women as well as men, USAID and PHS will prioritize efforts to develop new and better male condoms.

Children and Youth: Cultural and societal attitudes which inhibit frank discussions about sex and gender issues and which condone high-risk sexual behavior can be counterproductive to HIV/AIDS prevention efforts. Successful and long-term HIV/AIDS prevention

strategies must include age-appropriate education and others which instills a sense that individuals are able and have a responsibility to protect themselves from infection. In addition, research aimed at preventing infection of infants born to infected mothers should remain a central focus.

- In every appropriate forum the USG will recommend adoption of age-appropriate education on HIV/AIDS.

- The NIH will place a high priority on following up initial studies which could lead to methods for preventing HIV transmission from mother to fetus, including antiviral therapy (AZT) and micronutrient treatment (vitamin A) during pregnancy and on further defining the context of their use.

- The State Department will emphasize to appropriate U.N. agencies, including UNICEF, UNDP, WHO, and UNFPA, the importance the USG places on prevention of HIV infection of children and youth and will urge U.N. bodies to prioritize their efforts for preventing infections and mitigating the impact of HIV/AIDS on children and youth.

Mobile Populations: Millions of people who daily move across national borders pose global economic, security and health concerns. This mobile population constitutes one of the world's largest potential transmission pools of HIV. Members of militaries, multinational companies, refugee groups, teams on large development projects, farm groups, trucking companies, and others in this mobile group may engage in high-risk behaviors that would lead to HIV infection. Members of these groups should have access to information and services that would assist in preventing infection, either of themselves or of others. Reduceing HIV infections in mobile populations would presumably has a secondary benefit by decreasing rates of transmission once the worker returned home. The USG will work to improve access to information and services for mobile populations.

- The State Department will convene an interagency working group to discuss cooperation more closely with development banks to reduce the spread of HIV/AIDS at development project sites and particularly among workers who migrate to work at those sites.

- When appropriate and feasible, USAID will incorporate HIV/AIDS prevention activities into the overall health strategy for well-established refugee camps.

B.*** REDUCE PERSONAL AND SOCIAL IMPACT ***

Medical services and social support are vital for persons with HIV and their families. Nations need long-term treatments for HIV and AIDS and for the opportunistic infections which complicate HIV infection, such as tuberculosis.

HIV/AIDS poses problems to infected persons which go beyond the medical and health implications, such as the potential for human rights abuses and discrimination in the workplace. Further, the impact of HIV/AIDS on society as a whole is manifested in destabilized family structures, adverse impact on the economy, and the threat of political and military destabilization. These broader issues must be considered in any strategy to mitigate the impact of HIV/AIDS on the individual and the society.

1. PROVIDE CARE AND SUPPORT.

Most countries aspire to ensure access to health care services for all citizens. In developed and developing countries alike, however, the growing numbers of AIDS cases will strain health care systems. In developing countries, health care systems have been inadequate even before HIV/AIDS. The result is less access to service for those in need. The effects are multiplied because governments will be forced to buttress weak health care systems by diverting scarce resources from national savings or other sources that are critical for national economic stability. While working to boost health care infrastructures, governments should work with non-governmental groups and people infected and affected by HIV/AIDS to more effectively meet the care and support needs of HIV-infected individuals.

- With the goal of developing effective and affordable long-term treatments and strategies to provide care and to assist HIV-infected persons and their families, USAID and PHS, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures, including strengthening of tuberculosis control programs.

- o USAID and DHHS agencies will provide technical assistance to countries for the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.

- o The USG will support the inclusion of non-governmental organizations and people infected with and affected by HIV/AIDS in the design of care strategies.
- o In appropriate international meetings the USG will support a strong role for community-based provision of care and support to those affected by HIV/AIDS.

Special emphasis on families: The impact of HIV/AIDS on families is cause for alarm. By the year 2000, it is estimated that 10 - 15 million children will have become orphans because of HIV/AIDS. They may swell the ranks of the unemployable, become part of the alienated and increasingly criminal class in many cities, and add to the worldwide increase in street children. The impact on women is equally alarming. As infected women become sick and die, families will increasingly feel the burden of lost economic income, especially in agricultural-based societies, as well as the loss of the major caregiver for the family. The USG will advance the recognition in every appropriate forum that HIV/AIDS can have a devastating and destabilizing impact on families, and particularly on women, children and youth.

- o The State Department will stress the urgent need of addressing the impact of HIV/AIDS on families in all appropriate international fora, including the IVth World Conference on Women and the Joint and Co-Sponsored U.N. Programme on HIV/AIDS.

- o USAID will work with other donors to establish innovative programs, including the establishment of trust funds, in order to provide social services and support for the burgeoning number of AIDS orphans in developing countries.

2. GUARANTEE HUMAN RIGHTS.

Universal recognition of the human rights of HIV-infected persons is essential to reducing the personal and social impact of HIV/AIDS. The USG will promote non-discriminatory workplace policies, protection from punitive or coercive measures with

respect to HIV testing, policies relating to entry into foreign countries that are based on sound public health practice, and non-discriminatory access to education and medical treatment as well as the protection of civil and political rights.

- In all appropriate international fora the State Department and other appropriate USG representatives will promote the safeguarding of equal protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing and social welfare.

- The State Department will continue to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting.

3. PROTECT POLITICO-MILITARY STRUCTURES AT RISK.

HIV has the potential to affect the stability and readiness of militaries, especially those in developing countries with very high HIV rates of infection. The overall impact on military capabilities in most instances appears to be slight thus far; however, as key career personnel increasingly move past the long HIV latency stage and contract AIDS, their loss will have a detrimental effect, particularly in the more sophisticated developing-country militaries that depend significantly on well trained and experienced technical personnel.

Militaries are composed largely of young men and women who are susceptible to behaviors that carry with them the risk of contracting HIV. Nethertheless educated and disciplined troops can be trained to avoid high-risk behaviors by a military establishment that recognizes and responds to the threat of HIV/AIDS.

- That explains, in part, the relatively low HIV prevalence in developed-country militaries.

World-wide peacekeeping operations may pose a danger of spreading HIV, particularly as traditional developing-country suppliers of troops find it increasingly difficult to supply units that are free of HIV infection. The risk runs both ways; peacekeepers could both be a source of HIV infection to local populations and be infected by them, thus becoming a source of the infection when they return home. In combat situations, there may also be increased risk of HIV transmission among peacekeepers, and between them and local populations, through contact with HIV contaminated blood.

A more substantial overall risk, however, is the transmission of HIV-related secondary infections, such as TB, which are far more contagious and more easily transmitted. The spread of those diseases cannot be largely avoided by controlling high-risk behaviors, as is the case with HIV.

- All appropriate support should be given to DOD's military-to-military educational programs on HIV/AIDS that are geared to improving prevention strategies in foreign militaries.

- The State Department will convene an interagency meeting to address the impact of HIV/AIDS on international peacekeeping operations and humanitarian missions. Issues to be considered include risk of exposure of U.S. troops to HIV/AIDS and to HIV-associated and possibly multi-drug resistant TB; combat medical conditions, including safety of the blood supply and medical personnel and treatment of non-U.S. troops; the importance of military training in the U.S. as a democracy promoting measure and the impact of restrictive U.S. entry requirements on such training, and the degree of spread of various strains of HIV due to peacekeeping operations. Recommendations for action will be made to appropriate officials, including those responsible for development of U.S. policy on U.N. peacekeeping operations.

- The National Intelligence Council will coordinate the preparation of a National Intelligence Estimate on the impact of HIV/AIDS on military establishments.

4. PLACE HIV/AIDS ON THE SUSTAINABLE DEVELOPMENT AGENDA.

The growing AIDS epidemic will complicate ongoing sustainable development efforts. While AIDS has adversely impacted the skilled, urban workforce in developing countries, the disease will also have an increasingly devastating impact in rural regions over the next several years. Because remittances from urban workers are often critical sources of income for family members who remain in the countryside, the illness and death of urban workers may mean fewer resources are available to rural communities and households. The loss of trained workers and supervisors will reduce the professional and technical and skills base, especially in smaller countries, while infection among the unskilled will disrupt routine operations even in sectors where replacements are

readily available. Losses in the agricultural labor pool could lead to decreased production of cash crops as subsistence farming consumes all available labor in some communities.

The credit-worthiness of those seeking loans for low-cost housing, farm improvements, or to expand small businesses is weakened if family incomes are reduced by illness and death. Education is vital for development, but children are leaving school early to care for ill relatives or because falling family incomes do not allow for payment of school fees. Moreover, since infected people die during their most productive years, tough decisions will have to be made regarding expenditures for training.

- The State Department will work with the Departments of Commerce and Treasury and USTR to propose AIDS as an agenda item at the G-7 and other appropriate international economic meetings.

- The State Department, in consultation with business and labor groups, other NGOs and appropriate USG agencies, will host a 1-5 day conference on a range of HIV/AIDS-related issues, including the impact of HIV/AIDS on sustainable development of trading partners.

- The intelligence community will produce and update analyses of the impact of HIV/AIDS in selected countries and regions, as needed.

C.*** MOBILIZE AND UNIFY NATIONAL AND INTERNATIONAL EFFORTS ***

Strengthened collaboration within and among countries is an essential component to improving efforts to combat global HIV/AIDS. The U.S.G. should use a variety of mechanisms to meet these objectives, including the following:

- o The Interdepartmental Task Force on HIV/AIDS, chaired by the National AIDS Policy Director, will develop a national action plan for HIV/AIDS, as directed by the President.

  -- The State Department will work to ensure that the objectives outlined in the present document support and complement those of the national action plan.

- o The Joint and Co-Sponsored United Nations Programme on HIV/AIDS (JCPA) is expected to provide an excellent framework for the coordination of bilateral and multilateral HIV/AIDS efforts. Continued support for the JCPA sends the message that the U.S. sees coordination of efforts as a critical element in a successful effort to combat global HIV/AIDS.

  -- The State Department and senior USG officials will support -- and will urge other governments to support -- the speedy establishment of the JCPA.

  -- The State Department and senior USG officials will urge other governments to increase their contributions to the UN's efforts on HIV/AIDS to the already high levels being contributed by the USG.

- o Since the HIV/AIDS issue is taken up in a number of intergovernmental fora, both within and without the U.N system, the State Department will convene regular interagency meetings to discuss the international agenda and to develop common approaches on HIV/AIDS issues.

- o Using the HIV/AIDS component of the Common Agenda with Japan as a model, the State Department and USAID will pursue agreements with other donors to work more closely on HIV/AIDS in priority countries.

- o To the extent possible, U.S. international policy on HIV/AIDS will be consistent with other international efforts, and those of the U.N. system in particular.

III. APPENDIX A: An Agenda for Action

The following breakdown by agency re-capitulates the action items outlined in the body of the document in their order of appearance. For actions in which more than one agency is involved, the action, in most cases, is listed according to the agency which will take the lead.

State Department

1a The State Department will ensure that the major tenets of this document are promoted in relevant international meetings of the U.N. and other bodies, including the Summit on Social

the Development Summit and the IVth World Conference on Women, as well as within U.N. agencies themselves, and particularly in the Joint and Co-Sponsored Programme on HIV/AIDS.

1b The State Department will develop policy guidance materials to ensure that U.S. international HIV/AIDS objectives are promoted in discussions between senior USG representatives and national leaders from key countries. In addition to encouraging leaders to join the United States in endorsing the 1994 Paris AIDS Declaration and the Joint and Co-Sponsored U.N. Programme on HIV/AIDS, USG representatives will emphasize a range of concerns, including the urgent need for leaders to openly address the HIV/AIDS pandemic in their own countries, the need for governments to consider the adverse economic impact of HIV/AIDS in their countries, the need for other governments to increase spending on HIV/AIDS prevention and research, and the need to establish or implement National AIDS Action Plans.

1c U.S. ambassadors and other embassy representatives will meet with host country counterparts to describe the U.S. International Strategy on HIV/AIDS and to encourage leaders to expand HIV/AIDS prevention and mitigation programs. Emphasis will be placed on the important role that NGOs, business groups, people living with HIV/AIDS, and community organizations should play in an effective response to HIV/AIDS.

1d The State Department will transmit this Strategy on HIV/AIDS in a cable to all posts.

1e The State Department will seek to heighten the awareness of the foreign policy implications of HIV/AIDS to the foreign service community through all available mechanisms.

1f The Secretary of State will join the Secretary of the Department of Health and Human Services in sending a joint letter to Congress describing the broad impact of HIV/AIDS, including the implications for U.S. foreign policy and

national security interests. The letter should describe the important role of U.S. biomedical research in the global strategy to prevent infections. The letter should urge Members to support fully the Administration's budget request for biomedical research and international AIDS prevention.

1g The State Department will host a 1-5 day conference with U.S.-based international business leaders to discuss a range of HIV/AIDS-related issues, including the impact of HIV/AIDS on trade and investment decisions and on sustainable economic development of trading partners.

1h The State Department will assist USG agencies as necessary in strengthening or establishing international research and training collaborations and will assist, as necessary, in gaining approval for HIV/AIDS vaccine trials and other research efforts in host countries.

