FOIA Number: 2018-0756-F

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Folder Title:
Meeting with Tim Wirth 2/18/94

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Office of the National AIDS Policy Coordinator

Executive Office of the President
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Washington, D.C. 20500

Phone: (202)690-5560
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Deliver To: Kristine, Steve

RECEIVED
FEB 10 1994

Sent From:

_____ Kristine Gebbie, RN, MN, National AIDS Policy Coordinator
_X_ Nancy A. Hazleton, MPH, CHES
Global Issues Coordinator
_____

Number of Pages: 3 + Cover Fax Number: 632-1096 Date: 2/9/94

Message:

attached is information on the DOS Interagency mtg to discuss US Foreign Policy on AIDS. DATE: FEB 15 @ 2 pm

United States Department of State

Washington, D.C. 20520

February 4, 1994

TO: Distribution

FROM: Tim Wirth

SUBJECT: Interagency Meeting to Discuss U.S. Foreign Policy on AIDS

You and appropriate members of your staff are cordially invited to attend an interagency meeting on Tuesday, February 15th at 2:00 p.m. in Room 6320 at the State Department.

The purpose of the meeting is to launch the interagency development of a comprehensive international policy on HIV/AIDS. We will address the various dimensions of HIV/AIDS as they relate to foreign policy. The attached list of invitees is a reflection of the scope of the issue -- it includes representatives from the military, economic, health, education, intelligence, and diplomatic communities.

Please phone Dr. Sharon Hemond at 647-4537 so that your pre-clearance at the State Department's "C" Street entrance may be arranged.

I look forward to working with you in this endeavor.

United States Department of State

Washington, D.C. 20520

FACSIMILE

TO: Kristine Gebbie,
National Coordinator on AIDS,
Executive Office of the President
FAX 690-7560

PAGES TO FOLLOW: 2

MESSAGE: See attached.

Invited participants to 2/15 meeting on AIDS:

White House: Kristine Gebbie, National Coordinator on AIDS

M.R.C. Greenwood, Associate Director for Science, National Science and Technology Council

Leon Fuerth, Office of the Vice-President

DOD: Edward Martin, Acting Assistant Secretary of Defense for Health Affairs

DHHS: Philip Lee, Assistant Secretary for Health

Anthony Fauci, Director, National Institute of Allergy and Infectious Disease

USAID: J. Brian Atwood, Administrator
Helene Gayle, Chief, AIDS Division

CIA: Doug Mceachin, Deputy Director for Intelligence

National Intelligence Council: Joseph Nye, Chairman

Labor: Leslie Loble, Acting Assistant Secretary for Policy

Commerce Everett Ehrlich, Special Advisor to the Secretary

Education: Sharon Robinson, Assistant Secretary for the Office of Educational Research and Improvement

Peace Corps: Carol Bellamy, Director

INS: Doris Meissner, Commissioner

State: Elinor Constable, Assistant Secretary, Bureau of Oceans and International Environmental and Scientific Affairs

Mary Ryan, Assistant Secretary, Bureau of Consular Affairs

Faith Mitchell, Special Coordinator for Population

Prudence Bushnell, Deputy Assistant Secretary, Africa Bureau

Sandra O'Leary, Deputy Assistant Secretary, Asia Bureau

AIDS/HIV

Total Federal Government Spending (by Function)

(Dollars in millions)

	1993					1994					1995				
	Research	Prevent.	Treatmt.	Income Support	Total	Research	Prevent.	Treatmt.	Income Support	Total	Research	Prevent.	Treatmt.	Income Support	Total
HHS:															
Public Health Service	$1,285	$395	$397	—	$2,077	$1,511	$447	$614	—	$2,572	$1,590	$447	$712	—	$2,749
Medicaid (Federal Share)	—	—	1,290	—	1,290	—	—	1,490	—	1,490	—	—	1,640	—	1,640
Medicare	—	—	385	—	385	—	—	500	—	500	—	—	600	—	600
Soc Security – DI	—	—	—	505	505	—	—	—	635	635	—	—	—	775	775
Soc Security – SSI	—	—	—	165	165	—	—	—	200	200	—	—	—	240	240
Office for Civil Rights	—	3	—	—	3	—	3	—	—	3	—	3	—	—	3
Subtotal, HHS	$1,285	$398	$2,072	$670	$4,425	$1,511	$450	$2,604	$835	$5,400	$1,590	$450	$2,952	$1,015	$6,007
(Non–PHS: non–add)	0	3	1,675	670	2,348	0	3	1,990	835	2,828	0	3	2,240	1,015	3,258
OTHER:															
Veterans Affairs Department	$7	$31	$287	—	$325	$6	$31	$294	—	$331	$6	$31	$312	—	$349
Defense Department	70	27	62	—	159	47	22	60	—	129	14	22	63	—	99
Agency for Internatl Development	—	117	—	—	117	—	117	—	—	117	—	117	—	—	117
Justice/Bureau of Prisons	—	1	8	—	9	—	1	9	—	10	—	1	11	—	12
State Department	—	1	—	—	1	—	1	—	—	1	—	1	—	—	1
Labor Department	—	1	—	—	1	—	1	—	—	1	—	1	—	—	1
Education Department	—	—	—	—	0	—	—	—	—	0	—	—	—	—	0
Housing and Urban Development	—	—	—	196	196	—	—	—	253	253	—	—	—	257	257
Ofc. Personnel Mgmt. – FEHB	—	—	98	—	98	—	—	108	—	108	—	—	119	—	119
Subtotal, Other	$77	$178	$455	$196	$906	$53	$173	$471	$253	$950	$20	$173	$505	$257	$955
TOTAL	$1,362	$576	$2,527	$866	$5,331	$1,564	$623	$3,075	$1,088	$6,350	$1,610	$623	$3,457	$1,272	$6,962
Change from Previous Year	$52	$46	$475	$258	$831	$202	$47	$548	$222	$1,019	$46	$0	$382	$184	$612
% Chg from Previous Year	4%	9%	23%	42%	18%	15%	8%	22%	26%	19%	3%	0%	12%	17%	10%

AID047

02/04/94

世界衛生組織執行委員會 決議 قرار المجلس التنفيذي لمنظمة الصحة العالمية
RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-third Session **EB93.R5**

