Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Sandra Thurman to President Clinton re: Report on Presidential Mission Looking at Children Orphaned by AIDS in sub-Saharan Africa (11 pages)	04/16/1999	P1/b(1)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Devorah Adler
OA/Box Number: 20462

FOLDER TITLE:
AIDS [Folder 2]

2012-0463-S
rc691

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]

To: Chris Jennings x 65557 fax
Devorah Adler

From: Rebecca Walldorff

More to come, if needed... info on AIDS Trust fund, etc.

Rebecca Walldorff
x 67288

Background on
House Action on Global AIDS

- **AIDS Marshall Plan Fund for Africa Act**

Last year, Rep. Barbara Lee introduced the "AIDS Marshall Plan Fund for Africa Act". This bill is the brainchild of former Rep. Ron Dellums, now the chair of the Presidential HIV/AIDS Advisory Council. The bill creates a new US independent agency (corporation) to lead the war on AIDS in Africa through the provision of grants to hard hit African nations. The bill authorizes $200 million per year for the next five years for this purpose, as well as allows the agency to receive funding from other countries as well as from the private sector. The bill has 76 co-sponsors, most of whom are liberal democrats and Members of the Congressional Black Caucus. There is no Senate companion to this bill.

- **World Bank AIDS Prevention Trust Fund Act**

Early this session, Rep. Jim Leach, chair of the House Committee on Banking and Financial Services introduced the "World Bank AIDS Prevention Trust Fund Act". This bill directs the Secretary of the Treasury to negotiate the establishment of an AIDS trust fund at the World Bank, and to contribute $100 million annually for five years on behalf of the US. This trust fund would provide concessional loans for AIDS prevention and care to hard hit African nations. The Senate companion bill was introduced by Senator John Kerry and reported out of the Senate Foreign Relations Committee as part of the Foreign Assistance and Anti-Corruption Act.

- **World Bank AIDS Marshall Plan Trust Fund Act**

On XXXX, XX the House Banking Committee favorably reported the World Bank AIDS Marshall Plan Trust Fund Act, compromise legislation that seeks to merge the two bills described above. This bill directs the Secretary of the Treasury to negotiate the establishment of an AIDS trust fund at the World Bank, and to contribute $100 million annually for five years on behalf of the US. This trust fund would provide grants rather than loans for AIDS prevention and care to hard hit African nations. At the mark-up, Rep. Maxine Waters offered an amendment to increase the authorization to $200 million annually.

Reps. Leach and Lee are working hard to get this bill on the suspension calendar next week. The House Republican Leadership has said that they would not put the bill on suspension unless the sponsors agreed to roll back the authorization figure to $100 per year. In an effort to get the bill done, they have agreed to do that. To begin to pump up support for the passage of this bill, the House has scheduled time on Tuesday evening of this week for special orders on the AIDS in Africa.

Sandy Thurman
Document

World Bank AIDS Marshall Plan Trust Fund
HR 3519
Key Issues

House: House Banking Committee Chairman Leach favorably reported a freestanding World Bank AIDS Marshall Plan Trust Fund Act from the Banking and Financial Services Committee. This bill merges Rep. Leach's AIDS Trust Fund with Rep. Lee's AIDS Marshall Plan. It is expected that the bill will authorize $100 million per year for 5 years. The bill is expected to be place on the House suspension calendar. The bill specifically calls for grants rather than loans.

Senate: The Technology, Trade and Anti-Corruption bill was favorably reported out of the Senate Foreign Relations Committee but is held up in the Senate Banking Committee. The bill includes provisions for two World Bank Trust Funds with authorizations of $150 million per year. The bill is silent on the issue of grants vs. loans.

The House bill will likely pass and be taken up in the Senate.

There are several key issues and considerations:

- The Congressional Black Caucus (CBC), Democrats, and moderate Republicans support the bill. Whereas the choice of the World Bank as the home for such a Fund was based on the House Banking Committee's jurisdiction, Rep. Lee's original bill called for OPIC (as an independent agency) to create a freestanding fund. The driving force behind the creation of the fund was to create a vehicle to accept government and private sector funds. Although the original concept was limited to purchasing and distributing AIDS anti-retroviral drugs, it now is broad based to include prevention, care and capacity building.

- **Competition for funds.** Such a fund would be supported by the 150 account. As such, funding for the Trust Fund could come at the expense of the HIPC initiative (and its link to supporting HIV/AIDS programs), other multilateral priorities, and/or the USAID bilateral program. The Fund could well pit one Administration HIV/AIDS priority against another.

  Despite the fact that the World Bank AIDS Trust Fund was not included in the President's budget, we could support it with the stipulation that funds should not be diverted from other essential programs in an already overburdened 150 account. We could say that we are willing to work with the Congress to identify the offsets needed.

  We could stay within the President's budget and support the World Bank AIDS Trust Fund with the stipulation that these funds would have to be set-aside within the existing World Bank allocation. In our FY2001 budget, we proposed that between $400 and $900 million within the Bank is set-aside for improving health in Africa. Consistent with this proposal, $100 to $200 million could be targeted to HIV/AIDS.

Other strategies include limiting US funding for the Fund to a 10% match of what other donors/parties contribute with a lifetime maximum of $500 million. Another strategy is to count US bilateral support for HIV/AIDS in lieu of a direct contribution to the Fund.

- **The Trust Fund as a desired mechanism for donors.** The recent arguments for a fund have centered on the premise that other donors desire such a mechanism. The opposite appears to be true. We are not aware that donors would necessarily contribute to the Fund. UNAIDS currently operates a unified budget appeal for bilateral donors to contribute funds to support UN agency HIV/AIDS efforts. Unlike onchocerchiasis, the HIV/AIDS field has numerous mechanisms including bilateral, UNAIDS Unified Budget, multilateral, and private sector (independent foundations) methods of collecting and disbursing funds.

  While the creation of the Trust Fund may serve to highlight an increased emphasis on HIV/AIDS programs, we understand that many countries do not seek a World Bank loan for AIDS activities and that there really isn't a shortfall of IDA funds for this purpose

- **Leveraging the World Bank's involvement in HIV/AIDS.** An argument has been made that such a Fund would leverage the World Bank's involvement in HIV/AIDS and would lead to providing necessary technical assistance to Ministries of Finance for HIV/AIDS. Whereas this could occur, current World Bank rhetoric recognizes the importance of HIV/AIDS (per Wolfenshon's commitment for $1 billion). However, considerable past experience indicates that the Bank does not have the technical and field experience to implement HIV/AIDS technical assistance. Nothing precludes the Bank from shifting its current programming to include HIV/AIDS and to include HIV/AIDS in sector investment programs (SIPS). The Bank has created its Act Africa Team to integrate HIV/AIDS into existing Bank programs. USAID is more likely to provide TA to countries on issues such as how to develop HIV/AIDS budgets. This is not a costly endeavor. In addition, the Fund may inappropriately raise country expectations.

  If the Fund comes into existence, USAID will work closely with the implementing parties to ensure that appropriate TA is provided to countries and synergies between USAID and fund programs.

- **The World Bank's ability to manage a grants program.** This function is not the Bank's comparative advantage. Our concern is that World Bank has very limited ability to implement programs directly and to monitor them in the field. Would the Trust Fund be able to hire its own program staff? Moreover, Bank HIV/AIDS staff are thin and other staff are very loan oriented. The Bank's ultimate concern is moving money and not solving implementation problems. Other agencies are better suited to plan and implement such a program (e.g., PVOs. USAID, others).

  A Trust fund could operate similar to the Onchocerciasis Control Project (OCP) Trust Fund whereby the WB supports an OCP program that in turn implements all of the project management in Africa.

Another example is GAVI whereby the WB is the executor, but the management of the fund is broader.

- **Choice of the World Bank as the home for a Fund.** UNAIDS and other donors have indicated that other multilateral agencies are better suited to this task.

  Suggested language revisions focus on expanding the possible choice of a seat for the Fund to include the IBRD, IDA, UNAIDS, or any organization the President designates for the Secretary of the Treasury to negotiate with.

  At a minimum, the Fund's operations must be conducted in close coordination with UNAIDS.

ANNEX – TABLE OF INVESTMENTS

Program Element	Investment
Primary Prevention	
1) Program Delivery and Other Activities	USAID: $25M
2) Technical Assistance and Training	HHS:$13M
3) Prevention activities for African military and uniformed services	DoD:$10M
	Subtotal: $48M
Improving Community and Home Based Care and Treatment	
1) Program Delivery	USAID: $14M
2) Technical Assistance and Training	HHS: $9M
	Subtotal: $23M
Caring for Children Affected by AIDS	USAID: $10M
Capacity & Infrastructure Development	
1) Increasing political commitment and strengthening AIDS programs	USAID: $6M
2) Surveillance	HHS: $13M
	Subtotal:$19M

Deborah -
This was the Budget Request we ended up
In the end, with 65 for USAID and
35 for CDC (zero for DOD)
We don't know how USAID
is spending their additional
$10m (other care programs
supported)

Four Prong Strategy:

1) Enhanced USG Commitment: Multi-year, prevention-focused strategy, growing existing base of $78 million USAID and XX million HHS, by $100 million in FY2000, with outyear amounts to be determined as the program evolves.

2) Private Sector: Pursue public and private partnerships to expand existing commitment from business and labor.

3) Leverage Multilateral Assistance: Convene a donors conference to enhance support from around the world.

4) Develop Support within African Nations: Engage host countries in collaborative efforts to combat AIDS pandemic.

Goals of Foreign Assistance Effort, Targeted to Actively Participating Host Countries (3-5 year initiative; FY2000 is Year 1)

1) The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005 (baseline)
2) At least 75% of all HIV-positive persons will have access to basic care at home and community levels, and drugs for common opportunistic infections (e.g., TB, pneumonia, diarrhea) (baseline)
3) Orphans will have access to education and food on an equal basis with their non-orphan peers (baseline)
4) By 2002, domestic and external resources available for HIV/AIDS responses in Africa will have increased significantly. (baseline)
5) Existing initiatives will be used as opportunities to include HIV/AIDS and to involve donors and countries to commit themselves to the multilateral partnership. (baseline)

SOURCE: UNAIDS

July 12, 1999
DRAFT

Program Element #1: SURVEILLANCE

Definition: Develop and expand systems to track spread of HIV infection and the effects of interventions to appropriately target HIV/AIDS programs in each participating country.

Agency Participation: Based on expertise in U.S., HHS will take the lead in overseas surveillance activities.

Low Option: $25 million USAID $ 10 million HHS	Medium Option: $25 million USAID $25 million HHS	High Option: $50 million USAID $50 million HHS
HHS: $4-5 million Output: Expand capabilities of existing surveillance programs to understand the health impact of HIV in 9 countries.	**HHS:** $4-5 million Output: Expand capabilities of existing surveillance programs to understand the health impact of HIV in 9 countries.	**HHS:** $6-8 million Output: Develop surveillance programs to understand the health impact of HIV in 13 countries.

Program Element #2: PRIMARY PREVENTION AND STIGMA REDUCTION

Definition: Develop strategies to slow the spread of HIV infection including mass education efforts, as well as social marketing, condom distribution, counseling and testing, blood supply screening, and AZT short-course therapy to prevent further transmission, as appropriate.

Agency Participation: USAID and HHS will work collaboratively, sharing complementary knowledge of prevention activities, with HHS providing technical assistance.

July 12, 1999
DRAFT

Low Option: $25 million USAID $ 10 million HHS	Medium Option: $25 million USAID $25 million HHS	High Option: $50 million USAID $50 million HHS
USAID: $10 million Output: Provide intensive interpersonal HIV testing, education, and counseling to reduce risk behaviors to 700,000 persons in 9 countries. **HHS:** $3-4 million Output: Provide limited technical assistance and training to 9 countries to establish prevention programs including counseling and testing, blood screening capabilities, and education.	**USAID:** $10 million Output: Provide intensive HIV testing, education, and counseling to reduce risk behaviors to 700,000 persons in 9 countries. **HHS:** $ 10-12 million Output: Provide comprehensive technical assistance and training to 9 countries to establish prevention programs including counseling and testing, blood screening capabilities, and education.	**USAID:** $20 million Output: Provide HIV testing, education, and counseling to persons in 13 countries. Deliver mass media services to 100 million persons to increase awareness. Train 500,000 counselors, educators, and trainers. **HHS:** $22-28 million Output: Provide technical assistance and training to 13 countries to establish comprehensive prevention programs. Provide short-course AZT therapy, as appropriate, to 500,000 HIV-positive pregnant women to prevent transmission to an additional 60-100,000 newborns.

Program Element #3: CARING FOR CHILDREN AFFECTED BY AIDS

Definition: Assist families and communities in caring for affected children, increasing access to services to reduce mother to child HIV transmission.

Agency Participation: USAID will lead this initiative.

July 12, 1999
DRAFT

Low Option: $25 million USAID $ 10 million HHS	**Medium Option: $25 million USAID $ 25 million HHS**	**High Option: $50 million USAID $50 million HHS**
USAID: $5 million Output: Assist families and communities in caring for affected children/orphans, in 9 countries. Increase the number of children affected by AIDS attending local schools. Note: An additional $10 million in PL480 Food Aid could be used as part of the Caring for Children Affected by AIDS program element.	**USAID:** $5 million Output: Assist families and communities in caring for affected children/orphans, in 9 countries. Increase the number of children affected by AIDS attending local schools. Note: An additional $10 million in PL480 Food Aid could be used as part of the Caring for Children Affected by AIDS program element.	USAID: $10 million Output: Assist families and communities in caring for affected children/orphans, in 13 countries. Increase the number of children affected by AIDS attending local schools. Support 50,000 AIDS orphans, allowing them to remain with their extended families or communities. Note: An additional $10 million in PL480 Food Aid could be used as part of the Caring for Children Affected by AIDS program element.

July 12, 1999
DRAFT

Program Element #4: INFRASTRUCTURE AND CAPACITY DEVELOPMENT

Definition: Strengthen host country ability to implement interventions by focusing on government, private sector, NGOs, and research institution capability.

Agency Participation: USAID will lead this initiative.

