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USAID
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Kristine Gebbie
AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, DC 20503

Dear Ms. Gebbie:

On behalf of his Majesty, King Hassan II of Morocco and Professor A. Benslimane, President of the International Organizing Committee, I would like to extend this invitation to participate in the VIIIth International Conference on AIDS in Africa and the VIIIth African Conference on Sexually Transmitted Diseases, in Marrakech, Morocco, on December 12-16, 1993.

My office would be pleased to facilitate your response to this invitation. If you would like to attend and or participate in the conference, please contact us by calling 703-875-4494 or via mail at the following address:

Helene Gayle, MD,MPH
Agency AIDS Coordinator/ USAID
Office of Health
G/R&D/H/HIV-AIDS, Room 1200, SA-18
Washington, DC 20523-1817

Thank You very much for your consideration.

Sincerely,

Helene Gayle, MD, MPH
Agency AIDS Coordinator

UNDER THE HIGH PATRONAGE OF HIS MAJESTY THE KING HASSAN II

VIIIth INTERNATIONAL CONFERENCE ON AIDS IN AFRICA

VIIIth AFRICAN CONFERENCE ON S.T.Ds

Marrakech
12 - 16 Décembre 1993

SOCIETY ON AIDS IN AFRICA - SOCIETE AFRICAINE ANTI-SIDA

Casablanca, 29 September, 1993

TO

Ms. Kristine GEBBIE
AIDS Policy Coordinator

Dear Ms. GEBBIE,

Under the **H**igh **P**atronage of his **Majesty the King Hassan II,** the Society on AIDS in Africa (SAA) is organizing, in cooperation with the African Venerial Diseases and Treponematoses Union, the ***VIIIth International Conference on AIDS in Africa*** and the ***VIIIth African Conference on Sexually Transmitted Diseases*** which will take place in Marrakech from the12th to 16th of December 1993.

The theme of this year's Conference will coincide with the theme selected for World AIDS Day, "Time to Act" and will focus debate and discussion on three major issues in Africa: the socio-economic causes and impacts of AIDS, especially as they relate to women and youth; linking AIDS prevention and care with other sexually transmited diseases; and effective prevention interventions for women and youth.

We hope, that the exchange of experience and ideas that will take place at the Conference of Marrakech will help create an African strategy for the safe keeping of the continent.

The "Society on AIDS in Africa" Board of Administration has decided to launch, from Morocco, an international mobilization effort around the Conference. This mobilization will include cultural and sports events that will have an impact on the international community's awareness of the social and economic consequences of the AIDS pandemic. Of specific interest to UNICEF, is a Youth March against AIDS from Rabat to Marrakech which will take place during the four days preceding the Conference. The primary objective of the Youth March is to inform and educate young people about AIDS.

The International Steering Committee would be honored by your participation at the Conference.

Depending on your availibility, we would like to invite you, either to make remarks at the Opening Ceremony of the Conference, and to join the young people at the conclusion of the **March**, on the 12 of December 1993 ; **Or** to make remarks at the Closing Ceremony and to join other international personalities at an **Appeal** from Marrakech to raise awareness of the problems of AIDS in Africa on December 16th, 1993.

Thank you for your consideration and we hope that you will join us in Marrakech.

Sincerely,

Prof. Abdellah BENSLIMANE
President of the Conference

Secrétariat de la conférence : 1 bis, Place Charles Nicolle - B. P. 1818 - Casablanca - Maroc
Tél. :(212.2) 29.53.25 / 29.53.26 - Fax : (212.2) 29.53.27 / 29.53.28 - Télex : 45 382 M

THE VIIITH INTERNATIONAL CONFERENCE ON AIDS IN AFRICA THE VIIITH AFRICAN CONFERENCE ON STDS

The VIIIth International Conference on AIDS in Africa will take place in Marrakech, Morocco, under the High Patronage of His Majesty the King Hassan II, on December 12-16, 1993. The conference, organised by the Society on AIDS in Africa, will bring together over 3500 policy-makers, medical and social researcher and health care professionals from all over the world to discuss the challenges posed by AIDS in Africa and possible solutions.

CONTENT OF THE CONFERENCE

The theme of this year's World AIDS Day, «Time to Act» will also serve as the overarching theme of the Conference. It will focus discussion and debate on three major issues in Africa: the socio-economic impacts and causes of HIV/AIDS, especially as they relate to women and youth; linking AIDS prevention and care with other Sexually Transmitted Diseases; and effective prevention interventions for women and youth. Plenary sessions will include presentations on the STDs and Reproductive Health, the Management of STDs, Meeting the Needs of Affected Communities, Priority Interventions for AIDS Prevention, and Partnerships with Young People. Discussion of these and dozens of other related topics will take place during roundtable sessions, thematic sessions, mini courses and satellite workshops before and after the conference.

