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11/24/1999 Prevention - ONAP [Office of National AIDS Policy] DC [3]

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Evaluating and Improving Current Strategies for Prevention of HIV Transmission (**Primary Prevention**)

- Behavioral change to reduce risk of transmission through sexual contact and injection drug use.
  - Examples:
    - Individual: Project Respect
    - Social network: Recent EPI-AIDS in Mississippi and NY
    - Community: Community Interventions Trial for Youth (CITY)
    - Health, legal and social systems: Survey of state laws/regulations

Evaluating and Improving Current Strategies for Prevention of HIV Transmission (**Primary Prevention**) *continued*

- Promotion of methods that prevent transmission (condoms, clean needles)
  - *Example*: Condom failure study
- Prompt treatment of STDs
  - *Example*: HIV/STD demo project
- C&T of pregnant women, treatment of HIV-infected pregnant women
  - *Example*: Perinatal Guidelines Evaluation Project

Evaluating and Improving Current Strategies for Prevention of HIV Transmission (**Primary Prevention**) *continued*

- Universal precautions for health care settings and improved technology to prevent occupational exposure
  - *Example*: Harold to discuss
- Screening of donors for the blood supply and tissues/organs.
  - *Example*: HIV variants research

Research Examining New Strategies for Prevention or New Approaches to Current Strategies

- Interventions targeted to HIV-infected person: biomedical and behavioral
  - *Example*: Options Project
    Seropositive Urban Men's Intervention Trial (SUMIT)
- Post exposure prophylaxis for non occupational exposure
  - *Example*: PEP registry
- Better regimens for prevention of perinatal transmission and delivery of interventions to women who present at delivery
  - *Example*: MIRIAD Project

Research Examining New Strategies for Prevention or New Approaches to Current Strategies *(continued)*

- Female-controlled methods
  - Example: Study of the acceptance of microbicides in women and men
- HIV Vaccines
  - Example: Collaboration with VAXGEN in Thailand and US vaccine trials
- Use of parental communication to promote safe sexual behavior among teens
  - Example: Impact of parental communications training program on parental communication and teen's sexual behavior

Research Examining New Strategies for Prevention or New Approaches to Current Strategies *(continued)*

- Use of detuned assay for targeting partner notification
  - *Example*: Notification of partners of recently infected persons using the detuned assay
- Use of rapid testing to improve knowledge of serostatus among those who seek testing
  - *Example*: Efficacy of client-centered counseling with rapid HIV test

Developing and Improving Interventions that Prevent Progression of Disease Among Persons who are HIV Infected (**Secondary Prevention**)

- Determination of the spectrum of disease and disease progression
  - *Example*: Adult and Pediatric Spectrum of Disease Projects, HERS, PACTS
- Prophylaxis of opportunistic infections
  - *Example*: Substudies within the above studies OI Initiative funds other studies carried out in NCID.

Developing and Improving Interventions that Prevent Progression of Disease Among Persons who are HIV Infected (**Secondary Prevention**) *continued*

- Effect of new therapies
  - *Example*: HOPS
- Promotion of interventions (acceptance, adherence, utilization)
  - *Example*: Assessments and interventions to improve access and adherence to ARV therapy in HIV-infected disadvantaged population

Research has Responded to Major Shifts in the Epidemic and to New Scientific Advances

- Increasing incidence among heterosexuals, women, and minorities
- Recent increases in unsafe behavior and STDs in MSM
- Tremendous therapeutic advances with combination therapy
- Dramatic decline in AIDS incidence and deaths primarily as a result of new therapies
- Surveillance based on AIDS cases, therefore, no longer as reliable and other systems become critical
- Highly effective interventions for preventing perinatal transmission

The Priorities

Mission 1

- Determine what information is needed and how to collect it

Priorities

- **Develop systems that target recently infected persons,**
- Develop better systems to measure incidence,
- Improve behavioral surveillance,
- Evaluate existing surveillance systems

The Priorities

Mission 2

- Conduct research that serves as the basis for developing interventions to limit transmission

Priorities

- **Risk behavior in minority communities,**
- Biologic factors of transmissibility of HIV + people,
- Risk behavior of HIV +,
- Recurrent risk behavior,
- Social networks,
- Defining parameters of persons who transmit at high rates,
- Risk behavior of youth

