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Appendices - Walk Through Edits & White House Graphics 8/27/96 [2]

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Appendix I
National AIDS Strategy: Summary Budget Table by Agency by Year
 Totals in millions

(a) ✓

	FY 1995	FY 1996	FY 1997
Department of Defense	110.448	110.118	86.361
Department of Health & Human Services			
AHCPR	9.084	6.634	4.755
CDC	589.831	584.533	618.081
FDA	72.745	72.745	72.745
HCFA	2,240.000	2,490.000	2,750.000
HRSA	661.185	762.398	902.685
IHS	3.637	3.660	3.847
NIH	1,333.875	1,407.824	1,431.908
SAMHSA (b)	24.095	14.300	11.939 ^{be}
✓ Department of Housing & Urban Development (c)	171.000	171.000	196.000 ^{ee}
Department of Justice	648.390	635.000	735.000
✓ Department of Veterans Affairs (d)	317.400	336.700	346.700 ^{ee}
✓ Office Personnel Management (e)	212.020	226.018	241.000 ^{ee}
Peace Corps	4.500	5.000	5.000
Social Security Administration	940.000	1,080.000	1,245.000
U.S. Agency for International Development	119.000	114.000	114.000
U.S. Information Agency	0.590	0.525	0.525
Total	7,457.800	8,020.455	8,765.546

(a) Budget figures are estimates and may include HIV-related activities not listed in the Appendices. Agencies where HIV-related efforts are part of the Agency's overall operating budget are not included.

(b) In addition to this budget figure, SAMHSA's Knowledge Development Application (KDA) Program includes an AIDS initiative in FY 1997. This initiative includes various approaches, including how best to: educate service providers, address family issues, interrupt HIV transmission, and maximize client retention in substance abuse treatment. The FY 1997 estimate HIV/AIDS in the President's Budget is \$15 million.

(c) Housing services for HIV-positive people are also available through other HUD programs such as

Section 811 Supportive Housing Program for Persons with Disabilities and the Continuum of Care Homeless Assistance Program.

- d Resources for HIV/AIDS care are derived from the general Medical Care and the Medical and Prosthetic Research budgets. FY 1995 figures are reported expenditures; FY 1996 and FY 1997 are based on the projected number of patients by category or stage of disease and estimated resources required, as reported in the President's budget.
- e Figures include training costs and HIV-related care financed through the Federal Employee Health Benefits Program.

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1997



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(Note that all budget figures presented are estimates)

Appendix C

Current Federal Activities **CARE AND SERVICES**

Agency: Department of Defense

Goal: To provide state-of-the-art patient-centered comprehensive care for eligible beneficiaries throughout the asymptomatic and symptomatic phases of HIV and AIDS.

Objective:

Provide immediate evaluation and continuity of care for eligible beneficiaries who become HIV positive.

Through contact tracing, identify persons at risk and provide consultation and evaluation. Refer to care as appropriate.

Provide continuation of employment for service members until no longer physically fit for duty.

Action Steps: Conduct periodic screening of active duty personnel.

For HIV positive personnel, provide comprehensive evaluation, treatment, and care;

Restrict service member assignment to continental U.S., Alaska, Hawaii, or Puerto Rico to assure continuity of medical care.

Educate health care staff on best clinical practice for persons living with HIV.

Descriptions: Comprehensive state-of-the-art clinical care.

Resources:

FY 95: \$60,290,000² 60.3 million
FY 96: \$62,290,000¹ 62.3 million
FY 97: \$64,370,000² 64.4 million

Populations Served: HIV positive eligible beneficiaries, active duty personnel and their dependents, retirees and their dependents.

Constituency Involvement: Clinicians, active duty personnel, military health providers, manpower and personnel administration staff.

Agency: Department of Health and Human Services, Administration for Children and Families

Goal: To meet the social and support service needs of children, youth, and families with or at risk for HIV/AIDS.

Objective 1:

Stabilize the crisis situation and provide needed services to runaway and homeless youth.

Action Steps: Provide shelter and immediate services including diagnostic medical services and education and prevention related to HIV/AIDS.

Descriptions: Runaway and Homeless Youth Program.

Resources:

FY 95: NA — HIV services integrated into overall budget.

FY 96: NA — HIV services integrated into overall budget.

FY 97: NA — HIV services integrated into overall budget.

Populations Served: Runaway and homeless youth at risk for HIV.

Constituency Involvement: A network of more than 500 grantees, both public and private.

Objective 2:

Provide foster care and adoption services to abused, neglected, or otherwise needy children including those with HIV/AIDS.

Action Steps: Provide diagnostic and treatment services, counseling for children, parents, extended family, foster and adoptive parents, and others relevant to HIV/AIDS.

Descriptions: Child Welfare Services Program.

Resources:

FY 95: NA — HIV services integrated into overall budget.

FY 96: NA — HIV services integrated into overall budget.

FY 97: NA — HIV services integrated into overall budget.

Populations Served: Children in foster care and those placed in adoption, their parents, and extended families.

Constituency Involvement: National, professional, advocacy, and service organizations such as the Child Welfare League of America, American Public Welfare Association, National Association of Social Workers, and 56 State/Territorial grantees.

Current Federal Activities

Administration for Children and Families, continued

Objective 3:

Support health and social services for abandoned infants and young children who have been drug-exposed and/or have HIV/AIDS.

Action Steps: Provide foster care, health services, counseling and other social services.

Descriptions: Abandoned Infants Assistance Program.

Resources:

FY 95: NA — HIV services integrated into overall budget.

FY 96: NA — HIV services integrated into overall budget.

FY 97: NA — HIV services integrated into overall budget.

Populations Served: Abandoned infants and young children who have been drug-exposed and/or have HIV/AIDS.

Constituency Involvement: Public and private providers of these services, grantees, and national resource agencies.

Objective 4:

The Head Start Program provides comprehensive child development services to children, including those with HIV/AIDS, their parents, and families.

Action Steps: Services to Head Start families may include prevention and education, identification, and intervention related to HIV/AIDS; children with HIV/AIDS are enrolled in the on-going Head Start program.

Descriptions: Head Start Program.

Resources:

FY 95: NA — HIV services integrated into overall budget.

FY 96: NA — HIV services integrated into overall budget.

FY 97: NA — HIV services integrated into overall budget.

Populations Served: Low income pre-schoolers and their families, including pregnant women.

Constituency Involvement: National Head Start Association and related early childhood development organizations, such as National Association for the Education of Young Children.

Objective 5:

Support the independence, productivity, and integration into the community of persons with developmental disabilities.

Action Steps: Support grantees; twenty-seven of the current 51 grantees operate within university-associated pediatric HIV/AIDS clinics.

Descriptions: University Affiliated Program.

Resources:

↓ link to text.

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FY 95: NA — HIV services integrated into overall budget.

FY 96: NA — HIV services integrated into overall budget.

FY 97: NA — HIV services integrated into overall budget.

Populations Served: Developmentally disabled persons, including those with HIV/AIDS.

Constituency Involvement: National network of grantees; national advocacy organizations related to HIV/AIDS and developmental disabilities.

Agency: Department of Health and Human Services, Health Care Financing Administration

Goal 1: To provide primary health care to Medicaid-eligible HIV positive persons.

Objective:

Provide quality primary health to Medicaid-eligible HIV positive persons.

Action Steps: Assess state compliance with Medicaid program standards. Review and evaluate waiver applications. Encourage compliance with changes in the standard-of-care.

Description: Medicaid primary health care services.

Resources:

FY 95: \$1,640,000,000 (Federal share)

FY 96: \$1,800,000,000 (Federal share)

FY 97: \$1,970,000,000 (Federal share)

1.64 billion
1.8 billion
1.97 billion

(Paul -
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✓ make
✓ sure it
says
(billion.)
Thanks.

Populations Served: HIV positive Medicaid-eligible persons.

Constituency Involvement: Information and activities routinely discussed with external groups at meetings and conferences.

~~**Unmet Need:** Since Medicaid is an entitlement program any unmet need is a result of State budgeting limitations.~~

Goal 2: To provide primary health care to Medicare-eligible HIV positive persons.

Objective:

Medicare

Provide quality primary health to Medicare-eligible HIV positive persons.

Action Steps: Undertake a multi-state analysis of utilization, expenditures, and access to care for Medicare recipients who are HIV-positive.

Current Federal Activities

Health Care Financing Administration, continued

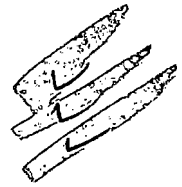
Description: Medicare primary health care services.

Resources:

FY 95: \$600,000,000² 600 million
FY 96: \$690,000,000² 690 million
FY 97: \$780,000,000² 780 million

Populations Served: HIV positive Medicare-eligible persons.

Constituency Involvement: Information and activities routinely discussed with external groups at meetings and conferences.



