FOIA Number: 2018-0764-F

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Data entry form (Personal) (1 page)	06/23/1998	b(6)
001b. letter	Researcher to Sandra Thurman re: Cure for viruses (Personal) [partial] (1 page)	06/09/1998	b(6)
001c. letter	American Red Cross to Researcher re: Cure for viruses (Personal) [partial] (1 page)	08/04/1997	b(6)
001d. envelope	Inmate researcher to Sandra Thurman re: Cure for viruses (Personal) (1 page)	06/10/1998	b(6)

COLLECTION:
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National AIDS Policy Office

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Correspondence - SLT - Incoming - 6/98 [Folder 2] [2]

2018-0764-F
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RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11004	Richard	Wallings	6/26/98	Health Agreement with Brazil

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

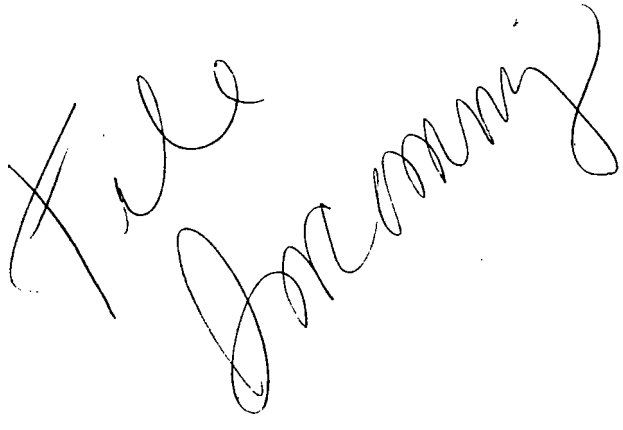
Action Completed	Action Date	Addressed To
		Sandra Thurman

Notes

English and Portuguese version of the Implementing Arrangement between the Department of Health and Human Services and the Brazilian Ministry of Health.

Sender's Organization	Sender's Street1	Sender's Street2
Dep't Of Hlth & Human Servic		

Sender's City	Sender's State	Sender's Zip



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Public Health and Science
Office of International and Refugee Health
Rockville, MD 20857

DATE: JUNE 18, 1998

FROM: DIRECTOR, OFFICE OF THE AMERICAS AND MIDDLE EAST

SUBJECT: HEALTH AGREEMENT WITH BRAZIL

TO: DHHS INTERNATIONAL REPRESENTATIVE
TREATY SECTION, DEPARTMENT OF STATE
BRAZIL DESK OFFICER, OES/STATE

Attached is the English and Portuguese versions of the Implementing Arrangement between the Department of Health and Human Services and the Brazilian Ministry of Health. The document was signed by Secretary Shalala and Minister Serra at the World Health Assembly, May 12, 1998. The Agreement provides a framework for enhancing and strengthening our cooperative relationship with the Brazilian Ministry of Health.

Thank you for your contribution and support in drafting this document.

Richard S. Walling, R.Ph., M.H.A.

IMPLEMENTING ARRANGEMENT TO THE AGREEMENT ON SCIENTIFIC AND TECHNOLOGICAL COOPERATION BETWEEN THE GOVERNMENT OF THE UNITED STATES OF AMERICA AND THE GOVERNMENT OF THE FEDERATIVE REPUBLIC OF BRAZIL

The Government of the United States of America

and

the Government of the Federative Republic of Brazil
(hereinafter referred to as the "Parties"),

Realizing the importance of working together to address common health problems and public health issues of mutual concern, and

Recognizing the existence of broad, bilateral interests in the promotion of health and prevention, control, and treatment of diseases, and

Desiring to foster greater understanding and to strengthen future public health relationships between the two countries, and where appropriate with other countries, and

Intending to strengthen existing linkages between the public health and scientific communities in both countries, and where appropriate with other countries,

Have agreed as follows:

ARTICLE I
Purpose of Cooperation

1. The purpose of this Implementing Arrangement is to enhance and strengthen cooperative efforts in the field of public health and science in accordance with the following general principles:

a) This Implementing Arrangement provides a framework to encourage bilateral cooperation in addressing issues and problems of importance for both countries.

b) Cooperation under this Implementing Arrangement is intended to support and strengthen relationships currently established in the field of public health and science between institutions and/or individuals of the United States of America and Brazil, and would in no way limit such relationships. Rather, the Parties will work to identify areas for mutually beneficial joint efforts and to promote cooperation through a coordinated approach.

c) Joint activities, where possible, should be coordinated with, or be supportive of, the activities and goals of international health bodies, including the World Health Organization and the Pan American Health Organization.

ARTICLE II
Implementing Authorities

1. This Implementing Arrangement is subject to and governed by the Agreement between the United States of America and the Federative Republic of Brazil relating to Cooperation in Science and Technology which was signed on February 6, 1984, and which was renewed by the Agreement to Amend and Extend the Agreement between the United States of America and the Federative Republic of Brazil relating to Cooperation in Science and Technology, signed on March 21, 1994, ("the Agreement"). The Parties have agreed to conclude the following Implementing Arrangement in the field of health.

2. The Implementing Authorities of the Implementing Arrangement are, for the United States of America the Department of Health and Human Services and for the Federative Republic of Brazil, the Ministry of Health.

ARTICLE III
Areas of Cooperation

1. The Implementing Authorities expect to strengthen cooperation across a broad range of mutual interests. Efforts are intended to be directed at fostering collaboration where areas of mutual interest exist, including but not limited to:

a) planning of health and human manpower and services at various levels, emphasizing organizational models of delivery systems;

b) health and human services research, including evaluation and assessment of health services, health care technologies and delivery systems, health economics, financing of health services, health care cost containment, and long-term care services, including non-institutional alternatives;

c) health information systems, including statistical methodologies and information exchange;

d) health related areas including regulated products, specifically foods (including dietary supplements), drugs (including biologics), cosmetics, medical devices, radiation-emitting electronic products and related products;

e) other public health areas, including, but not limited to, epidemiology, environmental health, occupational health, maternal and child health, aging, nutrition, and disease prevention and health promotion as well as special issues such as HIV/AIDS and cancer;

f) biomedical research;

g) health-related concerns of women and special populations such as migrants, older persons, persons with disabilities, adolescents and children and other vulnerable populations;

h) control of communicable diseases, noncommunicable diseases and injuries, as well as of other health problems; and

i) additional areas may be identified from time-to-time by mutual agreement of the Implementing Authorities.

2. It is not expected that products of commercial value will be generated by activities undertaken pursuant to this Implementing Arrangement. If, during the development of an activity, products of commercial value are generated, the conditions set forth in the Agreement will apply.

ARTICLE IV
Methods of Cooperation

In accordance with the national laws of each country and the Agreement, cooperation under this Implementing Arrangement may consist of exchanges of technical information; visits of professional specialists; cooperative research, including biomedical and health services research; training activities; forums such as seminars, workshops, symposia, and conferences; and other forms of cooperation to be agreed upon, consistent with the missions and ongoing programs of the Implementing Authorities.

ARTICLE V
Technology Transfer

1. The Parties agree that no information or equipment requiring protection in the interests of national defense or foreign relations of either country, and so classified in accordance with the applicable national laws and regulations will be provided by one party to the other under this Implementing Arrangement. In the event that information or equipment that is known or believed to require such protection is identified in the course of cooperative activities undertaken pursuant to this Implementing Arrangement, it will be brought immediately to the attention of the appropriate officials and the Implementing Authorities will consult to identify appropriate security measures to be agreed upon by them.

2. The transfer of unclassified export-controlled information or equipment between the Implementing Authorities will be in accordance with the relevant laws and regulations of each Country. If the Implementing Authorities deem it necessary, a detailed provision for the prevention of unauthorized transfer or retransfer of such information or equipment will be undertaken.

3. Export-controlled information will be marked to identify it as export-controlled, and restrictions on their use and transfer will be identified.

ARTICLE VI
Financing and Legal Considerations

1. All activities undertaken pursuant to this Implementing Arrangement are subject to the national laws and regulations of each party, including the availability of appropriated or other funding sources.

2. Each Implementing Authority responsible for cooperative activities pursuant to the Implementing Arrangement will be responsible for the costs of its own participation, subject to the availability of financial resources and the legislation of each Party, except in the case of a written agreement setting forth other conditions. Expenses related to activities set forth in this Arrangement will be met pursuant to the terms to be defined by the cooperating institutions for each project, using available resources.

ARTICLE VII
Relationship to Other Agreements

Nothing in this Implementing Arrangement affects the rights and obligations of the parties under existing bilateral and multilateral agreements.

ARTICLE VIII
Information and Publication

All scientific and technological information arising out of the cooperation established under the terms of this Implementing Arrangement may be published or made available as defined in the Agreement after consultation between the Implementing Authorities about the substance of the material to be published.

ARTICLE IX
Specific Arrangements

Whenever deemed necessary, issues of patenting, industrial design, trade secrets, author rights and any other type of property that may result from the activities to be implemented under the terms of this Implementing Arrangement will be determined as provided for in the Intellectual Property Annex, in particular, Section II (b), Article 2(a) of the Agreement.

