FOIA Number: 2018-0756-F

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Subseries:

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[Action Agenda Process] [loose]

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action Agenda
process —

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MEETING, March 11, 1994
National AIDS Policy Coordinator, Planning Officers (ONAP)

BACKGROUND

Currently the Public Health Service and each of its agencies have a strategic plan or an equivalent. Many interest groups have developed their own plans or a series of recommendations that effectively amount to a plan. There is a legacy of recommendations from the National Commission on AIDS that the President has supported.

There is, however, no national plan that brings the many individual plans together. The National AIDS Policy Coordinator has developed an "action agenda" upon which she proposes to build a national strategic plan. This national plan would provide the impetus for the Federal Departments, public and private organizations, to expand and develop more specific plans. Dr. Lee has expressed a desire to have PHS update its strategic plan. Similarly, Patsy Fleming, OS, has expressed a desire to develop an HHS strategic plan.

The expressed interest on the part of all these people to develop a strategic plan creates a positive platform from which the Administration can display its leadership by carrying out a process that focuses the interested and competing parties on a common product, a plan. Involving the various entities in a common project has the opportunity to create both the impression and the reality of a unified effort. It is also a mature move that should reflect favorably upon the Public Health Service, the Department, and the President.

PROPOSALS

1. The ONAP build infrastructure by creating a small steering committee internally to guide the process and a task force with participation from PHS/HHS, other Federal Departments, State and local government, national organizations, community representation, and interested/expert individuals to oversee the content of the plan.

2. Working with the task force, the ONAP steering committee develop a format for a plan and arrange a national "kick off" meeting for the process. The "kick off" would include presentations from high government officials such as yourself and others. The work of the meeting would be to form working groups around each of the main areas of the proposed plan. Working groups would discuss the content of the plan for their area of responsibility and designate a small team (three people) to do the actual writing. At least one member of the writing team would be from outside government.

3. Writing teams develop a functional consensus with the entire working group, report progress and problems to the task force at each task force meeting. These reports, minutes of the task force meetings would be sent to you and others. Individual working group documents would come to ONAP for consolidation. It would do this working with the task force.

4. A cloture meeting in which the sense of cooperation and achievement is solidified. Each of the working groups would present its part of the plan to whole assembly.

5. Submit the document to public comment, revised, and published it.

COMMENTARY

The process will pay significant programmatic dividend. As working group deliberations become known (via the task force meetings) programmatic changes will result. It would not be surprising nor unwelcome to have large portions of the plan fait accompli before it is published.

In most instances the PHS will take the lead in an area. However, the overall process is under the auspices of the National AIDS Policy Coordinator.

Disagreements between HHS and the Coordinator should not be escalated, they should be resolved. This process provides a mechanism for resolution of issues within the government as well as a vehicle for doing it in a professional manner while ensuring the integrity and responsibility of governmental and private interests are not compromised. It is a national plan and a national, functional consensus that are needed. It is also quite clear that huge portions of the burden of implementation will fall to PHS. This process ensures that PHS has influence commiserate with that responsibility.

Other public health plans, most notably the plan to control multidrug-resistant tuberculosis, have found that they needed to involve everyone in the planning if they were to be successful. The AIDS Coordinator's office can play a substantial role to involve the AIDS community in the process. It can serve as a sounding board for community concerns and encourage it (as well as the government) to compromise and participate in the process.

NEXT STEPS

RECOMMENDATIONS FROM REPRESENTATIVES GROUPS

COMMUNITY

PUBLIC HEALTH SERVICE

STATE GOVERNMENT

MAY 5 1994

Andrew - Draft repl
AA
Bob

April 29, 1994

Ms. Kristine Gebbie
National AIDS Policy Coordinator
The White House
Washington, DC 20000

Dear Kristine:

We join in commending the Office of the National AIDS Policy Coordinator for beginning a comprehensive HIV/AIDS planning process at the federal level. We believe, however, that the draft document speaks in vague generalities that make it hard to translate goals into substantive action steps and objectives to which the federal government can be held accountable. A realistic, meaningful plan should be developed as the National Commission on AIDS recommended: a collaborative effort among government agencies at all levels (not just the White House), community representatives, and outside experts who develop clearly articulated priorities for the nation and identify the resources necessary to accomplish these objectives.