Goal 3: To provide quality home health care for HIV positive Medicaid and Medicare beneficiaries.

Objective:

Provide quality standards for appropriate home health care services and treatment of HIV disease.

Action Steps: Identify current home health care practices through literature review and survey of best practices.

Descriptions: Develop and implement quality standards for appropriate home health care for HIV positive beneficiaries in partnership with private sector organizations and PHS agencies; Develop directives in implementation of developed guidelines.

Resources

FY 95: \$25,000 (Conferences and materials)

FY 96: NA

FY 97: NA

Populations Served: HIV positive Medicaid and Medicare beneficiaries receiving home health care.

Constituency Involvement: Significant constituent consultation throughout course of project development.

Agency: Department of Health and Human Services, Health Resources and Services Administration

Goal 1: To increase access to care and improve quality of life for persons living with HIV and AIDS.

Objectives:

Through the Ryan White Comprehensive AIDS Resources Emergency (Care) Act (RWCA), improve accessibility and quality of care for all persons living with HIV.

Develop comprehensive and participatory planning processes at the state and local levels to guide funding allocation decisions.

Increase patient access to clinical research.

Establish quality guidelines and evaluate program effectiveness.

Action Steps: Support comprehensive outpatient, ambulatory health and support services, case management, and inpatient case management services that prevent unnecessary hospitalization or expedite discharge (RWCA Title I);

Support consortia to improve the quality and availability of health care, including home and community-based services, continuation of health insurance, purchase of AIDS drugs, direct provision of care for individuals and families living with HIV and AIDS (RWCA Title II);

Develop a minimum drug formulary for federally-assisted AIDS Drug Assistance Programs (ADAP—RWCA Title II);

Support outpatient early intervention services for low-income medically underserved people in existing primary health care systems (RWCA Title III);

Support comprehensive care services for affected women, infants, children, and youth in a comprehensive community-based, family-centered system of care (RWCA Title IV);

Support initial development of care systems linked to research for children, youth and women in seven new communities;

Enhance linkages between care providers and sites where research is conducted;

Provide leadership, training, and technical assistance;

Convene youth and family leadership conferences and distribute findings;

Develop, distribute, and train providers on quality indicators and quality assurance guidelines for the clinical management of HIV disease;

Develop guidance for grantees in developing local strategies for changes in the standard-of-care; and

Evaluate program effectiveness through development of common evaluation criteria of CARE Act grants that address program delivery and program outcomes and establishment of evaluation measures that are unique to each Title.

Descriptions: Provide RWCA-supported services through individual grantees and service organizations. In addition to these broad-based efforts, support a variety of focused initiatives

Current Federal Activities

Health Resources and Services Administration, continued

such as the adolescent research and clinical network and a cooperative agreement with Institute of Family-Centered Care to provide training and technical assistance to youth and families.

Resources:

~~FY 95:~~ RWCA Title I: ~~\$356,500,000~~	356.5 million
RWCA Title II: ~~\$198,147,000~~	198.1 million
RWCA Title III: ~~\$52,318,000~~	52.3 million
RWCA Title IV: ~~\$26,000,000~~	26 million
~~FY 96:~~ RWCA Title I: ~~\$391,700,000~~	391.7 million
RWCA Title II: ~~\$260,847,000~~	260.8 million
RWCA Title III: ~~\$56,918,000~~	56.9 million
RWCA Title IV: ~~\$29,000,000~~	29 million
~~FY 97:~~ RWCA Title I: ~~\$423,943,000~~	423.9 million
RWCA Title II: ~~\$349,954,000~~	350 million
RWCA Title III: ~~\$64,568,000~~	64.6 million
RWCA Title IV: ~~\$34,000,000~~	34 million

Populations Served: HIV positive individuals and their family members, low income persons with HIV/AIDS, pregnant women living with HIV/AIDS, neonates and children born to HIV positive women. In addition, RWCA grantees and planning councils receive technical assistance in conducting and evaluating their programs.

Constituency Involvement: The input and guidance of PLWAs and affected communities is gathered through a variety of avenues. Constituents are represented on the HRSA AIDS Advisory Committee, and RWCA planning councils, with the input of broad-based local representation, guide local prioritization of RWCA funds.

The development of evaluation measures is a participatory process whereby local groups assist in the development of self-assessment tools. Local participants have early and ongoing involvement in all phases of data collection design, planning, and implementation.

In addition, focus groups, workshops, and discussion groups of PLWAs, providers of HIV care, State and local officials, researchers, and national groups review proposed policies, program directives, and planning and evaluation activities to ensure constituency input.

Health Resources and Services Administration, continued

Goal 2: To increase the number of competent primary care providers willing to care for HIV-positive persons.

Objective:

Increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection.

Action Steps: Support didactic and clinical training activities for primary health care providers in collaboration with Federal, state, and local HIV care programs.

Disseminate state-of-the art HIV information to providers.

Develop and coordinate distribution of HIV provider materials.

Descriptions: AIDS Education and Training Centers (RWCA Title VI). In addition, as part of the overall operative budget, there are quarterly interactive conference calls with experts and providers, the National HIV Telephone Consultation Service (Warmline), phone consultation services, newsletters, bulletins, and provider guides for HIV priority areas (e.g., guidance for clinicians regarding the use of AZT for the prevention of perinatal transmission).

Resources:

FY 95: \$16,000,000	16 million
FY 96: \$12,000,000	12 million
FY 97: \$16,000,000	16 million



Populations Served: Health care providers and people living with HIV disease.

Constituency Involvement: Faculty, staff, advisory committees, training panels, persons living with AIDS, and academic faculty.

Goal 3: To reduce barriers to obtaining dental care for HIV positive persons.

Objective:

Increase the number of dental practitioners who provide care to HIV positive patients.

Assist dental schools in meeting uncompensated costs associated with providing oral health care to HIV positive patients.

Action Steps: Provide reimbursement to dental schools of uncompensated costs incurred in treating patients with HIV.

Descriptions: The AIDS Dental Reimbursement Program (RWCA Title V) is designed to reimburse accredited dental schools and post doctoral dental programs for the documented uncompensated costs incurred from providing oral health treatments to HIV positive patients.

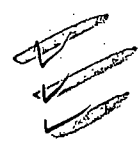
Health Resources and Services Administration, continued

Resources:

FY 95: \$7,000,000^e 7 million
FY 96: \$7,000,000^e 7 million
FY 97: \$7,000,000^e 7 million

Populations Served: Children and adults living with HIV.

Constituency Involvement: American Association of Dental Schools, American Association of Hospital Dentists, and the American Dental Association.



Agency: Department of Health and Human Services, Health Resources and Services Administration

Goal 4: To develop and evaluate innovative models of comprehensive managed care for persons living with HIV.

Objective:

Develop and evaluate models of comprehensive managed care networks that enroll a broad spectrum of primary care and psychosocial providers within the HIV continuum of care, and that provide patients and their families access to services.

Action Steps: Develop innovative models, provide technical support for evaluation activities, and disseminate results of evaluation.

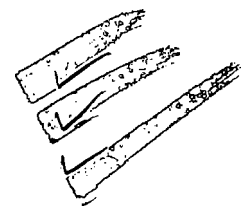
Descriptions: Special Projects of National Significance (SPNS).

Resources:

FY 95: \$1,500,000^e 1.5 million
FY 96: \$1,500,000^e 1.5 million
FY 97: \$1,500,000^e 1.5 million

Populations Served: Persons living with HIV and their families.

Constituency Involvement: Primary care providers, community-based organizations, state and local health officials, Ryan White planning bodies, and persons living with HIV.



Agency: Department of Health and Human Services, Indian Health Service

Goal: To provide health care for federally recognized American Indians and Alaska Natives who are HIV positive.

Objective:

Provide HIV-related health care within Indian Health Service-supported care systems for American Indians and Alaska Natives.

Action Steps: In coordination with area AIDS Coordinators, provide HIV-related health care.

Descriptions: HIV-related health care and services.

Resources:

FY 95: Part of overall IHS budget.

FY 96: Part of overall IHS budget.

FY 97: Part of overall IHS budget.

Populations Served: Federally recognized American Indians and Alaska Natives.

Constituency Involvement: Local and National Indian Health Advisory Boards.

Agency: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

Goal 1: To provide a range of high quality mental health services to people affected by or living with HIV and AIDS.

Objective 1:

To change risk behaviors and prevent further HIV transmission, evaluate the effectiveness and efficiency of the different approaches or models used for organizing and providing those services, and determine the outcome of those services on the quality of life of the individuals served.

Action Steps: Increase compliance with medical treatment and enhance access to existing services.

Disseminate information about successful service models.

Develop and rigorously evaluate models for replication and integration into HIV/AIDS delivery systems.

Increase productive work capacity as result of receiving services.

Descriptions: HIV/AIDS Mental Health Services Demonstration Program.

