

April 7, 2000

**REMARKS BY THE PRESIDENT AT WHITE HOUSE CEREMONY FOR
WORLD HEALTH DAY**

THE WHITE HOUSE

Office of the Press Secretary

Immediate Release

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For

REMARKS BY THE PRESIDENT
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The East Room

2:02 P.M. EDT

THE PRESIDENT: Thank you very much. Please be seated. Good afternoon, and welcome to the White House on this beautiful day. I want to thank all of you who have joined us, particularly the members of Congress who are here. Representatives Carolyn Maloney and Jim Greenwood will speak in a moment, but I also want to acknowledge the presence of Representatives Nita Lowey, Nancy Pelosi, Ellen Tauscher, Lois Capps, Connie Morella, Joe Crowley and Barbara Lee. Thank you for being here. (Applause.)

I thank Secretary Shalala for being here and for her strong advocacy. Thank you. (Applause.) And Secretary Albright and Dr. Ifenne, of Nigeria, will talk in a moment. We are joined today by the ambassadors from Albania, Colombia and Nigeria, we welcome them. (Applause.)

~~I want to thank the foundations and the nonprofits who are here, who have stepped up their own support for women's health and family planning; and all the individual citizens who have also come here to take part in this endeavor.~~

This week, Congress begins debate on a new budget. And we have a new chance to return America's support for family planning around the world to the level it ought to be; a new chance to lift the international family planning debate out of partisan politics and back to what it's really about -- human potential and human lives. I have proposed an increase of \$169 million in USAID's international family planning assistance, and \$25 million to support the U.N. population fund.

Members of the administration and I have made clear at every opportunity that we are ready to fight, and I know you are ready to help us win. (Applause.)

One person who is not here today, who wanted very much to be here, is Hillary -- but she's out struggling to make sure I gain a place in the

Senate Spouses' Club. (Laughter and applause.) But I would like to quote something she said last year at the Hague Forum: "We know that no nation can hope to succeed in the global economy of the 21st century when its women and children are trapped in endless cycles of poverty; when they have inadequate health care, poor access to family planning, limited education; or when they are constrained inside social or cultural customs that impoverish their spirits and limit their dreams."

Two weeks ago, I was in a little village in India, a country with nearly a billion people and a per capita income of about \$450 a year. I met the women who, with the smallest amount of encouragement, have started the Women's Dairy Cooperative and taken over the local milk business. I saw their community center's computer, that any village woman, poor or nearly illiterate, can use to get the latest information on caring for a newborn child.

Think about how life in that one village is changing for the better because women have access to education and health care. Hillary and I have seen, again and again around the world, in the smallest, poorest rural villages on every continent, how empowering women lifts the lives of individuals and transforms the future of communities.

Family planning is a vital part of that empowerment. It allows women and families to make their own choices and plan their own futures. If you believe God created women equal; if you believe every society needs women's contributions to succeed, then you must be in favor of returning decisions on family life to the hands of women and their families.

Around the world, the complications of pregnancy kill about 600,000 women every year. We all agree on fighting child and maternal mortality, just as we're working to eradicate polio and TB. But maternal mortality has been stuck at the same level for more than a decade now -- even though we know family planning can help women bear healthier children and save the lives of 150,000 women a year. If you're in favor of healthy mothers raising healthy babies, you ought to be in favor of family planning.

Around the world, 34 million people are now living with AIDS. And in the developing world, almost half of them are women. Last year, AIDS killed 1.1 million women, leaving broken communities, crippled economies and millions of orphaned children. If you care about stopping the spread of AIDS, you ought to care about empowering women to make safe choices for themselves and for their children.

Around the world, more than a billion young people are entering their reproductive years -- the largest generation in history; and the one behind it is 2 billion strong. More than 150 women worldwide would like to limit or space their children, but they have no access to contraception. The option these young people have and the choices they make will have vital consequences for every one of us, and will, in large measure, shape the world of the 21st century.

So if you're concerned about the health of our planet and about the health of everyone on it, you ought to support our family planning assistance around the world.

America has a profound interest in safe, voluntary family planning, a moral interest in saving human lives, a practical interest in building a world of healthy children and strong societies. And because we are a nation that believes in individual freedom and responsibility, we have every interest in supporting others around the world who seek the same rights and responsibilities we ourselves enjoy.

That is why we have consistently supported family planning since 1993.

We do not fund abortion; we fund family planning, and we know that reduces the demand for abortion. And I have asked Congress to return our support for international family planning to the level it reached in 1995 -- a level that serves our interests, keeps our promises, and leverages support from other donors around the world.

I urge Congress to give us that money, without restrictions that hamper the work of family planning organizations and bar them from discussing or debating reproductive health choices. Those congressionally sponsored restrictions impose a destructive double standard. When would we ever accept rules telling Americans at home not even to discuss women's health and women's choices? And how in the name of democracy and freedom can we impose those rules on others, which would be illegal here in the United States? That is not the American way.

We know Americans favor family planning at home, and voluntary family planning assistance abroad. We should not cloud what is at stake here. Does the United States want to save lives, promote mother's and child's health, and strengthen families and communities around the world? Together, we must make sure the answer is a resounding, unequivocal yes.

