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United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

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DATE 7·12·94

PAGES TO FOLLOW 16

Sharon - Sue made a few notes

TO: Kristine Gebbie FAX 632-1096

AGENCY NAPC/ WhiteHorse

FROM: Sharon Hemond-Hrynkow PhD
OES/STH/TCH Room 5806

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MESSAGE:

Kristine - Attached is the latest version of the draft strategy. Page 11 has the immigration language. Note that this document has not been cleared through the agencies - some agencies may not clear some of the action items, but we will give it a shot. We are still working -- at the working level -- to develop more concrete action items for some agencies. The actions ~~for~~ for your office are probably not comprehensive.

Any thoughts or comments on this would be appreciated. I look forward to hearing from you.

Best regards,
Sharon.

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COMPREHENSIVE U.S. INTERNATIONAL STRATEGY ON HIV/AIDS

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INTRODUCTION

President Clinton has called HIV/AIDS "the health crisis of this century." Based on current knowledge, HIV/AIDS will also have an in increasing impact on international policy and programs well into the next century. No region of the world has been spared the steady, silent spread of human suffering associated with the disease, but the poorest regions of the world have been spared the least. The challenges associated with the spread of HIV are enormous. Our first hurdle is one of understanding: HIV/AIDS has devastating health consequences for infected persons and has an enormous impact on the families, friends and communities of infected persons.

However, the impact of AIDS also reaches beyond the health sector to include political, social, economic and security concerns. Even as we struggle with these issues in our own country, HIV/AIDS has profound implications for U.S. foreign policy. Indeed, HIV/AIDS represents a significant threat to the sustainable development of many countries. The spread of HIV/AIDS threatens to undermine democratic initiatives by destabilizing societies. Even national security interests are affected by the high rate of HIV infections among the military of certain countries. HIV/AIDS has raised our awareness that in many countries women's lower socio-economic status puts them at higher risk for becoming infected. HIV/AIDS has also brought to the fore the relationship between health status and human rights: mandatory testing, confinement of HIV-infected persons and other forms of discrimination against HIV-infected persons are but a few examples of HIV/AIDS-related human rights concerns.

Preventing the spread of infection and mitigating the impact of AIDS around the globe are urgent and daunting challenges. While a great deal has been done in the decade since HIV/AIDS was identified, much hard work remains ahead. The key to a successful global effort will be to work effectively with international partners in the context of a broad, comprehensive national and international approach.

As a leading contributor to global HIV/AIDS efforts, the United States will continue to play a major leadership role. To assist U.S. policymakers in this role, this document was developed. It is the product of a USG interagency working group in consultation with non-governmental AIDS activist groups, business and trade representatives, and non-governmental health care delivery organizations. The strategy articulates a set of principles on which all U.S. agencies and Departments agree in the fight against HIV-infection and AIDS and describes a concrete set of U.S. foreign policy actions which will enhance U.S. efforts in combatting global HIV/AIDS. As a framework to describe these principles and action items, the outline of the World Health Organization's "Global Strategy for the Prevention and Control of AIDS" is used. Three overarching principles form the outline both of the WHO and the USG strategy outlined below:

1) Prevent new infections;
2) Reduce personal and social impact, and;
3) Mobilize and unify national and international efforts.

BACKGROUND

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The number of AIDS cases will continue to rise in all regions of the world well into the next century. Two to three million new HIV infections are expected annually and by the year 2000, conservative estimates are that 30-40 million people worldwide will have been infected. In developing countries, the pandemic will take an increasing toll on social, economic and political structure. In the industrialized countries the economic impact will be felt largely in the health sector but serious questions will be raised concerning workplace discrimination, travel restrictions for infected persons, and broader human rights issues. It is anticipated that both developed and developing countries will participate in development, field tests, and subsequent distribution of HIV/AIDS vaccines.

Although HIV infection cannot be "cured," drug research in the 1980's and 1990's produced several drugs tht prolong and improve the quality of life for those infected with HIV. At least one of these drugs appears to reduced the risk that babies born to HIV infected mothers will be infected themselves. Access to adequate and affordable supplies of drugs that have been developed remains an issue. Despite enormous progress through research, there is no available vaccine which can prevent HIV infection and no drug that can halt the ultimate progression from HIV-infection to AIDS. The therapies which are effective for HIV-infection and HIV-related opportunistic infections are expensive and not avialable for widespread use in many countries. At present, there are over a dozen vaccine candidates in the early phases of clinical trials. However, even if one of these vaccines proves effective in preventing infection or progression of illness, it will be years before it can be produced and distributed equitably on a global basis.