1i The State Department will convene a meeting of the National Science and Technology Council's Committee on International Science, Engineering, and Technology to address the global challenge of emerging and re-emerging diseases, including HIV/AIDS.

1j The State Department, in collaboration with the CDC, will organize a workshop to examine surveillance and epidemiological issues and related policy concerns in the Former Soviet Union.

1k The State Department will emphasize to appropriate U.N. agencies, including UNICEF, UNDP, WHO and UNFPA, the importance which the USG places on prevention of HIV infection of children and youth and will urge U.N. bodies to prioritize their efforts for preventing infections and mitigating the impact of HIV/AIDS on children and youth.

1l The State Department will convene an interagency working group to discuss mechanisms whereby the USG may work more closely with development banks to reduce the spread of HIV/AIDS at development project sites, particularly workers who migrate to work at those sites.

1m The State Department and other appropriate USG representatives will promote the safeguarding of the protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing and social welfare in all appropriate fora.

1n The State Department will continue to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting.

1o The State Department will convene an interagency meeting to address the impact of HIV/AIDS on international peacekeeping operations and humanitarian missions. Recommendations for action will be made to appropriate officials, including those responsible for U.S. policy on U.N. peacekeeping operations.

1p The State Department will work with the Departments of Commerce and Treasury and USTR to include AIDS as an agenda item at the G-7 and other appropriate international economic meetings.

1q The State Department will work to ensure that the objectives outlined in the present document support and complement those of the national HIV/AIDS action plan, now being developed.

1r The State Department and senior USG officials will support -- and will urge other governments to support -- the speedy establishment of the Joint and Co-Sponsored U.N. Programme on HIV/AIDS. They will also urge other governments to increase their contributions to the U.N.'s efforts on HIV/AIDS to the already high levels being contributed by the USG.

1s The State Department will convene regular interagency meetings to discuss the international calendar and to develop common approaches on HIV/AIDS issues.

1t Using the HIV/AIDS component of the Common Agenda with Japan as a model, the State Department and USAID will pursue agreements with other donors to work more closely on HIV/AIDS in priority countries.

USAID

As outlined in the body of the present document, the following are some of the key elements of USAID's global HIV/AIDS strategy:

2a Identify successful prevention strategies and, through USAID missions and U.S. embassies, publicize successes to government and community health workers so that they may be duplicated elsewhere, including in other regions of the same country as well as in other countries.

2b Continue to support behavioral research, with the aim of developing culturally appropriate prevention strategies, and studies of the economic impact of HIV/AIDS, particularly at the household level.

2c Continue to develop programs which underscore the linkage between provision of reproductive health services, the treatment of sexually transmitted diseases, and reduction in the spread of HIV/AIDS.

2d Address the socio-economic factors which contribute to women's vulnerability to HIV infection through programs to increase the level of education in girls and women and their economic potential.

2e Support efforts in the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.

2f Develop new and better male condoms.

2g When appropriate and feasible, incorporate HIV/AIDS prevention activities into the overall health strategy for well-established refugee camps.

2h With the goal of developing long-term treatment and care strategies for HIV/AIDS affected persons, USAID, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures in countries in need.

2i Continue to provide technical assistance to countries for the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.

2j Work with other donors to establish innovative programs, including the establishment of trust funds, in order to provide social services and support for the burgeoning number of AIDS orphans in developing countries.

DHHS AGENCIES

3a NIH's Office of AIDS Research, in collaboration with the Fogarty International Center, will develop an inventory of NIH-supported research being conducted in both developing and developed countries.

3b NIH will continue its strong AIDS research program with the aim of developing effective behavioral strategies, drugs, vaccines and other preventive technologies and approaches, including vaginal microbicides, and low-cost diagnostics to reduce the spread and impact of HIV/AIDS. NIH will work with the private sector, as appropriate, in this endeavor.

3c FDA will work with product manufacturers to facilitate the rapid development of new agents for the prevention and treatment of HIV-related conditions as well as medical devices for the prevention of HIV transmission.

3d CDC will continue to support behavioral research which provides information on risk behaviors and which assists in targetting prevention strategies more appropriately.

3e NIH's Office for Protection from Research Risks will continue its advisory and regulatory role in ensuring that international research is conducted in an ethical manner and one that is consistent with agreed principles for protecting human subjects.

3f DHHS will work with international partners, including NGOs and international development agencies and organizations, to assist in safeguarding the world blood supply.

3g FDA will work with manufacturers to facilitate the development of new testing methodologies and other approaches to help assure the safety of the blood supply.

3h PHS will prioritize efforts in the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.

3i PHS will prioritize efforts to develop new and better male condoms.

3j The NIH will place a high priority on following up initial studies which could lead to methods for preventing HIV transmission from mother to fetus, including antiviral therapy (AZT) and micronutrient treatment (vitamin A) during pregnancy and on further defining the context of their use.

3k With the goal of developing effective and affordable long-term treatments and strategies to provide care and to assist HIV-infected persons and their families, PHS, with support from the State Department as needed, will continue and expand efforts to bolster health care infrastructures.

3l DHHS agencies will continue to work toward the identification and development of international procurement and distribution mechanisms for drugs, vaccines and other preventive technologies.

3m CDC, in collaboration with other agencies, will work toward improved global monitoring of the spread of HIV/AIDS. This includes working with the U.S. Census Bureau to expand its international HIV/AIDS database to include statistics from developed countries and the Former Soviet Union.

Peace Corps

4a The Peace Corps' programs which incorporate HIV/AIDS education into other services, such as the teaching of English, should be viewed as models for successful and integrated interventions and should receive continued support.

Defense Department

5a The Department of Defense will continue to conduct military-to-military educational programs on HIV/AIDS, which are expected to contribute to changes in high-risk behaviors and overall decreases in the rate of infection in foreign militaries. All appropriate support should be given to these programs.

5b The Department of Defense will continue mission relevant biomedical research efforts toward candidate vaccine development.

The Intelligence Community

6a The National Intelligence Council will coordinate the preparation of a National Intelligence Estimate on the impact of HIV/AIDS on military establishments.

6b The intelligence community will produce and update analyses of the impact of HIV/AIDS in selected countries and regions, as needed.

Multiple Agency Efforts:

7a The State Department, USAID and the National AIDS Policy Director will host a conference for domestic and international AIDS non-governmental organizations to discuss the U.S. response to global HIV/AIDS and to foster the exchange of information between domestic and international groups.

7b USG representatives, including embassy personnel, will encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research.

7c USAID, the National AIDS Policy Director and the State Department will explore the feasibility of hosting satellite meetings at the International AIDS Conferences and regional AIDS conferences at which large cohorts of domestic and international NGOs are represented in order to foster dialogue between domestic and international NGOs.

7d Concerned USG agencies will consider alternative and innovative ideas and will work with international partners to improve access to essential commodities, including condoms, vaginal microbicides (once they are developed and made available) and drugs to treat sexually transmitted diseases.

7e DHHS and the National AIDS Policy Director will establish an interagency working group to discuss women's health issues and associated concerns as they relate to key meetings on the international agenda.

7f Representatives from the State Department, USAID, the National AIDS Policy Director's office, and others will meet on a regular basis to discuss key issues of common concern.

APPENDIX B: International Research Cooperation

INTRODUCTION

Science is an international enterprise, and international scientific dialogue and research are essential in advancing knowledge about HIV infection and AIDS. International HIV-related research intersects with other foreign policy issues as it develops information to address a fundamental health issue contributing to social and economic instability in many countries. The U.S. has much to gain by continued strong international cooperative and collaborative efforts with nations with highly advanced biomedical research programs and health delivery systems and with nations with less developed research and public health capabilities. Such efforts are a key part of a comprehensive U.S. international HIV/AIDS strategy.

Information from international research benefits U.S. citizens, as well as people in the country where research is conducted and people world-wide who are affected by HIV. Some of the most critical scientific information on HIV/AIDS has been derived from collaboration with colleagues in other countries, with implications for prevention and treatment of HIV infection and disease, as well as the impact on societies. These studies provide information on the variation of strains of HIV from various geographical regions; risk factors for heterosexual and mother to child transmission of HIV; the role of other sexually transmitted diseases in HIV transmission; the relationships between HIV infection and other diseases; and the demographic and socioeconomic impact of HIV/AIDS. Global monitoring of the epidemic is crucial to further understand mutation and evolution of HIV and patterns of spread. The recent explosive epidemic in Asia caused by variants differing from that found in the U.S. warrants close attention; HIV evolutionary patterns in foreign settings may foreshadow unanticipated events in the U.S.

The development of HIV-related research skills in scientists and health professionals is central to an international research strategy. Scientist exchanges facilitate the generation of new research ideas. In addition, international training programs increase the expertise of both American and foreign scientists in HIV/AIDS research, provide the opportunity to develop collaborative relationships between American and foreign scientists, and will facilitate the international testing of anti-HIV drugs and vaccines.

Consideration of human rights must be fundamental to the philosophy guiding U.S.-sponsored research in foreign countries. Ethical and legal issues related to the conduct of international HIV-related research will be continually examined, including issues such as the protection of human participants in research in vastly differing cultural contexts and the rights of collaborating researchers and institutions. These principles are

well-articulated in recent documents.[1,2,3]

A basic ethical responsibility of developed nations is to ensure that developing countries receive benefits from research. Issues include the dissemination of research information to researchers, care providers, and program managers; dialogue with vaccine and drug manufacturers concerning the need to develop products with global utility; and the development of scientific and laboratory capabilities in developing countries. Research collaboration and training strengthen the scientific foundation and help to establish the knowledge, skills, and laboratory capacity upon which countries can further develop public health infrastructure to deliver HIV vaccines, when available, and cost effective interventions. Such efforts will have far-reaching effects through application to other infectious diseases prevalent or emerging in developing countries.

CURRENT INTERNATIONAL HIV-RELATED RESEARCH ACTIVITIES

Several government agencies conduct international HIV-related research efforts, the nature and perspective varying with the mandates of the individual agencies. In addition to U.S. and other countries' government agencies, activities related to international research on HIV are conducted by multilateral organizations, including U.N. Agencies and the World Bank, and by private foundations.

National Institutes of Health (NIH) supports over 100 collaborative HIV/AIDS research projects, in both developed and less developed countries. These include basic research studies, such as genetics and immunology; research related to the development of vaccines and therapeutics; population-based research on transmission of HIV and progression of HIV disease; and behaviors associated with increased risk for HIV infection. These studies help to develop the infrastructure for clinical trials of vaccines by defining potential study populations and developing laboratory and research capabilities. The AIDS International Training and Research Program (AITRP) provides research training designed to increase the capacity of developing countries to address AIDS. A reagent repository provides access to research reagents world-wide. The NIH has developed formal agreements with several foreign countries to collaborate on AIDS-related research, including Japan, Germany, and Thailand.

Centers for Disease Control and Prevention (CDC) international AIDS research activities include two collaborative research projects with CDC professional staff posted overseas in Cote d'Ivoire and Thailand, transfusion safety research and assessment in Africa, characterization of viral isolates, field evaluations of low-technology diagnostics, epidemiologic and research training, plus short-term technical consultations and long-term assignment of professional staff to U.N. agencies. The principal areas of current and near future activities include epidemiologic

and intervention research in mother-to-child transmission, heterosexual transmission and its interactions with other sexually transmitted diseases, TB-HIV interactions, and blood safety. Training of international public health professionals in epidemiology and research includes courses in Atlanta and overseas, one-on-one mentoring in research projects abroad, and longer-term training for foreign nationals in the U.S. and Belgium, supported in part by funding from the NIH.

U.S. Agency for International Development (USAID) has supported research on behavior change, social marketing for condom promotion, and sexually transmitted disease (STD) reduction via its AIDSCAP project, which is managed by Family Health International. In addition, USAID supports several grants to non-governmental organizations (or private voluntary organizations, NGO/PVO), as well as epidemiological and biomedical research administered by the NIH, CDC, and the Global Programme on AIDS, WHO. Specific areas of research include female-controlled vaginal spermicides and microbicides, female condoms, the economic impact of HIV/AIDS, inexpensive STD diagnostics, and novel testing and counselling strategies.

Department of Defense (DoD) HIV/AIDS efforts comprise militarily relevant, product oriented, applied research aimed at reducing the rate of new infections, disease progression, and death of DoD personnel. A key objective is to develop a vaccine(s) offering protection from HIV for U.S. military personnel world-wide, including: isolation and characterization of the genetic diversity of HIV from international sites; initiation of joint U.S./Thai preventive vaccine field trials in late 1994 or 1995. A collaborative program with other militaries through DoD's world-wide network of military research laboratories forms the basis for potential HIV/AIDS clinical and research observations, especially in the development and pre-clinical testing of vaccines corresponding to virus prevalent in developing countries. A behavioral prevention program includes intervention-based prevention research directed at reducing high risk behaviors among uninfected military personnel.

FUTURE DIRECTIONS IN INTERNATIONAL HIV RESEARCH COOPERATION

International research collaboration will continue to provide unique research opportunities that allow us to obtain useful scientific information more rapidly and at less cost, benefitting all concerned. The following are critical areas of international HIV-related research collaboration to be pursued.