Now I would like to turn to someone who has been a leader for us in the administration and around the world in making this case for women's health and women's empowerment, herself a trailblazer and a role model, who has distinguished herself, I believe extraordinarily, as our Secretary of State, Madeleine Albright. (Applause.)

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THE PRESIDENT: Well, I want to thank all of the speakers. Secretary Albright, thank you. And I thank Representative Carolyn Maloney -- purist, though, she is. (Laughter.) We need a few. (Laughter.)

And I thank Representative Greenwood; so many other members who are here: Representative Pelosi -- who had to leave -- Representative Lowey, have been leaders in this fight. And I thank, particularly, the Republicans who have joined in this fight. Representative Connie Morella here -- I was just looking at Connie thinking, she's probably got more kids and grandkids than anybody else in this audience -- (laughter) -- and, therefore, probably has more standing on this issue than anyone else. And we thank her; and all the members of the House who are here, I thank them.

But, mostly, I want to thank you, Dr. Ifenne, for being here. I think you could see what a responsive chord you struck. But when you were speaking, and then when Congressman Greenwood got up to speak and he talked about visiting a village in Bolivia -- you know, the fundamental problem here, I believe, is that too many people are voting on this issue based on either pressures they receive or personal values they hold dear, genuinely. But they've never actually seen this.

If I hadn't been President, I don't suppose I ever would have gone to those small villages in Latin America and Africa and India and East Asia and met with all those village women who are, I think, the most impressive citizens in the entire world today, changing the whole future.

When Dr. Ifenne was talking, I remembered when I was in Senegal I visited with a group of village women who came to see me from their little village. They wanted to come to the capital to see me, because Hillary had gone out to see them and it was a village where genital mutilation was practiced. And these women organized the village and got rid of it. And so they got up, dressed in their beautiful native dress, and they came to see me -- and they even brought along a handful of men who supported them. (Laughter.)

President Clinton Unveils Millennium Initiative to Promote Delivery of Existing Vaccines in Developing Countries and Accelerate Development of New Vaccines

February 10, 2000

In his State of the Union address, President Clinton called for concerted international action to combat infectious diseases in developing countries. These diseases cause almost half of all deaths worldwide of people under age 45, killing over eight million children each year and orphaning millions more.

The President committed the United States to addressing this terrible problem in his September speech to the United Nations General Assembly. Now the President is asking for foundations, pharmaceutical companies, international agencies, and other governments to join us in this task, and he is announcing these specific elements of his Millennium Initiative:

- **A new financial commitment to purchase and deliver existing vaccines in poor countries.** As Vice President Gore told the U. N. Security Council, the Administration's FY 2001 budget will include a proposed \$50 million contribution to the vaccine purchase fund of the Global Alliance for Vaccines and Immunization (GAVI).
- **Increased investments in health in developing countries.** The President is calling on the World Bank and other multilateral development banks to dedicate an additional \$400 million to \$900 million annually of their low-interest-rate loans to expand immunization, prevent and treat infectious diseases, and build effective delivery systems for other basic health services. These investments are as central to economic progress as investments in education and physical infrastructure, and they 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. This proposed shift in existing resources does not require additional U.S. budget expenditures.

A significant increase in basic research on diseases that affect developing nations. The Administration's FY 2001 budget for the National Institutes of Health includes a sharp step-up in research critical to the development of vaccines for malaria, tuberculosis, and HIV/AIDS.

A new tax credit for sales of vaccines for malaria, tuberculosis, HIV/AIDS, and any infectious disease that causes over 1 million deaths annually worldwide, in order to accelerate the development of these vaccines. Because developing countries often cannot afford to buy vaccines, the market provides little incentive for pharmaceutical companies to develop vaccines for diseases that disproportionately affect those countries. This tax credit would provide such an incentive, because every dollar paid by a qualifying organization to buy a qualifying vaccine would be matched by a dollar of tax credits – representing up to \$1 billion of additional funding for future vaccine purchases. The President is calling on other governments to make similar purchase commitments, so that we can ensure a future market for these critically needed vaccines.

ADDITIONAL EXPLANATION

Infectious Diseases Pose a Mounting Social and Economic Burden on Developing Countries – And a Threat to Our Health As Well

- More than eight million children die each year of centuries-old diseases like malaria, tuberculosis, and respiratory and diarrheal diseases. Deaths from the modern scourge of AIDS are climbing rapidly. Altogether, as many children die of infectious diseases each year as the total number of combatants who perished in World War I.
- In an interconnected and highly mobile world, health crises in other countries are a threat to everyone. We have seen this with HIV/AIDS, with the resurfacing of tuberculosis, and with the outbreak last year of West Nile encephalitis in New York. According to the Global Health Council, during the past 50 years, at least five times as many Americans have died from communicable diseases that have come from the developing world than have died in military conflicts.

Vaccines Are One of the Most Cost-Effective Ways to Improve the Well-Being and Productivity of the Poorest Countries – And Medicines and Other Basic Health Services Are a Necessary Complement.