Low Option: $25 million USAID $ 10 million HHS	Medium Option: $25 million USAID $ 25 million HHS	High Option: $50 million USAID $50 million HHS
USAID: $5 million Output: Strengthen government, private sector, NGOs, and research institutions to plan and implement interventions, in 9 countries. Expand capacity of monitoring systems to assess overall impact of HIV on sustainable development.	**USAID:** $5 million Output: Strengthen government, private sector, NGOs, and research institutions to plan and implement interventions, in 9 countries. Expand capacity of monitoring systems to assess overall impact of HIV on sustainable development.	**USAID:** $10 million Output: Strengthen government, private sector, NGOs, and research institutions to plan and implement interventions, in 13 countries. Further expand capacity of monitoring systems to assess overall impact of HIV on sustainable development.

July 12, 1999
DRAFT

Program Element #5: RESEARCH

Definition: Conduct research to develop HIV/AIDS prevention and treatment methodologies appropriate for use in Africa.

Agency Participation: HHS will expand existing efforts.

Low Option: $25 million USAID $ 10 million HHS	Medium Option: $25 million USAID $ 25 million HHS	High Option: $50 million USAID $50 million HHS
HHS: $1-2 million Output: CDC and NIH will expand existing efforts to develop and maintain long-term in-country research capabilities (e.g., training researchers, developing laboratories)	**HHS:** $4 million Output: Expand existing efforts to develop and maintain long-term in-country research capabilities. Conduct psychosocial research on ways to best design prevention interventions for perinatal transmission.	**HHS:** $ 4-6 million Output: Expand on existing efforts to develop and maintain long-term in-country research capabilities. Conduct preliminary vaccine research. Conduct psychosocial research on issues related to prevention interventions for perinatal transmission.

July 9, 1999

Program Element #6: HOME AND COMMUNITY-BASED CARE AND TREATMENT

Definition: Provide medical and social services to HIV infected individuals, including treatment of sexually transmitted diseases (STDs), opportunistic infections (OIs), and tuberculosis (TB).

Agency Participation: HHS will leverage its expertise in this area to provide treatment to African nations alongside USAID.

Low Option: $25 million USAID $ 10 million HHS	**Medium Option: $25 million USAID $ 25 million HHS**	**High Option: $50 million USAID $ 50 million HHS**
USAID: $ 5 million Output: Provide counseling, support, palliative, and OI infection care through community-based clinics and home workers. Provide preventive therapy to eliminate active TB in 100,000 HIV-infected persons in 9 countries. **HHS:** $1 million Output: Provide treatment for STDs and OIs to 20,000 persons in 9 countries.	**USAID:** $ 5 million Output: Provide counseling, support, palliative, and OI infection care through community-based clinics and home workers. Provide preventive therapy to eliminate active TB in 100,000 HIV-infected persons in 9 countries. **HHS:** $4-6 million Output: Provide treatment for STDs and OIs for 80,000-120,000 persons in 9 countries.	**USAID:** $10 million Output: Provide counseling, support, palliative, and OI infection care through community-based clinics and home workers. Provide preventive therapy to eliminate active TB in HIV-infected persons in 13 countries. Treat 500,000 HIV infected persons for simple OIs. **HHS:** $8-10 million Output: Provide treatment for STDs and OIs for 100,000 persons in 13 countries.

July 9, 1999

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Sandra Thurman to President Clinton re: Report on Presidential Mission Looking at Children Orphaned by AIDS in sub-Saharan Africa (11 pages)	04/16/1999	P1/b(1)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Devorah Adler
OA/Box Number: 20462

FOLDER TITLE:
AIDS [Folder 2]

2012-0463-S
rc691

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]

DRAFT: CLINTON-GORE ADMINISTRATION UNVEILS NEW $150 MILLION INITIATIVE TO COMBAT THE SPREAD OF AIDS AND OTHER INFECTIOUS DISEASES OVERSEAS

January XX, 2000

Today, in a speech before the United Nations, Vice President Gore will announce that the President's FY 2001 budget will include a new $150 million investment, a 60% percent increase over last year's funding level, to combat the international AIDS pandemic and prevent the spread of infectious disease overseas. This new initiative will invest an additional $100 million, doubling last year's investment, in efforts ~~in activities~~ to prevent and treat HIV and AIDS in Africa and ~~Asia~~, including: ~~launching prevention programs through community-based organizations; educating international military personnel about HIV prevention; initiating activities to prevent perinatal transmission; caring for children orphaned by AIDS; and treating opportunistic infections associated with the disease~~ AIDS education through community-based organizations and militaries; reducing mother-to-child transmission; treating opportunistic infections of people living with HIV & AIDS; caring for children orphaned by AIDS; and developing the essential infrastructure needed to pursue each of these efforts. In addition, this initiative will make a long term investment of $50 million to purchase vaccines critical to preventing infectious diseases such for hepatitis B, influenza, yellow fever, and other diseases. This investment will also make an important contribution to the infrastructure development necessary for the eventual purchase and distribution of an AIDS vaccine.

THE AIDS PANDEMIC THREATENS THE ECONOMIC AND SOCIAL STABILITY OF SUB SAHARAN AFRICA AND ASIA. The United Nations calls the AIDS pandemic in sub-Saharan Africa "the worst infectious disease catastrophe since the bubonic plague". An estimated 5.3 million people were infected with HIV by the end of 1996, suggesting that Asia may have surpassed Africa in terms of the highest number of new infections per year.

- **Sub-Saharan Africa and Asia disproportionately bear the impact of the AIDS epidemic.** While sub-Saharan Africa accounts for only one-tenth of the global population, over 70 percent of individuals infected with AIDS live there. Currently, 21 million people in sub-Saharan Africa are infected with HIV, and every day, an additional 11,000 become infected. In Asia, HIV and AIDS is already widespread. Because this region has 60 percent of the world's population and has the steepest infection curve, experts are predicting that Asia will soon become the epicenter of the epidemic.

- **Millions of children in sub-Saharan Africa have been orphaned by AIDS.** In the nine largest sub-Saharan countries, between 20 percent and 33 percent of all children have already been orphaned by AIDS. During the next decade, more than 38 million children in the region will be orphaned by AIDS, making it difficult – if not impossible – for these children to access adequate food, clothing, education, health care services, and housing.

- **The AIDS epidemic is jeopardizing the economic stability of the sub-Saharan African and Asian regions.** Recent studies indicate that the AIDS pandemic is affecting the economies of countries such as Kenya, Nambia, and India. For example, recent studies estimate that the loss of skilled personnel to AIDS cost Nambia almost eight percent of their gross national product, and that Kenya's gross national product will be 14.5 percent lower in 2005 than it would have been without the advent of the AIDS epidemic.

- **The AIDS pandemic presents a security issue in the sub-Saharan African and Asian regions.** High levels of HIV infection among senior members of the armed forces in these regions leads to rapid turnover in positions of authority, adversely affecting countries in political transition and weakening the political structure in countries where the military plays a central role in government. In addition, studies have linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest as these children raise themselves alone, often turning to crime, drugs, prostitution, and gangs to survive.

MILLIONS OF PEOPLE DIE EACH YEAR BECAUSE OF PREVENTABLE INFECTIOUS DISEASES. Vaccines have brought about the eradication of smallpox, controlled the transmission of polio to historic levels, and drastically reduced measles rates. An essential part of this success, considered by many experts to be the greatest public health achievement of the century, is the availability of traditional vaccines at low prices and the willingness of industrial countries to provide vaccines and support the immunization delivery infrastructure in developing countries. Despite this success, more work needs to be done.

- **Over four million people die each year due to preventable infectious diseases.** Although three million lives are already being saved each year due to the dramatic grown in vaccine coverage, the wider use of vaccines against hepatitis B, influenza, yellow fever, and other diseases could prevent over four million deaths each year.

- **Vaccines are becoming more expensive, and fewer companies are producing them.** Because new vaccines are the product of years of research development, they cost dollars, rather than cents, per dose. In addition, there are now under 10 major vaccine-producing companies operating internationally, which determine which products reach the market first and often slow the development and distribution of vaccines.

VICE PRESIDENT GORE UNVEILS NEW, $150 MILLION INITIATIVE TO COMBAT AIDS AND OTHER INFECTIOUS DISEASES OVERSEAS. Today, in a speech before the United Nations, Vice President Gore will announce that the President's FY 2001 budget will include a new, multi-million investment in combating the spread of HIV and AIDS and other infectious in Africa, Asia and other developing countries. This initiative will:

- **Invest an additional $100 million in HIV and AIDS prevention and treatment efforts overseas.** The President's budget will invest a total of ~~$200~~ $325 million in HIV prevention and AIDS treatment around the world, doubling last year's $ 100 million funding ~~level, to~~ increase. Funds will be targeted the countries where the disease is most widespread and where the potential for impact is greatest. Activities include:

[Order has been changed]

Increasing primary prevention efforts. This initiative will invest ~~over $X million for~~ in activities designed to reduce the incidence of new HIV infections, including: implementing mass education efforts and community based counseling and testing services; providing AZT short-course therapy to infected individuals to prevent further transmission; implementing treatment protocols to reduce mother to child transmissions; and implementing blood supply screening procedures.

Providing care and treatment for individuals infected with HIV. Currently, treatment for HIV infected people in sub-Saharan Africa and India is minimal; less than 5 percent of people know their HIV status, and health care providers are often unable to diagnose and treat HIV and the associated opportunistic infections. This initiative will ~~invest over $X million to~~ provide basic medical care and social services to individuals with HIV, including treatment of sexually transmitted diseases, opportunistic infections associated with HIV, and tuberculosis.

Caring for children orphaned by AIDS. This initiative will ~~invest $10 million to~~ provide ~~emergency nutritional support for children orphaned by AIDS.~~ school fees, food assistance, counseling, material support, basic health care and other services that orphaned children need through community mobilization and micro-finance programs.

Strengthening the public health infrastructure. This initiative will invest ~~over $X million to~~ ineffectively track the spread of HIV infections throughout the Sub-Saharan and Asian regions, focusing HIV and AIDS prevention and treatment program resources appropriately, providing training and technical assistance, and developing clinics and community-based organizations to move this fight forward.

Preventing the spread of HIV within military organizations. The DoD will invest $10 million to prevent the spread of HIV within military agencies throughout Africa, including: a general assessment of HIV prevalence and risk behaviors; the development of a prevention plan tailored to the needs of military personnel; and strengthening the existing infrastructure to ensure that HIV prevention education efforts become a standard part of military culture.

Initiating HIV prevention programs in the workplace. This initiative will invest $10 million to initiate workplace prevention programs in ten countries designed to reduce discrimination against employees infected with HIV and AIDS. Funds will also be used to develop partnerships with the business and labor communities to launch HIV prevention activities for employees, their families and communities.

- **Invest $50 million for vaccine distribution and enhance the develop of an international infrastructure for vaccine purchase and distribution in developing countries.** The budget includes a new $50 million investment in the Global Alliance for Vaccines and Immunizations (GAVI) to purchase vaccines and safe injection equipment for hepatitis B, influenza, and yellow fever. This investment makes a significant contribution to the infrastructure development necessary for the eventual purchase and distribution of an AIDS

vaccine. This new investment will be used to further GAVI's goals of: reaching all children at risk; providing all appropriate existing vaccines and new vaccines as they become available; and allowing for the development and use of needed vaccines even if significant industrial country markets do not exist.

WHITE HOUSE ANNOUNCES NEW, $175 MILLION INVESTMENT FOR DOMESTIC HIV TREATMENT AND PREVENTION. This initiative would invest an additional $50 million in domestic community based interventions to: help 150,000 individuals who are not aware of their infection learn their status and access prevention counseling and treatment services; expand community prevention planning, with a special emphasis on racial and ethnic minorities, women, injection drug users and their partners, and young gay men; and building a data infrastructure to assist local public health officials in targeting their prevention efforts. In addition, it would invest $125 million in the Ryan White program, would shorten the waiting time needed to access the comprehensive range of drugs needed to effectively treat this disease.

January 3, 2000
A Resource of the Asia Society

AsiaSource

Arts & Culture | Business & Economics | Policy & Government | Society & History

Enter your email address below to receive AsiaToday by email.

Subscribe

In the World Press

- Religious violence spreads in Moluccas
- Hijack Talks Look 'Promising'

Special Reports

- Macau Returns to China
- China and WTO: Battles Ahead
- Falun Gong: Cult or Just Cultivating?
- Climate Change

Reports Archive

AsiaTODAY
latest news stories

AsiaEVENTS
worldwide calendar

AsiaVIEWS
articles & speeches

AsiaLINKS
related links

AsiaEXPERTS
specialists database

AsiaPROFILES
maps & statistics

AsiaREFERENCE
glossary of terms

AsiaSEARCH
search the web

AsiaBULLETIN
email updates

AsiaBOOKS
online bookstore

Site Search

Asia Today

Other Sections

Reports Archive

Special Report

AIDS in Asia
October 14, 1999

Some experts are predicting that in the next decade the spread of AIDS in Asia will surpass the 22.5 million cases in sub-Saharan Africa and become the largest infected area of the world. UNAIDS estimates that 5 to 7 million people are now living with HIV in Asia and the Pacific, and in India alone there are 3 to 5 million. Peter Piot, executive director of UNAIDS, warns that with 60 percent of the world's population, Asia is showing the steepest infection curve and could fast become the region with the most HIV infections. Along with this increasing rate of infection, Asian governments, NGOs, and activists confront HIV epidemics in Asia that are diverse, localized and have varying characteristics. In their efforts to educate the public and research ways for prevention, there are several issues particular to Asia that are being addressed.

AsiaSource has produced a special report on AIDS in Asia to correspond with Asia Society's Oct. 18th panel discussion "AIDS in Asia: Initiatives to Fight the Pandemic." Several speakers addressed ways to battle the virus in Asia and examine key issues for the 5th International AIDS conference in Malaysia (Oct. 23-27). This AsiaSource feature offers a compilation of Reports, News articles and Links on AIDS in Asia that provide an overview of the medical, economic, political, and cultural issues surrounding the epidemic.

Though research has focused on high risk groups such as drug users, sex workers, and migrants, Asian countries are now seeing the virus rapidly become an epidemic among the general population. About 42 percent of the 30 million people with HIV/AIDS in the world are women. Some contributing factors to this high rate among women in general are poverty, lower social status, and illiteracy. The spread of the virus among sex workers may not be surprising, but in certain Asian countries monogamous married women are just as vulnerable. Often cultural and political restrictions on women put them at risk for infection because they have little control over their own sex lives and even less over their husbands' sexual behavior. Find more information addressing Women and AIDS.

