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Remarks of

Patricia S. Fleming

National AIDS Policy Director

at

Primary Care Needs of Lesbian and Gay Adolescents

December 6, 1994

HELLO:

Thank you for that gracious introduction. It is a great pleasure to join you at this important conference.

I'd like to thank the remarkable young men and women who have participated in this conference yesterday and today. By sharing their experiences they have left us all a little wiser. Now our job is to use that knowledge to their benefit and ours and to continue to listen.

First, I'd like to take a few minutes to talk about a pair of remarkable people who are now lost to us.

Three weeks ago, Pedro Zamora, a young gay man of uncommon wisdom and courage, lost his five-year battle with AIDS. Pedro taught us all the difference between living with AIDS and dying with AIDS. His infection inspired him to become one of our nation's best peer educators and I believe his work helped to save the lives of thousands of young people.

Just three days ago, our nation lost another leader and I lost a very dear friend. Elizabeth Glazer spent six years fighting AIDS and, in the process, she transformed the global response to HIV to include children. Elizabeth turned her own anger and hate to love and action. Now, each of us must do the same.

Last Thursday, on World AIDS Day, President Clinton met in the Oval Office with six remarkable young Americans to talk about their experiences of living with HIV/AIDS. They ranged in age from 13 to 27 and one brought along her infant daughter.

The President specifically invited young people to talk to him because of his deep concern about the spread of HIV among adolescents.

According to a new study by the University of California at San Francisco, in the United States today, one in four new HIV infections is among people under the age of 20. That translates into an estimated 10,000 newly infected teenagers each year.

The Centers for Disease Control and Prevention report that an estimated 70 percent of teenagers have had sex by their senior year in high school. Yet less than half of sexually active high school students say they used a condom when they had sex.

These disturbing statistics are a call to arms.

That's why the President wanted to hear -- directly from young people themselves -- some new ideas on how we can begin to reverse these trends.

As is often the case with people living with HIV, these young Americans pulled no punches. They told the President what was on their minds and had some very specific recommendations for him. Their advice won't surprise many of you in this room today.

First and foremost, they said we need to increase the amount of AIDS education in this country, beginning with our schools. Second, they said we need to be frank and direct with young people if they are to listen to what we say. And, third, they said we need to remember that not all kids are alike and the messages we use with them must be tuned in to their differences.

As usual, these young people were right on the mark. Their advice is the kind that all of us must follow as we seek to address the problem of HIV infection among adolescents and young adults.

The focus of your meeting -- the health needs of lesbian, gay, bisexual, and transgenderal adolescents -- is very appropriate.

As a nation, we have always had a hard time dealing with the health concerns of our young adults. Whether it's teenage pregnancy, drug use, alcoholism, suicide, sexuality, or HIV/AIDS, we are often too squeamish to confront these problems directly. As a result, too many of our adolescents are suffering needlessly.

Today, American teenagers are paying a heavy price for our unwillingness to deal with health issues. A recent study by the Surgeon General's office found that the state of adolescent health in this country is declining.

Among the startling findings was the fact that the mortality rate among adolescents and young adults is now on the rise. That fact alone should sound an alarm in every household in this country.

Gay and lesbian teens are paying a price, too, for our refusal to deal with these issues. Studies have shown a higher rate of drug use, alcohol abuse, and suicide among lesbian and gay teenagers.

And, of course, HIV is of particular concern when we address the needs of adolescents. Let's face it, these young women and young men are the next generation of leadership for our nation. If we fail to act now, we risk losing them.

A decade ago, only a handful of adolescents were diagnosed with AIDS each year. Now, nearly fifteen hundred such cases are being reported every year. And, in 1991, HIV/AIDS became the leading cause of death among Americans between the ages of 15 and 24.

In the 14 years of the AIDS epidemic, we have seen some remarkable actions by the gay and lesbian community to stem the spread of this insidious disease. Cities like San Francisco, once ravaged by HIV, began to recover as gay men changed their behavior with very little help from society as a whole and, certainly, during the first decade of the epidemic, from the government here in Washington.

