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THE NATIONAL ACADEMIES

Advisers to the Nation on Science, Engineering, and Medicine

National Academy of Sciences
National Academy of Engineering
Institute of Medicine
National Research Council

Committee on HIV Prevention Strategies

January 5, 2000

Ms. Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman:

On behalf of the Institute of Medicine's Committee on HIV Prevention Strategies, I would like to invite you to present at the Committee's first meeting taking place January 23-25, 2000 in the National Academies Building on 2101 Constitution Avenue in Washington, DC. The committee would like you to do a brief 20-minute presentation on the need for a comprehensive strategic plan for HIV prevention. We have set aside 10:00 a.m. – 10:30 a.m. on January 25, 2000 for your presentation. We will be happy to hold questions until natural break points. For your information, we have enclosed a project overview, a list of committee members, and a draft agenda for the meeting.

Open sessions of the committee meeting will be held on January 24, 2000 from 8:30 a.m. until 3:15 p.m. and on January 25, 2000 from 10 a.m. until 3:00 p.m. You are welcome to join us for as much of these open sessions as you would like. Please let us know if you plan to attend so that we can reserve adequate space. Information regarding meeting location and logistics are also enclosed.

If you have any questions, please contact me at (202) 334-2344 or Alicia Gable at (202) 334-2366. I look forward to seeing you at the meeting.

Sincerely,

Monica Ruiz / DA

Monica Ruiz, Ph.D., MPH
Study Director
Committee on HIV Prevention Strategies

cc: Rose Marie Martinez, Division Director

Enclosures
- Project overview
- Committee roster
- Draft agenda for January 24-25, 2000 meeting
- Meeting logistics
- Shuttle schedule

THE NATIONAL ACADEMIES
Advisers to the Nation on Science, Engineering, and Medicine

National Academy of Sciences
National Academy of Engineering
Institute of Medicine
National Research Council

Committee on HIV Prevention Strategies

Background

Prevention efforts conducted by federal, state and local government agencies, non-governmental organizations (NGOs), and the private sector have shown considerable success in slowing the rapid growth of the HIV/AIDS epidemic in the United States, particularly among populations that have traditionally been at highest risk for HIV infection. However, the demographic face of the epidemic is changing dramatically: communities of color, women, adolescents and young adults are increasingly affected by HIV/AIDS, and young gay men remain at high risk. Recent improvements in the treatment of HIV disease have allowed more people to live longer with HIV and AIDS, leading to a growing complacency toward the disease, as well as to more individuals capable of transmitting the virus. The promise of a vaccine remains only a hope, not a reality. Given these many challenges, it is time for a national assessment of HIV prevention. The Department of Health and Human Services (DHHS) spends approximately $775.3 million annually on HIV prevention activities.[1] A comprehensive, national review of HIV prevention priorities and the underlying prevention strategy is warranted.

Statement of task

The Centers for Disease Control and Prevention (CDC) has requested that the Institute of Medicine (IOM) convene a committee to conduct a comprehensive review of current prevention efforts in the United States that are being conducted by CDC and other DHHS agencies, as well as various other public and private sector agencies and organizations. This review will also examine the changing nature of the epidemic, advances in clinical prevention and treatment, evaluations of public health interventions, and emerging research in the behavioral sciences and their impact on HIV prevention. Based on this review, the committee will propose a visionary framework for future national HIV prevention activities and suggest institutional roles for the CDC and other federal, public, and private sector agencies in the context of an overall HIV prevention strategy.

Logistics

An IOM committee of 16 members will meet three times for information gathering. The first meeting will be held in Washington, DC on January 23-25, 2000. A portion of each meeting will involve meetings with various constituency groups including federal and state agencies, prevention researchers, program directors, community-based organizations, and advocacy groups involved in HIV prevention. A fourth meeting for report writing may also be scheduled. Background papers and analyses will be commissioned on topics such as the changing demography of HIV/AIDS, the history of the nation's investment in HIV prevention, descriptions and evaluations of current HIV prevention efforts, the science base for HIV prevention, and emerging HIV prevention opportunities. The committee's final report is scheduled for release at the end of July 2000.

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[1] Kaiser Family Foundation. *Federal HIV/AIDS spending: a budget chartbook.* Menlo Park, CA: Kaiser Family Foundation, August 1999, pages 16-17.