ARTICLE X
Protection of Human Subjects and Laboratory Animals

1. To protect human subjects involved in research, before any project involving human subjects is initiated, the Implementing Authorities will be responsible for promoting compliance with international guidance, recognized as such by both countries, such as the World Medical Association Declaration of

1964 (as amended in 1975, 1983 and 1989). The Implementing Authorities will be responsible for ensuring that any project or activity carried out pursuant to this Implementing Arrangement and involving human subjects is in compliance with applicable laws and regulations of the Parties.

2. To protect the welfare of laboratory animals and endangered species, the Implementing Authorities will be responsible for promoting compliance of the projects with appropriate international guiding principles for biomedical research involving animals. The Implementing Authorities will be responsible for ensuring that any project or activity involving animals carried out pursuant to this Implementing Arrangement is in compliance with applicable laws and regulations of the Parties applicable to the use of laboratory animals.

ARTICLE XI

Entry into Force, Termination, and Amendment

1. This Implementing Arrangement shall enter into force upon the signature by both Parties, and shall remain in force for five years.

2. It may be extended and amended by mutual written agreement through an exchange of diplomatic notes. This Implementing Arrangement may be terminated at any time by either Party upon ninety (90) days written notice to the other Party, through diplomatic note.

3. In the event of termination of this Implementing Arrangement, the validity or duration of ongoing activities will not be affected.

4. In witness whereof the undersigned, being duly authorized by their respective Governments, have signed this Implementing Arrangement.

Done at Geneva, in duplicate, this 12th day of May, 1998, in the English and Portuguese languages, both texts being equally authentic.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA:

FOR THE GOVERNMENT OF THE FEDERATIVE REPUBLIC OF BRAZIL:

FOIA Number:

Clinton Presidential Records
Foreign Language Marker

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Foreign Language Marker

Collection: Clinton Presidential Records

Subgroup: National AIDS Policy Office

Series:

Subseries:

Document Title re: Health agreement with Brazil

Language: Portugese

Folder Title Correspondence - SLT - Incoming - 6/98 [Folder 2] [2]

OA/ID: 19406

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11002	Sandra	Thurman	6/25/98	photo in WHR

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			WHR	

Action Completed	Action Date	Addressed To

Notes

Society for the Advancement of Women's Health Research sends Society newsletter with your photo in it.

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10997	Sandra	Thurman	6/24/98	special meeting

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			IAVI	

Action Completed	Action Date	Addressed To

Notes

Special meeting to discuss the next steps to further accelerate the global AIDS vaccine movement. Wednesday, July 1 at 19:00 - 20:30 in Palexpo Room E in Geneva.

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip

INTERNATIONAL AIDS VACCINE INITIATIVE

June 11, 1998

Ms. Sandra Thurman
Director
Office of National AIDS Policy
808 17th Street, N.W., Room 820
Washington, DC 20006

Dear Ms. Thurman: Sandy

As we prepare to gather in Geneva for the 12th World AIDS Conference, we are writing to invite you to a special meeting to discuss the next steps we as representatives of organizations that signed the 1997 Call For Action on AIDS vaccines can take to further the acceleration of a global AIDS vaccine movement.

As a representative of one of the organizations collaborating on last year's International Call For Action on HIV Vaccine Development, you share the vision of a need for the development of safe, effective, accessible, preventive vaccines to stop the continued spread of HIV infections around the world. Our Call last year helped result in language from the G7 leaders calling the development of an AIDS vaccine a "global public health imperative."

During the recent Summit in Birmingham, the G8 leaders did not succeed in producing concrete actions to accelerate vaccine research and development. The proposals before them, to create Vaccine Purchase and Development Funds, would have substantially hastened the development of safe, effective, accessible, preventive vaccines for use throughout the world. With this in mind, we invite you to a special working session to come together to share our views, hopes, plans and needs and to discuss:

1. How to increase political commitment for accelerating HIV vaccine development;

2. How to increase solidarity to advocate for HIV vaccine development;

3. What additional tools and support IAVI can provide to help achieve these goals?

IAVI
810 Seventh Avenue • New York, NY 10019-5818 • USA
phone 1-212-655-0201 • fax 1-212-843-0480 • http://www.iavi.org

In order to keep the group committed and focused, this is a publicly unannounced meeting. **You are encouraged to join us, renew your commitment and invite concerned colleagues from other organizations** who might join our crusade for safe, effective, accessible preventive AIDS vaccines for use throughout the world. The meeting will be held on **Wednesday, July 1st -19:00 to 20:30 p.m. in Palexpo Room E.**

We have created a Renewed Call for Action document which we hope to have signed by an increasing number of groups. Please find attached this Renewed Call for Action.

We look forward to seeing you and your colleagues in Geneva as we come together to renew our commitment to ending the AIDS epidemic.

Sincerely yours,

Seth Berkley, M.D.
President

Attachment

P.S. We also would welcome you to another important IAVI event, "Focus: Toward Global AIDS Vaccine Action," on Tuesday evening, June 30, from 19:30 to 21:30, in Palexpo Room I. Presenters at the meeting will discuss IAVI's just-released *Scientific Blueprint* for HIV Vaccine Development, our global scientific plan for achieving our goal by 2007.

Renewed Call for Action on HIV Vaccine Development --1998

Last June, representatives from 83 organizations from around the world joined together to call upon the world to agree upon a specific plan of action to develop a safe, effective, accessible, preventive HIV vaccine for use throughout the world. Since then, 24 additional organizations have signed the call.

Today, with the worldwide epidemic still growing out of control, we urgently reiterate this call for action.

AIDS has already taken the lives of millions of men, women and children. More than 30.6 million individuals have been infected with HIV. Each day, approximately 16,000 new infections occur, almost 95 percent of these in the developing world.

The investment of substantial government and private sector funds, over a sustained period of time, enabled researchers to make extraordinary progress in developing new HIV therapeutics. Tragically, these advances do not work for everyone, are already showing viral resistance and are far beyond the reach of most HIV-infected individuals in the world. An effort of similar magnitude is needed to develop HIV vaccines, without which AIDS will continue its relentless march of destruction.

On May 18, 1997, United States President Bill Clinton asked that we "commit ourselves to developing an AIDS vaccine within the next decade." Leaders of the eight largest industrialized nations have endorsed this goal, but have yet to commit to a specific plan of action.

We, the undersigned, believe that HIV disease is a global disease and requires a global response. No single country or company has the resources to go it alone.

We also call upon the large industrialized nations to devote new resources to this vaccine development effort, including assuring that vaccines are produced for developing countries, creating incentives for maximum participation of the pharmaceutical/vaccine industry, and agreement on specific mechanisms to ensure mutual cooperation and coordination of the effort. The excruciating burden of this disease demands that funds not be diverted from research for HIV therapeutics or prevention.

Specifically, we call upon the world to create new financing mechanisms, such as an AIDS Vaccine Development Fund and AIDS Vaccine Purchase Fund, as proposed by the International AIDS Vaccine Initiative.

The industrialized nations must begin working with each other and less developed countries, private industry, international agencies, and non-governmental organizations to lay the groundwork for maximizing the research effort and securing broad international access to any HIV vaccines that are developed.

All countries around the world will gain by this effort and each has a unique contribution to make, such as providing funding, scientists, testing sites, and vaccine production. A global effort of this magnitude would demonstrate how the world can come together in an era of globalization for the good of all humankind -- a noble goal for the next century.

International Call for Action on HIV Vaccine Development

Presented to the Denver Summit of Eight, June 1997

Signatories as of 15 January, 1998

Accion Ciudadana Contra el SIDA (ACCSI), Venezuela
Agency for Cooperation in International Health, Japan
AIDS Action Baltimore, Inc., United States
AIDS Action Council, United States
AIDS Coordination Group, Netherlands
AIDS Education Global Information System (AEGIS), United States
AIDS Helpline N.I., United Kingdom
AIDS Research Information Center , Inc. (ARIC), United States
AIDS Training Information & City Health Department (ATICC), South Africa
AIDS Treatment News, United States
AIDS Vaccine Advocacy Coalition (AVAC), United States
AIDSidAlerte International, United States
Albert B. Sabin Vaccine Foundation, Inc., United States
All India Institute of Medical Sciences, India
Asian and Pacific Islander Wellness Center, United States
Association against HIV/AIDS, Russia
Association de Recherche, de Communication et d'Action pour le Traitement du SIDA (ARCAT-SIDA), France
Associazione Nazionale per la Lotta contro l'AIDS (ANLAIDS), Italy
British Medical Association, United Kingdom
British Medical Association Foundation for AIDS, United Kingdom
Center for AIDS Prevention Studies (CAPS), United States
Center for Vaccine Development, Thailand
Center of Research and Advanced Treatment in AIDS and HIV (CITAID), Mexico
Church of St. Philip the Evangelist, United States
Cities Advocating an Emergency AIDS Response Coalition, United States
Four Corners AIDS Advocacy Project, United States
Francois-Xavier Bagnoud Center, United States
Corporacion Chilena de Prevencion del Sida (CChPS), Chile
Department of Clinical Veterinary Science , University of Bristol, United Kingdom
Deutsche AIDS-Stiftung, Germany
EuroCASO Secretariat, Netherlands
European Public Policy Network on AIDS (EPPNA), United Kingdom
Family Health Trust, Zambia
Fondation Marcel Mérieux, France
Fundação Oswaldo Cruz (FIOCRUZ), Brazil
Fundación Para Estudio e Investigación de la Mujer (FEIM), Argentina
Gay and Lesbian Medical Association, United States
Gay Men's Health Crisis (GMHC), United States
Global AIDS Action Network (GAAN), United States
Global Network of People Living with HIV/AIDS (GNP+), United States
Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections (GHESKIO), Haiti
Hilman & Fogel, United States