This is a cause for celebration but not a cause for complacency. Today, gay men make up the largest segment of new AIDS cases in this country. And, risky behavior is on the rise among young gay men and so is the rate of HIV infection.

We are now seeing a new wave of HIV infection among gay youth. Having watched the remarkable AIDS response of the gay community in the early 1980s, it is heartbreaking for me to see a rise in HIV infection among young gay men. We have lost too many gay men to AIDS to watch this progress disappear. We can't -- and won't -- just stand by and wring our hands over this situation. We must roll up our sleeves and get to work.

When he appointed me director of national AIDS policy, the President asked me to provide him with a report on the spread of HIV among adolescents.

My office has already begun the preliminary work on this report and we will be reaching out to experts like you from around the country to help guide us toward its rapid completion. This report will directly address the concerns of all adolescents -- lesbian, gay, bisexual, heterosexual, transgenderal and straight.

The rising infection rate among young gay men is very troubling and demands action. But it is not hard to understand why this rate is rising.

Lesbian and gay youth in this country are subjected to homophobia and other forms of negative social pressure from their families, from their peers, from their schools, and from the media that surround them.

When a young lesbian or gay person hears that they are sick, that they are abnormal, or that they are not welcome in their homes or their communities, it is no wonder that they may act irrationally and endanger their health. Low self-esteem is as much a public health hazard as is cigarette smoking.

Low self-esteem leads many teenagers to do things that they wouldn't otherwise do:

A young man who may be gay experimenting with his sexuality won't use a condom with a partner because of a fear that he will be tagged as "gay."

A young woman who may be a lesbian throws herself into risky heterosexual sexual behavior to convince others that she is "normal."

And young people who believe that their lives don't have value don't protect themselves or their partners because society tells them they're not worth it.

Well, let me tell you and them, they are worth it and we have to make sure they know it.

All of these actions have their consequences and all of us pay the price for them.

So, what do we do? Well, first we need to recognize that not all adolescents are the same. That may seem like an obvious statement, but it's not. When it comes to HIV education and prevention campaigns, we can make the mistake of assuming that one size fits all. To protect young people from HIV, we need a multi-pronged approach.

For those who are not yet sexually active, we must stress the value of delaying sex. That may seem like an old-fashioned concept, but it's one that works and it's one that resonates with some teens. We also need to provide gay youth with other means of defining their gay and lesbian identity than through sexual intercourse.

For those who are just beginning to experiment with sexual behavior, we need to combine an emphasis on delaying sex and finding alternative ways to express affection and achieve intimacy.

And for those who are sexually active, we must teach the value of correct and consistent use of latex condoms.

These are not complicated messages but they require innovative delivery mechanisms.

And beyond AIDS education we have to teach our young people that their lives matter.

Gay, lesbian, or straight; rich, poor, or middle class; black, white, or brown -- kids have to know that we value them as much or even more than they value themselves.

For those who don't get that message at home, we need more community-based and school-based health programs that include mental health and outreach services that help them learn that vital lesson. And that also means we have to do a better job training health care professionals to work with lesbian and gay youth.

I began today talking about the remarkable life of Pedro Zamora. Let me end by reading you something Pedro said in testimony he delivered to the Congress last year:

Pedro said -

"I needed positive messages about my sexuality. I needed to know about condoms, how to use them correctly and where to buy them. I needed to know that you can be sexual without having intercourse. I needed skills to negotiate relationships. I needed to know how to say, 'I don't want to have intercourse, I just want to be held.'"

Together, we must make sure that more of our young people are empowered to recognize the truth in Pedro's message.

Thank you.

THE WHITE HOUSE

WASHINGTON

Remarks
Patricia S. Fleming
National AIDS Policy Director
at
Pedro Zamora Memorial Service

November 20, 1994

Ten days ago, I stood with President Clinton in the White House as he spoke to the nation about AIDS. The President reminded us that AIDS is no longer the face of a stranger but the face of a friend.

Pedro was one those friends, one of those educators who taught all of us to embrace people with AIDS and to join the fight against this insidious disease. He taught people with AIDS that they can live their lives to the fullest and contribute more to society than they ever thought was possible.