The priorities would be integrated into a national plan by the President's Advisory Committee on AIDS and submitted to the President for adoption as national policy. This plan would then be the basis for legislative action and/or programatic restructuring that may be necessary and serve as a guide for OMB review of AIDS-related budget requests.

We recognize that planning is an on-going process. We believe that an initial plan can be developed in a short period of time, so that it can be made part of the Administration's FY 1996 budget recommendations. We also feel that with additional time these plans can become more comprehensive and evaluation of the plan's implementation would result in substantial revisions each year. But above all, we believe it is time for this kind of joint government/private sector process to begin.

Sincerely,

AIDS Action Council
American Foundation for AIDS Research
Gay Men's Health Crisis
Mobilization Against AIDS
National Alliance of Lesbian and Gay Health Clinics
National Association of People With AIDS
National Minority AIDS Council
National Pediatric HIV Resource Center
National Ryan White Title IIIB Coalition
San Francisco AIDS Foundation

Proposed National HIV Action Agenda
Recommendations and Comments
From the PHS Agency AIDS Coordinators

The PHS AIDS Coordinators met on May 3 to discuss the proposed National HIV Action Agenda. Two general recommendations were made: revise the current document and develop a consensus generating document. The Coordinators will submit specific comments by the close of business on May 6.

Recommendation one: Revise the document.

The Coordinators recommend the document establish a national framework upon which the PHS Agencies and others can build. This document should identify the basic four to ten points to be addressed. Support for biomedical, behavioral, and health services research should be included in the research area of the document. Specific references to individual agencies or offices in the document should be eliminated and the scope broadened. Text in the document should reflect that linkages between Agencies already exist. Rather than words such as begin, initiate, or establish, the text should advocate support of efforts "to further strengthen existing and establish new linkages." The document should be renamed. The revised document should be accompanied by a short (e.g., two-page) description of the process that will be used to develop the consensus generating document described in the second recommendation.

Recommendation two: Develop a consensus generating document.

The process should begin with an announcement from the AIDS Policy Coordinator to the effect, "Using my authority, I am implementing a process to develop a national consensus document." The statement provides an opportunity for the Policy Coordinator to acknowledge the calls for inclusion.

Content areas should remain the same. Research should include biomedical, behavioral, and health services research subjects. Other sections would be service (or treatment), prevention, and crosscutting issues. All the areas should include Federal cooperation and collaboration, State and local involvement, and the involvement of nongovernmental organizations. There should also be discussion of what would be required to build and maintain the infrastructure to accomplish this.

The consensus document itself should build upon the framework document (as revised). It should be used as a straw man, benchmark, or starting place for developing the consensus document. The new document should include a vision statement, preferably a Presidential vision statement. The document should also include problem statements that describe the situations that currently distort the vision or the barriers to attaining the vision. Problem statements should also recognize current activity or previous accomplishments. For each problem there should be a statement(s) of a goal(s), and measurable objectives and milestones that describe "how the Nation is going to fix the problem."

To create the consensus generating document, the Office of National AIDS Policy should develop a process that is inclusive, includes a national, multidepartmental framework from the National AIDS Policy Coordinator, and allows the Departments and PHS agencies to take the lead in the respective subject areas.

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS
415 Second Street, N.E., Suite 200, Washington, D.C. 20002
(202) 546-5400

May 4, 1994

RECEIVED
MAY - 6 1994

Kristine Gebbie, R.N., M.N.
National AIDS Policy Coordinator
750 17th Street, N.W., Suite 1060
Washington, D.C. 20503

Dear Kristine:

I am writing on behalf of the Association of State and Territorial Health Officials (ASTHO) to express state health agency directors' perspectives on the draft National HIV Action Agenda recently released by your office. While state health officials applaud your effort to develop a proactive agenda to respond to the HIV epidemic and we fully appreciate the concept of a concise, action-oriented leadership statement reflective of current priorities, we were very concerned regarding the limitations in the depth, vision and timing of the document. We expected a comprehensive, action-oriented agenda and its timely release in order to demonstrate a proactive, visionary response to the epidemic. Unfortunately, this document falls short of these expectations.