Agenda item 9 21 January 1994

Joint and cosponsored United Nations programme on HIV/AIDS

The Executive Board,

Taking into account resolution WHA46.37 adopted by the Forty-sixth World Health Assembly in May 1993 calling for a study on a joint and cosponsored United Nations programme on HIV/AIDS to provide for global coordination of policies, approaches and funding;

Having reviewed the resulting study[1] and the Director-General's comments on that study;[2]

Welcoming the emerging consensus which supports a United Nations programme on HIV/AIDS designed in accordance with option A as set forth in documents EB93/27 and EB93/INF.DOC./5 (hereinafter referred to as the consensus option);

Recognizing the need for improved coordination and better use of internal and external resources in providing a multisectoral as well as a unified response to the AIDS pandemic;

Reaffirming WHO's constitutional mandate to act as the directing and coordinating authority for international health work;

Stressing the importance of the government's role as principal coordinator of national response to the HIV/AIDS epidemic, including the institutional role of the ministries responsible for health in the programming, implementation and evaluation of health measures,

1. RECOMMENDS the development and eventual establishment of a joint and cosponsored United Nations programme on HIV/AIDS, to be administered by WHO, in accordance with the consensus option;

2. REQUESTS the Director-General:

(1) to explore with the Secretary-General of the United Nations and the executive heads of the United Nations Children's Fund, United Nations Development Programme, United Nations Population Fund, United Nations Educational, Scientific and Cultural Organization, and the World Bank ways and means to facilitate the further development of this consensus option actively involving the Task Force on HIV/AIDS Coordination of the Management Committee of the WHO Global Programme on AIDS in this process;

---

[1] Document EB93/INF.DOC./5.

[2] Document EB93/27.

(2) to bring this resolution to the attention of the executive heads encouraging them to invite their governing bodies at their meetings in 1994, to join the WHO Executive Board in recommending the establishment of a joint and cosponsored United Nations programme on HIV/AIDS and to have their organizations become cosponsors in accordance with the consensus option;

(3) to report on this resolution to the World Health Assembly in May 1994;

3. REQUESTS the Director-General to invite the Secretary-General to recommend to the Economic and Social Council that it endorse the establishment of this programme at its 1994 session.

Eighth meeting, 21 January 1994
EB93/SR/8

= = =

Office of the National AIDS Policy Coordinator

Executive Office of the President
750 17th Street, N.W. Suite 1060
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Deliver To: Kristine Gebbie Stevo Lee

Sent From:

____ Kristine Gebbie, RN, MN, National AIDS Policy Coordinator
_X_ Nancy A. Hazleton, MPH, CHES
Global Issues Coordinator

Number of Pages: 1 + Cover Fax Number: 202-632-1096 Date: Feb 4, 1994

Message:

Attached is a summary of the interagency meeting of 2/3/94 @ DOS RE: proposed Paris NGO summary. Included are discussion points for your meeting w/ Dr Girard. If you have any questions, please call me at home on 301-251-9034.

Nancy

Summary of interagency meeting, February 3, on the proposed Paris AIDS summit, S. Hemond, OES

Present: State: Ed Malloy, Bud Rock, Sharon Hemond (OES/STH); Mary Ann Singlaub (AF); Ann Carson (EUR/WE); USAID, Helene Gayle; DHHS: Ken Bernard (OIH); Jack Chow, Ken Bridbord (FIC); EOP, Nancy Hazleton.

The group was in agreement on the following points:

- The Japanese are concerned that the June summit will overshadow the August AIDS conference that they are hosting. We do not want this concern to interfere with our ongoing cooperation with the Japanese to increase their contribution to international AIDS efforts.

- It is not logistically feasible to organize a summit in June -- particularly since the G-7 summit is in early July and since the President is also expected to attend the Normandie WWII celebration in early June.

- HIV/AIDS policies are either shifting or being developed, both in the U.S., particularly within USAID and State, and abroad, as well as within the U.N. system. Therefore this would be an inopportune time to bring together heads of government to discuss the issue.

- We can envision a Ministerial meeting in June which could pave the way for a subsequent governmental meeting.

- The U.S. might consider proposing AIDS to be on the agenda of the G-7 summit. A Ministerial meeting in June would then support the G-7 discussions.

- If a meeting occurs, the U.S.G. should be prepared for criticism of its immigration policy as well as the reduction in funding for international efforts, such as the Global Programme on AIDS.

Possible discussion points for Professor Girard visit:

- We are not in the position to commit the U.S.G. to a summit or a Ministerial meeting at this time but would like to use this opportunity to learn more about your proposal for a conference; for example, what are the concrete objectives of the conference? Have other governments indicated their intentions?

- Given the short time available, it would not seem possible to organize a summit meeting on June 17, particularly since the G-7 summit occurs only a few weeks later. Indeed, we wonder whether AIDS policies are developed to the stage which would justify a special summit rather than a Ministerial.

- We understand that the Japanese are concerned that a June Paris meeting would overshadow the August International AIDS Conference in Yokohama. If a June meeting does occur, we would want to ensure that it does not detract from the Yokohama meeting. A June meeting could even be used as a means to enhance the Yokohama meeting.

AMBASSADE DE FRANCE AUX ETATS-UNIS

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Washington, DC, 20007
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Le Conseiller
pour les Affaires sociales

Pr. Jean-François GIRARD, Director General for Health
&
Mr. Christophe LECOURTIER, Assistant (International Affairs) to the Minister

French Ministry of Social Affairs and Health

Meetings in Washington, February 6-8, 1994

1) National AIDS Policy Office

Ms. Kristine GEBBIE, National AIDS Policy Coordinator

2) Department of Health and Human Services

Dr. Phil LEE, Assistant Secretary for Health
Dr. D. A. HENDERSON, Deputy Assistant Secretary for Health
Ms. Patsy FLEMMING, Special Assistant (AIDS) to the Secretary

3) State Department

Mr. John BORITHT, Dep. Assist. Secretary, Sciences Technology & Health
Dr. Sharon HEMOND
Mr. Anthony ROCK

4) US AID

Ms. Carol LANCASTER, Deputy Administrator
Helene GAYLE, MD, AIDS Coordinator

5) World Bank

Ms. Janet de MERODE, Director, Population, Health & Nutrition Division
Jean-Louis LAMBORAY, MD, Public Health Specialist, PHN Division