People like Pedro don't come along often in life, but when they do we need to reach out and grab hold and go along for the ride. Because when the ride is over, each of us is a better person.

Today, as we remember a brave young man named Pedro Zamora, each of us needs to reach out and grab hold of another young man or young woman. We need to hug them. We need to teach them and we need to love them. And, for those who are living with HIV, we need to brace them for the fight ahead. We also need to listen to them, because, like Pedro, they can teach all of us so much.

Our nation owes a debt of gratitude to Pedro and his family for their courage and for the beauty of their lives.

A few weeks ago, President Clinton recorded the following message in tribute to Pedro and his work as an AIDS educator. I'd like all of you to hear it too.

Thank you.

THE WHITE HOUSE

WASHINGTON

Remarks of
Patricia S. Fleming
National AIDS Policy Director
The White House

November 10, 1994

Thank you, Mr. President, for those gracious words and for the opportunity to serve you and the nation.

For the first 12 years of the AIDS epidemic, I stood on the outside of the Administration looking in, shouting to be heard, and banging on the doors of a bureaucracy that too often turned a deaf ear to the cries of the American people.

One of the doors I banged the loudest is the one on this building, the seat of our government. Today, I am proud to stand here beside you, inside the door.

In less than two years time, Mr. President, you have changed the dynamic of the national debate over AIDS and HIV, replacing confrontation with cooperation; lethargy with energy; and apathy with passion.

Like many Americans, AIDS has changed my life. The utter horror of the AIDS epidemic has reinforced my need to be an activist. For that, I am grateful.

But AIDS has also forced me to attend too many funerals; to hold the hands of too many grieving friends and family members; and to participate in too many candlelight vigils. For that, I am angry.

I am angry because as an African-American, as a woman, and as a mother of three sons, I know all too well the threat that HIV poses for every American.

That's why I am so eager to take on the challenge you have given me.

I want to thank you and members of the AIDS community for convincing me that this is a job worth doing and that I am the one to do it.

My task is to make sure that our brilliant scientists and public health experts have a clear path. And I will fight for the resources they need to stem the spread of HIV and, ultimately, to find a cure for AIDS.

Sadly, we do not yet have the answers to many of the challenges posed by HIV. This year, every day, an average of 90 Americans will die of AIDS-related conditions.

We do have the knowledge to prevent the spread of HIV, yet an estimated 40,000 Americans are infected with HIV every year.

The trends are particularly troublesome among women, people of color, and adolescents. While the rate of increase among gay men has lessened, AIDS still tears at the core of that population, particularly young gay men.

Mr. President, like you, I am particularly concerned with our young people who, it seems, are increasingly tuning out the prevention message. Today, one in four new HIV infections is among people under the age of 20. One in five new cases of AIDS is diagnosed among Americans between the ages of 20 and 29. We must find a way to break through the barriers of denial that keep our young people from protecting themselves. That will be a top priority for me.

We must also empower women to protect themselves instead of requiring them to rely on their partners.

And we must work very hard to guarantee the human rights of people living with HIV in this country and in countries around the world. A disease is no excuse for discrimination.

Each of us is the product of our experience, and I have been blessed with two important mentors in my career.

For nearly ten years, I worked with Congressman Ted Weiss, a man of uncommon courage. From him, I learned the need to have a set of core values, chief among which is respect for human rights and recognition of the needs of the disenfranchised. Both are vital to the performance of this job.

For the last two years, I have worked with and learned from one of the most ardent voices in the battle against AIDS. Secretary Shalala has prepared me well for this job and I look forward to continuing our close relationship.

Mr. President, we have a great deal of work to do. I am ready to roll up my sleeves and get to work for you and for the people of our country.

Thank you.

Remarks*

by

Patricia S. Fleming

U.S. National AIDS Policy Coordinator
The White House

to be delivered at

Tenth International Conference on AIDS
International Conference on STD

Yokohama, Japan
Closing Ceremony

August 11, 1994

*This is the official text of closing plenary session remarks prepared by Ms. Fleming. This text may be used by journalists with the understanding that some of the material may be slightly altered by the speaker, or omitted for the sake of brevity.