The World Health Organization reports that more than 95% of all HIV-infected people now live in the developing world. Unlike the U.S. and Europe, there are many developing countries in Asia that struggle with inadequate local health care systems and face major

Q & A Interview

Read an AsiaSource interview with Dr. Chris Beyrer, Director of the Fogarty AIDS International Training and Research Program

- AIDS Sections:

Reports
News Articles
Women and AIDS
Gay Movement and AIDS
Human Rights and AIDS

AIDS and Economics
Links

- Access country specific information on the status of AIDS in Asia. Information from HIV InSite, a gateway of AIDS information.

Bangladesh
Cambodia
China
India
Indonesia
Japan
Laos
Malaysia
Myanmar
Nepal
North Korea
Pakistan
Philippines
Singapore
South Korea
Sri Lanka
Taiwan
Thailand
Vietnam

inadequate local health care systems and face major economic barriers to acquiring the latest HIV treatments. An important obstacle in battling the virus is closing the gap between the lifesaving treatments for about 10% of people with HIV/AIDS in rich countries, and the other 90% in developing countries who have no access to modern HIV care. Click here to access more information on AIDS and Economics.

There are also numerous cultural and religious barriers in Asia that impede awareness of the HIV/AIDS or often foster denial. As a result, AIDS has become a catalyst for different forms of activism in Asia, including the Gay Movement which is fighting for acceptance of homosexuals and education about HIV for the gay and lesbian community. AIDS as a Human Rights issue has also become an important aspect of the epidemic as people living with the virus combat continual discrimination.

RESOURCES
Asian Holidays
Business Protocol
Chronologies
Country Comparison
Dictionary Tool
Gov't Directory
Lang. Resources
Regional News

home | site map
about asiasource
comments | credits
© & disclaimer |
press releases

AsiaSociety.org
Information on the Asia Society, its programs, publications, exhibitions, regional centers, membership, and more.

Resources for K-12 educators and students of Asian and Asian American studies.

Support Us
Support the Asia Society's mission as well as gain special access to our programs and events around the world in New York, Washington, DC, Texas, Los Angeles, San Francisco, Seattle, Manila, Shanghai, and Australia.

Reports

AIDS in Asia and the Pacific
A summary of the topics discussed at the 1997 Fourth International Congress on AIDS in Asia and the Pacific. Themes included "Why is HIV spreading in Asia and the Pacific?" and "How are we dealing with the problem?." Written by Praphan Phanuphak, M.D., Ph.D., professor of medicine and microbiology at Chulalongkorn University and director of the Program on AIDS of the Thai Red Cross Society.

Accelerating an AIDS vaccine for developing countries
A report from a World Bank sponsored meeting with Thai policymakers on how to accelerate the development of an AIDS vaccine for developing countries. Strategies are discussed about how to push for an effective and affordable vaccine and how to reduce the time gap between discovering the vaccine and making it accessible to the poorest countries.

HIV Transmission in Nepal
This short article addresses four key factors in the transmission of AIDS in Nepal. It looks at problems of the sex trade, local prostitution, migrants and the lack of proper screening of blood banks.

AIDS in India: The Unspoken Destruction
Sameer Chopra, board member of VISIONS worldwide, discusses AIDS in India and the problems of high-risk groups, the lack of AIDS education, and the marginal efforts to stop the disease. He sees cooperation between the government (NACO) and NGOs on educational policy as the key step in saving India from the spread of AIDS.

AIDS in India and its Potential Impact on the Tibetan Refugee Community
Though the spread of AIDS has exploded in India, Spencer Seidman writes that it has yet to be felt in the Tibetan refugee community
in India and Nepal. Though these communities often live in remote areas, Seidman argues that their potential for infections still exist. He points to several

risk factors including blood supply, lack of access to HIV barrier contraceptives, migrant work, and substance abuse.

The Status and Trends of HIV/AIDS/STD Epidemics in Asia and the Pacific
This report summarizes the analysis and recommendations from a 1997 symposium called "The Status and Trends of the HIV/AIDS/STD Epidemics in Asia and the Pacific." Provides a helpful background on regional epidemic patterns and key risk factors.

HIV/AIDS IN ASIA: Without Further Action, A Looming Public Health Crisis
A short report by the World Bank that predicts that "with 60 percent of the world's population, Asia will come to dominate the HIV picture in terms of total numbers infected." Though the statistics are old, the article provides a general overview of the spread of HIV in East Asia and South Asia.

Overview of Epidemics and Interventions in China
A collection of articles addressing AIDS in China. After a brief overview of the epidemiology of AIDS in China and in Asia, there are sections on women's vulnerability, intervention strategies, Chinese culture and sexuality, and lessons learned about societal barriers that prevent effective intervention programs.

Research Relating to AIDS Intervention in China
A collection of articles on AIDS intervention in China. There are several sections including health education, sexual behavior, family planning, and more.

Working Experience Relating to AIDS Intervention in China
A collection of articles on working experience relating to AIDS intervention in China. Subjects include condom promotion, training in AIDS education, prostitution, telephone hotlines, and more.

The Global HIV/AIDS Epidemic
David Satcher, M.D., Surgeon General of the United States and Assistant Secretary, writes that "if the present warnings go unheeded, South Asia, Southeast Asia, and, perhaps, China will follow the disastrous course of sub-Saharan Africa." In addition to education, volunteer testing, and counseling, Satcher sees political commitment as essential so that policymakers are not preoccupied just with traditional national security issues but instead pay closer attention to the dangers of this epidemic.

A tropical paradise wakes up late to AIDS-Sri Lanka
This article examines the "head-in-the-sand mentality toward AIDS" in Sri Lanka and the need for more hands-on care and services for people living with AIDS. Includes comments by people living with HIV/AIDS who are creating new NGOs to help serve the community.

Fighting AIDS in Asia
In this article by Clive Wing in *The Act*, the magazine of Action for AIDS in Singapore, the author criticizes an AIDS conference in Chang Mai for its lack of attention to culture and religion. Wing argues that it is not effective to use a Western gay model when addressing the problem of AIDS in Asia and that "what the organizers didn't get to grips with is that in Asia, our problems are overwhelmingly societal."

HIV in Southeast Asia
Sarah Abrams writes in the Harvard AIDS Review about the varying pattern of the AIDS epidemic in Southeast Asia. She explains that Thailand has had positive results because of strong efforts to address the problem of AIDS among sex workers while other Southeast Asian countries lag behind in their recognition of the problem.

Passage Through India: HIV Maps a Deadly Course
Jaya Shreedharr, a Madras-based physician and special correspondent for Frontline, explains how the HIV crisis in India has become a "swirl of smaller epidemics." Shreedharr addresses the problem of AIDS among sex workers, drug users, migrants, and homosexuals, and how the nation is responding.

HIV Thrives in Ancient Traditions
Jaya Shreedharr, a Madras-based physician and special correspondent for Frontline, examines the hijras, devadasis, and matas in India. The article explains

the sexual nature of all three groups and argues that certain ancient traditions are helping to facilitate the present-day sweep of HIV through India.

News Articles

The challenge of fighting AIDS in Asia
This opinion piece in The Hindu was written by Mieko Nishimizu and Jean-Michel Severino, Vice-Presidents, World Bank South Asia and East Asia Regions respectively. As they examine the issues involved in the silent spread of AIDS across Asia, they argue that the most effective weapons are information and prevention action.

Zero tolerance hurting China's bid to curb Aids
In this Straits Times article, it explains how experts fear that China's attempts to prevent th Aids epidemic are being hampered by the criminalisation of high-risk drug users and prostitutes.

Thai Aids activists protest over airport abuse
The Bangkok Post reports that Thai representatives to the 5th annual AIDS conference in Kuala Lumpur will hand a protest note to the Don Muang immigration chief accusing some of his airport officers of mistreating 15 members of their group representing a number of non-governmental organizations dealing with Aids problems in Thailand.

WB challenges Asia to confront AIDS threat
This article in the Daily Jang (Pakistan) reports on statements made by Mieko Nishimizu, Vice President of the World Bank's South Asia Region, at the Fifth International Conference in Kuala Lumpur on AIDS in Asia. She argues that developing countries of Asia cannot afford the financial tolls of an AIDS epidemic and that the disease "threatens overall economic well-being because the people hardest hit by the disease are those who are contributing to their economy during the prime of their productive lives."

Vietnam bans HIV carriers from certain jobs
Reuters reports that the Vietnamese Labor Ministry banned people who have HIV from taking jobs such as hotel workers and kindergarten teachers. They are also prohibited from jobs in restaurants, health care centers, vaccine production, cosmetic surgery and beauty salons.

Aids impact of Asia's economic crisis
This BBC article examines recent comments made by Martha Ainsworth, senior economist in the World Bank's Development Resources Group, who spoke at the 5th International Congress on Aids in Asia and the Pacific. She says Indonesia's financial and political upheavals had helped spread the virus, but also increased the demand for social programs.

Drug 'cocktail' for AIDS being tested in China
This CNN article reports about a clinical trial in China in which a group of 24 AIDS patients are receiving combination-drug "cocktails." In the past, access to these types of treatments typically were limited to Westerners.

India Aids alert
The BBC reports that Indian researchers say that the spread of AIDS in India is vastly underestimated even though the UN reports that there are more people in India with AIDS than in any other country and that has risen it past epidemic proportions.

South Asia: Aids conference targets young men
Aasiya Lodhi's article in the BBC report on a four-day conference supported by the UN Population Fund which addressed the high HIV infection rates among young men in India. Since nearly half of all new HIV cases in India occur among adolescents, the conference hoped to raise wider awareness among young Indian men and encourage discussion on sexuality, gender roles, and birth control.

An AIDS Vaccine for Asia?
This Newsweek article reports on the largest clinical trial of a potential AIDS vaccine outside of the U.S. In Thailand, 2,500 volunteers at high-risk for HIV received doses of the vaccine, AIDSVAX B/E that targets the two HIV strains — B and E — responsible for 95% of all HIV-positive cases in Southeast Asia and

Southern China. Results of the study will most likely take the next three years to gather.

Thailand Plays by the Rules
Ron Moreau of Newsweek examines the Thai government's decision last year to tighten intellectual property laws so that they "can no longer issue compulsory licenses for patented medicines or allow parallel imports to bring in cheap drugs." He explains how Thailand's ties to the global economy have directly effected their decision and how local AIDS activists are angered by the changes.

Churches tackle Thailand's Aids problem
The problem of AIDS in Thailand has brought together two religious groups who for more than 100 years have been at odds with each other. This BBC article, written on January 6, 1999, reports on how Christians and Buddhists are co-operating on several projects to battle AIDS in Thailand.

Thailand's Aids crisis: Worst 'yet to come'
Medical researchers in Thailand fear that the spread of AIDS will cause up to 286,000 deaths in their country by the end of the century. This October 1998 article reports that "the situation is worse in the poorest northern region of the country where 80% of deaths amongst females aged 25 to 29 are attributable to Aids."

India's HIV highway
According to new research, Indian truck drivers are playing a significant role in spreading AIDS around the country. This BBC article says that doctors have found that truckers pick up sex workers at roadside hotels. As a result, "Indian truck drivers show they have a HIV infection rate of approximately one in 100 - or 20 times the national average." Also see British Medical Journal article "Sexual lifestyle of long distance lorry drivers in India."

China steps up battle against AIDS
This 1996 article in the British Journal of Medicine reports on plans in China's southwest province of Yunnan to invest US$58m to create a "disease prevention belt" along its border with Vietnam, Laos, and Burma. The project aims to get the epidemic under control in the region by the year 2000.

Saving Vietnam's youth
The incidence of AIDS and drug abuse are on the rise for Vietnamese youth as a result of new economic and social liberalization in their country. According to this BBC article, new openness and prosperity have made prostitution, gambling, nightclubs, and drugs common entertainment for youth, putting them at greater risk of catching the HIV virus.

HIV to double in Asia by 2000
This 1998 BBC article reports that a World Health Organization meeting in Manila said that "more than 1.5m Asians could be infected with HIV by the millennium." The conference addressed the main problem of STD infections and the repercussions of the Asian economic crisis on health services in Asian countries.

HIV NEWS KOREA
New articles on AIDS in Korea.

Japan Times: AIDS
Articles relating to AIDS in Japan.

Women and AIDS

HIV Among Women in Developing Countries
In the Harvard AIDS Review, Pamela DeCarlo addresses the need for more AIDS education and services for women in developing countries. She looks at problems of sex workers in Thailand, Nepal, and India as well as problems for women in Africa and Latin America.

Prostitutes in Asia ask better conditions
In this 1997 article, Oliver Teves writes on how prostitutes in the Philippines made a statement to the fourth annual AIDS conference demanding better working conditions. The group stated that "they should not be considered criminals, just ordinary people who need medical coverage and other benefits."

Let Their Voices Be Heard: Empowering Women in the Fight Against AIDS
E. Maxine Ankrah of AIDSCAP Women's Initiative argues that studies of women with AIDS has usually concentrated on sex workers but needs to look at women as a whole. She believes the reasons for a major increase of the spread of AIDS among women have less to do with biology and more to do with issues of power and control. Ankrah calls for empowerment by creating programs that help women gain control of their economic, social, and sexual lives.

Bridging Borders in Southeast Asia: The Politics of HIV Prevention for Women
Kari Hartwig of AIDSCAP/Thailand reports on the 1996 interregional workshop on HIV prevention in Chiang Mai, Thailand. Representatives came from Laos, Thailand, Cambodia, Vietnam and China to discuss gender-power relations, regional economic interdependence, national policies, community responses, and putting the daily lives and family struggles of Southeast Asian women within a political context.

Prostitution and AIDS
List of facts on prostitution in Thailand.

Women and AIDS
UN resources on gender and AIDS. Mainly PDF file formats.

AIDS and Economics

Funding Priorities for HIV/AIDS Crisis in Thailand
This paper explores the inter-related consequences of the recent economic crisis on HIV/AIDS prevention and control. It examines how the Thai government dealt with AIDS during the economic crisis, how program managers at all levels responded to budget cuts, and how this impacted program effectiveness. Delivered at the 12th World AIDS Conference, Geneva, Switzerland, June, 1998.

A Visit to India: Drug Prices, Research, & Global Access
David Scondras, Boston AIDS activist and public-policy expert, believes that because drug companies have pushed to stop India and other poor countries from making cheap copies of their medicines, "public agencies and our government [have] become accomplices to stopping medicines from reaching the poor." He argues that there must be an underlying paradigm shift where priority is to save lives and not short term economic gains.