- Basic biomedical research in areas such as virology, immunology, and molecular biology will provide the basis for the development of AIDS vaccines and therapeutic strategies.

- Study of the clinical and molecular epidemiology of HIV/AIDS and mathematic modelling of individual epidemics is central to an international strategy to address AIDS, particularly in areas already greatly impacted by the pandemic, such as

Africa and Latin America, and in areas of escalating epidemics, such as the Far East and Western Pacific.

- Research on risk behaviors and the factors that motivate and sustain behavior change in different populations and under a variety of social, cultural, and economic circumstances will provide the foundation for the development, testing, and implementation of behavioral interventions.

- Studies of risk factors and mechanisms of HIV transmission will provide information critical to the development of biologically-based strategies to interrupt transmission, including transmission from mother to infant, sexual transmission, and transmission through injection drug use. In particular, studies of the role of treatment of STDs in control of HIV transmission will be critical to efforts to link STD programs with HIV prevention.

- Studies of the progression of HIV-related disease from early infection through long-term consequences, including opportunistic infections, will provide information central to the clinical management of HIV-infected patients.

- The development and evaluation of non-vaccine interventions that are effective against HIV infection and disease progression, cost effective, and useful in a variety of settings are critical to a comprehensive approach to AIDS prevention and an international research strategy.

- The development of HIV vaccines that are safe and effective in preventing infection in exposed individuals is a major international public health priority. The evaluation of vaccines for efficacy, including vaccines for mother to child transmission, will likely involve international vaccine trials at international sites.

- The development of technologies that are applicable to research and patient care in less developed country settings is essential to effective research and care infrastructure.

- Basic social science research that addresses the impact of social, economic, demographic, and cultural factors on AIDS epidemics, as well as the consequences of the epidemic for the family, society, culture, economic stability, national security, and demographic change, including worker migration, the role of poverty, the status of women, and political repression, will provide information of use to governments in developing broad social and political strategies to combat their epidemics.

Additional activities will include the continued development of training programs; expansion of the use of established repositories, including encouragement for foreign scientists to submit specimens and facilitation of access to repositories by foreign scientists; collaboration in the development of a

database of international clinical trials; and the dissemination of state-of-the-art research information to foreign scientists.

For international research efforts to proceed smoothly, it is critical that mechanisms be developed for coordination and information sharing among agency program staff. Such activities might include developing briefing materials applicable across agencies; maintaining a database of international research activities; and convening meetings to share information and collaborate on program planning, collectively identifying opportunities to address problems cost-effectively.

The U.S. should also coordinate effectively with other organizations with roles in international research on HIV, including the WHO Global Programme on AIDS, WHO regional offices, other U.N. organizations, the World Bank, private foundations, and regional non-governmental organizations. The U.S. government should also nurture partnerships with private industry and academia to further research with international relevance. Specifically, the U.S. should collaborate with industry in developing vaccine candidates with global potential, perhaps through joint ventures between the U.S. government and industry.

To advance the research agenda, it is necessary to consider policy issues in the context of research. In this regard, the research community will rely on the efforts and expertise of other branches of the Government as noted below. The U.S. should utilize diplomatic channels to encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research. Of particular importance is research that will provide information relative to the empowerment of women and other disenfranchised segments of societies. Where necessary, U.S. agencies and investigators should enlist assistance from Embassies to facilitate the establishment of relationships and the development of in-country infrastructure for research and dissemination of research findings. Other efforts that would complement the international research agenda relate to the investigation of mechanisms to remove barriers to infrastructure development for HIV-related research in foreign countries, including re-examining existing authorities in relation to agency programs, addressing immigration issues, and initiating international dialogue concerning taxes and tariffs on equipment imports.

Most important, close ties between U.S. and foreign scientists are essential for advancement of international collaborative research on AIDS. To this end, a variety of formal and informal relationships should be cultivated, including scientist-to-scientist relationships, as well as formal agreements between the U.S. and foreign governments and institutions. Where possible, the U.S. should attempt to develop full collaborative relationships with foreign investigators and maintain long-term institutional and personal relationships, whether through funding of projects, exchange of scientific expertise and information, or collegial communication.

REFERENCES

1. U.S. Public Health Service (PHS) Consultation on International Collaborative HIV Research, *Law, Medicine, and Health Care*, vol. 19, 1991.

2. International Ethical Guidelines for Biomedical Research Involving Human Subjects, Council for International Organizations of Medical Sciences (CIOMS), 1991.

3. The Human Immunodeficiency Virus Vaccine Challenge: Issues in Development and International Trials, a report by the Committee on Life Sciences and Health, Federal Coordinating Council on Science, Engineering, and Technology, 1993.

APPENDIX C: **Report from Prevention Working Group**

There is currently no cure for AIDS nor an effective treatment for HIV. Therefore the main focus of current global efforts must be on prevention of new infections in order to break the chain of transmission.

In order to prevent the spread of HIV, it is necessary in each country to identify behaviors which place individuals at the highest risk for transmission and to target these behaviors for intensive intervention efforts. Active efforts are required to determine community needs, perceptions, and the basis for risk behavior, as well as assessment of which activities will be most likely to result in lower risk behaviors. In some instances, mitigation of the social effects of high rates of AIDS-related illness will contribute to these efforts.

The prevention strategy which is developed will need to be carefully coordinated with other donors and international organizations to maximize impact. Additionally, the success of our national, regional and global programs to confront HIV/AIDS effectively requires active of participation of people infected and affected by HIV/AIDS and community-based non-governmental organizations in the design, development, implementation and evaluation of policies and programs whose purpose is to affect their communities.

ELEMENTS OF AN EFFECTIVE U.S. GLOBAL HIV/AIDS PREVENTION STRATEGY:

Policy Dialogue

U.S. HIV/AIDS efforts should seek to identify and foster policies which promote the successful implementation of HIV/AIDS prevention programs. Consideration of both public policy and individual human rights should be included in the U.S. effort. U.S. interventions in the policy arena, both at the diplomatic and community level, will seek to promote policies which enhance HIV/AIDS prevention and address the social, political, and economic underpinnings and consequences of the pandemic. They should also seek to eliminate policies that undermine successful HIV/AIDS prevention interventions. These policies often include cross-sectoral and multi-sectoral issues outside the realm of health and will require a coordinated U.S. response.

Information, Education and Communication for Behavior Change

Key to the U.S. strategic response to the HIV/AIDS pandemic are prevention interventions which lead to behavior change, including the establishment of community and individual norms that reinforce safe behavior to lower the risk of acquiring sexually transmitted diseases and HIV. Education and information interventions should take into full consideration the cultural beliefs of the community and work from within the community to alter behaviors which place individuals at risk.

Increase Condom Use

Condoms are a major component of front line interventions in HIV/AIDS prevention. The U.S. response includes interventions to assure the availability and affordable pricing of condoms through improved logistical systems, condom social marketing and, when appropriate, the provision of condoms as well as efforts to facilitate the development of more effective and acceptable barrier devices.

HIV Testing and Counselling

HIV testing and counselling can be a useful element in the U.S. response as a methods to provide individuals with the knowledge of their personal HIV status and as a diagnostic to obtain treatment. The effectiveness of HIV testing and counselling as a behavior change mechanism is still uncertain, but the U.S. is currently undertaking research activities to assess the efficacy and cost of this intervention as a behavior change tool.

Biomedical Interventions

An important correlate to prevention education and behavior change interventions is improved STD case management through support to the provision of STD diagnostic and treatment services. Treatment of opportunistic and secondary infections associated with HIV and a compromised immunological status should also be included in the U.S. strategy. Additionally, the development, testing and dissemination of new prevention technologies, including vaginal microbicides and the female condom, is a high priority.

Injection Drug Use

There are many adverse consequences of illicit drug injection, including the risk of HIV transmission, and so an important U.S. policy goal is to reduce the demand for psychoactive drugs.

Simultaneously, efforts must be carried out to help drug abusers prevent sexual transmission of HIV. Behavioral change research into the prevention of bloodborne transmission is also needed.

Blood Screening and Blood Safety

The U.S., when appropriate, provides technical assistance in ensuring the safety of national and transnational blood supplies, and in helping to develop safe medical practices for health care providers.

Evaluation and Analysis of Data

The compilation and analysis of data with respect to the epidemiological, political, social and economic impact of the HIV/AIDS pandemic is essential to U.S. efforts to assist host governments. It is required to assess the effectiveness of ongoing interventions as well as inform future program development. The U.S. assists in improving surveillance of HIV infections and monitoring of related indicators.

Research

U.S. research institutions, with their extensive capacity and expertise, provide an invaluable contribution to HIV/AIDS prevention. The objective basis for the implementation and evaluation of HIV/AIDS and other STD prevention and treatment interventions, as well as a full understanding of socio-economic impact, derives from basic and applied bio-medical and behavioral research. Research areas should include STD/HIV epidemiological analysis, vaccine development and female-controlled methods of HIV/SD protection, as well as behavioral and social determinants of HIV infection.

U.S. EFFORTS TO ADDRESS THE ELEMENTS OF THIS PREVENTION STRATEGY:

Policy Dialogue: HIV/AIDS should be introduced to a greater extent in the U.S. diplomatic and policy dialogue in order to underscore the recognition of HIV/AIDS as an international problem with political, social and economic impact which go well beyond the boundaries of the traditional health sector. Nations must address HIV/AIDS as a pandemic fueled by socio-economic inequities, human rights issues and questions of gender status. Discussion and resolution of these and related issues begin at senior policy levels. The State Department should play a central role in raising HIV/AIDS in international fora.

Prevention Interventions: USAID implements HIV/AIDS prevention interventions in over 40 countries through NGOs, the private sector and governments. The focus of USAID prevention programs is to engage in efforts to change high-risk behaviors, encourage

health seeking behaviors for individuals with STDs, improve the case management of STDs, and to provide individuals with access to affordable condoms. USAID also supports efforts in policy analysis and dialogue and the incorporation of HIV/AIDS prevention efforts into ongoing development assistance programs. For example, the Peace Corps has developed education materials and curricula integrating HIV/AIDS prevention with the teaching of English.

CDC provides technical assistance in surveillance, STD case management and program development.

Behavior Research: USAID's behavioral research program includes knowledge, attitude and practices surveys, behavior change research and the impact of counselling and testing on HIV prevention, as a part of its intervention agenda.

Several U.S. agencies carry out behavior research which is designed to provide indirect or direct information for HIV efforts in the global context. The DOD Behavioral Prevention research effort focuses on behavior change interventions to prevent HIV transmission in military-associated populations. This effort places priority on data-derived interventions to prevent transmission in various populations, through educational interventions for individuals with higher levels of risk-relevant behaviors for HIV infection, and counselling interventions for individuals who are HIV infected. The approaches developed may be applicable in certain military or civilian populations in other areas, including some global efforts.

CDC has increased its domestic behavior agenda which may provide insight into persistent behavior change issues in other settings.

Biomedical Research: The research of the National Institutes of Health and the Centers for Disease Control and Prevention includes basic research and applied retroviral research, vaccine development and drug therapy. The Department of Defense biomedical effort places emphasis on applied retroviral research, with a focus on vaccines for prevention of HIV infection. These research efforts are considered to be essential contributions to the global HIV/AIDS prevention effort and results of these efforts will continue to have an impact on prevention worldwide.

Appendix D:

MEMORANDUM FOR: AIDS Subcommitte on US Security Interests/Concerns

SUBJECT: Strategy Paper on the Impact of AIDS

The number of AIDS cases worldwide will rise rapidly during the remainder of the 1990s and will increasingly undermine other projects intended to foster key US policy goals, including democratization, economic development, conflict resolution and peacekeeping, and promotion of individual and political rights. The AIDS pandemic will overwhelm underfunded and inadequate health delivery systems in much of the developing world and could undo hard-won health, social, and economic gains. Moreover, because AIDS mainly affects adults in their most productive years and is virtually always fatal, AIDS will have a more severe economic impact than do myriad other diseases.

The World Health Organization (WHO) estimates there were 14 million HIV infections by mid-1993. As many as 30 million to 40 million people worldwide will have been infected by the year 2000. While the largest number of infections are in Africa, southeast Asia could soon claim that distinction.

-- An average of one in 40 African adults is infected with the virus. In some East and Central African cities the rate is one in three.

-- If unchecked, infection could reach African magnitude--affecting 5 percent or more of the population--in several countries, notably Brazil, the Dominican Republic, and Haiti over the next decade. Major social and economic disruptions are possible in many others, including The Bahamas and Honduras.

-- More than 1 million people in South Asia are infected, with small numbers of cases reported in Bangladesh, Sri Lanka, Pakistan, and Nepal. Most cases are in India, however, with HIV present in both rural and urban populations in every

state. Indian Government neglect of the problem has the potential of allowing replication of the African experience in 10 or 15 years.

-- The incidence of HIV and AIDS is increasing in almost every country in Southeast Asia. Thailand has one of the world's highest infection rates and the epidemic is rapidly spreading to neighboring countries, especially Burma.

-- Although China claims to have only 1,100 reported AIDS cases, if effective measures to fight the disease are not enacted soon some 10 to 20 million Chinese could be infected by the year 2000.

