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AIDS, 1993-1997 [2]

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AIDS

United States Department of State

*Bureau of Oceans and International
Environmental and Scientific Affairs*

Washington, D.C. 20520

FACSIMILE

Date 8/30/94Pages to Follow 2

TO: Interagency group on World AIDS Day meeting, Paris, 1994

___ Patricia Fleming, NAPC (Acting)	690-7098
___ Eric Schwartz, NSC	395-1199
___ David Rhodes, OVP	395-6042
___ Hal Thompson, DHHS/NAPO	690-7560
___ Linda Vogel, PHS/OIH	301-443-4549
___ David Hohman, DHHS/OIA	690-7127
___ Victor Barnes, USAID	5-4686
___ Helene Gayle, CDC	690-7519
___ Anne Carson, DOS/EUR/WE	7-3459
___ Neil Boyer, DOS/IO/T	7-8902

FROM: Ed Malloy

Sharon Hrynkow *Sh* phone 202-647-4537, fax 736-7336

MESSAGE:

*attached FYI**Received at State Department 8/29.*

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.

CLINTON LIBRARY PHOTOCOPY

- 2 -

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



AIDS

United States Department of State

Bureau of Oceans and International
Environmental and Scientific Affairs

Washington, D.C. 20520

FACSIMILE

Date 6-10

Pages to Follow 5

TO: Key contacts on French AIDS proposals:

☒	Patsy Fleming	690-7098	
☒	Eric Schwartz, NSC	395-1199	FAX
☒	Nancy Hazleton, EOP/NAPO	202-690-7560	
☒	David Rhodes, OVP	202-395-6042	
☒	Linda Vogel, DHHS/PHS/OIH	301-443-4549	
☒	Ken Bernard, DHHS/PHS/OIH	301-443-0742	
☒	David Hohman, DHHS/OIA	202-690-7127	
☒	Helene Gayle, USAID/R&D/H	703-875-4686	
☒	David Harwood, DOS/C	202-647-0753	
☒	Anne Carson, DOS/EUR/WE	202-647-3459	
☒	Neil Boyer, DOS/I/O	202-647-8902	
☒	Bud Rock, DOS/OES/STH/TCH	202-736-7336	
☒	Rich Bruno, DOS/OES/STH/TCH	202-736-7351	
☒	Ed Brown, DOS/AF/RA	202-736-4872	
☒	Arthur Lawrence	690-6584	

FROM: Ed Malloy/Sharon Hemond-Hrynkow 202-736-7336
Phone 647-4537

MESSAGE:

Translation of Note which was
faxed to you on Wednesday
Sharon

PRIORITY

Reminder about today's meeting?
2 p.m., Rm 7835, State

UNCLASSIFIED

DEPARTMENT OF STATE
OFFICE OF LANGUAGE SERVICES

Translating Division

LS No. 144563
HKE
French
RM9/14

Summit Meeting of Heads of Government
on AIDS

Paris, December 1, 1994

Introductory Note

1. In the year 2000, if the HIV/AIDS pandemic continues to spread at the present rate, 30 to 40 million people, including 13 to 15 million women and 5 to 10 million children, will be infected with HIV. By themselves, these figures represents a level of human tragedy and social upheaval that no one can afford to ignore. Primarily because of its human consequences, but also through its impact on the economy and social stability, the AIDS pandemic is likely to increase inequality of development among countries. It is also exacerbating the problems that the most affected developing countries are experiencing today.

2. Refusing to see this progression as inevitable the international community wishes to act in a spirit of solidarity. Political resolve must be reaffirmed at the highest level so that all necessary steps may be taken rapidly to curb the spread of the pandemic. The Heads of Government meeting together on December 1, 1994, at the Paris Summit will make this solemn pledge.

3. The political commitment to be formalized at the Paris Summit will reaffirm respect for individual rights and ethics. It will aim to ban any type of discrimination and exclusion directed against people affected by HIV/AIDS and to further, among other goals, the right of access to health services, prevention, education, and information. The expression of a strong and resolute political stance is all the more necessary at a time when the international community is preparing to implement the joint program on HIV/AIDS co-sponsored by the United Nations.

4. The Paris Summit will provide firm support to the joint program co-sponsored by the United Nations on HIV/AIDS. This program, established to improve coordination within the United Nations system, will also enable intergovernmental, governmental, and nongovernmental institutions to provide a more appropriate response to the fundamental problems related to the pandemic. In this context, the Paris Summit will emphasize coordination of bilateral assistance efforts.

5. The Heads of Government meeting at the Paris Summit will give concrete expression to their political commitment through innovative initiatives which will supplement action already under way and provide effective solutions to the

problems caused by the pandemic. In preparation for the work of the Summit, the ministerial meeting on June 17 and 18 in Paris will draft proposals for these initiatives which could involve the following priority areas:

Prevention

An effective prevention policy must be based on broad dissemination of knowledge and information about this disease. It must promote the full range of lower-risk behavior, including abstinence, mutual fidelity, fewer partners, and the use of condoms, which must be available to all.

Safety of Transfusions

Preventing transmission of HIV through blood transfusions or the use of blood products must be considered as a realistic and paramount objective to be achieved without delay.

Protection of Populations Particularly Exposed to the Risk of HIV Transmission

Some populations are particularly at risk because of specific economic, social, or biological vulnerabilities. The protection of these populations--children, women, displaced persons, migrant workers, drug addicts--requires initially the

establishment or strengthening of health care and prevention services, to be made available to all, with full respect for individual rights.