Education aimed at <u>preventing</u> infections remains the central line of defense. Effecting behavioral change by reducing high-risk sexual and drug behaviors is the most pressing challenge. Emphasis should also be given to reducing HIV transmission from infected blood supplies. WHO estimates that if all developing countries were to implement a basic HIV prevention project -- information on how to avoid infection, promotion of condom use, treatment of sexually transmitted diseases, and the maintenance of a safe blood supply -- about one-half of the 20 million new infections expected worldwide between now and 2000 could be averted.

<u>Global HIV/AIDS is a U.S. Foreign Policy Concern</u>. While human suffering is the most significant implication of HIV/AIDS, the impact of the pandemic is being felt across a widening spectrum of society. HIV/AIDS is no longer solely a crisis of the public health sector but, due to the uniqueness of HIV/AIDS, has increasing impact on political, social, economic and security sectors. Several factors contribute to the uniqueness of this disease. AIDS tends to afflict those in their most productive years. The incubation period from initial infection to disease onset is upwards of ten years, during which time the infection may be unknowingly spread. Current prevention strategies rely primarily on changes in behavior, notoriously difficult to affect.

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As far as we know, infection with HIV is always ultimately fatal. Unlike other epidemics, AIDS will probably not run its course and subside. Without massive behavioral change and an effective vaccine, AIDS will continue to spread, especially in the Third World, reaching new levels of infection, deaths, human suffering, and social disorder that are staggering in dimension.

HIV/AIDS will increasingly undermine initiatives to foster key U.S. foreign policy goals, including democratization, economic development, conflict resolution and peacekeeping, and promotion of individual and political rights. With no effective and affordable long-term medical treatment or vaccine on the horizon and without more aggressive efforts to prevent new infections, the AIDS pandemic will overwhelm the underfunded and inadequate health delivery systems in much of the developing world and undo hard-won health, social, and economic gains of recent years.

The U.S. response to HIV/AIDS continues to evolve as we learn more about the virus and about the impact of the disease on societies. From our initial biomedical approach aimed at understanding the disease and developing therapies and vaccines, our approach has broadened -- and continues to broaden -- as our understanding increases of how social, cultural and political practices may undermine prevention strategies. Working to identify and adequately address these societal and cultural practices, as well as continued and vigorous efforts toward biomedical and behavioral solutions, are the linchpins of our approach to the epidemic.

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Principle 1. Prevent new infections
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The focus of U.S. and global efforts is on preventing new infections and AIDS cases by more effectively utilizing existing technologies, by working toward the development of more effective biomedical interventions, by continuing to support health-promoting behaviors, and by working to address underlying social conditions which may hinder prevention strategies.

A. POLITICAL LEADERSHIP AND NATIONAL RESPONSIBILITY. Prevention strategies are boosted by the active involvement of political leaders who openly address the HIV/AIDS issue.

-- National governments have the primary responsibility for instituting programs to prevent the spread of HIV/AIDS.

  o U.S.G. representatives should encourage other governments to increase their share of domestic spending for health and AIDS prevention activities and to establish or implement National AIDS Action Plans.

-- Both directly and through international action, the USG should encourage foreign leaders to address openly the AIDS pandemic in their own countries and to increase support for prevention programs.

  o The State Department will include AIDS on the agenda of the Secretary and senior DOS representatives, as appropriate, in their visits with foreign leaders. Emphasis will include, as appropriate, behavioral change and safeguarding the blood supply. The underlying social, economic, and cultural practices which contribute to the spread of HIV/AIDS will be addressed, as appropriate.

  o Ambassadors and embassy representatives will meet with foreign counterparts to discuss the U.S. policy on HIV/AIDS and to encourage leaders to expand HIV/AIDS prevention and mitigation programs.

-- Training and education of foreign representatives and health professionals will deepen the understanding of the potential impact of HIV/AIDS and will increase the ability to address the epidemic in their own countries.

  o The National AIDS Policy Coordinator's office will continue to develop the list of domestic training and scholarship programs on HIV/AIDS, including that of USIS, the PHS, and others. The list will be made available to appropriate foreign representatives through embassies.