The Priorities

Mission 3

- Develop and test interventions

Priorities

- **Interventions for HIV + persons,**
- Interventions to increase test seeking, disclosure, partner notification,
- Interventions for youth,
- Interventions for substance abusers,
- Female controlled methods,
- Perinatal Interventions

The Priorities

Mission 4

- Promote the use of effective interventions

Priorities

- **Use current & develop other systems to monitor outcomes of interest,**
- Determinants of U/K/A/A,
- Objective review of behavioral intervention research studies and meta-analysis of impact,
- Test different methods for technology transfer of research demonstrated to be effective

The Priorities

Mission 5

- Make operational programs as effective as possible

Priorities

- **Study the capacity of CBOs to implement interventions**
- Evaluate the performance of TA activities
- Evaluate HIV Community Planning
- Evaluate perinatal guidelines
- Link surveillance to program as evaluation tool

One Possible Taxonomy of Selected Primary HIV Prevention Efforts

Prevention services for HIV-negative persons at risk of infection

Prevention services for persons living with HIV

Dynamic, evolving efforts to improve general population's (including children and adolescents) knowledge and attitudes about HIV and HIV prevention programs

Policy and other structural interventions to allow the above to occur and to ensure social justice

CDC

Research synthesis is critical in determining which effective interventions should be promoted.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Technology Transfer Highlights
HIV/AIDS Prevention Research Synthesis (PRS) Project

- Purpose: To develop, maintain, and analyze a database of behavioral, social, and policy-related HIV risk-reduction interventions
- Policy makers, researchers, health departments, community planning groups, and community-based organizations can use PRS data and findings to shape prevention services
- PRS database includes research studies that
  - were reported from 1988 to present
  - meet pre-established methodological criteria
  - have behavioral or health outcomes for all age groups and settings, including international
- Helps researchers and providers to systematically determine
  - intervention, population, and setting factors associated with effective interventions
  - specific programs and methods associated with effective interventions
  - gaps in the published and non-published research
  - ways that study designs and methods contribute to what can be learned

Technology Transfer Highlights
Replicating Effective Programs (REP) Project

- Cooperative agreement with 4 research institutions to
  - replicate an effective behavior-change intervention
  - make the intervention available to other HIV prevention programs
  - learn the process these programs go through in starting up new intervention
  - help the programs find ways to keep the intervention running after project ends

- Four projects include:

  Mpowerment: A community-level HIV prevention intervention for young gay and bisexual men designed to reduce the frequency of unprotected anal intercourse

  Popular Opinion Leader (POL): Trains popular opinion leaders in the gay community to endorse behavioral change and to model effective health promotion messages

  RAPP II: A community-level HIV prevention intervention for inner-city women designed to increase condom use with both main and other partners

  The VOICES/VOCES Program: A brief bilingual HIV/STD prevention program for African American and Latino men and women at high risk for HIV/STD infection and transmission

Primary prevention of HIV infection "happens" when a service provider delivers effective behavioral and/or biomedical interventions to a client or community at risk of infection.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Overview

- Interventions
  - Longstanding
  - Recent Trajectory
- Clients/Communities
  - Longstanding
  - Recent Trajectory
- Service Providers
  - Longstanding
  - Recent Trajectory
- Major Example Illustrating Programmatic Changes in All of These Areas

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Interventions

- Longstanding
  - HIV counseling, testing, referral and partner notification (including referral to HIV, STD and drug treatment)
  - "Health education and risk reduction"
  - Public Information
  - Outreach
  - Hotlines

CDC

Interventions

- Recent Trajectory
  - Small group interventions
  - Community-level interventions
  - Social/Prevention marketing
  - Perinatal transmission prevention
  - Prevention case management
  - Structural interventions
  - [Ban on use of federal funds for syringe exchange programs]
  - [Non-occupational PEP not funded by prevention dollars]

Note: At least 5 million persons at behavioral risk of HIV infection

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Clients and Communities

- Longstanding
  - Gay men
  - General Population
  - Injection Drug Users
  - Heterosexual persons at risk

CDC

Clients and Communities

- Recent Trajectory
  - Communities of Color (esp., African-American and Latino)
  - Gay men of color
  - Persons living with HIV
  - Youth (esp., gay youth)
  - Women (esp., pregnant women)
  - Communities with high STD prevalence
  - Incarcerated persons