6) Centers for Disease Control and Prevention

Dr. David SATCHER, Director

7) US Congress

Mr. Michael ISKOWITZ, Staffer, Senator KENNEDY
Mr. Tim WESTMORELAND, Staffer, Congressman WAXMAN

AMBASSADE DE FRANCE AUX ETATS-UNIS

TELECOPIE / FAX TRANSMISSION

De / From	A / To
Dr Pascal CHEVIT Conseiller pour les Affaires sociales Counselor, Social Affairs Téléphone / Phone #: (202) 944-6232 **Télécopie / Fax #: (202) 944-6257**	**Ms. Kristine GEBBIE** National AIDS Policy Coordinator Téléphone / Phone #: (202) 632-1090 **Télécopie / Fax #: (202) 632-1096**

Date: February 4, 1994

Nombre de pages, celle-ci comprise: **3** page(s), including this one.

Dear Ms. GEBBIE:

Let me thank you for accepting to meet with Dr. GIRARD, Director General of Health in the French Ministry of Social Affairs and Health.

It is my understanding that the meeting will take place on

Monday, February 7, 1994
at 8:00 a.m.
National AIDS Policy Office
750, 17th Street, NW
Suite 1060
Washington, DC 20503

Mr. Christophe LECOURTIER and I will be accompanying Dr. GIRARD.

Please find hereby, for your information, Dr. GIRARD's biographical sketch and a list of people he is to meet with.

Sincerely,

Pascal CHEVIT, MD

AMBASSADE DE FRANCE AUX ETATS-UNIS

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Washington, DC, 20007
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Le Conseiller
pour les Affaires sociales

BIOGRAPHICAL SKETCH

Pr. Jean-François GIRARD, MD

Director General of Health
French Ministry of Social Affairs and Health

Pr. Girard graduated from Paris University as a MD in 1974.

A clinical specialist in Nephrology, Jean-François Girard is in the medical staff and professor at Hôpital Broussais University Hospital in Paris.

He has also been involved in research activities in immuno-nephrology at INSERM (the French equivalent to the NIH) from 1971-79 and at Hammersmith Hospital in London (1975-76).

After having been Dean for medical studies at Broussais-Hôtel Dieu University (1978-83), Jean-François Girard was appointed special advisor to the Minister of Education (10/01/83 through 01/30/86).

Appointed Director General of Health in the Ministry of Social Affairs and Health on January 30, 1986.

Dr. Girard is also deeply involved in WHO activities, having been an Executive Committee and Program Committee member (1986-89 and 1990-93) and the President of the Executive Committee in 1992.

TO: National AIDS Policy Coordinator

FROM: Global Issues Coordinator

SUBJECT: Meeting with Counselor Timothy Wirth, Department of State, February 1, 1994

ATTENDEES: Project Hope, Global AIDS Action Network, USAID, International Center for Research on Women, Office of International Health (PHS), National Vaccine Program Office, Center for Strategic and International Studies, AIDS Action Committee, National Vaccine Program Office (PHS), Burroughs-Welcome, Africares, National Council on International Health, representatives from Congressmen Studds and McDermott's offices, and Department of State.

Counselor Tim Wirth opened the meeting by greeting the participants. He posed the question of where the US government was regarding AIDS and then outline the Department of State's responsibilities. He spoke of the upcoming bilateral negotiations with the Government of Japan and the meeting between Prime Minister Hosokawa and President Clinton and gave a brief overview of trade issues, open markets and a structural adjustment of the US economy. The end result should be a global partnership focusing first on technical issues and the environment. The US has indicated that major areas of importance are: oceans, forestry, human rights, counter narcotics, population and AIDS.

Counselor Wirth stated that the disproportionate expenditures of the US government were clear. In the international arena, Japan was not considered to be a major player. Their only significant contributions to the UN have been to UNFPA. They did agree to host the International AIDS Conference in Yokohama and the Government of Japan has committed 3 billion dollars towards population and AIDS activities.

Counselor Wirth stated that we needed to pull together the forces of the Administration. Both HHS and USAID, as major players, need to present a coherent package for the Administration. Lessons learned from the field can also be successfully translated back to the domestic scene. He stressed the role of the United States as a world leader and summarized by briefly discussing the French summit as a precursor to Yokohama.

The meeting was then opened to the participants for their comments.

BJ Stiles, National Leadership Coalition on AIDS, spoke briefly on the US immigration position.

Roy Widdus, National Vaccine Program Office, PHS, stated that immigration restrictions are counter productive as a public health issue and should be re-evaluated.

David Mixner, no affiliation, spoke of how AIDS in the US is an internally directed issue with scant attention being paid to the situation outside our borders. He spoke of the need for coordination of research efforts internationally, coordination in the development of pharmaceuticals, and increased prevention in low prevalence countries. He ended by stating the best thing to happen to the epidemic would be a cure.

Pru Bushnell of the Africa Bureau, DOS, reinforced Counselor Wirth's thoughts on US leadership. She also spoke of how important it is to communicate lessons learned and appearances as they relate very strongly to perceptions of sincerity and commitment to the issue. She stated that we should support local successes. She noted that the political struggle between WHO and UNDP dissipated energy and that we should concentrate on leadership and leaders who are cognizant of the problem and committed to solving it.

Frank Lostrumbo, National Council on International Health, talked about the perception of "foreign aid" by the US population and how it never has been a popular issue. He felt that we should apply marketing techniques to initiatives to gain support and strengthen national will. He suggested extending these initiatives not only to the health constituency but also the business community. He concluded by saying that health is the cornerstone of human resources which, in turn, will make economic development possible.

International Council on Research on Women, spoke of the linkages between population and AIDS. She also mentioned that domestic violence be included as part of a risk reduction strategy and the economic dependence of women in most parts of the world.

Paul Boneberg, Global AIDS Action Network, requested that a strong human rights component be included in the Paris summit. He also spoke of the impending cuts at USAID.

BJ Stiles stated that business leaders were aware, to some extent, of the HIV threat but that we should look to other partners in order to extend our efforts. He noted the Department of Transportation as an ally whose work force is disproportionately affected by HIV. He also noted that Northwestern and American Airlines have begun training of their personnel and have recognized that this is an industry wide issue.