B. IDENTIFICATION OF SUCCESSFUL BEHAVIORAL PREVENTION STRATEGIES AND THEIR APPLICATION TO OTHER REGIONS OR POPULATIONS (5)

-- USAID has the chief responsibility for incorporating successful prevention strategies into U.S. development assistance efforts.

-- The Department of Defense will continue its military-to-military educational programs on HIV/AIDS, which are expected to contribute to an overall decrease in the rate of infection in the military.

-- An increasing number of businesses and labor groups are developing effective workplace educational strategies which assist in prevention efforts. USG representatives will, as appropriate, foster the exchange of information within the international business community.

-- Strengthening the dialogue between domestic and international NGOs will assist efforts in identifying and transferring successful prevention strategies to new regions. The USG will emphasize the importance of NGO contributions to this effort in international and domestic policymaking fora, as appropriate.

C. RESEARCH. The development of preventive vaccines, more effective behavioral strategies and other biomedical interventions to reduce the spread of HIV infection, and therapies that suppress opportunistic infections and the progression to AIDS are the foundation of current prevention strategies.

Domestic efforts. The U.S. maintains the world's most advanced biomedical and behavioral research base. Many domestic discoveries in these areas will have international applications and impact.

-- The Congress should be encouraged to support the substantial U.S. research agenda on HIV/AIDS since these activities are most likely to produce a vaccine or other definitive answers to the epidemic that could be used globally.

-- The National Institutes of Health (NIH) has the primary responsibility for conducting and funding basic research to meet the nation's health needs. NIH's strong support for AIDS biomedical and behavioral research will be maintained. NIH will continue to support the Office of AIDS Research as the principal means of coordinating AIDS research within the NIH. NIH will work with the private sector, as appropriate, in developing drugs and vaccines to treat and prevent HIV infection and AIDS. These efforts will include dialogue concerning the need to develop therapies, vaccines, and technologies that are applicable to diverse geographical regions. Other high priorities include: basic behavioral research that will provide the basis for behavioral interventions, research on drugs and tratements which prevent HIV-related opportunistic infections, and research that will identify innovative biomedical approaches to interrupting HIV transmission.

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-- The CDC has a major role in safeguarding U.S. public healt CDC will continue to support both domestic and, when appropriate, international HIV/AIDS prevention activities, especially related to new prevention modalities. CDC's domestic and international surveillance activities, epidemilogic, behavioral research and prevention activities benefit international partners.

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-- The U.S. should establish a policy forum to review major advances made in HIV/AIDS research, both domestically and internationally, and to make policy recommendations to improve prevention efforts.

International efforts. The U.S. will strengthen its international research collaborations. These collaborations provide information about diverse strains of HIV which are becoming an increasing concern to the U.S., epidemiologic trends and mechanisms of HIV transmission, and successful behavioral strategies. Such collaborations will provide the basis for eventual large-scale testing of vaccines and therapies.

-- USAID will continue to support behavioral research, with the aim of developing culturally appropriate prevention strategies, and studies of the economic impact of HIV/AIDS, particularly at the household level.

-- The NIH and its Fogarty International Center has the primary responsibility for establishing and strengthening international scientific collaborations and training. NIH's Office for Protection from Research Risks will continue its advisory and regulatory role in ensuring that international research is conducted in an ethical manner and one that is consistent with agreed principles for protecting human subjects. NIH's Office of AIDS Research, in collaboration with the Fogarty International Center, will develop an inventory of NIH-supported research being conducted in both developing and developed countries.

-- In recognition that international health problems portend domestic concerns, CDC, in collaboration with other agencies, will work toward improved global monitoring of the spread of HIV/AIDS. In addition, CDC will continue its epidemiologic and laboratory research activities in international settings.

  o The State Department, in collaboration with the CDC, will organize a workshop to examine international surveillance and related policy issues.

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

-- The State Department will assist USG agencies in strengthening or establishing international research and training collaborations. USG representatives, including embassy personnel, will encourage foreign governments to recognize the value of supporting, both financially and in principle, HIV-related research. Where appropriate, embassies will assist in gaining approval for HIV/AIDS vaccine trials.