GOOD EVENING:

It is an honor to address you.

My sincere thanks to Dr. Shiokawa for his kind invitation, and to Mayor Takahide and Yokohama for their hospitality.

Let me also express my appreciation to Minister Ide and his government, both for their work in arranging this meeting, and for their participation in the global response to the HIV/AIDS pandemic.

MEETING WITH THE PRESIDENT

A week ago Wednesday, after my appointment as National AIDS Policy Coordinator was announced, I met with President Clinton in the White House. He and I talked about the new resources, new leadership, and new strategies we are deploying against this killer, HIV, and about what must still be done. Today, I assure you that he shares the sense of urgency of those of us here.

So, too, does Health and Human Services Secretary Donna Shalala. She had wanted to be here but had to stay in Washington as Congress works to enact health reform that, we hope, will guarantee insurance coverage to all Americans.

HEALTH CARE IS A RIGHT

In a very real sense, the fight to provide health security is part of the fight against AIDS. For in my country, 27 per cent of people with AIDS lack health insurance. As AIDS and health care activists have long taught us, "health care is a right."

We hope that legislation redressing this problem will be signed into law before December First, World AIDS Day, when Secretary Shalala and I will travel to Paris with our

delegation for a high-level government meeting to be hosted by the government of France and co-organized by W.H.O.

Many of us have been working this week to make that meeting a success. It will address the urgent HIV-related issues in developing countries, a theme, I might add, that will also be highlighted at the U.N. Population and Development Conference in Cairo in September.

These two global gatherings are evidence that HIV/AIDS in the developing world is getting the high-level attention it deserves. We must ensure that funding follows.

In this regard, the U.S. government welcomes Japan's commitment to the effort to confront the global pandemic. Together, through a bilateral agreement we call the Common Agenda, we will add significant new resources to the global fight against HIV/AIDS, particularly in developing countries.

And in the global arena, we look forward to the establishment of the new joint and co-sponsored United Nations program on HIV/AIDS.

The Tenth International Conference on AIDS comes at a crucial time in our 13-year struggle against this insidious disease.

A SHIFT IN THE U.S. APPROACH

In the 19 months since President Clinton took office, and especially in the past year, there has been a distinct shift in our government's approach to HIV/AIDS.

The major features of our new agenda include an infusion of new resources, new leadership, and new strategies to confront this pandemic head-on.

Let me touch on them briefly.

NEW RESOURCES

In the Clinton administration's first year in office, we increased spending for AIDS research by 21 per cent, and the President has proposed a further increase in 1995.

We have nearly doubled the budget for community-based care and made new investments in prevention activities.

NEW LEADERSHIP

President Clinton and Secretary Shalala have appointed men and women with proven track records to key positions throughout government and, particularly, in the Public Health Service. They include a Nobel laureate and one of the world's great authorities on the human immune system, as well as some of the leading experts on health care delivery and policy.

NEW STRATEGIES

We have given the Office of AIDS Research new powers in an effort to make the research enterprise less rigid and bureaucratic. The strengthened Office of AIDS Research has budget authority to target funds to promising areas of research areas -- and even to shift them from one institute or scientific discipline to another. Dr. Paul on Tuesday stressed our renewed emphasis on basic research.

We have launched a frank new AIDS prevention campaign. It features the twin messages of sexual abstinence and the correct use of latex condoms.

This campaign was based, in part, on successful social marketing initiatives undertaken by many of the nations represented here, underscoring, once again, the need for global cooperation.

We have created an important new position in the State Department, that of undersecretary of state for global affairs. Under the leadership of Timothy Wirth, the global affairs team has injected new coherence and into our international HIV/AIDS policies.

Perhaps most importantly, we in the Clinton administration are working in partnership with -- rather than in opposition to -- grass roots organizations from communities across the country.

LEADERSHIP IS A TWO-WAY STREET

One of the things I've learned while working on AIDS policy during the last eight years is that leadership is a two-way street. Those who aspire to be true leaders must learn from the experiences of people on the front lines.