Kris, we are troubled by the lack of inclusiveness in this critical process and are particularly concerned about the apparent lack of integration of input from two meetings convened by your office on July 21 and July 22 of last year. We have enclosed *The State Health Agency Vision for HIV Prevention,* the *ASTHO Principles on Health Care Reform and AIDS,* and the *ASTHO testimony to the National Commission on AIDS*, to complement the input already provided at those meetings.

We continue to be optimistic about the potential for crafting an action-oriented agenda to address the multifaceted issues related to HIV/AIDS prevention, service and research. State health officials can make a critical contribution to this effort.

Sincerely,

Barbara DeBuono

Barbara A. DeBuono, M.D., M.P.H.
Chair, ASTHO HIV Committee

cc: Secretary Shalala
Dr. Lee

Summary of Overall Plan

(MASTR-AA.MPP)

Predecessors by I.D.#

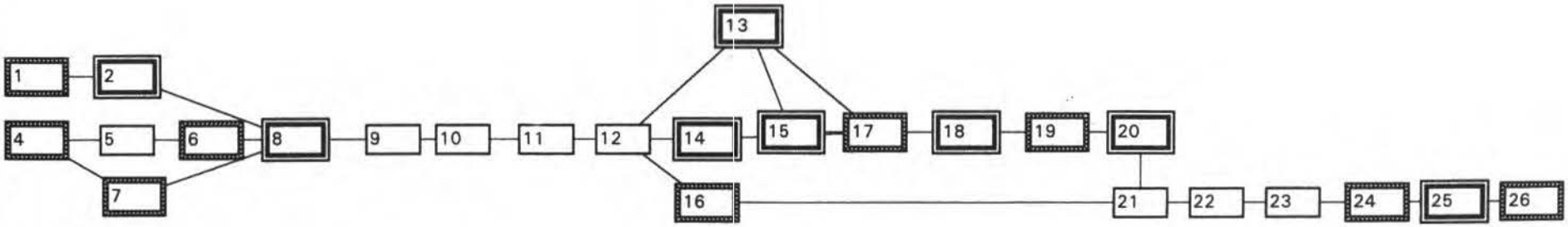
START

FINISH

Subproject

ID	Name	Predeces	Duration	Schedule	Schedule	~~Text1~~
1	1 Revise first draft of action agenda (01)		8.05ew	4/1/94	5/27/94	Subproject 1
2	2 Second draft w/comment	1	0w	5/27/94	5/27/94	
3	3 Build infrastructure		11.63ew	4/1/94	6/21/94	
4	3.1 Develop a plan (02)		6.05ew	4/1/94	5/13/94	Subproject 2
5	3.2 Establish in-house steering commitee	4	2d	5/16/94	5/17/94	
6	3.3 Establish a task force (03)	5	4.91ew	5/18/94	6/21/94	Subproject 3
7	4 Plan the meeting (04)	4	5.05ew	5/16/94	6/20/94	Subproject 4
8	5 Send task force revised A-A, and other	2,6,7	0w	6/21/94	6/21/94	
9	6 Task force review and comment	8	2w	6/22/94	7/5/94	
10	7 Revise per task force	9	2d	7/6/94	7/7/94	
11	8 Send out invitations and informational materials	10	1d	7/8/94	7/8/94	
12	9 Conduct meeting	11	3d	7/11/94	7/13/94	
13	10 Working group formed	12	0w	7/13/94	7/13/94	
14	11 Content guidelines established	12	0w	7/13/94	7/13/94	
15	12 Small writing teams established	13	0w	7/13/94	7/13/94	
16	13 Plan cloture meeting (07)	12	4.77ew	7/14/94	8/16/94	Subproject 7
17	14 Working groups, writing teams write document (05)	13,14,15	14.91ew	7/14/94	10/26/94	Subproject 5
18	15 ONAP has working group documents	17	0w	10/26/94	10/26/94	
19	16 ONAP consolidates documents (06)	18	5.63ew	10/27/94	12/5/94	Subproject 6
20	17 Consensus document ready	19	0w	12/5/94	12/5/94	
21	18 Transmit materials for cloture meeting	20,16	2d	12/6/94	12/7/94	
22	19 Cloture meeting	21	2d	12/8/94	12/9/94	
23	20 Public comment	22	90ed	12/12/94	3/12/95	
24	21 Revised based on public comment (08)	23	5.34ew	3/13/95	4/19/95	Subproject 8
25	22 Document is ready for publication	24	0w	4/19/95	4/19/95	
26	23 Publish document (09)	25	4.63ew	4/20/95	5/22/95	Subproject 9

