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THE WHITE HOUSE

WASHINGTON

January 27, 1994

Wilbur Hawkins
Acting Assistant Secretary
for Economic Development
U. S. Department of Commerce
Washington, D.C.
VIA FAX (202) 273-4781

RE: Canadian/U.S. meeting on impact of AIDS on the economy

Dear Mr. Hawkins,

Bluma Appel of the Canadian Foundation For AIDS Research has begun a campaign to bring our two countries together to discuss the economic impact on AIDS through the business leadership of each country. I believe that Ms. Appel has met with you and with William Ginsberg, Assistant Secretary-Designate.

Ms. Appel has identified a number of key Canadians willing to participate in a conference to highlight and educate the business community about the impact on AIDS in the economy. The end result of this education, would hopefully mean greater awareness in the need for early prevention education.

The Canadians identified for this project are: Harry G. Rogers, Deputy Minister, Office of Federal Economic Development (Ontario); The Honorable Henry Newton Rowell Kackman, Lieutenant Governor of Ontario; and William Alexander Farlinger, Chairman and CEO of Ernst & Young, Canada.

Our goal is to get Secretary Brown to help identify several U.S. business leaders to work with their Canadian counterparts on this idea and carry it through to fruition.

Please contact me at your convenience at 632-1090 to further discuss this idea and see where we should go from here. Thank you.

Sincerely yours,

Andrew E. Barrer, Ph.D.
Senior Advisor
Office of the National AIDS Policy Coordinator

To: Kristine M. Gebbie, RN, MN
Andrew E. Barrer, Ph.D.

Through: Arthur J. Lawrence, Ph.D.
George H. Walter

From: Alice M. Litwinowicz

Subject: Review of proposal for "Canada/United States Summit on HIV/AIDS" -- COMMENTS

Date: April 28, 1994

ISSUE

The Canadian Foundation for AIDS Research (CANFAR) submitted an informal proposal to conduct a "Canada/United States Economic Summit on HIV/AIDS." You requested an overall fact-finding on the proposal and a recommendation on whether the proposal is worth pursuing.

BACKGROUND

In December 1993, Bluma Appel, Chair of CANFAR proposed a "Canada/United States Economic Summit on HIV/AIDS" to the Office of the National AIDS Policy Coordinator in the United States and appropriate officials in the government of Canada. According to the proposal, the "private sector business community and organized labor movement" is conspicuously lacking in the partnerships between federal and provincial governments and community based organizations.

The proposal (see attachment A) suggests the business community "must be concerned about the future availability of work force and the loss of large numbers of consumers for their products. In economic terms, every young adult who becomes infected represent both a lost producer and a lost consumer - an automobile that will not be purchased, a tv set that will remain on the shelf, clothes that will not be bought."

The proposal suggests the outcome of the summit will be increased awareness and concern, which would lead to greater investment by the private sector in HIV/AIDS research and prevention programs for their workforce and for populations that are not reached by current government or community based organizations.

OVERALL INITIAL FINDINGS

In order to formulate a response to CANFAR, a number of persons familiar with different aspects of the proposal, were contacted, including economic, Business Responds to AIDS (BRTA) and international. In informal conversations, no consensus on the need for such a meeting emerged. I will outline some of the pros and cons raised under each area, below.

Economic

CANFAR raises critical questions regarding the economic impact of HIV/AIDS on demographics, universities, pensions, work force, insurance rates, consumer impact, health care costs, the tax base, social services, worker's compensation and social values. Unfortunately, there are no studies that have been conducted on these aspects of the epidemic in the United States or Canada. Moreover, because most of these issues are very complicated and intertwined, no appropriate economic model has yet been designed to separate out, say the impact of persons with AIDS no longer buying a certain automobile with a change in consumer taste or demand. In other words, sales could not be directly linked to HIV/AIDS per se.

On a somewhat more positive note, Paul Farnham, Ph.D., et al (under contract to CDC), just published a study entitled "Costs to Business for an HIV-Infected Worker." The good news is employers can expect to spend a maximum of $32,000 over five years for an HIV-infected employee, much less than the widely cited $85,000 to $100,000 estimates of the lifetime medical HIV/AIDS costs to society, according to this study. This relatively low expected business cost, combined with the intangible aspects of an employee's knowledge and experience, suggests there are significant benefits for an employer to retain HIV-infected workers on the job as long as their health permits.

This study was based on a model focusing on the average 35 year-old employee in a firm with more than 100 workers. They found the average cost to employers was $17,000, which included health insurance, short- and long-term disability benefits, recruiting, hiring and training costs, employee life insurance and pension costs.

According to Dr. Farnham and others contacted, there are no detailed studies of the United States or Canada, that CANFAR would like to present at this conference.

Senior Consultant HIV/AIDS Canada

Ronald St. John, M.D., M.P.H, the Senior Consultant HIV/AIDS in the Office of the Director General, Canada has worked with CANFAR and is familiar with the proposal. In our conversation, he "informally" briefly commented on the proposal:

- Overall, he is quite impressed with the Chair of CANFAR's ability and enthusiasm with the project. However, he does not believe it is "well thought out enough" to go forward. He advised that CANFAR get a group of advisors to help address this complicated issue.

- He also suggested instead of a Can/US meeting, that CANFAR piggyback on a two day meeting that will be held right before the X International Conference on AIDS in Japan. Because of the global economy and free trade agreements, like the North American Free Trade Agreement (NAFTA), CANFAR believes multi-national corporations would be concerned about the economic impact of AIDS.

  + CANFAR did not accept that suggestion; and

  + Dr. St. John noted the University of Washington has a grant from USAID to stage a 19 nation meeting on the impact of AIDS in Southeast Asia. (There is more on this in the Business Responds to AIDS section below. Apparently, CDC just became involved in this meeting and has some problems with it.)

- Dr. St. John pointed out that CANFAR wants to deal with CEOs of major corporations, as found in the Business Roundtable, rather than the National Coalition on AIDS, which may cause some splintering of the business community, instead of cooperation. As Dr. John indicates, there is a big difference between these two groups, as potential target audiences.

Business Responds to AIDS (BRTA)

In 1992, the National AIDS Information and Education Program (NAIEP) within the Centers for Disease Control and Prevention (CDC) began a cooperative effort between CDC and the business sector. It is a multifaceted program that will offer materials on HIV/AIDS for business and labor leaders, an extensive resource service, and an incentive program with awards for exemplary programs and activities.

While I note that the CANFAR proposal states "Although the US CDC has initiated an "AIDS in the Workplace Program" in collaboration with the National Leadership Coalition (a coalition of private industry in the U.S.), the effort has been supported by relatively few industries." Also, CANFAR proposes an entirely economic summit, with "no epidemiological, biological, sociological or therapeutic" it seems unlikely that would be possible, given the level of knowledge on this subject by corporate leaders.

At some level, BRTA has considered the problems that CANFAR raises and it does not seem appropriate to "reinvent the wheel." The BRTA Manager's Kit brochure points out that "50% of our nation's 121 million workers are in this largest age group at risk (between the ages of 25 to 44)."

In no particular order are some of the pros and cons to the proposal:

PROs:

- o This is a great opportunity to get the business community involved in HIV/AIDS.

- o How one approaches the business community is very different than other communities and CANFAR recognizes this.

- o If we market this correctly, we could tie the Federal mandate for HIV training in the workplace (President Clinton as the CEO of the largest firm who established training in the workplace) with what we want to come out of a meeting - it would be a win/win situation.

    - + It would be an ideal platform for World AIDS Day, by extending the mandate to the private sector or announcing it then to give American business an opportunity and challenge to match the Federal initiative. With the theme, "focus on the family," the corporate leaders are part of the family and community and need to be concerned about HIV/AIDS.

CONs:

- o CDC/BRTA would hate to see this opportunity "squandered" with a meeting of just a few major players.

- o This meeting is really putting the "cart before the horse" in that this is a really complicated issue and we should discuss our goals for such a meeting rather than establish the goal first and assume the "business community" will run with it.

- o As far as linking to the global economy, that is even more complicated than just the Can/US meeting. When the University of Washington approached CDC about the meeting on the impact of AIDS in Southeast Asia, they had the following concerns: there were no business in the planning; it could turn into "an Ugly American situation" because of cultural and language sensitivity; and the power in the Pacific basin, that is, are we calling on the businesses there or expressing concern from an US based multinational corporation or industry viewpoint?

RECOMMENDATION

There are several options you should consider. They are briefly described below:

Option 1

We develop a three or four step strategy to address the overall issue and not deal with this economic conference in isolation. We could use the domestic expertise developed by CDC, even without the exact economic impact of HIV/AIDS on each company in America, have certainly obtained "buy-in" using business type concerns and the Americans with Disabilities Act. We look at the broad international arena and work with Commerce, USAID, State and others to maximize our goals.

The CEOs of major corporations do not want to hear about the economic impact of HIV/AIDS. (Their human resource directors and marketing/sales personnel are already onto this issue.) If we have a meeting, CEOs want an action plan and what steps to take. We should have something lined up for them "to do" even if it is to film them with the President taking a stand on HIV/AIDS.

Option 2

We refer CANFAR to CDC and BRTA to work on this broad proposal and come up with a more definitive plan. We could also use that opportunity to provide more information to CANFAR on the complexities surrounding this issue. We could develop the appropriate premise for this meeting, better defining goals, objectives and outcomes.

Option 3

We address a different issue: the value of prevention and not link it to product sales.

In summary, gathering business together is a very good idea. What theory we have behind it and what we want to accomplish need a great deal more of "finessing."

We are in a position to do great things with business. However, the economics of HIV/AIDS does not directly lead to more philanthropy by business. We also do not want a meeting that works at cross-purposes, that is, an economic summit related to product sales or global economy issues which will "somehow" translate to a business rally for HIV/AIDS on prevention and research.
If you have questions or need additional information please let me know (690-5560, intercom 28).

