

National HIV/AIDS Strategy Implementation Teleconference

Thursday, September 2, 2010

Acknowledgments

- Speakers
 - Greg Millett, Office of National AIDS Policy
 - Ron Valdiserri, Department of Health and Human Services
 - David Munar, AIDS Foundation of Chicago
 - Chris Collins, AmfAR
- Moderator
 - Rebecca Haag, AIDS Action
- Sponsors
- You!

One of many groups supporting the Coalition's efforts, Bristol-Myers Squibb has generously sponsored this teleconference, with no review or editorial discretion as to topics or content discussed.

The Coalition for a National AIDS Strategy

- Founded in September 2007
- Call to action to HIV/AIDS organizations and supportive individuals nationwide to rally around a coordinated, outcomes-based, and community-informed national strategy to combat the HIV/AIDS epidemic
- 500+ organizations and 2400+ individuals
- <http://nationalaidsstrategy.org>
 - Explore the site for resources and updates
 - Sign up for e-mail and RSS feeds
 - Follow us on Twitter

Agenda

1:00	Welcome	Rebecca Haag
1:02	Plan Highlights	Greg Millett
1:17	Federal Implementation Efforts	Ron Valdiserri
1:32	Community Reaction & Leveraging the Plan for Advocacy	David Munar
1:47	Implementation Advocacy and the Coalition Moving Forward	Chris Collins
2:02	Open Discussion	Rebecca Haag
2:27	Close	Rebecca Haag



National HIV/AIDS Strategy Highlights

September 2, 2010

Gregorio Millett

White House Office of National AIDS Policy

CDC Division of HIV/AIDS Prevention

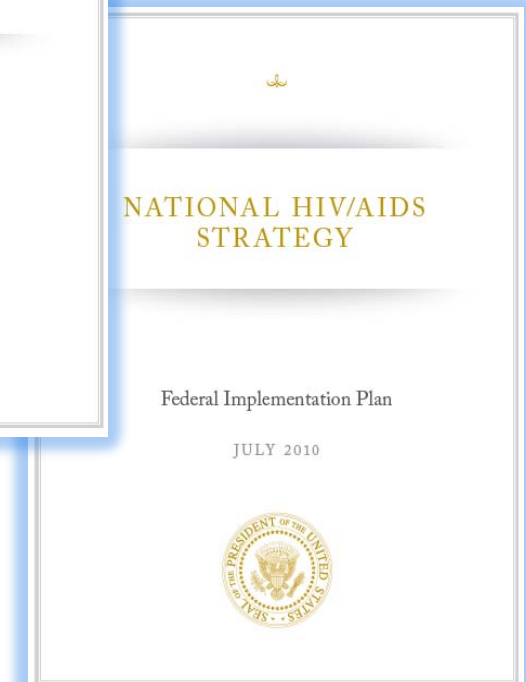
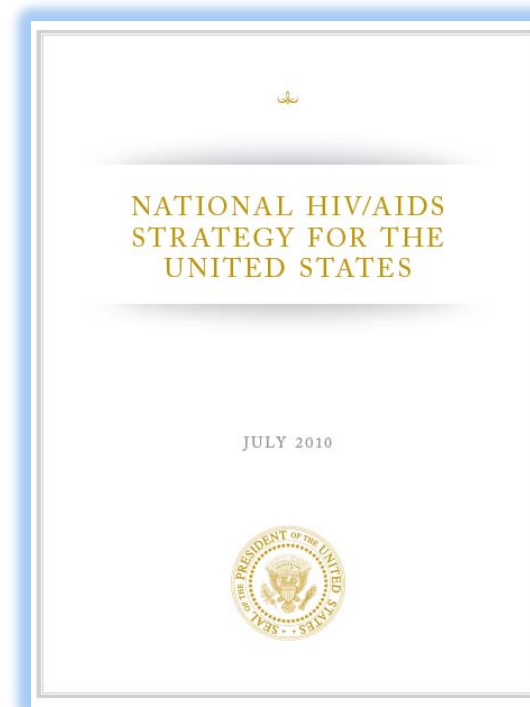
The National HIV/AIDS Strategy

Purpose:

Refocus attention on domestic epidemic

Goals:

1. Reduce HIV incidence
2. Increase access to care for people living with HIV and optimize health outcomes
3. Reduce HIV-related disparities



National HIV/AIDS Strategy Components*

Guiding Principles of an Effective National HIV/AIDS Strategy	Adopted by ONAP
Relies on scientific evidence	✓
Sets ambitious targets	✓
Establishes a timeline	✓
Requires annual reporting on progress toward reaching targets	✓
Specifies agency/agencies accountable for activities	✓
Identifies priority groups at elevated risk for HIV	✓
Promotes a coordinated effort across the government	✓

*From Framework for Developing an Effective National AIDS Strategy for the United States.