Providing Medical and Social Care for Individuals Affected by HIV/AIDS

The increase in the number of opportunistic infections, including tuberculosis, combined with the cost of providing care and the economic deterioration of the poorest countries, exacerbates inequalities in access to care. The Paris Summit will seek to guarantee access to essential medicines for all and to promote the development of curative anti-viral drugs. The effort to provide medical care must be accompanied by an effort to provide social care as well. The growing number of AIDS orphans underscores the urgent need to take steps to ensure social support not only for the sick, but also for those close to them.

Vaccine

Efforts to develop a vaccine to supplement other preventive measures must be a priority in the fight against AIDS. The Summit will propose an international initiative to set up mechanisms to foster cooperation between the public and private

sectors in the areas of fundamental and clinical research. As soon as this vaccine is developed, the initiative will ensure that access to it is facilitated for the poorest countries.

6. The Paris Summit will reaffirm the essential role of AIDS action groups throughout the world, particularly groups representing people living with the virus, and will involve them in achieving its objectives.

The Heads of Government who will meet in Paris will express their commitment in a final declaration. An action plan will spell out procedures for implementing the initiatives undertaken.

AIDSMEMORANDUM

TO: The record

FROM: G/R&D/H/HIV-AIDS
Helene Gayle

SUBJECT: Trip report
Paris, France and Brussels, Belgium
January 12-15, 1994

I. Purpose of Travel

Paris: To meet with officials from the French Ministry of Health and Social Affairs to discuss the proposed French Summit on HIV/AIDS.

Brussels: To attend informal meetings of representatives of countries providing external support for the global response to HIV/AIDS.

II. Principal persons contactedParis

Monsieur C. Le Coutier, Advisor to the Minister of State
for Health and Social Affairs

Professor J-F. Girard, Director General of Health

Monsieur J-L. Durand-Drouhin, Chief, Direction of
International Relations

Monsieur C. Guilhou, Ministry of Foreign Affairs

Dr. B. Montaville, Ministry of Foreign Affairs

Monsieur R. Simon, Direction International Relations

Dr. A. George-Guiton, Direction of International Relations

BrusselsRepresentatives from:

Donor country members of the Task Force on HIV/AIDS
Coordination (Netherlands, Sweden, and USA) and Australia,
Belgium, Canada, Denmark, European Community, France,
Germany, Japan, Italy, Luxembourg, Netherlands, Norway,
Portugal, Sweden, United Kingdom, and United States.

III. AccomplishmentsParis:

The proposed French Heads of Government Summit for the Fight
Against HIV/AIDS with discussed with members of the French
government (Ministry of Health and Social Welfare and

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Ministry of Foreign Affairs). The principal motive for the summit is the need for increased commitment to the global response to the HIV/AIDS epidemic. The preliminary primary objectives are:

- To identify the current obstacles (technical, managerial, political, cultural, etc.) to the success of a global strategy;
- To develop an effective strategic approach to global HIV/AIDS activities; and
- To increase the available resources for the global response to the HIV/AIDS epidemic.

The meeting will be convened by Prime Minister Balladur and is scheduled for June 17, 1994. Chiefs of the governments providing the principal external support for HIV/AIDS activities will be invited. The current list of countries to be invited include the United States, Sweden, Canada. The United Kingdom, Norway, France, Denmark, Germany, the Netherlands, Switzerland, Japan, European Community, Russia (definite) Finland Australia, Italy, Belgium, Spain and Portugal (to be decided). The importance of high level participation of the United States was emphasized. The invitation will go to Vice President Gore and participation from the Department of State (Counselor Wirth), Department of Health and Human Services (Secretary Shalala or Assistant Secretary Lee) and USAID (Administrator Atwood) is desired. Two preparatory meetings are planned. The first will take place January 27 and 28, 1994 in Paris and is envisioned to be a meeting of approximately 30 individuals with experience in international HIV/AIDS activities from developed and developing countries to provide initial input on (1) strategic approaches and obstacles; (2) effective organization and coordination; and (3) finance needs and resource mobilization. Traveller was invited to participate in this meeting. The second meeting, April 7 and 8, 1994 will include approximately 120 experts representing developed and developing countries governments who will discuss and provide input on the issues to be submitted to the Heads of Government at the summit in June. In addition, members of the French Government will travel to Washington February 7 and 8 to discuss the summit with USG officials.

Traveller discussed and provided input on the objectives, content and organization of the summit. Concerns were raised about the short time period available for organizing a meeting that will accomplish the stated objectives and included the desired level of participation. The organizers are aware that they have very limited time, but would like

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to aim for the June meeting while the momentum and commitment within the French government is strong. The organizers hope to send the invitations and the official cable describing the summit next week.

Brussels:

The objectives of the informal donors meeting were:

- to discuss and provide an update on the study of a joint and co-sponsored UN HIV/AIDS programme and the favored option;
- to plan strategy for approval of the study and the preferred option in upcoming governing bodies, including the Executive Board of the World Health Organization which begins next week; and
- to discuss a process towards implementation of this program.

Additionally, the Advisor to the Minister of State for Health and Social Welfare and the Director General of Health (France) attended the meeting to discuss the plans for the French HIV/AIDS summit.

A report was provided on the status of the study for the co-sponsored HIV/AIDS program. As a result of the UN interagency consultative process, a consensus was reached among the secretariats of the five UN organizations (WHO, UNICEF, UNDP, UNFPA and UNESCO) favoring "option A" the option with a unified secretariat consisting of the headquarter activities of these organizations. The World Bank, while generally preferring this option, believes that it needs to be further developed and improved. The general consensus at the meeting was also in favor of a unified secretariat that used Option A as a basis, but also felt that there were several issues that needed to be clarified. Major issues that were raised included:

- Need to work towards "co-ownership" of the program among the co-sponsoring partners;
- Financial arrangements, and cost of the proposed option;
- Governance;
- Need for more discussion of the content of the program, including need for a forum for discussion of technical, strategic and policy issues;

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- Country level mechanism;
- Process for selection of the director of the new program;
- Determination of staffing patterns for the new program and the remaining staff working on HIV activities within the co-sponsoring organizations; and
- World Bank involvement.