NB: gap here. need to consider in one forum the research activities of all agencies: USAID, DOD, NIH, CDC to have dialogue on what new directions are and so on. CISET structure??)

Emphasis on women's needs. HIV/AIDS research will include a special emphasis on the needs of women. Research aimed at development of technologies which increase women's ability to protect themselves from infection and which prevent the spread of HIV infection from mother to child are priorities.

-- USAID and the PHS will continue to work toward the development of technologies such as microbicides and the female condom and behavior strategies which will provide greater options for women to protect themselves from infection.

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Emphasis on prevention of infection from mother to child.

→ AZT Studies here.

D. BLOOD SUPPLY. Reduce infections through blood transfusions.

The overall number of HIV infections which is attributed to receiving blood from a tainted supply is relatively small. Still, technology has been developed to safeguard the blood supply. Making this technology available to countries in need and reducing the number of unnecessary transfusions will prevent the majority of infections acquired through this mechanism.

-- The U.S.G. will work with international partners to assist in safeguarding world blood supplies. The USG will emphasize in appropriate international fora the importance of reducing the overall number of transfusions, which are often performed needlessly, as part of bolstering its primary health care agenda.

  o The Public Health Service and the CDC will continue to provide technical assistance to other countries as a means of safeguarding the global blood supply.

  o USAID will support the development of new technologies and strategies applicable to reducing HIV transmission through blood transfusions in developing countries.

E. HIV/AIDS IS A MULTI-SECTORAL ISSUE. The most effective prevention strategies will take into account the multi-sectoral nature of HIV/AIDS. This view recognizes the potential adverse impact of HIV/AIDS to the health sector, the business sector, both urban and rural, national security, social institutions which provide stability to societies and other areas.

-- U.S.G. representatives, including embassy personnel, should advance the multi-sectoral approach to HIV/AIDS by addressing the issue with Ministries other than Health, such as Labor, Finance, Defense and Education both with other country governments and with the international private sector.

  o The State Department will elaborate this view in a demarche which will be delivered to appropriate Ministries.

F. ACCESS TO HEALTH SERVICES IS ESSENTIAL. Access to health services, and particularly those related to reproductive health and sexually transmitted disease, plays an essential role in enhancing the efficacy of prevention strategies. The U.S. will give priority to ensuring access to primary health care services, and particularly to reproductive health and STD services in all appropriate fora.

-- The USG will emphasize the importance of access to health services at international meetings, such as the International Conference on Population and Development, the Summit on Social Development, and the Conference on Women and Development, at non-governmental meetings, such as the International AIDS Conference and at regional AIDS conferences. (8)

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- In design and implementation of development assistance strategies, USAID will develop models which support WHO strategies and which underscore the linkage between provision of reproductive health services, the treatment of sexually transmitted diseases, and reduction in the spread of HIV/AIDS.

-- The DHHS will continue its support for a health care reform package in the U.S. which ensures universal access to health care services.

F. IDENTIFY SOCIAL AND ECONOMIC FACTORS WHICH MAY IMPEDE PREVENTION EFFORTS. Special attention should be given to groups on the margins of society, due to race, ethnic background, sexual preference, poverty, refugee status, age, injection drug use or other features, who may not have equal access to preventive education, information, health and social services available to the majority or who are forced into situations which place them at higher risk for HIV infection. Social and economic conditions and cultural practices thwart prevention efforts in many countries. To the extent that societies can reduce discrimination and promote respect for rights and dignity for all their members, they will be increasingly successful in reducing the social and economic damage wrought by the spread of AIDS. As outlined below, the U.S.G. should work with other governments and in every appropriate forum, including international conferences and within the U.N. system, toward improving the social and economic conditions which hinder HIV/AIDS prevention efforts.

-- The U.S. will work to include human rights concerns as they relate to AIDS prevention in the U.N. programme on HIV/AIDS.

Women. Particular emphasis should be placed on the lower social, educational, and economic status of women in some countries which de facto puts them at a higher risk of infection. Human rights abuses which result in selling of women and girls into prostitution and traditional practices which may increase the likelihood of becoming infected, such as female genital mutilation, domestic violence, and the increasing trend toward early childhood marriage, should receive a high level of attention. Land-tenuring and inheritance laws, which put women at an economic disadvantage and which therefore may provide an incentive for engaging in commercial sex work, should be reviewed.