- It costs about \$17 to immunize a child, but millions of children die each year of diseases that could be prevented by existing vaccines. Indeed, children in developing nations are 10 times more likely to die of a vaccine-preventable disease than children in developed nations. And these tragedies occur in spite of the enormous efforts of UNICEF and others to vaccinate children, which save 3 million lives each year.
- Highly effective vaccines do not yet exist for malaria, TB and AIDS, which take over 5 million lives each year. But developed nations have the scientific and technological capacity to make new vaccines possible. For example, recent work on genetic sequencing, including the human genome, will open vast possibilities.
- Another health investment with very high returns is simple preventive and curative services. Providing this basic health care together with vaccines would save millions of lives each year.

A \$50 Million Contribution to GAVI to Buy Vaccines For Children – Which Will Save Lives Now and Create Confidence that a Market for New Vaccines Will Exist in the Future.

- GAVI, the Global Alliance for Vaccines and Immunization, was formed as a collaborative effort of UNICEF, the World Health Organization (WHO), the World Bank, private foundations, bilateral aid agencies (including the U.S. Agency for International Development), industry representatives, and developing countries. GAVI established the

"Global Fund for Children's Vaccines" with an initial grant of \$750 million over 5 years from the Bill and Melinda Gates Foundation.

- A U.S. contribution will help to purchase vaccines for Hepatitis B, Haemophilus Influenzae B (Hib), and Yellow Fever, along with related safe delivery equipment such as auto-destruct syringes. To ensure that GAVI's vaccine purchases complement, rather than replace, existing vaccination efforts, they will be conditional on a country achieving 50 percent coverage of the DTP (diphtheria-tetanus-pertussis) vaccine, which is included along with measles and polio in the existing EPI (Expanded Program for Immunization).
- A U.S. contribution will hopefully catalyze significant contributions from other countries and foundations. It will also add crucial credibility to the international community's commitment to provide a market for new vaccines when they are developed.

We Must Shift Existing International Resources Toward Building Health Infrastructure in Poor Countries That Can Deliver Vaccines and Medicines and Provide Essential Basic Health Services.

- The World Bank and other multilateral development banks (MDBs, such as the African Development Fund) lend money on highly favorable terms to the world's poorest countries. Today, roughly \$1 billion to \$1-1/2 billion of this so-called "concessional funding" is devoted to health care each year. The Administration proposes to increase that amount by \$400 million to \$900 million per year, with a focus on:
 - immunization;
 - prevention of diseases using basic measures such as information and condoms for AIDS, treated bed nets for malaria, and stronger systems for containing TB;
 - treatment of diseases, including common respiratory and diarrheal infections; and
 - more effective provision of basic health care.
- The Administration is exploring ways to use the HIPC debt reform to support this part of the Millennium Initiative. One possibility is to make an increase in vaccination rates one of the performance targets monitored in the HIPC progress reports. This could be accompanied by debtor countries' agreements to include specific improvements in vaccine delivery systems as priority uses of debt relief proceeds. We also expect that all Poverty Reduction Strategy Papers that are prepared for HIPC candidates will discuss the adequacy of budget resources and suggested policy reforms devoted to basic health care.
- This re-direction of resources supports the Administration's overall strategy for global development, which emphasizes poverty reduction and 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. To meet this objective, these funds should not come from spending on other basic social programs, such as education and health care.

- This aspect of the Millennium Initiative does not require a new budgetary commitment by the United States (or other donor countries). However, the U.S. ability to influence the direction of MDB lending and the use of HIPC proceeds depends crucially on meeting our existing commitments to these aid programs. We will work with other G-8 finance and development ministries to refine this proposal.
- A conservative estimate suggests that if basic health care including immunization were made broadly available, up to 2 million children's lives could be saved each year.

Higher Funding for Basic Scientific Research Through the National Institutes of Health (NIH) and Elsewhere Will Hasten the Development of Vaccines for Malaria, TB, and AIDS.

- The Administration's FY 2001 budget for NIH includes a significant increase in research critical to creating vaccines for these diseases. For malaria and TB, this increase will build on recent advances in the genetic sequencing of these diseases, which have set the stage for major breakthroughs in vaccine development.
- Funding for NIH malaria vaccine research will increase more than 10 percent over the FY 2000 level. Future research will range from pre-clinical studies aimed at improving our understanding of the malaria parasite, through the development of vaccine candidates, to clinical trials judging vaccine efficacy and safety. NIH will also expand its collaboration with scientists in malaria-endemic regions, especially in Africa, to strengthen those regions' capacity for conducting clinical trials of malaria vaccines in the future.
- NIH research on a tuberculosis vaccine will receive over 40 percent more funding than in FY 2000 and more than double the FY 1999 level. NIH will focus on studying the body's defense mechanisms against TB, and developing and studying vaccine candidates. Through its Tuberculosis Research Unit, NIH supports an international multi-disciplinary team to translate advances in basic research into new tools for fighting TB.
- NIH funding for AIDS vaccine research will increase substantially in FY 2001 and will have more than doubled since FY 1997. These additional resources will allow NIH to accelerate basic research on developing vaccine candidates and to significantly expand testing of potential vaccine candidates in both developing and developed countries. The new Vaccine Research Center on the NIH campus, which will be occupied this summer, will receive a sizeable increase in funding for the development and pre-clinical testing of HIV vaccine candidates.
- The Administration is providing strong support for the path-breaking research on infectious diseases being conducted by U.S. military scientists, including the opening (in October 1999) of the Walter Reed Army Institute of Research/Naval Medical Research Center. Working in close collaboration with scientists worldwide, military scientists have developed and tested successful vaccines against Japanese encephalitis and hepatitis A – and they are working to create vaccines and medicines to protect service people, travelers, and millions of others from malaria, HIV/AIDS, and other infectious diseases.