As in previous years, the overarching objective of this conference is to help stop the spread of AIDS in Africa. The specific objectives of this meeting in Marrakech are:

* to determine necessary actions to implement strategies for AIDS prevention, particularly among women and youth
* to identify effective strategies to integrate AIDS with other STDs
* to stimulate cooperation and exchange among experts from Africa and between Africans and the international community

PARTICIPATION IN THE CONFERENCE

To achieve these objectives, critical both to Africa and the international community, the key experts on AIDS, concerned political figures and well-known personalities will participate in the conference. World reknown scientists, Robert Gallo, Luc Montagnier, Souleymane M'Boup and Max Essex will share their research and insights on progress toward understanding the virus and finding a medical solution.

SPECIAL ASPECTS OF THE CONFERENCE

For the first time in its history this year's conference will unite the struggles against AIDS and STDs in one comprehensive meeting of experts. It is also the first time that this conference will be held in and Arab/Muslim country of the Maghreb, signifying a continent-wide commitment to fighting the spread of AIDS and STDs. A special aspect of this year's conference in Marrakech will be mobilisation events that reach beyong the borders of Morocco. The international mobilisation events, organised by the Society on AIDS in Africa include:

* a soccer match which took place on August 3, 1993 between the best players of Africa and the rest of the world

* an " Appeal of Marrakech " which will be a call to action on AIDS in Africa signed by international opinion leaders

* a march of youth against AIDS which will bring together hundreds of young people from Morocco and other countries in Africa in a caravan across Morocco to educate their peers about AIDS

* a gala dinner, the profits of which will benefit children in Africa orphaned by AIDS

The VIIIth International Conference on AIDS in Africa in Marrakech and the mobilisation events around it will serve as a call to action to all of Africa and the entire world. It will motivate us to focus our efforts in Africa on finding effective ways to combat the AIDS epidemic.

THE INTERNATIONAL CONFERENCE ON AIDS IN AFRICA : A BRIEF HISTORY

The first International Conference on AIDS in Africa was held in Brussels in 1985. At this time there was very little data available on the prevalence of the disease in African countries. This initial gathering of scientists and doctors helped launch a series of meetings which explored AIDS on the African continent.

After the Brussels meeting, the annual International Conference on AIDS in Africa has contributed to sharing, verifying and diffusing more accurate information on the status of the disease in each country of Africa. The conference has been held in Napoli (1987), Arusha (1988), Marseille (1989), Kinshasa (1990), Dakar (1991), Yaounde (1992) and finally this year in Marrakech (1993).

Over the past several years, the central organising body of the Interntational Conference on AIDS in Africa has been the Societe Africaine Anti-SIDA (SAA) which was founded during the Vth Conference in Kinshasa. The SAA has since played an important role in bringing the African and international community together to understand and find solutions to the AIDS pandemic. In addition to organising the annual Conference on AIDS in Africa, its objectives include serving as a forum in Africa for the exchange of statistics and the coordination of research and prevention activities; and compiling a centralised database of people and institutions involved in AIDS prevention and care.

THE KINGDOM OF MOROCCO

HISTORY

The kingdom of Morocco is one of the oldest monarchies in the world, which for twelve centuries has been unified and its citizens free. In 1956, when it declared its independence from France, the country, led by the King Mohammed V, set out to achieve modernity while still maintaining the traditional foundations of its society and culture.

Today, with an estimated population of over 25 million inhabitants, Morocco is a thriving kingdom with a multi-party constitutional democracy and a growing economy. Agricultural remains one of the most important sectors of the economy, employing about half of the economically active population. Industry is also an important sector, representing some 70% of the country's total exports. And recently Moroccan handicrafts have begun to penetrate western markets, presenting an important new opportunity for the country.

TOURISM

Morocco has unique historical and natural attractions, as well as a rich and varied cultural legacy, making it an important tourist destination. Its imperial cities: Fes, Marrakech, Meknes and Rabat contain a rich history of architecture, religious sites, and artifacts housed in museums. Apart from these centers of history and culture, Morocco's mountains and valleys are reknown throughout the world for their splendour and rugged beauty. The High and Middle Atlas mountains boast magnificent waterfalls, breathtaking gorges, snow-capped peaks and picturesque villages which dot the slopes of the mountains. Further still from the imperial cities lies the Sahara, a mysterious expanse of golden sand and lush green oases.

MARRAKECH

The city of Marrakech was founded in 1062 AD by Yussef Ibn Tashfin and 40 years later became the capital of an empire that stretched from Catalonia to the Atlantic Ocean and from Algiers down to the mountains of the Sudan. The capital city flourished, attracting intellectuals of all sorts. The ruling dynasty collapsed in 1262, and the capital was established in Fes. It was not until 1520 that Marrakech was revitalised and the city became more splendid than ever. Many of the extraordinary ruins that can be visited today were built during this period.

Today the city is a popular destination for visitors from all over the world. Framed by the snowy heights of the Atlas mountains, with rose coloured ramparts and a thousand year old palm grove, Marrakech casts a magic spell. Its labyrinth of alleyways and narrow streets entice visitors to explore artisans' workshops and dye merchants tucked away in unknown corners of the city.

AIDS IN AFRICA: THE CHALLENGE AND THE HOPE

SUB - SAHARAN AFRICA

THE SITUATION

In Sub-Saharan Africa the epidemic spread of HIV began some 15 years ago. The region holds a cumulative total of more than 8 million HIV infections in adults (over half the global total). By mid-1993, the World Health Organisation estimates that approximately 1.75 million men, women and children had become ill with AIDS. By the year 2000, the cumulative total of AIDS cases may reach as high as 5 million.