GATT and the Gap: How to Save Lives
John S. James writes on the international efforts to stop poor countries from pharmaceutical "piracy" regardless of the human cost. As a result of efforts by GATT and WTO, James argues "the system is not evenhanded. As with most such efforts, the rules are distorted to favor the interests of the rich and powerful -- multinational corporations, big investors, and large industrialized countries. The poorest nations and peoples are the biggest losers."

Follow the Money: The Economics of AIDS Vaccine Development
Access an audio clip interview with World Bank's Hans Binswanger who is HIV positive and working on ways to overcome economic obstacles to the future distribution of an HIV vaccine.

The Economic Impact of the HIV Epidemic
The goal of this report by Des Cohen, Director of the HIV and Development Programme of UNDP, is "to identify and analyze the primary channels through which human immunodeficiency virus (HIV) reveals its impact on economic and social systems." This paper provides an overview but briefly mentions labor and income factors in Asian economies.

World Bank AIDS Economics
This comprehensive website on AIDS and economics is part of the International AIDS Economics Network. It offers reports, data, research tools, and "cost-effective responses to the global HIV/AIDS epidemic."

Level and Flow of national and international resources for the response of HIV/AIDS, 1996-97
This 37 page pdf file offers a comprehensive report on financing AIDS activities and programs in the developing world. The study's sources include 15 ODA

(Official Development Assistance Agencies), 64 developing countries, and data from the European Commission and UNAIDS.

Annual Treatment Cost for an AIDS Patient Correlated with GNP per Capita
A 1997 graph from the publication *Confronting AIDS: Public Priorities in a Global Epidemic* that shows annual cost of treating one AIDS case and annual cost for educating 10 primary school students. Asian countries included on the graph are Japan, India, Thailand, and Australia.

Human Rights and AIDS

Training HIV Positive People to Document Human Rights Violations in Asia: The APN+ HUMAN RIGHTS INITIATIVE
The Asia Pacific Network of People Living with HIV/AIDS and the Human Rights Initiative join forces on a project to document human rights violations of people living with HIV. The article describes the background of the project and its goals.

Democracy Activists Risk AIDS as Punishment
This article examines the issue of AIDS in Burmese prisons. Former prisoners say that "government officials, using improper medical procedures and punishments that expose inmates to HIV, are in effect using the disease as a weapon." Also see World Health Organization's "WHO Guidelines on HIV Infection and AIDS in Prisons."

AIDS and Human Rights
Resources from the UN Commission on Human Rights.

HIV insite: Human Rights
This statement by Peter Piot, executive director of UNAIDS, was given before the UN Commission on Human Rights. Piot talks about how protecting human rights is essential to stopping the spread of AIDS. Below the statement are links to specific issues such as discrimination, racism, rights of women, children and prisoners, as well as general information on human rights and AIDS.

Gay Movement and AIDS in Asia:

Ashok to the System: An interview with Ashok Row Kavi, about AIDS in India
An interview with Ashok Row Kavi, AIDS activist and editor of Bombay Dost, India's only gay magazine. Kavi founded the Humsafar Trust which is the only Indian AIDS organization for gay men. Read about his passionate and defiant approach to awakening India to the existence of gay Indian males and the transmission of AIDS by men.

Revolution by Stages:Things are gradually getting better for Asia's homosexuals - but acceptance is still a long way off
This Asiaweek article by Choong Tet Sieu examines the level of acceptance of gays in Asia. Sieu observes that "Ironically, the specter of AIDS, which added to the prejudice against homosexuals, helped spread gay consciousness in the region."

Chinese Cultural Studies-Homosexuals in Modern China: Four Recent Press Reports
Four news articles discuss homosexuals in China and how their lives are limited to secrecy and shame. These articles also address efforts to educate homosexuals in China to prevent spread of the disease.

Gay & Lesbian Rights in Asia
This brief statement from Human Rights Perspective discusses how homosexuality is still very controversial in Asia. It argues that public prejudices isolate homosexuals and hinders efforts for HIV/AIDS education.

LINKS:

Asian AIDS Resources

Fifth International Congress on AIDS in Asia and the Pacific

Johns Hopkins Fogarty AIDS International Training and Research Program

HIV Insight: Asia

UNAIDS: The Joint United Nations Programme on HIV/AIDS

National AIDS Control Organization, India's Ministry of Health

National AIDS/STD prevention and control service, Philippines Department of Health

Asian AIDS/HIV Information

AIDS in Burma

Japan AIDS Prevention Awareness Network

Korean Anti-AIDS Federation

AIDS Council of Central Australia (ACOCA)

Australian Federation of AIDS Organizations

BAIA Basic Aids Information and Awareness in Pakistan

UNDP HIV & Development: Asia and the Pacific

HIV/AIDS prevalence and incidence: By Country

The Positive Face of HIV and AIDS in Southeast Asia

AIDS Action Asia Pacific

The Orphans of AIDS: Asia's Struggle to Save Her Children

Action for AIDs- Singapore

AIDS Indonesia
(For Indonesian language version, click here)

SEA-AIDS:
The information support services for people living or working with HIV/AIDS in the Asia-Pacific region

National Center for AIDS Prevention and Control-China

The HIV/AIDS Epidemic in Burma

Hong Kong Health Department AIDS Unit

AIDS Statistics: China

Chronology of AIDS in Japan

Alliance for South Asian AIDS Prevention (ASAP)

Asian Community AIDS Services

Indian Health Organisation's Website

Regional Interagency Committee for Asia and the Pacific (RICAP) Subcommittee on HIV/AIDS

The Body:A Multimedia AIDS and HIV Information Resource

Horizons: Global Operations Research on HIV/AIDS/STD Prevention and Care

Harvard AIDS Institute

JAMA: HIV/AIDS Information

AIDS Education Global Information System (AEGIS)

PROGRAM ELEMENTS

e Initiative addresses program elements critical to fighting the AIDS pandemic. Although the Initiative will not support all elements in every country, its funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

Primary Prevention: A key component of the initiative is prevention to slow—and hopefully reverse—the trend of rising HIV rates in partner countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world are known to derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles. The prevention component of this initiative seeks to reduce these means of transmission through a package of activities involving civilian and military populations. These include voluntary counseling and HIV testing, mother to child transmission prevention, STD treatment, social marketing of barrier methods, behavior change interventions, and blood safety.

Improving Community and Home Based Care and Treatment: Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care providers lack the resources to diagnose and treat HIV and the associated opportunistic infections, let alone to use of the latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of community workers, including traditional healers. Much can be done to improve the quality and duration of life for persons living with HIV/AIDS and their families in developing countries while the infrastructure and capacity necessary for more advanced treatments is established. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons. The initiative will support basic medical, social, and home and community based care to greatly expand the availability of these services.

Caring for Children Affected by AIDS: By the year 2000, there will be close to 24 million children who will have lost one or both parents in 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to over 40 million. Despite the magnitude of this crisis, services for children orphaned by AIDS are extremely limited in most countries. This initiative will enable USAID to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. These efforts will supplement existing efforts to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable.

Capacity and Infrastructure Development: To make a difference in this epidemic, political commitment and leadership are essential, as is the capacity to implement effective interventions. Key activities to support governments, the private sector, NGOs, and research institutions are to (1) provide professional training and technical assistance and support; (2) increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, (3) measure the impact of these interventions, and (4) build new capabilities for the delivery of treatment and support services.

Managi and Monitoring the *LIFE* Initiative: A coordinating task force will be convened under the auspices of the White House Office of National AIDS Policy, with secretariat support provided by USAID. Multiple partners will be engaged in a collaborative effort to develop joint management and monitoring plans, achieve consensus on performance measures, and identify areas for cooperative efforts and for complementary programs.

LIFE Initiative
THE USAID RESPONSE

The Agency for International Development's (USAID) response to the HIV/AIDS pandemic began in 1986, with the Agency contributing over $1.2 billion to the effort during these last 13 years. Of this total, USAID has programmed over $650 million in sub-Saharan Africa. Since the early 1990's, USAID has been the leading donor to both UNAIDS and to the HIV/AIDS prevention and control effort in the developing world. Since 1993 the USAID budget has remained at approximately $120 million per year. During this time the number of annual HIV infections has risen 300% to 6 million per year, globally.

On July 19, 1999, the Administration announced a new initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total, $55 million will be programmed through USAID, doubling the resources available through USAID programs in sub-Saharan Africa.

Under the *LIFE* Initiative, USAID will emphasize the following four program elements. Based on the mix of existing activities, not all elements will be provided in all target countries.

- **Primary Prevention** ($25 million) in 13 of the 15 target countries to reverse the trend of rising HIV infection rates through voluntary counseling and testing, prevention of mother-to-child transmission, social marketing, behavior change programs, STD treatment, and blood safety programs.

- **Community and Home Based Care and Treatment** ($14 million) in 7 of the 15 target countries to provide a continuum from community-based to in-patient treatment, with related support services utilizing community workers.

- **Caring for Children Affected by AIDS** ($10 million) in 12 of the 15 target countries to assist children affected by AIDS and their families. Nutritional support through Title II, Food for Peace, programs will strengthen the capacity of families caring for children orphaned by AIDS.

- **Capacity and Infrastructure Development** ($6 million) in 10 of the 15 target countries to increase capacity to respond to the epidemic, focusing on government, private sector, NGOs, and research institution capabilities. Particular focus will be given to expanding the capacity for the delivery of care and services and for the use of surveillance data to target prevention and care.

Building on established relationships between its Missions and host country partners, USAID will take the lead responsibility to facilitate an unprecedented coordinated international US response at the country level (including DHHS and DoD). In addition, USAID will provide support to the Coordinating Task Force, which will be organized under the auspices of the White House Office of National AIDS Policy (ONAP).

Over the next three years, USAID and its partners in the *LIFE* Initiative, will:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- Surveillance systems will be established in all partner countries.

LIFE Initiative
THE DoD RESPONSE

In Africa, HIV rates in military and uniformed populations often exceed the rates in the civilian populations. Experience with HIV prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with epidemiological measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. Assessment of the components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

On July 19, 1999, the Administration announced a new Administration initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total $10 million will be programmed through the U.S. Department of Defense.

The *LIFE* Initiative focuses on 15 target countries(14 in sub-Saharan Africa and India). Countries will be prioritized by severity of impact, the number of new infections, the potential for greatest impact, and existing USG programs on which to build. Under the *LIFE* Initiative, DoD will emphasize prevention activities for African military and uniformed services.

Primary Prevention

- **Regional Specific Military-based Education:** Based on findings of the regional diversity of AIDS in Africa and through work with UNAIDS, regional scientists, and African militaries, DoD will direct military-based education in 13 of the 15 target countries in four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

  - assessment of HIV prevalence and risk behaviors
  - development of a regional prevention plan
  - implementation through training and development of infrastructure
  - evaluation of the effect of prevention
  - refinement and incorporation into the military culture for enduring impact

  DoD will build on the unique DoD tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID. Programs will be coordinated with similar USAID and DHHS activities to the fullest extent practical.

  This project is expected to contribute to long-term and sustained HIV prevention in Africa.

- **Enhanced military education of African UN Peace Keeper forces.** African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. The UN Peacekeeper Project has a pilot HIV prevention program underway in South African Army field units which involves five specific curriculum modules: Defining HIV and its impact in the military, HIV prevention, substance Abuse, HIV, STDs; risk assessment and prevention strategies; and course summary. DoD intends to incorporate this existing curriculum into its operations, and build a sustainable program that will contribute to long term prevention activities.

LIFE Initiative
THE DHHS RESPONSE

Since the beginning of the HIV epidemic, the U.S. Department of Health and Human Services (DHHS) has collaborated with countries in Africa and Asia to increase our understanding of HIV and to evaluate interventions that can be effective. Agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes for Health (NIH) have been leaders in documenting the nature and spread of the epidemic. The Health Resources and Services Administration (HRSA) has considerable expertise in establishing community-based HIV treatment and support systems and in training and technical assistance to health professionals and paraprofessionals. Other DHHS agencies and offices, including the Administration on Children and Families (ACF), have unique expertise in a number of specific HIV interventions that might be tailored to fill some of the international HIV and orphan related needs.

DHHS has international field station structures and sites in a number of African and Asian countries. These CDC and NIH sites provide opportunities for assistance to countries, as well as for prevention research. CDC field stations are in Cote d'Ivoire, Botswana, Kenya, Thailand and Vietnam with additional presence in Uganda, South Africa, and Malawi. NIH funded HIV-NET sites are present in Uganda, South Africa, Malawi, Zambia, and Zimbabwe. CDC and NIH have relationships in most of the African countries. The United States and developing countries can mutually benefit from lessons learned in applying efforts to contain the massive HIV epidemic in Africa and Asia.

On July 19, 1999, the Administration announced a new initiative to address the global AIDS pandemic. A central feature of the *LIFE* Initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total, $35 million will be programmed through DHHS.

Under the *LIFE* Initiative, DHHS will emphasize the following three of the four LIFE program elements (these activities enhance and complement current DHHS international activities):

- **Primary Prevention** ($13M) will be supported by providing technical assistance and training on voluntary counseling and testing, reducing mother-to-child HIV transmission, STD management, social marketing, behavior change, and blood safety systems.

- **Capacity and Infrastructure Development** ($13M) will be strengthened by enhancing surveillance systems and by developing new initiatives to use their data to inform prevention and treatment processes and measure their impact.

- **Community and Home-Based Care and Treatment** ($9M) will be supported through technical assistance and training. In addition, guidelines will be jointly developed for the treatment of sexually transmitted diseases (STD), tuberculosis and other HIV-related opportunistic infections, as well as for palliative and other supportive services.

Over the next three years, DHHS and its partners in the *LIFE* Initiative, will:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- Surveillance systems will be established in all partner countries.