Committee on HIV Prevention Strategies
January 23 - 25, 2000 Meeting Logistics

Meeting location:

National Academy of Sciences Building
2101 Constitution Avenue, N.W.
Washington, DC 20418

January 24 meeting: NAS Lecture Room
Phone: (202) 334-1578

January 25 meeting: NAS Board Room
Phone: (202) 334-2237

Also included is the National Academies' Shuttle schedule. The shuttle runs between the three facilities and the Foggy Bottom Metro stop on the blue and orange lines.

Any additional questions regarding logistics should be directed to Anna Staton at (202) 334-2453 FAX (202) 334-2939.

National Academy of Sciences
Institute of Medicine

COMMITTEE ON HIV PREVENTION STRATEGIES
ROSTER

Harvey Fineberg, M.D., M.P.P., Ph.D. (Co-Chair)
Provost
Harvard University

James Trussell, PhD. (Co-Chair)
Director, Office of Population Research
Associate Dean and Professor
Woodrow Wilson School
Princeton University

Raymond Baxter, Ph.D.
Senior Vice President
The Lewin Group

Willard Cates, Jr., M.D., M.P.H.
President of Biomedical Affairs
Family Health International

Myron Cohen, M.D.
Professor of Medicine, Microbiology and Immunology
University of North Carolina at Chapel Hill

Anke Ehrhardt, Ph.D.
Director, HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute
Professor of Medical Psychology, Department of Psychiatry, Columbia University

Brian Flay, D.Phil.
Professor of Community Health Sciences
Director of Health Research and Policy Centers
School of Public Health
University of Illinois at Chicago

Loretta Jemmott, Ph.D.
Director, Center for Urban Health Research
Associate Professor of Nursing
Population Studies Center
University of Pennsylvania

Edward Kaplan, Ph.D.
Professor of Management Sciences and Public Health
Yale University

Nancy Kass, Sc.D.
Associate Professor
Director of Program in Ethics and Health
Johns Hopkins School of Public Health

Marsha Lillie-Blanton, Dr.P.H.
Vice President
Henry J. Kaiser Family Foundation

Michael Merson, M.D.
Dean and Chairman of Epidemiology and Public Health
Yale University

Edward Trapido, Sc.D.
Vice-Chair and Professor
Department of Epidemiology and Public Health
University of Miami

Sten Vermund, M.D., Ph.D.
Chairman and Professor
Department of Epidemiology
School of Public Health
University of Alabama at Birmingham

Paul Volberding, M.D.
Professor of Medicine
Director, AIDS Program
Center for AIDS Research
Univeristy of California, San Francisco

Andrew Zolopa, M.D.
Assistant Professor, Infectious Diseases and Geographic Medicine
Stanford University

Liaisons from the Board on Health Promotion and Disease Prevention (TBA)

STAFF
Monica Ruiz, Ph.D., M.P.H.
Study Director

Rose Marie Martinez, Sc.D.
Division Director

Michael Stoto, Ph.D.
Chair and Professor of Epidemiology
George Washington University
Consultant

Alicia Gable, M.P.H.
Research Associate

Donna Almario
Research Assistant

Anna Staton
Project Assistant

National Academy of Sciences
Institute of Medicine
2101 Constitution Ave., NW
Washington, DC 20418
Tel: (202) 334-2453
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National Academy of Sciences
Institute of Medicine

COMMITTEE ON HIV PREVENTION STRATEGIES

First Meeting
January 23-25, 2000
Washington, DC

DRAFT AGENDA

Sunday, January 23rd

CLOSED SESSION

Monday, January 24th, NAS Building, Lecture Room

OPEN SESSION

8:30 - 8:45	Welcome and Introductions IOM Committee Liaison Panel Other guests
8:45 - 9:15	Discussion of the committee's charge, CDC
9:15 - 11:15	Presentations from the CDC's Advisory Committee on HIV and STD Prevention
11:15 - 11:45	Break
11:45 - 12:15	Remarks by CDC Director
12:15 - 1:15	Lunch
1:15 - 2:30	Presentations from CDC HIV Program Staff
2:30 - 3:15	Presentation from the Office of AIDS Research, NIH

CLOSED SESSION

Tuesday, January 25th, NAS Building, Board Room

CLOSED SESSION

8:00 – 10:00

OPEN SESSION

10:00 – 11:00	*Presentations from federal representatives*
	Office of National AIDS Policy
	Office of HIV/AIDS Policy
11:00 - 11:15	Break
11:15 – 1:00	*Presentations from federal representatives (cont'd)*
	Health Resources Services Administration
	Substance Abuse and Mental Health Services Administration
	Health Care Financing Administration
1:00 – 2:00	Lunch
2:00 – 3:00	*Presentations from federal representatives (cont'd)*
	Department of Veterans Affairs
	Food and Drug Administration