A New Tax Credit Would Effectively Provide Up to \$1 Billion for Future Vaccine Purchases, Speeding the Invention and Production of New Vaccines.

- Current tax law provides substantial incentives for pharmaceutical research and development, including the research and experimentation (R&E) tax credit, the orphan drug tax credit, and an enhanced deduction for charitable contributions of certain products. Nonetheless, pharmaceutical companies may be reluctant to invest in developing vaccines for diseases that primarily afflict people in poor countries, because little or no paying market exists in those countries.
- Under the proposal, the seller of a qualified vaccine could claim a tax credit equal to 100 percent of the amount paid by a qualifying organization that received a "credit allocation" by the U.S. Agency for International Development (AID). The tax credit would match the qualified organizations' expenditures dollar-for-dollar, thereby doubling their purchasing power. A qualifying vaccine would be a new vaccine that received FDA approval for use against malaria, tuberculosis, HIV/AIDS, or any infectious disease that causes over 1 million deaths annually worldwide.
- For 2002 through 2010, AID could designate up to \$1 billion of vaccine sales as eligible for the credit. This tax credit would be limited to new vaccines developed to fight these terrible diseases. The credit would provide a specific and credible commitment to purchase future vaccines at reasonable prices. Together with similar commitments from foundations and other governments, it would provide a critical and powerful incentive to accelerate vaccine research and development.

Selected excerpts from recent statements made by President Clinton and Secretary of State Albright:

STATEMENT BY THE PRESIDENT

After signing the Consolidated Appropriations Act for FY 2000, President Clinton stated:

“I am pleased that we were able to reach bipartisan agreement with the Congress on a level of funding for international affairs programs that supports our continued engagement on key global issues. Most notably, we were able to agree to meet our obligations to the United Nations, which will allow us to keep our vote in the General Assembly. We also obtained additional funding for international peacekeeping efforts seeking to redress the instability and suffering caused by conflicts in East Timor, Kosovo, and Africa....

Unfortunately, the bill also includes a provision on international family planning that I have strongly opposed throughout my Administration. This is a one-time provision that imposes additional restrictions on international family planning groups. However, I insisted that the Congress allow for a Presidential waiver provision, which I have exercised today.

I have instructed USAID to implement the new restrictions on family planning money in such a way as to minimize to the extent possible the impact on international family planning efforts and to respect the rights of citizens to speak freely on issues of importance in their countries, such as the rights of women to make their own reproductive decisions. As I have stated before, I do not believe it is appropriate to limit foreign NGOs' use of their own money, or their ability to participate in the democratic process in their own countries. Thus, I will oppose inclusion of this restriction in any future appropriations bill.

The bill takes a step in the right direction in terms of paying our dues and our debts to the United Nations and other international organizations. The bill includes most of the funds requested for U.N. arrears, as well as the United Nations Reform Act, which authorizes payment of these arrears contingent upon certain U.N. reforms. My Administration is committed to making sure that all of our debts are paid, and, while doing so, pressing for reforms that will make the U.N. more efficient and effective.”

-- Excerpt from the Statement by the President, issued by the Office of the Press Secretary, the White House, November 30, 1999.

STATEMENT BY SECRETARY OF STATE MADELEINE K. ALBRIGHT

In her remarks to the press on her European trip and international family planning, Secretary Albright stated:

"In the spirit of Thanksgiving, I wanted to come down here today and review very briefly some recent developments for which we may all give thanks and to make an announcement regarding an issue about which I feel very strongly – international family planning.

Last night I returned from Europe with President Clinton....

[T]hroughout our trip I had one eye focused on events overseas and the other on developments related to our international affairs budget here at home. I am pleased that the President will be able to sign an omnibus appropriations bill that restores many of the cuts that Congress had made earlier. The bill also allows us at long last to begin paying down our UN arrears. The timing here is critical because further delay would have cost us our vote in the UN General Assembly and dealt a body blow to American influence at a time that we are asking the United Nations to carry out vital missions in Kosovo, East Timor and Africa.

Unfortunately, a controlling minority of legislators insisted that these UN arrears payments and the President's international debt relief initiative be linked to restrictions on our support for international family planning. This was by far the most painful and difficult part of the negotiating process. For three years we fought as hard as we could to break this linkage and we made our case repeatedly to Congress and to the public that it is unwise, illogical and wrong to hold our obligations to the United Nations hostage to an extremist agenda on international family planning. There is absolutely no substantive rationale for such linkage. In the end, the Administration faced a no-win choice between protecting our national security interests at the UN and maintaining full support for programs that helped save women's lives. Under the circumstances, we achieved the best settlement possible. We did all we could to minimize the negative impacts of the language that was approved.