It was proposed that the process for finalizing details and working towards operationalizing the program would be facilitated by the continued involvement of the Task Force on HIV/AIDS coordination and the UN interagency working group. The addition of a senior level consultant with experience and knowledge of the UN system to work with the Task Force and the UN interagency working group was suggested.

A resolution for endorsement of the unified secretariat option with a process to work out the details will be introduced at the Executive Board next week and in the subsequent governing bodies of the other relevant organizations.

IV. Conclusions/Recommendations

1. The French HIV/AIDS summit has potential to have a positive impact on mobilizing support, political commitment and a more effective strategic approach to the global HIV/AIDS epidemic.
2. US collaboration and participation at multiple levels will be critical to the success of the summit.
3. Because of the desired participation of multiple USG Departments/Agencies, a focal point within the government would facilitate coordinated USG involvement.
4. USG should work with other member states at the relevant governing bodies (WHO, UNICEF, UNESCO, UNDP ECOSOC) to work towards the endorsement, refinement and operationalization of the unified secretariat option of the joint and co-sponsored UN HIV/AIDS programs.

KRS

THE WHITE HOUSE
WASHINGTON

Eric Schwartz
Natl Sec Advisor
has seen

March 22, 1994

MEMORANDUM

TO: Carol Rasco, Domestic Policy Council
Timothy Wirth, Department of State
✓Anthony Lake, National Security Council

FROM: Kristine M. Gebbie, R.N., National AIDS Policy Coordinator *W. Stone he for*

SUBJECT: Attendance at Government of France Sponsored AIDS
Meeting, April 8, 1994

The purpose of this memo is to update you on my tentative plans to attend the upcoming meeting on April 8, 1994, in Paris, France. This meeting was originally scheduled to be a planning meeting for the AIDS ministerial level meeting which will be held in Paris on June 17, 1994.

Neither an agenda nor any plan geared towards expected outcomes for either meeting has been received to date. While the April meeting was at first proposed to be an experts' meeting of twelve donor nations, it was cancelled, by the French, in favor of a "sherpas" meeting. In this instance, a sherpa is a national AIDS coordinator. The purpose of the sherpa meeting is to refine a French-drafted declaration which will be used as the terminal document for a chiefs of state meeting at a yet to be determined date in November. The major change is from a technical to a political level meeting. No agreement has been reached about the November meeting and it would be premature to work on a declaration for a meeting that has yet to be proposed by the Government of France.

While not enough specifics are available to make a final decision on attending this meeting, I would like to propose the following USG personnel to attend as the US delegation: Prudence Bushnell, Deputy Assistant Secretary, Africa Bureau, Department of State; Helene Gayle, Director, Office of HIV/AIDS, Agency for International Development; and Kenneth Bernard, Associate Director for Medical and Scientific Affairs, Office of International and Refugee Health, Public Health Service.

Please contact me at 632-1090 if you have any questions about our participation.

Thank you.

E

Christine Gebbore

AIDS

- Res./Sews./Preventions.
 - Globally - L.T. devastation.
- ↳ White
↳ White papers -
to use.

French - what do they want?

Paris - April planning mtg.

Yokohama.

Head of Govt. mtg.

Current issue - State / Justice / HMS.

Short-term visa waivers.

Gay games - June. =>

AG - Waiver.

World Cup. → For Gay games.

HIV increasingly important.



AIDS

NATIONAL SECURITY COUNCIL

22-Feb-1994 21:11 EDT

UNCLASSIFIED

MEMORANDUM FOR: SEE BELOW

FROM: Eric P. Schwartz
(SCHWARTZ)

SUBJECT: MEETING WITH NATIONAL AIDS POLICY COORDINATOR

Memorandum

To: Anthony Lake
Fr: Eric Schwartz

Subject: Meeting With Christine Gebbie, National AIDS Policy
Coordinator, Wednesday, 11:30 am

Ms. Gebbie has sought this meeting to discuss international efforts to combat AIDS, with which she is quite familiar. She has recently travelled to Europe to discuss AIDS issues with governments and international organizations.

Ms. Gebbie views this meeting as a chance to provide you with information on her activities and her mandate. Particular issues she may raise include:

- USAID Funding for HIV/AIDS: like other USAID programs, HIV/AIDS programs were expected to take big hits this year. Through active lobbying by Ms. Gebbie's office, FY 1994 AIDS funding will suffer only a 4% cut, from \$120 million to \$115 million. Ms. Gebbie may wish to discuss levels for future years.
- G-7 Summit on AIDS: this Summit is expected to take place in France in April. Ms. Gebbie hopes that it will be the first of regular meetings among AIDS representatives from the G-7.
- WHO International Conference on AIDS: Scheduled to take place in Japan in July. The location has taken on added significance in view of recent Japanese Government commitments to substantial international AIDS funding.
- International Coordination: The USG is co-sponsor with Japan and other countries of a proposed initiative that would merge the activities of the WHO's Global Program on AIDS with other UN agencies involved in AIDS. The purpose of this initiative is to coordinate more closely all UN AIDS-related activities.