The representative from Congressman McDermott's office spoke of evaluating the epidemic and looking to see where lessons were being applied in a repetitious fashion. He asked where we were going and how this will be reflected.

The representative from the Appropriations Committee stated that it was difficult to maintain international AIDS funding.

Counselor Wirth mentioned that this could be due to the end of the Cold War and the situation is perceived as a traditional health and development issue.

The representative from Congressman Studds's office spoke of the humanitarian issues of US government involvement in AIDS as well as the potential explosive impact on social, military and political stability. He stated that it is in our best economic interest to protect US citizens abroad and learn from foreign experiences,

Roy Widdus stated that there are over 30 US government agencies involved in international AIDS. He felt that we should define our involvement as global, rather than just economic or political.

Counselor Wirth then defined US leverage using seven concepts. They were:

1. Donor cooperation in prevention and treatment
2. Mobilize political will at the highest levels
3. Linkage with other development issues, ie
   health care strategies to include education,etc
4. Encourage more international science and research
5. Develop a strategy for human rights
6. Coordinate the US role in the UN system
7. Develop a number of regional strategies through:
   a. Organization of American States
   b. G-7
   c. Central and Eastern Europe

He also stated that Account 150 of the budget was for international affairs and that the outlook was "bleak."

While population is one of the key areas of the Clinton Administration, Counselor Wirth stated that this includes child health, female education and reproductive health, not just family planning. The State Department Human Rights Report was released on the same day and there is an emphasis on women's issues. Counselor Wirth noted that in refugee populations, the overwhelming number are women and children.

The point was also made that we must do what we can to sustain health care systems so that they do not collapse, that national AIDS programs must have credibility with their constituents and how to address the issue of AIDS orphans, both infected and non-infected.

He asked the group to define what is important and explain this to our various constituencies.

Nancy A. Hazleton, MPH

TO: National AIDS Policy Coordinator

FROM: Global Issues Coordinator

SUBJECT: Meeting Report-Representatives of the Government of France - Monday, February 7, 1994

PURPOSE: To discuss the upcoming French summit on AIDS

ATTENDEES: Kristine Gebbie, National AIDS Policy Coordinator
Professor Jean-Francois Girard, Director General of Health, Ministry of Social Affairs and Health
Christophe Lecourtier, Technical Counselor, Ministry of State
Anne Carson, France Desk Officer, Department of State
Nancy Hazleton, Global Affairs Coordinator, ONAP

DISCUSSION: After introductions, Professor Girard explained his government's position regarding the upcoming summit meeting on June 17, 1994. He also discussed the informal meeting, which was held in Paris on January 27-28. A technical report will be generated which will describe substantively the issues discussed and decisions reached at this meeting.

Professor Girard made several points in his discussion that could be regarded as the philosophical basis for the proposed summit. He discussed AIDS as a moral imperative, the summit as a reorientation towards the disease, and AIDS as a powerful tool to promote health in general.

On April 7-8 a meeting will be held in Paris for approximately 100 people, both technical and political, who will be nominated by their respective governments and invited by the Government of France. The purpose of this meeting is to forge a link between the technical state of the art and the political, as well as set the final agenda using the technical paper of the January 27-28 meeting as a basis.

Professor Girard stressed that by chiefs of governments attending this meeting, a strong political statement would be directed. As a secondary benefit, he stated that AIDS could be seen as a metaphor for international cooperation.

It was then discussed that on February 17, AmEmbassy Paris will be hosting a meeting of representatives from invited countries to discuss the proposed summit.

The State Department representative then spoke of the timing of the summit. It was pointed out that the 50th anniversary events of the Normandy invasion would be held during the summer as well as the G-7 meeting in Naples, Italy, in July.

There was some concern that the Government of Japan would interpret this French-proposed summit as a pre-emption of the International AIDS Conference in Yokohama in August. Professor Girard responded by informing the group that he would be traveling to Tokyo in two weeks for the express purpose of discussing the proposed summit with the Government of Japan. He concluded by stating that this was a question of political will.

As an alternative, a ministerial level meeting was suggested to develop strategy and a level of agreement amongst governments. Professor Girard made no commitment but did, however, state that invitations to the proposed summit would be issued from Paris within the next week or so. A flow chart and list of proposed invitees was given to the group.

Nancy A. Hazleton

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Washington, DC 20523-1817

Agency for International Development
Office of Health
Bureau for Global Programs, Field Support and Research

To: Kristine Gebbie
Phone: 202-632-1090
FAX: 202-632 1096

From: Helene Gayle
Agency AIDS Coordinator
703-875-4494
703-875-4686

Number of pages (including cover sheet): ____

MESSAGE:

RECEIVED
JAN 21 1994

Copy to Nancy Hayden
Andrew/AA
Note dates as possible
= copy to Carol E note —
We've never connected with Tony
Lake to clarify our international
role. The attached ~~could~~ would
makes this more
urgent - can you
help set up?

MEMORANDUM

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 contacted

Paris

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

Brussels

Representatives 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. Accomplishments

Paris:

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

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

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;

- 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.

THE WHITE HOUSE

WASHINGTON

Health Care Reform and the HIV Epidemic
Top Ten Issues

For those infected with HIV, the assurance of comprehensive health insurance is an essential public health goal.

The Office of the National AIDS Policy Coordinator has provided advice on policy formulation during the development of the Health Security Act (HSA). These efforts were directed towards assuring adequate care and services for people with HIV/AIDS. As the Congress now debates the HSA, the Administration is making every effort to assure that modifications to the President's proposal maintain equity and sensitivity to the special needs of HIV-infected individuals.

Private insurance companies, like other businesses, seek to maximize profits by choosing only "acceptable" insurance risks. Under the HSA, universal coverage is guaranteed. Universal means everyone! What does Health Security mean to you?:

* **Universal coverage - HIV status or other health conditions do not prevent you from getting coverage.**
* **Community ratings prevent persons with HIV infection from being charged more for premiums.**
* **Prescription drugs will be covered.**
* **Ryan White CARE Act services will not be lost.**
* **Any form of discrimination is prohibited.**
* **Essential providers - specialists in treating HIV and AIDS will be available to all people who need them.**

Based on a series of focus groups with people with AIDS and HIV/AIDS service organizations, a list of "top ten" concerns for the HIV community were identified. Information regarding these concerns is attached for your review.