But make no mistake, the Administration remains deeply dissatisfied with the need to accept any linkage, even for a single year. And our commitment to free speech and international family planning is as strong as ever. The United States remains the world's largest official donor to these programs which provide alternatives to abortion, promote safe pregnancy and delivery practices, and help integrate reproductive health with other needs such as child nutrition and the prevention of HIV/AIDS.

These programs prevent abortions and save lives. The United States is proud to lead in supporting them and I am pleased to announce today that in next year's budget, President Clinton will request an appropriation of \$541.6 million, a return to the 1995 levels in our contributions to them. I give notice now that I will fight hard for that request and to see that the restrictions in this year's appropriations bill expire as scheduled next September.

Thank you very much and I would now be very glad to answer questions.

Q Madame Secretary, I was going to ask about trade and I will. But I sort of wonder how you can have international family planning without women knowing all the options that might be open to them under all circumstances.....

SECRETARY ALBRIGHT: Yes. Well, let me just say that ... the President plans to exercise his authority to waive the restrictions in this law and, in doing so, \$12.5 million will be taken away from critically important family planning programs. And although that money will be spent for child survival, the cut will have, we believe a negative impact on our family planning activities worldwide. But the Administration, as I said, is planning to recommit ourselves to the 1995 budget levels and we will continue to press our case wherever we can and to try to make sure that this language is not there in the following year. So we are not giving up at all on that."

-- Excerpt from On-the-Record Briefing by Secretary of State Madeleine K. Albright, issued by the Office of the Spokesman, U.S. Department of State, November 24, 1999.

THE WHITE HOUSE

Office of the Vice President

**For Immediate Release
Monday, July 19, 1999****Contact:
(202) 456-7035****VICE PRESIDENT GORE ANNOUNCES ADMINISTRATION WILL SEEK \$100 MILLION INITIATIVE - A RECORD INCREASE -- IN FUNDS TO FIGHT AIDS AROUND THE WORLD**

Washington, DC -- Vice President Al Gore today joined Archbishop Tutu, Director of the Office of National AIDS Policy Sandra Thurman, Members of Congress, and leaders of the African-American, religious, children's, and AIDS communities to announce that the Administration will seek the largest-ever budget increase in the global battle against AIDS -- a new investment of \$100 million. The Vice President also unveiled a new report from the Office of National AIDS Policy that assesses the AIDS crisis in Africa and recommends this investment. In addition, the Vice President announced new efforts to encourage other public and private entities across the world to address AIDS across the world.

"AIDS in Africa is the worst infectious disease catastrophe in the history of modern medicine," Vice President Gore said. "More than twenty million people are now infected and nearly 500 more become infected each hour. We hope this initiative will not only provide much-needed relief but will inspire decisive action by other countries and institutions -- and bring hope to the millions of children and families trapped in this horror." Today, the Vice President:

RELEASED A NEW REPORT ON THE PRESIDENTIAL MISSION ON CHILDREN ORPHANED BY AIDS IN SUB-SAHARAN AFRICA. Last December, President Clinton directed the Director of the Office of National AIDS Policy to go on a fact-finding mission to assess the problem of HIV/AIDS in Africa. Today, the Vice President is releasing the report that includes new findings and a plan of action resulting from this mission. The report finds that:

- **AIDS in sub-Saharan Africa is one of the largest health crises in the history of the world.** In the past decade, twelve million people in sub-Saharan Africa have died of AIDS -- one quarter of them children -- and each day AIDS buries another 5,500 women and children. Over the next decade, AIDS will kill more people in sub-Saharan Africa than the total number of casualties in all of the wars of the 20th century combined. By 2005, the daily death toll will reach 13,000 people per day.
- **Millions of children will be orphaned by this epidemic.** In some areas up to one-quarter of all children already live with an HIV-positive parent. In the next decade, more than forty million children in sub-Saharan Africa will lose a parent to HIV/AIDS.
- **This epidemic has a devastating impact on many aspects of life in sub-Saharan Africa.** AIDS is

undermining much of the progress in development that has been made in Africa. AIDS is reducing life expectancy by more than 20 years in some countries. Many children are dropping out of school to care for dying parents undermining improvements in education, and AIDS will continue to have a major negative impact on the economy, hitting a range of professionals, from teachers to military to business leaders and therefore undermine its current trade with other nations throughout the world.

UNVEILED NEW \$100 MILLION INITIATIVE TO COMBAT HIV/AIDS ACROSS THE GLOBE. The Vice President also unveiled a new initiative to double the existing efforts to prevent and treat AIDS. This initiative will be targeted to Africa in addition to other parts of the world where this epidemic is growing. It will help move forward on four critically important and interconnected fronts including:

- **Containing the AIDS Pandemic.** A new \$48 million initiative will be used to implement a variety of prevention and stigma reduction strategies including: HIV education; engagement of political, religious and other leaders; voluntary counseling and testing; blood supply screening, and, interventions to reduce mother-to-child transmission (MTCT). In addition, the Department of Defense (DoD) will begin new efforts to work with African militaries to provide educational material and training on AIDS prevention.
- **Providing Home and Community-Based Care.** This \$23 million investment will be used to deliver counseling, support palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections, and tuberculosis (TB) through community-based clinics and home-based care workers and enhance training and technical assistance efforts.
- **Caring for Children Orphaned by AIDS.** This new \$10 million initiative will be used to assist families, extended families, and communities in caring for their children through nutrition, education, health and counseling support, in coordination with micro-finance programs.
- **Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development.** This \$19 million initiative will help strengthen host country ability to plan and implement effective interventions. It will also strengthen the capacity for effective partnerships between local government and community-based organizations. Strengthen local surveillance systems to track the spread of HIV infection, AIDS, and the effects of interventions to enable the best targeting of HIV/AIDS prevention programs.