HIV Community Coalition of Metropolitan Washington, DC, United States
HIV/AIDS STD Activities in Bangladesh (HASAB), Bangladesh
Holistic Health Center, United States
Hong Kong Institute of Biotechnology Ltd. (HKIB), Hong Kong
Immigrants Fighting AIDS, United States
International AIDS Vaccine Initiative, United States
International Center for HIV/AIDS Research and Clinical Trainig in Nursing, United States
International Center for Research on Women, United States
International Christian AIDS Network (ICAN), United Kingdom
International Community of Women Living with AIDS (ICW), United Kingdom
International Council of AIDS Service Organizations (ICASO), Canada
International Council of Jewish Women, United Kingdom
International HIV/AIDS Alliance, United Kingdom
International Lesbian and Gay Association, Belgium
International Union against the Venereal Disease and the Treponematoses, Australia
James Irving Foundation, United States
Jonas Salk Foundation, United States
Judith Billings, Inc., United States
Kenya National AIDS Control Programme, Kenya
Latino Comission on AIDS, United States
Liga Colombiana de Lucha contra el Sida, Colombia
London Lighthouse, United Kingdom
Marathon of Mothers, United States
Minnesota Democratic-Farmers-Labor Party
Mother's Voices, United States
Mothers Organizing Mothers (MOMS), United States
National AIDS Fund, United States
National AIDS Trust, United Kingdom
National Association of People with AIDS (NAPWA), United States
National Black Leadership Commission on AIDS, United States
National Immunization Program Centers for Disease Control and Prevention (CDC), United States
National Lesbian and Gay Health Association (NLGHA), United States
Nederlandse Vereniging tot Integratie van Homoseksualiteit COC, Netherlands
Network of Self-Help HIV and AIDS Groups, United Kingdom
New York City Mayor's Office, United States
Office of National AIDS Policy, United States
Pacific Oaks Medical Group, United States
People with AIDS Health Group, United States
Positively Native, United States
Presidential Advisory Council on HIV and AIDS, United States
Project Inform, United States
San Francisco AIDS Foundation, United States
Scottish Voluntary HIV and AIDS Forum, United Kingdom
SidAlerte Internationale, France
Society for the Advancement of Women's Health Research, United States
South Colorado AIDS Project, United States
Southern Africa AIDS Information Dissemination Service (SAfAIDS), Zimbabwe
St. Clare's Hospital, United States
St. Paul's Trust Initiative for AIDS-free India, India
Temple Israel, United States

The Terrence Higgins Trust, United Kingdom
Texas General Land Office, United States
Title II Community AIDS National Network, United States
Tonio Burgos and Associates, Inc., United States
Treatment Action Group, United States
UCSF AIDS Research Institute, United States
Uganda Cancer Institute, Uganda
UK Coalition of People Living with HIV & AIDS, United Kingdom
United States Department of the Interior, United States
University Medical Center, Southwest Medical Associates, United States
USC School of Medicine, Kenneth Norris Cancer Hospital, United States
Until There's A Cure Foundation, United States
Vaccine Advocates, United States
Veterans Affairs of Northern California Health Care System, United States

RHODES UNIVERSITY
Grahamstown • 6140 • South Africa

OFFICE OF THE VICE-CHANCELLOR • Tel: (046) 603 8148 • Fax: (046) 622 8444 • e-mail: adrw@giraffe.ru.ac.za

24 June 1998

Ms Sandy Thurman
Advisor to President Clinton on Aids
The White House
Washington DC
United States of America

Dear Sandy

Thank you very much indeed for sparing the time to have lunch with Charlotte and me when we were in Washington. We thoroughly enjoyed seeing you again and also the lunch in the mess and the visit to the Executive Building. I hope that you have been able to contact Ms Sheila Sisulu with regard to AIDS education projects in South Africa. I still find it incredible that Minister Zuma turned your offer down. If there is anything we can do in this regard please contact us.

I hope that the cycle marathon was successful and that you have survived and are not too stiff and sore. I think it was very brave of you to embark on such a long ride. I also hope you raised lots of money.

Thank you again. Charlotte sends her greetings.

Best wishes.

Yours sincerely

David

DR DAVID WOODS
VICE-CHANCELLOR

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10999	Sandra	Thurman	6/24/98	info about past Geneva mtg.

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			UNAIDS	

Action Completed	Action Date	Addressed To

Notes

Decisions, Recommendations and Conclusions of the sixth meeting of the Programme Coordinating Board on May 25-27.

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

(UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)

Central Exchange: 791.36.66
Direct: 791.4762

Ms Sandra Thurman
Director, Office of National AIDS Policy
The White House
808 17th Street, N.W., Suite 820
Washington, D.C. 20006
United States of America

With the compliments of

Sally G. Cowal
Director, External Relations

We have pleasure in enclosing herewith the Decisions, Recommendations and Conclusions of the sixth meeting of the Programme Coordinating Board, which was held from 25-27 May 1998 in Geneva.

Nous avons le plaisir de vous envoyer ci-joint les Décisions, recommandations et conclusions de la sixième réunion du Conseil de Coordination du Programme, qui a eu lieu du 25-27 mai 1998 à Genève .

Mailing address: 20 av. Appia, CH-1211 Geneva 27, Switzerland - Tel: +41.22.791.4762 - Fax: +41.22.791.4188

UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK
Joint United Nations Programme on HIV/AIDS

UNAIDS/PCB(6)/98.12 RECS
27 May 1998

PROGRAMME COORDINATING BOARD

Sixth meeting
Geneva, 25-27 May 1998

DECISIONS, RECOMMENDATIONS AND CONCLUSIONS

AGENDA ITEM 3: UNAIDS Biennial Progress Report (1996-1997)

Biennial Report.

1. The PCB noted with thanks and appreciation the first UNAIDS biennial report, noting especially the description and recognition of the new stage of the epidemic. The following was suggested for subsequent reports:

1.1 The incorporation of monitoring and evaluation findings.

1.2 An executive summary, especially reflecting current problems.

1.3 Clarification of the roles and function of the report within the strategic budget process.

Directed to attention: Secretariat

Clinical support, care and access to drugs.

2. The PCB reiterated and endorsed the recommendations of the Nairobi Thematic PCB Meeting item on access to drugs, and noted the UNAIDS guidelines on voluntary counselling and testing. In addition, the following issues were emphasized:

2.1 The necessity to support the development of a vaccine and microbicides.

2.2 Better access to test kits.

2.3 Promote the access to drugs, especially in the context of continuum of care.

Directed to attention: Secretariat
National Governments
Cosponsors
Donors

Best practice.

3. The importance of improving marketing and building upon the UNAIDS body of best practice collections, including:

3.1 Illustrations of both successful and unsuccessful cases, including the reasons thereof.

3.2 Policy guidance for reducing mother to child transmission of HIV.

3.3 Examples of model legislation in regard to HIV/AIDS.

Directed to attention: Secretariat

Coordination.

4. The PCB appreciated and endorsed the outcomes of the Cosponsor Retreat, noting the follow-up and progress already made in some areas, and reiterating recommendation 7 of the Fourth PCB meeting, it is proposed that:

4.1 Cosponsors make every effort to support the work of the Theme Groups so that they function in every country where a UN-response to the epidemic is needed.

4.2 Cosponsor headquarters instruct their country representatives to participate actively in this process.

4.3 Countries address cooperation with UNAIDS in their bilateral discussions with the Cosponsors.

4.4 UNAIDS Secretariat draw upon networks, including the Cosponsors' existing regional mechanisms to better respond to HIV/AIDS at the regional level.

4.5 The UN system draw on the experience of UNAIDS in the ongoing process of UN reform.

Directed to attention: Secretariat
Cosponsors
National Governments

National Strategic Planning.

5. The PCB noted the importance of national strategic plans and furthermore emphasized:

5.1 The need to translate national level policies and programmes, to district level and local action.

5.2 The necessity of building multisectoral, purposeful partnerships between all participants in support of the governmental responses to HIV/AIDS.

5.3 The need for UNAIDS Secretariat to work with religious organizations and groups to appropriately address HIV/AIDS issues.

5.4 A need to strengthen global and country level work on HIV/AIDS and human rights issues, in co-operation with relevant bodies of the UN system and other partners.

Directed to attention: Secretariat
Cosponsors
National Governments

Resource Issues.

6. Two issues were discussed:

6.1 The PCB noted the need for sustainable financial resources in order to meet the continuing challenges of the epidemic.

6.2 There were requests for Cosponsor headquarters and other donors to increase the allocations for HIV/AIDS in their respective budgets.

Directed to attention: Cosponsors
Other donors

AGENDA ITEM 4: UNAIDS and UN response at country level.