-- The U.S. will emphasize the special needs of women in this regard at all appropriate international conferences and meetings, including the Conferences on Population and Development, Social Development, and Women.

-- An interagency staff level working group may be established, under DHHS and State co-sponsorship, to examine women's health issues and associated concerns.

Children: Cultural and societal attitudes which dissuade frank discussions about sex and gender issues can be counterproductive to prevention efforts. Successful and long-term prevention strategies must include age-appropriate education for 5 - 15 year olds which instill a sense that individuals have the right and the ability to protect themselves from infection. (9)

-- The U.S. will work to promote age-appropriate education on HIV/AIDS in every appropriate forum.

Migrant workers. The increasing necessity toward migration for employment poses multiple problems for successful prevention strategies. Migrant workers often lack access to primary health care and other services which are important for distributing prevention information. Worksites and the associated living conditions often present an environment which encourages high-risk sexual behavior. On returning home, workers spread the infection to family and community. The U.S. should recognize the special situation for migrant workers in appropriate policies and in the design of large development projects -- which are oftentimes the setting at which HIV infection is spread.

-- The USG will work with development banks to incorporate AIDS Impact Assessments as part of the approval process for loans in developing countries.

-- USAID will continue its strong support for projects which target high-risk and migratory or mobile populations, such as farm workers, miners and truck drivers.

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Principle 2. Reduce personal and social impact
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The provision of medical services and social support for persons with HIV and their families is the number one priority in reducing the personal impact of HIV. The development of long-term drug treatment for HIV and AIDS and for the opportunistic infections which complicate HIV infection, such as tuberculosis, is a priority in this regard. Inclusion of non-drug therapies in the treatment regime of HIV-infected persons which mitigate the effects of other complicating factors of HIV-infection, such as wasting, is another important emphasis area. The development of effective strategies for caring for infected persons and providing social support for the families of HIV-infected persons must be considered in any overall care strategy.

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

HIV/AIDS will have a broad impact on societies, including destabilization of families, of politico-military and civil structures, and on economic development. The U.S. should work toward reducing the adverse impact of HIV/AIDS in each of these areas.

Provision of care and support. Ensuring that all citizens have access to medical care is a priority in many countries. However, health care systems in many developing countries are inadequate to address the burgeoning number of AIDS cases. Scarce resources may be diverted from national savings or other sources which are critical for national economic stability in order to buttress the health care system. Developed countries will realize an increasing impact on health care systems as the number of AIDS cases grows.

-- The U.S. should support programs and policies which will bolster the health care infrastructure and health service delivery in developing countries. Special emphasis will be placed on strengthening of tuberculosis control programs.

    o USAID and the PHS will continue and expand efforts to bolster the health care infrastructures, including strengthening of tuberculosis control programs, in newly emerging democracies as well as in countries already hard-hit by HIV/AIDS.

-- The U.S. should continue to work with and to strengthen collaborations with international counterparts in both behavioral and biomedical research efforts in order to develop effective and affordable long-term treatments and strategies to provide care and assist HIV-infected persons and their families.

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- o USAID has the main responsibility for development of strategies which integrate care and prevention in developing countries.

- o Agencies of the PHS will continue to provide technical expertise to developing countries and to international organizations in order to develop and improve care and treatment strategies.

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- o The NIH will continue its strong program to define the progression of HIV-related disease and to develop drugs and other interventionsfor the clinical management of HIV/AIDS and related illnesses.

- o The State Department, USAID, and other agencies will continue to work toward improving distribution mechanisms for drugs and vaccines in developing countries and toward ensuring that new drugs and vaccines are available and affordable in the countries where they are most needed.

Human Rights. The consideration of the human rights of infected persons is essential to reducing the personal and social impact of HIV/AIDS. Non-discriminatory workplace policies, protection from punitive or coercive measures with respect to testing for HIV, and policies for entry into foreign countries which are based on sound public health practice should be promoted.

-- The Administration affirms that the U.S. Public Health Service is the sole authority for determining which health conditions are grounds for denial of entry into the United States.

  - o The U.S. Congress should remove HIV/AIDS from its list of excludable diseases for all visitors, tourists, and immigrants. This would not affect provisions for exclusion on the basis of the likelihood of becoming a public charge. (These exclusions are applied when there is sufficient reason to believe that applicants with one of several health conditions, including HIV and AIDS, would be unable to pay for necessary medical treatment.)