This United States Government investment would be provided through AID (\$55 million), HHS (\$35 million) and DOD (\$10 million) and will be fully offset.

ENGAGING OTHER PARTNERS TO ADDRESS THIS CRISIS. Addressing the crisis of AIDS worldwide will require a broad-based commitment from public and private partners across the globe. The Vice President also unveiled a series of new initiatives to enhance efforts to address this problem including:

- **Multi-lateral Partners Meeting to Enhance Coordination Around the World.** On September 7,

1999, First Lady Hillary Rodham Clinton will convene a meeting of donors, The World Bank, UNAIDS, international foundations, CEOs and others to discuss how we can best enhance and coordinate our AIDS efforts in Africa and around the world.

- **A United Nations Conference on Children Orphaned by AIDS.** The United Nations, in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference on World AIDS Day to focus attention on the growing number of children orphaned by AIDS worldwide, with a special emphasis on sub-Saharan Africa.
- **New Partnerships with Private Sector Leaders to Address This Crisis, Such As the Religious, Business and Labor Communities.**
 - Given the impact of AIDS on businesses active in Africa as well as the overall economic-impact on African countries, the White House will facilitate a meeting of business leaders to encourage commitment and involvement in AIDS programs, such as workplace education, outreach to communities, and increased funding support for AIDS efforts.
 - The White House will host a meeting of US and African labor leaders, co-chaired by the AFL-CIO, to build on successes in working with the Council of South African Trade Unions to address AIDS.
 - The White House will also facilitate a religious summit of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS. In Uganda and Senegal it is very clear that the involvement of religious communities and leaders had a dramatic impact on the ability of these two countries to reduce HIV prevalence or to maintain it at low levels over time.

Joining Forces for LIFE:
Leadership and Investment in Fighting an Epidemic
A Global AIDS Initiative

I. Increasing the US Government investment in the global battle against AIDS to begin to reflect the magnitude of this rapidly escalating pandemic.

Making a difference in Africa and in other highly impacted areas requires broader political commitment, enhanced community mobilization, and, most urgently, increased resources. In 1998, spending on AIDS in Africa totaled only \$165 million. Compared to the ever-escalating need and other health programs, this amount is woefully inadequate. For example, in 1998, over \$500 million was spent for basic childhood immunization programs in Africa. Based on our experience in those countries that are starting to demonstrate success, such as Uganda and Senegal, UNAIDS and donors now agree that a minimum of \$600 million is needed in sub-Saharan Africa per year for HIV prevention alone (\$2 per adult per year).

While we acknowledge the leadership role that the US plays globally and the urgent need to act, clearly an effort to combat AIDS must be driven by many actors including host countries, multi-lateral organizations, and bi-lateral donors, to be successful. In FY1999, the US Government spent \$74 million in USAID prevention and care in Africa and \$38 million in HHS research and surveillance/prevention. But more remains to be done in sub-Saharan Africa and in other seriously affected parts of the world.

The Administration proposes to commit an additional \$100 million in FY2000 to the global battle against AIDS. This initiative will enable us to move forward on four critically important and interconnected fronts including:

- **Containing the AIDS Pandemic (\$48 million)** Implement a variety of prevention and stigma reduction strategies, especially for women and youth, including: HIV education, engagement of political, religious, and other leaders; voluntary counseling and testing; interventions to reduce mother-to-child transmission (MTCT); and enhance training and technical assistance efforts, including Department of Defense efforts with African militaries.

- **Providing Home and Community-Based Care (\$23 million)** Deliver counseling, support, palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections (OIs), and tuberculosis (TB) through community-based clinics and home-based care workers. Enhance training and technical assistance efforts.
- **Caring for Children Orphaned by AIDS (\$10 million)** Assist families, extended families, and communities in caring for their children through nutritional assistance, education, training, health, and counseling support, in coordination with micro-finance programs.
- **Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development (\$19 million)** Strengthen host country ability to plan and implement effective interventions. Strengthen the capacity for effective partnerships and the ability of community based organizations to deliver essential services. Strengthen surveillance systems to track the epidemic and target HIV/AIDS programs.

This US Government assistance would be provided through AID (\$55 million), HHS (\$35 million), and DoD (\$10 million). The focus of this funding is HIV prevention, and AIDS care and treatment. In those areas, this initiative represents nearly a doubling of funding in Africa from current levels (\$81 million in FY99, which excludes research). The Administration recognizes the fight against AIDS must be sustained to keep pace with this burgeoning epidemic, and is committed to a multi-year effort in this critical area.