Attachment

165 University Avenue
Suite 800
Toronto, Ontario
Canada M5H 3B9

1
8

CANFAR

Canadian Foundation
for AIDS Research

PROPOSAL FOR A CANADA - UNITED STATES ECONOMIC SUMMIT ON HIV/AIDS

BACKGROUND

Briefly stated, there are two major goals for HIV prevention and control established by the World Health Organization (WHO):

1. To stop HIV transmission; and

2. To care for HIV-infected persons.

Since the beginning of the HIV/AIDS epidemic, efforts to achieve these goals have required the formation of partnerships between government and community-based groups, other social sectors and volunteer associations. No single component of society is able to provide all the economic and social support required to sustain persons infected with HIV and all the necessary measures to prevent HIV infection. Governmental interventions for prevention and control would be largely ineffective without the thousands of volunteers who educate their peers, counsel the newly infected and comfort the sick and dying. Conversely, without education, care and treatment, the volunteer effort would be woefully inadequate.

In Canada as HIV has spread in ever enlarging circles partnerships have been forged between federal and provincial governments, the Canadian AIDS Society (representing hundreds of local community-based organizations), the Canadian Hemophilia Society, the Canadian Public Health Association, the Canadian Red Cross, the Canadian Association for HIV Research, and the Canadian Foundation For AIDS Research (CANFAR). Conspicuously lacking is the private sector business community and the organized labor movement.

Some industries and corporations have adopted an enlightened approach with the implementation of various HIV prevention programs in the workplace, however, in general the business community has tended to ignore the problem. Investment by the business community in HIV prevention and research has been minimal. Although the U.S. Center for Disease Control and Prevention (CDC) has initiated an "AIDS in the Workplace Program" in collaboration with the National Leadership Coalition (a coalition of private industry in the U.S.), the effort has been supported by relatively few industries.

Canadian Foundation
for AIDS Research

There is a need to increase the awareness, involvement and investment by the business sector in HIV/AIDS prevention and research. Since HIV strikes the most economically productive age groups in ever increasing numbers around the world, the business community must be concerned about the future availability of a work force and the loss of large numbers of consumers for their products. In economic terms, every young adult who becomes infected represents both a lost producer and a lost consumer - an automobile that will not be purchased, a tv set that will remain on the shelf, clothes that will not be bought.

PROPOSAL

CANFAR proposes a Canada/U.S. Economic Summit on HIV/AIDS. Its purpose is to present a carefully researched, in-depth economic analysis of the future impact of the HIV/AIDS epidemics on both the labour force and economic markets to leaders of the commercial sector (e.g., chief executive officers of Fortune 500 companies).

The focus of the Summit will be economic, not epidemiological, biological, sociological or therapeutic. Its goal is to increase the level of awareness, concern and investment by the business sector in HIV research and prevention.

The ultimate result of the Summit will be increased awareness and concern, which would lead to greater investment by the private sector in HIV/AIDS research and prevention programs for their workforce and for populations that are not reached by current government or NGO/CBO efforts. The Summit will provide the private sector with specific opportunities and examples for investments that will serve the interests of their own community through HIV/AIDS prevention and control.

For example, the current level of Canadian federal education/prevention investment in Canada is approximately $24 million a year. Its programs are targeted at the groups most at risk of acquiring HIV infection. Recently CANFAR has organized successful HIV/AIDS awareness functions at selected local high schools to reach the increasingly more vulnerable adolescent population. Without private sector partnership in these programs vulnerable populations of future workers and consumers will not be reached in ways that might impact their behaviours.

The Economic Summit would take place in the summer of 1995 to allow sufficient time for planning and organization. In addition, the International Conference on AIDS will not take place in 1995.

from Nancy Hayleton
for mtg in Germany
week of 6/6/94
file

AIDS COMMUNICATIONS - A GLOBAL LINKAGE

Over the past few years, there has been a virtual explosion of information and the means to access it due to refinements in computer technology. As the technology has advanced, both individuals and institutions have the ability to locate and retrieve massive quantities of information from around the world on literally any subject, as well as communicate interactively. The field of HIV/AIDS is no exception.

Computer-based technology provides the means for searching medical and research data bases, posing queries to and communicating with colleagues and sharing information globally. As information on HIV/AIDS is constantly being updated, computer-based technology allows researchers, practitioners, administrators and policy makers to use the latest information to make appropriate decisions. In the military medical arena, with its specific mandates, missions, culture and client groups, this technology can be used to link military medical and ancillary departments internally within their own service or as a consolidated effort with other military branches within a particular country. It also can be developed as a military specific network linking military medical departments on a global basis to share research, treatment and prevention information on a timely and cost effective basis as well as being used for training purposes using distance learning strategies.

Computer-based technology for the transfer of HIV/AIDS information has many advantages. Among these are: 1) Speed: Communications can be sent and retrieved instantaneously or, at most, in the space of a few hours. The advantage is that the time delays inherent in any ground or air delivery

postal system is avoided; 2) Ease of use: With the continued refinement of computer hardware and software, the technology is becoming more and more user friendly which is a positive reinforcer to continued usage. It is no longer necessary to understand the intricacies of programming or hardware to successfully utilize this technology; 3) Universal access; For example, a practitioner in Europe may wish to obtain information on treatment of dermatological conditions exhibited in HIV positive patients in South America. He or she can make a general query and receive feedback from peers and colleagues. This is an excellent way to communicate with other people with experience and expertise in the field, update ones knowledge base as well as exchange data and information. This information can be communicated widely through a command's own computer network, routed manually or sent to rural or isolated sites through packet radio networks.

One of the technologies available globally is the computer bulletin board system or BBS. The bulletin board system is a computerized information system that allows the operator to quickly exchange information, transfer files or research data bases. There are thousands of bulletin board systems around the world, many catering to specialized interests. The bulletin board system model I am going to discuss is the Global Electronic Network on AIDS.

Created in 1993 at the International AIDS Conference in Berlin, GENA consists of three networks. They are: AEGIS, the AIDS Education General Information System, which consists of United States and Canada based sites; HIV/NET, originally based in The Netherlands but extended to include European sites. Within HIVNET the following countries are represented: Belgium, Czech Republic, France, Germany, Ireland, Italy, The Netherlands, Slovenia, Sweden, Switzerland and the United Kingdom. GreenNet,the third component covers Asia and Africa. Members are: Ivory Coast, Kenya, Senegal, Ethiopia, Mozambique, South Africa, Tunisia, Uganda, Zambia, Zimbabwe, India, Philippine Islands,

Thailand and Australia. Non-hierarchical in nature and administration, GENA was formed to permit HIV/AIDS bulletin boards to share information and strive to avoid duplication.

GENA sites, or nodes, provide one with information on all aspects of HIV/AIDS. Some of the conference includes Women and AIDS, AIDS/ARC, AIDS and Spirituality and Pediatric HIV/AIDS. While topics are not specifically military in orientation, they can provide information that can be used generally or, in some cases, tailored to the military situation. Conference areas are interactive and allow one to communicate on a variety of topical subjects. Conferences are usually held in the language of the country, although many of the publications are in English or French. Current languages include Arabic, Portuguese, French, Italian, German and Dutch. Data bases include legal opinion (primarily US based), lists of organizations dedicatedto HIV/AIDS and extensive bibliographies and news items.

In order to access a bulletin board system, three components are necessary: 1) a computer; 2)a modem (an external or internal device used to connect to local telephone lines; and 3)a communications software package, such as ProComm or Crosstalk. Many BBS' located in larger cities allow the downloading of shareware or freeware or it is available at nominal cost. Again, as the technology continues to be refined, the cost of modems is dropping. For example, a 2400 baud modem can be purchased for under $30.00

The GENA network can be accessed by inserting the telephone number of the local board into the package, commanding the modem to dial the number and then signing on as a user. GENA operates through the Internet system, which requires a special account, or through another world-wide BBS system, FIDONET. FIDONET has over 20,000 modes and uses a relay system to send messages.

Messages pass through a regional hub on to the local node where it can be received on a personal computer.

As a tool of information dissemination, computer bulletin board systems can be used inexpensively, as well as extensively in accessing up to date information on HIV/AIDS. This model can be used widely by military medical departments on a global basis.

Thank you.

file

TO: National AIDS Policy Coordinator

FROM: Global Issues Coordinator

SUBJECT: Meeting Report, Department of State, January 28, 1994

This meeting was held to address two agenda items, upcoming global meetings at the State Department and review and discussion of draft discussion paper on elements of a comprehensive U.S. international AIDS policy. Attendees included representatives from NIH Fogerty International Center, PHS Office of International Health, DOS Refugee Affairs, USAID AIDS Program, and CIA. The meeting was chaired by Ed Malloy, Director, Office of Science, Technology and Health.

The first issue discussed was the upcoming meeting with NGOs involved with international AIDS. The meeting will be held at the DOS on Tuesday, February 1 at 10:30 AM. Representatives include NALCOA, representing the business community, Africare, representing health, Global AIDS Action Network (Paul Boneberg) and the AIDS Action Council, representing activists, Congressional staffers (including Rep. McDermott's office), CSIS, representing themselves and other NGOs. The meeting will be chaired by Counselor Wirth and will consist of an overview of the preliminary thoughts from the working group's previous meetings and subsequent discussion by the NGO participants.

The interagency meeting, which will also be chaired by Counselor Wirth, has been tentatively scheduled for the third week in February with no definite date.