Global HIV/AIDS Information

- The WHO estimates that by the year 2000 the cumulative total of HIV infections in men, women and children will be between 30 and 40 million. This is a conservative prediction.
- By the year 2000, 90 percent of the HIV infections will have occurred in the developing world. The WHO estimates that by mid-1993 more than 8 million HIV infections and 1.5 million cases of AIDS had occurred in sub-Saharan Africa. In some cities across the African continent, HIV has infected between a quarter and a third of adults between the ages of 15 and 49. Figures for North Africa and the Middle East are unclear but the WHO believes that more than 75,000 cumulative HIV infections have occurred in that region.
- There is indication that Asia will surpass Africa in terms of numbers of HIV positive persons. The spread of the disease in Thailand and India is growing at an exponential rate and is attributed to commercial sex trade and increased drug (needle) use.
- The Latin American and Caribbean region claim about 1.5 million infections with over 240,000 AIDS cases.

U.S. Involvement in Global HIV/AIDS

The major USG agencies involved with HIV/AIDS internationally are the Centers for Disease Control and Prevention (HHS), the NIH-Fogerty International Center (HHS), DOD and USAID.

- CDC: Short term technical assistance, training to support HIV prevention activities. In particular, CDC has been involved in three long-term research projects in Cote d'Ivoire, Thailand, and, until recently, Zaire.
- NIH-Fogerty: Sponsor of the AIDS International Training and Research Program, designed to increase the capacity of foreign scientists to deal with AIDS issues, to support research and to stimulate information-sharing among scientists worldwide.
- DOD: Sponsor of programs in basic and applied research (about \$50 million per year), including search for a viable vaccine. DOD also has treatment (\$250 million) and prevention (\$10 million) programs for military.
- USAID: Supports interventions in over 70 countries. From fiscal years 1986 to 1992, USAID committed more than \$400 million to HIV/AIDS prevention activities through bilateral programs and

contributions to the multilateral efforts of the
WHO Global Program on AIDS.

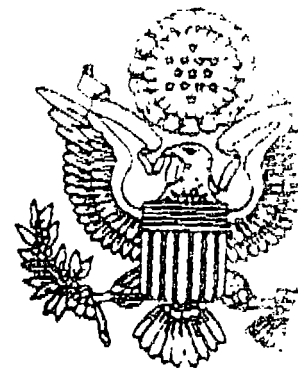
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UNITED STATES OF AMERICA National AIDS Policy Coordinator



Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, D.C. 20500



Phone: (202)632-1090

Fax: (202)632-1096

Deliver To: ERIC SCHWARTZ

AIDS

☒ W. STEVE LEE, EXECUTIVE ASSISTANT

Number of Pages: 9 + cover Fax Number: 395-1195 Date: 2/17

Message:

Thanks for your help in putting the meetings together between
Ms Gebbie and Mr. Lake. Attached are some materials that
place the meetings in some context. Call if you have questions.

THE WHITE HOUSE
WASHINGTON

January 6, 1993

MEMORANDUM FOR THE FIRST LADY

FROM: Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

SUBJECT: Background Information on HIV/AIDS for Your Upcoming
Trip to Europe

I wanted to let you know that Philip Lee, M.D., Assistant Secretary for Health, at HHS and I have recently returned from trips to Europe. Since you will be traveling to Europe this weekend, I thought you may find the attached background information on HIV/AIDS useful. It includes information on both global and domestic activities.

An issue that may be brought to your attention if you visit the World Health Organization Global Program on AIDS (GPA) deals specifically with the Fiscal Year 1993 funding reduction for the U.S. Agency for International Development (USAID). This reduction will have an impact on USAID's funding to the GPA. More detailed information on this issue is included in the attached Global HIV/AIDS material under the Agency for International Development.

Attachment

GLOBAL HIV/AIDS INFORMATION

- Originally identified in homosexual populations, three quarters of all worldwide HIV infections have been transmitted through heterosexual intercourse. Other modes of transmission include contaminated blood transfusions, the sharing of intravenous drug injection equipment, and transmission from mother to child during pregnancy.
- The World Health Organization (WHO) estimates that by the year 2000 the cumulative total of HIV infections in men, women, and children will be between 30 and 40 million. This is probably a conservative prediction.
- HIV has a long incubation period between infection and illness of between 5 and 10 years. Current AIDS-related deaths are resulting from initial infections of almost a decade ago, and infections today are unlikely to manifest themselves until the next century.
- Because HIV is predominately transmitted sexually, AIDS kills many people who are in their 20's, 30's and 40's -- their economically most productive as well as their childbearing years. The world's youth, whose median age of first intercourse is now 15 to 16 years of age and in some places as young as 12, are especially vulnerable. This is the population that will drive the pandemic in the future.
- By the year 2000, 90 percent of the HIV infections will have occurred in the developing world. The WHO estimates that by mid-1993 more than 8 million HIV infections and 1.5 million cases of AIDS have occurred in sub-Saharan Africa. In some cities across the African continent, HIV has infected between a quarter and a third of adults between the ages of 15 to 49. Figures for North Africa and the Middle East are unclear but the WHO believes that more than 75,000 cumulative HIV infections have occurred in that region.
- There is indication that Asia will surpass Africa in terms of numbers of HIV positive persons. The spread of the disease in Thailand and India is growing at an exponential rate and is attributed to commercial sex trade and increased users of injecting drugs.
- Both Central Asia and Eastern Europe are experiencing increases in numbers of HIV positive persons. Contributing factors, such as the increase in commercial sex trade for hard currency, migration throughout the region, and intravenous drug use, combined with health systems in distress, can have a negative effect on attempts to prevent the further spread of HIV/AIDS. The WHO estimates 50,000

cumulative cases in the region

- The Latin American and Caribbean region claim approximately 1.5 million infections with over 240,000 AIDS cases.
- In Australia, North America, and Western Europe, there have been an estimated 1.5 million cumulative HIV adult infections with over 400,000 cases of AIDS. Over one million of these infections have occurred in the United States.