I hope this information will be helpful to you. If I can be of further assistance or provide any additional information, please contact me or Andrew E. Barrer, Ph.D. at (202) 632-1090. Thank you.

Kristine Gebbie

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Top Ten Issues

1. **Premium Financing and Risk Adjustment**

2. **Availability of and Assured Access to "Essential Providers"**

3. **Long-term and Home Care Coverage**

4. **Availability of Mental Health and Substance Abuse Services**

5. **Impact of the HSA on the Ryan White CARE Act**

6. **Medicaid and Medicare Funding and Program Transition Issues, especially as related to the Medicare and Medicaid programs**

7. **Confidentiality**

8. **Grievance Procedures**

9. **Effects of "State Options" on the HSA package of benefits**

10. **Funding for Public Health System Core Functions (e.g. Behavioral Research, Prevention Services, etc.)**

1. Premium Financing and Risk Adjustment

Issue: Will the risk adjustment mechanism prevent "redlining" for persons with HIV/AIDS or other life threatening illnesses?

Summary: Yes. Redlining, or any attempts to limit access to people with HIV or AIDS is clearly prohibited. The HSA provides mechanisms which require states to spread the financial risks associated with special communities by adjustments which would take into account such factors known to affect utilization of services, such as age, sex, health status and services to disadvantaged populations. The health plans have to meet specific rules on enrollment, community rating, information, and grievance procedures.

2. Availability of HIV Specialist, "Essential Providers"

Issue: Will HIV positive persons be able to continue using their local HIV medical specialist?

Summary: The Health Security Act establishes a special category of health care provider which is referred to as an "essential provider". Any health care provider or organization can make application to be certified as an essential provider. Within the HSA, a Ryan White grantee or subgrantee can be automatically certified as an essential provider. Each health plan must enter into a written agreement with each essential provider located within its service area.

3. Long-term Care and Home Health Care

Issue: Persons with HIV/AIDS often need home health care and long-term care services. Will the Health Security Act provide those needed services?

Summary: Home health care is included in the nationally guaranteed comprehensive benefits package. A new long-term care initiative will expand coverage of home and community-based care. This will make it possible for more elderly and disabled persons, including persons living with HIV/AIDS to live in their homes and communities while receiving long-term care. The Act will improve

Medicaid coverage for persons in nursing homes.

The HSA will improve the quality and reliability of private long-term care insurance and provide tax incentives for persons to buy it; and tax incentives to help individuals with disabilities work.

4. Availability of Mental Health and Substance Abuse Services

Issue: Mental health needs in the HIV/AIDS community tend to be greater than the average. What will HSA do to provide these services? Injecting drug users, at high risk of HIV infection and transmission, currently have inadequate treatment and preventive services available to them. Will adequate services be available to treat these individuals in order to ameliorate their additive disease and halt the epidemic?

Summary: A base level of mental health services will be provided to all persons through the Health Security Act. We know that viable mental health services are part of a good program of health care and especially beneficial to HIV infected persons.

In order to make a significant difference in the rate of new infections in the injecting drug use population and their sexual partners, the HSA will provide substance abuse treatment to everyone.

5. Health Care Reform and the Ryan White CARE Act

Issue: Will the financial restructuring of the health care system assure the delivery of health care services appropriate to the needs of vulnerable populations whose access problems go beyond lack of insurance?

Summary: The comprehensive benefits package provided by the HSA may not provide all essential services for persons with HIV/AIDS. Conversely, a variety of services currently provided by the CARE Act would be covered under the HSA benefits package. These would include primary care services, medications, assistance for health insurance coverage, home-based services, case management,

transportation, and outreach. It may be necessary to utilize Ryan White CARE Act funds "freed up" by the provision of these services under HSA to subsidize the supplemental and client's share of insurance premiums, co-payments, deductibles, and expenditures that exceed spending caps.

The CARE Act is not a "band-aid" that can be discarded after health care reform. The Act will serve as a critical resource to sustain health care delivery systems and insure the continued delivery of essential and comprehensive health and support services to those infected with HIV.

6. Medicaid and Medicare Funding and Program Transition Issues

Issue: What impact will the HSA have on funding for the Medicaid and Medicare programs? What programs will be available during the transition from the old system to the one provided under the HSA?

Summary: Under the HSA adult Medicaid recipients who now receive cash supplements (currently 9 million beneficiaries) would be enrolled in the new system, but would not have to pay premiums. Further, they would be entitled to join a new state and federally-matched program providing wrap-around services similar to those now available under the Medicaid program. Children less than 18 years of age who are currently eligible or would be Medicaid recipients, with eligibility for wrap-around services (primarily based on poverty level), would be provided those services through a new federally funded (but state administered) program, ***regardless of their cash assistance status.***

The Medicare program will be preserved and strengthened under the HSA, which will add new coverage for prescription drugs and expanded coverage of home and community-based care.

7. Health Security Act (HSA) and Confidentiality Issues

Issue: What safeguards are envisioned for the handling of health information on HIV affected persons under the Health Security Act ?

Summary: The HSA addresses the issue of how information will be handled and what penalties will be imposed for misusing information. The HSA will provide guidance level information on creation of the oversight board, users and uses of information, privacy standards, enrollee rights, outright prohibitions, training of information handlers, and comprehensive health information privacy protection. The development of the Comprehensive Health Information Privacy Protection Act will be implemented within two years from the date of passage.

8. Grievance Procedures

Issue: How can individuals ensure that their health plan will provide the health benefits and services they require?

Summary: The HSA is intended to provide adequate health care coverage for all citizens and legal residents of the United States. The Act requires States to approve each health plan before it can engage in providing health care under the Act. The law prohibits exclusions because of pre-existing conditions or through "red-lining," the practice of excluding a particular group of individuals because of perceived high risk.

The Health Security Act includes a comprehensive grievance process for any person aggrieved by acts or practices which result in denial or delay of benefits or payments. Individuals must work within the individual plan's grievance process before going to adjudication through the Complaint Review Offices set up in each state. If there is a question as to an individual's eligibility for a plan, subsidies or cost sharing, the individual may go directly to court and all costs can be reimbursed if the court finds for the individual.