CLOSED SESSION

3:00 – 4:00

NAS Shuttle Schedule

Northbound: NAS to GF				Southbound: GF to NAS			
NAS	FBM	FO (n)	GF	GF	FO (s)	FBM	NAS
7:00	7:05	7:10	7:15	6:55	7:00	7:05	7:15
7:20	7:25	7:30	7:35	7:30	7:35	7:40	7:45
7:40	7:45	7:50	8:00	7:50	7:55	8:00	8:05
8:00	8:05	8:15	8:25	8:10	8:20	8:25	8:30
8:15	8:20	8:25	8:30	8:30	8:35	8:40	8:45
8:30	8:35	8:45	8:55	8:40	8:45	8:50	8:55
9:00	9:05	9:10	9:20	9:00	9:05	9:10	9:15
9:30	9:35	9:40	9:50	9:30	9:35	9:40	9:45
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12:30	12:35	12:40	12:50	12:30	12:35	12:40	12:45
1:00	1:05	1:10	1:20	1:00	1:05	1:10	1:15
1:30	1:35	1:40	1:50	1:30	1:35	1:40	1:45
2:00	2:05	2:10	2:20	2:00	2:05	2:10	2:15
2:30	2:35	2:40	2:50	2:30	2:35	2:40	2:45
3:00	3:05	3:10	3:20	3:00	3:05	3:10	3:15
3:30	3:35	3:40	3:50	3:30	3:35	3:40	3:45
4:00	4:05	4:10	4:25	4:05	4:10	4:15	4:20
4:20	4:25	4:30	4:40	4:40	4:50	5:00	5:05
4:40	4:45	4:50	5:00	5:05	5:15	5:25	5:30
5:15	5:20	5:25	5:35	5:10	5:20	5:30	5:35
5:35	5:40	5:45	5:55	5:45	5:55	6:05	6:10
6:00	6:05	6:10	6:20	6:05	6:15	6:25	6:30

NAS - 2101 Constitution Avenue
FB – Foggy Bottom Metro
FO – Foundry Building, 1055 Thomas Jefferson Street
(n) north enterence
(s) south enterence
GF – 2001 Wisconsin Avenue, Cecil and Ida Green Buildings

Alicia Gable <agable@nas.edu>
01/24/2000 08:33:25 AM

Record Type: Record

To: See the distribution list at the bottom of this message

cc: Monica Ruiz <mruiz@nas.edu>, Alicia Gable <agable@nas.edu>
Subject: Important!! From Monica Ruiz re IOM Committee Meeting

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Dear Tuesday Speakers:

We are looking forward to your presentations to the IOM Committee on HIV Prevention Strategies on Tuesday. We are expecting a very exciting and informative public session.

Having just completed the first day of closed session with the Committee, we would like to give you the "heads-up" on several issues that may come up during your presentation. Essentially, the Committee identified today several questions that they wish to ask the presenters. Some of these questions are probably already addressed in the presentations that you have prepared. Others may not be applicable, given the focus of your agency's efforts. However, we wanted to let you know ahead of time that these questions may be posed to you during your presentation. These questions are as follows:

What in your opinion is working best in HIV prevention, and how do you know it is working so well?
What are the major constraints / barriers in implementing these prevention strategies?
What are the barriers faced by your agency in implementing these prevention strategies?
What worries you the most about HIV prevention today?
If you could change one, two, or three things to make the greatest positive impact on HIV prevention in the U.S., what would they be?

The committee would like to express that it does not expect you to revise your prepared remarks to accommodate these questions; nor do they expect long and detailed responses. You may briefly address these questions at the end of your prepared presentations. Similarly, the committee acknowledges that your responses may not necessarily reflect those of your institution or agency. They are simply trying to identify issues that would be helpful in addressing their charge. We apologize for the inconvenience, but thought it would be helpful for you to know about these questions in advance. As you are aware, the committee just met today and we wanted to keep you aware of developments that might affect your presentations. We have also been trying to contact our Monday speakers as well in an effort to give them as much advance notice as we can.

Thank you in advance for your understanding and consideration of these

questions. We look forward to seeing you on Tuesday. Please do not hesitate to contact us if you have any questions.