II. Building partnerships with other key stakeholders to maximize our impact on the rapidly expanding pandemic.

Increasing US investment in the global battle against AIDS is critical, but is not sufficient to achieve the outcomes needed. The commitment of in-country political leaders and of various segments of civil society are key to success. Moreover, resources provided by the US Government need to help leverage, and to be coordinated with, those of other donors, the private sector, and national governments to ensure synergy and to maximize impact. Building partnerships with key stakeholders in support of effective action at the community level is our greatest hope for progress.

This initiative will pursue a variety of strategic opportunities for challenging other partners to join in an enhanced effort, including:

- **Leadership Meeting** On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of key US officials, The World Bank, UNAIDS, as well as heads of foundations, corporate CEOs, and others to discuss how best to enhance AIDS prevention and treatment efforts in Africa and around the world. The meeting will focus not only on leveraging additional resources,

but also on establishing priorities, identifying effective public/private partnerships, and identifying targets for action to combat the crisis of HIV/AIDS.

- **African Leaders Summit** We propose hosting a high-level meeting with Africa government and community leaders within the next ten months. This meeting will highlight the critical role of leadership in arresting the epidemic and will work to encourage increased leadership efforts. Topics will include the economic impact of HIV/AIDS, examination of models of success in reducing the transmission of HIV, and addressing the need for increased investment in health programs. Additional topics will include AIDS care and treatment and support for children orphaned by AIDS.
- **UN Conference on Children Orphaned by AIDS** On December 1, 1999 (World AIDS Day), the United Nations in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference to focus attention on the growing number of children orphaned by AIDS worldwide. Special emphasis will be placed on assessing the needs of orphaned children in sub-Saharan Africa and the Americas. Participants will include noted experts on the priority issues identified by UNAIDS, UNICEF, and other UN agencies.
- **Business** The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts to rise to the AIDS challenge. Given the impact that AIDS is having on businesses as well as the overall economic-impact on African countries, such a meeting will seek enhanced business commitment and involvement in AIDS programs.

The Commerce Department will work with American Chambers of Commerce abroad and other business organizations to publicize the successful AIDS efforts of US firms in Africa and to support others taking similar action. In addition, the Department will direct work to promote closer coordination in Africa between Commercial Service Offices, other USG agencies, the business community, and African NGOs in a united effort to promote corporate partnership in AIDS programs.

- **Labor** The Secretary of Labor will facilitate a meeting of US and African labor leaders, and will be co-chaired by the AFL-CIO. The success of the AFL-CIO and its Solidarity Center in South Africa (supported by USAID) in working with the South African Trade Union Federations to include AIDS as a key labor outreach and policy issue provides a model for similar action elsewhere. Outcomes include assisting labor organizations in educating their members and securing commitments to develop workplace-based AIDS education and prevention programs, including outreach to youth.

- **Religious Leaders Summit** The US government will facilitate a meeting of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS. In Uganda and Senegal, the involvement of religious communities and leaders had a dramatic impact on the ability of these two countries to reduce HIV incidence and to maintain it at low levels over time. The outcome of such a meeting would be to increase attention to the need for involving religious communities, to mobilize these organizations and leaders in the fight against AIDS, and to identify ways to support their efforts.
- **Diplomatic Initiatives** The Department of State, NSC, and ONAP will work with US and African ambassadors to increase attention to AIDS within the diplomatic community. The NSC, the Department of State, and USAID will work with G-8 and other donors, and challenge them to match the increased investment put forward in this initiative.

"Joining Forces for LIFE: Leadership and Investment in Fighting an Epidemic" is an excerpt from *Report on the Presidential Mission on Children Orphaned by AIDS in sub-Saharan Africa: Findings and Plan of Action*. The White House, June 19, 1999.

The Global Vitamin A Effort: A Declaration for a Global Alliance

WHEREAS, worldwide more than 100 million young children are vitamin A deficient, increasing their risk of blindness, severe illness and death;

WHEREAS, the scientific basis of vitamin A in child survival is universally acknowledged, so that increasing vitamin A levels in deficient children can save the lives of more than one million children under the age of five each year;

WHEREAS, the combined forces of the public and private sector can greatly increase the chances of reaching the targeted goal to eliminate vitamin A deficiency as a public health problem;

WHEREAS, a unique partnership has been established, comprised of donor organizations, collaborating countries, international agencies, non-governmental organizations, academic institutions, civic organizations and most recently private sector food producers and pharmaceutical companies governments, to form a global Vitamin A Alliance; and

WHEREAS, the Global Alliance partners are committed to work together through a global strategy to expand vitamin A delivery through food fortification, supplementation, nutrition education and other dietary strategies in order to maximize child survival.

IT IS HERETOFORE DETERMINED that the undersigned partners are committed to combating vitamin A deficiency and improving child survival by:

- ~ Exploring partnership opportunities that mobilize resources and expertise to increase the intake of vitamin A and increase child survival in targeted populations;
- ~ Collaborating with partners to establish sustainable delivery systems which integrate vitamin A with maternal and child health programs in developing countries;
- ~ Collaborating with partners to identify areas of mutual interest in research and technology development;
- ~ Supporting the development of nutrition education campaigns and health messages to promote the consumption of vitamin A-rich foods; and,
- ~ Collaborating with partners to promote policies and programs, overcome barriers, and develop strategies to establish or expand the distribution of vitamin A capsules, fortified foods and vitamin A-rich foods that will contribute to the health, development, and economic prosperity of populations worldwide.