For me, that lesson has been powerfully reinforced by groups like Stop AIDS in Nigeria; Hand in Hand in Brazil; the Help Asian Women's Center in Japan; and the Gay Men's Health Crisis in my own country.

Fueled by heroic volunteers, these organizations have risen above politics, denial and despair to demand and deliver creative and effective responses to AIDS.

THE MEANING OF COMMUNITY

They have taught us the true meaning of community.

The diversity of community participants at this conference is heartening, and I am especially encouraged that so many people have come from the nations of Asia.

As we are well aware, this continent is the new frontier for HIV/AIDS.

We've all heard the statistics. I won't repeat them. They are horrific, and they will get worse. We may -- yes, we must -- allow ourselves to grieve lost lives. But we must never succumb to despair.

FIGHT LIKE HELL FOR THE LIVING

In my country, the great labor leader Mother Jones taught us to pray for the dead and fight like hell for the living.

We fight for the living when we discover that we can block transmission of HIV from mother to child.

We fight for the living when our government and the pharmaceutical industry join hands to accelerate drug discovery and development.

We fight for the living when we reach out to HIV-positive people with drugs that lengthen and improve the quality of life, and to HIV-negative people with life-saving information and vaccine research.

We fight for the living when we work to make the fruits of scientific research available to all.

And we fight for the living when we fight for human rights.

HUMAN RIGHTS UNDERGIRD THE HEALTH OF NATIONS

For we understand that human rights fundamentally undergird the health of nations.

The marginalized, the stigmatized, the disenfranchised members of our human family have been most at risk. But make no mistake: this virus draws no distinctions based on class, national origin, sexual orientation, or gender.

Nonetheless, HIV poses special challenges for women. Women too often lack the power to protect themselves from infection because of their historic inequality around the world. We have seen awful consequences -- not only for the women, but for their children, who are infected, orphaned, or both.

This is what we mean when we say that the battle against AIDS is inextricably linked to the battle for women's rights -- just as the battle against AIDS is linked to the battles against racism, sexism, and homophobia.

In short, the battle against AIDS is fundamentally linked to the struggle for human rights and dignity -- a struggle which continues in every nation, including my own.

WE LOOK TO OUR SCIENTISTS

As that struggle unfolds, we look, with hope, to our scientists. Heeding the calls voiced in Berlin last year, the U.S. has doubled its funding for research into vaginal microbicides as part of its major new overhaul of AIDS research strategies.

We have reaffirmed our commitment to developing safe and effective vaccines, and we call on other nations to join as partners in this endeavor.

And, of course, we continue the quest for effective treatments.

We go forward today, but without illusion. None of us can guarantee success. HIV is a brutal and vicious adversary.

If good intentions and stirring speeches were enough, we would have triumphed long ago.

LET'S BE HONEST

Today, we renew our pledge to the global family to devote our energies, our leadership and, yes, our passion to combat this pandemic. For we remember what Hegel taught us: That nothing great in the world has ever been accomplished without passion.

How to conclude?

I'll try with this simple observation: Let's be honest with ourselves. Every one of us can do more. Every one of us must.

Remarks of

Patricia S. Fleming

National AIDS Policy Director

Mr. Chairman:

Let me congratulate the Director General and the GPA staff for an excellent report. It illustrates the comprehensive nature of the program developed and implemented over the past eight years. This report makes clear that the new UNAIDS program will be building on a very strong base.

In this respect, I would like to express the United States' appreciation to Dr. Michael Merson, who recently left the directorship of GPA to take a senior academic post in the U.S. Dr. Merson came to the program at a difficult time and he showed great leadership in building GPA and in recognizing and focusing GPA's program on the most effective AIDS interventions. We also owe a debt of gratitude to the GPA staff, past and present, who worked so hard and so effectively to provide global leadership in our struggle against this insidious epidemic.

Now, with both the current program an the new UNAIDS program in mind, there are several matters and questions I would like to raise.

First, we are all aware of the important link between AIDS prevention and STD programs. This was recognized in an organizational sense a few years ago when WHO's STD program was brought into GPA. It is our hope that this linkage will be maintained when the UNAIDS program begins in January. Since it is unclear to us what plans are being made for the STD program functions currently housed in GPA, I would like the Secretariat to speak to this point.