The great majority of HIV-infected adults are believed to have acquired the virus through heterosexual intercourse; and women have been affected at least as much as men. In Africa alone, over one million women of childbearing age have been infected, and as many as 1 million infants and children have been infected prior to or during birth or through breast-feeding. Among the adults infected, it is transmission among young men and women that is driving the pandemic. Estimates in Africa indicate that as many as 70 percent of new HIV infections are found in young people between the ages of 15 and 24.

The areas hardest hit by the epidemic are central and east Africa which account for one-sixth of the Sub-Saharan but between half and two-thirds of its HIV infections. In several towns and cities of these regions, one quarter or even one third of all men and women aged 15 to 49 are estimated to be HIV positive. While in 1990, the infection rate was far higher in urban than in rural areas, this differential has since narrowed and very high infection rates have been recorded in some rural areas.

THE RESPONSE

In the absense of a cure or vaccine for HIV or AIDS at this time, preventing transmission of the virus presents the greatest hope for stopping its spread. Virtually every country in Africa has a national AIDS control programme which generally sets policies and plans and coordinates prevention efforts. In addition to national programmes, there is a growing involvement of NGOs in AIDS prevention and care activities.

Many national AIDS control programmes work through and with social and community organisations to deliver information, care and support to people at the grassroots level. Often they work with women's groups and youth organisations to diffuse AIDS information and train members in peer education. Teachers throughout Africa are passing accurate information about AIDS and reproductive health on to their students and many curriculum have been developed on AIDS prevention, health promotion and life skills education. In many countries, religious leaders receive training on AIDS prevention and on counselling people with HIV infection or AIDS.

WOMEN AND AIDS

According to recent estimates from the World Health Organisation, by the year 2000 there will be more than 13 million women infected with the HIV virus. During 1993 alone, more than one million women will become infected. In Sub-Saharan Africa, approximately six women are infected for every five men and the number of new infections in women continues to increase.

WHAT PUTS WOMEN AT RISK

There are three primary reasons why HIV infection is increasing among women in Africa and throughout the world.

The first is that **women are socially vulnerable** due to social inequality between men and women in many cultures. Women, especially young women, generally lack the social power to set the terms of sexual relationships. In some cases, social isolation and a lack of education limit their knowledge of preventive behavior. Young women living in poverty are often enticed or coerced to trade sex for support or social promotion and may be forced into prostitution to support themselves and their families. In many societies young women are highly vulnerable to rape, incest and adultery, usually with older men. In some cultures marital infidelity puts even married women at great risk. Often, a woman who is economically dependent on a man has great difficulty refusing to engage in sexual intercourse or insisting upon condom use. Finally, access to health care is poor, and predisposing genital diseases go untreated.

The second is that **women are epidemiologically vulnerable.** In many African countries young women have a tendency to marry much older men who seek younger and younger women in order to protect themselves from HIV infection. As these older men are more likely to be infected themselves, this phenomenon puts young women at risk. Women are also more likely to receive blood transfusions than men; during pregnancy or the birth of a child when they are more likely to become anemic or to hemorrage.

The third is that **women are biologically more vulnerable.** During sexual intercourse, the mucous surface potentially exposed to the HIV virus is much larger in women than in men. In addition, infected sperm contains a higher concentration of HIV than do vaginal secretions. Women, therefore have a higher risk of being infected with HIV and other sexually transmitted diseases. Young women are especially at risk due to their immature anatomy. The tissue that lines the vagina, and which can be injured during sexual intercourse, is very thin in pre-adolescent girls. Yet another factor, which affects women in their later teens and earlier twenties, involves a special type of cells that ring the opening of the cervix. It is these cells that the human papilloma virus infects to cause cervical cancer and that researchers suspect HIV infects to cause AIDS.

In other instances, health workers, sex workers and others have been mobilised to distribute AIDS prevention information and condoms. Regional and continent-wide NGOs have been established as well, facilitating the sharing of experience, ideas and materials across countries.

While the spread of AIDS continues to pose great social, economic and development challenges to Sub-Saharan Africa, prevention efforts in virtually every country, especially among young people and women, offer great hope for the future.

NORTH AFRICA

THE SITUATION

Despite the fact that North Africa finds itself situated between two regions severely affected by AIDS, in most of the region there has not yet been widespread HIV infection. Some countries of the region still assert that AIDS will never be a major problem for them because the cultural and moral values of their societies are not conducive to the spread of HIV. Other countries now show a great willingness and determination to confront the epidemic. Indeed, what was once a disease of foreigners and homosexuals is, in some countries, becoming a more serious problem among heterosexual men and women.

Within the region, reports indicate that the Sudan has the largest number of AIDS cases. Many of these are found in the south, where the civil war as displaced much of the population. The number of AIDS cases reported in 1991 was 40 percent higher than the year before. Several of the countries in the region report increasing numbers of infection, particularly in women. In Algeria, the ratio of infected males to females rested at 4.34 between 1985 and 1989, but had fallen to 1.5 by 1991. Morocco is experiencing an annual doubling of the number of people infected by HIV and the infection is spreading in the general population, particularly among women. In Tunisia, the majority of HIV infections are found in young adult males whose main risk factors are intravenous drug use and prostitution.