Summary of Overall Plan



Project: Master Action
Date: 4/26/94

ID

Critical

Milestone

Noncritical

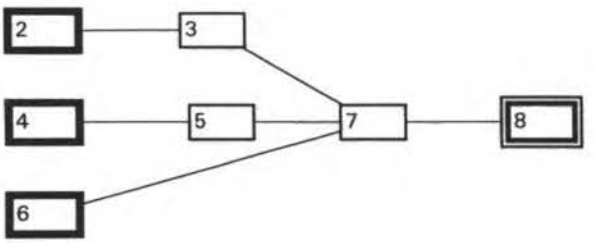
Subproject

Creating a Second Draft or Draft with Comments

(SUB01-AA.MPP)

ID	Name	Start Schedule	Finish Schedule
1	1 Comments from non-HHS	4/12/94	5/9/94
2	1.1 Send to DPC and selected Feds	4/22/94	4/25/94
3	1.2 Get comments from DPC and selected Feds	4/26/94	5/9/94
4	1.3 Meet with National Organizations	4/12/94	4/12/94
5	1.4 Get comments from national organizations	4/12/94	4/29/94
6	2 Comments from HHS	4/22/94	5/24/94
7	3 Rewrite based on comments	5/25/94	5/27/94
8	4 Revision w/analysis and comment	5/27/94	5/27/94

Creating a Second Draft or Draft with Comments



Project: Prepare a sec
Date: 4/26/94

ID

Critical

Noncritical

Milestone

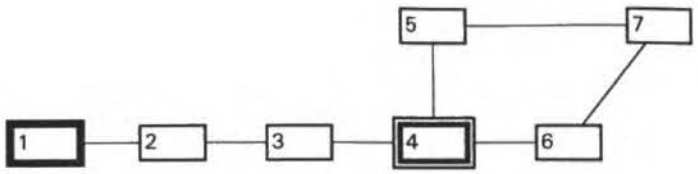
Subproject

Developing a Plan

(SUB02-AA.MPP)

ID	Name	Start Schedule	Finish Schedule
1	1 Draft a plan	4/20/94	4/26/94
2	2 Share w/cluster leaders	4/27/94	4/28/94
3	3 revise	4/29/94	5/3/94
4	4 share w/KG &750	5/3/94	5/3/94
5	5 Get concept approval	5/4/94	5/5/94
6	6 Get comments	5/4/94	5/10/94
7	7 Revise	5/11/94	5/13/94

Developing a Plan



Project: Develop a pla
Date: 4/26/94

ID

Critical

Milestone

Noncritical

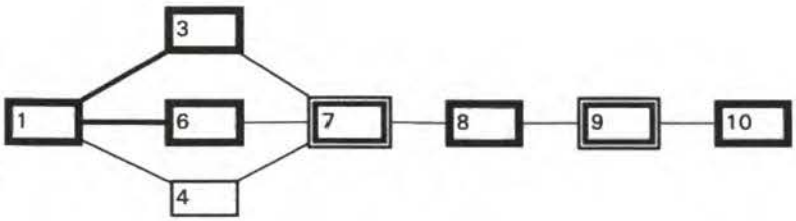
Subproject

Develop a Task Force

(SUB03-AA.MPP)

ID	Name	Start Schedule	Finish Schedule
1	1 Develop task force mission statement	5/18/94	5/24/94
2	2 Identify vital players	5/25/94	6/7/94
3	2.1 Get names from PHS	5/25/94	6/7/94
4	2.2 Get names from national organizations	5/25/94	5/27/94
5	3 Identify meaningful others	5/25/94	6/7/94
6	3.1 Get names from government (fed.,state, local)	5/25/94	6/7/94
7	4 List of candidates	6/7/94	6/7/94
8	5 Call candidates	6/8/94	6/14/94
9	6 Set date for first meeting	6/14/94	6/14/94
10	7 Send invitiations and information packet	6/15/94	6/21/94