The complaint office must rule in under 30 days, although a 24 hour appeal is available in cases of emergency. Appeals must be processed within 60 days. There are means of appealing, with the national board being the ultimate administrative appeal.

9. "State Options"

Issue: What impact will "State Options" have on coverage under the HSA? What impact will it have on services, availability, and affordability?

Summary: Some states cover additional services under federally matched Medicaid programs. Under the HSA, a number of programs will become available at each state's option. To assure that there is not a loss of services to the person with AIDS, Ryan White will continue to act as the safety net to assure needed services reach all people in need. The expanded use of case management, will help follow individual needs and assure services are provided.

10. Public Health System Core Functions

Issue: What is the nature of the funding for research on behavior, health services and Core Functions of Public Health Programs?

Summary: The Health Security Act will provide funding for AIDS specific research and public health initiatives that will have to be provided under the authority of the Public Health System. Behavioral research into those behaviors that may cause or contribute to disease will be conducted by the National Institutes of Health. The Act will also provide funding for strengthening the public health core function of states, including those components related to diseases of public health significance. This support will allow communities to maintain strong programs to prevent the spread of HIV, tuberculosis, and other conditions of public health importance.

THE WHITE HOUSE

WASHINGTON

OFFICE OF NATIONAL AIDS POLICY
PUBLIC HEALTH SERVICE FY 95 BUDGET INFORMATION

Summary

The FY 1995 budget includes $2.7 billion in budget authority for the PHS for research, prevention and other related activities in the battle against AIDS and HIV infection. This is an increase of $177 million, or 7 percent, over the FY 1994 appropriations. The funds requested for HIV/AIDS activities are included in the budget for each of the PHS components. The tables below summarize the entire PHS-wide HIV/AIDS effort, both by PHS agency and by function.

For FY 1995, the President's Budget proposes a $93 million, or 16 percent, increase for HRSA's Ryan White AIDS health care services, and a $78 million, or 6 percent increase for NIH basic and preventive research on AIDS. (More detailed discussions of these program increases for AIDS are included in the individual agency sections.)

HIV/AIDS FUNDING BY PHS COMPONENT
(Dollars in millions)

	1993 Actual	1994 Approp.	1995 Request	+/-
FDA.....	$73	$72	$72	–
HRSA.....	390	608	701	+$93
IHS.....	3	4	4	–
CDC.....	498	543	543	–
NIH.....	1071	1301	1379	+78
SAMHSA.....	26	28	33	+5
AHCPR.....	10	11	12	+1
OASH.....	5	5	5	–
TOTAL, HIV/AIDS Budget Authority.....	2077	2572	2749	+177

SUBSTANCE ABUSE DOLLARS

In FY 94 $1.1 Billion was appropriated for block grants to states for substance abuse treatment. Through the efforts of the Office of the National Drug Control Policy Coordinator an additional $310 Million will be added to FY 95. This money is to be used by states for the most severe substance abuse cases, such as injecting drug abusers, who are at great risk for HIV transmission. $15.5 Million of the new money will be specifically earmarked for HIV-related substance abuse programs. Of the original $1.1 Billion, approximately 25 Million is also specifically earmarked for HIV related programs. (This number will be adjusted based on number of states that qualify in the coming weeks.) Because such abusers are at high risk for HIV transmission, this budget line is a significant part of federal AIDS prevention programs.

THE WHITE HOUSE

WASHINGTON

PRESS RELEASE

FOR IMMEDIATE RELEASE
FEBRUARY 7, 1994

FOR MORE INFORMATION:
JOHN PAUL GURROLA 202/632-1090
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FEDERAL AIDS BUDGET FOR 1995 INCREASES

WASHINGTON, D.C. -- Kristine M. Gebbie, President Clinton's National AIDS Policy Coordinator discussed the increases in the Federal budget on AIDS today. "In a time of over-all budget cuts and other budget-related program reductions, the President's continued commitment to HIV/AIDS is shown in a budget increase of nearly ten percent" Gebbie said. The Office of National AIDS Policy has three focus areas in its mission -- research, treatment/services and prevention. The budget requests for these three areas and the requests for the specific departments that are closely related to HIV/AIDS issues are described below.

The President's Budget proposes a 6% increase in NIH basic and preventive research for HIV and AIDS. This provides $1.379 billion for NIH AIDS research, a 29% increase since 1993. The President proposes an additional $231 million for AIDS research in other federal agencies, bringing the total federal investment to $1.61 billion.

This investment is combined with the Administration's commitment to improved management of AIDS research planning and budgeting at the NIH, and to enhancing government-wide and

private sector coordination.

HIV/AIDS treatment and care services are primarily funded through the Ryan White CARE Act. The Administration is recommending an increase in these treatment funds of 16.1% for a dollar increase of 93 million dollars. These funds will be split between the four titles of the Act as follows: Title I (cities) 39 million, Title II (states) 30 million, Title III (primary care systems) 19 million, Title IV (pediatric and maternity care centers) 5 million.

In FY 94 $1.1 billion was appropriated for block grants to states for substance abuse treatment, of which approximately $25 million were specifically earmarked for HIV related programs. The FY 95 budget shows an increase of $310 million for substance abuse treatment under the Substance Abuse and Mental Health Services Administration. This amount will go to the block grants given to states and will have direct impact on HIV prevention for persons with chronic substance abuse issues, including injecting drug users. This number will be adjusted based on the number of states that qualify in the coming weeks. Of the new amount, $15.5 million have been specifically earmarked for HIV prevention activities. Since drug abusers are at high risk for HIV transmission, we consider this budget line a significant part of our Federal AIDS prevention programs. HIV prevention activities under the Centers for Disease Control and Prevention will receive the same level of funding as in FY 94.

The Department of Health and Human Services, budget requests an increase of 592 million dollars over the 1994 level of spending. This raises the 1995 AIDS spending for HHS to nearly 6.0 billion. The increases within the Public Health Service include 93 million for the Ryan White AIDS services, 78 million for NIH and one million at AHCPR.

At the Department of Defense the 1995 budget request is divided between research, prevention and services/treatment money. $14 million is earmarked for research; $22 million for prevention and $63 million for treatment services for military members and their families.