Sincerely,

Monica Ruiz
Study Director
Committee on HIV Prevention Strategies

Message Sent To:

Paul A. Gaist/OPD/EOP
Cheryl S. Bauerle/OPD/EOP
jpalenicek@hrsa.gov
vmills@samhsa.gov
dr.bopper.deyton@mail.va.gov
kim.hamlett@mail.va.gov
dvonzinkernagel@osophs.dhhs.gov

Cheryl - FYI
Tom

Alicia Gable <agable@nas.edu>
01/21/2000 04:06:05 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc: Monica Ruiz <mruiz@nas.edu>, Donna Almario <dalmario@nas.edu>, Anna Staton <astaton@nas.edu>
Subject: Agenda and final details

Hi,
We're looking forward to seeing you at the IOM meeting on Monday and Tuesday. Attached is a final agenda for the IOM committee open sessions on Monday and Tuesday. (I've been checking details with everyone - but let me know ASAP if there are any last minute corrections to names, titles, etc.)

(See attached file: 1st mtg agenda_public.doc)

A couple of reminders and final details:

The meeting will be held at the National Academy of Sciences Building, 2101 Constitution Ave., NW, Washington, DC 20418. The meetings will be held both days in the Lecture Room (PH: 202 334-1578). Please call us at this number if you have any problems.

As noted in your packages you received, parking will be available at the NAS building on a first-come first-serve basis. Use the 2100 C St. entrance and tell the guard you are there for the IOM's HIV prevention study meeting.

The nearest metro is the Foggy Bottom Metro stop on the blue and orange lines. From this location you may take the NAS Shuttle to the main building. The Academy Shuttle is a beige shuttle bus marked NAS/NAE/IOM that stops at Foggy Bottom by the metro stop. It stops at Foggy Bottom at 7:40am, 8:00am, 8:25am, 8:40am, 8:50am, and then at 9:10am. You can also walk from the Foggy Bottom metro stop.

If you have any questions, please contact us at 202 334-1578 (Lecture Room during open sessions) and at 202-334-2453 any other time.

We look forward to seeing you next week.

Thanks,
Alicia Gable
Research Associate

- 1st mtg agenda_public.doc

62-111

Message Sent To:

rov1@cdc.gov
lxa3@cdc.gov
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National Academy of Sciences
Institute of Medicine

COMMITTEE ON HIV PREVENTION STRATEGIES
First Meeting
January 24-25, 2000
Washington, DC

AGENDA

Monday, January 24th, NAS Building, Lecture Room

8:30 – 8:45	Welcome and Introductions IOM Committee Liaison Panel Other guests
8:45 – 9:15	Presentation of the charge to the committee by sponsoring agency *Ronald Valdiserri, M.D., M.P.H.* *Deputy Director, National Center for HIV, STD, TB Prevention* *Centers for Disease Control and Prevention*
9:15 – 11:15	Presentations from the CDC Advisory Committee on HIV and STD Prevention
	HIV prevention research *King Holmes, M.D., Ph.D.* *Director, Center for AIDS and STD* *University of Washington, Seattle*
	HIV prevention policy *Dorothy Mann* *Southeastern Pennsylvania Family Planning Council, Philadelphia*
	HIV prevention and service delivery programs *Jean McGuire, Ph.D.* *Director, AIDS Bureau* *Massachusetts Department of Public Health, Boston*
11:15 - 11:45	Break
11:45 – 12:15	Remarks by CDC Director *Jeffrey Koplan, M.D., M.P.H.* *Director* *Centers for Disease Control and Prevention*
12:15 - 1:15	Lunch
1:15 – 2:30	Centers for Disease Control and Prevention's HIV Prevention Programs

Helene Gayle, M.D., M.P.H.
Director, National Center for HIV, STD, TB Prevention
Centers for Disease Control and Prevention

2:30 – 3:15 HIV Prevention Research at the National Institutes of Health

Neal Nathanson, M.D.
Director, Office of AIDS Research
National Institutes of Health

Judith Auerbach, Ph.D.
Prevention Science Coordinator and Behavioral and Social Science Coordinator
Office of AIDS Research
National Institutes of Health