THE RESPONSE

All countries in the region have National AIDS Control Programmes and medium term plans which emphasise the need for intensive information and education of the general public as well as of targetted groups at risk. In Tunisia, for example, prevention efforts have been targetted at migratory Tunisians and their sexual partners. Non-governmental organisations have been created in many countries and are succeeding in mobilising communities for prevention, offering counselling and confidential testing.

In this primarly Muslim region, religious leaders have become more involved in the response to AIDS, and many advocate a compassionate attitude toward people with AIDS. Young people have also become involved, several NGOs have youth branches which are actively educating their peers and participating in information campaigns.

Source: World Health Organisation and " HIVs and AIDS in Northern Africa " by A. Benslimane and S. Sekkat

THE NEW GENERATION: CHILDREN ORPHANED BY AIDS

The vast majority of children and young people orphaned by AIDS up to the end of this century will be in Sub-Saharan Africa, where formerly the extended family could always be relied upon to take in the dependents of those who died. But today, the continent's age-old traditional system is falling apart under the strain of AIDS-

THE CHALLENGES

No one knows exactly how many children are involved, but it estimated that in east and central Africa alone, between 3.1 and 5.5 million children - that is 5-10 percent of all children under 15 - will lose their mothers to AIDS during the 1990s. In addition to those under 15, many more teenagers and young adults will be left to care for themselves and their younger siblings. Grandparents and adolescents are fast becoming the primary providers of food, clothing, educational expenses and love and affection for children whose parents have died. Older relatives often lack the health, energy and resources to care for many children by themselves and older siblings are generally too young to be the sole providers for a family.

THE IMPACTS

The crisis of children orphaned by AIDS is already placing a significant burden on societies. The needs of children not only for food, shelter and nurture, but also for schooling, health care, recreation and other services is putting extra strain on the capacity of governments and communities to provide such services. For example, many AIDS-affected families cannot afford to keep their children in school. Even where fees are paid by government subsidy or humanitarian assistance, children may be needed for farming and domestic duties. In urban areas, orphaned and abandoned youth may turn to the streets in search of casual employment, vending newspapers, shining shoes, guarding cars. Often these young people face great risk of HIV infection and other sexually transmitted diseases because they practice unsafe sex with multiple partners as a way to receive money, affection, protection, shelter or sexual satisfaction.

THE RESPONSES

Non-governmental organisations in the countries hardest hit by AIDS are taking the lead in responding to the orphan challenge. NGOs in many east African countries provide care and services for orphans and families affected by AIDS. Projects range from those exclusively focussed on foster care for children in distress to those designed to promote community development and social welfare services, thereby helping all vulnerable families. Most experts agree that orphaned children are best cared for within the extended family wherever possible. Some NGOs are, therefore, providing support to single and substitute parents to help pay for school fees, food, medical care and, in some urban settings, access to day-care facilities. Others are focussing on the needs of older children who may require vocational training or small loans to support income-generating activities.

EMPOWERING WOMEN

Given these facts, an important factor in stopping the spread of AIDS is enhancing the ability of women to control their lives, including their sexual relationships. Specific measures should include strategies to lengthen the time before young women begin to have sexual intercourse, to delay first pregnancy and to increase the ability of girls to control situations in which they have sex, either by avoiding it or insisting on condom use. Such strategies require both educating and empowering women, but also changing the attitudes and practices of boys and men toward their female peers.

Societies' opinion leaders, should be encouraged to change long-established attitudes and traditions that perpetuate the inferior social status and economic power of women. Social norms which are accepting of older men marrying or engaging in sex with younger women must be changed. Teachers, parents and communities should encourage girls and young women to stay in school and school curricula should discourage social and cultural biases against girls. Women must have access to vocational training that will give them economic security and the ability to control their lives. They must also have access to a safe, welcoming place where they can discuss reproductive and sexual issues, receive appropriate reproductive health services and obtain condoms.

Source : World Health Organisation, United Nations Development Fund and United Nations Children's Fund

YOUNG PEOPLE AND AIDS

There are 1.5 billion young people in the world today, representing over a third of the world's population. 80 percent of these youth live in developing countries where AIDS is spreading most rapidly. Their health and development status are major determinants of the current and future vitality of the communities and nations in which they live.

It is transmission among young people that is driving the AIDS pandemic. Worldwide, 50 percent of all HIV infections since the start of the pandemic have been in young people between the ages of 15 and 24. Estimates indicate that in Africa, as many as 70 percent of new HIV infections are found in youth.

WHAT PUTS YOUNG PEOPLE AT RISK

Young people face hazards that greatly increase their risk of HIV infection both directly and indirectly. Sexual exploitation and trafficking, substance abuse and neglect are some of the most immediate risk factors. In addition, however, young people are increasingly faced with family and cultural dislocation as they or their families migrate from their homes in search of work. Young people often receive conflicting messages about who they are, what they should value and how they should behave from friends, parents and the media. Adolescence is a period of profound physical and psychological change and behaviour experimentation - leaving young people vulnerable to HIV and other health problems.