Date: _____

FAX

Health Division

Office of Management and Budget
Executive Office of the President
Washington, DC 20503

To: Devorah Adler
Fax: 65557

From: Stefani Pashman

Number of Pages (excluding cover): 8

Subject: AIDS in Africa

Voice Numbers:

Health Division (Front Office)	202/395-4922
Health & Human Services Unit	202/395-4925
Health Programs & Services Branch	202/395-4926
Health Financing Branch	202/395-4930

Fax Numbers:

Health Division (Front Office)	202/395-3910
Health Division (Room 7001)	202/395-7840
Health Division (Room 7002)	202/395-5648

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

Global AIDS Initiative

SUMMARY

On July 19, 1999, the Administration announced a new Initiative to address the global AIDS pandemic. This Initiative is supported by an amendment to the Fiscal Year 2000 budget proposal signed by the President and submitted to Congress for its consideration. A central feature of this *LIFE* Initiative is a $100 million increase in US support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those affected by this devastating disease. This additional funding is a critical step by the United States Government in recognizing the impact that AIDS continues to have on individuals, families, communities and nations responding to the imperative to do more. It is our hope that other nations and institutions will match this action.

This plan contains a framework of interventions, grounded in a series of goals and objectives consistent with those established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be delineated through dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

LIFE INITIATIVE'S GUIDING PRINCIPLES

US agencies will apply the following principles to the design and implementation of *LIFE*:

- ✓ Country ownership of the activities is essential.
- ✓ Initiative funding must complement existing HIV/AIDS programs and activities conducted abroad
- ✓ Leverage of and coordination with other donors and organizations is critical
- ✓ The number of collaborating USG agencies and other partners in the fight against AIDS must be increased
- ✓ Support for indigenous expertise and institutions in implementing program elements must be emphasized
- ✓ Information sharing must be two-way so as to enhance opportunities to learn about new models that will assist US-based HIV programs as well as to share US experiences abroad

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services (HHS), and the Department of Defense (DoD). USAID will have lead responsibility in the facilitation of coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute over the next 3 to 5 years to broad global targets that seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

The Initiative will contribute to the achievement of the goal's articulated by UNAIDS and to the partnerships necessary to that achievement. Yet curtailing this epidemic will require a significantly enhanced response by the global community and cannot be viewed as just the responsibility of the US government. Therefore, US partners involved in the *LIFE* Initiative will collaborate with UNAIDS and other international and local agencies both to leverage additional resources from host countries, multilateral institutions, and the private sector and to maximize coordination.

CVI/GEN/98.09 • Original: English • Distr.: General

The value of vaccination

a profile of the mission of the Children's Vaccine Initiative

CVI/GEN/98.09 • Original: English • Distr.: General

The value of vaccination

a profile of the mission of the Children's Vaccine Initiative

VACCINATE A CHILD
PROTECT A NATION

The Secretariat of the Children's Vaccine Initiative thanks the following for their generous contributions which supported its activities in the last year:

CVI co-sponsors

United Nations Children's Fund
United Nations Development Programme
World Bank
World Health Organization
The Rockefeller Foundation

The Governments of

Ireland
Japan
Switzerland
United States of America

and the

Fondation Mérieux
William H. Gates Foundation

Ordering code: CVI/GEN/98.09
Printed: November 1998

Copies may be requested from:

Children's Vaccine Initiative
1211 Geneva 27
Switzerland
Fax: +41 22 791 4888
E-mail: cvi@who.ch

▸▸ Visit our new web site at www.vaccines.ch

Principal author: Jan Powell
Cover and inside photographs: Lysiane Maurice
Design and layout by minimum graphics

Printed in France

Contents

Preface	5
Part I: The vaccination revolution	6
Part 2: Evolution and innovation	7
Part 3: Taking responsibility for health	9
Part 4: The will to succeed	15
Part 5: Vaccination for a new millennium	17
Annex 1: The Children's Vaccine Initiative: A forum for exchange, a mechanism for commitment	19
Annex 2: Activities of the CVI Secretariat	22

PREFACE
The Children's Vaccine Initiative

The Children's Vaccine Initiative (CVI) is an international coalition of partners committed to ensuring that the benefits of vaccination reach all the world's children. CVI is cosponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank, the World Health Organization (WHO) and the Rockefeller Foundation. CVI brings together key players on the vaccine stage – those involved in research, development, licensing and production; in quality control, vaccine procurement and delivery; those that fund these activities; and those that assess the impact of vaccines and their usage – helping them work together more efficiently to achieve common goals.

An important part of CVI's role is to recommend how best the many different players in this vaccine 'continuum' can cooperate so that the health benefits of vaccines are widely and swiftly shared. Recognizing that the vaccine world is in a state of change, CVI established a Task Force to identify new directions, new approaches. In 1998, the Task Force published a Strategic Plan proposing what should be done to ensure that more children receive the life-saving vaccinations they need. The Plan highlights specific actions to be taken by national governments, by international organizations, the donor assistance community, the commercial vaccine industry, and by academia and research institutions. The background to the Plan and its main themes are reflected in this paper.

We have reached a significant watershed – a moment of enormous opportunity. The right action must be taken now if we are not to waste precious potential and needlessly lose millions of young lives.

PART I
The vaccination revolution

A health revolution has taken place during the second half of the twentieth century, a revolution that has been brought about by the use of a range of safe, effective vaccines. It is only two hundred years since the first vaccine, against smallpox, was discovered, yet today vaccines save three million children from death each year and millions more from suffering and disability.

In the early 1970s, fewer than 5% of the world's children were vaccinated at all. By 1990, a tremendous public health effort made it possible to reach almost 80% of children born each year and vaccinate them against six target diseases: diphtheria, tetanus, whooping cough (pertussis), polio, tuberculosis and measles. Vaccines have brought about the eradication of smallpox and controlled the transmission of poliomyelitis to the point that – hopefully – this disease will also soon be eradicated, while measles rates have also been drastically reduced. This massive global mobilization has been called the greatest public health achievement ever.

Since this first phase, the potential of vaccination has developed rapidly. Basic biomedical research has made many more vaccines and vaccine combinations available. These, and new vaccines at or near production, can protect against many of the major childhood killers.

Moreover, the pace of vaccine innovation is likely to increase. Investment in basic science over the last decade has yielded a better understanding of infectious diseases and a wide array of new approaches to combat them. New or improved vaccines against major and growing threats to humanity – diseases such as HIV/AIDS, malaria, tuberculosis and cancers arising from infectious diseases – are finally within our reach.

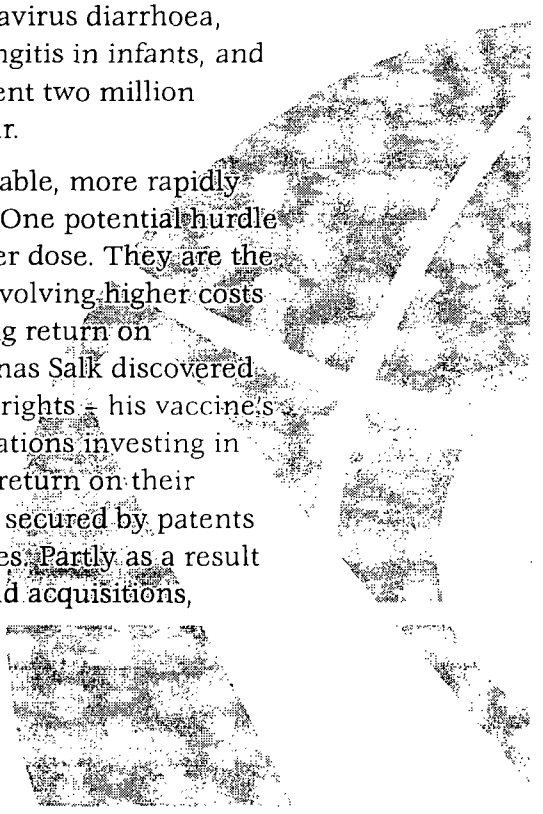
In view of these multiple opportunities, the challenge is to find ways to ensure that the vaccine success story continues – that the enormous impact that vaccines have had on the health and well-being of the world's peoples is strengthened as we approach the new millennium.

PART 2
Evolution and innovation

The two decades since the initial push to vaccinate the world's children began have been years of amazing success. An essential part of this success story has been the availability of traditional vaccines at low prices and the willingness of industrial countries to invest heavily, either bilaterally or through multilateral agencies, to provide the necessary vaccines and support the immunization delivery infrastructure in most of the developing countries. Thus, vaccine supply and quality control mechanisms, laboratory networks and cold chains to ensure the safe storage and delivery of vaccines have largely been defined and established.

There is, however, no room for complacency. Since 1990, the dramatic growth in vaccination coverage has levelled out and new vaccines are not being widely introduced. And although around three million lives are already being saved per year, many more could be protected by the greater use of vaccines which are available now. It is estimated that the wider use of vaccines against hepatitis B, measles, rubella (a cause of birth defects), and meningitis and pneumonia caused by *Haemophilus influenzae* type b (Hib disease), could prevent two to three million further deaths annually and enormous suffering in children and adults. In addition, vaccines just licensed or currently in the later stages of development – such as those against rotavirus diarrhoea, pneumococcal pneumonia, meningococcal meningitis in infants, and cholera in older children and adults – could prevent two million further deaths and widespread suffering each year.

These new products should be made widely available, more rapidly than were their predecessors, to all our children. One potential hurdle is that the new vaccines cost dollars, not cents, per dose. They are the product of years of research and development, involving higher costs and more complex production technology, making return on investment more difficult to predict. When Dr Jonas Salk discovered polio vaccine, he waived all intellectual property rights – his vaccine's 'patent'. But today, the public and private organizations investing in vaccine development and production need a fair return on their investment to stay in business, and this is largely secured by patents and intellectual property rights, including royalties. Partly as a result of this trend, and following a series of mergers and acquisitions,



there are now only five or six major vaccine-producing companies operating internationally, which largely determine which products reach the market first. The global vaccination 'system' must find ways to accommodate the reality that new vaccines will be more expensive.

Complex country needs

The past decade has also seen fundamental change in the economic climate and country capabilities. In the early days of vaccination, developing countries received external funding to establish vaccination programmes. Today, many of these countries have developed economically to the point that they are able to finance all or part of their programmes themselves. Such countries with strong national immunization programme infrastructures now wish to pursue, in addition to the original, six-vaccine formula, the use of other vaccines according to local disease prevalence. Humanitarian assistance partners, that are less able or willing to accept the burden of paying for immunization programmes in all developing countries, can thus focus their support on the continuing needs of the poorest countries.

Together to ensure vaccines for each child

This is a period of tremendous potential – both in terms of new vaccines becoming available and the ability of countries and partners to ensure that these vaccines reach the children. There is no simple, single solution to the question of how this potential can be turned into real benefit. A number of interlinked strategies, creating an innovative and coordinated approach, are required if we are to make the most of these many new opportunities and manage this period of change to maximum advantage. Some of these strategies, elaborated in the 1998 *CVI Strategic Plan*, are discussed briefly in the pages below.

PART 3
Taking responsibility for health

The *CVI Strategic Plan* defines and responds to needs in three key areas, i.e. how to ensure that:

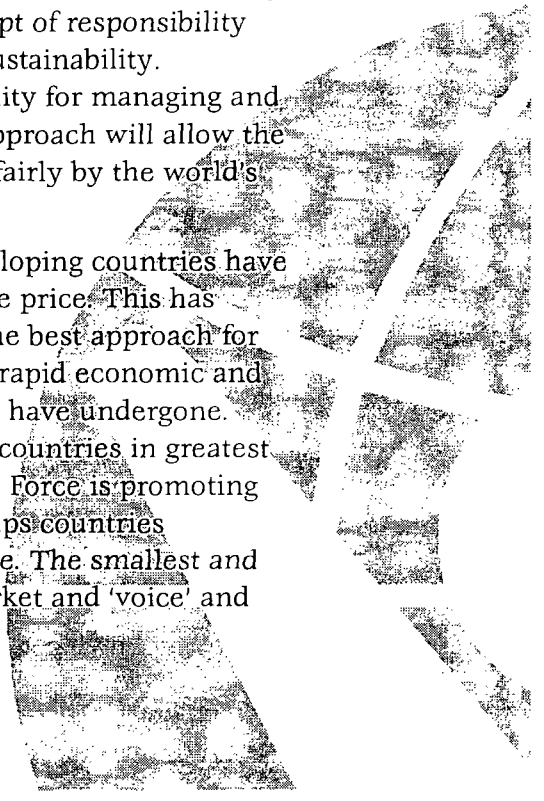
- limited external financial resources support the disease control efforts of those in greatest need;
- existing vaccines of high quality are accessible to more people; and
- innovative research and development continue to take place on all vaccine fronts.

Actions expected of the major players in the vaccine continuum to achieve these aims, as well as those to be undertaken by the Secretariat to the Children's Vaccine Initiative, are outlined in Annexes 1 and 2 of this document respectively.

The best use of scarce resources

Faced with the reality that more developing countries wish to tailor their vaccination programmes to local priorities, and fewer industrialized countries are prepared to provide support indefinitely, what can be done to make better use of limited resources? Underlying the CVI Task Force's thinking has been the concept of responsibility and the need for greater self reliance to ensure sustainability. Countries must be encouraged to take responsibility for managing and financing their own vaccine programmes. This approach will allow the health benefits of vaccination to be shared more fairly by the world's poorest children.