The French summit meeting was then discussed. As of Friday morning, the invitations had not gone out. The date for the meeting is June 17 and it was noted that the G-7 will be meeting on July 1 and the International AIDS Conference in Yokohama will also be in July. Concerns were also expressed about the short turnaround time for this AIDS summit. It appears to have taken on a life of it's own while the U.S. government has yet to formally approve it. Per Ed Malloy, the U.S. government is interested in the concept but have not accepted it. The summit was announced publicly by Reuters on 1/27. It was felt that the French are promoting this summit as a means of restoring their prestige in the AIDS arena after the recent hemophilia scandal.

The discussion on the elements of comprehensive U.S. AIDS policy was free form. The overwhelming topics were: 1) developing political will to address AIDS while assessing countries capacities to deal with the multi-faceted problems; 2) pushing for a national mandate in foreign countries with the US assuming a technical position; 3)coordination among nations. Obstacles to

coordination include lack of political/cultural will, declining infrastructure and relationship of empowerment issues, especially as they relate to the status of women. The question was asked how foreign policy can address this with both short and medium term actions.

We were asked to develop our thoughts on the above issues and give them to State for compilation. The meeting adjourned at 12:30 PM.

OBSERVATION

I am uncomfortable with the Department of State defining these issues in mostly foreign policy terms and within the political/diplomatic framework. There appears to be no overall strategy towards addressing the French summit and this is an excellent opportunity for you to pull together all players, especially those with programmatic responsibilities (HHS, USAID and DOD), to work out our position at the French summit.

Nancy A. Hazleton, MPH, CHES

MEETING WITH VIKTOR RYBOKOV

1. Dr. Rybokov is a representative of Medicins du Monde but is sponsored by the Soros Foundation. He will be meeting at the clearinghouse to discuss education for physicians and health care workers in AIDS. I have arranged for Julia Plotnik to represent nursing, and Dr. Elaine Daniels of the AIDS ETC program to represent physician education.

AGENCY LEVEL MEETING

1. I need a sense of what level to have this meeting. DAS, etc,. I have complied a list but it is low level.

FOLLOW-UP STATE DEPARTMENT AIDS AWARENESS

1. Dr. Bruno has contacted Dr. Keyes of the Medical Branch to move on this. I will hand over to Lance Alworth.

PAUL BONEBERG

1. You have received a copy of Boneberg's e-mail. I am concerned about just who he represents and how much validity we should give him. Dr. Bruno of State is also concerned.

STATE DEPARTMENT TASK FORCE ON ZAIRE

1. CDC has advised me that the State Department has formed a task force to see what the Administration can do to avoid Zaire from becoming another Somalia. CDC has had over thirty years relationship with GOZ, as well as Project SIDA, which was abandoned due to governmental instability.

2. CDC would like to be considered to accompany any delegation that would go to Zaire. They have a cadre of epidemiologists with extensive in-country experience.

3. Because of the high incidence rate of AIDS in this country and strategic importance to US interests, it may be worth while to explore observer, if not participant status on this Task Force.

ISSUES TO DISCUSS WITH KMG

1. Update and follow/up on Marrakech
2. Global HIV/AIDS in the military
3. Meeting with NCIH
4. Meeting with Jackson Foundation
5. Meeting with Portugese
6. Meeting with Russian
7. Agency level meeting
8. Follow-up with State Department AIDS awareness
9. Paul Boneberg

UPDATE AND FOLLOW/UP ON MARRAKECH

1. Thank you letter to Linda Vogel

2. Any issues to f/u

3. Conference book

GLOBAL HIV/AIDS IN THE MILITARY

1. Any issues to f/u

MEETING WITH NCIH

1. Meeting held on December 7 with Mary Guinn Delaney (KMG met in Marrakech). NCIH VERY interested in collaborating with us both on international and domestic sides. Would like to organize a gathering between Council members and KMG early next year. Would also like this office to submit 500 word article bi-monthly for newsletter.
Given other contacts in AID Latin America and Asia bureaus.

MEETING WITH HENRY M. JACKSON FOUNDATION

1. Met with John Lowe, Executive Director, Francine McCutchan, Scientific Director for Vaccine Development, Ruth Bulger, Vice President for Scientific Affairs. Purpose of meeting was to learn more about Foundation's HIV work. Foundation is very interested in forging a close relationship with ONAP. Given overview of research activities. Requested Mr. Lowe provide office with policy issues Foundation was interested in. He will send. Asked to be briefed on behavioral research. Met the following day with Dr. Lydia Temoshok, Director of Behavioral Research who provided an overview of her research. Also met with CAPT Daniell, Head, Preventive Medicine and Epidemiology, U.S. Navy Medical HIV program. Dr. Temoshok is interested in alternative treatments for HIV and was referred to Dr. Joe Jacobs at NIH Office of Alternative Medicine.

MEETING WITH PORTUGESE

1. A delegation from Portugese speaking Africa (Angola, Mozambique), Portugal and Brazil will be attending an HIV information training course at the CDC AIDS Clearinghouse on January 10-21st. The delgation is sponsored by AID

French AIDS Summit

ROUTINE **UNCLASSIFIED**

WHITE HOUSE SITUATION ROOM

RECEIVED
MAR - 9 1994

PAGE 01 OF 02

PRT: FUERTH GEBBIE
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<PREC> ROUTINE <CLAS> UNCLASSIFIED <DTG> 081958Z MAR 94

Andrew nancy fyi

FM AMEMBASSY PARIS

TO RUEHC/SECSTATE WASHDC PRIORITY 0982
INFO RUEHXQ/ALL EUROPEAN COMMUNITY POST COLLECTIVE
RUEHGV/USMISSION GENEVA 0730
RUCNDT/USMISSION USUN NEW YORK 1487
RUEHSM/AMEMBASSY STOCKHOLM 1766
RUEHKO/AMEMBASSY TOKYO 2669
UNCLAS PARIS 06498
PASS WHITE HOUSE FOR VICE PRESIDENT AND CHRISTINE GEBBIE
E.O. 12356: N/A
TAGS: SOCI, TBIO, ELAB, FR
SUBJECT: FRENCH PROPOSALS FOR JUNE MINISTERIAL AND
- NOVEMBER SUMMIT ON AIDS
REF: STATE 55275

Does this mean Jin = SherPA?

1. WE PRESENTED THE REFTEL TALKING POINTS TO THE MINISTRY OF SOCIAL AFFAIRS MARCH 8, AND RECEIVED ADDITIONAL CLARIFICATION ON THE JUNE MINISTERIAL AND GOF THINKING CONCERNING THE SUMMIT PROCESS. THEIR PLANNING CONTINUES TO EVOLVE, SO THE APRIL EXPERTS' MEETING HAS BEEN CANCELLED IN FAVOR OF WHAT THE FRENCH ARE CALLING AN APRIL 8 SHERPAS' MEETING TO WORK ON A DECLARATION FOR THE NOVEMBER SUMMIT. A PRELIMINARY DRAFT OF THE TWO PAGE DECLARATION IS BEING FINALIZED AND WILL BE SENT TO SHERPAS AS SOON AS POSSIBLE.
2. THE JUNE 17 MEETING WILL INCLUDE MINISTERS FROM SEVENTEEN "RICH" AND SEVENTEEN "POOR" COUNTRIES, REPRESENTATIVES FROM U.N. AGENCIES (WHO, UNESCO, UNICEF, UNDP, AND UNPF), THE EUROPEAN UNION, COUNCIL OF EUROPE, IBRD, AND FOUR OR FIVE INTERNATIONALLY RECOGNIZED NGO'S. ALL PARTICIPANTS WILL RECEIVE A TWENTY PAGE DOCUMENT, WHICH IS BEING DRAFTED FROM CONCLUSIONS OF THE JANUARY "BRAINSTORMING" SESSION. THE DRAFT SHOULD BE COMPLETED THIS MONTH AND TRANSMITTED TO PARTICIPANTS WELL IN ADVANCE, SO THEY CAN PREPARE NATIONAL PAPERS. THE JUNE MEETING WILL DISCUSS THE BASE DOCUMENT AND NATIONAL/NGO CONTRIBUTIONS, WHICH WILL SUBSEQUENTLY BE SENT TO SHERPAS. THE GOF ENVISAGES THE SHERPAS THEN PULLING TOGETHER CONCLUSIONS AND DRAFTING AN ANNEX TO THEIR PREVIOUSLY AGREED TWO PAGE SUMMIT DECLARATION.

UNCLASSIFIED

WHITE HOUSE SITUATION ROOM

3. AS WE POINTED OUT IN TELCON TO OES ON MARCH 7, HEALTH MINISTER DOUSTE-BLAZY AND STAFFER WILL BE IN WASHINGTON THROUGH MARCH 8, IF DEPARTMENT WISHES TO RAISE ANY OF ITS CONCERNS. PROF. GIRARD ALSO IS OUT OF TOWN FOR THE WEEK. OUR INTERLOCUTOR INDICATED THAT GOF THINKING BASICALLY TRACKS THAT OF REFTEL IN THAT FRANCE BELIEVES THE MINISTERIAL SHOULD SUPPORT OTHER EFFORTS NOW UNDERWAY, INCLUDING YOKOHAMA. THE GOF ALSO OPPOSES ANY NEW STRATEGY OR INTERNATIONAL STRUCTURES, PREFERRING TO STRENGTHEN CURRENT EFFORTS AND INTERNATIONAL ORGANIZATIONS. THIS VERY STRENGTHENING IS THE REASON SOCIAL AFFAIRS MINISTER VEIL IS TRYING TO MOBILIZE HIGH LEVEL POLITICAL OPINION, THEY CLAIM.
4. THE FOREGOING IS FROM MINISTRY OF SOCIAL AFFAIRS OFFICIALS. WE HAVE NOT YET SPOKEN TO THE MINISTRY OF FOREIGN AFFAIRS, BUT ARE SENDING THIS MESSAGE BEFORE DOUSTE-BLAZY DEPARTS WASHINGTON.
HARRIMAN
BT
#6498
NNNN
<MSGID> M0923571