Within the group broadly defined as youth, there are some particularly vulnerable groups who are at greater social and or biological disadvantage than the average. For example, street youth, youth in extreme poverty, sexually abused youth, youth in institutions and young women.

GIRLS AND YOUNG WOMEN

Major risk factors for girls and young women include the fact that in the developing world they often marry or have sexual intercourse with older and more sexually experienced men. This, coupled with the fact that girls generally have less education than boys, leaves young women with less power in negotiating sexual matters. Throughout Africa sexually active young women aged 15 to 24 have a higher incidence of HIV infection than their male peers. Women in general and young women in particular are biologically at greater risk than men. Women are exposedto the high concentration of HIV contained in sperm and have a larger surface exposed during sexual intercourse than do men. Young women, are even more vulnerable due to immature genital tracts.

MARCHING TOWARD THE FUTURE: YOUNG PEOPLE TAKE ACTION

While policy-makers, social scientists and health experts prepare to meet at the VIIIth International Conference on AIDS in Africa in Marrakech on December 12-16, 1993, young people from all over Morocco and other countries in Africa will join together in a march to educate their peers about AIDS.

Over 600 young people will participate in the five day march, which will begin in the capital city, Rabat and end in Marrakech, launching the start of the AIDS Conference. This 450 kilometer journey will pass through five major cities and many villages along the route, where the committed young marchers will share information about AIDS with their peers and present skits and slide shows on preventing AIDS in addition to entertainment and traditional folklore. They will be joined along the way by political and business figures, popular musicians and sports heros.

This event will mark the first time, in the Arab/Muslim world, that young people take to the streets (or the highway) to fight against the spread of AIDS on a national scale. The idea for the march came from a group of young people who have been organising local peer education campaigns in several cities around Morocco. According to one young man: «We wanted to find a way to reach more people our age. Its hard to talk about AIDS with parents or teachers, so we have to help each other learn about the disease and how to prevent it.»

The march, which will actually be part bus-ride, will have a pre-planned programme of education and special events in each city. The teams of mobile peer educators will be trained to present accurate information about AIDS, including its transmission and effective prevention. The organisers hope the events will be positive and uplifting for young people and the general public. «We don't want to scare people, we want them to understand AIDS and feel secure that they can protect themselves from it».

Although Morocco is a Maghrebian Arab/Muslim country with a small AIDS problem relative to her African neighbors, it has been unusually open to prevention campaigns. There are more than ten active non-governmental organisations that offer testing, counselling and prevention programmes, in addition to the National AIDS Control Programme. Governmental and NGO support of the youth march exemplifies the nation-wide commitment to AIDS education. Morocco's proactive approach to AIDS may spare it from the encroaching crisis and may serve as a model to other countries.

EMPOWERING YOUNG PEOPLE

AIDS presents a tremendous challenge to programmes that reach out to youth both in and out of school. The most successful programmes are those which place prevention of sexually transmitted diseases (including HIV/AIDS) within the context of the other health and development needs of young people. Experience has shown that it is ineffective to try to influence behaviour that relates to just one of the issues facing young people. Reducing the spread of AIDS requires specific HIV-prevention activities, but also actions that take into account all the realities and concerns of young people.

HIV prevention education must go beyond providing academic facts. It should be focussed on developing young people's knowledge, skills and self-esteem. Young people must acquire decision-making and communication skills which will help prepare them for adulthood and help them avoid risky behaviour. Youth also need access to counselling and health services that help them understand and make decisions about their sexuality and reproduction. With improved teacher education, better peer support, youth-friendly health services, counselling and community awareness, young people will be better equipped to avoid HIV infection and other health risks.

Finally, it is important to remember that young people are more likely to listen to their peers than to adults. To make AIDS prevention activities effective, young people should have the chance to play a predominant role in their organisation. Through such participation young men and women can help each other develop and strengthen the skills that are vital to their own health and development.

Source: United Nations Children's Fund and United Nations Development Fund

U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

for my Marakesh file

NOV 17 1993

November 1, 1993

Dear Colleague:

Enclosed is a report on the U.S. Agency for International Development (USAID) HIV/AIDS Prevention and Control Program for fiscal year 1992. The report provides an update on the AIDS pandemic and describes what USAID is doing to support developing country prevention efforts.

This year's report includes:

- o A status report on the pandemic, including a special focus on its projected economic impact and a report on the increasing incidence of AIDS among women.
- o A description of USAID's response to HIV/AIDS and the evolution of that response during the past five years. Since 1986, USAID has committed about $ 400 million to assist AIDS prevention programs in developing countries. This includes $ 234 million for our bilateral assistance projects, which have directly supported HIV/AIDS prevention activities in more than 70 countries.
- o An outline, in chapter 3, of USAID's strategic approach to HIV/AIDS prevention based on knowledge and experience gained during the past five years. During the next five years, USAID hopes to have a greater impact on the AIDS epidemic by supporting comprehensive programs to reduce sexual transmission of HIV in a select number of countries.