Current Federal Activities

Substance Abuse and Mental Health Services Administration, continued

Resources:

FY 95: \$1,500,000¹ (With \$1,400,000² from NIH and \$1,500,000² from HRSA) 1.5 million
FY 96: \$1,320,000² 1.3 million 1.4 million 1.5 million
FY 97: \$1,782,000* 1.8 million

* In addition, SAMHSA's Knowledge Development Application (KDA) Program includes an AIDS initiative in FY 1997. This initiative includes various approaches, including how best to: educate service providers, address family issues, interrupt HIV transmission, and maximize client retention in substance abuse treatment. The FY 1997 estimate for HIV/AIDS in the President's Budget is \$15,000,000.

Populations Served: People living with or affected by HIV/AIDS including injection drug users, sex partners of injection drug users, sex workers, gay or bisexual men, and racial and ethnic minority populations.

Constituency Involvement: Health professionals, consumers, and community service providers.

Objective 2:

To demonstrate the efficacy of outreach as an intervention for facilitating access to substance abuse treatment for high risk and hard to reach substance abusers.

To demonstrate that comprehensive HIV outreach interventions affect behavior changes in diverse populations.

Action Steps: Identify chronic, hardcore, drug users and their sex and/or needle-sharing partners.
Facilitate entry into substance abuse treatment.

Provide a range of services including medical and diagnostic services for HIV, STDs, and TB.
Employ information-sharing, skills and other prophylactic means to affect behavior change.

Evaluate program effectiveness.

Descriptions: HIV/AIDS Community Outreach Program.

Resources:

FY 95: \$7,500,000 7.5 million
FY 96: \$4,000,000² 4.0 million
FY 97: \$4,000,000* 4.0 million

* In addition, SAMHSA's Knowledge Development Application (KDA) Program includes an AIDS initiative in FY 1997. This initiative includes various approaches, including how best to: educate service providers, address family issues, interrupt HIV transmission, and maximize client retention in substance abuse treatment. The FY 1997 estimate for HIV/AIDS in the President's Budget is \$15,000,000.

Populations Served: Chronic, hard core substance abusers and their sex and/or needle-sharing partners, including those individuals who have severe drug problems, frequently inject heroin and/or cocaine and/or are poly drug users. There is also emphasis within various racial and ethnic groups, women, residents of public housing projects, and homeless individuals.

Constituency Involvement: Health professionals, consumers, and community service providers.

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Substance Abuse and Mental Health Services Administration, continued

Goal 2: To improve HIV/AIDS training of clinicians.

Objective 1:

Enhance mental health professionals' prevention and treatment efforts by training mental health care providers and other health care workers.

Action Steps: Assess neuropsychiatric/psychosocial aspects of HIV/AIDS to prevent the spread of HIV infection.

Establish linkages with health care providers.

Include alcohol and other drug (AOD) related HIV prevention in all training curriculums.

Train mental health professionals who serve people with serious mental illness.

Provide training about pre- and post- HIV antibody counseling and testing, physiological aspects of HIV/AIDS, in addition to culturally sensitive, linguistically and gender appropriate interventions and methodologies.

Address managed care and training issues.

Evaluate the effectiveness of training techniques.

Descriptions: AIDS Health Care Worker Training.

Resources:

FY 95: \$2,934,000	2.9 million
FY 96: \$587,000	0.6 million
FY 97: \$612,000*	0.6 million



* In addition, SAMHSA's Knowledge Development Application (KDA) Program includes an AIDS initiative in FY 1997. This initiative includes various approaches, including how best to: educate service providers, address family issues, interrupt HIV transmission, and maximize client retention in substance abuse treatment. The FY 1997 estimate for HIV/AIDS in the President's Budget is \$15,000,000.

Populations Served: HIV/AIDS mental health care providers whose client population may include gay and bisexual men, women, racial and ethnic minority groups, injecting drug users and their sex partners, sex workers, children, adolescents, and the sex partners of people with HIV/AIDS.

Constituency Involvement: Health professionals, consumers, and community service providers.

Objective 2:

Provide training programs for health care professionals, modifying curricula and strengthening training opportunities in comprehensive care for people with or at risk for substance abuse, mental illness and infectious diseases including HIV and TB.

Action Steps: Train health care professionals to provide comprehensive services and care. Enhance curricula by including training for diverse populations with multiple risk factors and illnesses.

Current Federal Activities

Substance Abuse and Mental Health Services Administration, continued

Descriptions: AIDS Training Grants.

Resources:

FY 95: \$2,800,000 2.8 million
FY 96: \$2,600,000 2.6 million
FY 97: \$0*

* In addition, SAMHSA's Knowledge Development Application (KDA) Program includes an AIDS initiative in FY 1997. This initiative includes various approaches, including how best to: educate service providers, address family issues, interrupt HIV transmission, and maximize client retention in substance abuse treatment. The FY 1997 estimate for HIV/AIDS in the President's Budget is \$15,000,000.

Populations Served: People with or at risk for substance abuse, mental illness and/or transmission of HIV.

Constituency Involvement: Health professionals and consumers.

Goal 3: To improve the integration of substance treatment and primary medical care.

Objective:

To demonstrate the effectiveness of fostering greater services integration by linking substance abuse treatment, primary medical care, mental health services, and HIV/AIDS, STD and TB services.

Action Steps: Develop and foster linkages among service providers; and
Evaluate the efficiency and effectiveness of linked, integrated services.

Descriptions: The HIV/AIDS Linkage Program.

Resources:

FY 95: \$7,500,000 7.5 million
FY 96: \$0
FY 97: \$0*

* In addition, SAMHSA's Knowledge Development Application (KDA) Program includes an AIDS initiative in FY 1997. This initiative includes various approaches, including how best to: educate service providers, address family issues, interrupt HIV transmission, and maximize client retention in substance abuse treatment. The FY 1997 estimate for HIV/AIDS in the President's Budget is \$15,000,000.

The National AIDS Strategy

Populations Served: Injecting drug users and other high risk substance abusers and their sexual partners.

Constituency Involvement: Service providers and consumers.

Agency: Department of Housing and Urban Development

Goal 1: To provide support and encourage the development of local programs that provide a comprehensive range of housing and related services for persons living with HIV.

Objective:

Provide states and localities with resources to provide housing and related services under long-term comprehensive strategies for meeting the needs of persons living with HIV/AIDS.

Action Steps: Award grants, both formula-based and competitively-selected grants to support a broad range of housing and services to prevent homelessness of persons living with HIV/AIDS. Unmet need, see above.

Descriptions: Housing Opportunities for Persons with AIDS (HOPWA) Program, in coordination with other HUD resources (see other HUD goals).

Resources:

FY 95: \$171,000,000 ~~e~~	171 million
FY 96: \$171,000,000 ~~e~~	171 million
FY 97: \$196,000,000 ~~e~~	196 million

Populations Served: Low income persons living with HIV and their families.

Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates, and persons living with HIV.

★ from p. C-15.

Objective 1:

Increase the supply of permanent housing units for persons living with HIV.

Action Steps: Encourage HIV housing and program sponsors to apply for funds for projects for persons living with HIV.

Descriptions: Section 811 Supportive Housing Program for Persons with Disabilities.

Resources:

FY 95: HIV housing services part of overall program operating budget. (Full program appropriation is \$376,000,000 ~~e~~ million; no set aside for persons with HIV is made.)	
FY 96: HIV housing services part of overall program operating budget. (Full program appropriation is \$258,000,000 ~~e~~ million; no set aside for persons with HIV is made.)	

Current Federal Activities

Department of Housing and Urban Development, continued

Goal 2: To increase the housing supply for persons with disabilities, including persons living with HIV and their families.

move to A
on previous
page

FY 97: HIV housing services part of overall program operating budget. (Full program appropriation is ~~\$174,000,000~~ ^{1.1 billion} Part of Housing for Special Populations fund of \$769 million, i.e. elderly and disabled.)

Populations Served: Disabled person 18 years of age and older.

Constituency Involvement: Input received through local planning groups.

Objective 2:

Assist communities in providing local comprehensive systems of housing assistance and related services for persons who are homeless by increasing the supply, accessibility and appropriateness of housing and related supportive service options to address the needs of persons who are homeless and living with HIV/AIDS.

Action Steps: Ensure the availability of funds to support community-wide efforts to comprehensively address the needs for emergency, transitional and permanent supportive housing for person with HIV/AIDS.

Descriptions: Continuum of Care Homeless Assistance, including the Supportive Housing Program, Shelter Plus Care program, and the Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings for Homeless Individuals program.