CDC

Service Providers

- Longstanding
  - Health Departments (and community planning partners)
  - Community-based organizations
  - Business and labor organizations
  - Schools
  - STD clinics and drug treatment settings

CDC

Service Providers

- Recent Trajectory
  - CBOs by and for communities of color (including gay men of color)
  - Faith-based organizations
  - Coalitions of organizations
  - Correctional facilities
  - Health care facilities (including managed care organizations)

CDC

Illustrative Example of Change: Cooperative Agreements with State Health Departments

- HIV Prevention Community Planning
  - Program announcement changes to include more recently tested intervention types (with the exception of banned interventions)
  - Use of base and supplemental funds to address needs in communities of color and other disproportionately impacted communities
  - Encouraging partnerships with grassroots organizations and intrastate coalitions
  - Use of funds for building capacity of grassroots organizations to deliver effective, targeted, culturally competent interventions
  - Use of supplemental funds for (a) demonstration projects focusing on HIV seropositive persons; (b) corrections activities; and (c) perinatal prevention work

CDC

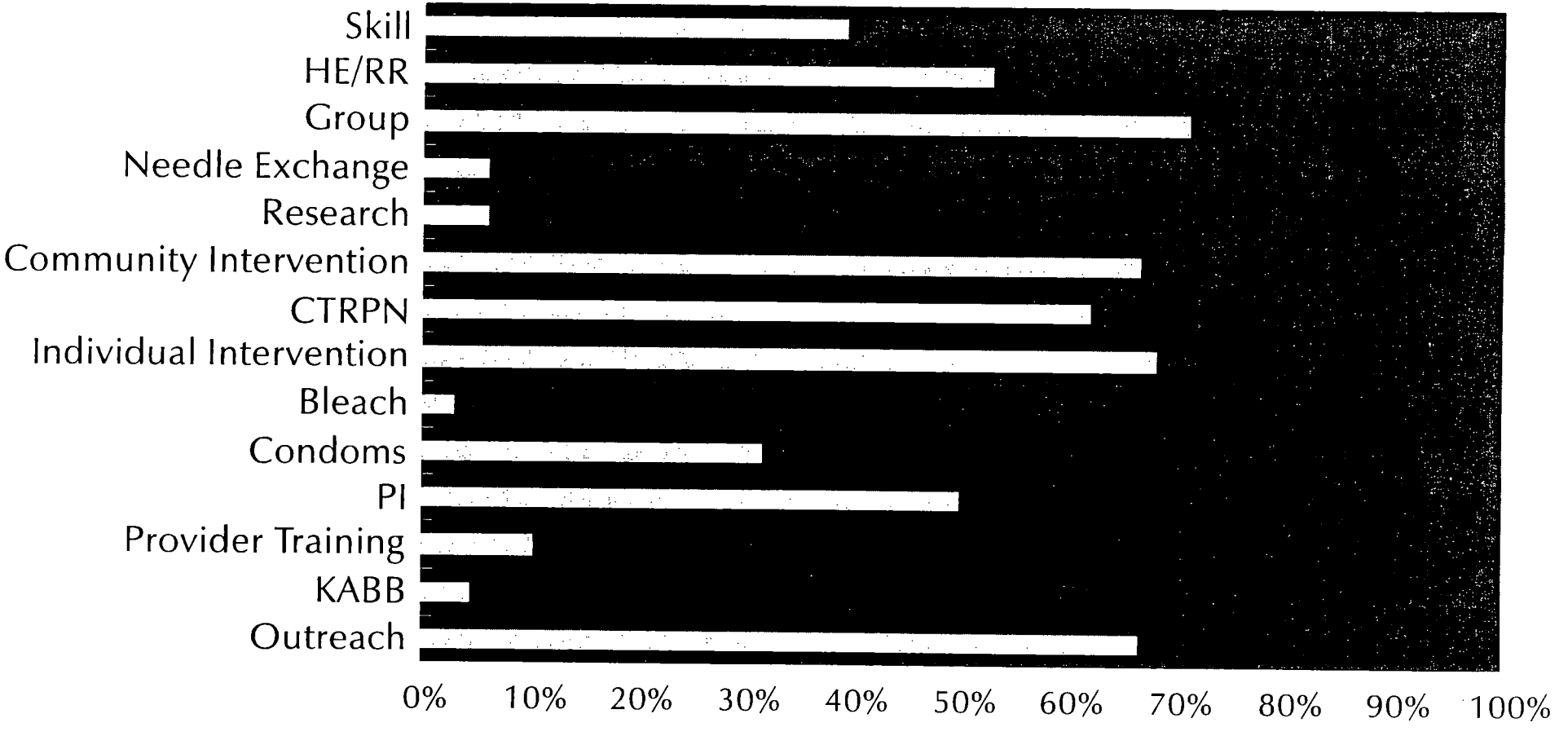
Philosophy on Primary Prevention Service Delivery Program Announcements (in these three areas)