Street Address:
1601 N Kent Street, Room 1200
Arlington, VA 22209
Phone: 703-875-4726
FAX: 703-875-4686

Mailing Address:
Room 1200, SA-18
Washington, DC 20523-1817

Agency for International Development

Office of Health

Bureau for Global Programs, Field Support and Research

To: Kristine Gebbie

Phone:

FAX: 202-632-1096

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

Number of pages (including cover sheet): 6

MESSAGE:

Draft: LVogel, 2/16/94

UNCLASSIFIED

PRIORITY PARIS, GENEVA PRIORITY

E.O. 12356: N/A

TAGS: TBIO, OTRA, US, FR

EM
LV
BR

SUBJECT: PROPOSED FRENCH AIDS SUMMIT

1. SUMMARY: ON FEBRUARY 7, PR. JEAN-FRANCOIS GIRARD, DIRECTOR GENERAL OF HEALTH, AND OTHERS MET WITH SENIOR DHHS, AID, AND STATE DEPT. OFFICIALS AS WELL AS THE NATIONAL AIDS COORDINATOR TO SEEK U.S. SUPPORT FOR THE PROPOSED AIDS SUMMIT ON JUNE 17. DR. GIRARD PRESENTED THE RATIONALE FOR THE EVENT, LIST OF COUNTRIES TO BE INVITED AND OUTLINED OVERALL PROCESS. NUMEROUS QUESTIONS WERE ASKED BY U.S. OFFICIALS, INCLUDING ADEQUACY OF TIME TO PREPARE, POTENTIAL CONFLICT WITH WHO EFFORTS TO ESTABLISH JOINTLY SPONSORED UN GLOBAL AIDS PROGRAM, RELATIONSHIP TO AIDS CONGRESS IN JAPAN, WHETHER IT WOULD BE USEFUL TO INCLUDE DEVELOPING COUNTRIES BASED ON REGIONAL REPRESENTATION, AND THE BENEFITS THAT THE FRENCH EXPECTED TO ACCRUE FROM THE SUMMIT. DR. GIRARD DID NOT MAKE A COMPELLING CASE FOR THIS SUMMIT. DR. GIRARD WAS ADVISED THAT THE U.S. WOULD GET BACK TO HIM WITH OUR VIEWS. CONCERNED U.S. AGENCIES RECOGNIZE THAT THE SUMMIT COULD BE BENEFICIAL IF POSTPONED UNTIL LATE NOVEMBER OR DECEMBER TO ALLOW MORE REASONABLE TIME FOR PLANNING AND IF A REPRESENTATIVE NUMBER OF DEVELOPING COUNTRIES ARE INCLUDED. AMBASSADOR IS REQUESTED TO MEET WITH SIMONE VEIL AND PRESENT U.S. POSITION BASED ON TALKING POINTS PROVIDED PARA . A SEPARATE MEETING WITH GIRARD BY OTHER EMBOFF WITH GIRARD IS SUGGESTED TO COVER SAME POINTS. END SUMMARY

2. ON FEBRUARY 7, PR. JEAN FRANCOIS GIRARD, DIRECTOR GENERAL OF HEALTH, ACCOMPANIED BY MR. CHRISTOPHE LECOURTIER, CONSEILLER TECHNIQUE, CABINET DU MINISTRE D'ETAT, MINISTRE DES AFFAIRES SOCIALES DE LA SANTE ET DE LA VILLE; AND DR. PASCAL CHEVIT, COUNSELOR, SOCIAL AFFAIRS, EMBASSY OF FRANCE, MET, IN SEPARATE AGENCY MEETINGS, WITH: (A) AT THE DEPARTMENT OF STATE DR. JON BORIGHT, OES; AT USAID, MS. CAROL LANCASTER, DEPUTY ADMINISTRATOR AND DR. HELENE GAYLE, ~~DIRECTOR, AIDS PROGRAM~~; AT DHHS, MS. PATSY FLEMING, SPECIAL ASSISTANT TO THE SECRETARY, DR. PHILIP LEE, ASSISTANT SECRETARY FOR HEALTH, DHHS; AT THE WHITE HOUSE, DR. CHRISTINE GEBBIE, NATIONAL AIDS COORDINATOR; AND SEPARATELY IN HHS WITH DR. DAVID SATCHER, DIRECTOR CENTER FOR DISEASE CONTROL AND PREVENTION AND DR. D.A. HENDERSON, DEPUTY ASSISTANT SECRETARY FOR HEALTH AND SCIENCE. THIS CABLE SUMMARIES POINTS DISCUSSED COLLECTIVELY IN THOSE MEETINGS.

3. DR. GIRARD OUTLINED THE OBJECTIVES OF THE PROPOSED SUMMIT AS FOLLOWS:

--TO DEMONSTRATE STRONG POLITICAL INTENT AT THE HIGHEST LEVEL OF GOVERNMENT TO SEND A SIGNAL TO THOSE WHO ARE INVOLVED IN THE FIGHT AGAINST HIV/AIDS AND TO THOSE WHO ARE AFFLICTED WITH THE DISEASE THAT HIV/AIDS IS RECOGNIZED AS A MAJOR SOCIETAL PROBLEM AND THAT THE COUNTRIES ARE PREPARED TO DEAL WITH IT.

--IN LIGHT OF BUDGET CONSTRAINTS TO BRING ABOUT BETTER COORDINATION AND UTILIZATION OF RESOURCES, AND TO DETERMINE THE BEST ROLE FOR MEMBER STATES TO PLAY AS PART OF THE JOINTLY SPONSORED UN GLOBAL AIDS PROGRAM.

--TO FOCUS ON STRATEGIC IMPLEMENTATION OF PROGRAMS TO FIGHT AIDS, TO LOOK AT WHAT THE PANDEMIC WILL BE IN TEN YEARS, AND TO ASSURE THAT WE ARE DOING THE BEST BOTH TECHNICALLY AND FOR HUMAN RIGHTS.

4. A LIST OF SEVENTEEN DEVELOPED COUNTRIES WHO WOULD BE INVITED TO PARTICIPATE WAS PROVIDED BY DR. GIRARD AS WAS A SCHEMATIC OUTLINING THE PROCESS LEADING UP TO THE CONFERENCE. DR. GIRARD ADVISED THAT THE NEXT STEP WOULD BE ISSUANCE OF INVITATIONS BY THE FRENCH PRIME MINISTER. THE INVITATION WOULD INCLUDE A DRAFT DECLARATION TO BE ISSUED FROM THE SUMMIT. THIS WOULD BE FOLLOWED BY A MEETING IN PARIS APRIL 7-8, INCLUDING BOTH DEVELOPED AND SELECTED DEVELOPING COUNTRIES PLUS SOME NGO'S. THIS MEETING WOULD FOCUS ON TECHNICAL ISSUES. THIS U.S. IS PLANNING TO PARTICIPATE IN THIS MEETING, WITH REPRESENTATION COMING FROM DHHS AND AID.

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5. QUESTIONS/ISSUES RAISED INCLUDED:

--ADEQUACY OF TIME TO PREPARE. AT HHS MEETING, THE TIME REQUIRED TO PLAN FOR THE WORLD SUMMIT ON CHILDREN WAS NOTED. THIS WAS A PROCESS THAT OCCURRED OVER MORE THAN A YEAR. DR. GIRARD DID NOT APPEAR TO BE CONVINCED THAT THE TIME IS INADEQUATE, PERHAPS PROPELLED BY THE PRESS OF FRANCE'S DOMESTIC POLICY SITUATION.

--WHAT THE FRENCH EXPECT TO COME OUT OF THE PROCESS. DR. GIRARD EXPECTS THE MAIN OUTCOME TO BE A "SIGNAL" TO THOSE WHO ARE WORKING ON AIDS AND THOSE WHO ARE AFFLICTED THAT HERE IS HIGH LEVEL COMMITMENT AND THAT INTERNATIONAL EFFORTS TO COMBAT AIDS WILL BE BETTER COORDINATED. CONCERNED U.S. AGENCIES BELIEVE THE OUTCOME MUST BE MORE CLEARLY DEFINED.

--WHETHER THE SUMMIT WOULD ADDRESS ISSUES (E.G. COORDINATION OF INTERNATIONAL EFFORTS TO COMBAT AIDS) THAT SHOULD MORE APPROPRIATELY BE ADDRESSED IN THE CONTEXT OF THE JOINTLY SPONSORED GLOBAL PROGRAM ON AIDS, ~~FOR WHICH THE SECRETARIAT WILL BE LOCATED AT WHO.~~ WE WANT TO ASSURE THAT THE SUMMIT WOULD NOT BE INADVERTENCE WEAKEN THE UN ~~GPA~~ Program BUT RATHER SERVE TO STRENGTHEN IT AND COUNTRY COMMITMENTS TO IT.

Could be more adequately addressed by

--WHETHER THE SUMMIT MIGHT DETRACT FROM THE INTERNATIONAL CONGRESS ON AIDS TO BE HELD IN YOKOHAMA, JAPAN. DR. GIRARD INDICATED ~~THAT THE SUMMIT COULD ENHANCE THE~~ CONGRESS BY PROVIDING AN IMPORTANT SIGNAL OF HIGH LEVEL COMMITMENT TO THE SCIENTISTS AND OTHERS WHO WILL PARTICIPATE IN THE YOKOHAMA MEETING. A SUMMIT AFTER THE YOKOHAMA MEETING COULD, POTENTIALLY, BE ~~JUST AS~~ Equally EFFECTIVE.