U.S. INVOLVEMENT IN GLOBAL HIV/AIDS

- The major United States Government agencies involved with HIV/AIDS internationally are the: Department of Health and Human Services (Centers for Disease Control and Prevention and the National Institutes of Health - Fogerty International Center), Department of Defense (DoD) and the U.S. Agency for International Development (USAID). Ongoing programs include research, training, technical assistance and prevention activities. Below is a description of these respective programs.

CENTERS FOR DISEASE CONTROL AND PREVENTION

- Through requests from the WHO, the Pan American Health Organization (PAHO), and the USAID, the Centers for Disease Control and Prevention (CDC) provides short term technical assistance, resident technical advisors, and training to support the design, implementation, management, and evaluation of HIV prevention activities and programs in countries most affected by the HIV/AIDS pandemic.
- CDC has been involved in three long term research projects in Cote d'Ivoire, Thailand, and, until recently, Zaire. Through collaborative agreements with the governments of these countries, CDC established epidemiologic, laboratory, and prevention studies regarding HIV/AIDS.

NATIONAL INSTITUTES OF HEALTH - FOGERTY INTERNATIONAL CENTER

- The National Institutes of Health Fogerty International Center sponsors the AIDS International Training and Research Program. The program's objectives are to: increase the capacity of foreign scientists to deal with the AIDS epidemic through epidemiological research, clinical trials and other prevention programs; to support collaborative research between the U.S. and foreign scientists in the epidemiology, diagnosis and treatment of AIDS; and to stimulate cooperation and sharing of research knowledge by scientists combatting AIDS worldwide.
- This program recently expanded to include Russia and entities of the former Soviet Union. Eleven trainees from the former

USAR have participated in training programs in this program. The program provides training in AIDS and AIDS-related epidemiology as well as postdoctoral research and training in AIDS, both in the U.S. and in-country.

DEPARTMENT OF DEFENSE

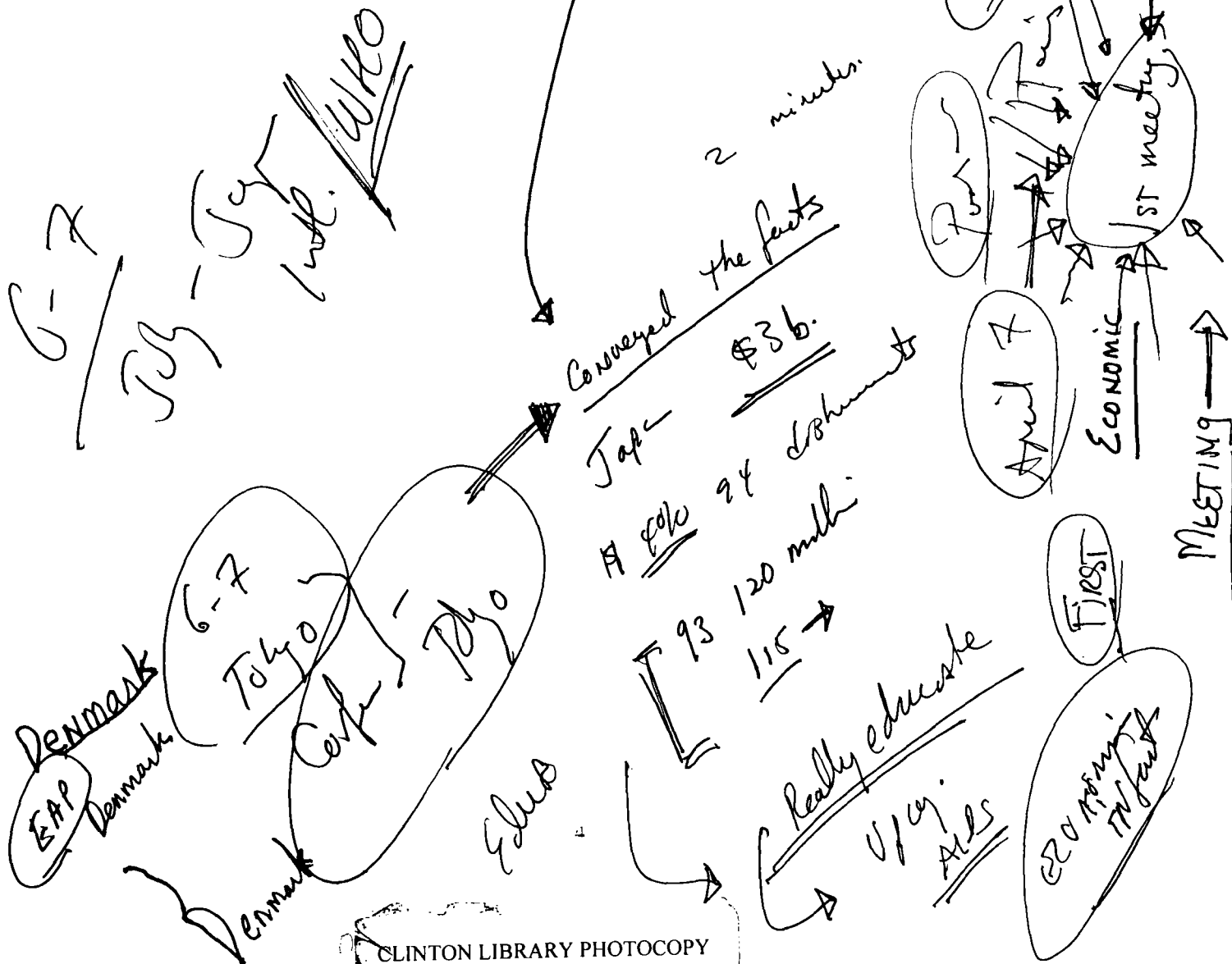
- The DoD sponsors programs in basic and applied research, including the search for a viable vaccine throughout its facilities both in the United States and abroad. Treatment programs are available for both military active duty personnel and beneficiaries. Prevention programs are also available through on-site programs.
- Listed below are estimates on the costs for HIV/AIDS for the DoD broken out in terms of research, treatment and prevention. The projections for prevention include only the cost of screening and testing for military enlisted personnel centers, active duty and Guard and Reserve elements. They do not include the cost of an extensive network of service specific preventive medical officers and nurses who provide support, counseling, and education at military facilities.