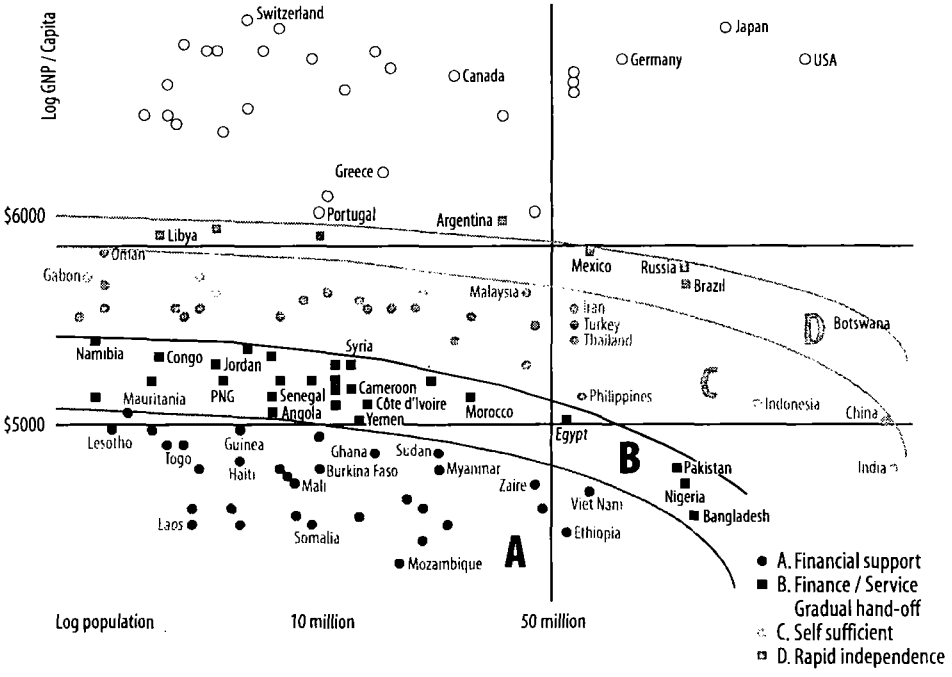
In the past, traditional vaccines destined for developing countries have been bought in large quantities for all at a flat rate price. This has ensured supplies of vaccines, but it may not be the best approach for the future since it does not take into account the rapid economic and social progress which many developing countries have undergone. To target scarce resources in a systematic way to countries in greatest need and reward efficient suppliers, the CVI Task Force is promoting the UNICEF/WHO 'banding' strategy, which groups countries according to their economic development and size. The smallest and poorest countries (band A) have the smallest market and 'voice' and



are the least able to negotiate price, finance their vaccine needs, and hence should be the first target of external assistance. As a country's GNP increases, so does its ability to cover vaccine costs with correspondingly less external support. This system ensures that the neediest countries, mostly those in sub-Saharan Africa, continue to get the financial support they need, both for traditional vaccines as well as for the introduction of new ones. Countries in band B are better able to fund their own vaccines, at least for the six traditional, vaccine-preventable diseases, but may need additional external support to introduce new vaccines. Countries in band C and D can afford to pay all their vaccination costs either immediately or in the very near future.

In encouraging governments to take progressive responsibility for their own programmes, the UNICEF/WHO banding strategy also offers manufacturers the opportunity to recognize the vaccine and economic needs of the world's poorest countries and set their prices for these

WHO/UNICEF banding strategy: encouraging financial sustainability of immunization programmes and targeting assistance to those countries in greatest need



countries accordingly. Most important of all, it ensures that, at a time when resources are stretched, the world's most disadvantaged children will not be deprived of access to vaccines that their richer neighbours can take for granted.

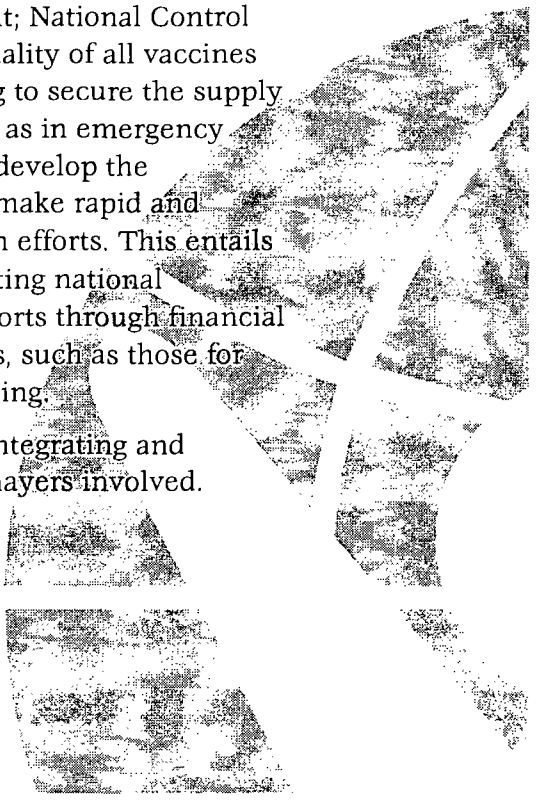
In addition to promoting the targeting of external resources to countries in greatest need, the CVI Secretariat strives, through economic studies, to raise awareness in all countries of the 'value' of vaccination. New options for financing vaccination will be examined at a forthcoming international consultation.

Maximising what we have

The potential impact of vaccines can only be realized if they are actually available. What, then, can be done to ensure that adequate quantities of high-quality vaccines are accessible to all national immunization programmes and used in the most rational fashion, country by country?

A shortage of financial resources is not the only factor impeding the provision of vaccines. In addition to assisting countries to pay for the vaccines they need, the supply of good quality vaccines can be improved by focusing on a number of other areas. Communication between the national, regional, and international bodies concerned with vaccine quality and administration can be enhanced; financing infrastructures can be expanded and strengthened with the aim of encouraging countries to become more self-reliant; National Control Authorities need greater support to ensure the quality of all vaccines used. In addition, there must be forward planning to secure the supply of vaccines for both routine and special use, such as in emergency situations. Above all, countries themselves must develop the information and procedures that permit them to make rapid and rational decisions regarding their own vaccination efforts. This entails developing disease burden information and selecting national priorities. The CVI Secretariat facilitates these efforts through financial support and through the development of methods, such as those for cost-effectiveness analysis, to aid in decision-making.

CVI also aims to maximise efficiency overall by integrating and coordinating the specific efforts of the multiple players involved.



The potential of new vaccines

The current decade has seen the development of an unprecedented range of new vaccines while yet more wait in the wings. However, although there have been extensive and promising trials, new vaccines are not being widely and swiftly introduced. So what needs to be done to change this? And what will help ensure that research and development into new and improved vaccines continues to expand and bear fruit?

The problems of delayed introduction are often linked to logistical and financial obstacles rather than technical problems. Forward planning involves identifying the vaccines most likely to be needed and potential sources of supply. Furthermore, a variety of actions would speed the introduction process, including:

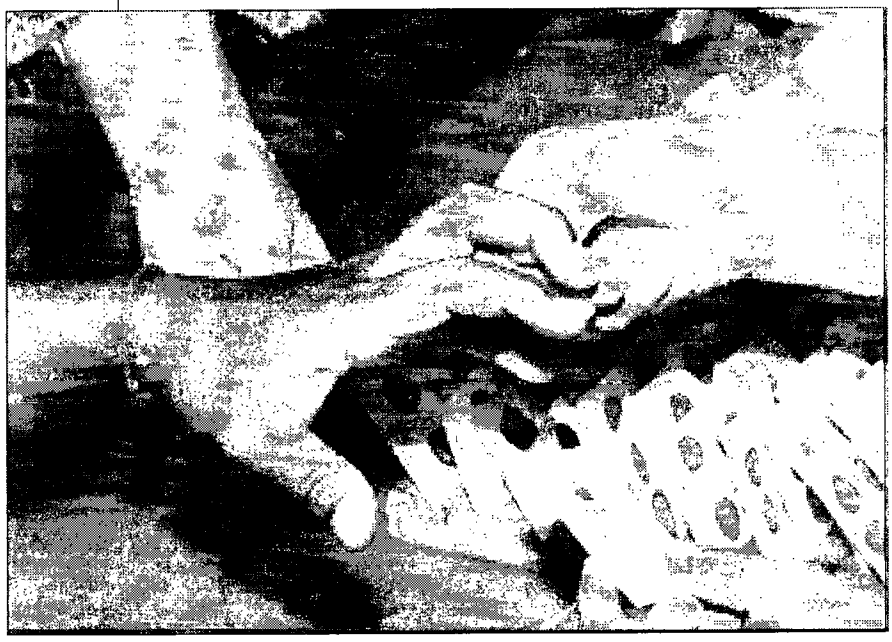
- the development of guidelines for the selection and introduction of new vaccines by immunization programmes;
- technical support for the design of new immunization programmes;
- improved collection of data, particularly on disease burdens; and
- the assessment and dissemination of lessons learned from countries that adopt new vaccines early.

The CVI 'agendas' to accelerate the introduction of Hib, pneumococcal conjugate and rotavirus vaccines, developed with international agencies and industry, identify for each vaccine what is required to bring their benefits to all children, earlier.

Since modern vaccines have proved to be more complex and expensive to produce than in the past, a vital motivation for the *continued development of new and improved vaccines* will be the expected financial return on investment. To safeguard the prospect of sufficient return, there must be systems to protect the intellectual property rights (IPRs) of vaccine developers, in line with the World Trade Organization agreements on Trade Related Aspects of Intellectual Property. Vaccine developers must also be assured assistance in the negotiation of such rights so that new or improved vaccines can be swiftly and widely introduced. The proper negotiation and management of IPRs, together with transfers of technological 'know-how' on vaccine manufacture and supply, where appropriate, will help ensure that vaccines reach those who need them, while generating enough revenue to fund new vaccine research and development.

Access to IPR and new technology can best be negotiated when all parties recognize the prerequisites for successful partnerships. Consultation between public and private sectors, such as that sponsored by CVI in Bellagio, Italy in February 1997, can increase understanding of these issues.[1]

While the anticipated return on investment will be a sufficient incentive to move most new vaccines into the mainstream, it is vital that the development of other vaccines, such as those to prevent shigella dysentery, tuberculosis and malaria, is also encouraged. Such vaccines have great public health potential, particularly in the world's poorest countries, but may seem to offer little promise of commercial return. They are therefore unlikely to survive in the competition for commercial development without additional resources and special attention.



The CVI Secretariat plans to address the status of these and other 'orphan' vaccines through a special consultation, as well as by considering the potential of public sector vaccine research, development and production institutions contributing to their ultimate availability.

The continued development of new and improved vaccines clearly depends on long-term support and commitment to institutions engaged in these activities. It also needs closer partnerships between

[1] Children's Vaccine Initiative/Rockefeller Foundation Conference on the Global Supply of New Vaccines, Bellagio, 3-7 February 1997 (document CVI/GEN/98.01)

the public and private sector, between those concerned with public health policies and those involved in the commercial development and production of vaccines. The CVI strives to promote such dialogue, *inter alia* through ensuring full participation of industry in all meetings (e.g. in those which have taken place on combination vaccines, rotavirus vaccines and acellular pertussis) and planning activities (such as the Task Force on Strategic Planning).

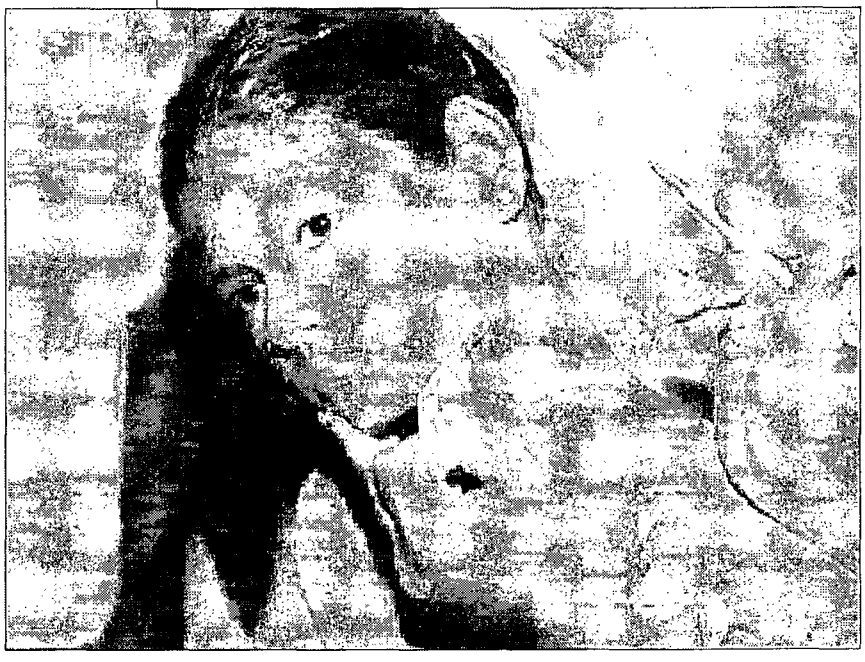
Vaccination and sustainability

Underlying the CVI Task Force *Strategic Plan* are the interrelated concepts of self-reliance and sustainability. Increasingly, assistance provided for immunization services is geared towards enabling countries to manage and finance their programmes themselves. There is less emphasis on providing standard services or products for all countries, more on helping countries to identify their needs, to devise infrastructures for procuring, financing and distributing the vaccines they choose, and providing the technical support needed to carry out defined aims. Encouraging countries to take on responsibility for financing and running their own vaccination programmes helps ensure sustainability and continuity. At the same time, it frees scarce resources, making them available to the world's poorest countries, which continue to rely on external assistance and, therefore, for making vaccines available to children in greatest need. CVI's support to increase national self-reliance includes the development of methods to assess disease burdens, disease treatment expenditures and vaccination policy cost-effectiveness, which can all be applied at country level.

PART 4
The will to succeed

The impact of vaccines on the health of the world's children has been enormous, perhaps greater than any other single health intervention. And according to the World Bank, improved vaccination is one of the best and most cost-effective health interventions that could be undertaken, saving millions of lives and promoting sustainable personal and economic development. Yet, as so often when things work well, with time and familiarity we take them for granted.

This is particularly true of vaccination. As vaccination rates rise and the threat of serious infectious disease fades, community perceptions of the value of vaccination change. This primary weapon against infectious disease becomes under-valued. Tragically, in some countries, vaccination rates have even fallen, leading to the re-emergence of infectious diseases which were previously controlled. A prime example is pertussis, which infected large numbers of children in Europe in the 1980s when public fears about the safety of vaccination outweighed understanding of the serious threat to health that whooping cough represents. Similarly, diphtheria reached epidemic proportions in the former Soviet states, when the breakdown in the health infrastructure left vaccination low on the priority list and many children unprotected. Experience also shows that while people may be prepared to pay high costs for drugs to treat an infection, they resist paying the much lower cost of a vaccination which would have prevented the disease in the first place.



In view of such tendencies, what can be done to promote vaccination as perhaps *the* most valuable and cost-effective tool in the fight against infectious diseases, and the attainment of health?

The need for national and international advocacy

Efforts need to be channelled into increasing awareness among decision-makers and society as a whole of the vital role that vaccination plays in the control of infectious diseases. To achieve this will mean supplying better information about the positive benefits of vaccination and making wider use of mass media such as television, radio and Internet. It should also include greater vigilance to counter misinformation and to remind people of the real risks and impact of infectious diseases on individuals and communities.

The CVI Secretariat cannot expect to undertake alone the daunting task of raising public and policy maker awareness of the value of vaccination in all countries where this is needed. Such a task needs to be shared among all players involved. To this end, a multi-organizational Working Group on Advocacy and Information Exchange has been created by the CVI Secretariat to catalyse and coordinate a range of efforts directed at a variety of target audiences, and policy makers in particular.