--WHETHER IT MIGHT SEND THE WRONG SIGNAL IF ONLY THE SEVENTEEN DEVELOPED COUNTRIES IDENTIFIED BY THE FRENCH WERE AT THE TABLE. HHS OFFICIALS NOTED THAT THIS MIGHT RESULT IN A POLITICAL LIABILITY AND THE SUMMIT, IF HELD, MIGHT PROVIDE AN IMPORTANT OPPORTUNITY TO BRING IN SELECTED COUNTRIES, FROM EACH REGION, WHO HAVE A STAKE IN GLOBAL EFFORTS TO COMBAT AIDS. COUNTRIES MENTIONED ~~TO~~ INCLUDED INDIA, SENEGAL, AND THAILAND, because of magnitude of problem, and/or existing commitment

6. DR. GIRARD WAS ADVISED OF THE IMPORTANT COMMITMENT MADE DOMESTICALLY BY THE CLINTON ADMINISTRATION. THIS INCLUDES: WITHIN THE PRESIDENT'S HEALTH REFORM PROPOSAL, THERE IS ASSURANCE THAT ALL IN THE UNITED STATES WHO ARE OR MIGHT BE STRICKEN WITH AIDS WOULD HAVE HEALTH INSURANCE COVERAGE, AND THEY WOULD NOT LOSE THAT PROTECTION. THE policy ESTABLISHMENT OF THE NATIONAL AIDS COORDINATORS OFFICE, WHICH ~~DR.~~ ~~CH~~RISTINE GEBBIE HEADS. THE BUDGETING OF AN

Ms. K

UNPRECEDENTED AMOUNT OF MONEY FOR HIV/AIDS PROGRAMS, WITH THE ONLY OTHER PROGRAM HAVING A NEAR COMPARABLE INCREASE BEING CHILD IMMUNIZATION. THE AIDS EDUCATION FOR ALL FEDERAL EMPLOYEES, WHICH SENDS OUT A SIGNAL TO THE PRIVATE SECTOR ABOUT LEADERSHIP AT THE WHITE HOUSE. THE OPENNESS OF COMMUNICATIONS THAT HAS DEVELOPED, AND THE ENTIRE CHANGE OF ATTITUDE AS WELL AS POLICY AT THE FEDERAL LEVEL THAT HAS OCCURRED WERE NOTED.

7. DR. GIRARD WAS ADVISED THAT THE ADMINISTRATION IS WORKING WITH A BUDGET THAT CANNOT BE INCREASED. THE POTENTIALLY DIFFICULT SITUATION THAT THE HEAD OF THE U.S. DELEGATION MIGHT BE IN IF THE U.S. COULD NOT GO TO THE TABLE WITH AN INCREASED INTERNATIONAL COMMITMENT FOR AIDS WAS RAISED.

8. WHILE RECOGNIZING THAT THE SUMMIT COULD HAVE SOME POSITIVE BENEFITS, IT IS QUITE CLEAR THAT ARRANGEMENTS, ARE NOT SUCH THAT PARTICIPATION BY THE PRESIDENT OR VICE PRESIDENT COULD BE RECOMMENDED. GIVEN THIS AND OTHER ISSUES RAISED ABOVE, DEPARTMENT WOULD APPRECIATE IT AMBASSADOR HARRIMAN WOULD MEET WITH SIMONE VEIL TO DISCUSS THE PLANS AND U.S. VIEWS WITH HER DRAWING ON THE FOLLOWING TALKING POINTS.

-- AGENCIES WERE PLEASED THAT DR. GIRARD VISITED THEM EARLIER THIS MONTH TO DISCUSS THE PLANS AND RATIONALE FOR THE FRENCH AIDS SUMMIT.

-- FRANCE IS TO BE COMMENDED FOR ITS LEADERSHIP IN PROPOSING THIS HIGH-LEVEL EVENT, WHICH, IF PROPERLY PREPARED FOR, COULD DO A GREAT DEAL TO MOBILIZE THE WORLD FURTHER IN THE FIGHT AGAINST AIDS.

-- WE HAVE SEVERAL CONCERNS AT THIS JUNCTURE, INCLUDING WANT APPEARS TO US TO BE TOO LITTLE TIME TO PREPARE IN A MANNER THAT SUCH A HIGH LEVEL EVENT WOULD DESERVE. IT APPEARS TO US THAT A POSTPONEMENT TO LATER THIS YEAR (AFTER THE U.S. ELECTIONS IN NOVEMBER TO HELP ASSURE HIGH LEVEL U.S. PARTICIPATION) WOULD BE HIGHLY DESIRABLE. INDEED, THE SUMMIT COULD BENEFIT AND BUILD ON EVENTS THAT WILL OCCUR AT THE WORLD HEALTH ASSEMBLY AND IN GOVERNING BOARDS OF OTHER UN SPECIALIZED AGENCIES (UNICEF AND UNDP) ON THE ESTABLISHMENT OF THE JOINTLY SPONSORED UN [redacted] PROGRAM ON AIDS, AN ACTION WHICH BOTH FRANCE AND THE UNITED STATES HAVE SUPPORTED. ADDITIONALLY, THE YOKOHAMA AIDS CONGRESS MAY WELL BRING OUT KEY INFORMATION THAT SHOULD BE FOCUSED ON BY HEADS OF STATE.

-- THE U.S. BELIEVES IT WOULD BE IMPORTANT TO INCLUDE DEVELOPING COUNTRY PARTICIPATION IN THE SUMMIT, PERHAPS THROUGH SOME TYPE OF FORMULA TO ASSURE REGIONAL REPRESENTATION. NOT ONLY COULD THESE LEADERS CONTRIBUTE TO SIGNIFICANTLY TO THE THINKING BUT THE SUMMIT COULD INSPIRE THEM TO GREATER EFFORTS, PARTICULARLY IN THOSE COUNTRIES WHERE AIDS PROMISES TO BE A MAJOR CHALLENGE TO THE COUNTRY BY THE YEAR 2000, IF NOT SOONER. INDIA, WOULD, FOR EXAMPLE, FALL INTO SUCH A GROUP. INCLUSION OF SOME DEVELOPING COUNTRIES WOULD ALSO REDUCE THE POTENTIAL FOR CRITICISM THAT 17 DEVELOPED NATIONS MET TO DECIDE HOW THE REST OF THE WORLD SHOULD ADDRESS THE PROBLEM.

-- IF FRANCE, FOR DOMESTIC REASONS, BELIEVES IT IS ESSENTIAL TO HAVE A HIGH LEVEL MEETING BEFORE LATE 1994, A COMPROMISE WOULD BE FOR A MINISTERIAL-LEVEL MEETING TO BE HELD IN JULY AS A PRELUDE TO A HEADS-OF-STATE SUMMIT.

9. PLEASE ADVISE WHETHER FURTHER GUIDANCE IS NEEDED AND RESULTS OF DISCUSSION.

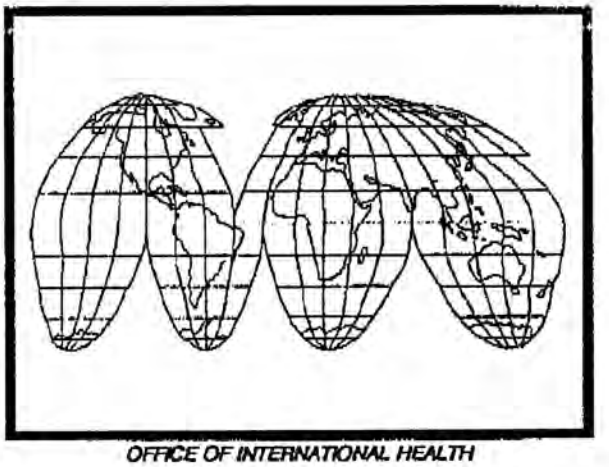
FACSIMILE TRANSMISSION SHEET

FROM:

LINDA A. VOGEL
Acting Deputy Assistant Secretary for
International & Refugee Health

Department of Health and Human services
5600 Fishers Lane
Rockville, Md. 20857
RM.18-87

TEL# 301-443-1774
FAX# 301-443-6288



OFFICE OF INTERNATIONAL HEALTH

TO: Krissine Gebbie FAX NUMBER: _____

DATE: 2/18 NUMBER OF PAGES: 6

☐ FYI ☐ FY ACTION
☐ AS REQUESTED ☐ AS DISCUSSED

MESSAGE: Special. As discussed.

UNCLASSIFIED

Draft (3) 2/18/94
L. Vogel

PRIORITY PARIS

PRIORITY GENEVA

As cleared by
Patsy Fleming +
Phil Lee

E.O. 12356: N/A

TAGS: TBIO, OTRA, US, FR

EM
LV
BR

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Office of the National AIDS Policy Coordinator

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

Phone: (202)690-5560
Fax: (202)690-7560

Deliver To: ANDREW BARRER

Sharon Heimand

Sent From:

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

Number of Pages: 18 + Cover Fax Number: 632-1096 Date: 2/17

Message:

per telcon. If you have any question, please call me.