3:15 Adjourn

Tuesday, January 25th, NAS Building, Lecture Room

10:00 – 10:30	The IOM Study: An Opportunity for Vision and Direction *Sandra Thurman* *Director* *Office of National AIDS Policy*
10:30 – 11:00	Integrating HIV prevention into the continuum of care *John Palenicek, Ph.D.* *Director, Office of Policy and Program Development, HIV/AIDS Bureau* *Health Resources and Services Administration*
11:00 - 11:15	Break
11:15 – 11:45	Opportunities for HIV prevention in major urban epicenters *Eric Goosby, M.D.* *Director* *Office of HIV/AIDS Policy* *U.S. Department of Health and Human Services*
11:45 – 12:15	Substance abuse and mental health issues in HIV prevention *M. Valerie Mills, MSW* *Associate Administrator for HIV/AIDS* *Office of Policy and Program Coordination* *Substance Abuse and Mental Health Services Administration* *Mel Haas, M.D.* *Medical Director and AIDS Coordinator* *Center for Mental Health Services* *Substance Abuse and Mental Health Services Administration*
12:15 – 1:15	Lunch
1:15 – 2:00	Overview of the Food and Drug Administration's regulatory responsibilities in HIV prevention *Edward Tabor, M.D.* *Associate Director for Medical Affairs* *Office of Blood Research and Review* *Food and Drug Administration* *William Egan, Ph.D.* *Acting Director* *Office of Vaccine Research and Review* *Food and Drug Administration* *Debra Birnkrant, M.D.* *Deputy Director* *Division of Antiviral Drug Products.*

Food and Drug Administration

Richard Klein
HIV/AIDS Program Director
Office of Special Health Issues
Food and Drug Administration

2:00 – 2:30 Overview of Department of Veterans Affairs' HIV prevention activities

Lawrence Deyton, M.D., M.S.P.H.
Director, AIDS Service
Department of Veterans Affairs

2:30 Adjourn Opened Session

THE WHITE HOUSE

WASHINGTON

February 4, 2000

Harvey V. Fineberg, M.D., M.P.P., Ph.D.
Provost, Office of the Provost
Harvard University
Cambridge, MA 02138

James Trussell, Ph.D.
Professor and Associate Dean
Woodrow Wilson School
Princeton University
Princeton, NJ 08544

Dear Drs. Fineberg and Trussell:

I would like to express my gratitude that you have accepted the challenges of leading the IOM Committee on HIV Prevention Strategies through its charge of providing an expert view and guidance on our HIV prevention efforts. This is an important undertaking and greatly needed. Your many years of experience in public health and expertise in HIV/AIDS will promote strong leadership in this task.

I regret that the onset of a rare Washington snowstorm necessitated the postponement of the meeting that was scheduled on January 25, 2000. I appreciated the invitation to speak to the Committee and to provide the perspectives of this Office as you frame the Committee's work. I hear a great deal from many groups and organizations on a regular basis about the need for an independent, objective expert analysis of our HIV prevention efforts supported with federal funds, particularly those at the CDC. I am in agreement with them that this analysis will strengthen both programmatic efforts and assist in policy development at all levels of government.

It is my understanding that the Committee is moving forward to formulate and refine both its mission and the scope of the study on a compressed time line. Therefore, I would like to provide you with the written text of the remarks I had planned to deliver and ask that these be made available to the membership of the Committee on HIV Prevention Strategies. I would welcome discussion of any questions or thoughts you or other Committee members might have regarding my testimony.

It is my strong hope that the Committee will focus its efforts in large part on the federal direction and leadership provided in HIV prevention so that our efforts to advocate for expanded investment in these programs is solidly grounded. The complementary roles

other sectors play are important, but clearly defining our public health response is of primary concern for the guidance and leadership it provides both the States and other public and private efforts.

Respectfully,

Sandra L. Thurman
Director
Office of National AIDS Policy

Attachment

Cc: Dr. Monica Ruiz
Ms. Alicia Gable

Presentation to the
Institute of Medicine

By
Sandra Thurman
Director, White House Office of National AIDS Policy

Date
January 25, 2000

Title
The IOM Study: An Opportunity for Vision and Direction

Good afternoon. To the Chair and Vice-Chair, the IOM committee, liaison panel and other guests, I am glad to have this opportunity to speak with you today. I have a lot to cover in a few minutes - points and issues that I hope you will keep in mind as you go forward with your important work - the work of reviewing the CDC's HIV prevention efforts within the context of our overall effort to prevent HIV infection and its consequences. As written in the statement of task for this study, such a review of CDC and the resulting framework for future prevention activities will need to be done within the context of the respective roles and missions of other DHHS agencies, as well as, other public and private agencies and organizations. This is no small task – in fact, it's huge - but it is one that is timely and one which has the potential of providing us with invaluable guidance as we

take on this next phase of our battle against HIV and AIDS, with all of its challenges and increasingly, new opportunities.