Vision for the National HIV/AIDS Strategy

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socioeconomic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”



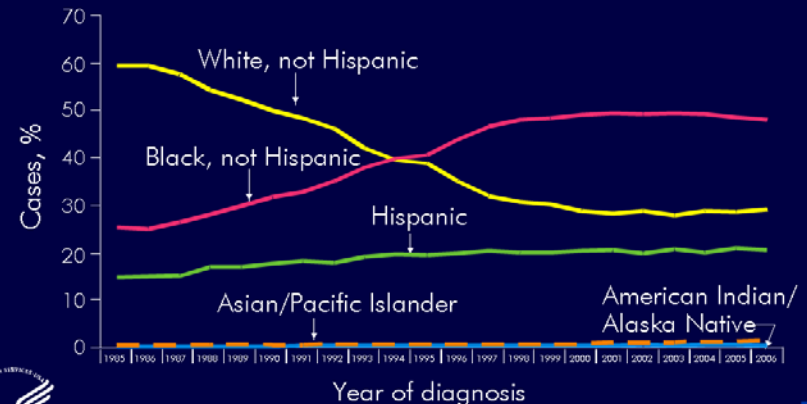
Reducing HIV Incidence

1. Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

Approximately 56,000 new HIV infections each year:

- Gay and bisexual men (53% of new infections)
- African Americans (46% of new infections)
- Latinos (17% of new infections)
- Injection drug users (16% of new infections)

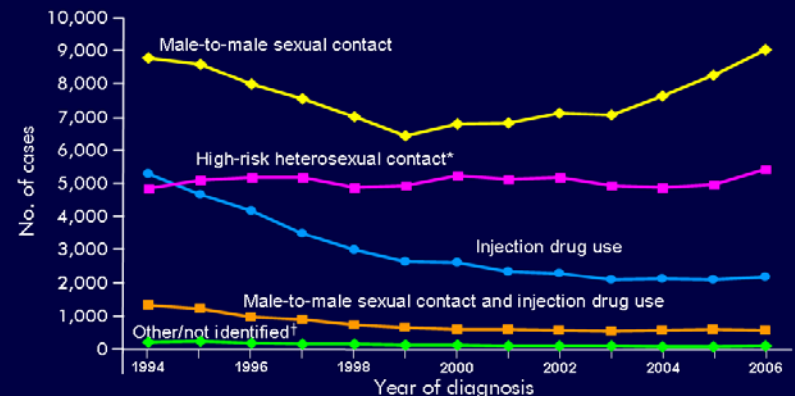
Proportions of AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Year of Diagnosis 1985–2006—United States and Dependent Areas



Note. Data have been adjusted for reporting delays.



Estimated Number of HIV/AIDS Cases among Adults and Adolescents, by Transmission Category, 1994–2006—25 States



Note. The data have been adjusted for reporting delay and cases without risk factor information were proportionally redistributed.

*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

†Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



Reducing HIV Incidence

2. Prevent HIV infection using a combination of effective, evidence-based approaches

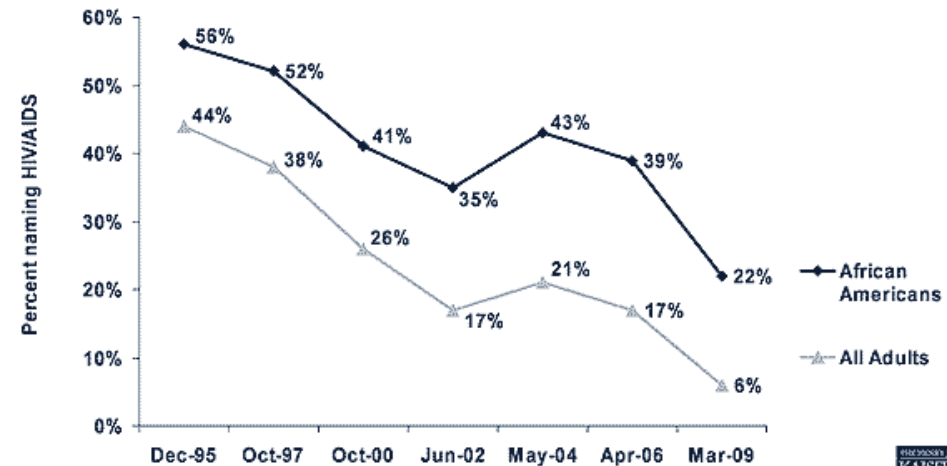
- Integrate most-effective, cost-efficient interventions empirically associated with reducing HIV infection
- Determine best mix of behavioral and biomedical interventions
 - Program: CDC RFA-PS10-10181
 - Research: NIH RFA-MH-11-090
- Prevention with positives
 - Reduce risk with seronegative or unknown partners; STI screening & treatment; drug treatment & social services; peer support; treatment access & adherence