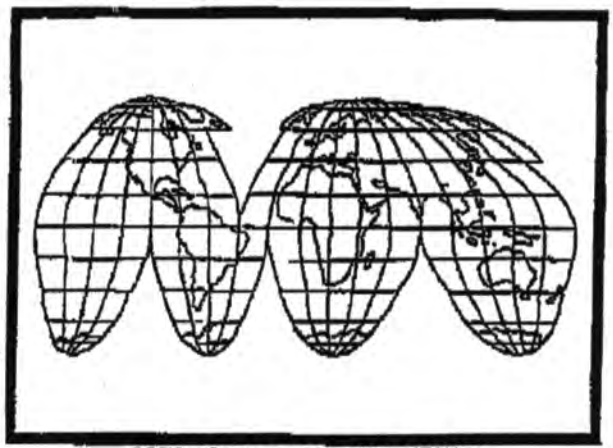
FACSIMILE TRANSMISSION SHEET

FROM:

LINDA A. VOGEL
Acting Deputy Assistant Secretary for
International & Refugee Health

Department of Health and Human services
5600 Fishers Lane
Rockville, Md. 20857
RM.18-87

TEL# 301-443-1774
FAX# 301-443-6288



OFFICE OF INTERNATIONAL HEALTH

TO: Nancy Hazleton FAX NUMBER: _____

DATE: 2/17 NUMBER OF PAGES: 18

☐ FYI ☐ FY ACTION
☐ AS-REQUESTED ☐ AS DISCUSSED

MESSAGE: Special — 2 items

① draft cable & clearance with Debbie

② Briefing for Lee — info. item

Draft 2/17/94

UNCLASSIFIED

PRIORITY PARIS, GENEVA PRIORITY

E.O. 12356: N/A

TAGS: TBIO, OTRA, US, FR

EM
LV
BR

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1. SUMMARY: ON FEBRUARY 7, PR. JEAN-FRANÇOIS GIRARD, DIRECTOR GENERAL OF HEALTH, AND OTHERS MET WITH SENIOR DHHS, AID, AND STATE DEPT. OFFICIALS AS WELL AS THE NATIONAL AIDS COORDINATOR TO SEEK U.S. SUPPORT FOR THE PROPOSED AIDS SUMMIT ON JUNE 17. DR. GIRARD PRESENTED THE RATIONALE FOR THE EVENT, LIST OF COUNTRIES TO BE INVITED AND OUTLINED OVERALL PROCESS. NUMEROUS QUESTIONS WERE ASKED BY U.S. OFFICIALS, INCLUDING ADEQUACY OF TIME TO PREPARE, POTENTIAL CONFLICT WITH WHO EFFORTS TO ESTABLISH JOINTLY SPONSORED UN GLOBAL AIDS PROGRAM, RELATIONSHIP TO AIDS CONGRESS IN JAPAN, WHETHER IT WOULD BE USEFUL TO INCLUDE DEVELOPING COUNTRIES BASED ON REGIONAL REPRESENTATION, AND THE BENEFITS THAT THE FRENCH EXPECTED TO ACCRUE FROM THE SUMMIT. DR. GIRARD DID NOT MAKE A COMPELLING CASE FOR THIS SUMMIT. DR. GIRARD WAS ADVISED THAT THE U.S. WOULD GET BACK TO HIM WITH OUR VIEWS. CONCERNED U.S. AGENCIES RECOGNIZE THAT THE SUMMIT COULD BE BENEFICIAL IF POSTPONED UNTIL LATE NOVEMBER OR DECEMBER TO ALLOW MORE REASONABLE TIME FOR PLANNING AND IF A REPRESENTATIVE NUMBER OF DEVELOPING COUNTRIES ARE INCLUDED. AMBASSADOR IS REQUESTED TO MEET WITH SIMONE VAIL AND PRESENT U.S. POSITION BASED ON TALKING POINTS PROVIDED PARA . A SEPARATE MEETING WITH GIRARD BY OTHER EMBOFF WITH GIRARD IS SUGGESTED TO COVER SAME POINTS. END SUMMARY

PAGE 2

2. ON FEBRUARY 7, PR. JEAN FRANCOIS GIRARD, DIRECTOR GENERAL OF HEALTH, ACCOMPANIED BY MR. CHRISTOPHE LECOURTIER, CONSEILLER TECHNIQUE, CABINET DU MINISTRE D'ETAT, MINISTRE DES AFFAIRES SOCIALES DE LA SANTE ET DE LA VILLE; AND DR. PASCAL CHEVIT, COUNSELOR, SOCIAL AFFAIRS, EMBASSY OF FRANCE, MET, IN SEPARATE AGENCY MEETINGS, WITH: (A) AT THE DEPARTMENT OF STATE DR. JON BORIGHT, OES; AT AID, MS. CAROL LANCASTER, DEPUTY ADMINISTRATOR AND DR. HELENE GAYLE, DIRECTOR, AIDS PROGRAM; AT DHHS, MS. PATSY FLEMING, SPECIAL ASSISTANT TO THE SECRETARY, DR. PHILIP LEE, ASSISTANT SECRETARY FOR HEALTH, DHHS; AT THE WHITE HOUSE, DR. CHRISTINE GEBBIE, NATIONAL AIDS COORDINATOR; AND SEPARATELY IN HHS WITH DR. DAVID SATCHER, DIRECTOR CENTER FOR DISEASE CONTROL AND PREVENTION AND DR. D.A. HENDERSON, DEPUTY ASSISTANT SECRETARY FOR HEALTH AND SCIENCE. THIS CABLE SUMMARIES POINTS DISCUSSED COLLECTIVELY IN THOSE MEETINGS.

3. DR. GIRARD OUTLINED THE OBJECTIVES OF THE PROPOSED SUMMIT AS FOLLOWS:

--TO DEMONSTRATE STRONG POLITICAL INTENT AT THE HIGHEST LEVEL OF GOVERNMENT TO SEND A SIGNAL TO THOSE WHO ARE INVOLVED IN THE FIGHT AGAINST HIV/AIDS AND TO THOSE WHO ARE AFFLICTED WITH THE DISEASE THAT HIV/AIDS IS RECOGNIZED AS A MAJOR SOCIETAL PROBLEM AND THAT THE COUNTRIES ARE PREPARED TO DEAL WITH IT.

--IN LIGHT OF BUDGET CONSTRAINTS TO BRING ABOUT BETTER COORDINATION AND UTILIZATION OF RESOURCES, AND TO DETERMINE THE BEST ROLE FOR MEMBER STATES TO PLAY AS PART OF THE JOINTLY SPONSORED UN GLOBAL AIDS PROGRAM.

--TO FOCUS ON STRATEGIC IMPLEMENTATION OF PROGRAMS TO FIGHT AIDS, TO LOOK AT WHAT THE PANDEMIC WILL BE IN TEN YEARS, AND TO ASSURE THAT WE ARE DOING THE BEST BOTH TECHNICALLY AND FOR HUMAN RIGHTS.

4. A LIST OF SEVENTEEN DEVELOPED COUNTRIES WHO WOULD BE INVITED TO PARTICIPATE WAS PROVIDED BY DR. GIRARD AS WAS A SCHEMATIC OUTLINING THE PROCESS LEADING UP TO THE CONFERENCE. DR. GIRARD ADVISED THAT THE NEXT STEP WOULD BE ISSUANCE OF INVITATIONS BY THE FRENCH PRIME MINISTER. THE INVITATION WOULD INCLUDE A DRAFT DECLARATION TO BE ISSUED FROM THE SUMMIT. THIS WOULD BE FOLLOWED BY A MEETING IN PARIS APRIL 7-8, INCLUDING BOTH DEVELOPED AND SELECTED DEVELOPING COUNTRIES PLUS SOME NGO'S. THIS MEETING WOULD FOCUS ON TECHNICAL ISSUES. THIS U.S. IS PLANNING TO PARTICIPATE IN THIS MEETING, WITH REPRESENTATION COMING FROM DHHS AND AID.

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5. QUESTIONS/ISSUES RAISED INCLUDED:

--ADEQUACY OF TIME TO PREPARE. AT HHS MEETING, THE TIME REQUIRED TO PLAN FOR THE WORLD SUMMIT ON CHILDREN WAS NOTED. THIS WAS A PROCESS THAT OCCURRED OVER MORE THAN A YEAR. DR. GIRARD DID NOT APPEAR TO BE CONVINCED THAT THE TIME IS INADEQUATE, PERHAPS PROPELLED BY THE PRESS OF FRANCE'S DOMESTIC POLICY SITUATION.

--WHAT THE FRENCH EXPECT TO COME OUT OF THE PROCESS. DR. GIRARD EXPECTS THE MAIN OUTCOME TO BE A "SIGNAL" TO THOSE WHO ARE WORKING ON AIDS AND THOSE WHO ARE AFFLICTED THAT HERE IS HIGH LEVEL COMMITMENT AND THAT INTERNATIONAL EFFORTS TO COMBAT AIDS WILL BE BETTER COORDINATED. CONCERNED U.S. AGENCIES BELIEVE THE OUTCOME MUST BE MORE CLEARLY DEFINED.

--WHETHER THE SUMMIT WOULD ADDRESS ISSUES (E.G. COORDINATION OF INTERNATIONAL EFFORTS TO COMBAT AIDS) THAT SHOULD MORE APPROPRIATELY BE ADDRESSED IN THE CONTEXT OF THE JOINTLY SPONSORED GLOBAL PROGRAM ON AIDS FOR WHICH THE SECRETARIAT WILL BE LOCATED AT WHO. WE WANT TO ASSURE THAT THE SUMMIT WOULD NOT BE INADVERTENCE WEAKEN THE UN GPA BUT RATHER SERVE TO STRENGTHEN IT AND COUNTRY COMMITMENTS TO IT.

--WHETHER THE SUMMIT MIGHT DETRACT FROM THE INTERNATIONAL CONGRESS ON AIDS TO BE HELD IN YOKOHAMA, JAPAN. DR. GIRARD INDICATED THAT THE SUMMIT COULD ENHANCE THE CONGRESS BY PROVIDING AN IMPORTANT SIGNAL OF HIGH LEVEL COMMITMENT TO THE SCIENTISTS AND OTHERS WHO WILL PARTICIPATE IN THE YOKOHAMA MEETING. A SUMMIT AFTER THE YOKOHAMA MEETING COULD, POTENTIALLY, BE JUST AS EFFECTIVE.

--WHETHER IT MIGHT SEND THE WRONG SIGNAL IF ONLY THE SEVENTEEN DEVELOPED COUNTRIES IDENTIFIED BY THE FRENCH WERE AT THE TABLE. HHS OFFICIALS NOTED THAT THIS MIGHT RESULT IN A POLITICAL LIABILITY AND THE SUMMIT, IF HELD, MIGHT PROVIDE AN IMPORTANT OPPORTUNITY TO BRING IN SELECTED COUNTRIES, FROM EACH REGION, WHO HAVE A STAKE IN GLOBAL EFFORTS TO COMBAT AIDS. COUNTRIES MENTIONED INCLUDED INDIA, SENEGAL, AND THAILAND.