The Department of Housing and Urban Development's (HUD) FY 95 budget requests $257 million towards the housing needs of people with HIV and AIDS. HUD funds can be used for a wide range of housing related services to prevent homelessness. Services can include emergency housing, transitional housing, and permanent housing arrangements; and the acquisition, rehabilitation and leasing of existing housing. Appropriate supportive services must be provided as part of HUD's HIV-related housing and include such activities as health and mental health services, permanent housing placement, chemical dependency treatment and counseling, day care, nutritional services, intensive care when required, and assistance in gaining access to local, state and federal government benefits and services. Housing Opportunities for People with AIDS remains stable at $156 million.

The Department of Veterans affairs, through its large system of hospitals, provides AIDS prevention education, performs research and provides treatment services to Veterans. The total VA budget request for FY 95 is increased by $18 M overall. Of the $349 M requested for FY 95, $312 M is earmarked for treatment services; $6 M for research and $31 M for prevention education.

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Office of National AIDS Policy

Federal HIV Funding

(In Millions of Dollars)

	FY 1994 Enacted	FY 1995 Budget	Dollar Increase FY 94 to FY 95	Percent Increase FY 94 to FY 95
Public Health Service	2,572	2,749	+177	+7%
Office of Civil Rights	3	3	+0	+0%
Veterans	331	349	+18	+5%
Defense	129	99	-30	-23%
Housing	253	257	+4	+2%
OPM-FEHB	193	213	+20	+10%
*Other	129	131	+2	+2%
Total Appropriations	***3610***	***3,801***	***+191***	***+5%***
Medicaid (Federal Share)	1,490	1,640	+150	+10%
Medicare	500	600	+100	+20%
Social Security	835	1,015	+180	+22%
Total Entitlement	***2,825***	***3,255***	***+430***	***+15%***
Total Spending	6,435	7,056	+621	+10%

* Includes USDAID, Bureau of Prisons, State, and Labor.

Note: Provided as draft by Office of Management and Budget 2/7/94.

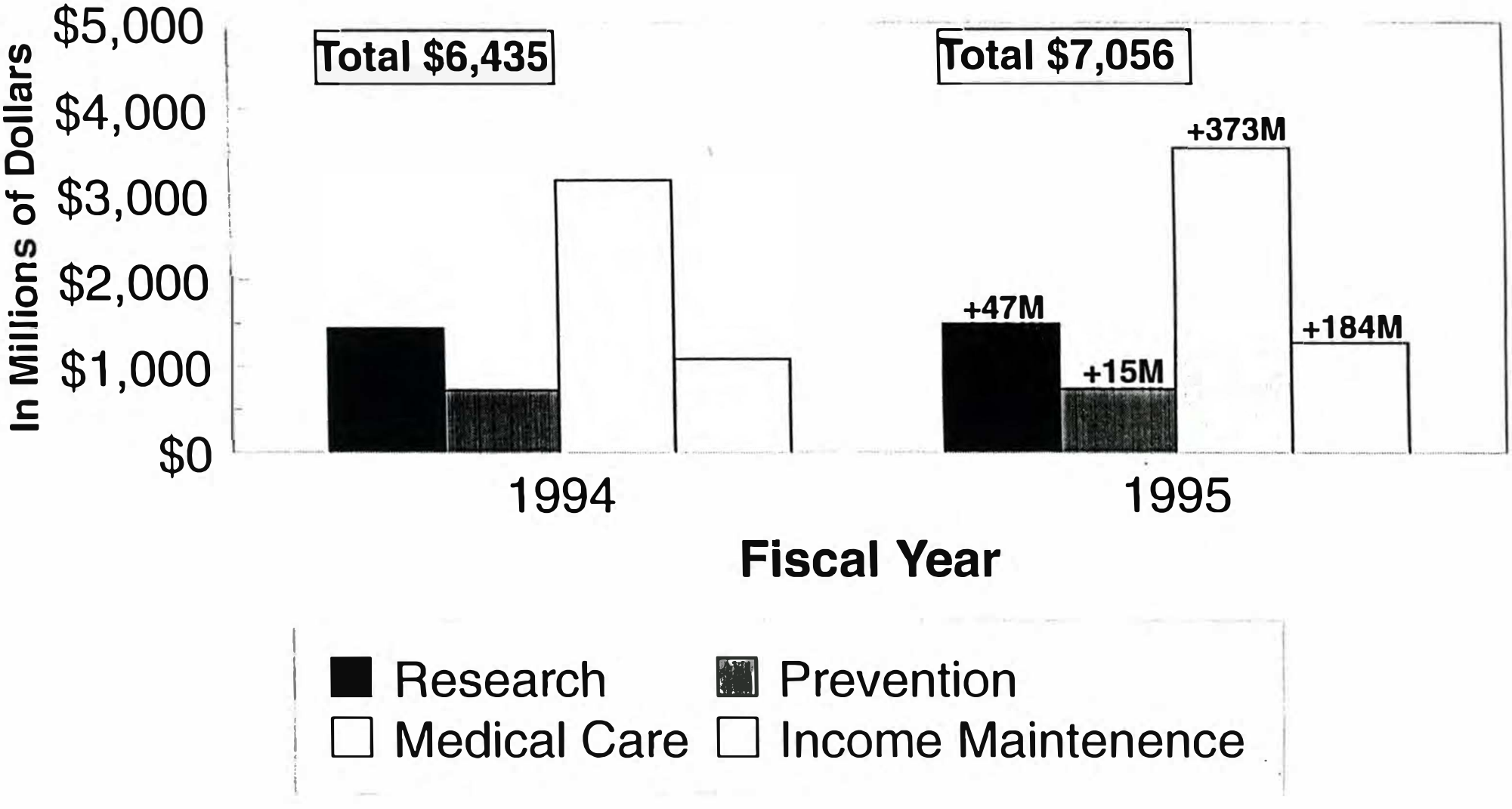
HHS HIV/AIDS Funding

(Dollars in thousands)