- Support surveillance
- Integrate new technologies

3. Educate Americans about the threat of HIV and how to prevent it

Trend in Share Naming HIV/AIDS as Most Urgent Health Problem Facing the Nation

Percent naming HIV/AIDS as the most urgent health problem facing the nation in an open-ended question...



Source: Kaiser Family Foundation surveys.

- HIV education across the age span
- Educate youth in and out of schools
- Educate public about HIV transmission
- Address misperceptions



Increasing Access to Care

1. Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV
2. Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV
3. Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing

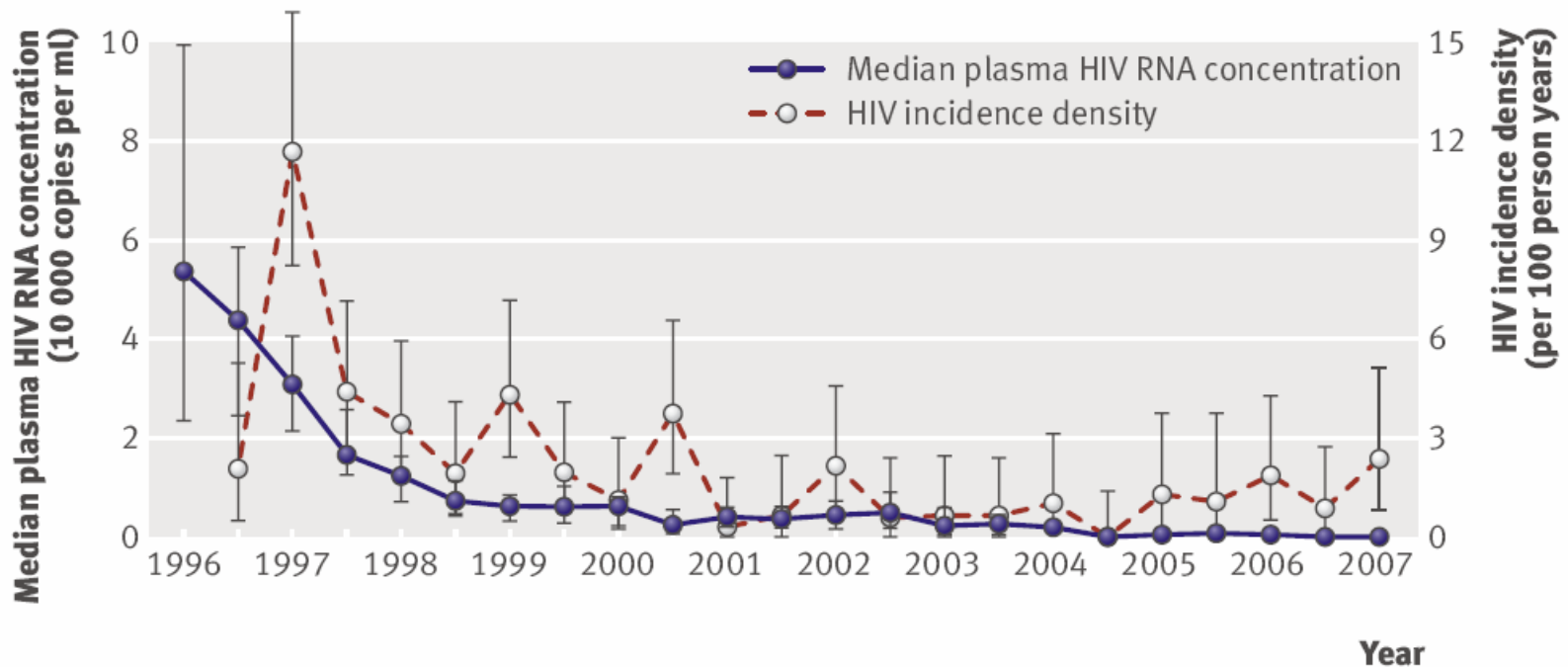


Reducing Disparities

1. Reduce HIV-related mortality in communities at high risk for HIV infection
2. Reduce stigma and discrimination against people living with HIV
3. Adopt community-level approaches to reduce HIV infection in high-risk communities