-- Little information is available on rates of HIV infection in North Africa and the Middle East although measurable levels of infection are present in many countries of the region and the problem is believed to be understated.

-- The AIDS problem in the former Soviet Union is small but growing, and deteriorating health services will make diagnosis and treatment difficult.

-- Romania appears to have the greatest AIDS problem in Central Europe, although infections have been reported in almost all countries in the region.

The infection pattern found in Africa is similar throughout the developing world--highest rates in urban areas, along major trade routes, and in former areas of conflict. Although homosexual contact and intravenous drug use account for most of the spread of the disease in North America and Europe, most HIV transmission in the developing world occurs through heterosexual contact or from mother to child. Highly mobile population groups--refugees and displaced persons, truck drivers and other labor migrants, and demobilizing soldiers--quicken the spread within and across national boundaries. People at highest risk are those with multiple sex partners who do not use condoms, prostitutes and their clients, and people with sexually transmitted diseases.

-- Intravenous drug use is a significant vector for transmission in the Middle East, Asia--particularly China, Burma, and Pakistan--and in some urban areas of Latin America.

-- Contaminated blood products also contribute significantly to the epidemic in the former Soviet Union and some developing countries.

Social and Economic Impact

The epidemic's indirect costs will be enormous. Such costs will be incurred as skill losses, decreased worker output, lost income, and increasingly inefficient business and government operations. Losses of trained workers and supervisors will reduce the professional and technical and skills base, especially in smaller countries, while infection among the unskilled will disrupt routine operations even in sectors where replacements are readily available. Seriously affected countries could experience losses in the tourist industry as the extent of the epidemic becomes widely known. Moreover, there is anecdotal evidence that businessmen and investors are increasingly reluctant to visit and live where there is a major impact.

-- In Thailand, for example, multinational firms spent $1.3 billion in 1992, but if projected rates of HIV infection hold, a labor force increasingly weakened by AIDS-related illness and reduced by AIDS deaths could discourage foreign investors and jeopardize advances in the standard of living. Tourism in Bangkok is lagging already, in part because of the fear of HIV/AIDS.

-- A World Bank and US Census Bureau modeling exercise found that by 2015, Africa's total GDP would be reduced by up to 22 percent relative to a no-AIDS scenario, which assumed moderate economic growth through the period.

The growing epidemic threatens to overwhelm fragile health delivery systems in many countries. In many developing countries the annual cost of care for patients with HIV and AIDS--if provided at US levels of care--would exceed the per capita gross national product of these nations. In Brazil, for example, the cost of such care could be as high as 838 percent of GNP per capita. Moreover, both money and scarce physical and human health resources are increasingly commandeered for AIDS care; AIDS patients fill 80 percent of hospital beds in the capital of Ethiopia and 40 percent of available beds in Kenya, for example.

Infectious diseases linked to AIDS are soaring. Tuberculosis (TB)--the most important HIV-associated disease and already the leading cause of death in Africa among HIV-infected and AIDS patients--has again reached epidemic proportions in many countries

after decades of decline. TB also is making swift inroads into non-HIV infected populations.

The proportion of women infected with HIV is increasing rapidly; by the year 2000, WHO predicts that more than half of newly infected adults will be women. Economic and social realities such as poverty, a lower level of education, and subordinate social status put women at particular risk of HIV infection. AIDS-related deaths among women will contribute to reduced productivity in Africa and other parts of the developing world because of the extensive agricultural role of women. Moreover, the loss of women to AIDS will result in decreased home care and will further strain beleaguered health care systems.

WHO estimates there will be between 10 to 15 million orphans worldwide by the turn of the century. Many are abandoned and barely eke out a living, are without health care, and frequently do not attend school. They will swell the ranks of the un-employable, could become part of the alienated and increasingly criminal class in many cities, and are adding to the worldwide increase in street children.

-- Growing numbers of street children in Brazil, Columbia, and other countries are particularly vulnerable to infection because they are frequent targets of sexual abuse and because they often resort to prostitution and drug use. One-third of street children recently tested in Columbia were HIV-positive.

AIDS also is beginning to reverse the hard-won gains in improved child health care in parts of the developing world. The US Census Bureau projects that the infant and child mortality rates will increase significantly in Thailand, more than doubling for infants and rising nearly fivefold for children.

-- In Uganda by 1991, AIDS had halted improvements in infant mortality rates and by 1993 had risen beyond 1986 levels.

Impact on Rural Areas. While AIDS impacts most visibly on the highly skilled, mainly urban workforce, the disease could also have a devastating impact on the countryside over the next several years. The UN Food and Agricultural Organization estimates that a quarter of the farms in the most affected countries in Africa may fail as the disease decimates the rural population. Moreover, as remittances from urban workers are often critical sources of income for family members who remain in the countryside, the

illness and death of urban workers will mean fewer resources are available to rural communities and households.

Impact on Development. The growing AIDS epidemic will compound the difficulty of sustaining development already under way. Even the methods of achieving market-based development are being increasingly undermined by the consequences of AIDS. For example, the credit worthiness of those seeking loans for low-cost housing, farm improvements, or to expand small businesses is weakened if family incomes are reduced by illness and death. Labor mobility--including rural-urban, among regions, and between countries--has always promoted access to jobs and income, but migrant labor also spreads the infection. Education is vital for development, but children are leaving school early to care for ill relatives or because falling family incomes do not allow for payment of school fees. Moreover, since infected people die during their most productive years, tough decisions will have to be made regarding expenditures for training. For example, if AIDS reduces school graduates' work life by 15 years, then the payoff to investment in education is greatly reduced.

Potential Human Rights Problems. Gains in personal and political freedoms could be endangered by the spreading epidemic. Pushed to respond to an increasingly difficult domestic situation, leaders could search for scapegoats or advocate repressive or discriminatory policies toward unpopular, ethnic, regional, or religious groups, or AIDS victims themselves. Governments could restrict movement across borders, refuse refugees from highly-infected countries, or take other legal measures.

-- At least 50 countries have some explicit requirement for HIV testing of foreigners.

-- Cuba's aggressive AIDS control program of lifetime quarantine of those who test positive is a human rights concern that could increase if other countries attempt to emulate such controls.

National Leadership Essential. Recognition of the problem and promotion of AIDS education and prevention programs by high level government officials is vital to the success of AIDS prevention. Many leaders, especially in the hardest-hit countries in Africa, have begun speaking out but some officials will likely remain on the sidelines, reluctant to court controversy for fear of losing foreign investment or domestic support. A few governments, like Thailand, have begun aggressive AIDS prevention programs, but those programs tend to be targeted only at high-risk

groups, particularly sex workers, giving the mistaken impression that the bulk of the population is not at risk.

-- Most African leaders have yet to translate words into action by putting AIDS at the top of the political agenda. Moreover, most leaders have spoken out more as a result of international donor pressure or a bid to gain aid rather than in response to domestic needs.

Prevention Strategies and Cost

Although anti-AIDS programs are widespread, there is little evidence that greater knowledge has changed attitudes and altered sexual behavior on a scale needed to slow the epidemic. While current programs may be worthwhile in terms of lives saved per dollar spent, in the developing world they are still small in scale. Condom use, education to promote behavior change and treatment for STDs are critical components of an effective HIV/AIDS prevention strategy.

-- Many men are unreceptive to condom use, however, despite having multiple partners. Many Ugandans tell researchers that condoms stigmatize users as being promiscuous.

Costs of Prevention. A strategy to stem the AIDS epidemic would require enormous resources, but there is no guarantee that even significant expenditures could stop the spread of the disease. However, WHO estimates that if all developing countries were to implement a basic HIV prevention project--information on how to avoid infection, promotion of condom use, treatment of sexually transmitted diseases, and the maintenance of a safe blood supply--about one-half of the 20 million new infections expected worldwide between now and 2000 could be averted.

Such a program would cost about $1.5 to $2.9 billion a year. Currently, worldwide AIDS expenditure on AIDS prevention is about $1.5 billion a year, but only about $120 million a year is spent in developing countries where 85 percent of all infections occur.

-- Thailand spends the most for AIDS prevention, with 1992 spending of $45 million.

-- Total AIDS spending on prevention in Africa is only about $90 million, less than 10 percent from host-nation government funds.

Developing county leaders are likely to turn to donors with a host of increased assistance needs, and international cooperation will be needed to set priorities and fund programs in the anti-AIDS effort. At least some countries would probably respond positively to suggestions that the AIDS epidemic has made imperative more realistic planning of future development efforts, a more careful use of human and financial resources, and serious AIDS prevention efforts. In return, however, the United States and the West will be expected to underwrite broader and more costly assistance programs to cope with the disease.

Impact of AIDS on Military Forces

In terms of military significance, HIV/AIDS is not a "war-stopper"; it will not immediately render large numbers of field troops unfit for combat. However, as the HIV/AIDS pandemic erodes economic and security bases of affected countries, it may be a potential "war-starter" or "war-outcome-determinant."

HIV directly impacts military readiness and manpower, causing loss of trained soldiers and military leaders and shrinkage of recruit and conscript pools. Military populations are at heightened risk for HIV/AIDS. Militaries typically comprise large groups of young, sexually active men who are conditioned to feelings of invincibility and bravado, have money and time to spend on prostitutes and other forms of casual sex, and are removed from traditional moren and societal constraints on their behavior.

In addition to their higher risk of contracting HIV/AIDS, military forces also are a significant factor in spreading the disease. Peacekeeping and demobilization present particular dangers in this regard.

Worldwide peacekeeping operations will become increasingly controversial as militaries with high infection rates find it difficult to supply healthy contingents. Infected troops could be a risk to populations in host countries, and, given battlefield conditions, a risk to the troops with whom they serve. Moreover, peacekeepers from lower incidence countries may contract AIDS during operations in high incidence areas and spread it on their return home. The UN will have to grapple with politically sensitive choices, such as refusing HIV-infected troops, leading to charges of racial bias and meddling in what most militaries consider to be national security concerns.

SUBJECT: Strategy Paper on the Impact of AIDS

Growing efforts to demobilize in many regions, including Latin America, Southeast Asia, and Africa, in part prodded by economic considerations and Western donors, may exacerbate the epidemic, particularly if released soldiers take advantage of incentives to return to rural areas, which usually have lower infection rates than cities. On the other hand, former soldiers who remain in cities probably will add to urban health problems.

HIV and AIDS impose enormous economic burdens on military health care organizations. The cost of AIDS treatment may divert funds and resources from other vital medical services. As most military medical systems are not equipped to deal with long-term care, military AIDS patients may be diverted into already overburdened civilian health care systems or released without treatment to their homes.

Regional Assessments. The pandemic's effects on military forces are most pronounced in Africa. South and Southeast Asia and, to a lesser degree, Latin America, may follow the African model in five to 15 years.

-- Africa. AIDS is a significant operational problem for many Sub-Saharan African militaries. With HIV infection rates in some forces exceeding 60 percent, a serious degradation of military capabilities may begin soon. Within the next five to 10 years, most militaries in the region will experience loss of readiness from decreased force levels. More importantly, HIV infection and AIDS among military leaders and skilled technicians will have an impact far greater than in numbers alone as hard to replace leadership experience and technical capabilities are lost.

-- Asia. The militaries of India, Burma, and Thailand could begin to experience the adverse effects of AIDS in the next five years as rising HIV infections among young men decrease conscript pools and as an increasing number of officers, senior NCOs, and trained technicians become ill and die. HIV/AIDS could begin to degrade military manpower pools and readiness in Vietnam, Cambodia, and Indonesia within the next 10 years.

-- Latin America. Haiti's military is already severely impacted and will suffer serious personnel and leadership losses in the next five years. In 10 years, HIV/AIDS will play an increasing role in the militaries of Brazil, Honduras, and the Dominican Republic.

On a more positive note...As the world's militaries have common features that place them at greater risk of HIV/AIDS, they also share characteristics that may favor effective responses to HIV/AIDS. These include command, control, and communications systems that facilitate rapid dissemination of policy and directives, higher literacy rates among senior personnel who can pass on educational materials to subordinates, better funded health systems that are often independent of civilian systems and less subject to non-medical pressures (funding, politics, etc.), and a leadership that views HIV/AIDS control as being in their vital interests. Militaries are also less likely to have reservations about mandatory testing programs (although they may not publish results).

Implications for the United States

The negative effects of HIV/AIDS in Africa, Asia, and Latin America in the next five to 15 years will have consequences for the United States.

-- US military personnel, operating in high-incidence countries, will be at increased risk of exposure to HIV/AIDS.

-- Medical cooperation between US and allied or coalition forces will be difficult if high HIV incidence exists in non-US troops. It is virtually impossible to employ universal blood precautions under combat medicine conditions forward of the first hospital in the evacuation chain. Therefore, US medical personnel may be forced to choose between diverting or even refusing foreign patients or placing US health care workers at elevated risk. US military personnel may also be at higher risk of exposure to HIV-associated and possibly multi-drug resistant TB.

- The US could find itself embroiled in the explosive problem of devising UN guidelines for the participation of HIV-infected militaries in peacekeeping.

Many otherwise qualified potential students have declined training in the West due in part to the requirement of US and other Western militaries for students to be free of HIV infection. The loss of such training opportunities, which are viewed as mechanisms to promote civilian control over the military, democratic principles, and respect for human rights, may slow the transformation of the military into an apolitical institution in many countries.