* RESEARCH	\$ 50 M / YR
* TREATMENT	\$250 M / YR
* PREVENTION	\$ 10 M / YR

AGENCY FOR INTERNATIONAL DEVELOPMENT

- Since 1986, the USAID has taken a leadership role in HIV prevention and control by supporting HIV/AIDS interventions in over 70 countries. By developing comprehensive programs that integrate multiple interventions, AID's programs are oriented towards preventing the spread of HIV/AIDS by sexual transmission.
- USAID has implemented most of its HIV/AIDS initiatives through two independent projects: AIDS Public Health Communications (AIDSCOM) and AIDS Technical Support (AIDSTECH) as well as by placement of public health specialists in selected countries. In FY 1992 funding obligations for HIV/AIDS prevention activities totalled over \$95 million.
- From Fiscal Years (FY) 1986 to 1992, USAID has committed more than \$400 million to HIV/AIDS prevention activities through bilateral programs and contributions to the multilateral efforts of the WHO Global Program on AIDS (GPA).

- In FY 1990, USAID contributed \$25 million to the budget of a budget total of \$70 million with balance of \$11 million was contributed by the other donor countries.
- As an agency, however, USAID is targeted to take a 40 to 50 percent funding cut for FY 1993. This anticipated \$40 million cut will be reflected across agency programs with the GPA affected proportionately.
- The United States is also a co-sponsor with Japan and other countries on a proposed initiative that would merge the activities of GPA with other United Nations agencies, such as the United Nations Development Program, UNICEF and the United Nations Family Planning Agency involved in AIDS. The purpose of this proposed initiative is to coordinate more closely all U.N. AIDS-related activities at the program level and allow more input from the individual country level.



December 22, 1993

MEMORANDUM TO CAROL RASCO

FROM: Kristine A. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

SUBJECT: Meeting with Mme. Simone Veil, Minister of Health and
Social Affairs, Paris, France, December 16, 1993

Purpose of meeting

The meeting was requested by Mme. Simone Veil, to discuss with me the forthcoming French invitation to a "summit meeting" on global HIV/AIDS issues among the major nations providing financing for HIV/AIDS efforts in the developing world.

Participants:

French participants:

Mme. Simone Veil
Professor Jean-Louis Girard, Director General of
Health
Elisabeth Allaire, Advisor to the Minister of
Health and Social Affairs (AIDS)
Cristophe Lecourtier, Advisor to the Minister of
Health and Social Affairs (International affairs)
Pascal Chevit, Counselor for Social Affairs,
French Embassy -- Washington, D.C.

U.S. Participants:

Kristine Gebbie, National AIDS Policy Coordinator
Tony Dalsimer, Labor and Health, U.S. Embassy,
Paris

Meeting summary

The meeting, which lasted about 30 minutes, covered a number of issues related to the French invitation. The formal letters of invitation will be coming to heads of state of the G-7 nations, plus other major AIDS donor nations, primarily the Nordic countries. Mme. Veil included a verbal invitation, however, in her address to the 8th International Conference on AIDS in Africa in Marrakech, Morocco earlier in the week.

Key items in the invitation are:

1. The goal is to identify a clear strategy in the investment of funds by donor nations in the global fight against HIV infection, because of the feeling that the World Health Organization's (WHO) Global Program on AIDS is not filling this role, and the donor nations have a particular responsibility to fulfill.
2. The meeting should be held fairly soon, with June being identified as the preferred date.
3. The meeting should be at as high a level as possible, preferably heads of state. The Prime Minister of France has indicated an intention to personally host the meeting. Their desire to have the U.S. represented by the President or the Vice-President was very clear.
4. Preparatory work should include not only representatives of the donor nations, but representatives of the developing nations as well.

My discussion of the issue of HIV infection in the developing world, and of the proposed meeting, included the following points:

1. The expansion of HIV infection throughout the developing world (including Asia and Latin America as well as Africa) should be a concern for all of us, and any effort which maximizes the impact of funds invested is appropriate. It is important that countries making sizeable investments in fighting HIV in the developing world avoid duplication, and seek to fill holes in the available resources.
2. Until an official invitation is received, it would be impossible to identify what the level of participation from the U.S. would be, but there would be serious consideration of high level participation.
3. Whenever the meeting is held, there must be serious advance work to identify critical issues and prepare draft materials. If the date is to be June, advance work should begin very early in the new year.

DISCUSSION

I think that a strategy meeting such as this, involving donor countries is an excellent and timely idea. There is a clear need to continue support for the nations already severely hit by the epidemic, and to target support for those developing nations just entering into a phase of rapid growth in cases. Across the developing world, with infection rates over 50% in some communities, we are in danger of losing a major part of a generation, with all the associated personal, social, and economic loss. Developing targeted strategies for prevention programs, support systems for surviving orphaned children, and appropriate research partnerships and priorities are examples of issues to be clarified. While the WHO and the United Nations Development Program have plans, they are not in a position to answer all of the questions which arise in the design of bilateral assistance programs; it is appropriate for the countries financing such programs to plan together.