Community VL Follows HIV Incidence



Estimated community plasma HIV-1 RNA concentrations and HIV incidence density, with 95% confidence intervals, among two parallel cohorts of injecting drug users. HIV incidence first estimated in second half of 1996 as enrolment started in May 1996 and repeat HIV tests to assess incidence were available only after six months of follow-up

CVL Associations With Care & Race/Ethnicity

	N	(%)	Mean CVL*
San Francisco	11,598	(100)	22,562
<i>Engaged in care</i>			
Yes	7,370	(63.6)	15,258
No	4,228	(36.5)	35,295
<i>Receiving antiretroviral therapy</i>			
Yes	10,798	(93.1)	19,535
No	608	(5.2)	70,971
<i>Race</i>			
White	8,019	(64.8)	22,596
Latino	1,822	(15.0)	27,490
Black	1,825	(15.0)	30,192

*Das-Douglas, 2010.

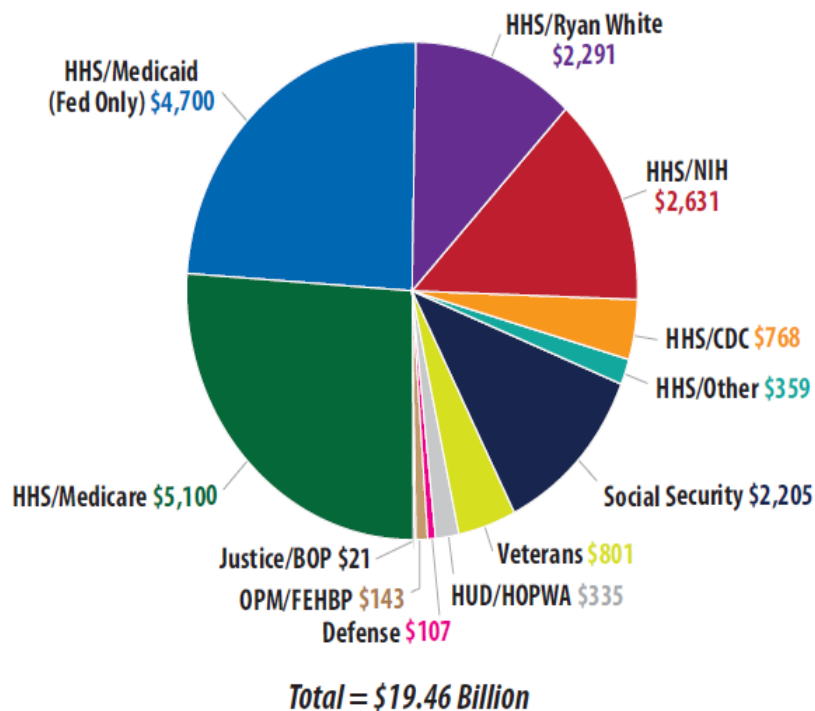
Integral Structural-level Topics Addressed in Strategy

- Funding following the epidemic (changing formulas) and effective programs
- Joint grant awards and state-level coordinated planning bodies
- Data collection policies that prohibit calculating community viral load
- State-level STD surveillance systems and gender of sex partners
- Housing for people living with HIV/AIDS
- Income supports (including job skills & employment) for people living with HIV
- State-level HIV criminalization laws
- HIV-related discrimination in housing and employment
- Comprehensive drug treatment
- Policies that prevent development of culturally appropriate prevention materials
- Social marketing of PEP and availability in ERs
- Social determinants of health data and analysis
- PPP and structural interventions (research, education in prevention)
- Healthcare reform



US Investment in Domestic HIV

Figure 5. Federal Funding for Domestic HIV/AIDS, FY 2010
(in millions \$)



Source: FY 2010 Appropriations. HHS other includes (in millions \$) SAMHSA (\$178), FDA (\$109), Office of the Secretary (\$64), Indian Health Service (\$5), and AHRQ (\$3).