Appendix E

DONOR COORDINATION

Introduction

The United States is the largest contributor to global HIV/AIDS activities, providing bilateral support primarily for HIV prevention activities, research and training and multilateral support for HIV/AIDS program development within the U.N. system. Along with these financial and scientific contributions, the United States plays a lead role in working with other governments and non-governmental organizations to improve coordination of the global HIV/AIDS effort. Because of the seriousness of the HIV/AIDS epidemic and the necessity to involve a wide, diverse range of people and organizations to mobilize an effective response, coordination of national and international efforts is complex but critical. This is especially true given the current worldwide economic environment and the need to optimize the use of existing scarce resources.

Obstacles and limitations to coordination

While accepting its importance, coordination among organizations and governments presents many obstacles and has inherent limitations. Within the USG, there are multiple Departments and Agencies involved in our response to the HIV/AIDS epidemic. Each of these organizations has its own mandate, set of priorities, and decision-making structures. The same is true for our multilateral, bilateral and host country partners and the respective organizations. In addition, while the host of actors involved in this effort have distinct mandates, they are nonetheless interrelated. Setting each group's mandate into operation can lead to overlap in activities and perceived areas of responsibility.

The World Health Organization's Global Programme on AIDS (WHO/GPA) Task Force on HIV/AIDS Coordination proposed the following definition of coordination: Coordination of HIV/AIDS activities is a process which promotes information exchange, builds alliances and facilitates the creation of complementary and reinforcing programmes, rather than being mechanisms of control. The process should be based on a partnership approach, with mutually respectful pursuit of jointly accepted goals and targets of national AIDS strategies and plans.

This definition is supported by the following elements:

- Understanding and common acceptance by all participating parties of objectives and priorities, e.g., of the WHO/GPA Global AIDS Strategy and National AIDS Strategy;

- Agreement on the need for consultation and exchange of information;

- Joint recognition of the mandates, unique roles and responsibilities, and the areas of comparative advantage of each of the parties;

- Concerted effort by all participating parties to ensure information sharing, harmonious policies and action; and,

- Concerted actions for mobilization and optimal use of resources according to nationally identified priorities and strategies, with the aim of minimizing gaps and overlaps in programme activities and reach.

These are important guidelines for our efforts in coordination within our own government and among our international partners.

Past and present coordination efforts

The USG has developed different approaches to coordination of its international HIV research and program activities:

- The International Subcommittee of the Federal Coordinating Committee on AIDS was a subcommittee of the PHS Federal Coordinating Committee on AIDS that was convened to coordinate activities of the federal government agencies working on HIV/AIDS internationally. Participation extended beyond PHS to all involved USG organizational units. Besides information exchange, this group had developed a database on USG international HIV/AIDS activities. This group became inactive after changes in the parent committee and in anticipation of new coordination efforts in this administration.

- The International Forum of AIDS Research (IFAR) was established in 1988 after a group of USG agencies funding international AIDS research saw a need for more regular opportunities to exchange information about their activities. The secretariat for IFAR was the Institute of Medicine/National Academy of Sciences and membership included government and private organizations from the United States and Canada. This served as a useful forum for information exchange and led to some cross-agency international collaborative activities. IFAR was discontinued in 1992 due primarily to lack of continued financial support.

- The Office of AIDS Research (OAR), established in 1993, at the National Institutes of Health has primary responsibility for planning, coordinating and funding all AIDS-related research in the NIH. The mandate of the OAR is to evaluate the entire NIH AIDS research program, and to set in place refocused scientific priorities through the development of a comprehensive research plan and budget. It is expected that the OAR will improve the effectiveness of the U.S. biomedical effort on HIV/AIDS and will ensure that HIV/AIDS research priorities are given appropriate attention. This refocused effort has significant international implications, since the USG is the world's standard for biomedical research in this area.

- The Federal Coordinating Committee on Science, Engineering and Technology (FCCSET) Working Group on HIV Vaccine Development and International Field Trials was established in 1992 to focus on issues related to the development, testing and coordination of multinational field trials for candidate HIV vaccines and to help coordinate USG Agencies' activities in this area. The Working Group developed a report, "The Human Immunodeficiency Virus Vaccine Challenge: Issues in Development and International Trials," that was issued in July, 1993. The group continues to meet under the auspices of the National Science and Technology Council to further develop a strategy and plan for vaccine development and international trials.

Several structures and initiatives have facilitated and continue to facilitate the coordination of HIV/AIDS within the U.N. system:

- The WHO/GPA Management Committee (GMC) has provided an opportunity for member states of WHO that contribute to GPA and other U.N. organizations to discuss overall management of GPA and its progress towards achieving its goals.

- The GMC Task Force on HIV/AIDS Coordination was set up in 1993 to facilitate coordination of the response to the HIV/AIDS pandemic. The Task Force was established by the Management Committee of the WHO/GPA with an initial two year term and is now being dissolved. In the first year, the Task Force focused its work on: (1) developing a comprehensive report summarizing HIV/AIDS-related activities of all major organizations within the United Nations system, intergovernmental organizations, bilateral agencies, and non-governmental organizations; (2) preparing an inventory and summary analysis of coordination issues and problems; (3) elaboration of a framework for guiding principles for HIV/AIDS coordination at country level; and (4) providing input in the process towards developing a joint and cosponsored U.N. programme on HIV/AIDS, which is now being established. The

Task Force also served as a clearinghouse for exchange of views and coordination of decisions relating to HIV/AIDS in different governance fora for other related U.N. organizations. The United States was one of twelve members on the Task Force and represented itself, Canada, Australia and Japan.

- In response to concerns about the coordination of the United Nations' efforts on HIV/AIDS, a resolution was adopted by the World Health Assembly to direct WHO to explore with its U.N. partners options for a joint and co-sponsored U.N. programme on HIV/AIDS. The governing bodies of WHO, UNICEF, UNDP, UNFPA, UNESCO and the World Bank have endorsed the establishment of such a program. It is anticipated that the program will be operational by January 1996. The program is expected to provide a framework for better coordination for all actors in the global HIV/AIDS effort, including bilateral agencies and governments, and to improve the effectiveness of HIV/AIDS activities in-country. The United States has strongly supported the establishment of this program and continues to work toward making it operational by the target date of January 1996.

Conclusions and Recommendations

Considerable efforts have begun to improve coordination among the multiple international partners involved in the response to the HIV/AIDS pandemic. The USG role has and will continue to be key in this evolution. International initiatives such as the Joint and Co-sponsored U.N. Programme on HIV/AIDS should assist in coordinating the HIV/AIDS efforts within the U.N. system and among governments and non-governmental institutions.

Given the involvement of multiple USG Departments and Agencies in international HIV/AIDS activities, exchange of information and coordination of activities is critical. An ongoing process should be developed to facilitate this. Possible mechanisms for increasing coordination within the USG include:

- The convening of annual or semiannual meetings of high level Department and Agency representatives to review ongoing and planned activities within the framework of an international HIV/AIDS strategy and development of related interagency policies.

- Establishment of a regular forum at the working level to exchange information among agencies on international HIV/AIDS activities. This forum could involve non-governmental organizations as appropriate based on the topics to be discussed.

- Collaboration with the National AIDS Policy Director to ensure that international activities are incorporated within the framework of a national policy and strategy.

HIV IMMIGRATION WORKING GROUP

The Honorable Janet Reno
Attorney General
United States Department of Justice
Constitution Ave & 10th St., N.W., Room 5111
Washington, D.C. 20530

The Honorable Patsy Fleming
Director of the Office of National AIDS Policy
750 17th Street, NW
Suite 600
Washington, D.C. 20503

Mr. Sandy Berger
Deputy, National Security Council
Old Executive Office Building, Room 302
Washington, D.C. 20506

December 2, 1994

Dear Mr. Berger:

We are heartened by the news that the Clinton Administration is considering permitting Cuban families on Guantanamo Naval Base to enter the United States for humanitarian reasons. Unfortunately, the government has not shown the same compassion for HIV positive Haitian refugees on Guantanamo or in Port-au-Prince. We urgently request that you assume a leadership role in advocating for the rights of Haitian refugees who have met the well-founded fear standard for refugee status but who are unable to enter the United States because of their HIV status.

Twenty-seven (27) Haitians on Guantanamo Naval Base and seventy (70) Haitians in Port-au-Prince await waivers. Although the refugees and their advocates have scrupulously followed the proper procedures for obtaining HIV waivers, the International Organization for Migration and the Immigration and Naturalization Service, the agencies responsible for processing and adjudicating the waivers, appear resistant to resolving the situation. We turn to you, therefore, to help us convince the Clinton Administration to take swift action in relaxing the present standard and granting HIV waivers to Haitians found deserving of asylum. These Haitians should be admitted as refugees

All other Haitians who met the well-founded fear of persecution standard have been brought to the United States. Only the HIV positive refugees have been subjected to prolonged delays in their processing. Those in Port-au-Prince live in daily fear for their lives; although President Aristide has returned, reports continue that attachés still attack and murder civilians who support him. Those on Guantanamo live under armed guard,

surrounded by barbed wire, in filthy, dangerous conditions. None of these Haitians receive adequate counselling or medical care. One Haitian mother on Guantanamo is in the hospital with complications from AIDS, yet the INS callously plans to send her five-year old daughter to the United States while insisting that the mother stay on Guantanamo to die.

The twenty-seven Haitians detained at Guantanamo should not even be required to await waivers. They have languished on Guantanamo for almost five months awaiting waivers; the process could take another six months or more. These Haitians should be admitted and granted political asylum in the United States immediately, as was required by court order for prior HIV positive Haitians on Guantanamo. As Judge Johnson noted in that decision, "[t]he Haitian camp at Guantanamo is the only known refugee camp in the world composed entirely of HIV+ refugees. The Haitians' plight is a tragedy of immense proportion and their continued detainment is totally unacceptable. . ."

Under the statute, HIV waivers should be granted to refugees for "humanitarian purposes, to assure family unity, or when it is otherwise in the public interest." Surely the Haitian refugees facing danger in Port-au-Prince and those enduring abominable conditions in the Guantanamo detention camp merit waivers for humanitarian purposes. Unfortunately, INS requires HIV positive refugees to meet a much higher test, similar to the "public charge" ground of exclusion. The statute specifically exempts refugees from public charge considerations.

Even when advocates have assembled medical and social sponsors that would ordinarily meet public charge standards, however, waivers have been seemingly arbitrarily withheld. Local and national voluntary agencies, health care providers, AIDS/HIV organizations and immigrant advocates are eager to help HIV Haitians once they come to the United States. We urge you to convince those in the Administration who are delaying the process to permit these Haitian refugees -- who have already proven to the satisfaction of the United States government that they have a well-founded fear of persecution -- to enter the United States.

In a related matter, in the past we have approached INS and the Centers for Disease Control about problems with how Civil Surgeons administer the HIV test, but each agency defers to the other. They have not addressed our concerns and the problems continue. Few Civil Surgeons provide pre and post test counselling. Among those few that do offer such counselling, the information provided is often inadequate or misleading, especially in respect to the effect that positive test results will have on an applicant's immigration status. This problem has been compounded for the Haitian refugees, many of whom were tested aboard the U.S.S. Comfort under conditions that have been described to be "inhumane" and "dehumanizing."

Civil Surgeons also have a record of producing a much larger number of "indeterminate" results than do other testing agencies. Since "indeterminate" equals "positive" to the INS, and since the INS refuses to accept test results by agencies other than Civil Surgeons to rebut the presumption raised by an indeterminate test result, this

discrepancy results in extreme hardship for a group of very vulnerable people. We ask that you insist that CDC and INS decide who holds specific oversight responsibilities for the Civil Surgeons and that they then take responsibility for the serious flaws inherent in the present testing system.

Thank you for your help. We will contact you shortly to arrange a meeting with you to discuss these concerns in more depth. Please feel free to contact Aimee Berenson at (202) 986-1300 or Gary Rose at (202) 898-0414 if you have any questions or comments.

Sincerely,

Aimee Berenson
AIDS Action Council
Washington, D.C.

Gary Rose
National Association of People with AIDS (NAPWA)
Washington, D.C.

AIDS Service Center
Pasadena, CA

ACLU Immigrants' Rights Project
New York, NY

American Foundation for AIDS Research (AmFAR)
Washington, D.C.

Deborah Anker, Harvard Law School*
Cambridge, MA

Asian & Pacific Islander Coalition on HIV/AIDS, Inc.
New York, NY

Asian/Pacific AIDS Coalition
San Francisco, CA

Patty Blum
Boalt Hall Law School*
Berkeley, CA

Church World Service
Immigrant and Refugee Program
New York, NY

Florida Rural Legal Services, Inc.
Miami, FL

Gay Men's Health Crisis (GMHC)
New York, NY

Greater Boston Legal Services
Boston, MA

Richard Iandoli, Esq.
Boston, MA

International Gay & Lesbian Human Rights Comm.
San Francisco, CA

International Institute
Boston, MA

Lawyers Committee for Civil Rights
of the San Francisco Bay Area
San Francisco, CA

Lutheran Immigration & Refugee Service
Metro New York Regional Office
New York, NY

Mobilization Against AIDS
San Francisco, CA

National Lawyers Guild
New York, NY

National Immigration Project
of the National Lawyers Guild
Boston, MA

National Latino/a Lesbian and Gay
Organization (LLEGO)
Washington, D.C.