Assuming that the U.S. participates, it is also important that our participation be at the level of the entire administration. While the bulk of AIDS-related assistance dollars are channeled through the U.S.A.I.D. program, several agencies of the U.S. Public Health Service, and the Department of Defense are active in developing nations and should be a part of our consideration.

Follow up

1. The AIDS policy office is prepared to serve as a coordinating point for preparatory work or interagency consultations regarding this invitation, and to take the lead as appropriate in representing the Administration.
2. Appropriate White House staff should be alerted to the incoming invitation, and consulted regarding the level of response.
3. Key agencies (State, Health and Human Services and Defense) should begin consideration of both agenda items and policy directions that we consider important in planning for such a meeting.

Note:

The HHS Office of International Health and the AIDS program director at the U.S. A.I.D. were part of an earlier discussion of this proposed meeting when the inquiry from France was made several months ago, via the U.S. Embassy in Paris.

At the 800...
...in this regard...
...from the State...
...for the U.S.A.I.I. (Heleene Gayle)...
...Center for Disease Control and Prevention...
...in addition to the National AIDS Policy...
...in several conversations with French...
...director of the WHO Global Program on AIDS...
...proposed summit meeting

Department of Defense

Donald Burke

Department of Health and Human Services

David Hoffman

Phil Lee

David Satcher

Department of State

Prudence Bushnell

Heleene Gayle

Tim Wirth

TO: LAKE

FROM: SCHWARTZ
CLARKE

DOC DATE: 03 DEC 93
SOURCE REF:

KEYWORDS: ANSA

ANS

PERSONS: GEBBIE, CHRISTINE

SUBJECT: LAKE MTG REQUEST W/ GEBBIE NATL AIDS COORIDNATOR

ACTION: LAKE APPROVED RECOM

DUE DATE: 07 DEC 93 STATUS: C

STAFF OFFICER: SCHWARTZ

LOGREF:

FILES: WH

NSCP:

CODES:

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

FOR ACTION

FOR CONCURRENCE

FOR INFO

CLARKE
HALL
NSC CHRON
SCHWARTZ
VEIT

COMMENTS: _____

DISPATCHED BY _____ DATE _____ BY HAND W/ATTCH

OPENED BY: NSMEM

CLOSED BY: NSMEM

DOC 1 OF 1

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506

December 3, 1993

ACTION

MEMORANDUM FOR ANTHONY LAKE

THROUGH: RICHARD CLARKE *RC*
FROM: ERIC SCHWARTZ *ES*
SUBJECT: Meeting Request: Christine Gebbie, National AIDS
Policy Coordinator

As you recall, Christine Gebbie, National AIDS Policy Coordinator, requested a meeting with you earlier this month and we suggested that a meeting at the NSC staff level might suffice given the demands on your schedule.

Ms. Gebbie's office has made it clear that a meeting with you is an important priority and has further indicated that Ms. Gebbie has already met with a number of Cabinet secretaries. They add that Ms. Gebbie is planning to leave for Morocco on December 11 for a conference on sexually transmitted diseases sponsored by the Government of Morocco, the World Health Organization and the Society on AIDs in Africa. Ms. Gebbie would like the chance to discuss with you the international dimension of the AIDS crisis.

Given the priority that the President has attached to this issue and the foregoing factors, we would now recommend that you see Ms. Gebbie. The point of contact is Stephen Lee in her office. He may be reached at 632-1090.

If you agree to the meeting, we will prepare a short background memorandum.

RECOMMENDATION

That you agree to meet with Ms. Gebbie.

Approve *SR* Disapprove _____

UNCLASSIFIED
NSC/RMO PROFILE

RECORD ID: 9308553
RECEIVED: 01 NOV 93 16

TO: LAKE

FROM: SCHWARTZ
CLARKE

DOC DATE: 01 NOV 93
SOURCE REF:

KEYWORDS: ECONOMIC ASSISTANCE

AIDS

PERSONS: GEBBIE, CHRISTINE

SUBJECT: MTG REQUEST FOR CHRISTINE GEBBIE - NATL AID COORDINATOR

ACTION: LAKE APPROVED RECOM

DUE DATE: 04 NOV 93 STATUS: C

STAFF OFFICER: SCHWARTZ

LOGREF:

FILES: PA

NSCP:

CODES:

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

FOR ACTION

FOR CONCURRENCE

FOR INFO

CLARKE
HALL
NSC CHRON
SCHWARTZ

COMMENTS: _____

DISPATCHED BY _____ DATE _____ BY HAND W/ATTCH

OPENED BY: NSGP

CLOSED BY: NSJDA

DOC 1 OF 1

UNCLASSIFIED

UNCLASSIFIED
ACTION DATA SUMMARY REPORT

RECORD ID: 9308553

DOC ACTION OFFICER

001 LAKE
001

CAO ASSIGNED ACTION REQUIRED

Z 93110215 FOR DECISION
X 93110310 LAKE APPROVED RECOM

UNCLASSIFIED

Rec'd "12 1:15pm
National Security Council
The White House

Jw2
11/2

PROOFED BY: _____ LOG # 8553
URGENT NOT PROOFED: 710 SYSTEM PRS NSC INT
BYPASSED WW DESK: _____ DOCLOG W A/O _____

	SEQUENCE TO	HAS SEEN	DISPOSITION
DepExecSec	<u>1</u>	<u>Wali</u>	
ExecSec			
Staff Director			
D/APNSA	<u>2</u>	<u>copy provided</u>	
APNSA	<u>3</u>	<u>Natl Sec Advisor has seen</u>	
Situation Room			
West Wing Desk			
NSC Secretariat	<u>4</u>		Wali <u>A</u>