A culture of prevention

It is equally important to encourage and build support at grass-roots level among health workers, among community leaders and among the people who bring their children to be vaccinated – the parents. Support at this level creates greater demand for vaccination services which can in turn stimulate better and wider provision. Using resources to build such a 'culture of prevention' is a cost-effective investment that will pay dividends in terms of future health protection. And, in addition to saving lives, the saving in disease treatment expenditures that may be achieved by protecting more children through vaccination is not to be under-estimated.

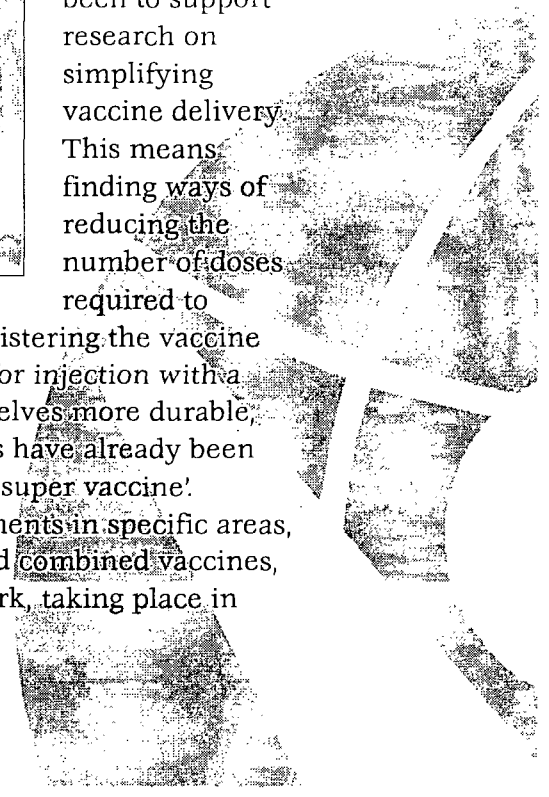
Establishing solid commitment to vaccination through long-term advocacy efforts across many fronts is essential if the full benefits of vaccines are to reach individuals and communities in the years to come.

PART 5
Vaccination for a new millennium

The Children's Vaccine Initiative has reviewed its first seven years' work and experience, and refined a plan of areas for action and specific activities to be undertaken now and into the next millennium. The 1998 *CVI Strategic Plan* is the culmination of these deliberations. Progress achieved will provide a firm foundation on which to build, and the opportunities we recognize today must not be lost because of a lack of cohesive effort and support. Implementation of the Plan rests collectively with the many contributors to vaccine development and delivery. With these collaborators, the CVI Secretariat will continue to monitor for gaps in the overall effort and ensure that they are addressed.

Simple protection

An important aim of CVI has been to support research on simplifying vaccine delivery. This means finding ways of reducing the number of doses required to provide protection; making the process of administering the vaccine simpler and safer, preferably avoiding the need for injection with a hypodermic needle; and making vaccines themselves more durable, stable and of consistent good quality. Many steps have already been taken towards the ideal concept of a single-dose 'super vaccine'. Advances in biotechnology have led to improvements in specific areas, such as the development of mucosal delivery and combined vaccines, which simplify the vaccination process. Such work, taking place in



parallel with the development of new and improved vaccines, suggests that we are, indeed, standing on the threshold of a new 'golden age' in vaccination. We must maintain the vision of what might one day be possible if we are to overcome the challenges of this demanding intermediate stage. Finding the resources to support the research and development processes which are already bearing fruit must be a number one priority for all those involved in maximising the potential benefits of vaccination. Since these simpler methods are often most needed in countries where delivery infrastructure and capacity to pay is weakest, the CVI Secretariat articulates their importance, particularly to those funding research.

A right to health

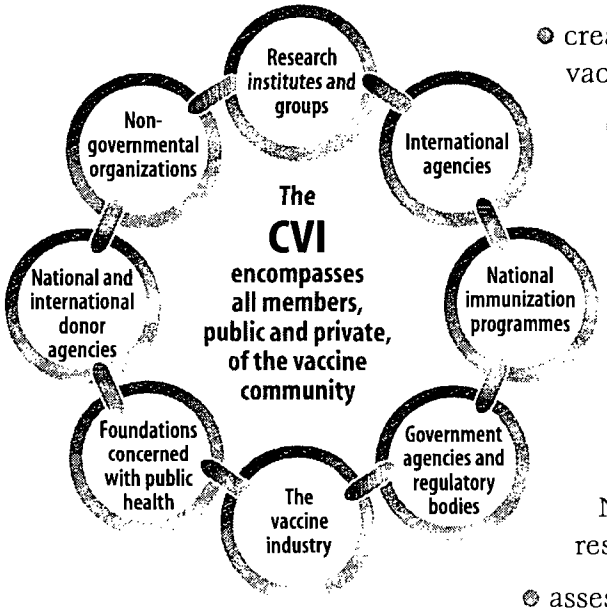
The United Nations Convention on the Rights of the Child states that every child has the right to attain the highest possible standard of health. The Convention has been ratified by almost every country in the world and enshrines international acceptance of the fundamental human rights of children. But how can this theoretical support be translated into real improvements in children's lives? By putting the *CVI Strategic Plan* into practice, we shall be taking steps to prevent millions of children dying each year from infectious diseases, and saving many more from suffering and the tragic consequences of disability. We shall be turning human rights principles into practice. The health protection offered by a simple, safe vaccination is the basic right of the poorest child as well as his or her richer neighbour.

We have reached a significant crossroads. By taking the right action now, millions of children and their families can be saved suffering and death from preventable diseases.

Let us not forsake tomorrow's children by failing to act today.

ANNEX 1
The Children's Vaccine Initiative: A forum for exchange, a mechanism for commitment[2]

To make the potential benefits of expanding vaccination a reality, individuals and organizations from both the public and private sectors must collaborate by pursuing different actions based on their comparative strengths and capabilities. The CVI offers all those working in the vaccine "continuum" a forum in which they can exchange information and interact, and a mechanism for committing themselves to well-defined plans for reaching shared goals.



National governments ***should***:

- create a budget line for national vaccination efforts;
- meet UNICEF self-sufficiency targets;
- design five-year national plans for immunization;
- ensure that national immunization programmes use vaccines of known good quality only;
- create, or strengthen, National Control Authorities responsible for vaccines;
- assess the rationale for any local, government-supported vaccine production and assure viability of supply for existing and new vaccine needs; and
- recognize the value of disease prevention through vaccination and increase, accordingly, investment in both basic research and infectious disease surveillance.

[2] Extract from the *CVI Strategic Plan*, (CVI/GEN/97.04)

NNEX – WORLDWIDE HIV/AIDS GOALS

WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with USAID and other bilateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through *LIFE* Initiative.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.
- ✓ By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

hope these are okay – let's discuss. D

DRAFT: FIRST LADY HILLARY RODHAM CLINTON ANNOUNCES NEW, $10 MILLION INVESTMENT TO DETERMINE THE ENVIRONMENTAL CAUSES OF DISEASE

Funding Will Provide New Insight Into the Causes of Breast and Prostate Cancer

January XX, 2000

Today, First Lady Hillary Rodham Clinton will announce that the President's FY 2001 budget will include an additional $10 million, an increase of 58 percent over last year's funding level and the highest increase ever, for new research to determine the environmental causes of disease. This new investment, which will provide new insight into the causes of breast and prostate cancer, will: increase assistance to state and local public health officials investigating adverse health events that are potentially linked to environmental exposures; increase efforts to systematically evaluate the exposure of men, women, and children to toxic substances that cause cancer and other diseases; and ensure rapid evaluation the impact of public health disasters. This critical initiative will provide the essential information necessary to guide effective disease prevention efforts for cancer and other diseases.

ENVIRONMENTAL CONDITIONS ARE LINKED TO INCREASED INCIDENCE OF CANCER AND OTHER DISEASES. Scientists estimate that 50 to 70 percent of cancers are caused by environmental exposures. Studies tracking patterns of cancer development in humans strongly suggest the influence of environmental factors.

- **Breast cancer incidence is linked to unknown environmental conditions.** One out of nine American women will develop breast cancer in her lifetime, and breast cancer is now the leading cause of death for women between the ages of 35 and 54. Despite decades of research, two-thirds of all breast cancer cases cannot be explained by known risk factors, such as genetic predisposition, reproductive history, and diet. For example, studies indicate in Asia, women are four to seven times less likely to develop breast cancer than American women. Yet Asian American women whose grandparents were born in the United States have a 60 percent greater risk of developing breast cancer than women whose grandparents were born overseas.

- **Prostate cancer incidence is linked to unknown environmental conditions.** Prostate cancer is the most common type of cancer found in American men, other than skin cancer, and disproportionately impacts African-American men. Researchers estimate that there will be about 179,300 new cases of prostate cancer in the United States this year, accounting for 36 percent of all cancer cases, and that about 37,000 men will die of this disease. Mortality rates in African-American men are more than twice as high as rates in white men. However, researchers estimate that only 10 percent of prostate cancer cases are attributable to genetic predisposition.

- **Environmental contaminants are linked to a wide range of other diseases.** Diseases like asthma, pfiesteria, lead poisoning, developmental disabilities, and birth defects continue to be associated with environmental contaminants. Additional research in this area is essential in determining causes of illness, disability, and death and preventing additional health problems.

- **Research on environmental links to cancer is a critical public health issue.** Failure to properly research the impact of synthetic chemicals and other environmental contaminants will prevent the development of potential cures, prevention strategies, and treatment. If exposure to chemicals in the environment was shown to be associated with only 10 percent of breast and prostate cancer cases, and we acted to reduce or eliminate the identified hazardous chemicals, we would be able to prevent over 30,000 men and women from developing these diseases each year.

- **Biomonitoring is the critical link between exposure and disease.** Biomonitoring is the measurement of toxic substances in the human body, providing the final and conclusive link between exposure to a toxic substance and the incidence of diseases such as cancer and a wide range of birth defects. Without an individual exposure assessment, it is impossible to determine whether individuals have been exposed to a dangerous level of toxin. It identifies which groups of people are in the most danger from toxic substances, evaluates the success of preventive actions, and improves the response of public health officials in emergency situations.

CLINTON-GORE ADMINISTRATION TAKES NEW STEPS TO INVESTIGATE THE ENVIRONMENTAL CAUSES OF CANCER AND OTHER DISEASES. Today, First Lady Hillary Rodham Clinton announced that the President's FY 2001 budget will include an additional $10 million, for a total investment of $27 million, to explore the environmental causes of disease and provide critical assistance to state and local public health officials to implement disease prevention programs. This initiative will:

- **Increase assistance to state and local public health officials investigating adverse health events that are potentially linked to environmental exposures.** This new investment will allow CDC epidemiologists and toxicologists to more than double the level of critical technical support services they provide, including on-site assistance with ongoing investigations and specialized laboratory services, to communities who have identified cancer or other disease clusters potentially linked to toxic environmental health exposures. As part of these interventions, the CDC will test the exposure of thousands of individuals in the community to toxins in order to determine the cause of their illness. With these new funds, CDC will conduct up to 60 of these studies per year, with a priority placed on those studies that evaluate cancer risk from exposure to potential carcinogens and to risk of birth defects from exposure to potential carcinogens. When dangerous exposures are identified, CDC will work with local public health officials to take the measures necessary to protect residents from further harm.

- **Increase the systematic evaluation of toxic substances that cause cancer and other diseases.** Currently, CDC measures the exposure of Americans across the country to 50 priority toxic substances, including lead, cadmium, mercury, DDT, dieldrin, benzene, and methylene chloride. New funding will allow for routine monitoring of over 100 potentially toxic substances, including an additional 75 toxic substances that are known or reasonably expected to cause cancer. This data would provide the first ever assessment of the exposure of the population to these dangerous substances for population subgroups such as women of childbearing age, children, minorities, and the elderly in order to identify exposure to toxic chemicals and develop a blueprint for action to prevent future exposure.

- **Ensure rapid evaluation of the impact of public health disasters.** New funds will ensure that the CDC can conduct a thorough and swift investigation, together with state and local public health officials, of public health disasters, such as widespread exposure to a toxin through a one-time event such as a chemical spill or contamination of a product through a manufacturing error. Epidemiologists, toxicologists, and other public health personnel will conduct a comprehensive investigation that will conclusively identify all sources of contaminant and protect local residents by preventing further exposure.

DRAFT: CLINTON-GORE ADMINISTRATION UNVEILS NEW $150 MILLION INITIATIVE TO COMBAT THE SPREAD OF AIDS AND CONTRIBUTE TO INTERNATIONAL INFECTIOUS DISEASE PREVENTION EFFORTS
January 10, 2000

Today, in a speech before the United Nations, Vice President Gore will announce that the President's FY 2001 budget will include a new $150 million investment, a 41 percent increase over last year's funding level, to assist efforts to combat the international AIDS pandemic and contribute to international infectious disease prevention efforts. This new initiatives provides a 100 percent increase over last year's investment for efforts in activities to prevent and treat HIV and AIDS in Africa and Asia. In addition, this initiative will make a long term investment of $50 million to fund vaccine purchase, research and development, and infrastructure development to enhance access to lifesaving vaccines in developing countries, an important contribution to the infrastructure development necessary for the eventual purchase and distribution of an AIDS vaccine.

THE AIDS PANDEMIC THREATENS THE ECONOMIC AND SOCIAL STABILITY OF SUB SAHARAN AFRICA AND ASIA. The United Nations calls the AIDS pandemic in sub-Saharan Africa "the worst infectious disease catastrophe since the bubonic plague". An estimated 5.3 million people were infected with HIV by the end of 1996, suggesting that Asia may have surpassed Africa in terms of the highest number of new infections per year. (these 2 sentences don't add up – how does this suggest Asia has surpassed?)

- **Sub-Saharan Africa and Asia disproportionately bear the impact of the AIDS epidemic.** While sub-Saharan Africa accounts for only one-tenth of the global population, it bears the burden of being home to over 70 percent of individuals infected with AIDS globally. ~~live there.~~ Currently, 21 million people in sub-Saharan ~~Afrcia~~Africa are infected with HIV, and every day, an additional 11,000 become infected. In Asia, HIV and AIDS is already widespread. Because this region has 60 percent of the world's population and has the steepest infection curve, experts are predicting that Asia will soon become the epicenter of the epidemic. In addition, during the next decade, more than 38 million children in the region (which one?) will be orphaned by AIDS, making it difficult – if not impossible – for them to access adequate food, clothing, education, and health care services.