Resources:

FY 95: HIV housing services part of overall program operating budget. (Full program appropriation is ~~\$1,100,000,000~~ ^{1.1 billion})

FY 96: HIV housing services part of overall program operating budget. (Full program appropriation is ~~\$823,000,000~~ ^{823 million})

FY 97: HIV housing services part of overall program operating budget. (Full program appropriation is ~~\$1,120,000,000~~ ^{1.12 billion})

Populations Served: Homeless persons and families, including persons with disabilities, such as persons living with HIV/AIDS.

Constituency Involvement: Communities participating in the development of coordinated and comprehensive systems of housing and care for persons who are homeless, include government agencies, nonprofit organizations, advocates, and consumers.

Department of Housing and Urban Development, continued

Goal 3: To increase the capacity of AIDS housing and service providers to develop, operate, and evaluate housing programs for persons living with HIV.

Objective:

Increase the capacity of AIDS housing and service providers to develop, operate, and evaluate housing programs for persons living with HIV.

Action Steps: Ensure the availability of technical assistance and other support for nonprofit providers.

Authorize technical assistance activities in HUD programs for HIV-related nonprofit providers and grantees.

Descriptions: Technical assistance or other support for the development of program capacity.

Resources:

FY 95: NA—Some funding within homeless assistance grants and HOPWA funding.

FY 96: NA—Some funding within homeless assistance grants and HOPWA funding.

FY 97: NA—Some funding within homeless assistance grants and HOPWA funding.

Populations Served: Homeless persons, including those living with HIV.

Constituency Involvement: HUD program grantees, including State and local governments, housing authorities and finance agencies and non-profit organizations that develop, provide or coordinate services for person receiving housing assistance, as well as advocates and consumers.

Goal 4: To increase the awareness of staff in public and private organizations to the general and unique needs of persons living with HIV.

Objective:

Increase awareness regarding HIV among agency and other staff.

Action Steps: Authorize training activities in HUD programs for HUD staff, HIV-related nonprofit providers and grantees.

Descriptions: Training and support for HIV awareness.

Resources:

FY 95: NA — Part of overall operating budget.

FY 96: NA — Part of overall operating budget.

FY 97: NA — Part of overall operating budget.

Current Federal Activities

Department of Housing and Urban Development, continued

Populations Served: Public and private staff and persons at risk for HIV infection.

Constituency Involvement: HUD program grantees, including State and local governments, housing authorities and finance agencies and non-profit organizations that develop, provide or coordinate services for person receiving housing assistance, as well as advocates and consumers.

Goal 5: To increase the awareness and responsiveness of HUD programs that may target or incidentally assist persons living with HIV.

Objective:

Ensure that the needs of persons living with HIV are addressed in HUD programs.

Action Steps: Designate an office with direct responsibility for programs and advocacy on AIDS issues.

Descriptions: Office on HIV/AIDS Housing

Resources:

FY 95: NA — Part of overall operating budget.

FY 96: NA — Part of overall operating budget.

FY 97: NA — Part of overall operating budget.

Populations Served: Homeless persons, nonprofit organizations, government agencies, and HUD staff.

Constituency Involvement: HUD program grantees, including State and local governments, housing authorities and finance agencies and non-profit organizations that develop, provide or coordinate services for persons receiving housing assistance, as well as advocates and consumers.

Agency: Department of Justice

Goal: Provide health care for prisoners with HIV/AIDS. Educate and counsel the inmate population about the transmission of HIV/AIDS and for the purpose of reducing the incidence of HIV transmission.

Objective:

To improve trainees' interaction with the populations they serve, especially those who might have been exposed to the HIV virus or those who may be HIV positive.

Action Steps: Provide funds to the National Victims Center (NVC) under a cooperative agreement. (The NVC provides education, and sensitivity training to law enforcement personnel and social service agencies.)

Provide grant funds to the Educational Development Center (EDC) for training regarding hate/bias crimes. (The EDC trains law enforcement and social service agency personnel regarding procedures for identifying and handling hate crimes, including such crimes against those who are HIV positive or living with AIDS.)

Descriptions: Provide grants and operate cooperative agreements.

Resources:

FY 95: \$133,900

FY 96: Although no funds have been budgeted, the training for law enforcement and social services personnel was covered by the FY 95 budget and will continue.

FY 97: The Department anticipates allocating additional funds for training.

Populations Served: Law enforcement and social service agencies are directly served. The crime victims who interact with these agencies benefit indirectly.

Constituent Involvement: Victims rights groups were consulted regarding the curriculum development for the training program.

Goal 2: To provide education and training for law enforcement and social services agencies regarding victims of crime.

Objective:

Provide counseling, education and treatment for prisoners.

Action Steps: Conduct random HIV testing on 10% of newly incarcerated inmates.

Current Federal Activities

Department of Justice, continued

Provide pre- and post-test counseling for inmates.

Conduct HIV tests on new inmates where clinically indicated,
provide HIV training and education for all newly committed
inmates during their admission and orientation.

Provide additional HIV and infectious disease-related training annually to each incarcerated
inmate who has a job-related potential exposure to bloodborne pathogens.

Provide health care for inmates.

Descriptions: Provide testing, counseling, education, and health care for inmates.

Resources:

million
FY 95: \$1,000,000 for prevention and \$5,000,000 for medical care

million
FY 96: \$1,000,000 for prevention and \$5,000,000 for medical care

million
FY 97: \$1,000,000 for prevention and \$6,000,000 for medical care

million
Population Served: Bureau of Prisons inmates.

Constituency Involvement: None.

Agency: Department of Veterans Affairs

Goal: To provide high quality, comprehensive care across the spectrum of HIV
disease to all eligible veterans.

Objective 1:

Assess and evaluate claims and, if in order, make disability compensation or pension payments
to eligible veterans with HIV-related illnesses.

Action Steps: Implement published final regulatory criteria effective March 24, 1992, for eval-
uating manifestations of HIV-related illnesses.

Publish amendment to portion of Schedule for Rating Disabilities.

Objective 2:

Assist Departmental training programs to ensure widespread awareness of VA policies related
to HIV/AIDS.

Action Steps: Coordinate with other Departmental offices to facilitate HIV/AIDS training at
all Veterans Benefits Administration facilities.

Conduct follow-up training on HIV/AIDS as new information becomes available.

Objective 3:

Expand outreach efforts to increase awareness of the VA's HIV/AIDS programs.

Action Steps: Include information on the VA's HIV/AIDS-related policies and accomplish-
ments at external presentations, i.e., service organization meetings, town meetings.

Department of Veterans Affairs, Continued

Objective 4:

Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.

Action Steps: Provide HIV testing and make counseling services available at every VA medical center and/or VA outpatient clinic throughout the system;

Train professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission;

Establish quality laboratory standards for HIV testing, including ELISA and Western Blot; and

Ensure implementation of policy prohibiting routine involuntary screening.

Objective 5:

Protect patients' rights to information and self-determination in HIV testing process.

Action Steps: Ensure that HIV testing is performed only with written informed consent, utilizing standardized written informed consent form, by law and policy.

Provide counseling and patient education on prevention and transmission performed by trained health-care professionals.

Ensure that patient education pamphlets explaining how to obtain an HIV test in a VA facility is available.

Objective 6:

Protect patients' rights to confidentiality in HIV testing and/or infection.

Action Steps: Ensure that medical records of veteran tested for or infected with HIV are subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy.

Implement safeguards to assure that: veteran HIV testing or status is released only with patient's written authorization with exceptions to disclosure (public health agencies, spouse, sexual partners) only under specified conditions; VA staff's access to medical records only on "need to know" basis; and legal, clinical and administrative staff are trained in confidentiality regulations and policy.

Objective 7:

Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.

Action Steps: Ensure non-discrimination in admission and treatment on the basis of HIV status, established by law and policy.

Implement safeguards to assure that: access to medical treatment based on clinical judgment, not HIV status; legal, clinical and administrative staff are trained in regulations and policy with periodic updates and consultation available; and patient representatives and clinical staff are available in all facilities for patient grievances.

Department of Veterans Affairs, continued

Objective 8:

Provide state-of-the-art medical treatment for patients with HIV infection or AIDS given by professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment and make available of appropriate pharmaceuticals and therapeutics at health-care facilities.

Action Steps: Provide FDA approved pharmaceuticals and therapies at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks.

Provide compassionate use of therapies under research protocols at referral or other medical centers and facilities throughout system.

Promote integration of clinical treatment and research in HIV/AIDS.

Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.

Facilitate physician and other clinician participation in local and national educational programs, professional societies, local, and state and national advisory groups.

Support on-going education and training of health-care and support staff throughout system. Encourage establishment of formal and informal physician and clinician networks for treatment advice.

Objective 9:

Provide a full range of medical and psychosocial services to meet veteran's comprehensive care needs.

Action Steps: Provide specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation in medical centers and/or networks.

At the medical center level, provide comprehensive social services and counseling including family, housing and community referrals.

Objective 10:

Provide consultation on legal, clinical and policy issues related to the care of HIV-infected patients.