4.1 Funding status of national AIDS activities

7. The PCB noted the difficult task of the Secretariat in carrying out the study and expressed its appreciation of the work undertaken to date. Despite the limitations presented, it recognizes the need to continue with the work of collecting information on the level of resources and supports, on a long-term and sustainable basis, drawing upon the experience of other countries and organizations in this respect. The PCB further recommends that:

7.1 Countries and appropriate agencies co-operate in providing critical data/information for the completion of the study.

The Secretariat should:

7.2 Complete the analysis of data and make the report available to the PCB members.

7.3 Refine the methodology on an ongoing basis.

7.4 Focus the application of data and resources to policy responses with the help of a technical reference group.

4.2 Criteria for prioritization of UNAIDS support

8. The PCB endorsed the need for prioritization of countries for UNAIDS Secretariat support and resources for country activities, and welcomed the Secretariat's development of objective criteria. Various comments were expressed in regard to some of the criteria including:

8.1 Concern for the criteria related to population size which could disadvantage smaller countries.

8.2 The criteria described as "regional influence" which was seen as being hard to measure and should be eliminated, but a regional role in combating the epidemic needed to be recognized.

8.3 The absence of effective Theme Groups or a functional UN system which may unfairly penalize some countries.

9. Furthermore, the inclusion of additional criteria was proposed regarding loans negotiated by governments with development banks as part of the national response and the necessity to include arrangements for working with NGOs and PLWAs.

10. The PCB recommends that the Secretariat:

10.1 Should apply the model taking into account the above comments raised at the meeting.

10.2 Review the application in the light of comments made at the meeting and further development of the model in close consultation with the Working Group on Resource Mobilization.

10.3 Should report back on the implementation of the model and suggestions for future direction at the next PCB meeting.

10.4 Revise the presentation of the model to emphasize "common goods" available to all countries and the incremental benefits to countries in other priority categories.

AGENDA ITEM 5: Performance Monitoring and Evaluation Plan

11. The PCB supports efforts of the Secretariat to put a monitoring and evaluation plan in place. It recognizes this as a matter of urgency and notes that further work needs to be done as soon as possible to finalize an implementable plan of action. It requests that the Secretariat report back on this issue at the next meeting of the PCB.

12. Recognizing the mandate of UNAIDS to monitor the trend of the epidemic and also the need for the Secretariat to be accountable, it recommends that the Secretariat:

12.1 Proceed with parts of the plan that are implementable immediately.

12.2 Ensure an ongoing sufficient commitment to monitoring and evaluation in terms of staff and operating funds.

12.3 Draw upon additional external expertise to assist in these processes.

12.4 Focus immediate efforts on refining the performance evaluation plan in close collaboration with the MERG (Monitoring and Evaluation Reference Group).

12.5 Continue to have a transparent process with consideration being given to independent/external evaluation of the planning process at some later stage.

12.6 Link performance management with the overall UNAIDS budget cycle, workplan and core tasks.

13. With regard to monitoring the impact of HIV/AIDS, it was further recommended that:

13.1 Impact evaluation should proceed separately.

13.2 Quality of life indicators should be included in monitoring.

14. Monitoring should be undertaken at an early stage of the national strategic planning process to develop tools for the operationalisation of the plan.

AGENDA ITEM 6: Financial Report for 1996-1997, and Report of the External Auditor

15. The PCB, having examined the financial report and audited financial statement for the financial period 1 January 1996 to 31 December 1997 and the unqualified report to the PCB of the External Auditor, accepts the financial report and audited financial statement for the specified financial period and the report of the External Auditor to the PCB.

AGENDA ITEM 7: Financial and Budgetary Update for 1998-1999

7.1 Interim report on the 1998-1999 biennium

16. The PCB took note of the interim financial information management for the 1998-1999 biennium as at 30 April 1998, and encouraged donors, governments and other partners who have not yet done so to confirm at the earliest possible moment the level of the 1998 contribution to UNAIDS, the contribution towards the Coordinated Appeal, and to transfer the funds as soon as possible.

17. The PCB recognizes the need to adapt to the new structure of the 1998-1999 biennium budget and workplan the authority it had given in November 1995 to the Executive Director to make transfers between programme areas within the 1996-1997 budget.

18. The PCB approved, in its regular annual April 1997 meeting, the UNAIDS Budget and Workplan for the 1998-1999 biennium in an amount of US$ 120 million, with a breakdown that corresponds to the following major categories of expenditure:

18.1 Substantive programme expenditure (US$95,590,000)

18.2 Programme management and administrative expenditure (US$24,410,000)

19. In the light of the above the PCB approved the following:

19.1. The PCB authorizes the Executive Director to make transfers between the 21 Programme Components set out in Table II of the UNAIDS Programme Budget and Workplan, up to a level not exceeding 25% of the amount budgeted for each component, on the condition that such transfers do not exceed 5% of the respective amounts of the two major categories of expenditure mentioned above.

19.2 Any transfers exceeding the above mentioned 25% and 5% ceilings, respectively, are subject to the approval of the Chairperson and Vice-Chairperson of the PCB, after consultation with the CCO. All such transfers shall be reflected in the financial reports for the biennium.

7.2 UNAIDS Operating Reserve Fund

20. Based on the recommendations of the PCB Working Group on Resource Mobilization, and information contained in document UNAIDS/PCB(6)/98.9 (7 May 1998), the PCB approved the rules and procedures guiding the use of the Operating Reserve Fund (set out in paragraph 11 of the above-mentioned document), and endorsed the proposal that the optimal size of the Fund should be at the level of US$33 million for the reasons explained in the document.

21. The PCB noted the concerns raised by some delegates concerning the level of the Operating Reserve Fund which in particular was dictated by the need to obligate salaries for UNAIDS staff for a calendar year, under the WHO rules and procedures which govern the administration in support of the Programme.

22. The PCB, taking into account the need for UNAIDS to use its resources effectively and taking into account also the administrative agreements between UNAIDS and WHO:

22.1 Requests the UNAIDS Secretariat to continue to discuss with WHO's administration, mechanisms for the efficient use of scarce resources with regard to the Operating Reserve Fund, and in particular, the specific requirement to obligate salaries for the calendar year, and to report to the PCB at its next regular session in 1999.

23. The PCB endorsed the recommendations by the PCB Working Group on Resource Mobilization (UNAIDS/(PCB(6)/98.10 of 29 April 1998).

24. The PCB further noted that the level of the Fund will be reviewed at the next regular annual session of the PCB.

25. The PCB recommended that:

25.1 Donors be requested to inform the Secretariat in writing, as early as possible in the calendar year, what the considered level of their contribution will be to the UNAIDS core budget.

25.2 Continued efforts by the donors and UNAIDS Secretariat and PCB Working Group on Resource Mobilization to find ways and means to increase the sustainability and predictability of funding.

25.3 A study be undertaken to analyse the continuing evolution of the financial situation including the short- and long-term financial implications.

25.4 An open-ended reference group be set up for the study with representation from those financing the study and others interested.

25.5 The activities of the PCB Working Group on Resource Mobilization be continued.

AGENDA ITEM 8: Next PCB Meeting

26. The PCB took note of the proposal to hold a thematic PCB meeting later this year. After some discussion it was agreed that:

26.1 The meeting would discuss thematic issues to be confirmed in consultation with the PCB members.

26.2 The meeting would also discuss the monitoring and evaluation plan of UNAIDS.

27. While leaving the final decision regarding timing and location in the hands of the Secretariat, the PCB expressed the desire that the meeting be held outside Geneva. The PCB thanked the representative of Uganda for offering to host the meeting, while noting that the last thematic meeting had taken place in the Africa Region.

marie claire

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June 24, 1998

Ms. Sandra Thurman
Director
Office of National AIDS Policy
Via fax
202.456.2438
One page

Dear Sandy,

Thank so much for extending the invitation to join you for the discussion on women and HIV/AIDS tomorrow. As you know, it is an issue I feel strongly about sharing with our readers and supporting in any way that I can.

I have been trying to juggle my schedule so that I might have the opportunity to attend, but unfortunately, we are up against pressing deadlines for our key fall issues.

I'm really sorry I won't get to see you this time, but would love to get to together for drinks as soon as possible. Please let me know the next time you plan to be in New York so that we can plan something.

I look forward to seeing you soon...

Best wishes,

Glenda

GLENDA BAILEY
Editor-In-Chief

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10998	Sandra	Thurman	6/24/98	meeting in Geneva

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			The Secretary of Hlth & Huma	

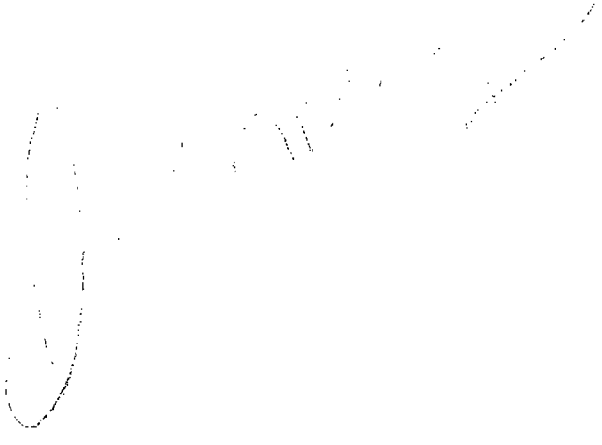
Action Completed	Action Date	Addressed To

Notes

The Secretary of Health & Human Services, Donna Shalala, wants you to attend " Global Research Network Meeting on HIV Prevention in Drug-Using Populations" in Geneva on June 25-26.