6. DR. GIRARD WAS ADVISED OF THE IMPORTANT COMMITMENT MADE DOMESTICALLY BY THE CLINTON ADMINISTRATION. THIS INCLUDES: WITHIN THE PRESIDENT'S HEALTH REFORM PROPOSAL, THERE IS ASSURANCE THAT ALL IN THE UNITED STATES WHO ARE OR MIGHT BE STRICKEN WITH AIDS WOULD HAVE HEALTH INSURANCE COVERAGE, AND THEY WOULD NOT LOSE THAT PROTECTION. THE ESTABLISHMENT OF THE NATIONAL AIDS COORDINATORS OFFICE, WHICH DR. CHRISTINE GEBBIE HEADS. THE BUDGETING OF AN

UNPRECEDENTED AMOUNT OF MONEY FOR HIV/AIDS PROGRAMS, WITH THE ONLY OTHER PROGRAM HAVING A NEAR COMPARABLE INCREASE BEING CHILD IMMUNIZATION. THE AIDS EDUCATION FOR ALL FEDERAL EMPLOYEES, WHICH SENDS OUT A SIGNAL TO THE PRIVATE SECTOR ABOUT LEADERSHIP AT THE WHITE HOUSE. THE OPENNESS OF COMMUNICATIONS THAT HAS DEVELOPED, AND THE ENTIRE CHANGE OF ATTITUDE AS WELL AS POLICY AT THE FEDERAL LEVEL THAT HAS OCCURRED WERE NOTED.

7. DR. GIRARD WAS ADVISED THAT THE ADMINISTRATION IS WORKING WITH A BUDGET THAT CANNOT BE INCREASED. THE POTENTIALLY DIFFICULT SITUATION THAT THE HEAD OF THE U.S. DELEGATION MIGHT BE IN IF THE U.S. COULD NOT GO TO THE TABLE WITH AN INCREASED INTERNATIONAL COMMITMENT FOR AIDS WAS RAISED.

8. WHILE RECOGNIZING THAT THE SUMMIT COULD HAVE SOME POSITIVE BENEFITS, IT IS QUITE CLEAR THAT ARRANGEMENTS, ARE NOT SUCH THAT PARTICIPATION BY THE PRESIDENT OR VICE PRESIDENT COULD BE RECOMMENDED. GIVEN THIS AND OTHER ISSUES RAISED ABOVE, DEPARTMENT WOULD APPRECIATE IT AMBASSADOR HARRIMAN WOULD MEET WITH SIMONE VAIL TO DISCUSS THE PLANS AND U.S. VIEWS WITH HER DRAWING ON THE FOLLOWING TALKING POINTS.

-- AGENCIES WERE PLEASED THAT DR. GIRARD VISITED THEM EARLIER THIS MONTH TO DISCUSS THE PLANS AND RATIONALE FOR THE FRENCH AIDS SUMMIT.

-- FRANCE IS TO BE COMMENDED FOR ITS LEADERSHIP IN PROPOSING THIS HIGH-LEVEL EVENT, WHICH, IF PROPERLY PREPARED FOR, COULD DO A GREAT DEAL TO MOBILIZE THE WORLD FURTHER IN THE FIGHT AGAINST AIDS.

-- WE HAVE SEVERAL CONCERNS AT THIS JUNCTURE, INCLUDING WANT APPEARS TO US TO BE TOO LITTLE TIME TO PREPARE IN A MANNER THAT SUCH A HIGH LEVEL EVENT WOULD DESERVE. IT APPEARS TO US THAT A POSTPONEMENT TO LATER THIS YEAR (AFTER THE U.S. ELECTIONS IN NOVEMBER TO HELP ASSURE HIGH LEVEL U.S. PARTICIPATION) WOULD BE HIGHLY DESIRABLE. INDEED, THE SUMMIT COULD BENEFIT AND BUILD ON EVENTS THAT WILL OCCUR AT THE WORLD HEALTH ASSEMBLY AND IN GOVERNING BOARDS OF OTHER UN SPECIALIZED AGENCIES (UNICEF AND UNDP) ON THE ESTABLISHMENT OF THE JOINTLY SPONSORED UN GLOBAL PROGRAM ON AIDS, AN ACTION WHICH BOTH FRANCE AND THE UNITED STATES HAVE SUPPORTED. ADDITIONALLY, THE YOKOHAMA AIDS CONGRESS MAY WELL BRING OUT KEY INFORMATION THAT SHOULD BE FOCUSED ON BY HEADS OF STATE.

-- THE U.S. BELIEVES IT WOULD BE IMPORTANT TO INCLUDE DEVELOPING COUNTRY PARTICIPATION IN THE SUMMIT, PERHAPS THROUGH SOME TYPE OF FORMULA TO ASSURE REGIONAL REPRESENTATION. NOT ONLY COULD THESE LEADERS CONTRIBUTE TO SIGNIFICANTLY TO THE THINKING BUT THE SUMMIT COULD INSPIRE THEM TO GREATER EFFORTS, PARTICULARLY IN THOSE COUNTRIES WHERE AIDS PROMISES TO BE A MAJOR CHALLENGE TO THE COUNTRY BY THE YEAR 2000, IF NOT SOONER. INDIA, WOULD, FOR EXAMPLE, FALL INTO SUCH A GROUP. INCLUSION OF SOME DEVELOPING COUNTRIES WOULD ALSO REDUCE THE POTENTIAL FOR CRITICISM THAT 17 DEVELOPED NATIONS MET TO DECIDE HOW THE REST OF THE WORLD SHOULD ADDRESS THE PROBLEM.

-- IF FRANCE, FOR DOMESTIC REASONS, BELIEVES IT IS ESSENTIAL TO HAVE A HIGH LEVEL MEETING BEFORE LATE 1994, A COMPROMISE WOULD BE FOR A MINISTERIAL-LEVEL MEETING TO BE HELD IN JULY AS A PRELUDE TO A HEADS-OF-STATE SUMMIT.

9. PLEASE ADVISE WHETHER FURTHER GUIDANCE IS NEEDED AND RESULTS OF DISCUSSION.

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Memorandum

Date February 17, 1994

From Acting Deputy Assistant Secretary for International and Refugee Health

Subject Talking Points for Telephone Discussion with Brian Atwood, Administrator, Agency for International Development

To The Assistant Secretary for Health
Thru: ES/PHS

ISSUE:

You requested talking points for a telephone discussion with Brian Atwood, Administrator, AID. This discussion is against the background of your designation as the U.S. Member on the WHO Executive Board, which will meet in May, and the potentially draconian reductions USAID is actively discussing in its financial support for WHO Programs.

BACKGROUND:

The USAID has been a major supporter of programs of the World Health Organization, including, in recent years, the following:

	FY 1993	Projected FY 1994
	(in millions)	
Tropical Disease Research	$ 3	0
Global Program on AIDS (GPA)	$34	$17
Diarrheal Disease Control	$ 3.2	$ 1.5

Substantial concern is being expressed in the international health community about not only the anticipated reductions but also USAID's apparent unwillingness to consider financial support for other high priority areas of global and U.S. interest (e.g. Tuberculosis) and which present major challenges to developing countries. Recent newspaper and journal articles (see Tab A) have highlighted this issue, and have caused considerable discomfort to USAID. USAID's plans to reduce support for the TDR program was the subject of a recent letter from Dr. Anthony Fauci to Mr. Atwood (see Tab B).

Of very immediate concern are reported plans to reduce support for the GPA. These reported plans serve to contradict U.S. policy regarding global AIDS control. As you know, a recent decision by the WHO Executive Board concurred with the establishment of a Jointly Co-Sponsored United Nations Global AIDS Program (see EB draft resolution - Tab C), which the United States, and particularly USAID, encouraged and supported.

There is deep concern not only about the direct negative impact that these proposed reductions of support for the GPA and other important WHO programs, but also the message that this action will send to other countries, regarding U.S. views of global health issues, inadvertently resulting in their rethinking of their levels of support to the GPA and TDR. The U.S. leadership role in development policy issues has resulted in many other countries' looking to the United States and its action for guidance.

SUGGESTED TALKING POINTS:

1. We have been trying to get together for a meeting for the past six months, but, between your schedule and mine, that has not worked out so far. Pending that meeting, however, I felt important to telephone you to chat about a few things that are of immediate concern.

2. As you may know, I will be the Administration's designee to serve for the United States on the WHO Executive Board, the next meeting of which will be in May, immediately following the World Health Assembly.

3. This year the Assembly and the Executive Board will be dealing with a number of key issues, including the Jointly Co-sponsored UN Global Program on AIDS. USAID took the lead with the Department of State as a proponent of this major reform in the structure of the GPA, and we supported USAID in that effort.

4. I am aware that you are struggling with the very difficult task of not only revitalizing and reorganizing your agency but also making difficult program decisions against the background of a significant budgetary recision (40%). Understandably, some programs will be affected. I am, however, concerned about the reported reductions in USAID's support to WHO for both the Global Program on AIDS and for the Tropical Disease Research (TDR) Program. My concern is, in part, based on the negative signal this will inadvertently send to other

countries regarding support for WHO as they too struggle with adjustments in their own international affairs and assistance budgets. USAID, incidentally, played a key role in the establishment of the TDR program and has been a major supporter and advisor.

5. Given the constraints that AID is facing in its health account, I am hopeful that there may some creative thinking to minimize the negative impact on WHO during this very crucial time, perhaps looking toward other accounts (e.g. Development Fund for Africa, Population Account) from which appropriate support might be drawn.