- All service delivery program announcements should emphasize recent knowledge about effective interventions
- All service delivery program announcements should reflect the changing characteristics of the epidemic
- All service delivery program announcements attempt to place the funded services into the context of a local, comprehensive HIV prevention effort of coordinated service providers

CDC

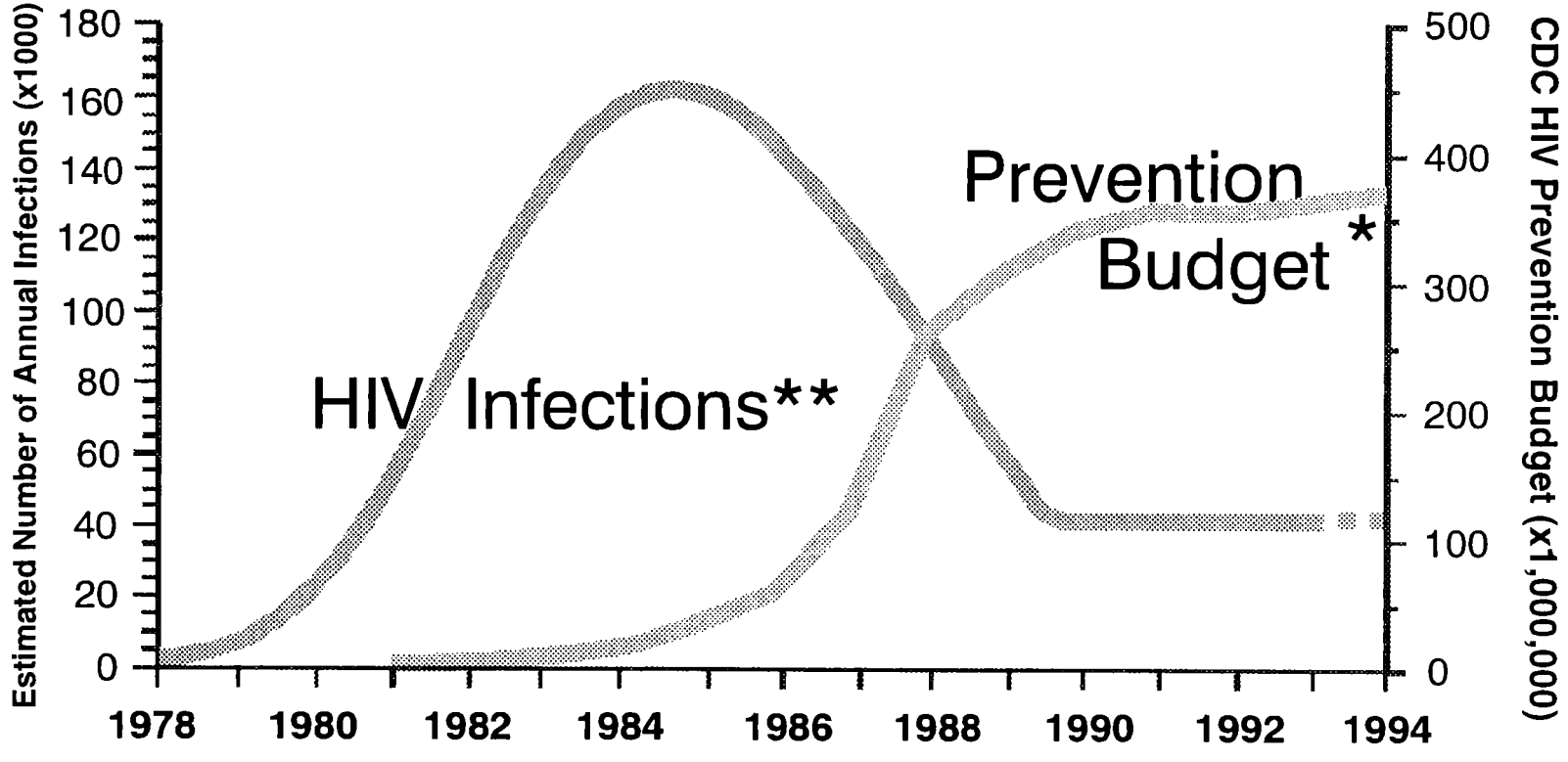
Interventions: MSM

N = 66



Holtgrave, D. 99-149 RAN PrevSum1a.cdr

National Investment in HIV Prevention and Number of New Infections Annually



* adjusted for inflation

** Brookmeyer back calculation

CDC

T - 11/29/99
M+G

WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: Nov. 29, 1999
Time: 9:00 **To:** 1:00

This form must be submitted within 24 hours after making your reservation.

Name of Individual Hosting Event: Sandy Thurman | **Office/Agency:** ONAP

Staff Contact: Cheryl Bawell | **Extension No.:** 6-2959 | **Pager No.:** | **Room No.:** 736 JP

Type of Event:

☒ *Meeting* ☐ *Reception* ☐ *Other* _____

Name/Description of Event:

Number of Outside Guests: _____

Total Number of Attendees: _____

In Attendance:

☐ *President* ☐ *First Lady* ☐ *Vice President* ☐ *Mrs. Gore*

White House Conference Rooms Requested:

☐ TRUMAN ROOM ☐ WILSON ROOM ☒ EISENHOWER ROOM ☐ JACKSON ROOM ☐ LINCOLN ROOM

General Services:

Time Reserved: _____ *Floors Reserved:* _____ ☐ *Podium* ☐ *Flags*

Special Room Arrangements:

☐ *Conference Style* ☐ *Theatre Style* ☐ *Other* _____

Number of Chairs: _____ *Number of Table(s):* _____

Additional Requirements or Requests: overhead projector, slide projector, screen. Thank you!