What does this mean to the Committee and its work? I know that yesterday you were briefed by CDC AIDS Advisory Council members on areas of HIV prevention research, policy and service delivery programs – that Drs. Koplan and Gayle gave you an overview of CDC's effort and Drs. Nathanson and Auerbach presented on NIH's prevention research strategy and program. Today you have heard background points from other key organizations that will be important as you consider CDC's enormous potential and central role in our HIV prevention efforts. Let me see if I can add to these perspectives and the knowledge base you are gathering, and possibly tie together a few of the major points that have been expressed at this meeting over the last two days.

We all know that the news about HIV and AIDS on the home front continues to be mixed. The good news is that new and better drugs are allowing many people infected with HIV or who have AIDS to live longer and healthier lives. The bad news is that the epidemic continues to shift dramatically to women, people of color, and young people. More than 50% of all new infections in this country are in people under 25… 1 in 4 of those are teenagers. And while we have seen a

dramatic decline in AIDS cases and AIDS deaths we have seen virtually no decline in the number of new infections. A point that some, claiming that the worst is over, seem not acknowledge. In other words, there is still a tremendous amount of work to do.

Everyday, in your work and in mine, we must remember that HIV infection and AIDS are preventable. But today, we are confronted with an estimated 200,000 – 300,000 HIV-infected Americans who do not know their status. Without medical care, treatment and support these individuals are at increased risk for an early death and continue to put others in jeopardy of transmission. In addition, issues such as incomplete adherence to AIDS medications, reports of increased HIV risk behaviors among young gay men, and policies that continue to restrict maximal effectiveness of public health measures to prevent HIV, continue to underscore the challenges we face. These are hard issues – issues that require a new level of clear leadership – leadership that is able to assimilate the data, establish workable action plans, and then determine, empower and partner with the best mix of change agents and/or delivery systems to get the job done.

Getting the job done. Today there are more testing options than ever before. Getting tested for HIV is easier and quicker. We have blood tests, oral tests, urine

tests – tests that can be available to anyone in any kind of setting. We must encourage people across the country to take control of their health by getting tested for HIV and knowing their serostatus. But all of us here are aware that knowing about HIV, even knowing about one's own status, whether positive or not, is not enough. We now have a growing wealth of HIV prevention science research – research that addresses key prevention issues and dynamics at the individual, interpersonal, community, and societal levels. This is research that we should now be taking advantage of in our efforts to prevent new HIV infections, as well as, to minimize the health consequences for those who are already infected. Proper utilization and dissemination of these proven prevention strategies and programs, both here at home and in the global community, can give people the skills and opportunities they need to stay safe and remain healthy. This often requires providing the "hands-on" technical assistance to those who need it the most. From the policymakers in Washington to the directors of the local CBOs, we are all in need of understandable, usable translations of the prevention science and the availability of clear guidance and tutelage on how best to apply them to our particular prevention needs and goals.

It is in this spirit that I ask that as you move forward in your work, especially in developing a framework of how best to implement and sustain successful HIV

prevention efforts, you consider what research and program experience have taught us. Namely, that we need to:

- base our prevention efforts on sound scientific principles and evidence;

- integrate behavioral and biomedical prevention strategies;

- embrace proven prevention technologies and implement the strategies that will get them into appropriate widespread practice;

- adapt prevention strategies to changing circumstances;

- view recipients of prevention efforts as "change agents" rather than targets;

- deliver our interventions in a complimentary fashion at multiple levels;

- consider the behaviors, practices and attitudes of the individual within the context of the group and society he or she is living in;

- have strong and multifaceted partnerships among government agencies, as well as, other public and private agencies and organizations; and,

- continually evaluate, translate and disseminate the information on what works, where, with who, and why.

And as this expert Committee proceeds in its analysis and deliberations, I would encourage you to emphasize that aspect of your charge which asks you to specifically examine CDC's efforts with respect to HIV prevention. Why? Because the CDC's mission places it central to the many components of our overall HIV prevention effort. It is the primary funder of HIV prevention at the State and community levels. From utilizing the growing body of HIV prevention science research, to the assessment of the changing patterns and distribution of infection, to ensuring linkages and follow through referrals to prevention case management or HIV treatment services, the CDC has a critical role to play in our effort to overcome HIV. Consistent with recommendations we have heard from the OMB, the Presidential Advisory Council on HIV and AIDS, and other community leaders, an examination of CDC's programs, funding and administrative mechanisms is timely and warranted to ensure its ability to implement its responsibilities in the most effective ways possible.