Action Steps: Address and/or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, and veterans on issues related to HIV infection and AIDS.

Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate.

Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

The National AIDS Strategy

Department of Veterans Affairs, continued

Objective 11:

Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.

Action Steps: Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities.

Evaluate workload distribution by medical center to determine geographical distribution.

Utilize workload information as validation tool in resource allocation process.

Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.

Objective 12:

Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.

Action Steps: Cooperate and collaborate with other agencies such as CDC on special issues such as HIV-infected health-care workers, when requested. Provide expertise from field.

Involve other agencies, as appropriate, on special issues in HIV/AIDS.

Utilize OSHA, HHS, CDC, FDA expertise on specific issues, as necessary.

Objective 13:

Ensure that Federal, State, County and local officials are aware of Department policies and procedures concerning treatment of personnel and veterans with HIV/AIDS.

Action Steps: Monitor status of pending legislation for State, County and local officials. Serve on committees that develop and review Department policies when requested.

Objective 14:

Ensure Department policies and procedures comply with Federal law.

Action Steps: Interpret Federal laws that impact on VA's HIV/AIDS program.

Provide legal advice and counsel to program officials.

Serve on committees that develop and review Department policies when requested.

Review new and updated policy directive on HIV/AIDS.

Descriptions: Medical care and services.

Resources:

FY 95: \$281,000,000*	281 million
FY 96: \$300,000,000*	300 million
FY 97: \$310,000,000*	310 million

* Resources for HIV/AIDS care are derived from the general Medical Care Budget. FY 1995 figures are reported expenditures. FY 1996 and FY 1997 are based on the projected number of patients by category or stage of disease and estimated resources required. The estimates are those contained in the President's budget.

Current Federal Activities

Department of Veterans Affairs, continued

Populations Served: Eligible HIV positive veterans.

Constituency Involvement: Eligible veterans through local medical centers and facilities.

Agency: Corporation for National Service

Goal: To promote HIV/AIDS awareness and to provide respite care and other services to persons living with HIV and AIDS.

Objective 1:

To promote HIV/AIDS awareness through training and other service activities.

Action Steps: Encourage all AmeriCorps programs to provide training in HIV/AIDS to AmeriCorps members and encourage them to become involved in HIV/AIDS service activities.

Program Description: Examples of AmeriCorps programs focusing on AIDS: The National AIDS Fund and the Birmingham AIDS Outreach Program.

Resources:

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

FY 97: Part of overall operating budget.

Populations Served: Persons living with HIV and AIDS and AmeriCorps Members.

Constituency Involved: AmeriCorps Members and the public at large.

~~**Unmet Needs:** Without these programs, HIV/AIDS service providers would not be able to deliver services to as many people with HIV/AIDS.~~



Objective 2:

To match volunteers from the National Senior Service Corps with persons living with HIV and AIDS for respite care and other services.

Action Steps: Through the Foster Grandparent program, provide foster and respite care, as well as counseling and living assistance for children with HIV/AIDS.

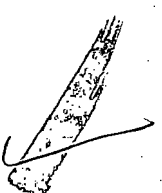
Through the Senior Companion Program, provide some persons living with HIV and AIDS with volunteers for respite care and living assistance.

Continue to provide some persons living with HIV and AIDS with health and nutrition services and respite care from the Retired and Senior Volunteer Program.

Program Description: An example of a program provided by senior volunteers includes a program in Indianapolis where seniors visit people living with AIDS who are confined to a hospice.

Resources:

↑ bring up text



Corporation for National Service, continued

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

FY 97: Part of overall operating budget.

Populations Served: Persons living with HIV and AIDS.

Constituency Involvement: National Senior Service Corps and people living with HIV and AIDS.

Agency: Office of Personnel Management

Goal: To implement and improve workplace policies and employee benefits.

Objective 1:

Implement and improve workplace guidelines.

Action Steps: Publish and distribute OPM's "HIV/AIDS Policy Guidelines".

Publish and distribute OPM personnel manuals on related HIV/AIDS issues, such as information on accommodations for employees who are HIV positive and on educational resources.

Descriptions: Policy development.

Resources:

FY 95: \$20,000

FY 96: \$15,000

FY 97: \$0 (Goal achieved)

Populations Served: Federal agencies and employees, including labor organizations.

Constituency Involvement: Federal agencies and employees, including labor organizations.

Objective 2:

Distribute information on changes to the life insurance benefits programs.

Action Steps: Distribute guidance on "living benefits" insurance benefits.

Develop and distribute guidance on viatical settlements.

Descriptions: Insurance programs.

Resources:

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

FY 97: Part of overall operating budget.

Current Federal Activities

Populations Served: Federal agencies and employees and retirees covered by the Federal Employees Group Life Insurance Program.

Constituent Involvement: Federal agencies and employees and retirees covered by the Federal Employees Group Life Insurance Program.

~~Unmet Needs:~~ None

Agency: Social Security Administration

Goal: To provide access to benefits payable under the Social Security Act.

Objective:

Expedite and facilitate the processing and payment of all disability claims, including those filed based on a presumptive diagnosis of HIV disease.

Action Steps: Process HIV claims under high priority status using procedures for processing claims where there is an indication of terminal illness.

Revise as necessary SSA's adjudicative policies based on dynamic nature of HIV disease.

Expedite claims processing by streamlining disability claims procedures and help AIDS service providers assist clients applying for SSA-DI and SSI.

Descriptions: Social Security Administration Disability Insurance (SSA-DI) and Social Security Insurance (SSI) Programs.

Resources:

FY 95: SSA-DI: \$640,000,000	640 million
SSI: \$300,000,000	300 million
FY 96: SSA-DI: \$710,000,000	710 million
SSI: \$370,000,000	370 million
FY 97: SSA-DI: \$795,000,000	795 million
SSI: \$450,000,000	450 million

Populations Served: People living with HIV eligible for Title II and/or Title XVI social security benefits.

Constituency Involvement: People living with HIV and AIDS and their caregivers and advocates, the medical community, national AIDS organizations, SSA employees, coordinating federal agencies.

Social Security Administration, continued

Goal 2: To provide information regarding benefits payable under the Social Security Act.

Objective:

Provide information to people living with AIDS (PWAs) and to the medical community regarding eligibility requirements and changes in SSA programs as they apply to PWAs.

Action Steps: Inform PWAs about disability programs and eligibility requirements through mass mailings, electronic bulletin boards and community based organizations.

Participate and exhibit at national conventions.

Train on disability programs.

Coordinate public information campaigns among Federal agencies and non-governmental organizations to disseminate information to more people more rapidly.

Descriptions: Public information campaigns.

Resources:

FY95: Part of overall operating budget.

FY96: Part of overall operating budget.

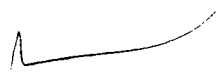
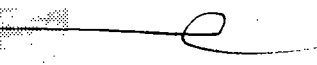
FY97: Part of overall operating budget.

Populations Served: Persons living with HIV and their caregivers and advocates, the medical community and federal agencies.

Constituency Involvement: PLAs, their caregivers and advocates; the medical community; national- and community-based AIDS organizations; coordinating federal agencies and SSA employees.

Current Federal Activities

Social Security Administration, continued



Appendix D

Current Federal Activities **CIVIL RIGHTS**

Agency: Department of Justice

Goal: To enforce HIV-related civil rights laws and heighten issue awareness.

Objective:

Prevent discrimination on the basis of real or perceived HIV status.

Action Steps: Enforce civil rights laws and inform and educate the public.

Descriptions: Litigate HIV-related civil rights cases involving housing discrimination and discrimination in the provision of services.

Provide information via the Americans with Disabilities Act (ADA) information line and provide technical assistance to state and local governments, Federal agencies and other entities and individuals having rights and responsibilities under Titles II and III of the ADA.

Develop and disseminate ADA questions and answers intended for persons who are HIV positive or living with AIDS to 5,000 HIV/AIDS service providers.

Resources:

FY 95: Information line \$350,000; complaint investigation and other enforcement activities are part of overall the operating budget.

FY 96: Information line \$350,000; complaint investigation and other enforcement activities are part of overall the operating budget.

FY 97: Information line \$350,000; complaint investigation and other enforcement activities are part of overall the operating budget. The President's 1997 budget requests a 3.9% increase for ADA enforcement.

Populations Served: Victims of HIV/AIDS discrimination, Federal, state and local agencies, businesses and general populace.

Constituency Involvement: In addition to having access to the ADA information line, AIDS-related disability groups are sent the Justice Department's quarterly update on ADA enforcement activities and any relevant press releases on the Department's HIV-related anti-discrimination activities.

Unmet Need: Funds for attorneys for additional litigation. Public education and technical assistance for health care and day care providers regarding their ADA obligations to persons with HIV.

Agency: Department of Labor

Goal: To provide protection for people living with HIV and AIDS from discrimination in the workplace.