Form must be returned to FAX # 456-6791 or to 726 Jackson Place within 24 hours after making your reservation.

Please feel free to duplicate this form for future use.

T- 11/29/99
Mtg

REQUEST FOR PARKING

OFFICIAL APPOINTMENT on West Executive Avenue

THIS FORM MUST BE RECEIVED AT LEAST 2 HOURS IN ADVANCE
or by 5:00 p.m. Friday for weekend parking.

OEOB 145, FAX 6-1655

	ARRIVAL	DEPARTURE
Date Parking Needed: 11/29/99	**Time:** 9:00am	11:00 am

Name of Driver: Joshua Etta

Names of Passengers: Dr. David Satcher, M.D., Ph.D.
Assistant Secretary for Health and Surgeon General

Reason Parking Needed: Attending meeting at White House for Office of National AIDS Policy @ the White House Conference Center.

Make of Car: Chrysler LHS 1999

State and License #: DC Tag# US13324

Requestor's Name/Contact Person: Cheryl Bauerle

Requestor's Office: ONAP/OPD

Phone Extension: 6-2959

* **All information must be provided.**
* **It is the requesting office's responsibility to contact WAVES to clear in the driver and all passengers in the car.**
* **Management and Administration reserves the right to deny any request for appointment parking.**

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	0450	
CONNECTION TEL		61655
CONNECTION ID		
ST. TIME	11/24 15:29	
USAGE T	00'27	
PGS.	1	
RESULT	OK	

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*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	0434
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CONNECTION ID	OASH
ST. TIME	11/18 12:22
USAGE T	01'35
PGS.	4
RESULT	OK

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Gloria

FROM: Cheryl Bauelle

COMPANY:

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☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Paul Gaist asked me to fax the attached to you.