If you need additional copies or have comments about the report, please feel free to contact me at the following address:

US Agency for International Development
Office of Health, HIV-AIDS Division
SA-18, Room 1200
Washington, DC 20523-1817

I hope you find this report informative and useful to your own work on this important issue.

Sincerely,

Helene Gayle

Helene D. Gayle, M.D., M.P.H.
Agency AIDS Coordinator

enclosure

5 copies enclosed

320 TWENTY-FIRST STREET, N.W., WASHINGTON, D.C. 20523

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1 9 8 7

HIV/AIDS:

1 9 8 8

THE EVOLUTION

1 9 8 9

OF THE PANDEMIC,

1 9 9 0

THE EVOLUTION

1 9 9 1

OF THE RESPONSE

1 9 9 2

The U.S. Agency for International Development
Program for Prevention and Control of HIV Infection / August 1993

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UNDER THE HIGH PATRONAGE OF HIS MAJESTY HASSAN II

VIIIth International Conference on AIDS in Africa
&
VIIIth African Conference on Sexually Transmitted Diseases

MARRAKECH

12 - 16 DECEMBER 1993 - PALAIS DES CONGRES.

CALL FOR ABSTRACTS AND REGISTRATION

SOCIETY ON AIDS IN AFRICA

ROYAL AIR MAROC
OFFICIAL CARRIER

WORLD HEALTH
ORGANIZATION

The AIDS Control and Prevention Project
AIDSCAP
of Family Health International
and
the United States Agency for International Development
cordially invite you to a reception for participants in
the VIIIth International Conference on AIDS and STDs in Africa
on Tuesday 14 December 1993
from 8:00 p.m. until 10:00 p.m.
Hotel Farah Safir, Avenue President Kennedy
Marrakech, Morocco

Please present invitation at the door

WHITE HOUSE SITUATION ROOM

PRT: AIDS

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RUEHIA/USIA WASHDC 1869
UNCLAS SECTION 01 OF 02 PARIS 32957
STATE ALSO FOR OES/STH AND EUR/WE:CARSON
HHS FOR OIA HOHMAN
WHITE HOUSE FOR AIDS COORDINATOR
USIA FOR EU, P, B
E.O. 12356: N/A
TAGS: TBIO, SOCI, KSCA, FR
SUBJECT: HEAD OF FRENCH AIDS RESEARCH AGENCY
SAYS FRANCO-U.S. RELATS GOOD

1. ACTION REQUEST FOR HHS, PARAGRAPHS 6 AND 8.

2. SUMMARY: SCICOUNS MET WITH JEAN-PAUL LEVY, HEAD OF THE FRENCH NATIONAL AGENCY FOR AIDS RESEARCH (ANRS), DECEMBER 2, 1993. ANRS IS CHARGED WITH COORDINATING AIDS RESEARCH PROGRAMS AND IS ORGANIZATIONALLY PART OF THE MINISTRY OF HIGHER EDUCATION AND RESEARCH (MHER). LEVY CHARACTERIZED FRANCO-U.S. COOPERATION ON AIDS DRUG TRIALS AS VERY GOOD DESPITE THE REEMERGENCE OF THE GALLO/PASTEUR DISPUTE IN THE PRESS. HE EXPRESSED INTEREST IN ESTABLISHING A PRE-AGREEMENT WITH THE NATIONAL INSTITUTES OF HEALTH (NIH) THAT WOULD ALLOW FRENCH PARTICIPATION IN U.S.-BASED PHASE III (VACCINE) FIELD TRIALS (SPECIFICALLY MENTIONING POSSIBLE TESTS INVOLVING THE BRONX) AND IN ESTABLISHING AN ANNUAL OR SESQUIANNUAL ANRS/NIH MEETING TO STRENGTHEN AND PUBLICIZE FRANCO-U.S. COOPERATION. END SUMMARY.

LEVY: RESEARCH, NOT POLITICS

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3. DURING SCICOUNS' MEETING, LEVY MADE IT CLEAR THAT HE IS INTERESTED IN RESEARCH AND RESEARCH MANAGEMENT AND AVOIDS POLITICAL ISSUES. WHEN ASKED IF HE WAS GOING TO ATTEND THE 8TH ANNUAL AIDS IN AFRICA CONFERENCE IN MARRAKESH, LEVY REFLECTED HIS INTERESTS BY ANSWERING, "NO.

WHITE HOUSE SITUATION ROOM

THAT'S TALK, AND WE HAVE RESEARCH TO CONDUCT HERE." LEVY OFFERED ONLY A NEUTRAL RECOGNITION OF THE EXISTENCE OF LUC MONTAGNIER'S NATIONAL AIDS REPORT RELEASED DECEMBER 1 (SEE SEPTEL) WHICH GENERALLY SUPPORTS LEVY'S MANAGEMENT OF THE ANRS.