Maureen O'Sullivan, Kaplan, O'Sullivan & Friedman
Boston, MA

Political Asylum Immigration Representation Project
Boston, MA

Michael Ray, Esq.
Miami, FL

Travelers & Immigrants Aid
Chicago, IL

San Francisco AIDS Foundation
San Francisco, CA

Whitman Walker Clinic
Washington, D.C.

* For identification purposes only.

cc:
Mr. Eric Schwartz
National Security Council
Human Rights, Refugees and Humanitarian Affairs
Old Executive Office Building, Room 302
Washington, D.C. 20506

The Honorable Donna Shalala
Secretary of Health and Human Services
200 Independence Ave., S.W., Room 615F
Washington, D.C. 20201

The Honorable Warren Christopher
Secretary of State
United States Department of State
2201 C St., N.W., Room 7226
Washington, D.C. 20530

The Honorable Edward M. Kennedy
Subcommittee on Immigration and Refugee Affairs
SR-315 Russell Senate Office Building
Washington, D.C. 20510

Ms. Phyllis Coven
Deputy Associate Attorney General
United States Department of Justice
Constitution and 10th St., N.W., Rm. 4215
Washington, D.C. 20530

Mr. Alex Aleinikoff, General Counsel
Immigration and Naturalization Service
425 Eye St., N.W., Room 6100
Washington, D.C. 21536

Ambassador Brunson McKinley
Bureau of Population, Refugees and Migration
United States Department of State
Washington, D.C. 20520

The Honorable Jerrold Nadler
United States House of Representatives
424 Cannon House Office Building
Washington, D.C. 20515

NAPWA

1413 K Street, N.W.,
Washington D.C. 20005

Mr. Sandy Berger
Deputy
National Security Council
Old Executive Office Building
Romm 302
Washington, DC 20506

Memorandum

H HIV

Subject: Additional Guidance Regarding Waiver Requests from Refugees who Test Positive for Human Immuno-deficiency Virus	Date APR 6 1994

To: All INS Overseas Offices From: HQIAO

As stated in my memorandum to you of September 30, 1993 (copy attached), an Immigration and Naturalization Service (INS) officer may not exercise the discretionary authority of the Attorney General to waive the exclusion of an HIV+ approved refugee applicant unless the applicant is able to establish:

(1) the danger to the public health of the United States created by his/her admission to the United States would be minimal;

(2) the possibility of the spread of the disease created by his/her admission to the United States would be minimal; and

(3) there would be no cost incurred by any level of government agency in the United States without the prior consent of that agency.

It has come to my attention that there may be some confusion regarding the documentation needed to meet the third of these requirements for the submission of a waiver request. The following guidance restates the types of evidence that INS Headquarters has determined will satisfy the consent requirement.

Proof that no cost would be incurred by any government agency without its consent can include, but is not limited to:

(1) health insurance coverage under a plan held by a family member already in the United States;

(2) evidence of financial resources commensurate with the projected medical costs of HIV+ treatment such as letters from a family member's employer, bank statements, recent pay stubs, or recent tax forms;

(3) statements of consent from local or state health care officials with responsibility for the area in which the HIV+ applicants, if admitted, would resettle; or

(4) statements from specific private or government health care and research facilities assuming responsibility for treatment.

An applicant meeting any one of these criteria or providing similar materials/documentation will be viewed as having satisfi d the third rsquirement for the submission of an I-602 waiver request.

It is our understanding that some voluntary agencies believe that INS requires a Form I-134, Affidavit of Support, to b submitted with an I-602 from an HIV+ approved refugee applicant. We ask that you advise the agencies with which you deal that it i INS policy in HIV+ waiver cases to accept documentation in the forms just described. The submission of an I-134 is not required. Individuals or organizations wishing to submit an I-134 as proof of "financial resources commensurate with the projected medical costs of HIV+ treatment" may, of course, do so, but should be advised that an I-134 is not the only evidence that will satisfy the requirement that no cost be incurred by any government agency without its prior consent.

Should you have any questions regarding the preceding discussion, please contact the Refugee Division of the Office of International Affairs. As needed, the Refugee Division staff will contact the Administrative Appeals Unit for their guidance.

John W. Cummings
Acting Director

Attachment

cc: Administrative Appeals Unit

CO-100\8.3.2

Subject:	Date
Waiver Requests from Refugees who Test Positive for Human Immunodeficiency Virus	SEP 30 1993

To: All INS Overseas Offices

From: Office of International Affairs

This memorandum is a reminder of the HIV+ waiver procedures currently in place and the documentation that must accompany an I-602 filed by an approved refugee applicant who tests positive for the human immunodeficiency virus. Form I-602 will continue to be used for refugee waivers until such time as the new waiver form, I-724, becomes available.

Responsibilities of the District Director/Officer in Charge in HIV+ Cases

Section 207(c)(3) of the Immigration and Nationality Act provides that the Attorney General, in her discretion, may waive certain grounds of inadmissibility for refugees, including section 212(a)(1)(A)(i) which excludes aliens who have been determined to have a communicable disease of public health significance. Waivers may be granted for humanitarian purposes, to assure family unity, or when it is in the public interest. In such cases, 8 CFR 207.3(b) specifies that an Application by Refugee for Waiver of Grounds of Excludability, Form I-602, is filed with the Officer in Charge before whom the application for refugee status (I-590) is pending.

The District Director/Officer in Charge must first weigh the facts in each case and determine whether humanitarian, family unity or public interest grounds exist. Once that determination has been made, the District Director/Officer in Charge will determine whether discretion is to be exercised. Under existing guidelines--wires of 7/6/87 (CO 234-P), 3/2/88 (CO 234-P, and 8/8/88 (CO 234-C)--Immigration and Naturalization Service (INS) officers may not exercise the discretionary authority of the Attorney General unless the approved refugee applicant is able to establish that:

(1) the danger to the public health of the United States created by his/her admission to the United States would be minimal;

(2) the possibility of the spread of the disease created by his/her admission to the United States would be minimal; and

(3) there would be no cost incurred by any level of government agency in the United States without the prior consent of that agency.

Documentation Required to Accompany Form I-602

Before accepting an HIV+ waiver request for adjudication, a District Director/Officer in Charge should determine whether the refugee has met the preceding requirements. Waiver requests submitted without documentation that addresses each of these requirements are not properly filed and should be returned to the applicant or his/her representative.

While there are no uniform documentation requirements, the supporting materials for an I-602 should establish to the Officer in Charge's satisfaction that the refugee has been medically counseled, i.e., understands how HIV is transmitted and is aware of the precautions which must be taken to prevent its spread. It is expected that such counseling would be conducted and documented by panel physicians working with the U.S. refugee program at refugee processing posts.

Proof that no cost would be incurred by any government agency without its consent could include, but not be limited to 1) health insurance coverage under a plan held by a family member already in the United States; 2) evidence of financial resources commensurate with the projected medical costs of HIV+ treatment such as letters from a family member's employer, bank statements, recent pay stubs, or recent tax forms; 3) statements of consent from local or state health care officials with responsibility for the area in which the HIV+ applicant, if admitted, would resettle; and 4) statements from specific private or government health care and research facilities assuming responsibility for treatment.

Once the waiver application has been properly documented and filed, the District Director/Officer in Charge must put hi /her decision regarding the waiver request in writing. This decision, whether an approval or denial, is to be certified to the Office of Administrative Appeals (AAU) using Form I-290C. Please note that the applicant must be afforded the appropriate period of tim to respond to the certification before the entire record of proceeding (application, documentation, decision, and response of the applicant) is forwarded to the AAU.

When AAU has made a final decision, the record of proceeding will be returned to the District Director/Officer in Charge for preparation of the approval notice, if appropriate, and final processing.

If you require additional guidance on specific HIV+ waiver requests, you should contact the Refugee Division of the Office of International Affairs. As needed, Refugee Division staff will contact AAU for their guidance.

John W. Cummings
Acting Director

US INS
Washington, DC 20536

Routine

Unclassified

2211

08 AUG 1988

CO 234-C

Joseph D. Cuddihy

633-3320

X

OIC NAIROBI (NBK)
DIDIR ROME
BENED NBK, BETIL ROME.

REFTEL YOUR NAIROBI 17763 REGARDING UNHCR CONCERNS ABOUT HIV-INFECTED REFUGEE APPLICANTS. THE FOLLOWING GUIDANCE MAY BE QUOTED IN PREPARING A RESPONSE TO THE UNHCR INQUIRY.

IN PARAGRAPH 3, YOU INDICATE UNHCR HAS ASKED WHAT THE INS POLICY IS REGARDING HIV DENIED MEMBERS OF REFUGEE FAMILIES ELIGIBLE TO RESETTLE IN THE U.S.

IN ORDER TO BE ADMITTED TO THE UNITED STATES, A REFUGEE WHO IS NOT FIRMLY RESETTLED MUST ESTABLISH, AMONG OTHER

THINGS, THAT HE OR SHE IS ADMISSIBLE AS AN IMMIGRANT UNDER VARIOUS PARAGRAPHS OF SECTION 212(A) OF THE INA. (SEE SECTION 207(C)(1)). INDIVIDUALS COMING TO THE UNITED STATES WHO ARE HIV-POSITIVE ARE INELIGIBLE FOR ADMITTANCE TO THE UNITED STATES UNDER SECTION 212(A)(6) OF THE IMMIGRATION AND NATIONALITY ACT (INA). SECTION 212(A)(6) IS ONE OF THE GROUNDS UNDER WHICH REFUGEES MUST ESTABLISH ELIGIBILITY.

THE ATTORNEY GENERAL MAY WAIVE THE APPLICATION OF VARIOUS GROUNDS OF INELIGIBLITY OF A REFUGEE FOR HUMANITARIAN PURPOSES, TO ASSURE FAMILY UNITY, OR WHEN IT IS OTHERWISE IN THE PUBLIC INTEREST, IN ACCORDANCE WITH THE STATUTE, SECTION 207(A)(3) OF THE ACT.

THE BASIC POLICY STATEMENT OF THE SERVICE REGARDING WAIVERS OF INADMISSIBILITY OF THOSE WHO ARE HIV INFECTED UNDER VARIOUS SECTIONS OF THE INA IS CONTAINED IN A POLICY MEMO OF JULY 6, 1987 (REFERENCE CO 234-P). THAT POLICY IS REPEATED AGAIN FOR YOUR INFORMATION.

THERE IS NO STATUTORY AUTHORITY TO ACCEPT AN APPLICATION FOR A WAIVER OF 212(A)(6) BECAUSE OF AIDS IN IMMIGRATION AND FIANCE(E) VISA CASES. ALTHOUGH THERE IS STATUTORY AUTHORITY TO WAIVE SECTION 212(A)(6) IN REFUGEE, LEGALIZATION, AND NONIMMIGRANT CASES, THE DISCRETIONARY AUTHORITY OF THE ATTORNEY GENERAL WILL NOT BE USED UNLESS THE APPLICANT CAN ESTABLISH THAT (1) HIS DANGER TO THE PUBLIC HEALTH OF THE UNITED STATES CREATED BY THE ALIEN'S ADMISSION TO THE U.S. IS

MINIMAL, (2) THE POSSIBILITY OF SPREAD OF THE DISEASE CREATED BY THE ALIEN'S ADMISSION TO THE U.S. IS MINIMAL, AND (3) THERE WILL BE NO COST INCURRED BY ANY LEVEL OF GOVERNMENT AGENCY OF THE U.S. WITHOUT PRIOR CONSENT OF THAT AGENCY. ALL DECISIONS ON WAIVER APPLICATIONS REGARDING AIDS WILL BE CERTIFIED TO THE ASSOCIATE COMMISSIONER, EXAMINATIONS, UNTIL FURTHER NOTICE.

THAT POLICY WAS RESTATED IN A LATER WIRE (CO 234-P OF MARCH 2, 1988) WHICH INCLUDED INFORMATION CONCERNING HIV INFECTION AS WELL AS AIDS. THE POLICY REMAINS IN EFFECT TODAY.

IN ADDITION, THE SERVICE HAS ADVISED THE DEPARTMENT OF

STATE THAT IN THOSE CASES WHERE THE STATUTORY AND/OR POLICY CONSIDERATIONS ARE NOT MET, THE SERVICE WILL, ON A CASE BY CASE BASIS, CONSIDER THE EXERCISE OF THE ATTORNEY GENERAL'S PAROLE AUTHORITY UNDER SECTION 212(D)(5) TO EFFECT THE ENTRY OF AN HIV-INFECTED APPLICANT. PAROLE WILL ONLY BE AUTHORIZED IN THOSE CASES WHERE IT IS IN THE BEST INTEREST OF THE UNITED STATES GOVERNMENT, AS FOR EXAMPLE, TO GUARANTEE THE MEDICAL CARE OF U.S. MILITARY DEPENDANTS.