- **The AIDS epidemic is jeopardizing the economic stability of the sub-Saharan African and Asian regions.** ~~Recent studies indicate that the AIDS pandemic is affecting the economies of countries such as Kenya, Nambia, and India. For example, recent studies estimate that the loss of skilled personnel to AIDS cost Nambia almost eight percent of their gross national product, and that Kenya's gross national product will be 14.5 percent lower in 2005 than it would have been without the advent of the AIDS epidemic.~~ **(Not politic to single out individual countries). Suggest:** As we have seen in America, HIV-AIDS takes an enormous economic toll in Africa, though in ways that underscore the linkage between the spread of HIV-AIDs and the impact of poverty. Although Africa is today making unprecedented investments in education, for example, millions of children do not yet have access to education, or are have no choice but to work outside the home in order to contribute to the family's economic survival. Efforts to use education to prevent the spread of HIV-AIDS overlook these children. Africa is also making unprecedented economic gains,

charting an overall growth rate of (xx) and increasing external investments by (xx) since (yy). Yet those gains, and the benefits to be had by Africa's full engagement in the global economy, are jeopardized by an infection which is killing skilled personnel, workers and producers – and which demands increased investment in government spending.

~~**The AIDS pandemic presents a security issue in the sub-Saharan African and Asian regions.** High levels of HIV infection among senior members of the armed forces in these regions leads to rapid turnover in positions of authority, adversely affecting countries in political transition and weakening the political structure in countries where the military plays a central role in government. In addition, studies have linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest as these children raise themselves alone, often turning to crime, drugs, prostitution, and gangs to survive.~~
Strongly recommend cutting this altogether. It is sufficiently loaded to backfire, as it dives into an issue of internal affairs/sovereignty, etc., and we've already made the point that the epidmic is serious.

MILLIONS OF PEOPLE DIE EACH YEAR BECAUSE OF PREVENTABLE INFECTIOUS DISEASES. Vaccines have brought about the eradication of smallpox, controlled the transmission of polio to historic levels, and drastically reduced measles rates. An essential part of this success, considered by many experts to be the greatest public health achievement of the century, is the availability of traditional vaccines at low prices and the willingness of industrial countries to provide vaccines and support the immunization delivery infrastructure in developing countries. Despite this success, more work needs to be done.

- **Over four million people die each year due to preventable infectious diseases.** Although three million lives are already being saved each year due to the dramatic grown in vaccine coverage, the wider use of vaccines against hepatitis B, influenza, yellow fever, and other diseases could prevent over four million deaths each year.

- **Vaccines are becoming more expensive, and fewer companies are producing them.** Because new vaccines are the product of years of research development, they cost dollars, rather than cents, per dose. In addition, there are now under 10 major vaccine-producing companies operating internationally, which determine which products reach the market first and often slow the development and distribution of vaccines.

VICE PRESIDENT GORE UNVEILS NEW, $150 MILLION INITIATIVE TO COMBAT AIDS IN DEVELOPING COUNTRIES. Today, in a speech before the United Nations, Vice President Gore will announce that the President's FY 2001 budget will include a new, multi-million investment in working with Africa, Asia and other developing countries to combat~~combating~~ the spread of HIV and AIDS and other infectious diseases. ~~in Africa, Asia and other developing countries. This initiative will:~~

- **Invest an additional $100 million in HIV and AIDS prevention and treatment efforts in Africa and Asia.** The President's budget will provide $342 million, an increase of 41 percent over last year's funding, to increase international HIV and AIDS prevention and treatment efforts. Funds will be targeted the countries where the disease is most widespread and where the potential for impact is greatest. Activities include:

Increasing primary prevention efforts. This initiative will invest new funds in activities designed to reduce the incidence of new HIV infections, including: implementing mass education efforts and community based counseling and testing services; providing AZT short-course therapy to infected individuals to prevent further transmission; implementing treatment protocols to reduce mother to child transmissions; and implementing blood supply screening procedures.

Assiting armed forces' to meet the challenge posed by HIV-AIDS.~~Preventing the spread of HIV within military organizations.~~ The DoD will work with its counterparts in Africa to invest $10 million to prevent the spread of HIV within military agencies. ~~throughout Africa, including: a general assessment of HIV prevalence and risk behaviors; the development of a prevention plan tailored to the needs of military personnel; and strengthening the existing infrastructure to ensure that HIV prevention education efforts become a standard part of military culture.~~

Strengthening the public health infrastructure. This initiative will assist African and Asian institutions to effectively track the spread of HIV infections throughout the Sub-Saharan and Asian regions, focus HIV and AIDS prevention and treatment program resources appropriately.

Providing care and treatment for individuals infected with HIV. Currently, treatment options for HIV infected people in sub-Saharan Africa and India ~~is minimal~~are limited; less than 5 percent of people know their HIV status, and health care providers are often without the tools needed to~~unable to~~ diagnose and treat HIV and the associated opportunistic infections. This initiative will provide medical and social services to individuals with HIV~~, in. cluding treatment of sexually transmitted diseases, opportunistic infections associated with HIV, and tuberculosis.~~

Caring for children orphaned by AIDS. In tandem with host governments and social service agencies, ~~T~~this initiative will invest $10 million to provide emergency nutritional support for children orphaned by AIDS.

Initiating HIV prevention programs in the workplace. Implemented in partnership with employers and employees, t~~T~~his initiative will invest $10 million to initiate workplace prevention programs designed to reduce discrimination against employees infected with HIV and AIDS. Funds will also be used to develop partnerships with the business and labor communities to launch HIV prevention activities for employees, their families and communities.

- **Invest $50 million for vaccine purchase, research and development, distribution and infrastructure development to enhance access to lifesaving vaccines in the developing world.** The budget includes a new $50 million investment in the Global Alliance for Vaccines and Immunizations (GAVI) to purchase vaccines and safe injection equipment for hepatitis B, influenza, and yellow fever. This investment makes a significant contribution to the infrastructure development necessary for the eventual purchase and distribution of an AIDS vaccine. This new investment will be used to further GAVI's goals of: reaching all children at risk; providing all appropriate existing vaccines and new vaccines as they become

available; and allowing for the development and use of needed vaccines even if significant industrial country markets do not exist.

DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

December 17, 1999

			Telephone	Fax
TO:	Karen Tramontano	WH COS	(202) 456-1906	(202) 456-2030
	Mora Rudman	NSC	(202) 456-9471	(202) 456-9460
	Ken Bernard	NSC	(202) 456-9291	(202) 456-9390
	Dan Mendelson	OMB	(202) 395-5178	(202) 395-5631
	Sylvia Mathews	OMB	(202) 395-4742	(202) 395-1005
	Richard Turman	OMB	(202) 395-4926	(202) 395-5648
	Mary Beth Donahue	HHS	(202) 690-7431	(202) 401-5783
	Gene Sperling	NEC	(202) 456-2807	(202) 456-2878
	Melissa Green	NEC	(202) 456-2807	(202) 456-2878
	Rob Wescott	NEC	(202) 456-5905	(202) 456-5812
	Chris Jennings	WH	(202) 456-5560	(202) 456-5557
	Laura Efros	WH	(202) 456-6065	(202) 456-6028
	Todd Summers	ONAP	(202) 456-2444	(202) 456-2438

FROM: Sheryl K. Sandberg
Chief of Staff
Tel: (202) 622-1906
Fax: (202) 622-0073

Doug Elmendorf
Tel: (202) 622-0563

COMMENTS:

This is the final draft.

Attachment

DEPARTMENT OF THE TREASURY
WASHINGTON, D.C.
December 17, 1999

SECRETARY OF THE TREASURY

MEMORANDUM FOR THE PRESIDENT

FROM: Lawrence Summers

SUBJECT: Encouraging the Development of Vaccines

This memo responds to your request for more information about the vaccine proposal noted in our weekly report. This proposal is being considered by an interagency group including OSTP, OMB, NSC, NEC, USAID, ONAP, HHS and Treasury and is still in the development stage.

This proposal responds to your commitment to the United Nations that the United States make a concerted effort to improve the development and delivery of vaccines to developing countries. The proposal also supports our overall strategy for global development, which gives a central role to "global public goods" – like health or the environment – in which positive actions taken in one country benefit other countries as well. In an interconnected world, health crises in other countries are a threat to us all, as we have seen with HIV/AIDS, the resurfacing of tuberculosis, and the outbreak earlier this year of West Nile-like encephalitis in New York.

The core problem is that the market does not provide incentives for pharmaceutical companies to develop vaccines for diseases that disproportionately affect developing nations. The pharmaceutical companies have an understandable concern that because these nations are poor, the companies will be forced to sell products at a price that does not provide a positive return on their R&D investment.

Infectious diseases pose a mounting social and economic burden on developing countries, causing almost half of all deaths worldwide of people under age 45. Vaccination is one of the most cost-effective ways to improve the wellbeing and productivity of the poorest countries – and the developed nations have the scientific and technological capacity to make new vaccines possible. Recent work on the human genome will open vast possibilities.

Proposal

The interagency group is considering a proposal that addresses these concerns in three ways.

1. A new financial commitment to purchase and deliver existing vaccines in poor countries.

    - Contribute $50 million to the existing purchase fund of the Global Alliance for Vaccines and Immunizations (or GAVI, a collaborative effort of UNICEF, the World Health Organization, and others). Several days after the State of the Union address, GAVI will officially announce a contribution of $750 million by the Bill

and Melinda Gates foundation. By contributing, the United States could help catalyze the maximum amount of public and private funds. (Note: No Cabinet Secretary has proposed this item in their budget or as part of their settlement.)

2. Steps to accelerate the invention and production of new vaccines.

   - Increase funding for basic research on diseases that affect developing nations, particularly on malaria and TB, at the National Institutes of Health.

   - Call for the creation of a Millennium Trust Fund, which would combine public and private resources to ensure that vaccines for AIDS, malaria, TB, and other killers will be purchased when they become available.

   - Propose a tax credit for sales of new vaccines, though this raises a variety of concerns.

3. Increase the investments that poor countries make in their own health, which are as central to economic progress as investments in education and physical infrastructure.

   - Call on the World Bank and other multilateral development banks to earmark an additional 5 to 10 percent of their lending to poor to expand immunization, to prevent and treat common diseases, and to build competent and corruption-free delivery systems for other basic health services. This action would build on the new focus on basic health services that we have supported as part of the Highly Indebted Poor Countries (HIPC) debt initiative.

Doug Elmendorf
622-1260
douglas.elmendorf@do.treas.gov

countries bearing the brunt of these costs are, for the most part, those where economic performance over the past 20 years has been sluggish, and where standards of living are extremely low. In many of these countries the performance of the public sector has been poor. In addition, there are current programmes that will further erode the capacity of the State to manage and deliver services.

None of this is news, unfortunate though it is. But recognition of the reality in numerous developing countries is critical for understanding what is possible, what policies are feasible, and where the burden of response must lie. There is much that the State can and ought to do in HIV prevention, in improving care, and in meeting the challenges posed by HIV to the performance of the economic system. But, in the deeply complex areas of behaviour change and in managing the social, economic and psychological impacts of the epidemic, there is no alternative to interventions and support systems that are focused on households and communities. Much follows from recognizing this conclusion, not the least of which is that in severely resource limited countries the State could not meet these costs of the HIV epidemic even if it wanted to. Thus, most policy interventions will have to focus on households and communities as the effective intervention points in the social and economic structure. Institutions will need to be supported and/or created whose activities take place at these levels.

CONCLUSIONS

Conclusions can be stated very briefly and, indeed, simply listing these will perhaps provide greater emphasis.

- The economic and social costs of HIV are truly colossal. The epidemic, if unchecked, could transform the developmental performance of many countries. Not simply in terms of national economic growth rates, but also in terms of those broader social indicators that more accurately reflect improvements in the standard of living. No sectors of the economy are immune to the impacts of the epidemic, and all social strata will be affected.
- Low prevalence countries are in a position to act now with effective policies to prevent the spread of HIV, and thus avoid its economic, social and psychological costs. Section 2 of this paper makes it clear why it is crucial to act now, and not to wait until a point where these costs become unavoidable. The returns from effective HIV prevention activities in all countries, with high or low seroprevalence, will in most cases substantially exceed those from other investments.
- Major shifts in attitudes and policies are required if effective policies for prevention are to be implemented, and there can be no place here for delicate sensibilities. This means grappling with sensitive issues of sexuality and gender relationships, where major and fundamental changes are required. Such changes will be extremely difficult to bring about, but there are no alternatives.
- There are obvious limits to what governments can achieve in this area, but they can be expected to provide resources and leadership. However, effective action will often depend on non-governmental organizations and community based organizations. They can reach those engaging in high risk behaviours, and provide for those infected and affected by HIV. In most developing countries, if not all, the resource costs of caring for the infected and the affected will inevitably have to be borne more or less entirely by households and communities.
- There is much that the social sciences can offer in analysis, interpretation of data and policy formulation and its evaluation. This is most obvious in seeking to understand the economic and social factors that induce risky behaviours, such as the role of poverty in forcing women in many countries into prostitution as their only means of survival. Economists must be involved in the development of HIV policy interventions, so that their relative effectiveness is fully understood. For those persons infected with HIV the object of policy has to be full integration and non-discrimination, so that they can live constructively within the society. It would take little by way of public expenditure to enable those infected with HIV to make a full economic and social contribution for many years.
- The challenges posed by HIV for the economies of the developing countries are easier to identify in theory than to measure quantitatively. Much applied work needs to be done to fill in the huge gaps in understanding, and to identify the scale and scope for policy response. But research to be useful must be founded on insight into how economic and social structures function and interact in practice, and not on some assumed theoretical constructs. The issues are too serious; the problems to be surmounted too critical, to be left either to markets or to uninformed doctrine. Much of this applied research to be useful for policy will need to be national in focus and in its performance.

Table 1.: **AIDS Coping and Caring Strategies in Rural Uganda**

The Homestead

Change in household structure:

amalgamation (same generation)
splitting
additional dependent members (young orphans)
additional dependent members (older orphans)