LEVY: FRANCO-U.S. RELATIONS GOOD

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4. LEVY STATED THAT RELATIONS BETWEEN U.S. AND FRENCH ORGANIZATIONS DEALING WITH AIDS, BOTH PUBLIC AND PRIVATE, WERE VERY GOOD. WHILE FRANCE'S LARGEST COOPERATIVE INTERNATIONAL EFFORTS ARE WITH GREAT BRITAIN (PRIMARILY THERAPUTIC TESTS), LEVY RANKED THE U.S. AS ONE OF FRANCE'S MAJOR PARTNERS. HE COMMENTED THAT WHITE THERE IS LITTLE COOPERATIVE RESEARCH, MUCH INFORMATION IS TRADED BETWEEN LABS. COOPERATIVE TESTING TRIALS, HOWEVER, ARE IMPORTANT. LEVY SAID THAT FIVE YEARS AGO THERE WAS SOME RELUCTANCE ON THE PART OF U.S. ORGANIZATIONS TO INVOLVE FRENCH GROUPS IN TESTING TRIALS OWING TO LACK OF FAMILIARITY WITH FRENCH TECHNIQUES AND, IN CERTAIN CASES, TO QUESTIONABLE FRENCH METHODS. LEVY COMMENTED THAT THE U.S. GROUPS' HESITANCY WAS UNDERSTANDABLE AND AT TIMES ADVISABLE. SINCE 1987, U.S. ORGANIZATIONS HAVE INCREASED THEIR UNDERSTANDING OF FRENCH METHODS, AND THE FRENCH HAVE IMPROVED THEIR TEST TECHNIQUES, BOTH TO THE END OF IMPROVING FRANCO-U.S. COOPERATION.

5. LEVY IS VERY INTERESTED IN ESTABLISHING A PRE-AGREEMENT BETWEEN THE NIH AND ANRS GRANTING THE FRENCH SOME ROLE IN PHASE III TRIALS IN THE UNITED STATES, PARTICULARLY IN ANY PHASE III TRIAL INVOLVING THE BRONX. LEVY ADMITTED THAT SUCH A TRIAL COULD BE YEARS AWAY BUT WANTS TO COME TO SOME AGREEMENT, APPARENTLY TO ASSURE

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WHITE HOUSE SITUATION ROOM

FRENCH ACCESS TOTHE BRONX TEST GROUP WHICH HE CHARACTERIZED AS UNIQUE IN THE DEVELOPED WORLD. LEVY MENTIONED THAT THE PRIVATE FRENCH LAB PASTEUR-MERIEUX HAS HAD CONTACT WITH NIH'S ANTHONY FAUCI AND MAY HAVE DISCUSSED THIS ISSUE WITH HIM.

6. POST WOULD APPRECIATE INFORMATION FROM HHS ON THIS BRONX TEST GROUP AND COOPERATIVE TRIALS BETWEEN THE FRENCH AND NIH.

SESQUIANNUAL MEETING TO DISCUSS RESEARCH

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7. WHILE GENERALLY DISLIKING MEETINGS "JUST TO TALK," LEVY SEES SOME VALUE IN ESTABLISHING A WELL PUBLICIZED ANNUAL (OR PREFERABLY SESQUIANNUAL) MEETING OF TWO OR THREE PEOPLE FROM ANRS AND NIH. LEVY WOULD PREFER TO MEET FOR AN HOUR OR TWO WITH SENIOR NIH OFFICIALS WHO ARE TECHNICALLY LITERATE ON AIDS RESEARCH EFFORTS. WHILE LEVY HOPES THAT THIS MEETING WOULD FURTHER FRANCO-U.S. COOPERATION, HE ALSO SAID THAT THE GREATEST BENEFIT FOR THE U.S. AND FRANCE WOULD BE THE PUBLIC DIPLOMACY IMPACT OF THE PRESS COVERAGE EMPHASIZING THEIR COOPERATIVE EFFORTS. COMMENT: POST BELIEVES THAT THIS TYPE OF MEETING WOULD BE A GOOD COUNTERBALANCE TO THE RECENT PRESS COVERAGE OF VARIOUS FRENCH OFFICIALS CALLING FOR RENEGOTIATING THE 1987 NIH/PASTEUR ACCORD. END COMMENT.

8. POST WOULD APPRECIATE HHS'S COMMENTS ON LEVY'S PROPOSED MEETING.

HARRIMAN

BT

#2957

NNNN

<MSGID> M0764280

HOTEL
PULLMAN
MANSOUR EDDAHBI
Marrakech

FAX TRANSMISSION

DESTINATAIRE / ATTN : MR. STEVE
LIEU / PLACE : NATIONAL AIDS POLICY
U S A
N° TELECOPIEUR / FAX N° : 202 632 1096
REDACTEUR / FROM : MS. KHADIJA
RESERVATIONS OFFICE
Nb. DE PAGES / NO OF PAGES : 01
(including this one)
DATE : 09/12/93

OBJET / SUBJECT : CONFIRMATION OF RESERVATION

FURTHER TO YOUR CALL TODAY, WE ARE PLEASED TO CONFIRM YOU THE RESERVATION FOR ONE DOUBLE ROOM IN THE NAME OF MRS. KRISTINE GEBBE STARTING FROM 13 DEC UNTIL 16 DEC 1993.