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 23 1998

Ms. Sandra L. Thurman
Director, White House Office
of National AIDS Policy
736 Jackson Place, N.W.
Washington, D.C. 20503

Dear Ms. Thurman:

The National Institute on Drug Abuse (NIDA) is sponsoring a meeting in collaboration with the World Health Organization/Programme on Substance Abuse (WHO/PSA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). I would like to invite you to attend this meeting, *Global Research Network Meeting on HIV Prevention in Drug-Using Populations*, June 25-26, 1998, in Geneva, Switzerland, and to provide a keynote address. The feasibility of establishing the Global Research Network on HIV Prevention was first discussed by a small group of international researchers at a NIDA-sponsored Research Synthesis Symposium on the Prevention of HIV in Drug Abusers, in Flagstaff, Arizona, in August 1997. Since then, NIDA, WHO/PSA, and UNAIDS staff have been developing plans for what we anticipate will be an exciting and productive meeting.

The worldwide community for more than a decade has been confronted with challenges in addressing the physical and social devastation stemming from the twin epidemics of drug abuse and HIV/AIDS. The global impact of the escalating incidence of injection drug use and HIV/AIDS has resulted in increased demands on the prevention, intervention, and treatment needs of all public health systems. While international research efforts have been under way for some time, there is a need for an expanded, coordinated, and structured exchange of information about public health prevention research and policy related to drug abuse and HIV/AIDS. NIDA welcomes the opportunity to facilitate the implementation of this global information exchange to share data on effective prevention interventions and best practices for changing high-risk behaviors and preventing HIV infection. It is only through international cooperation that we can successfully address the complex challenges in preventing HIV/AIDS in drug-using populations and advance a global prevention science agenda.

A meeting description and draft agenda are enclosed for your information. The meeting agenda can easily be changed to accommodate your schedule for any time during the two-day meeting, if a keynote address is not feasible. We hope that your calendar permits your attendance and participation at this important meeting, and we look forward to hearing from you.

Sincerely,

Donna E. Shalala

Enclosures

Meeting Description

Global Research Network on
HIV Prevention in Drug-Using Populations

National Institute on Drug Abuse
National Institutes of Health
In collaboration with:
Programme on Substance Abuse, WHO
Joint United Nations Programme on HIV/AIDS, WHO

The field of HIV prevention/intervention research in drug-using populations has advanced to the point where effective intervention principles and research findings can be and should be disseminated globally to seek the input of international researchers on prevention strategies and conditions that apply in other countries. This two day meeting has been planned for the purpose of establishing a global HIV prevention information network. HIV prevention researchers working with drug-using populations will be brought together to share international research findings on HIV prevention in injection drug users, best practices, and status reports of existing prevention networks which focus on these populations and interests.

The objectives of the meeting are to provide a forum for HIV prevention scientists to:

- **Exchange and interpret research findings from intervention studies that target injection and non-injection drug users at high risk for HIV and other blood-borne diseases;**

- **Translate and effectively disseminate research findings into good international practices to slow the spread of HIV and to ensure that usable information is rapidly communicated for utilization;**

- **Stimulate cross national studies of the applicability and effectiveness of strategies to prevent HIV and other blood borne diseases; and**

- **Facilitate collaborative efforts and minimize unnecessary duplication of research efforts at the international level.**

Approximately 50 international participants have been invited from 23 countries, representative of all 6 WHO Regions. These countries include: Australia, Canada, Brazil, China, Germany, Hungary, India, Italy, Kazakstan, Malaysia, Mexico, Netherlands, Nigeria, Pakistan, People's Republic of China, Portugal, Slovak Republic, South Africa, Spain, Switzerland, United Kingdom, United States of America, and Vietnam.

!!!! TENTATIVE AGENDA !!!!
GLOBAL RESEARCH NETWORK ON
HIV PREVENTION IN DRUG-USING POPULATIONS
United Nations Office at Geneva
Palais des Nations, 1211 Geneva 10, Switzerland (Room XI)
June 25-26, 1998

Wednesday, June 24, 1998

6:00 - 8:00 p.m.	**MEETING/RECEPTION**	

Thursday, June 25, 1998 (DAY 1)

9:30 - 10:30 a.m.	**INTRODUCTION**	Richard Needle, Ph.D., M.P.H.
	WELCOMING REMARKS	UNAIDS/WHO Senior Official Eric Goosby, M.D. Jack Whitescarver, Ph.D.*
	THE CHALLENGE AHEAD FOR PREVENTING HIV IN DRUG-USING POPULATIONS	Sandra Thurman*
	OVERVIEW OF THE MEETING	Richard Needle, Ph.D., M.P.H Andrew Ball, M.B., B.S.
10:30 - 10:45 a.m.	**BREAK**	
10:45 - 12:00 p.m.	**REGIONAL OVERVIEWS OF HIV EPIDEMIOLOGY AND PREVENTION RESEARCH IN DRUG-USING POPULATIONS**	
	(Facilitator)	Zili Sloboda, Sc.D.
	Southeast Asia (Bangladesh)	Swarup Sarkar, M.D., M.P.H.*
	Western Pacific (Viet Nam)	Nguyen Tran Hien, M.D., M.P.H.
	Western Pacific (China)	Xiao Shuiyuan, M.D.
	Central and Eastern Europe	Leb Khodakevich
	Central Asia Republics	Rudick Adamian
	East Mediterranean (Pakistan)	TBA
12:00 - 12:15 p.m.	**(Questions, Answers, and Discussion)**	Zili Sloboda, Sc.D.
12:15 - 1:15 p.m.	**LUNCH**	

1:15 - 3:00 p.m.	**REGIONAL OVERVIEWS OF HIV EPIDEMIOLOGY AND PREVENTION RESEARCH IN DRUG-USING POPULATIONS (cont'd)**	
	(Facilitator)	Martin Donoghoe, B.Sc.
	Africa (Nigeria)	Moruf Adelekan, Ph.D.
	Mexico	Haydee Rosovsky, Mtra.
	Brazil	Fabio Mesquita, M.D.*
	Australia	Alex Wodak, M.D., FRACP
	Western Europe (UK)	Gerry Stimson, (Prof/Dr.)
	Canada	Don Sutherland, M.D.*
	United States	David Vlahov, Ph.D.
3:00 - 3:15p.m.	**(Questions, Answers, and Discussion)**	Martin Donoghoe, B.Sc.
3:15 - 4:15 p.m.	**GLOBAL OVERVIEW AND SUMMARY OF PRESENTATIONS ON HIV EPIDEMIOLOGY AND PREVENTION RESEARCH IN DRUG-USING POPULATIONS**	
	(Facilitator)	Patricia Needle, Ph.D.
	(Presenter)	Andrew Ball, M.B., B.S.
	LOOKING BACK, LOOKING FORWARD, LESSONS LEARNED AND TO BE LEARNED IN PREVENTING HIV	
	(Presenter)	Eric Goosby, M.D.
4:15 - 4:30 p.m.	**(Questions, Answers, and Discussion)**	Patricia Needle, Ph.D.
4:30 p.m.	**ADJOURN**	

* INVITED: ATTENDANCE UNCONFIRMED

GLOBAL RESEARCH NETWORK ON
HIV PREVENTION IN DRUG-USING POPULATIONS
(Continued)

Friday, June 26, 1998 (DAY 2)

8:00 - 8:30 a.m.	**CONTINENTAL BREAKFAST**	
8:30 - 8:45 a.m.	**INTRODUCTIONS**	Richard Needle, Ph.D., M.P.H.
8:45 - 9:30 a.m.	**TECHNOLOGIES FOR NETWORKING**	
	(Facilitator)	Paul Gaist, Ph.D.
	(Presenter)	TBA
9:30 - 10:45 a.m.	**SPECIFIC NETWORK PRESENTATIONS**	
	Overview of Activity - CHAIR/FACILITATOR	Sujata Rana, M.P.H.
	South Asian Forum	Suresh Kumar, M.D.
	Asian Multicity Epidemiology Working Group	TBA
	Asian Harm Reduction Network	Palani Narayanan
	Central and Eastern European HIV and Drug UseNetwork	Judit Honti, M.D.
	UNAIDS Task Force on HIV Prevention Among IDUs in Eastern Europe and the Newly Independent States	Lev Khodakevich
10:45 - 11:00	**(Questions, Answers, and Discussion)**	Sujata Rana, M.P.H.
11:00 - 11:15 a.m.	**BREAK**	
11:15 - 12:15 a.m.	**SPECIFIC NETWORK PRESENTATIONS (Cont'd)**	
	Overview of Activity - CHAIR/FACILITATOR	NIDA Office on AIDS, TBA
	Latin America Harm Reduction Network	Fabio Mesquita, M.D.*
	European Monitoring Centre on Drugs and Drug Addiction	Lucas Wiessing
	Council of Europe's Pompidou Group	Paul Griffiths, M.Sc.
	International Epidemiology Work Group/ Community Epidemiology Work Group	Zili Sloboda, Sc.D.
12:15 - 12:30 p.m.	**(Questions, Answers, and Discussion)**	NIDA Office on AIDS, TBA