TO DATE, NO DECISIONS REGARDING HIV WAIVER APPLICATIONS IN REFUGEE CASES HAVE BEEN CERTIFIED TO THE ASSOCIATE COMMISSIONER, EXAMINATIONS. THEREFORE, NO ADDITIONAL INSTRUCTIONS HAVE BEEN ISSUED BECAUSE OF THOSE DECISIONS.

IF THE OFFICER IN CHARGE IN NAIROBI DOES NOT HAVE A COPY OF THE TWO TELEGRAMS REFERENCED IN THIS TELEGRAM, THEY SHOULD BE OBTAINABLE FROM THE DISTRICT DIRECTOR IN ROME.

(COHEN)

cc: CCRAP,
COMCR
JIM MARTIN, DEPARTMENT OF STATE, SP/RAP

cc: Official File
RATZ Log
ADJ Log
INS:COHEN:[illegible]:633-3320:VLP:07/20/88

U.S. Department of Justice
Immigration and Naturalization Service

Office of the Commissioner

425 Eye Street N.W.
Washington, D.C. 20536

NOV 27 1994

EXECUTIVE SUMMARY

MEMORANDUM FOR THE ATTORNEY GENERAL

THROUGH: THE DEPUTY ATTORNEY GENERAL
THE ASSOCIATE ATTORNEY GENERAL

FROM: COMMISSIONER
IMMIGRATION AND NATURALIZATION SERVICE

SUBJECT: RECOMMENDATION ON BRINGING THE 29 HIV-POSITIVE HAITIAN REFUGEES FROM GUANTANAMO TO THE UNITED STATES

PURPOSE: TO PROVIDE YOU WITH OPTIONS FOR BRINGING THOSE REFUGEES INTO THE UNITED STATES.

TIMETABLE: THE WHITE HOUSE IS INTERESTED IN HAVING A DECISION AS SOON AS POSSIBLE.

DISCUSSION: There are 29 Haitians on Guantanamo Naval Base who have met the refugee definition under the Immigration and Nationality Act after interviews on the U.S.N.S. Comfort this summer. The 29 are HIV-positive and are thus subject to the medical exclusion bar in the Immigration and Nationality Act (INA). The INA provides a waiver of the medical exclusion bar exercisable by the Attorney General for humanitarian purposes, to assure family unity, or when it is otherwise in the public interest. Since July 1987, the INS has applied a policy of implementing the waiver that requires the applicant to establish three things: 1) the danger to the public health of the United States created by the alien's admission is minimal, 2) the possibility of the spread of the infection created by the alien's admission is minimal, and 3) there will be no cost incurred by any level of Government agency of the U.S. without prior consent of that Agency. Our experience generally has been that the requirements for obtaining a waiver are difficult for a refugee to meet primarily due to the documentary requirements of the third prong.

As the attached memo from the INS General Counsel indicates, the Attorney General retains authority to waive the medical exclusion ground, if a determination is made that such waiver is made for

8745RED02

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506

HIV/AIDS

December 19, 1994

ACTION

MEMORANDUM FOR ANTHONY LAKE

THROUGH: R. RAND BEERS ES for RB

FROM: ERIC SCHWARTZ ES

SUBJECT: HIV-Positive Refugees

I have attached an information memorandum to the President on the subject issue which resulted from a White House meeting with Leon Panetta last month. Nancy was the senior NSC official at the meeting, which took place while you were in Jakarta.

Leon tasked us with preparing a memorandum based on the conclusions of the meeting. Because the recommended course of action involved Justice and INS legal authorities, we first requested their views on how to implement the agreed-upon plan. We have now received those views, which are incorporated in the attached information memorandum to the President.

In essence, the conclusions of the Panetta meeting were as follows:

1. That we would not at this point recommend a change in an INS policy directive that imposes a defacto public charge requirement on HIV-positive refugees.

2. That we would nonetheless seek entry of the Guantanamo HIV-positive refugees. The AG would use special authority to exempt these refugees from the INS policy directive's public charge requirement.

3. That in the absence of a change in the INS policy directive, the AG would provide exemptions to the policy directive for other HIV-positive refugees in exceptional circumstances.

Since the Panetta meeting there have been two developments that were not anticipated last month but are reflected in the attached memo. INS now believes that the Guantanamo Haitians have bonafide offers of private sponsorship, eliminating the need for special exemptions for their entry (item #2 above). Moreover, INS now intends to announce to approved HIV-positive refugees

in Haiti that they have a limited time to obtain private sponsors. Absent exceptional circumstances, their approval for entry will be withdrawn when this period ends.

Concurrences: Jamie Baker JS, Stephen Warnath (DPC)
ES for SW

RECOMMENDATION

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

Attachment
Tab I Memo for the President

THE WHITE HOUSE

WASHINGTON

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: ANTHONY LAKE
CAROL RASCO

SUBJECT: HIV-positive Refugees

We wanted to inform you of current plans for dealing with a sensitive and difficult issue: HIV-positive Haitians who were granted refugee status prior to the intervention but who have remained at Guantanamo Bay and in Haiti. We also address two subjects that relate to our decision on the HIV-positive Haitians: 1) our general policy toward Haitian refugees who were approved during the period of military rule in Haiti but were not able to leave before the intervention; and 2) our worldwide policy toward HIV-positive refugees.

Termination of In-country Refugee Processing in Haiti

At the time of the intervention, we stopped accepting applications for the in-country refugee processing program. However, we permitted U.S. resettlement for the some 1500 Haitians who were approved for refugee status during the period of military rule but who could not leave Haiti prior to the intervention. We took this action primarily because these Haitians had already been informed that they would be admitted to the United States subject to administrative processing requirements. Many took measures -- e.g., selling their belongings, quitting their jobs -- in reliance on our statement about U.S. resettlement.

HIV-positive Haitian Refugees and the Medical Exclusion

This decision still leaves within Haiti about 85 HIV-positive Haitians who were approved for refugee status in the in-country program prior to the intervention. In addition, there are 26 HIV-positive Haitians on Guantanamo Naval Base who were approved for refugee status at our processing ship in Jamaica last spring and summer but were not permitted entry when other Jamaica-approved refugees were accepted for admission. These two groups of HIV-positive Haitians have been barred due to a medical exclusion in the Immigration and Nationality Act.

CC: Vice President
Chief of Staff

Waiver of the Exclusion

In the case of refugees, this exclusion may be waived for humanitarian, public interest or family unification reasons. However, a 1988 INS policy directive requires HIV-positive refugees to establish further that 1) the danger to the public health created by admission is minimal, 2) the possibility of the spread of the infection is minimal, and 3) there will be no cost incurred by any level of Government agency of the U.S. without prior consent of that agency as a result of entry. The third prong of this test -- and the need to find sponsorship -- has prevented most HIV-positive refugees (including the Haitians) from gaining entry.

INS Proposal to Alter the Public Charge Requirement

The INS policy directive's sponsorship requirement is discriminatory, as refugees, by virtue of their status, are by legislation exempt from "public charge" requirements imposed on other immigrants. This includes refugees with diseases more costly than HIV. For this reason, INS -- with support from State, HHS and the National Office of AIDS Policy -- proposed earlier this year to modify its policy directive worldwide to eliminate this defacto public charge requirement for HIV-positive refugees. INS estimates that, out of more than 100,000 refugees worldwide who enter the U.S. each year, this change would result in entry of less than 100 HIV-positive refugees. (These are people who meet our pre-selection criteria overseas, are interviewed and approved, and then are medically tested and discovered to have the HIV virus.)

While the logic of the INS proposal is sound, implementing such a policy change in the present political climate could spur a back-lash that might result in restrictive legislation, including legislation to impose public charge requirements on all refugees.

Maintaining the INS Policy Directive and Disposition of HIV-Positive Haitians

We have thus suggested that Justice/INS defer considering a change in its policy directive. Justice understands our position on this issue. However, we still need to deal with the two groups of HIV-positive Haitians and similar refugees in other parts of the world.

The INS has now received guarantees of private sponsorship for the 26 Haitians at Guantanamo, thus bringing them into conformity with the requirements of the policy directive and its defacto public charge requirement. They will, therefore, be permitted to enter the U.S.

INS will also be informing the 85 others in Haiti -- who thus far have not been able to obtain private sponsorships -- that they will be given a limited time to obtain such sponsorships. Absent exceptional circumstances, their approval for entry will be withdrawn after this time period if they do not obtain sponsorships. (Frankly, INS officials are doubtful that those among this group of 85 -- who have been somewhat less visible than the HIV-positive Haitians at Guantanamo -- will be able to obtain sponsorships.)

Finally, in the absence of a change in the policy directive, the Attorney General is prepared to provide, in exceptional circumstances, an exemption from the defacto public charge requirement for approved HIV-positive refugees in other parts of the world. Such a circumstance would, for example, include a refugee applicant in one of our in-country programs who would be at grave risk if forced to remain in his country of origin after being approved by the U.S. Government.

Discussion

In view of the changed circumstances in Haiti, it is reasonable to question the need to permit entry for any of these groups of Haitians. On balance, however, we believe that the current course of action is appropriate for a number of reasons.

A blanket decision to bar entry of all HIV-positive Haitians -- even those who meet the existing waiver requirements -- would conflict with our decision to permit entry of the other (non-HIV) Haitians approved for refugee status prior to the intervention. We would be accused of heightening the already discriminatory treatment against HIV-positive refugees, as the factors that informed our decision on entry for the non-HIV Haitian refugees are just as relevant for those who are HIV-positive.

Attempting to return the 26 Haitians at Guantanamo would present additional problems. To ensure basic fairness, the UNHCR and others would press us to re-evaluate their already approved refugee cases if we sought to return them to Haiti. Such re-evaluation, as well as any attempt to return some or all of the Haitians, would almost certainly come under a court challenge similar to that which we faced last year (and which resulted in the admission of some 200 HIV-positive refugees).

For each of these reasons, Justice and State will begin quietly to implement the above-described effort over the next several weeks.

→ Eric Schwartz

looks fine
to me.

Susan

To Susan Rice - HHH
See refs. to IOs.

Eric Schwartz

Marcia: cc- ☺
Susan, return original to me.
Eric

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

October 19, 1994

TO:	EOP/NAPC	-	Patricia Fleming	690-7098
	NSC	-	Eric Schwartz	456-9360
	OSTP	-	M.R.C. Greenwood	456-6027
	USAID	-	Nils Daulaire	7-8595
	OMB	-	Rodney Bent	395-5770
	DOJ	-	Katherine Lorr/Sophia Cox	514-0198
	DOS/G	-	David Harwood	7-0753
	DOS/DRL	-	Mirta Alvarez	7-9519
	DOS/CA	-	Richard Sculley	3-3898
	DOS/IO	-	Neil Boyer	7-8902
	DOS/EUR	-	Anne Carson	7-3459

FROM: OES/S - William Milam
Deputy Assistant Secretary, Acting

SUBJECT: Paris AIDS Declaration

The government of France will host an intergovernmental meeting on December 1 to raise the level of political attention to the HIV/AIDS issue. Forty-two governments, including the United States, will negotiate the final language for the "Paris AIDS Declaration" on October 26-27 in Paris.

The draft Declaration was distributed to governments on October 14th. During the past several days, OES and Patricia Fleming have been working with key agencies and the NGO community to develop proposed revisions. Attached for your review and the clearance of your Department or office are the original draft and the proposed text of the USG-revised Declaration.

Please phone or fax you. omments or clearance to Sharon Hrynkow (ph. 647-4537, fax 736-7336) by COB today. We appreciate your urgent attention to this undertaking.