Second, paragraph 31 of the Director-General's report refers to the work on vaginal microbicides carried out under an interagency working group. The development of effective microbicides would be a very significant contribution to AIDS prevention efforts among women and STD control as well. Our National Institutes of Health recently launched a major initiative in this area. We would appreciate any further information the Secretariat can provide on future plans for work on the development of microbicides. We would also welcome any additional information on the development of other female-controlled prevention technologies.

Third, paragraphs 40 to 42 of the document report on prevention research activities. This is an area of obviously high importance, where an organization like GPA or UNAIDS uniquely has the capacity to assist governments in conducting research relevant to their individual cultural context. We commend GPA for its activity in this important area and we hope that UNAIDS will accord prevention research an equally high priority.

We note also that GPA has implemented the program management course and is establishing train-the-trainer courses to facilitate implementation of the 12 modules associated with the course in 80 countries. Some evaluation of the impact of this training would be useful in the future.

We also commend the program for its continued efforts in national AIDS program reviews and medium-term planning. In particular, it is important to note the value of the consensus-building approach used to formulate a multisectoral approach in 70 countries.

We particularly appreciate the information provided on human rights activities in paragraph 48 of the report. As the number of persons living with AIDS increases, our efforts to assure fair, non-discriminatory treatment must increase as well. Protection of human rights for persons living with AIDS, especially our must vulnerable populations, should be a priority for all governments. We congratulate GPA for its role in this regard, and we call upon UNAIDS to accord human rights a very high priority in its new strategy.

We also note the contribution GPA is making to the preparations for the Fourth World Conference on Women to be held this September in Beijing. AIDS is a major and growing threat to women around the world and we encourage GPA to continue its support of this important meeting.

With respect to the financial position of the Program, we want to note the importance

of donors fulfilling their financial commitments to GPA and point out that the new UNAIDS program will be heavily dependent on carryover funds when it commences operations in January.

In closing, I want to express our strong support of the resolution endorsing the Paris AIDS Summit Declaration. As one of the participants in the Summit, my government is making every effort to implement the recommendations and give force to the principles embodied in the Paris Declaration.

In that light, I would like to highlight four areas that need special attention.

First, is the need for greater involvement of people living with HIV/AIDS and community-based organizations in the common response to the epidemic. In the U.S., we have spent much of the last two years creating a partnership with community organizations that directly involves people living with HIV/AIDS and the nongovernmental organizations that serve them. The results have been remarkable, breathing new life into a prevention effort that had gotten too far away from the people it served.

Second, is the need to mobilize organizations assisting children and youth. In the U.S., one-quarter of new HIV infections occurs among people under age 20 and one-half occurs under age 25. It is clear that many young people are not getting the messages we are sending.

Third, we have made a good start at the work that must be done to reduce the vulnerability of women but more clearly must be done.

Fourth, and finally, let me reiterate our strong support for enforcement of human rights. When it comes to HIV, sexism, racism, and homophobia are clearly codeterminants to infection.

Mr. Chairman, I look forward to working with the leadership and staff of the new UNAIDS program to ensure that our common goals are met.

Thank you.

Remarks of Patricia S. Fleming

National AIDS Policy Director

The White House

Mr. Chairman:

In looking back over the eight years since the Global Program on AIDS was established, one is struck by the amount of progress that has been made -- progress in defining the nature of the epidemic, in developing a global strategy for combatting it, in establishing WHO's critical role as a global coordinating body, and, most importantly perhaps, in assisting member states develop national plans for AIDS prevention and control. We owe a debt of gratitude to the leadership and all the staff of GPA, past and present, for their remarkable achievements.

But the pandemic of HIV and AIDS is certainly not receding. It is, in fact, advancing on new nations, new populations, and new communities while continuing to wreak havoc on those parts of our planet that were affected first. In my own country, nearly one million people are infected with HIV, or one in every 250 people. In 1994 alone, 81,000 new cases of AIDS were reported and nearly 40,000 new deaths occurred. AIDS is disproportionately affecting women and racial minorities and young people. Around the world, nearly 20 million people are infected, including newly reported surges in the nations of Asia. Clearly, more needs to be done.