12:30 - 1:00 p.m.	**SUMMARY OF PRESENTATIONS (Similarities and Differences)**	Don Des Jarlais, Ph.D.
1:00 - 2:30 p.m.	**LUNCHEON MEETING (Introductions)**	Helen Gayle, M.D.,Ph.D.*
	PREVENTING HIV/AIDS IN THE THIRD DECADE OF THE EPIDEMIC: MISSED OPPORTUNITIES AND CHALLENGES AHEAD (Presenter)	David Satcher, M.D.*
	TITLE OF PRESENTATION - TBA (Presenter)	Peter Piot, M.D.
2:30 - 4:00 p.m.	**PLANS FOR ESTABLISHING AND MAINTAINING THE GLOBAL HIV PREVENTION RESEARCH NETWORK**	Richard Needle, Ph.D., M.P.H. Andrew Ball, M.B., B.S. Sujata Rana, M.P.H.
4:00 p.m.	**ADJOURN**	

* INVITED: ATTENDANCE UNCONFIRMED

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10968	Sandra	Thurman	6/23/98	HIV Surveillance Guidelines

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			Northwest AIDS Foundation	

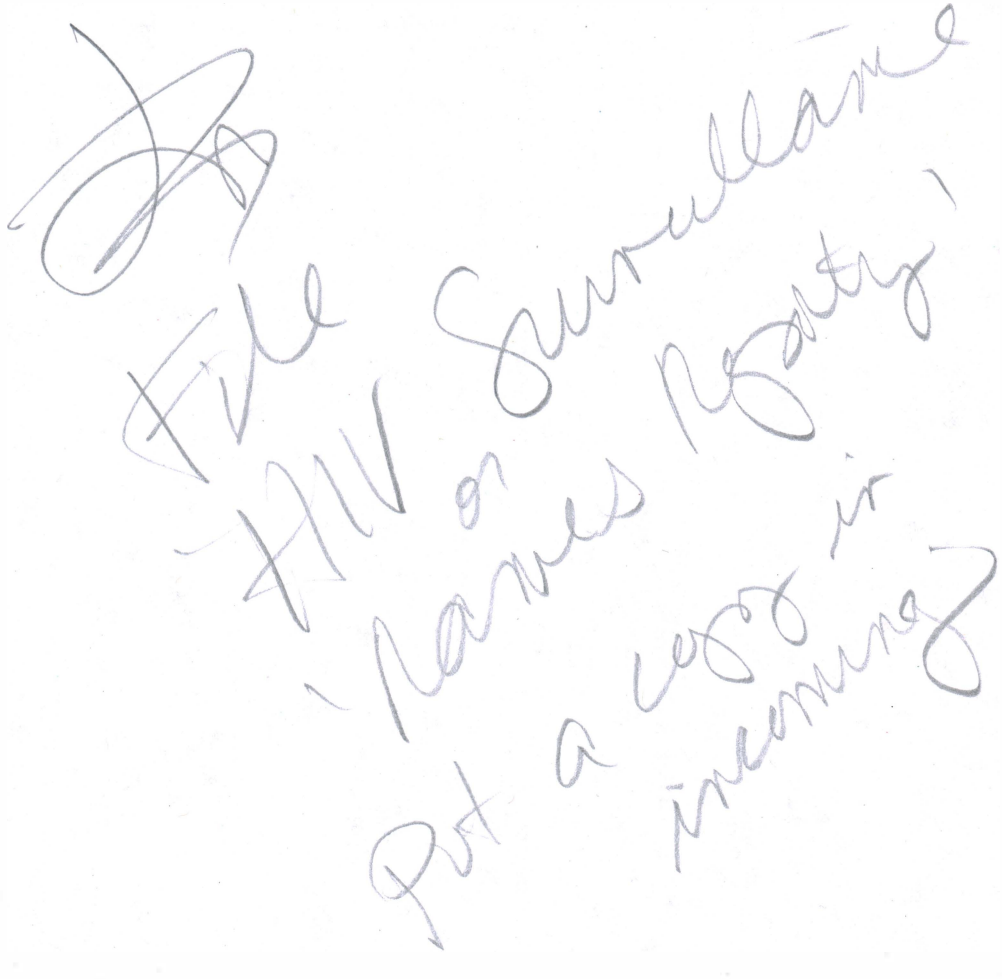
Action Completed	Action Date	Addressed To

Notes

Letters to Secretary Shalala concerning HIV Surveillance Guidelines

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip



NORTHWEST AIDS FOUNDATION

June 19, 1998

Secretary Shalala
Department of Health and Human Services
200 Independence Ave., SW
Room 615-F
Washington, DC 20201

RE: HIV Surveillance Guidelines

Dear Secretary Shalala:

As the largest AIDS service organization in Washington State, the Northwest AIDS Foundation wishes to express its grave concerns regarding the Centers for Disease Control and Prevention's (CDC) unpublished, draft guidelines for HIV case surveillance. Although the Foundation recognizes the need for improved and expanded HIV case reporting, we strongly oppose the use of a name-based system. We urge you to intervene to ensure that the CDC's guidance allows states to self-determine what form of HIV case surveillance best meets their individual needs and to guarantee equitable financial and technical support to states which choose an alternative system.

Following our initial review of the proposed guidelines, the Northwest AIDS Foundation believes that the CDC has misrepresented several important aspects of this debate. These include: the need for names in HIV case reporting; the agency's unwillingness to assist states in the development of alternative surveillance systems (particularly in the case of Maryland); and the potential negative impact of name-based testing on HIV testing and care. These omissions are of great concern to the Foundation and indicate the CDC's intention to undermine state flexibility in the implementation of a change in Public Health Service policy.

Several studies, including CDC-sponsored research, have found that gay and bisexual men are more likely than other populations to be deterred from HIV testing and care if their names are reported to public health officials. Recent figures show that men who have sex with men continue to constitute as much as 80 percent of AIDS cases in Washington. Any HIV surveillance system which disproportionately drives gay and bisexual men away from testing and/or care services would be unacceptable and contrary to sound public health efforts in our state.

Included with this mailing are copies of letters from Washington State Senators Slade Gorton and Patty Murray. These letters clearly outline our Senators' wish that the CDC not inhibit or stifle our state's efforts to develop a surveillance system which best meets its unique needs. At this time, the Northwest AIDS Foundation is developing a proposal to be presented to the State Board of Health recommending a specific unique identifier system for adoption in our state. The proposal will include input from various stakeholders, including private and public agencies.

127 Broadway East Suite 200 Seattle, WA 98102-5786 phone 206•329•6923 TDD 206•323•2685 fax 206•325•2689

It is our hope that you will ensure that our efforts, as well as those of other states and territories such as Alaska, California, Connecticut, Hawaii, Illinois, Massachusetts, and Puerto Rico, are respected in the CDC's guidance document. Please feel free to contact either one of us if you have any questions or concerns regarding our progress in developing a non name-based system.

Sincerely,

Terry M. Stone
Executive Director

Steven B. Johnson
Director of Public Policy and Communications

cc: Kevin Thurm, Department of Health and Human Services
Dr. Eric Goosby, Office of HIV/AIDS Policy, HHS
Sandy Thurman, Director, Office of National AIDS Policy
Christine Lubinski, Deputy Executive Director for Programs, AIDS Action Council
Duane Thurman, Governor's Executive Policy Office
Judith Billings, Chair, Governor's Advisory Council on HIV/AIDS
State Representative Ed Murray
Jack Jourden, Chair, AIDSNETs Council
Patty Longstreet-Hayes, Legislative and Constituent Relations, Department of Health

PATTY MURRAY
WASHINGTON

COMMITTEES:
APPROPRIATIONS
BUDGET
LABOR AND HUMAN RESOURCES
SELECT COMMITTEE ON ETHICS
VETERANS' AFFAIRS

United States Senate

WASHINGTON, DC 20510-4704

May 1, 1998

The Honorable Donna Shalala
Secretary
Dept. of Health and Human Service
615 Hubert H. Humphrey Bldg.
200 Independence Ave., SW
Washington, D.C. 20201

Dear Secretary Shalala:

RE: HIV Surveillance and State Self-Determination

Dear Secretary Shalala:

I am writing to express my concerns regarding the Centers for Disease Control and Prevention's intention to issue a "best practices" guideline for HIV surveilence. Washington State is currently developing its own surveillance system, as a result it is essential that CDC allow states to explore alternatives to name-based reporting and provide equitable financial and technical support to states that choose such alternatives. State self-determination is a hallmark of our nations public health efforts and should be respected in this process.