Develop a Task Force



Project: Develop a tas
Date: 4/26/94

ID

Critical

Milestone

Noncritical

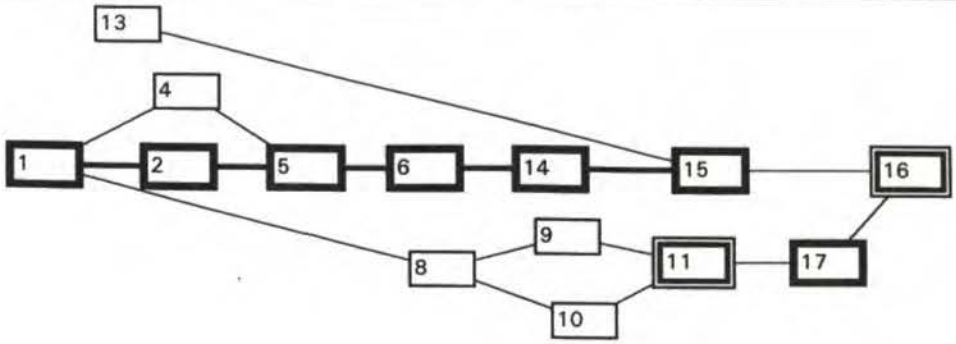
Subproject

Plan the Meeting

(SUB04-AA.MPP)

ID	Name	Start Schedule	Finish Schedule
1	1 Document purpose and goals	5/16/94	5/20/94
2	2 Determine participants	5/23/94	5/25/94
3	3 Determine government participation	5/23/94	6/15/94
4	3.1 Determine Presidential charge	5/23/94	5/24/94
5	3.2 Ascertain Pres/VP/1Lady participation	5/26/94	6/1/94
6	3.3 Ascertain other high gov't participant	6/2/94	6/15/94
7	4 Prepare informational materials	5/23/94	5/26/94
8	4.1 Develop meeting format	5/23/94	5/24/94
9	4.2 Indentify working groups	5/25/94	5/26/94
10	4.3 Develop generic working group agenda	5/25/94	5/26/94
11	4.4 Materials developed	5/26/94	5/26/94
12	5 Meeting logistics	5/16/94	6/20/94
13	5.1 Contract w/meeting planner	5/16/94	5/16/94
14	5.2 Determine date	6/16/94	6/16/94
15	5.3 Identify site	6/16/94	6/16/94
16	5.4 Contract signed	6/16/94	6/16/94
17	5.5 Prepare informational materials for mailing	6/17/94	6/20/94

Plan the Meeting



Project: Plan Kickoff
Date: 4/26/94

ID

Critical

Noncritical

Milestone

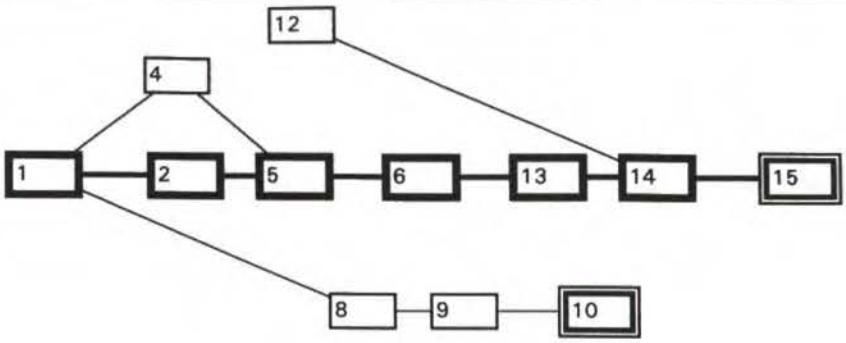
Subproject

Plan Cloture Meeting

(SUB07-AA.MPP)

ID	Name	start Schedule	Finish Schedule
1	1 Document purpose and goals	7/14/94	7/20/94
2	2 Determine participants	7/21/94	7/25/94
3	3 Determine government participation	7/21/94	8/15/94
4	3.1 Determine Presidential charge	7/21/94	7/22/94
5	3.2 Ascertain Pres/VP/1Lady participation	7/26/94	8/1/94
6	3.3 Ascertain other high gov't participant	8/2/94	8/15/94
7	4 Prepare informational materials	7/21/94	7/26/94
8	4.1 Develop meeting format	7/21/94	7/22/94
9	4.2 Develop agenda	7/25/94	7/26/94
10	4.3 Materials developed	7/26/94	7/26/94
11	5 Meeting logistics	7/14/94	8/16/94
12	5.1 Contract w/meeting planner	7/14/94	7/14/94
13	5.2 Determine date	8/16/94	8/16/94
14	5.3 Identify site	8/16/94	8/16/94
15	5.4 Contract signed	8/16/94	8/16/94