Additional Funds for Strategy Implementation

FY10 (\$30M)

- Combination HIV prevention (\$11.6M)
- Increased testing and linkage to care (\$4.4M)
- Expanded HIV surveillance (\$5.5M)
- Consultation, evaluation, technical support, and annual MSM survey (\$6.5M)
- HIV, viral hepatitis, STD prevention, and sexual health promotion with tribal communities (\$1M)

FY11 (\$35M)

PACHA follow-up on HIV prevention and care resources

State plans



Moving Forward

- Read and reread the documents
- Discuss the strategy and implications for your area
- Focus on state and local implementation just as much as federal implementation
- Check the ONAP Web site



IMPLEMENTING THE NATIONAL HIV/AIDS STRATEGY: THE VIEW FROM HHS

Dr. Ronald O. Valdiserri, MD, MPH

Deputy Assistant Secretary for Health, Infectious Diseases

Office of Public Health and Science

U.S. Department of Health and Human Services

Achieving a More Coordinated National Response to HIV/AIDS

- Increase coordination across federal agencies between federal, state, territorial, local, and tribal governments
- Promote equitable resource allocation
- Streamline and standardize data collection
- Provide rigorous evaluation of current programs and redirect resources to the most effective programs

“Within 150 days of the date of this memorandum, the head of each lead agency shall submit a report to the ONAP and the OMB on the agency’s operational plans for implementing the Strategy.”

Presidential memo, July 13, 2010

Lead Agencies for Implementing the Strategy

- Department of Health and Human Services (HHS)
- Department of Justice
- Department of Labor
- Department of Housing and Urban Development
- Department of Veterans Affairs
- Social Security Administration

Role of HHS

- Improve coordination of domestic HIV/AIDS programs across federal government
- Improve intra-departmental coordination
- Convene interagency efforts to improve coordination
- Receive recommendations from the Presidential Advisory Council on HIV/AIDS (PACHA) concerning implementation

Community Reactions and Leveraging the Strategy for Advocacy

David Ernesto Munar
AIDS Foundation of Chicago

Dozens of Organizations Issued Responses on the Strategy's Release

- The Coalition for a National AIDS Strategy tracked 27 organizational statements or press releases (see: <http://nationalaidsstrategy.org/2010/organizations-respond-to-the-release-of-the-national-hiv-aids-strategy/>)
- Only 5 responses were tracked from organizations without an explicit HIV/AIDS mission



Response Trends (n=27)

- 81% (22) – Praise/applaud the Strategy
- 51% (14) – Raise concerns about funding
- 18% (5) – Raise concerns about ADAP
- 18% (5) – Raise concerns about housing
- 15% (4) – Express disappointment with the Strategy

Other issues and themes

Run the gamut of topics, including:

- Need for implementation efforts to involve **youth**
- Need to prioritize prevention of **vertical transmission**
- Need to address HIV in **prison**
- Need to expand **testing**
- Need to address **social determinants of health** (poverty, homophobia, etc)
- Praise for acknowledge of HIV/AIDS **stigma**
- Praise and/or concern with calls for **redirection of funds**
- Praise for treatment/linkage/care (**TLC+**) activities
- Praise and/or concern with access to **clinical care**
- Praise for acknowledge of need to refocus efforts on **gay men**
- Praise and/or concern with **prevention** targets and tactics

Leverage the Strategy for Advocacy

- As a critical analysis of the state of HIV/AIDS in the US—from a credible source—the Strategy can be cited in **grant proposals, advocacy materials, and fact sheets**
- Advocates should organize **local briefings** for PLWHA, organizations, public health, state and local officials, and congressional staff around the Strategy
- **Elected and appointed officials** especially need to know what the Strategy calls for and means for your jurisdiction
- Reach out to **media outlets** to leverage the Strategy for coverage about HIV/AIDS locally and nationally

Championing a companion Strategy for your state?

- Secure **gubernatorial** support
- Consider outreach to gubernatorial **candidates**
- Insist on efforts that involve **diverse stakeholders** statewide—including people living with HIV/AIDS—and all relevant **state and local agencies**
- Make targets and activities **consistent with the National HIV/AIDS Strategy** to contribute to the attainment of national goals and boost competitiveness for federal funding

Tips for talking about the Strategy

- Preparing for Release of the National HIV/AIDS Strategy
<http://nationalaidsstrategy.org/wp-content/uploads/2010/06/Preparing-for-Announcement-FINAL.pdf>
- Presentations and analysis posted at <http://www.nationalaidsstrategy.org>
- Send us your materials and we'll post them!
Send to info@nationalaidsstrategy.org

Implementation Advocacy and the Coalition Moving Forward

Chris Collins

Vice President and Director of Public Policy, amfAR

National HIV/AIDS Strategy Implementation Teleconference

Thursday, September 2, 2010