	1993	1994	1995		
				Chg. +/-	
	Enacted	Approp.	Pres. Budget	'94 Approp.	% Chg.
PUBLIC HEALTH SERVICE:					
FDA	$72,628	$72,399	$72,399	$0	0.0%
HRSA:					
Ryan White:					
Title I	$184,757	$325,500	$364,500	$39,000	12.0%
Title II	115,288	183,897	213,897	30,000	16.3%
Title III	47,968	47,968	66,968	19,000	39.6%
Title IV	--	22,000	27,000	5,000	22.7%
Sub, Ryan White	$348,013	$579,365	$672,365	$93,000	16.1%
Other HRSA AIDS	42,328	28,431	28,431	0	0.0%
Sub, HRSA	$390,341	$607,796	$700,796	$93,000	15.3%
IHS	$3,303	$3,556	$3,556	$0	0.0%
CDC	$498,253	$543,253	$543,253	$0	0.0%
NIH	$1,071,457	$1,301,045	$1,379,052	$78,007	6.0%
SAMHSA	$25,655	$28,111	$32,986	$4,875	17.3%
AHCPR	$9,624	$10,624	$12,000	$1,376	13.0%
OASH	$5,330	$5,323	$5,323	$0	0.0%
Subtotal, PHS	$2,076,591	$2,572,107	$2,749,365	$177,258	6.9%
ENTITLEMENTS:					
HCFA:					
Medicaid (Fed Share)	$1,290,000	$1,490,000	$1,640,000	$150,000	10.1%
Medicare	385,000	500,000	600,000	100,000	20.0%
Sub, HCFA	1,675,000	1,990,000	2,240,000	$250,000	12.6%
Social Security:					
DI	505,000	635,000	775,000	$140,000	22.0%
SSI	165,000	200,000	240,000	40,000	20.0%
Sub, Social Security	670,000	835,000	1,015,000	$180,000	21.6%
Subtotal, Entitlements	$2,345,000	$2,825,000	$3,255,000	$430,000	15.2%
OTHER:					
OS/Office for Civil Rights	$2,600	$2,600	$2,600	$0	0.0%
TOTAL, HHS	$4,424,191	$5,399,707	$6,006,965	$607,258	11.2%

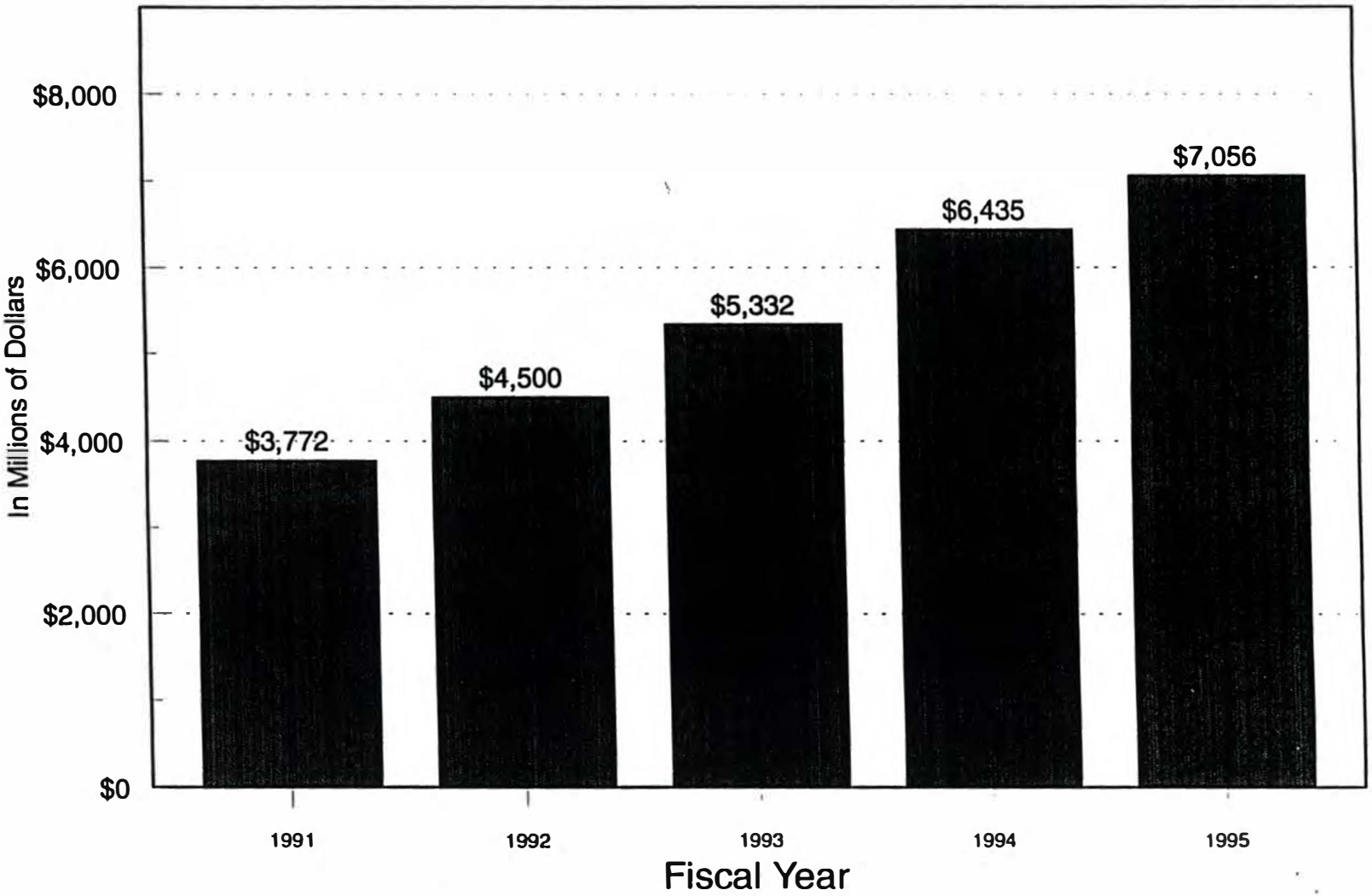
Office of National AIDS Policy

Federal HIV Funding



Office of National AIDS Policy

Total Federal Spending for HIV/AIDS
1991 THRU 1995



FY95 includes an estimated $15.5 million in HIV/AIDS prevention services in the Hard Core DrugTreatment Initiative, an increase of approximately $6 million above previous HIV/AIDS programming in SAMSHA