As this Committee moves forward it will be important to consider how the CDC might best develop:

- an agency-wide HIV prevention plan with measurable outcomes;
- a process for allocating it's budget in furtherance of this strategic plan;
- systems for insuring that HIV prevention funds are used only for HIV-focused prevention activities (including HIV prevention FTEs).

In addition, the committee should consider how CDC might best determine and forge:

- the optimal mix of funding strategies to achieve targeted prevention goals, particularly within marginalized communities; and,
- enhanced collaborations and partnerships with other key agencies, organizations and community groups involved in the varied aspects of HIV prevention.

All of which should take into account and help delineate the key areas of responsibility under its mission including:

- Epidemiological research and surveillance
- Field implementation and evaluation of evidence-based interventions

- Public education
- Technical assistance and,
- Policy

So, in your work, as you identify and acknowledge the important role that other agencies have in the area of HIV prevention, it will remain vital that this study specifically considers how best to maximize the effectiveness of CDC's functions and programs in setting and realizing its own prevention goals. For example, we are now seeing new relationships of HIV prevention and treatment. It will be useful to consider how CDC can best synthesize and integrate research and treatment advances into its prevention mission and programs in a way that builds upon what has been learned and improves what is being implemented. This will most likely require creative, possibly unconventional partnerships with health care and health care-related service delivery systems, as well as organizations working in non-traditional settings where people at high risk are found.

As the committee moves to articulate its vision of a comprehensive prevention effort, these and other points will be important to consider in determining a framework that is able to effectively:

- influence individual choices;

- ease social and economic constraints to safe behavior;
- set government priorities (both process and content);
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CDC is an agency that has the obligation and the capacity to play a central leadership role in this effort. But to do so, it must re-evaluate and determine what is working, what is not, and what its appropriate role is relative to other agencies and organizations. From where I sit, I continue to hear from community groups and others across this country, that to do this, it is important to have an external,

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I wish you the best in your endeavor here and I look forward to your conclusions. My office stands ready to assist you in whatever manner we can.

Thank you for your time today. I will be glad to answer questions in the time remaining.

Presentation to the
Institute of Medicine

By
Sandra Thurman
Director, White House Office of National AIDS Policy

Date
January 25, 2000

Title
The IOM Study: An Opportunity for Vision and Direction

Good afternoon. To the Chair and Vice-Chair, the IOM committee, liaison panel and other guests, I am glad to have this opportunity to speak with you today. I have a lot to cover in a few minutes - points and issues that I hope you will keep in mind as you go forward with your important work - the work of reviewing the CDC's HIV prevention efforts within the context of our overall effort to prevent HIV infection and its consequences. As written in the statement of task for this study, such a review of CDC and the resulting framework for future prevention activities will need to be done within the context of the respective roles and missions of other DHHS agencies, as well as, other public and private agencies and organizations. This is no small task – in fact, it's huge - but it is one that is timely and one which has the potential of providing us with invaluable guidance as we

take on this next phase of our battle against HIV and AIDS, with all of its challenges and increasingly, new opportunities.

What does this mean to the Committee and its work? I know that yesterday you were briefed by CDC AIDS Advisory Council members on areas of HIV prevention research, policy and service delivery programs – that Drs. Koplan and Gayle gave you an overview of CDC's effort and Drs. Nathanson and Auerbach presented on NIH's prevention research strategy and program. Today you have heard background points from other key organizations that will be important as you consider CDC's enormous potential and central role in our HIV prevention efforts. Let me see if I can add to these perspectives and the knowledge base you are gathering, and possibly tie together a few of the major points that have been expressed at this meeting over the last two days.

We all know that the news about HIV and AIDS on the home front continues to be mixed. The good news is that new and better drugs are allowing many people infected with HIV or who have AIDS to live longer and healthier lives. The bad news is that the epidemic continues to shift dramatically to women, people of color, and young people. More than 50% of all new infections in this country are in people under 25... 1 in 4 of those are teenagers. And while we have seen a

dramatic decline in AIDS cases and AIDS deaths we have seen virtually no decline in the number of new infections. A point that some, claiming that the worst is over, seem not acknowledge. In other words, there is still a tremendous amount of work to do.

Everyday, in your work and in mine, we must remember that HIV infection and AIDS are preventable. But today, we are confronted with an estimated 200,000 – 300,000 HIV-infected Americans who do not know their status. Without medical care, treatment and support these individuals are at increased risk for an early death and continue to put others in jeopardy of transmission. In addition, issues such as incomplete adherence to AIDS medications, reports of increased HIV risk behaviors among young gay men, and policies that continue to restrict maximal effectiveness of public health measures to prevent HIV, continue to underscore the challenges we face. These are hard issues – issues that require a new level of clear leadership – leadership that is able to assimilate the data, establish workable action plans, and then determine, empower and partner with the best mix of change agents and/or delivery systems to get the job done.