Plan Cloture Meeting



Project: Plan Cloture
Date: 4/26/94

ID

Critical

Milestone

Noncritical

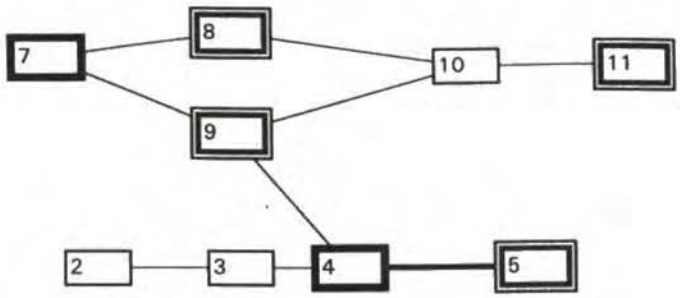
Subproject

Drafting a Consensus Document

(SUB05-AA.MPP)

ID	Name	START Schedule	FINISH Schedule
1	1 Preparing revision	7/14/94	10/26/94
2	1.1 Writing teams do draft	7/14/94	8/24/94
3	1.2 Working groups review draft from writing teams	8/25/94	9/7/94
4	1.3 Revisions based Wrk. grp, tsk frce review	10/6/94	10/26/94
5	1.4 Individual drafts submitted to ONAP	10/26/94	10/26/94
6	2 Task force monitors Revision	7/14/94	10/7/94
7	2.1 Meets by weekly to discuss progress	7/14/94	10/5/94
8	2.2 Idenifies new issues	10/5/94	10/5/94
9	2.3 Advises writing team and working groups	10/5/94	10/5/94
10	2.4 Prepare and submit progress reports ONAP	10/6/94	10/7/94
11	2.5 Progress report submitted	10/7/94	10/7/94

Writing a Consensus Document



Project: Drafting a co
Date: 4/26/94

ID

Critical

Milestone

Noncritical

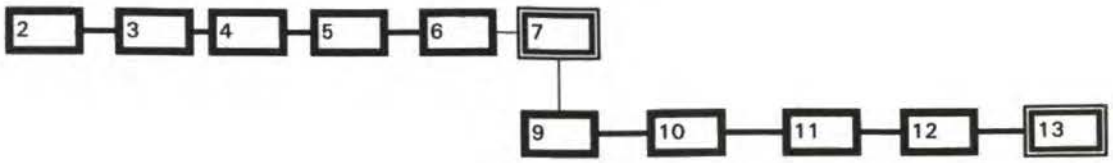
Subproject

Consolidating the Document from the Working Groups

(SUB06-AA.MPP)

ID	Name	START Schedule	FINISH Schedule
1	1 ONAP produces a single document	10/27/94	11/10/94
2	1.1 Clusters review and comment on sections	10/27/94	10/28/94
3	1.2 Planning edits for consistency and format	10/31/94	11/4/94
4	1.3 Clusters review and comment on product	11/7/94	11/8/94
5	1.4 Planning revises	11/9/94	11/10/94
6	2 Task force reviews document	11/11/94	11/24/94
7	3 Task force comments submitted to ONAP	11/24/94	11/24/94
8	4 Document revised	11/25/94	12/5/94
9	4.1 Clusters review and comment on sections	11/25/94	11/28/94
10	4.2 Planning edits for consistency and format	11/29/94	11/30/94
11	4.3 Clusters review and comment on product	12/1/94	12/1/94
12	4.4 Planning revises	12/2/94	12/5/94
13	5 Single document available	12/5/94	12/5/94