(1)

CAPITOLS = revised or additional language

DRAFT DECLARATION OF THE PARIS AIDS SUMMIT
1 December 1994

USG PROPOSED REVISIONS **DRAFT**

We, the Heads of Government or representatives of the 42 States assembled in Paris on 1 December 1994:

I. Mindful

that the HIV/AIDS pandemic IS A GLOBAL EMERGENCY WHICH constitutes a threat to all HUMANITY

that its spread is affecting all societies

that it concerns all people without distinction

THAT POVERTY AND DISCRIMINATION CONTRIBUTE TO THE SPREAD OF THE PANDEMIC

that it is hindering the social and economic development of the MOST affected countries and increasing the disparities between them and other countries

THAT WOMEN AND CHILDREN ARE BECOMING INFECTED AT AN INCREASING RATE

that HIV/AIDS inflicts irreparable damage on families and communities

that it NOT ONLY causes physical and emotional suffering BUT OFTEN LEADS TO VIOLATIONS OF HUMAN RIGHTS

Mindful also

THAT WITH ADEQUATE INFORMATION AND SOCIETAL SUPPORT, HIV TRANSMISSION CAN BE CURTAILED

that new local, national and international forms of solidarity are emerging, in particular those involving people living with HIV/AIDS, community-based organizations AND OTHER NON-GOVERNMENTAL ORGANIZATIONS

THAT LESSONS LEARNED IN THE PAST DECADE SHOULD BE APPLIED BROADLY TO ENSURE A MORE EFFECTIVE PREVENTION AND CARE RESPONSE

THAT HIV/AIDS PREVENTION, CARE AND SUPPORT STRATEGIES ARE INTEGRAL COMPONENTS OF AN EFFECTIVE AND COMPREHENSIVE APPROACH TO THE PANDEMIC

(2)

THAT OBSTACLES EXIST WHICH PREVENT PERSONS AT HIGH RISK FOR INFECTION FROM HAVING ACCESS TO PREVENTION INFORMATION, CARE OR SUPPORT SERVICES

THAT INTERNATIONAL HUMAN RIGHTS INSTRUMENTS, INCLUDING BUT NOT LIMITED TO THE DECLARATION ON THE RIGHTS OF DISABLED PERSONS, PERTAIN TO THOSE WHO ARE LIVING WITH HIV/AIDS

II. Solemnly declare

our obligation as political leaders to make HIV/AIDS aN URGENT NATIONAL AND GLOBAL priority

our determination TO MOBILIZE all of society - the public and private sectors and community-based organizations, INCLUDING PEOPLE LIVING WITH HIV/AIDS - in a spirit of true partnership

our appreciation of the activities and work carried out by intergovernmental and non-governmental organizations AND OUR RECOGNITION OF THEIR IMPORTANT ROLE IN STRATEGIES TO COMBAT THE HIV/AIDS PANDEMIC

our conviction that only more vigorousLY coordinated action worldwide over the long term can halt the pandemic and lead to a world free from HIV/AIDS

our obligation to ACT WITH COMPASSION AND solidarity WITH THOSE INFECTED AND WITH THOSE AT RISK OF BECOMING INFECTED, within our societies and internationally

OUR DETERMINATION TO ADDRESS ISSUES WHICH MAY HINDER HIV/AIDS PREVENTION EFFORTS FOR ALL VULNERABLE GROUPS, INCLUDING WOMEN AND CHILDREN

our determination to ensure that the inalienable rights (or HUMAN RIGHTS?) OF ALL PERSONS ARE RESPECTED and to fight against exclusion and discrimination AGAINST PEOPLE WITH HIV AND AIDS

OUR FULL SUPPORT FOR THE JOINT AND CO-SPONSORED UNITED NATIONS PROGRAMME ON HIV/AIDS

DRAFT

(3)

III. We undertake in our national policies to

GIVE PRIORITY TO A SET OF MEASURES for the prevention of HIV/AIDS:

- o promotion of SPECIFIC RISK-REDUCTION activities and access to EFFECTIVE prevention methods and products, including condoms
- o PROMOTION OF HIV/AIDS prevention education in school curricula AND IN THE MEDIA
- o improvement of women's status and living conditions
- o MAXIMIZE SAFETY OF THE BLOOD SUPPLY

STRENGTHEN NATIONAL HEALTH CARE INFRASTRUCTURES, BOTH GOVERNMENTAL AND NON-GOVERNMENTAL, IN ORDER TO IMPROVE CARE FOR PERSONS INFECTED WITH HIV

Fully involve non-governmental organizations, community-based organizations, and people living with HIV/AIDS, in the actionS undertaken by the government

PRIORITIZE FUNDING FOR COMMUNITY-BASED ORGANIZATIONS AND NON-GOVERNMENTAL ORGANIZATIONS WORKING WITH VULNERABLE POPULATIONS

ENSURE THAT ALL MEMBERS OF SOCIETY, INCLUDING CHILDREN AND YOUTH, HAVE THE NECESSARY INFORMATION TO PROTECT THEMSELVES FROM BECOMING INFECTED

Protect and promote the HUMAN rights of ALL individuals, INCLUDING those living with HIV/AIDS, THEIR FAMILIES AND OTHER AFFECTED

SAFEGUARD EQUAL PROTECTION UNDER THE LAW FOR PERSONS LIVING WITH HIV/AIDS AND ENSURE ACCESS TO HEALTH CARE, EMPLOYMENT, EDUCATION, TRAVEL, HOUSING AND SOCIAL WELFARE

make available ADEQUATE resources to better combat the pandemic.

DRAFT

(4)

IV. We are also resolved to step up international cooperation, in particular BY PROMOTING the following initiatives:

ESTABLISHMENT of A MECHANISM for coordination and cooperation among networks OF PERSONS LIVING WITH HIV/AIDS, THEIR COMMUNITIES, COUNTRIES AND NATIONAL AND INTERNATIONAL ORGANIZATIONS WHICH WOULD RECEIVE PRIORITY SUPPORT FROM GOVERNMENTS AND INTERGOVERNMENTAL GROUPS.

ESTABLISHMENT OF a "global coalition for research on HIV/AIDS prevention" by setting up a partnership between the public and private sectors TO BE SUPPORTED THROUGH APPROPRIATE U.N. AGENCIES. This coalition will help to speed up the development of new prevention AND TREATMENT technologies, INCLUDING vaccines and microbidices, and ENSURE their accessibility.

CREATION OF a "world alliance" for blood safety, SUPPORTED BY APPROPRIATE U.N. AGENCIES, which will coordinate the provision of technical information, propose standards for traceability and quality control of all blood products, and foster the establishment of cooperative partnerships in ensuring blood safety

CREATION OF a "global care initiative" THAT WOULD ENABLE COUNTRIES in greatest need TO PROVIDE A PACKAGE OF ESSENTIAL DRUGS AND COMPREHENSIVE CARE FOR HIV-INFECTED INDIVIDUALS

ESTABLISHMENT OF a MECHANISM TO MOBILIZE local and international organizations assisting CHILDREN AND YOUTH affected by HIV/AIDS IN ORDER TO ENCOURAGE GLOBAL PARTNERSHIP IN REDUCING THE IMPACT OF THE HIV/AIDS PANDEMIC UPON THE WORLD'S CHILDREN AND YOUTH.

MOBILIZATION to reduce the vulnerabliity of women by entrusting a liaison group with responsibility for monitoring trends in the economic, social and cultural factors that make women vulnerable; and by ensuring that participation of women in the various decision-making and policy-implementing bodies that concern them; AND BY ENSURING THAT HIV/AIDS ISSUES PERTAINING TO WOMEN ARE ADEQUATELY ADDRESSED AT THE IVTH WORLD CONFERENCE ON WOMEN IN BEIJING.

DRAFT

(5)

CREATION OF an INDEPENDENT COUNCIL, WITHIN THE APPROPRIATE U.N. STRUCTURE, WHICH WOULD make available relevant GUIDANCE and information for PERSONS, ORGANIZATIONS AND GOVERNMENTS DEALING WITH HUMAN RIGHTS, ETHICS AND LAW RELATED TO HIV/AIDS. THE COUNCIL WOULD FOCUS ITS EFFORTS ON ISSUES OF CONCERN TO PERSONS AT HIGH RISK FOR INFECTION.

We call on CONCERNED countries to address the issues considered in this Declaration and to SUPPORT THE DEVELOPMENT OF THESE INITIATIVES.

We NOTE THE KEY ROLE THAT CAN BE PLAYED IN ALL HIV/AIDS-RELATED ACTIVITIES BY THE WORLD HEALTH ORGANIZATION, UNICEF, UNDP AND OTHER RELEVANT AGENCIES IN THE UNITED NATIONS SYSTEM, AS WELL AS THE future Joint and Co-Sponsored United Nations Programme on HIV/AIDS, AND CALL UPON THE AGENCIES OF THE UNITED NATIONS TO WORK CLOSELY WITH GOVERNMENTS IN TAKING ALL STEPS POSSIBLE TO IMPLEMENT THE INITIATIVES DESCRIBED HEREIN, in coordination with bilateral aid programmes and nongovernmental organizations.

DRAFT

DRAFT DECLARATION OF THE PARIS AIDS SUMMIT
1 December 1994

We, the Heads of Government or Representatives of the 42 States assembled in Paris on 1 December 1994:

I. Mindful

that the AIDS pandemic, by virtue of its scope, constitutes a threat to all of mankind

that its spread is affecting all societies

that it is hindering the social and economic development of the worst affected countries and increasing the disparities between them and other countries

that it concerns all people without distinction

that it inflicts often irreparable damage on families and communities

that it causes physical and emotional suffering and exposes people to severe infringements of their rights

Mindful also

that obstacles of all kinds are hampering information, prevention, care and support efforts

that prevention and care are inseparable

that new local, national and international forms of solidarity are emerging, in particular those involving people living with HIV/AIDS and community-based organizations,

II. Solemnly declare

our obligation as political leaders to make HIV/AIDS a priority

our obligation to display solidarity within our societies and internationally

our determination to ensure that the inalienable rights of persons, whether infected or not, are respected under all circumstances

our determination to fight against exclusion and discrimination, as sources of vulnerability

our determination to promote the mobilization of all of society - the public and private sectors and community-based organizations - in a spirit of true partnership

our appreciation of the activities and work carried out by intergovernmental and nongovernmental organizations

our conviction that only more vigorous and better coordinated action worldwide, sustained over the long term, can halt the pandemic and lead to a world free from AIDS.

III. We undertake in our national policies to

protect and promote the rights of individuals, in particular those living with HIV/AIDS through the legal and social environment

fully involve nongovernmental organizations, community-based organizations, and people living with HIV/AIDS, in the action undertaken by the government and safeguard their freedom of the latter to travel

apply a range of essential approaches for the prevention of HIV/AIDS, so as to ensure:

- promotion of and access to various prevention methods and products, including condoms
- inclusion of prevention education in school curricula
- improvement of women's status and living conditions
- specific risk-reduction activities for the most vulnerable populations
- blood safety

implement a set of essential measures which will ensure equitable access to care

make available new resources to better combat the pandemic.

IV. **We are also resolved to step up international cooperation, in particular through the following initiatives:**

Expand the involvement of people living with HIV/AIDS in the fight against AIDS at all levels

by promoting the establishment of an interactive mechanism for coordination and cooperation among existing and expanding networks.

Launch a "global coalition for research on HIV/AIDS prevention"

by setting up a partnership between the public and private sectors, this coalition will help to speed up the development of new prevention technologies, especially vaccines and microbicides, and to guarantee their accessibility.

Launch a "world alliance" for blood safety

which will coordinate the provision of technical information, propose standards for traceability and quality control of all blood products, and foster the establishment of cooperative partnerships in ensuring blood safety.

Create a "global care initiative"

so as to build up the capability of countries in greatest need to ensure access to an essential drugs and care package.

Launch a "movement for the world's children"

to support the action undertaken by local and international organizations assisting children and orphans affected by AIDS.

Launch an initiative to reduce the vulnerability of women

by entrusting a liaison group with responsibility for monitoring trends in the economic, social and cultural factors that make women vulnerable; and by ensuring the participation of women in the various decision-making and policy-implementing bodies that concern them.

Establish a monitoring body on human rights, biomedical ethics and HIV/AIDS

by creating an independent council that will make available relevant advice and information in support of all those working in the field of law and ethics applied to HIV/AIDS.

We call on all countries concerned to make available the new resources required for these initiatives.

We call upon World Health Organization and the future joint and cosponsored United Nations programme on HIV/AIDS to ensure the implementation and follow-up of the above Declaration in coordination with bilateral aid programmes and nongovernmental organizations.

Paris, 1 December 1994

Yes -
Julian Le Bourgeois
has action.

AUS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of International Affairs
Washington, D.C. 20201

September 8, 1994

FAX FOR ERIC SCHWARTZ

FROM: Da[illegible] Hohman

Patsy F[illegible]ng asked me to fax you the attached, although I suspect you already have it.

She is curious about when the reply will be prepared - especially as she is going to be in Paris next week for meetings related to the Summit.

Would you call me re this - 690-6174.

DEPARTMENT OF STATE
OFFICE OF LANGUAGE SERVICES

Translating Division

LS No. 145171
JPM/JF
French

French Republic

The Prime Minister

No. 18016 Paris, August 4, 1994

Mr. President:

No continent is now safe from the spread of the AIDS pandemic any longer. It is a challenge of international proportions, the full impact of which on our societies has still not been completely assessed, particularly in the developing countries.

The full efforts of every country, North and South, must now be mobilized to curb the spread of this disease.

In this spirit, France took the initiative to convene a meeting in Paris, June 17-18, 1994, of Health Ministers from more than 40 countries of the world, including the United States, that are particularly involved in efforts to combat AIDS.

This meeting was an important and useful step in preparing for the AIDS Summit, which will be held in Paris on December 1, 1994, World AIDS Day.

Mr. William J. Clinton,
President of the United States of America.

I have the honor to invite you to name a representative to attend this Summit, with which Heads of Government of the major countries facing the pandemic will be associated. This meeting will enable us to affirm jointly several key principles and to adopt a priority action plan.

The AIDS Summit is being organized jointly with the World Health Organization, and is being very carefully prepared. The June 17-18 Conference made it possible to identify some of the focal points of the work involved, particularly in the areas of prevention, transfusion safety, medical and social care, the protection of persons in high-risk groups, research, and the vaccine.

In accordance with the mandate of the Health Ministers, working groups, in which experts from all over the world participate, have been established on these topics and their proposals will be transmitted to you in early October.

AIDS now requires the joint mobilization of political leaders at the highest level. I am convinced that you will feel the same way and I hope to count on the attendance of your government's representative in Paris on December 1, 1994.

Accept, Mr. President, the assurances of my very high consideration.

[Signature]

Edouard Balladur