A = Action I = Information D = Dispatch R = Retain N = No Further Action

cc: VP McLarty Other _____

Should be seen by: _____
(Date/Time)

COMMENTS:

DISPATCH INSTRUCTIONS:

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506

November 1, 1993

ACTION

MEMORANDUM FOR ANTHONY LAKE

THROUGH: RICHARD CLARK *RC*
FROM: ERIC SCHWARTZ *my for ES*
SUBJECT: Meeting Request: Christine Gebbie

Christine Gebbie, National AIDS Policy Coordinator, has requested an office appointment with you and Carol Rasco to discuss international AIDS issues. Ms. Gebbie suggests Thursday, November 4 at 2 pm. I understand that Carol has agreed to see Ms. Gebbie, though I don't know if they have confirmed the Thursday date and time.

I do not believe you need to be at this meeting, which will probably deal with the international dimension of AIDS funding issues, international AIDS awareness and, possibly, restrictions on travel of AIDS sufferers to the United States.

With your permission, I will inform Ms. Gebbie's office that you will probably be unable to attend but that I will be at the meeting on behalf of the NSC staff. (I will also let Wilma know when I have a confirmed time, date and place for the meeting in case you decide to attend.)

RECOMMENDATION

That you authorize me to attend the meeting with Christine Gebbie.

Approve *RC* Disapprove _____

Memorandum

October 5, 1993

To: Samuel Berger
Fr: Eric *Eric*

Subject: GF160 Vaccine

ALDS

*Eric -
your copy*

I called you on the attached but did not hear back. Because it was marked urgent, I took the liberty of calling Kristine Gebbie, the author of the memorandum to Carol Rasco.

Kristine told me that the White House had cleared her draft letter some days ago, and that the issue was under consideration in the Congress. She indicated that there was nothing that she was seeking from us at this time.

I will be leaving for China Thursday. If there is more to do on this, you can contact Randy.

cc: Rand Beers

THE WHITE HOUSE

WASHINGTON

September 23, 1993

MEMORANDUM FOR LEON PANETTA
TONY LAKE
HOWARD PASTER

FROM: Carol H. Rasco, Assistant to the President for
Domestic Policy

SUBJECT: GP160 Vaccine

This is URGENT and time sensitive. Please advise immediately!

Thank you.

10/4/ Eric S.
Please call
me about this.
EB

THE WHITE HOUSE
WASHINGTON

September 22, 1993

*Carol will call
tell me
w/ name
@ DOD*

MEMORANDUM FOR CAROL RASCO

FROM: Kristine M. Gebbie

SUBJECT: GP160 Vaccine

In the FY93 budget, the Department of Defense was given \$20 million for trials of the AIDS vaccine, gp160, manufactured by Microgenisis. While questions were raised about the appropriateness of this particular expenditure, the best that could be gotten at the time was the opportunity for the NIH and FDA to comment within six months, with the money going to other DOD HIV-related research if this study was found to be flawed.

The time for NIH/FDA comment was early in this administration, and there was no strong voice forcing a clear statement regarding the scientific flaws in the study and allowing for DOD to invest the money elsewhere. (It is not worth space here reconstructing this period--suffice it to say that hindsight would suggest a very different process than that which was used.)

There has also been a debate with the manufacturer of gp160 regarding their insistence that the vaccine for the trial be purchased, something which has never happened in other vaccine trials. At the present, the manufacturer has offered one year of free vaccine (within a three year study), a step which leaves other manufacturers of vaccine concerned about level playing fields as their products come to trial.

The DOD believes that they are obligated to proceed with the Congressionally mandated trial of gp160, despite the fact that the scientific community has been clear in identifying the flaws in this study, and in identifying the more important questions which could be answered at this point. Initial steps have been taken on the study.

On behalf of the Administration, I have informed those who have asked, including staff to some members of Congress, that from an AIDS policy viewpoint the study as now envisioned is not a wise use of funds, and that the priority for \$20 million in HIV vaccine-related research at either DOD or HHS would be at a more basic level than a trial of a specific agent.

There is interest on the part of the HIV community in general, and legislators concerned about health matters in approaching Senator Johnston and the DOD appropriations committee with a proposal which would allow for a better investment of these funds. I would like concurrence from you and appropriate others in the White House to send the attached letter to Senator Inouye, Senator Kennedy, Representative Waxman and Representative Dingle.

Given the timing of work on appropriations, the letter would need to be sent within the next day or so, which makes the review process tight. Please call me with any questions.

cc: Steve Richetti

DRAFT

Dear _____ (Inouye, Kennedy, Dingle, Waxman)

There have been a number of questions asked about the trial of GP160 vaccine about to be conducted by the Department of Defense. This is a study specifically mandated in the FY93 appropriations process, and funded at \$20 million.

In the opinion of many in the scientific and AIDS-interested community, in which I concur, this single-vaccine trial is not a useful investment at the present time. While the study could be slightly improved by comparing this product to other vaccines, that would cost more and be only a slightly better investment. It would be far wiser to allow an appropriate review process to identify more basic research questions essential to the successful development of a vaccine, whether therapeutic or preventive.

If it would be possible to identify some amendment to the existing language which would allow a reconsideration of this study, and the possible reinvestment of these funds, I would be delighted to work with you or your staff.

Sincerely,

cc: Shalala
Aspin
Rasco