Please call me with questions

Cheryl 456-2959

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

THE WHITE HOUSE

WASHINGTON

September 28, 1999

David Satcher, M.D., Ph.D.
Assistant Secretary for Health and Surgeon General
U.S. Department of Health and Human Services
200 Independence Avenue, Room 716 G
Washington, DC 20201

Dear Dr. ~~Satcher~~ David:

I am writing to request your participation in a White House briefing on HIV prevention and prevention science research on November 29, 1999 from 9 a.m. to 12:30 p.m.. The purpose of this briefing is to update and discuss the current state of behavioral, social science, and other non-vaccine approaches to HIV prevention. Formal presentations by invited speakers will be followed by a discussion among the Federal participants. The discussion will include a focus on opportunities for Federal communication and collaborations in this important area.

The briefing will be held at the Office of National AIDS Policy, 736 Jackson Place, NW, Washington, D.C. A briefing description and draft agenda are provided for your reference.

Please call Ms. Cheryl Bauerle at 202-456-2959 to confirm your attendance. If you have questions about the briefing, please call Dr. Paul Gaist at 202-456-2437 ext.6 or e-mail him at Paul_A._Gaist@opd.eop.gov.

I look forward to seeing you on November 29.

Sincerely,

Sandy

Sandra L. Thurman
Director
Office of National AIDS Policy

Enclosures

From Research to Practice: A Discussion of U.S. Government-Based Behavioral, Social Science, and Other Non-vaccine Approaches to HIV Prevention

Objectives:

- Review and update the status of HIV prevention issues in the U.S. and abroad;
- Review and update Federal agency planning and agenda-setting efforts relative to HIV prevention research, research translation and dissemination, and program implementation at the NIH, CDC and USAID; and,
- Discuss potential new opportunities for Federal level communication and collaborations

Date and time: Monday, November 29, 1999
9:00 a.m. – 12:30 p.m.

Location: Office of National AIDS Policy
736 Jackson Place, Washington, D.C.

Principals:

ONAP:	Ms. Sandra Thurman
DHHS/OSG:	Dr. David Satcher
OHAP:	Dr. Eric Goosby
CDC:	Dr. Jeffrey Koplan
NIH:	Dr. Neal Nathanson
USAID:	Mr. Duff Gillespie

Overview

In the past 15 years, much has been learned and accomplished in the area of HIV/AIDS prevention. Theory-driven behavioral and biomedical interventions have been developed for and employed in a diverse array of HIV-risk settings. Research and prevention programs have demonstrated that preventive interventions work even among "hard to reach", socially disenfranchised, and economically disadvantaged populations. At the same time, emerging new factors and trends continue to impact the dynamics of the epidemic, presenting new challenges to both HIV prevention research and practice.

The briefing will include an overview presentation on recent trends, accomplishments, and challenges in HIV prevention and prevention science, both domestically and internationally. Presentations by NIH, CDC and USAID representatives will highlight agency efforts with respect to HIV prevention and prevention science research, including how prevention agendas are being developed and how the agencies are building and fostering working relationships between the research, service, and HIV-affected communities. New opportunities for the utilization and integration of HIV prevention research into programmatic efforts will be focal points of discussion.

DRAFT

From Research to Practice: A Discussion of U.S. Government-Based Behavioral, Social Science, and Other Non-vaccine Approaches to HIV Prevention

November 29, 1999
9:00 a.m. - 12:30 p.m.

9:00 a.m. - 9:15 a.m.	**Opening Remarks** Ms. Sandra Thurman, Director, Office of National AIDS Policy
9:15 a.m. - 10:00 a.m.	**Overview** Dr. Thomas Coates, Director, UCSF Center for AIDS Prevention Studies and Director, UCSF AIDS Research Institute
10:00 a.m. - 10:30 a.m.	**National Institutes of Health, AIDS Research Program** Dr. Judith Auerbach, Prevention Sciences Coordinator, Office of AIDS Research, NIH
10:30 a.m. - 11:00 a.m.	**Centers for Disease Control and Prevention, AIDS Program** Dr. David Holtgrave, Director, Division of HIV/AIDS Prevention, Intervention Research and Support, NCHSTP, CDC
11:00 a.m. - 11:30 a.m.	**U.S. Agency for International Development, AIDS Program** Dr. Paul Delay, Director, HIV/AIDS Division, USAID
11:30 a.m. - 12:30 p.m.	**Questions and Answers, Discussion** Ms. Sandra Thurman, Director, ONAP Mr. Todd Summers, Deputy Director, ONAP
12:30 p.m.	**Adjourn**