Signifigant concerns have surfaced in Washington regarding the negative impact named HIV reporting may have on the willingness of at-risk individuals to be tested and access care services. The Governors Advisory Council on HIV/AIDS voted overwhelmingly to endorse a unique identifier or other non name-based system for the purpose of HIV surveillance. Governor Gary Locke has convened an HIV surveillance Implementation Task Force to develop a surveillance system which addresses privacy and confidentiality concerns while meeting CDC standards for access to federal funds. States should not be

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YAKIMA, WA 98901-2760
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internet: senator_murray@murray.senate.gov
worldwide web: http://www.senate.gov/~murray/

penalized for addressing HIV surveillance in a manner which best addresses their unique needs, concerns and circumstances.

I urge you not to allow the CDC to issue a "best practices" guideline for HIV surveillance which would inhibit or stifle alternative efforts. I look forward to hearing from you on this important matter.

Sincerely,

Patty Murray
United States Senator

PM/ag

SLADE GORTON
WASHINGTON

730 HART SENATE OFFICE BUILDING
(202) 224-3441

United States Senate

WASHINGTON, DC 20510-4701

COMMITTEES

APPROPRIATIONS

BUDGET

COMMERCE, SCIENCE, AND TRANSPORTATION

ENERGY AND NATURAL RESOURCES

INDIAN AFFAIRS

June 2, 1998

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, DC 20530

Dear Secretary Shalala:

I am writing regarding the Centers for Disease Control and Prevention's intention to issue a "best practices" guideline for HIV surveillance. As Washington State is currently developing its own surveillance system, I hope that the CDC will allow states to explore alternatives to the guidelines and will provide equitable financial and technical support to states that choose such alternatives. State self-determination is a hallmark of our nation's public health efforts and should be respected in this process.

As you know there is considerable controversy regarding how best to conduct HIV surveillance. While some public health officials endorse name based reporting, many of my constituents in Washington have expressed concern about the negative impact named HIV reporting may have on the willingness of at-risk individuals to be tested and access care services. Governor Gary Locke plans to convene an HIV Surveillance Implementation Task Force to develop a surveillance system which addresses privacy and confidentiality concerns while meeting CDC standards for access to federal funds. HIV surveillance is vital to a quality public health system; states should not be penalized for addressing HIV surveillance in a manner which best addresses their unique needs, concerns and circumstances.

While the CDC's "best practices" guideline for HIV surveillance may serve as a useful tool for many states, I hope that they are developed in a manner which does not inhibit or stifle alternative efforts. I look forward to hearing from you on this important matter.

Sincerely,

Slade Gorton
United States Senator

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Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10988	Sandra	Thurman	6/23/98	Thanks

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			Dep't of Hlth & Human Service	

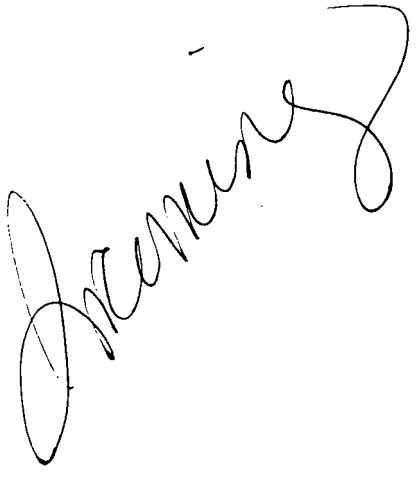
Action Completed	Action Date	Addressed To

Notes

Thanks for being a part of Healthy People 2000 progress review team.

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

June 4, 1998

Ms. Sandra Thurman
Director
Office of National AIDS Policy
808 17th Street, 8th Floor
Washington, DC 20006

Dear Ms. Thurman:

Thank you very much for being part of our Healthy People 2000 progress review team this week. After the session and repeatedly when I returned to Atlanta, numerous people complimented our group on the dynamic discussion. The key points that we discussed before the briefing were communicated very effectively. Your personal contribution to the dialogue with Dr. Satcher was extremely helpful.

I hope that you are as pleased as I am with the session...and again, thank you for making time to join us for the STD review.

With best personal regards,

Judy

Judith N. Wasserheit, M.D., M.P.H.
Director
Division of STD Prevention
National Center for HIV, STD and
TB Prevention

A special thankyou for making time for this. Hopefully you will be able to join us this Fall for the next National STD Action Forum meeting. J.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10987	Sandra	Thurman	6/23/98	June Luncheon

✓ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Reservation			Atlanta Women's Network	

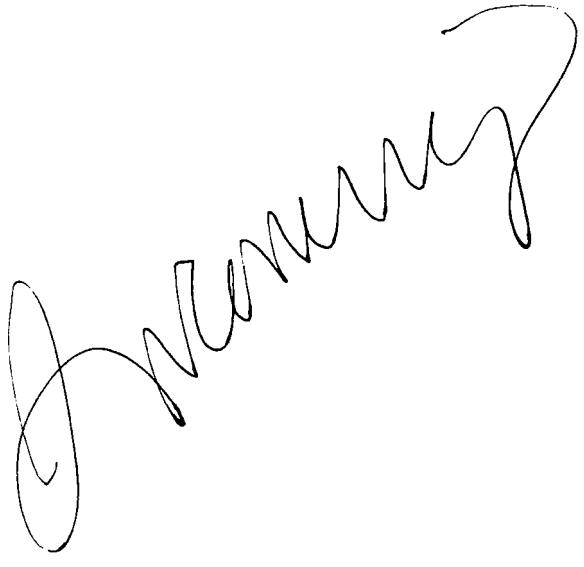
Action Completed	Action Date	Addressed To

Notes

Invitation to June Luncheon on June 23 at 103 West. To make reservations, call : 404 256-8787.

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip



Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10969	Sandra	Thurman	6/23/98	Thanks for call

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			KCARC	

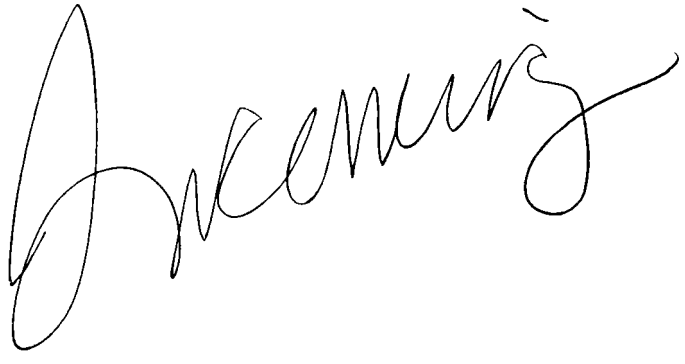
Action Completed	Action Date	Addressed To

Notes

Kansas City AIDS Research Consortium thanks you for calling Donald Francis,MD at VaxGen on their behalf about considering their site for selection of a HIV vaccine study.

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip



Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10969	Sandra	Thurman	6/23/98	Thanks for call

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			KCARC	

Action Completed	Action Date	Addressed To

Notes

Kansas City AIDS Research Consortium thanks you for calling Donald Francis,MD at VaxGen on their behalf.

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip

KCARC
KANSAS CITY
AIDS RESEARCH
CONSORTIUM

CLINICAL DIRECTOR: JAN MEIER
EXECUTIVE DIRECTOR: GARY R. JOHNSON
RESEARCH DIRECTOR: JAMES F. STANFORD, MD

4050 PENNSYLVANIA #230
KANSAS CITY, MO 64111
816.756-5116
FAX 816.756-5121

June 19, 1998

Sandra Thurman
Office of AIDS Policy
The White House
736 Jackson Place NW
Washington, DC 20503

Dear Sandy:

Thank you for Calling Donald Francis, MD at VaxGen on behalf of the Kansas City AIDS Research Consortium and the HIV vaccine study they are commencing. With your help, we have garnered his attention and we will definitely be considered as they are selecting sites for this study.

We should know by the end of July if we will be selected. Before then, however, we may call upon your expertise as we put together a plan to demonstrate how we would enroll the study. By preparing a plan in advance, we will be ready to immediately begin enrolling, if we are selected as a site.

Please **do not** interpret this optimism on my part as a sign that we have been selected as a site. All I can say at this time is that we are sure they know who we are and they will review us as a potential site when they are making their selection.

We truly appreciate your support in this endeavor. Keep us in your thoughts and we will prevail.

Sincerely,

Gary R. Johnson
Executive Director

grj

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10991	Sandra	Thurman	6/23/98	pamphlet

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			AGI	

Action Completed	Action Date	Addressed To

Notes

The Alan Guttimacher Institute sends a pamphlet "Direct Access for Women in Managed Care Plans".

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip

30TH ANNIVERSARY YEAR
THE ALAN GUTTMACHER INSTITUTE
NEW YORK & WASHINGTON

1120 Connecticut Avenue, NW
Suite 460
Washington, DC 20036
Phone: 202.296.4012
Fax: 202.223.5756
E-mail: policyinfo@agi-usa.org
Web site: www.agi-usa.org

June 1998

Dear Colleague:

I am pleased to enclose "Direct Access for Women in Managed Care Plans," an examination of state laws and policies related to the accessibility of gynecological care for managed care enrollees. Reprinted from the June issue of *The Guttmacher Report on Public Policy*, this analysis is the fourth in a series of special reports on policy issues of particular relevance to the family planning field that The Alan Guttmacher Institute is preparing under a grant from the Office of Population Affairs of the Department of Health and Human Services.

I hope you find this information useful in your work. If we can provide further information or assistance, please feel free to contact us here in the Institute's Washington Office.