Now, we are beginning a new era in the struggle against AIDS. The UNAIDS program was created in recognition of the uniquely intersectoral nature of the epidemic, and the growing need for better coordination of our efforts at both the country and global levels. Dr. Piot and his staff are working hard to insure that the new program will be best positioned to meet that need. Our responsibility at this Assembly is to do everything we can to help Dr. Piot create a framework for success.

We all know that the effort to create this new program was not easy. There were differing points of view to be reconciled. Some of the voices participating in the debate wanted a different type of program than was ultimately approved.

What is important now, however, is that we did reach agreement. We have a new program in the process of being born, and we are all its parents -- each of the co-sponsoring agencies and all of the governments involved. What we must do now is take every possible step to insure its success.

First and foremost, we must give the new program our uniform and enthusiastic support. This means, for example, that each of the co-sponsors must keep faith with the basic understanding on which the program was founded. In addition to supporting UNAIDS, each co-sponsor is free -- in fact, is encouraged -- to maintain whatever direct support of AIDS projects it deems appropriate to its mission. However, the co-sponsors must view UNAIDS as the

forum in which they will jointly develop AIDS policy and strategy. They cannot separately duplicate these important functions in their own agencies.

Each co-sponsor must also fully implement the "mainstreaming" concept. They must provide the linkage between the global policy and planning function and their own project implementation efforts.

At the country level, which is where all our efforts are ultimately directed, each agency and each participating government must insure that the Resident Coordinator and Theme Group system works as intended. Agency representatives at the country level must be held responsible for making collaboration work.

Each of the co-sponsors brings its own strengths to the global fight against AIDS. One of the unique opportunities afforded by the new AIDS program is its potential for allowing each party to contribute according to its own comparative advantage. The leadership of the new program has a special responsibility for capitalizing on the comparative advantage of each of its co-sponsors. It must recognize the strengths which each agency brings to the table, and utilize those strengths to greatest advantage, whether it be at the global or country level. In this way the program will serve its important role as

catalyst, bringing about a greater collective result than could ever be achieved by individual efforts alone.

Now there are a few comments and questions I have for the secretariat with respect to the Director-General's report.

(Patsy. Since we don't have the WHO document for this agenda item, I am offering suggestions based on what we know about the various issues. Obviously the document will have to be read carefully in Geneva to see what points or questions it may raise for us. Some of the below questions may turn out to be moot or inappropriate, depending on what is in the document or on other information you may get in Geneva. Also, there is some duplication of questions or issues raised in the draft remarks for Agenda item 19.)

We all recognize the importance of the linking of our prevention efforts for AIDS and STDs. Since it is not clear what the Director-General has in mind for the STD activities now housed in GPA, *(True? Need to review document.)* We request the secretariat to elaborate on this important point.

We also would like more information on what WHO plans with respect to the critical "mainstreaming" function. What organizational structure will this entail? How many staff? How will AIDS-related functions which may remain in other WHO programs, such as vaccine research or blood safety, be

coordinated with UNAIDS activities? Is consideration being given to shifting any of these functions or staff to UNAIDS?

Will there be an identifiable line-item remaining in the WHO budget for an AIDS program? *(I haven't seen the proposed 96-97 budget. Is this question answered there?)*

With respect to WHO's current contribution to GPA from its regular budget *(about $1 million - correct?)*, will all of these resources remain in UNAIDS? Will WHO give consideration to providing additional regular budget funding to UNAIDS in accord, for example, what the decision to shift 5 percent of regular budget funds to higher priority programs?

Finally, we want to note the importance of focusing as many resources as possible at the country level. In reviewing the preliminary indicative budget figures for the 1996-97 biennium, I note that approximately 51 percent of the net budget is targeted for direct support to countries. Dr. Piot is to be commended for this emphasis, and we encourage, to the extent possible, increasing this figure in future budgets.

(May add other comments/questions)