Getting the job done. Today there are more testing options than ever before. Getting tested for HIV is easier and quicker. We have blood tests, oral tests, urine

tests – tests that can be available to anyone in any kind of setting. We must encourage people across the country to take control of their health by getting tested for HIV and knowing their serostatus. But all of us here are aware that knowing about HIV, even knowing about one's own status, whether positive or not, is not enough. We now have a growing wealth of HIV prevention science research – research that addresses key prevention issues and dynamics at the individual, interpersonal, community, and societal levels. This is research that we should now be taking advantage of in our efforts to prevent new HIV infections, as well as, to minimize the health consequences for those who are already infected. Proper utilization and dissemination of these proven prevention strategies and programs, both here at home and in the global community, can give people the skills and opportunities they need to stay safe and remain healthy. This often requires providing the "hands-on" technical assistance to those who need it the most. From the policymakers in Washington to the directors of the local CBOs, we are all in need of understandable, usable translations of the prevention science and the availability of clear guidance and tutelage on how best to apply them to our particular prevention needs and goals.

It is in this spirit that I ask that as you move forward in your work, especially in developing a framework of how best to implement and sustain successful HIV

prevention efforts, you consider what research and program experience have taught us. Namely, that we need to:

- base our prevention efforts on sound scientific principles and evidence;

- integrate behavioral and biomedical prevention strategies;

- embrace proven prevention technologies and implement the strategies that will get them into appropriate widespread practice;

- adapt prevention strategies to changing circumstances;

- view recipients of prevention efforts as "change agents" rather than targets;

- deliver our interventions in a complimentary fashion at multiple levels;

- consider the behaviors, practices and attitudes of the individual within the context of the group and society he or she is living in;

- have strong and multifaceted partnerships among government agencies, as well as, other public and private agencies and organizations; and,

- continually evaluate, translate and disseminate the information on what works, where, with who, and why.

And as this expert Committee proceeds in its analysis and deliberations, I would encourage you to emphasize that aspect of your charge which asks you to specifically examine CDC's efforts with respect to HIV prevention. Why? Because the CDC's mission places it central to the many components of our overall HIV prevention effort. It is the primary funder of HIV prevention at the State and community levels. From utilizing the growing body of HIV prevention science research, to the assessment of the changing patterns and distribution of infection, to ensuring linkages and follow through referrals to prevention case management or HIV treatment services, the CDC has a critical role to play in our effort to overcome HIV. Consistent with recommendations we have heard from the OMB, the Presidential Advisory Council on HIV and AIDS, and other community leaders, an examination of CDC's programs, funding and administrative mechanisms is timely and warranted to ensure its ability to implement its responsibilities in the most effective ways possible.

As this Committee moves forward it will be important to consider how the CDC might best develop:

- an agency-wide HIV prevention plan with measurable outcomes;
- a process for allocating it's budget in furtherance of this strategic plan;
- systems for insuring that HIV prevention funds are used only for HIV-focused prevention activities (including HIV prevention FTEs).

In addition, the committee should consider how CDC might best determine and forge:

- the optimal mix of funding strategies to achieve targeted prevention goals, particularly within marginalized communities; and,
- enhanced collaborations and partnerships with other key agencies, organizations and community groups involved in the varied aspects of HIV prevention.

All of which should take into account and help delineate the key areas of responsibility under its mission including:

- Epidemiological research and surveillance
- Field implementation and evaluation of evidence-based interventions

- Public education
- Technical assistance and,
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So, in your work, as you identify and acknowledge the important role that other agencies have in the area of HIV prevention, it will remain vital that this study specifically considers how best to maximize the effectiveness of CDC's functions and programs in setting and realizing its own prevention goals. For example, we are now seeing new relationships of HIV prevention and treatment. It will be useful to consider how CDC can best synthesize and integrate research and treatment advances into its prevention mission and programs in a way that builds upon what has been learned and improves what is being implemented. This will most likely require creative, possibly unconventional partnerships with health care and health care-related service delivery systems, as well as organizations working in non-traditional settings where people at high risk are found.

As the committee moves to articulate its vision of a comprehensive prevention effort, these and other points will be important to consider in determining a framework that is able to effectively:

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Chaf - FYI
— Paul

[Draft 1/24/00 8:00 PM]
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