Objective:

Under the Rehabilitation Act of 1973 provide protection for persons living with HIV and AIDS from discrimination in the workplace.

Action Steps: Establish policies under Section 503 of the Rehabilitation Act of 1973 providing for processing and investigating complaints filed by persons living with HIV and AIDS.

Descriptions: Protection from discrimination in workplace.

Resources:

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

FY 97: Part of overall operating budget.

Populations Served: Persons living with HIV and AIDS.

Constituency Involvement: Persons living with HIV and AIDS.

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See previous version.

Appendix E

Current Federal Activities INTERNATIONAL ACTIVITIES

Agency: Department of Defense

Goal: To support leadership in the international community and further scientific advances by sharing research methodologies and findings, observing host nation requirements for HIV testing and reporting, and supporting research at international sites with high prevalence or incidence of HIV and AIDS.

Objective 1:

Participate in global surveillance initiatives and maintain current knowledge of host nation HIV screening and reporting requirements.

Action Steps: Determine the prevalence of HIV initiative, infections, and genotypes in geographic areas of military activity.

Coordinate with Department of State.

Descriptions: International efforts including the study of geographic distribution of genotypes at DOD overseas laboratories. Support for basic research on diagnostic tests and vaccines.

Resources:

FY 95: \$1,500,000^e 1.5 million
FY 96: \$1,500,000^e 1.5 million
FY 97: \$1,200,000^e 1.2 million

Populations Served: Foreign national and active duty U.S. military personnel.

Constituency Involvement: Active duty military and foreign service national of DOD overseas laboratories.

Agency: Department of Health and Human Services,
Office of International Health

Goal: To support U.S. interests globally by serving as a policy and coordinating body for international activities supported by DHHS, a liaison with other U.S. departments and agencies supporting international activities, and a liaison with foreign governments working with U.S.

Objective 2:

Improve coordination among DHHS and other Federally-supported international activities.

Action Steps: Establish and maintain communications with other departments and agencies supporting international activities.

Develop mechanism for tracking DHHS-related international activities.

The National AIDS Strategy

Office of International Health, continued

Descriptions: International activities mapping project.

Resources:

FY 95: NA - HIV activities integrated into overall budget

FY 96: NA - HIV activities integrated into overall budget

FY 97: NA - HIV activities integrated into overall budget

Populations Served: Program planners and policy makers.

Constituency Involvement: None.

Agency: U.S. Department of State

Goal: To promote more active involvement on HIV/AIDS issues by foreign governments.

Objective 3:

Persuade foreign governments to increase national and global activities to stem the spread of HIV/AIDS and to mitigate its impact.

Action Steps: Overseas posts will communicate the major objectives of the U.S. International Strategy on HIV/AIDS to host country officials.

Description: Initiative to increase commitment of foreign leaders.

Resources

FY 95: Not applicable.

FY 96: Not applicable.

FY 97: Not applicable.

Population Served: Nations affected by HIV/AIDS, PWAs globally and populations threatened by HIV/AIDS.

Constituency Involvement: U.S. State Department, foreign governments, NGOs and business groups.

U.S. Department of State, continued

U.S. Dept. of State Goal #2 missing, See previous version ✓

Goal 3: To enhance awareness of implications of HIV/AIDS worldwide.

Objective 1:

Heighten awareness of Congress as to implications of global HIV/AIDS on U.S. foreign policy.

Action Steps: Communicate to Congress the implications of global HIV/AIDS for foreign policy initiatives. Support biomedical research and international prevention efforts as means of reducing potential impact.

Description: Communicate implications of U.S. International Strategy on HIV/AIDS to Congress.

Resources:

FY 95: Not applicable.

FY 96: Not applicable.

FY 97: Not applicable.

Population Served: Nations affected by HIV/AIDS, PWAs globally, populations threatened by HIV/AIDS and the U.S. Congress.

Constituency Involved: U.S. State Department.

Objective 2:

Heighten awareness within the U.S. foreign service community and other U.S. agencies of the foreign policy implications of global HIV/AIDS.

Action Steps: Distribute International Strategy on HIV/AIDS to embassy personnel.

Hold workshop on the global implications of HIV/AIDS.

Use training sessions and individual briefings of foreign service personnel to discuss HIV/AIDS as a foreign policy concern.

Work with U.S.-based international businesses to gain a better understanding of the economic impact of global HIV/AIDS on U.S. business.

Continue to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting.

Description: Inform and educate U.S. foreign service personnel.

Resources:

FY 95: Not applicable.

FY 96: Not applicable.

FY 97: Not applicable.

Population Served: Nations affected by HIV/AIDS, PWAs globally, populations threatened by HIV/AIDS and State Department foreign service personnel.

Constituency Involvement: U.S. State Department.

Unmet Needs: Budget and personnel constraints limit the Department's ability to coordinate actions identified in the International Strategy on HIV/AIDS document.

- U.S. Dept. of Treasury missing. See previous version.

Agency: Peace Corps

Goal: To prevent transmission of HIV infection for Peace Corps Trainees and Volunteers

Objective 1:

Provide all trainees with comprehensive HIV/AIDS training during the pre-service training period.

Action Steps: Develop training modules, train overseas medical staff, and educate trainees.

Descriptions: HIV/AIDS prevention training for Peace Corps Volunteers/Trainees.

Objective 2:

Provide continued HIV education and counseling for Peace Corps Volunteers and Medical Staff.

Action Steps: Train Office of Medical Services (OMS) staff on communication and counseling skills.

Continue to educate volunteers about HIV/AIDS during in-service trainings and conferences.

Develop and distribute health newsletters.

Provide one-on-one counseling for volunteers on an as needed basis.

Disseminate videos, pamphlets, education material on HIV/AIDS prevention.

Follow CDC guidelines on prevention of transmission in a medical setting.

Descriptions: Follow-up HIV training for volunteers and medical staff. Make condoms available and easily accessible for all volunteers.

Resources:

FY95: \$300,000

FY96: \$100,000

FY97: \$100,000

Populations Served: Peace Corps Volunteers/Trainees and medical staff.

Constituency Involvement: Peace Corps Volunteers/Trainees and Peace Corps Medical Staff.

What happened to Peace Corps
Goal #2 ?? See previous
version.

Agency: U.S. Agency for International Development

Goal: To achieve sustainable reduction in sexually transmitted infections (STIs) and HIV transmission among key populations.

Objective 1:

Develop and test new interventions and methods to prevent transmission and mitigate impact of the epidemic.

Action Steps: Support research to identify activities that immediately and directly influence the effectiveness of existing programs.

Undertake activities that enable women to reduce the risk of HIV infection.

Undertake pilot projects and research to mitigate the impact of HIV in severely affected areas.

Undertake activities that support the public health infrastructure and utilization of HIV vaccines.

Description: Development and improvement of women's access to female controlled barrier methods. Improvement of STD/HIV prevention interventions and technologies for STD management. Support of studies that enhance understanding of behaviors and epidemiology, mitigate the impact of HIV/AIDS on communities. Facilitate opportunities for international field trials of promising vaccines.

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, PVO/NGO donors, multilateral donors, and bilateral donors.

Objective 2:

Policy reform addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other STIs.

Action Steps: Conduct policy dialogue with decision makers to encourage a high-level multi-sectoral coordinated response to HIV/AIDS.

Address resource issues and long-term sustainability at all levels.

Address the social and cultural impediments to the successful implementation of HIV/AIDS programs.

Develop tools and complete research to serve policy dialogue and reform.

Description: Increase the use of methods aimed at reducing perinatal and parenteral HIV transmission. Coordinate effective donor responses and leveraged funding. Support international and regional multi-sectoral approaches and mobilize the private sector. Support decision-makers addressing difficult social, cultural, and religious issues. Continue to develop and use tools such as simulation modelling to describe the socio-economic impact of the epidemic.

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, PVO/NGO partners, multilateral donors and other bilateral donors.

The National AIDS Strategy

U.S. Agency for International Development, continued

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, PVO/NGO partners, multilateral donors and other bilateral donors.

Handwritten note: ** USAID Objectives 3+4 are missing. See previous version. ✓
Resource Section also missing.

Agency: **U. S. Information Agency**

Goal: To increase understanding of and support for U.S. Government (USG) policies and programs on HIV/AIDS among foreign publics.

Objective 1:

To provide accurate information on USG policy and programs to key foreign audiences.

Action Steps: Disseminate information via multi-language television, radio and texts distributed directly and through overseas posts and reference centers, tours and briefings for foreign journalists and health policy officials, and public affairs campaigns that support specific USG initiatives in foreign countries.

Description: Information on USG policy and programs.

Resources:

FY 95: \$350,000

FY 96: \$325,000

FY 97: \$325,000

Population Served: Policy makers, academics, journalists, researchers and Non-governmental Organization (NGO) leaders.