MARCH 16, 1999

J. Brian Atchell
J. Brian Atchell, US Agency for International Development

Alfred Sommer
Alfred Sommer, Johns Hopkins University

Lucia D'Amico Estrada
Lucia D'Amico Estrada, First Lady of the Philippines

Diane Marleau
Diane Marleau, Government of Canada

Carol Bellamy
Carol Bellamy, UNICEF

Walter S. Sellers
Walter Sellers, Kiwanis International

James E. Ewin
James Ewin, Lions International

Hendrik A. Verpaal
Hendrik A. Verpaal, Monsanto

Larry Ballard
Larry Ballard, Tate & Lyle

John R. Cady
John R. Cady, Procter & Gamble

John R. Cady
John Cady, National Food Processors Association



Hillary Rodham Clinton
Hillary Rodham Clinton, First Lady of the United States

Susan S. Peairs
Susan Peairs, Helen Keller International

Martha M. Cashman
Martha Cashman, Land O'Lakes

Arnold Longtin
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Toy P. Hill
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Thoms Koss, BASF

Bonnie Rapp
Bonnie Rapp, Corning

W.P. Hudson
W.P. Hudson, Cal Western

Nector Curi
Nector Curi, Roche Vitamins, Inc.

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

January 22, 1993

January 22, 1993

MEMORANDUM FOR THE ACTING ADMINISTRATOR OF THE AGENCY
FOR INTERNATIONAL DEVELOPMENT

SUBJECT: AID Family Planning Grants/Mexico City Policy

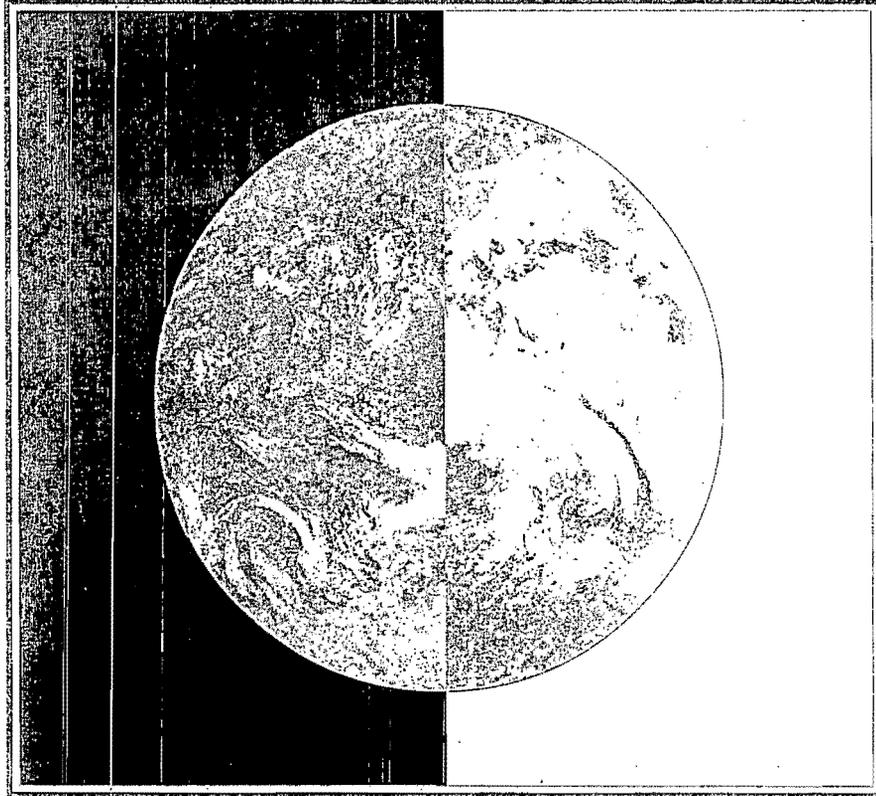
The Foreign Assistance Act of 1961 prohibits nongovernmental organizations ("NGO's") that receive Federal funds from using those funds "to pay for the performance of abortions as a method of family planning, or to motivate or coerce any person to practice abortions." (22 U.S.C. 2151b(f)(1)). The August 1984 announcement by President Reagan of what has become known as the "Mexico City Policy" directed the Agency for International Development ("AID") to expand this limitation and withhold AID funds from NGO's that engage in a wide range of activities, including providing advice, counseling, or information regarding abortion, or lobbying a foreign government to legalize or make abortion available. These conditions have been imposed even where an NGO uses non-AID funds for abortion-related activities.

These excessively broad anti-abortion conditions are unwarranted. I am informed that the conditions are not mandated by the Foreign Assistance Act or any other law. Moreover, they have undermined efforts to promote safe and efficacious family planning programs in foreign nations. Accordingly, I hereby direct that AID remove the conditions not explicitly mandated by the Foreign Assistance Act or any other law from all current AID grants to NGO's and exclude them from future grants.

WILLIAM J. CLINTON

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CLIMATE CHANGE



INITIATIVE
1998-2002

United States Agency for **USAID** International Development



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