Sincerely,

Cory L. Richards
Vice President for Public Policy

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Direct Access for Women In Managed Care Plans

American women repeatedly have expressed the view that reproductive health care is basic care to which they should have "direct access"—that is, without first having to get permission either from a managed care plan or from a primary care provider within the plan. The managed care industry, along with state and federal policymakers, is responding in a variety of ways. But translating this principle into practice remains a significant challenge.

By Rachel Benson Gold

With the demise of national health care reform in 1993, attention largely has shifted from broad-based systemic reform toward limited, incremental approaches to discrete issues. In the intervening years, Congress and the states have taken a number of steps, addressing questions such as insurance "portability" and uninsured children. All the while, with managed care coming to dominate the health care landscape, concern has mounted over how well various managed care systems meet consumers' needs.

For all its rapidity, the transition to managed care has not always been smooth. And while many aspects of managed care have caused concern, how managed care plans address "women's health" has sparked some of the closest scrutiny. Indeed, the issue of so-called drive-through deliveries—strict plan limits on postpartum hospital stays—was one of the first managed care controversies to capture public—and political—attention. It resulted in the enactment of a 1996 federal law mandating coverage for a postpartum stay of at least 48 hours; similar laws are on the books in 33 states.

According to Kathryn Moore of the American College of Obstetricians and Gynecologists (ACOG), the drive-through delivery controversy was also significant in that it broke a logjam, catalyzing action on a variety of related issues. "It wasn't really until the drive-through delivery issue that lawmakers were receptive to a variety of other consumer issues," Moore says. "State legislatures, insurance commissioners and attorneys general realized that issues that seemed impossible to address suddenly seemed possible." One of the most important such issues for women is the question of direct access to reproductive health services without having to obtain prior approval from a network provider or the managed care plan.

Why Women Care

Most managed care plans are organized around the fundamental principle that enrollees select, or are assigned to, a primary care provider (PCP). In addition to providing basic health care, the PCP authorizes specialty care as needed. But most of women's health care—including reproductive health care in general and, most specifically, family planning—does not fit neatly into the primary vs. specialty care dichotomy. Indeed, American women—who often tend to view their gynecologist as their "primary" doctor—have consistently opposed prior authorization requirements for what is to them basic health care.

A 1993 survey conducted for ACOG found that three-quarters of insured women, regardless of their current insurance coverage, oppose requirements to obtain prior authorization for obstetrical and gynecological care. The same result was obtained in a poll conducted earlier this year for the National Partnership for Women & Families (formerly the Women's Legal Defense Fund).

The putative purpose of the PCP/prior authorization system is to prevent unnecessary or excessive utilization of health care while ensuring that medical conditions are properly diagnosed and appropriate referrals made. But for many reproductive health care services, and especially for family planning, these rationales rarely apply. It is generally the woman, in accordance with her personal goals, rather than the provider making a medical determination, who identifies a need for family planning and decides whether to take action to avoid unintended pregnancy. Over-utilization is not an issue, and prior authorization may only delay or impede access to appropriate but time-sensitive care.

Prior authorization may also be difficult, if not impossible, in some cases, since definitions of appropriate care may be subject to the opinions and values of the PCP. A referral for a teenager seeking family planning may be withheld, for example, because the PCP considers her sexual activity inappropriate. Or, a referral for certain services could be withheld because the PCP has moral or religious objections to them.

And, while coordinating a woman's total health care through the PCP is at the heart of managed care, this concept can pose serious confidentiality problems for some women who may not want their PCP—who may also care for their parents or other family members—to know that they need, or have obtained, family planning services. Fear that their PCP will find out may result in care delayed, or foregone entirely.

30TH ANNIVERSARY YEAR
THE ALAN GUTTMACHER INSTITUTE
NEW YORK & WASHINGTON

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Washington, DC 20036

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Sandra Thurman
Director
Office of National AIDS Policy
600 SEVEN, 750 17th Street, NW
Washington, DC 20503

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Data entry form (Personal) (1 page)	06/23/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

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Correspondence - SLT - Incoming - 6/98 [Folder 2] [2]

2018-0764-F
jm2075

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P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Researcher to Sandra Thurman re: Cure for viruses (Personal) [partial] (1 page)	06/09/1998	b(6)

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Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

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Correspondence - SLT - Incoming - 6/98 [Folder 2] [2]

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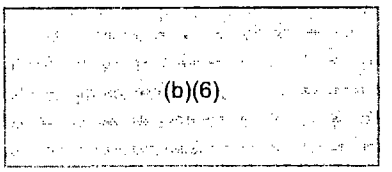
June, 9, 1998

Dear Sandra Thurman:

I received your third letter in regard to my discovery of the cure to all viruses. I am certain that I have found the cure to viruses. I already explained to you how I know that I have made this discovery. I have dozens of letters from many of the elected officials and health organizations I have written to about my discovery. No one has asked me a single queston. No one has said; Jerry if you are innocent of robbing the book store don't worry because justice will be had. If you do know what the cure to viruses is don't worry the necessary steps that need to be taken to see that the cure is (gotten) to those who need it are being taken. I have asked you for your help and I thank you for your concern.

Sincerely,



[0016]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. letter	American Red Cross to Researcher re: Cure for viruses (Personal) [partial] (1 page)	08/04/1997	b(6)

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RR. Document will be reviewed upon request.

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

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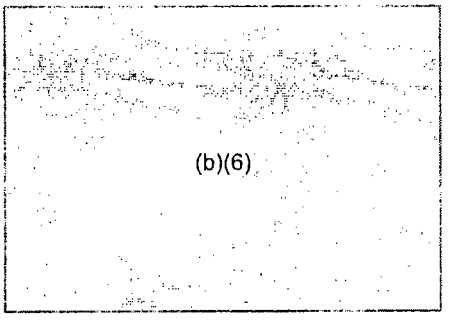
American Red Cross

National Headquarters
Jefferson Park
8111 Gatehouse Road
Falls Church, VA 22042-1203

August 4, 1997



[cole]

We regret that the American Red Cross is unable to give financial aid to individuals in need of assistance that is unrelated to war, natural disasters or emergency aid connected with the military.

Because we are dependent upon public contributions for carrying out our humanitarian mission in regard to disaster relief, emergency services for the military and other programs, including our blood services activities, we must honor the intentions of our contributors who make donations for these purposes. However, if you need help in finding other resources within your community, your local Red Cross chapter may be able to give you appropriate referrals.

We hope you will find a satisfactory solution to your discovery.

Sincerely,

Patrick F. Gilbo
Manager
Public Inquiry Center/
Historical Resources

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001d. envelope	Inmate researcher to Sandra Thurman re: Cure for viruses (Personal) (1 page)	06/10/1998	b(6)

COLLECTION:
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OA/Box Number: 19406

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Correspondence - SLT - Incoming - 6/98 [Folder 2] [2]

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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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JOHNSON
FOUNDATION

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Sandra L Thurman
Natl AIDS Pol Dir
Executive Ofc of the President
600
750 - 17th St NW
Washington DC 20503

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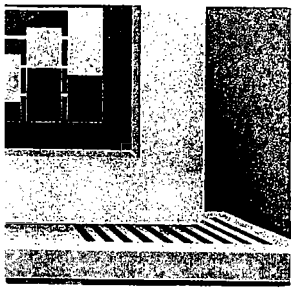


Changes In Health Care Financing And Organization 1998

THE
ROBERT WOOD JOHNSON
FOUNDATION

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10979	Sandra	Thurman	6/23/98	c-o-a confirmation

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			U.S. Postal Service	

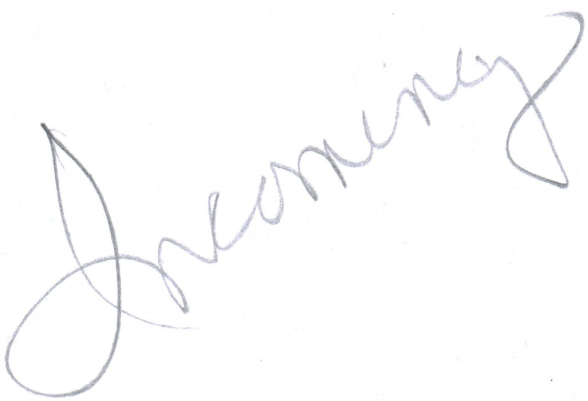
Action Completed	Action Date	Addressed To

Notes

Change of Address confirmation

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip



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CURRENT RESIDENT OR
SANDRA L THURMAN
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WASHINGTON DC 20006-3910

The purpose of this letter is to confirm that this request to forward mail is correct.

If this Change-Of-Address Order is for someone who has already moved from this address, no action is needed.

If the information listed above is correct, no action is needed.

If anything is incorrect with the Change-Of-Address order shown above, or if you did not ask the Postal Service to forward your mail, please call your local post office at (202) 523-2040. **Only your local post office can correct the Change-Of-Address Order.**

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Si no habla Vd. inglés o no comprende Vd. esta correspondencia, tómela Vd. consigo a la oficina de correos local para ayudarle.

(If you do not speak English or you do not understand this letter, please take it with you to your local post office for assistance.)

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