PLEASE NOTE DIRECT PAYMENT BEFORE GUEST'S DEPARTURE AT THE FOLLOWING RATES:

ONE DBL ROOM.....= 1.380 DHS / NIGHT
BREAKFAST.....= 110 DHS / PAX / DAY
TAXES.....= 17 DHS / PAX / NIGHT.

THANKS AND BEST REGARDS.
KHADIJA/ RESA

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel Voucher; [Personally Identifiable Information] [Partial] (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 8299

FOLDER TITLE:
Marrakech [Morocco]

2018-0756-F
jp4851

RESTRICTION CODES

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

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

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

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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TRAVEL ORDER

☒ Original ☐ Amendment No. _____ ☐ Cancellation
(See HHS Travel Manual, Part 3, for Detailed Instructions)

1. TRAVEL ORDER NO. 00117094060

2. APPROPRIATION NO. 7541101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	~~2037.45~~	$ 2,037.45
PER DIEM	619.00	
OTHER	120.00	
TOTAL	~~2876.45~~	$

4. NAME AND POSITION OR RANK
Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
(b)(6)

6. CONSTITUENT/BUREAU/DIVISION/REGION
DHHS/PHS/OASH/OIH

7. PRESENT OFFICIAL STATION
Washington, D.C.

8. APPROX. DATE OF DEPARTURE
December 12, 1993

9. APPROX. DATE OF RETURN
December 17, 1993

10. ITINERARY AND PURPOSE OF TRAVEL *(Show city, state or country, dates and reasons—use continuation sheet if necessary)*

FROM: Washington, D.C. to Marrakech, Morocco
Marrakech, Morocco to Paris, France

PURPOSE: To participate in the 8th International Conference on AIDS in Africa and the 8th International on Sexually Transmitted Diseases in Marrakech, and to meet with officials of the French Government. Ticket price exceeds coach fare by $110.00 ~~because~~ because coach class of service not available on Amsterdam/London and Marrakech/Casablanca segments.

PREPARED BY: W. Steve Lee, 632-1090

NOTICE: TRAVELERS ARE RESPONSIBLE AND LIABLE FOR UNUSED GTR'S — TICKETS RECEIVED UNTIL THEY HAVE BEEN PROPERLY ACCOUNTED FOR ON A TRAVEL VOUCHER OR RETURNED TO THE AGENCY.

11. SPECIAL AUTHZTN

TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR: ☒ EMPLOYEE AND/OR ☐ DEPENDENTS

___¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT | 25¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS | ___¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO

☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR ☒ OTHER *(Specify below)*

☐ EXCESS BAGGAGE ☐ REGISTRATION FEE Taxi/Limo

11A. CHANGE OF STATION

TRANSPORTATION OF ☐ DEPENDENTS ☐ H/H GOODS & PERS. EFFECTS

☐ TEMPORARY QTRS ☐ RESIDENCE TRANSACTIONS ☐ TEMPORARY STORAGE

☐ HOUSE HUNTING TRIP ☐ MISC. EXP. ALLOWANCE ☐ OTHER *(Specify)*

HHS 355: ☐ SIGNED ☐ NOT REQUIRED

[GA]

12. TRAVEL & PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND:

☒ FTRs ☐ JTR'S ☐ OTHER *(Specify)*

PER DIEM: ☐ NONE ☐ IN U.S. ☒ OUTSIDE U.S. ☐ VARYING RATES PER ABOVE REGS.

RATE $217/157 ☒ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED

128/94 Lodging
89/63 M&IE FUNDS AVAILABLE

13. FOREIGN TRAVEL

TO BE PERFORMED FOR *(DHHS, UN, etc.)*

EXPENSES TO BE PAID BY

SECURITY APPROVAL GRANTED FOR TRAVEL OF

☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE _____

RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY

14. ACCOUNTING DATA *(See HHS Acct'g Manual & Acct'g Code Book)*

1 RECORD TYPE	2-7 EFF. DATE	8-10 TRANSACTION CODE	11 REVERSE CODE	12 MODIFIER	ORIGINAL OBLIGATION 13-15 DOC. REF. CODE	ORIGINAL OBLIGATION 16-25 DOCUMENT NO.	OTHER DOCUMENTS 26-28 DOC. REF. CODE	OTHER DOCUMENTS 29-38 DOCUMENT NO.	39 GEO. CODE	40 FISCAL YEAR	41-47 COMMON ACCOUNTING NO.	48-51 OBJ. CLASS CODE	52-63 AMOUNT DOLLARS & CENTS	64 FED/NON FED	65-79 VENDOR/ CUSTOMER CODE (PRIMARY RECIPIENT)	95-100 PAYMENT COLLECTION DOC.	101-108 PPBS 101-106 CATEGORY	107-108 ACTIVITIES	109 CASE II
2					130	7541-101					4A734128	2193	2876.45	1	(b)(6)				2
2																			
2																			
2																			

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL

~~Acting Director, NAPO~~

AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE

AUTHORIZED BY ~~Anthony L. Itteilag, Ph.D.~~ TITLE ~~Director, NAPO~~ DASHMO

DATE 12/10

* To be completed by Office Initiating Travel Order, Other Accounting Data to be Completed by Fiscal/Accounting Office

OS approval attached

HHS-1 (REV. 7/89)

TRAVELER