  - o The Secretary of DHHS and the Attorney General will address this issue publicly as a means of educating the American public and the Congress on this issue and to assist in efforts to remove the stigma attached to HIV-infectivity.

  - o Once U.S. policy on travel and immigration reflects sound public health practices, the U.S., while recognizing sovereign rights, should encourage other governments to do the same.

-- The State Department will include HIV/AIDS-related discrimination and other health-related issues as grounds for abuses and report on this in the annual Human Rights Report to Congress.

-- The U.S. should condemn AIDS control programs which rely on mandatory testing and on quarantine of those who test positive.

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Special emphasis on families. By the year 2000, it is estimated that 10 - 15 million children will have become orphans because of HIV/AIDS. They will swell the ranks of the unemployable, could become part of the alienated and increasingly criminal class in many cities, and will add to the worldwide increases in street children. The U.S. should advance this recognition in every appropriate forum, including upcoming international conferences, the devastating impact that HIV/AIDS has on families, and particularly on women and children.

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- o The U.S. will give priority to addressing the impact of HIV/AIDS on families in all appropriate international fora, such as the Summit on Social Development and the International Conference on Population and Development.

- o The U.S. will work with participating agencies of the Joint and Co-Sponsored U.N. program on HIV/AIDS, both as part of the joint program secretariat and its component agencies, to mitigate the impact of HIV/AIDS on families. Particular emphasis will be placed on encouraging UNICEF to more aggressively approach the HIV/AIDS issue.

Politico-military structures will be increasingly affected. HIV directly impacts military readiness and manpower, causing loss of trained soldiers and military leaders and shrinkage of recruit and conscript pools. (See Appendix 2 for regional assessment of HIV/AIDS and the military.) Military populations are at heightened risk for HIV/AIDS since they typically comprise large groups of young, sexually active men who are conditioned to feelings of invincibility, have money and time to spend on prostitutes and other forms of casual sex, and are removed from traditional mores and societal constraints on their behavior.

Military forces, through peacekeeping missions and demobilization, pose a particular danger in spreading HIV/AIDS. Worldwide peacekeeping operations will become increasingly controversial as militaries with high infection rates find it difficult to supply healthy contingents. Infected troops could be a risk to populations in host countries, and, given battlefield conditions, a risk to the troops with whom they serve. Peacekeeping forces with low HIV prevalence may contract AIDS during operations in high prevalence areas and spread the infection on their return home. The U.N. may have to grapple with politically sensitive choices, such as refusing to use HIV-infected troops for peacekeeping missions, leading to possible charges of racial bias or discrimination and meddling in what most militaries consider to be their sovereign national security concerns.

-- DOD will continue its military-to-military educational programs to improve prevention strategies in the ranks.

-- An interagency working group will be established, possibly with DOD and State Department co-chairmanship, to address the impact of HIV/AIDS on international peacekeeping operations. Participation will include representation from State (IO, OES and HA), the National AIDS Policy Coordinator's office, the PHS, USAID, CIA, and the DOD. Issues to be considered include risk of exposure of U.S. troops to HIV/AIDS and to HIV-associated and possibly multi-drug resistant TB; combat medicine conditions, including safety of the blood supply and treatment of non-U.S. troops; the importance of military training in the U.S. as a democracy promoting measure and the adverse impact of restrictive U.S. entry requirements, and the degree of spread of various strains of HIV due to peacekeeping operations.

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HIV/AIDS threatens economic development. While AIDS impacts most visibly on the highly skilled, mainly urban workforce, the disease could also have a devastating impact on the countryside over the next several years. As remittances from urban workers are often critical sources of income for family members who remain in the countryside, the illness and death of urban workers will mean fewer resources are available to rural communities and households. The loss of trained workers and supervisors will reduce the professional and technical and skills base, especially in smaller countries, while infection among the unskilled will disrupt routine operations even in sectors where replacements are readily available. Losses in the agricultural labor pool will lead to decreased production of cash crops as subsistance farming consumes all available labor in some communities.

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

-- The U.S.G., with cooperation of the State Department, the NSC and Treasury, will work toward including AIDS in the agendas of economic fora, including the G-7, and regional economic conferences.