Constituency Involvement: USG officials, academics/researchers and NGO leaders.

Objective 2:

To give foreign decision makers a first-hand experience with U.S. policy and programs — public and private, national and local — to address the HIV/AIDS pandemic and encourage exchange with their U.S. counterparts.

Action Steps: Sponsor multi-regional, regional and individual International Visitor Programs, focusing specifically on HIV/AIDS issues and as part of programs on substance abuse, civil society, human rights and community health.

Description: International Visitors Program.

Resources:

FY 95: \$240,000

FY 96: \$200,000

FY 97: \$200,000

Population Served: Health policy makers and NGO leaders.

Constituency Involvement: U.S. NGOs, state, local and federal agencies and academic/research institutions.

***The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96***

Agency: Department of Defense

Goal: To support leadership in the international community by sharing research methodologies and findings, observing host nation requirements for HIV testing and reporting, and supporting research at international sites with high prevalence or incidence of HIV and AIDS.

Objective: Participate in global surveillance initiatives and maintain current knowledge of host nation HIV screening and reporting requirements.

Action Steps: Determine the prevalence of HIV initiative, infections, and genotypes in geographic areas of military activity.

Coordinate with Department of State.

Descriptions: International efforts including the study of geographic distribution of genotypes at DOD overseas laboratories. Support for basic research on diagnostic tests and vaccines.

FY 95: \$1,500,000

FY 96: \$1,500,000

FY 97: \$1,200,000

Populations Served: Foreign national and active duty U.S. military personnel.

Constituency Involvement: Active duty military and foreign service national of DoD overseas laboratories.

Unmet Need: None.

***The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96***

Agency: Department of Health and Human Services, Office of International Health

Goal: To support U.S. interests globally by serving as a policy and coordinating body for international activities supported by DHHS, a liaison with other U.S. departments and agencies supporting international activities, and a liaison with foreign governments working with U.S.

Objective: Improve coordination among DHHS and other Federally-supported international activities.

Action Steps: Establish and maintain communications with other departments and agencies supporting international activities.

Develop mechanism for tracking DHHS-related international activities.

Descriptions: International activities mapping project.

FY 95: NA - HIV activities integrated into overall budget

FY 96: NA - HIV activities integrated into overall budget

FY 97: NA - HIV activities integrated into overall budget

Populations Served: Program planners and policy makers.

Constituency Involvement: None.

Unmet Need: Increased resources would improve Office's ability to support U.S. interests.

***The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96***

Agency: U.S. Department of State

Goal: To promote more active involvement on HIV/AIDS issues by foreign governments.

Objective: Persuade foreign governments to increase national and global activities to stem the spread of HIV/AIDS and to mitigate its impact.

Action Steps: Overseas posts will communicate the major objectives of the U.S. International Strategy on HIV/AIDS to host country officials.

Description: Initiative to increase commitment of foreign leaders.

FY 95: Not applicable.

FY 96: Not applicable.

FY 97: Not applicable.

Population Served: Nations affected by HIV/AIDS, PWAs globally and populations threatened by HIV/AIDS.

Constituency Involvement: U.S. State Department, foreign governments, NGOs and business groups.

Unmet Needs: Budget and personnel constraints limit the Department's ability to coordinate actions identified in the International Strategy on HIV/AIDS document.

***The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96***

Agency: U.S. Department of State

Goal: To enhance U.S. participation on HIV/AIDS issues internationally.

Objective 1: Address HIV/AIDS in all appropriate international fora.

Action Steps: Ensure that the U.S. International Strategy is promoted at relevant international meetings of the U.N. and other bodies. Convene interagency meetings to discuss the international calendar and to develop cohesive approaches to AIDS issues.

Description: Implementation of the U.S. International Strategy on HIV/AIDS.

FY 95: Not applicable.

FY 96: Not applicable.

FY 97: Not applicable.

Population Served: Nations affected by HIV/AIDS, PWAs globally and populations threatened by HIV/AIDS.

Constituency Involvement: U.S. State Department and other federal agencies.

Unmet Needs: Budget and personnel constraints limit the Department's ability to coordinate actions identified in the International Strategy on HIV/AIDS document.

Objective 2: Assist U.S. agencies in improving responsiveness to a range of HIV/AIDS-related issues.

Action Steps: Address the issue of the spread of AIDS in international peacekeeping and humanitarian missions. Explore possibilities for closer collaboration with multilateral development banks (MDBs) to stem the spread of AIDS.

Description: Improving U.S. responsiveness.

FY 95: Not applicable.

FY 96: Not applicable.

FY 97: Not applicable.

Population Served: Nations affected by HIV/AIDS, PWAs around the world and populations threatened by HIV/AIDS.

Constituency Involvement: U.S. State Department and MDBs.

The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96

Unmet Needs: Budget and personnel constraints limit the Department's ability to coordinate actions identified in the International Strategy on HIV/AIDS document.

The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96

Agency: U.S. Department of State

Goal: To enhance awareness of implications of HIV/AIDS worldwide.

Objective 1: Heighten awareness of Congress as to implications of global HIV/AIDS on U.S. foreign policy.

Action Steps: Communicate to Congress the implications of global HIV/AIDS for foreign policy initiatives. Support biomedical research and international prevention efforts as means of reducing potential impact.

Description: Communicate implications of U.S. International Strategy on HIV/AIDS to Congress.

FY 95: Not applicable.

FY 96: Not applicable.

FY 97: Not applicable.

Population Served: Nations affected by HIV/AIDS, PWAs globally, populations threatened by HIV/AIDS and the U.S. Congress.

Constituency Involved: U.S. State Department.

Unmet Needs: Budget and personnel constraints limit the Department's ability to coordinate actions identified in the International Strategy on HIV/AIDS document.

Objective 2: Heighten awareness within the U.S. foreign service community and other U.S. agencies of the foreign policy implications of global HIV/AIDS.

Action Steps: Distribute International Strategy on HIV/AIDS to embassy personnel.

Hold workshop on the global implications of HIV/AIDS.

Use training sessions and individual briefings of foreign service personnel to discuss HIV/AIDS as a foreign policy concern.

Work with U.S.-based international businesses to gain a better understanding of the economic impact of global HIV/AIDS on U.S. business.

Continue to include HIV/AIDS-related discrimination and human rights abuses in regular embassy reporting.

Description: Inform and educate U.S. foreign service personnel.

The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96

FY 95: Not applicable.

FY 96: Not applicable.

FY 97: Not applicable.

Population Served: Nations affected by HIV/AIDS, PWAs globally, populations threatened by HIV/AIDS and State Department foreign service personnel.

Constituency Involvement: U.S. State Department.

Unmet Needs: Budget and personnel constraints limit the Department's ability to coordinate actions identified in the International Strategy on HIV/AIDS document.

***The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96***

Agency: U.S. Department of State

Goal: To support U.S. technical agencies.

Objective: Support U.S. technical agencies in fulfilling the international HIV/AIDS objectives as appropriate to their individual agency mandates.

Action Steps: Assist USG agencies in strengthening or establishing international research and training collaborations and in gaining approval for HIV/AIDS vaccine trials and other research efforts.

Description: Support for international research.

FY 95: Not applicable.

FY 96: Not applicable.

FY 97: Not applicable.

Population Served: Nations affected by HIV/AIDS, PWAs globally, populations threatened by HIV/AIDS, researchers and USG agencies.

Constituency Involvement: U.S. State Department, USG agencies and researchers.

Unmet Needs: Budget and personnel constraints limit the Department's ability to coordinate actions identified in the International Strategy on HIV/AIDS document.

***The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96***

Agency: Department of the Treasury

Goal: To support developing international health programs, including HIV-related programs.

Objective: Work with the multilateral development banks (MDBs) to provide large-scale assistance for health projects, including HIV-related projects.

Action Steps: Through the Department's oversight authority over the multilateral development banks, assist in the provision of external financing for primary health and AIDS programs in the developing world.

Descriptions: Multilateral development bank provision of direct finance, technical assistance and policy advice, and MDB coordination of bilateral assistance efforts.

FY 95: Not applicable.

FY 96: Not applicable.

FY 97: Not applicable.

Populations Served: Developing countries.

Constituent Involvement: Recipient countries are actively involved in the preparation and implementation of MDB lending and technical assistance programs.

Unmet Need: None.

***The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96***

Agency: Peace Corps

Goal: To prevent transmission of HIV infection for Peace Corps Trainees and Volunteers.

Objective 1: Provide all trainees with comprehensive HIV/AIDS training during the pre-service training period.

Action Steps: Develop training modules, train overseas medical staff, and educate trainees.

Descriptions: HIV/AIDS prevention training for Peace Corps Volunteers/Trainees.

Objective 2: Provide continued HIV education and counseling for Peace Corps Volunteers and Medical Staff.

Action Steps: Train Office of Medical Services (OMS) staff on communication and counseling skills.