6. Monies spent on health related foreign assistance have provided some of the best value for dollar spent of any foreign assistance expenditure. The eradication of smallpox in 1979 saves the United States and the world more money each year than was expended in the entire eradication effort. Family planning program investments have been associated with large decreases in fertility rates in most countries. Child survival programs were associated with a 25% reduction in infant and early childhood mortality in just the decade of the 1980s, even though many of the USAID recipient countries were experiencing decreases in per capita income.

7. I look forward to the opportunity of meeting with you directly in the not too distant future. Our agencies do work closely together, with not insignificant sharing of international objectives and resources in pursuit of those objectives. These are, in the main, consistent with and supportive of key themes which you have articulated and of the new Foreign Assistance bill, in which health and population are part of the cornerstones for sustainable development.

8. Active consultation between our agencies would useful way to assure consensus on these key health and development issues and help assure an outcome that is fully satisfactory within the U.S. Government. Moreover, there would be mutual benefits of closer collaboration between the USPHS and USAID during this time of reduced. I believe we should meet, along with a few top assistants, to establish a firmer foundation for collaboration.

Linda A. Vogel

Linda A. Vogel

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Attachments

Recent news articles - Tab A
Fauci-Atwood Letter - Tab B
WHO EB resolution on GPA - Tab C

Tests of Malaria Vaccine Indicate Goal Is Near

Treatment Could Be in Wide Use in 4 Years

By Boyce Rensberger
Washington Post Staff Writer

The long quest for a vaccine to combat malaria—which may kill as many as 3 million people a year and sicken nearly 500 million more, mostly in Africa—appears to be nearing its goal.

An experimental vaccine, developed by Colombian scientists and already tested in more than 20,000 people, is showing such good results that international health officials say it could be ready for general use in four years. The vaccine does not prevent infection by the malaria parasite, but does reduce the number of attacks among children—the hardest hit group—by as much as 77 percent in early studies.

Results from the final phase of testing—in 500 Tanzanian children who otherwise have a nearly 100 percent chance of getting the most serious form of malaria—will not be complete until October. But findings to be published this week in the British journal Vaccine show the vaccine induces a "strong immune response" without adverse side effects.

"I find it very exciting," said Tore Godal, head of the world's leading scientific organization fighting the tropical diseases that have long stunted health and economic development in the Third World.

The vaccine is being developed at a time when resistance to drugs used to treat malaria in the Third World is increasing. [Details on Page A3.]

The vaccine testing is being done under the aegis of Godal's Special Programme for Research and Training in Tropical Diseases (TDR), which is funded mainly by

See VACCINE, A3, Col. 1

Search for Malaria Vaccine Nears Goal; General Use Seen Possible in 4 Years

VACCINE, From A1

the United Nations Development Programme, the World Bank and the World Health Organization (WHO).

The vaccine was developed in 1988 by Manuel E. Patarroyo and colleagues at the National University of Colombia in Bogota.

"I'm very encouraged by progress on this vaccine," said D.A. Henderson, who led the successful world effort to eradicate smallpox and is now deputy assistant secretary for health in the Department of Health and Human Services. They're moving ahead in a well thought-out plan. If this thing reduces the severity by even 50 percent, it would be enormously valuable."

Just as the first success against malaria is coming into view, Godal said, he fears the U.S. Agency for International Development (AID) may be about to withdraw most of its support. Last year AID supplied $5 million of TDR's $30 million annual budget. This year, he said, the agency has so far assured him only $500,000.

If full U.S. support does not come through, Godal said other donor countries will object because TDR pays about $5 million a year to support U.S. researchers.

AID spokesman Jay Byrne said his agency has not made decisions, but expects to cut back support in several areas. He said AID might have to take money away from programs that help fewer people so that it can continue to give to programs that help more. He said malaria causes 25 percent of childhood deaths in the Third World, but diarrheal diseases account for 35 percent and would, therefore, have a stronger claim on funding.

Malaria, caused by a parasite transmitted in the bites of infected mosquitoes, begins with fever, chills, sweats and severe headaches. Attacks may subside and recur periodically or progress to delirium, coma and death.

According to WHO, between 275 million and 490 million people are afflicted, 90 percent of them in Africa. Of these, between 1.5 million and 3 million die in a year, including an estimated 1 million African children under age 5. Children who survive repeated bouts of malaria often develop immunity. Outside Africa, malaria is most common in India, Brazil, Sri Lanka, Afghanistan, Thailand, Vietnam and Colombia, as well as the part of southern Tanzania where the vaccine is being tested. People receive an average of 300 infectious mosquito bites per year. Eighty percent of the 6-month-old babies in that region have falciparum malaria, the worst form.

Once inside the human victim's bloodstream, the parasites invade liver cells, change form, break out and reenter the bloodstream. [Diagram above.] There, the parasites invade red blood cells and change form again, and break out as gametes (equivalents of sperm and egg cells). The parasites make blood cells stick to blood vessel walls, blocking flow and eventually damaging the brain, liver, kidneys and other organs.

> *"If this thing reduces the severity by even 50 percent, it would be enormously valuable."*
>
> —D.A. Henderson, deputy assistant secretary for health

If an uninfected mosquito bites a person with malaria, it takes in the sex cells, which join in its gut, conceiving still another form of the parasite, which migrates to mosquito's salivary glands. When that mosquito bites another person—injecting some of its saliva in the process—it gives the parasites to a new victim.

Although hopes are high for the Patarroyo vaccine, researchers do not expect it to be the end of malaria. For one thing, the parasite could evolve resistance. It has many strains and even if the most common ones are suppressed today, that may simply open the field for minor strains to proliferate. The vaccine may have to be updated periodically.

Moreover, researchers are still working on a vaccine that will intercept the parasite before it reaches the liver, potentially preventing the disease altogether. At least five other vaccines are in various phases of development and testing, each targeting a different stage in the parasite's complex life cycle. The ultimate vaccine, Godal said, may be a combination.

Yet another, more unusual, candidate would essentially immunize mosquitoes. It would be designed to attack the parasite's stages that occur in the mosquito, but would be given to humans. The human immune systems would make antibodies against that stage and mosquitoes would take up the antibodies with their blood meal. Tests on animals given such a vaccine and then exposed to mosquitoes shows that it works.

The Patarroyo vaccine is unlike conventional vaccines in that it is not made from the germ that causes the disease. Classic vaccines contain killed or weakened versions of the offending microbe. When the cells of the immune system "see" these, they "think" an attack is underway and begin making antibodies tailored to bind to the germ and disable it. This process can take many days.

Once the immune response has been mounted, however, it remains in the body for a long time, typically for several years. If a real infection comes along, the immune system is primed to nip it in the bud.

The new malaria vaccine, by contrast, is made from laboratory-synthesized replicas of parts of several proteins carried on the parasite's surface. Because they are foreign proteins, the immune system responds as if they were invading enemies. The antibodies it makes to attack the synthetic proteins also recognize the proteins on the blood-cell stage of the malaria parasite.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

January 13, 1994

Mr. Bryan Atwood
Administrator
United States Agency
for International Development
320 21st Street, N.W.
Washington, D.C. 10523-0057

Dear Mr. Atwood:

I am writing to express my concern over USAID's intention of curtailing its efforts in malaria vaccine development. USAID has long understood the contribution of health to economic and human development. A number of reports, including the World Bank's World Development Report 1993 (Investing in Health) and the AAAS 1993 Report: *Malaria and Development in Africa*, have recently confirmed this vision.

There can be no question that malaria remains a tremendous global public health problem. Because of the spread of drug-resistant parasites and insecticide-resistant mosquitoes, traditional approaches of drug therapy and vector control are increasingly ineffective. Bed nets and other currently available vector control methods will be insufficient to control malaria. New methods for the prevention of malaria, such as vaccines, are urgently needed. In the past USAID has brought extraordinary resources to the search for new ways to control malaria through the support of vaccine-oriented laboratory research, production and preclinical evaluation of vaccine candidates, testing of candidate vaccines in primates, and development of overseas clinical trial sites. For other agencies to recreate such a resource will require both substantial resources and time.

The Malaria Vaccine Development Program of USAID has made a commendable effort to coordinate with other interested agencies in order to efficiently utilize Government resources. In this context, interactions between the National Institute of Allergy and Infectious Diseases (NIAID) and USAID have greatly escalated in recent years. These interactions culminated last year in the signing of a Memorandum of Agreement among USAID, NIAID, and the United States Army Medical Research and Development Command that committed their complementary resources and expertise to a cooperative approach to malaria vaccine development. Sudden withdrawal of support by USAID would be extremely detrimental to the field of malaria vaccine development. Because the National Institutes of Health (NIH), as well as the Department of Defense, face budgetary constraints similar to your own, we are currently ill prepared to assume the full burden of the entire U.S. malaria vaccine development effort, even though we recognize that the global health impact of this disease demands concerted action.

Furthermore, as you can appreciate, because malaria is primarily a disease of the developing world, it is unlikely that private industry will step in to fill the gaps left in the vaccine effort by USAID's withdrawal.

While I understand the necessity to respond to the budget reductions which we all face at the present time, I strongly urge that USAID's reduction in malaria vaccine development activities not be implemented in a way that would abruptly dismantle current research and development activities. Continued support, even at a diminished level, would signal USAID's appreciation of the role that health investment can play in the economic and social improvement of the less developed countries of the world, and emphasize your Agency's special concern for improved living conditions throughout the developing world and especially in Africa.

I hope that you will consider these arguments as you make the difficult decisions ahead. I would be happy to discuss these issues further with you at any time. Thank you and best regards.

Sincerely,

Anthony S. Fauci, M.D.
Director
National Institute of Allergy
and Infectious Diseases

TAB C

RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCIÓN 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;

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

(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

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