-- The State Department will monitor the national security calendar and will ensure that every appropriate opportunity is used to advance our international AIDS policy.

To deepen the understanding of the impact of AIDS on the private sector, appropriate USG agencies will continue their dialogue with business groups, such as the National Leadership Coalition on AIDS.

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- The State Department, in consultation with the National Leadership Coalition on AIDS, other NGOs and appropriate USG agencies, will host a 1-day conference on the economic impact of global HIV/AIDS on U.S. business.

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Principle 3. Mobilize and unify national and international efforts.
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The United States is the largest international contributor to global HIV/AIDS activities, providing support primarily for HIV prevention activities, research and training. Along with its financial and scientific contribution, the United States plays a lead role in working with other governments, non-governmental and multilateral organizations to improve coordination of the global HIV/AIDS effort. Given the potential socio-economic impact of HIV/AIDS globally, and given the current and projected resource constraints, the coordination of national and international efforts is essential.

A. EXECUTIVE BRANCH. The U.S. agencies and Departments should strengthen domestic AIDS efforts and should encourage other governments to either design, implement, or strengthen their own national AIDS strategies.

-- An ongoing mechanism should be developed whereby USG agencies, the National AIDS Policy Coordinator, and non-governmental organizations, including religious leaders, the private sector, and citizens groups, exchange information and identify gaps and obstacles in adequately addressing the HIV/AIDS issue.

-- USG Departments and Agencies will work toward meeting the President's objective in educating the federal workforce on HIV/AIDS, including those based outside the US, & foreign national employees.

-- USG agencies will promote the international AIDS strategy with foreign representatives.

  - o The State Department will include AIDS briefings as part of the annual Environment-Science-Technology officers update courses. The Foreign Service Institute will include AIDS briefings in appropriate training courses, such as the A-100 course for new Foreign Service officers and the yearly course on key EST issues open to the Department and other USG personnel. State will use all available opportunities to discuss HIV/AIDS as a foreign policy issue, including the Open Forum and State magazine.

  - o The State Department, in close collaboration with USAID, will establish a mechanism to brief new ambassadors on the AIDS scenario for their host country and on the U.S. international strategy on HIV/AIDS.

  - o The State Department will include AIDS as part of required mission reporting. Progress and obstacles in meeting the three principles outlined in this paper should be reflected in mission reports.

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B. THE U.N. SYSTEM. To the extent possible, U.S. international policy on HIV/AIDS will be consistent with other international efforts, and those of the U.N. system in particular. (16)

The U.N. joint and co-sponsored program on HIV/AIDS. The U.N. program will provide an excellent framework for the coordination of bilateral and multilateral HIV/AIDS efforts. Continued support for the joint and co-sponsored UN programme on HIV/AIDS sends the message that the U.S. sees coordination as a critical element in a successful effort to combat global HIV/AIDS. The new U.N. programme on HIV/AIDS could serve as a model for other global health programs in the UN system.

-- The U.S. should encourage governments of industrialized and developing countries and the regional offices of the World Health Organization to support implementation of the new U.N. program. As this program is developed over the next year, the United States should encourage other donors to increase their contributions to the high levels already being contributed by the USG for international AIDS efforts.

-- The World Health Organization/Global Programme on AIDS Management Committee (GMC) and the GMC Task Force on HIV/AIDS Coordination provides opportunities for member states of the World Health Organization, who contribute to the existing U.N. program on AIDS, and other U.N. organizations to discuss progress toward achieving global goals. To develop USG positions for these bodies and other U.N. bodies, the State Department will establish an interagency group with participation from USAID, OES, IO, the DHHS, the National AIDS Policy Coordinator, and others.

AIDS Impact Assessments. The State Department, USAID, and other appropriate USG agencies, will work with development banks to ensure that new loans to developing countries take into full consideration the risks that new development projects may pose to the spread of HIV/AIDS.

U.N. General Assembly. The U.S. will work with other governments to place AIDS on the U.N. General Assembly special session agenda.

C. COLLABORATIONS WITH OTHER INDUSTRIALIZED COUNTRIES. The U.S. will work toward making agreements with other industrialized governments -- as has recently been accomplished with the government of Japan in the Common Agenda -- to build on the strengths of different governments in combatting HIV/AIDS.

- The State Department will identify potential partners through diplomatic demarches, among other means.

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