Consolidating the Document from the Working Groups



Project: Consolidate w
Date: 4/26/94

ID

Critical

Noncritical

Milestone

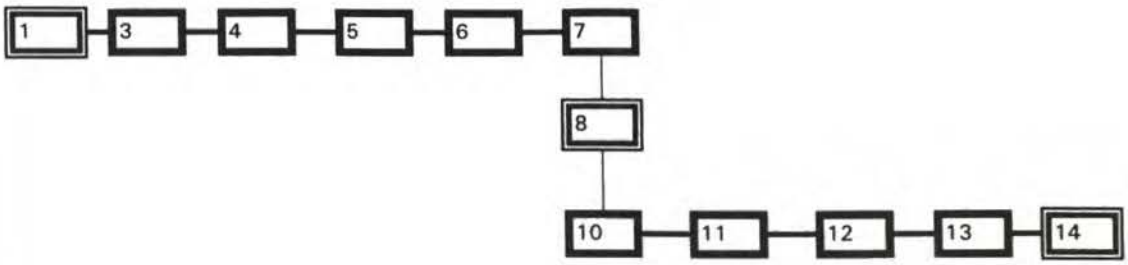
Subproject

Revision Based on Public Comment

(SUB08-AA.MPP)

ID	Name	START Schedule	FINISH Schedule
1	1 Cut off date for public comment	3/13/95	3/13/95
2	2 Revision by ONAP	3/13/95	3/27/95
3	2.1 Clusters review and comment on sections	3/13/95	3/14/95
4	2.2 Planning edits for consistency and format	3/15/95	3/21/95
5	2.3 Clusters review and comment on product	3/22/95	3/23/95
6	2.4 Planning revises	3/24/95	3/27/95
7	3 Task force reviews document	3/28/95	4/10/95
8	4 Task force comments submitted to ONAP	4/10/95	4/10/95
9	5 Document revised	4/11/95	4/19/95
10	5.1 Clusters review and comment on sections	4/11/95	4/12/95
11	5.2 Planning edits for consistency and format	4/13/95	4/14/95
12	5.3 Clusters review and comment on product	4/17/95	4/17/95
13	5.4 Planning revises	4/18/95	4/19/95
14	6 Document available for approval and publication	4/19/95	4/19/95

Revision Based on Public Comment



Project: Final revisio
Date: 4/26/94

ID

Critical

Noncritical

Milestone

Subproject

Publishing the Document

(SUB09-AA.MPP)

ID	Name	START Schedule	FINISH Schedule
1	1 Submit document to NAPC	4/20/95	4/20/95
2	2 Review by 750 staff	4/21/95	4/27/95
3	3 Revise as necessary	4/28/95	5/2/95
4	4 Offer to DP for review	5/3/95	5/3/95
5	5 DP review	5/4/95	5/17/95
6	6 Revise as necessary	5/18/95	5/22/95
7	7 Publish	5/22/95	5/22/95

Publishing the Document

Project: Publication p
Date: 4/26/94

ID

Critical

Milestone

Noncritical

Subproject

Format for Final Product
Demonstrates Format ONLY

Priority Level for this implementation step is: 1

Prevention and Education

Goal Statement: Federal, state, and local governments should join forces with the private sector in providing long-term support to community-based organizations serving communities of color. As part of this effort, the U.S. Public Health Service should expand and promote comprehensive and integrated programs for technical assistance and capacity building in these communities.
(National Commission on AIDS, Interim Report Number Nine: "The Challenge of HIV/AIDS in Communities of Color"--June 1993)

Problem 1: Strategies for training and delivering HIV/AIDS information and education to health professionals and others has have been inadequate.

Objective A: Develop an integrated system for professional information and communication on HIV and AIDS.

Implement Step 1: Educate policy makers, community-based organizations, and the public about HIV and AIDS.

Lead Organization	Government Contributors	Non Government Contributors	Projected Start Date	Projection Completion Date
CDC	State and local health depts	Community-based organizations	1/94	Ongoing
Significant Milestones				
Develop a list of national, state, and local organizations that serve high-risk populations			1/94	Ongoing
Conduct in-service training for national organizations and services that can serve to reach CBOs and high-risk populations			6/94	8/94
Compile samples of education and training materials for high-risk populations and evaluate for accuracy, appropriateness, and effectiveness			7/94	11/94
Based on a review of existing materials, identify gaps and develop new materials			12/94	Ongoing
Develop directories of existing materials for high-risk populations and distribute to organizations that serve high-risk populations.			4/95	10/95

Format for Final Product
Demonstrates Format ONLY

Priority Level for this implementation step is: 1

Prevention and Education

Goal Statement: Federal, state, and local governments should join forces with the private sector in providing long-term support to community-based organizations serving communities of color. As part of this effort, the U.S. Public Health Service should expand and promote comprehensive and integrated programs for technical assistance and capacity building in these communities.
(National Commission on AIDS, Interim Report Number Nine: "The Challenge of HIV/AIDS in Communities of Color"--June 1993)

Problem 1: Strategies for training and delivering HIV/AIDS information and education to health professionals and others has have been inadequate.

Objective A: Develop an integrated system for professional information and communication on HIV and AIDS.

Implement Step 5: [Note: there are no implementation steps 2, 3, or 4 in this demonstration] Evaluate the effectiveness of the training and educational efforts.

Lead Organization	Government Contributors	Non Government Contributors	Projected Start Date	Projection Completion Date
CDC	Dept. Education AHCPR HRSA State, Dept of Education	Community-based organizations	4/94	Ongoing
Significant Milestones				
Clarify the relationship between education and epidemic control			4/94	Ongoing
Clarify the information, education, and training problems: analyze the problems and their determinants			4/94	Ongoing
Link interventions to the problems identified			4/94	Ongoing
Design measures--prior to implementation of interventions and collect baseline data			4/94	Ongoing
Evaluate			4/94	Ongoing
Develop and implement an evaluation system to assess knowledge, attitudes, and skills of the people trained			1/95	Ongoing

Format for Final Product
Demonstrates Format ONLY

Priority Level for this implementation step is: 1

Prevention and education

Goal Statement: Federal, state, and local governments should join forces with the private sector in providing long-term support to community-based organizations serving communities of color. As part of this effort, the U.S. Public Health Service should expand and promote comprehensive and integrated programs for technical assistance and capacity building in these communities. **(National Commission on AIDS, Interim Report Number Nine: "The Challenge of HIV/AIDS in Communities of Color"–June 1993)**

Problem 1: Strategies for training and delivering HIV/AIDS information and education to health professionals and others has have been inadequate

Objective B: Train and build the capacity of teachers, other school staff, and other professionals providing services to youth, including health care providers who are charged with providing HIV education, treatment, and services.

Implement Step 1: Provide adequate, ongoing staff development, including pre-service, in-service, and continuing education.

Lead Organization	Government Contributors	Non Government Contributors	Projected Start Date	Projection Completion Date
Dept. of Education	CDC State & local school boards	Parent, Teacher Associations Nat'l Education Assoc.		
Significant Milestones				

DEPARTMENT OF HEALTH & HUMAN SERVICES Office of the Secretary

Washington, D.C. 20201

April 8, 1994

MEMORANDUM TO KRISTINE GEBBIE FROM PATSY FLEMING

Re: HIV/AIDS Action Plan

I have received a copy of your draft "Action Plan" which outlines goals and actions for NAPO and other HHS agencies. In spite of major budgetary and other resource implications for the Department and the agencies, these agencies have not been involved in the conceptualization or evaluation of the Plan.

The Secretary is aware of the Action Plan and has serious concerns about its being developed external to the HHS agencies which are to implement it.

A brief review of the document raises a number of concerns. First, proposing actions that may be impractical or impossible to carry out may raise expectations among constituents that cannot be fulfilled. This Administration has many accomplishments under its belt, and many more are to come. But the presentation of unrealistic goals and actions will leave the door open to self-generated criticism. A case in point is Goal M which reads, "A safe blood supply world wide."

Second, it is unclear how this Plan is to be carried out by HHS agencies without the ownership that constituent agency involvement would bring. I question, for example, how the research goals and actions in your draft Plan could be developed without the assistance of the Office of AIDS Research when the OAR has just gone through the process of generating its own plan in accord with the budget process for FY 1996.

Third, I understand that you intend to distribute the Action Plan at a meeting of AIDS organizations next week. This would put the Secretary and the White House in the awkward position of not having been involved in the process of developing the Plan before it is made public.

It is my strong recommendation that you involve the Department in the process of developing an Action Plan. Through such involvement you will not only enlist the support and cooperation of HHS staff, but also have the benefit of their experience and insights in generating an Action Plan of which we can all be proud.

cc: Kevin Thurm