Continue to educate volunteers about HIV/AIDS during in-service trainings and conferences.

Develop and distribute health newsletters.

Provide one-on-one counseling for volunteers on an as needed basis.

Disseminate videos, pamphlets, education material on HIV/AIDS prevention.

Follow CDC guidelines on prevention of transmission in a medical setting.

Descriptions: Follow-up HIV training for volunteers and medical staff. Make condoms available and easily accessible for all volunteers.

FY 95: \$300,000

FY 96: \$100,000

FY 97: \$100,000

Populations Served: Peace Corps Volunteers/Trainees and medical staff.

Constituency Involvement: Peace Corps Volunteers/Trainees and Peace Corps Medical Staff.

The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96

Unmet Need: Due to budget constraints, Office of Medical Services (OMS) will only be able to provide courses for in-country Medical Staff every other year.

***The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96***

Agency: Peace Corps

Goal: To enhance the understanding of HIV/AIDS and transfer skills for prevention to the communities and countries in which Peace Corps Volunteers serve.

Objectives: Provide quality programming and training on HIV/AIDS prevention as a primary project in six countries.

Provide quality programming and training to ten percent of all Volunteers to work in HIV/AIDS as a secondary activity.

Support on-going education and training of Associate Peace Corps Directors (APCD) in charge of programming at country level.

Liaison with other organizations working in HIV/AIDS both internationally and domestically.

Action Steps: Recruit 50 Volunteers to work in HIV/AIDS as their primary job.

Train 50 new Volunteers and 45 second year Volunteers in HIV/AIDS, language and cross-cultural skills.

Support 100 Volunteers to work in HIV/AIDS as their primary assignment.

Support the development of projects and training curriculum.

Support workshops for APCDs in three regions.

Provide expert consultants for the development of projects and training.

Support attendance at international and national conferences and workshops on HIV/AIDS and share information.

Description: HIV/AIDS prevention activities in developing countries around the world.

FY 95: \$4,500,000

FY 96: \$5,000,000

FY 97: \$5,000,000

Populations Served: Communities in developing countries, women and youth.

Constituency Involvement: Peace Corps designs all programs in

conjunction with the beneficiary population.

Unmet Need: There is higher demand for Peace Corps Volunteers than the agency can meet, and this is particularly true for program areas such as HIV/AIDS.

***The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96***

Agency: U.S. Agency for International Development

Goal: To achieve sustainable reduction in sexually transmitted infections (STIs) and HIV transmission among key populations.

Objective 1: Develop and test new interventions and methods to prevent transmission and mitigate impact of the epidemic.

Action Steps: Support research to identify activities that immediately and directly influence the effectiveness of existing programs.

Undertake activities that enable women to reduce the risk of HIV infection.

Undertake pilot projects and research to mitigate the impact of HIV in severely affected areas.

Undertake activities that support the public health infrastructure and utilization of HIV vaccines.

Description: Development and improvement of women's access to female controlled barrier methods. Improvement of STD/HIV prevention interventions and technologies for STD management. Support of studies that enhance understanding of behaviors and epidemiology, mitigate the impact of HIV/AIDS on communities. Facilitate opportunities for international field trials of promising vaccines.

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, PVO/NGO donors, multilateral donors, and bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Objective 2: Policy reform addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other STIs.

Action Steps: Conduct policy dialogue with decision makers to encourage a high-level multi-sectoral coordinated response to HIV/AIDS.

Address resource issues and long-term sustainability at all levels.

Address the social and cultural impediments to the successful implementation of HIV/AIDS programs.

Develop tools and complete research to serve policy dialogue and reform.

Description: Increase the use of methods aimed at reducing perinatal and parenteral HIV transmission. Coordinate effective donor responses and leveraged funding. Support international and regional multi-sectoral approaches and mobilize the private sector. Support decision-makers addressing difficult social, cultural, and religious issues. Continue to develop and use tools such as simulation modelling to describe the socio-economic impact of the epidemic.

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, PVO/NGO partners, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Objective 3: Develop and implement HIV/AIDS prevention programs that utilize proven interventions to prevent transmission.

Action Steps: Promote safer sexual behavior through information, education, and communication.

Increase the demand for, access to, and use of condoms.

Control STIs by improving STI diagnosis and treatment services and by education of persons with STIs.

Description: Improvement of social and cultural commitment to HIV/AIDS prevention. Strengthening programs to create a more supportive environment for behavior change, improving the quality of diagnosis and treatment, and increasing access to services including counseling and training for care providers, and facilitating the procurement of therapies.

Population Served: Persons living with AIDS in USAID HIV/AIDS

emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, PVO/NGO partners, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Objective 4: Enhance capacity of public, private NGO and community based organizations to design, implement and evaluate effective HIV/STI prevention and care programs.

Action Steps: Improve policy reform, research capability, logistics systems, and use of local and regional NGO networks.

Enhance the technical and managerial capability of indigenous NGOs and PVOs to design, implement and evaluate HIV/STI projects in all HIV/AIDS emphasis countries.

Strengthen local and regional networks of NGOs involved in HIV prevention, care and advocacy in at least six countries.

Assess and strengthen host country capacity for HIV/STI prevention research.

Disseminate models of home and community based delivery of HIV/STI care.

Description: Support for USAID'S response to HIV/AIDS in developing countries, the Paris Summit Initiative, and the Greater Involvement of Persons Infected and Affected by HIV/AIDS (GIPA). Provide support for and strengthen linkages between indigenous NGOs and U.S. domestic PVOs, NGOs, and ASOs. Concentrate bilateral and care resources on selected emphasis countries to assure comprehensive programs; strengthen trans-national and regional activities in prevention and research through the "areas of affinity" concept. Continue collaboration with and support for efforts of multi-lateral organizations such as UNAIDS, WHO, UNDP, ENFPA, UNICEF, and the U.S.-Japan Common Agenda for HIV/AIDS prevention.

FY 95: \$119,000,000

FY 96: \$114,000,000

FY 97: \$114,000,000

Population Served: Persons living in USAID's HIV/AIDS emphasis

countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, PVO/NGO partners, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

***The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96***

Agency: U. S. Information Agency

Goal: To increase understanding of and support for U.S. Government (USG) policies and programs on HIV/AIDS among foreign publics.

Objective 1: To provide accurate information on USG policy and programs to key foreign audiences.

Action Steps: Disseminate information via multi-language television, radio and texts distributed directly and through overseas posts and reference centers, tours and briefings for foreign journalists and health policy officials, and public affairs campaigns that support specific USG initiatives in foreign countries.

Description: Information on USG policy and programs.

FY 95: \$350,000

FY 96: \$325,000

FY 97: \$325,000

Population Served: Policy makers, academics, journalists, researchers and Non-governmental Organization (NGO) leaders.

Constituency Involvement: USG officials, academics/researchers and NGO leaders.

Unmet Needs: Lack of technology in many underdeveloped countries may prohibit information from reaching key audiences.

Objective 2: To give foreign decision makers a first-hand experience with U.S. policy and programs -- public and private, national and local -- to address the HIV/AIDS pandemic and encourage exchange with their U.S. counterparts.

Action Steps: Sponsor multi-regional, regional and individual International Visitor Programs, focusing specifically on HIV/AIDS issues and as part of programs on substance abuse, civil society, human rights and community health.

Description: International Visitors Program.

FY 95: \$240,000

FY 96: \$200,000

FY 97: \$200,000

Population Served: Health policy makers and NGO leaders.

The National AIDS Strategy, Appendix E: International Activities
Draft for OMB Review: 8.1.96

Constituency Involvement: U.S. NGOs, state, local and federal agencies and academic/research institutions.

Unmet Needs: The program is currently very limited, only allowing for 31 health policy officials and community leaders from 24 countries to visit the United States.

Appendix F

Current Federal Activities TRANSLATION OF RESEARCH ADVANCES INTO PRACTICE

Agency: Department of Health and Human Services, Agency for Health Care Policy and Research

Goal: To expedite the dissemination of data from research.

Objective 1:

To provide accurate information concerning current Federally approved treatments for HIV-related conditions.

Action Steps: Through the use of reference specialists, provide appropriate treatment information to callers, drawing on NLM's database of AHCPR guidelines, in addition to NIH, CDC and other Federal agency guidelines and consensus statements.

Descriptions: AIDS Treatment Information Service

Resources:

FY 95: \$75,000

FY 96: \$0

FY 97: \$0

Populations Served: HIV-positive individuals, primary care practitioners, case managers, and allied health professionals.

Constituency Involvement: HIV-positive individuals and advocacy groups as well as health care professionals.

Objective 2:

To provide accurate information to service providers and consumers concerning management of early HIV infection.

Action Steps: A panel of experts reviewed relevant literature and summarized findings into specific clinical practice guidelines, which stress the importance of preventing HIV-related opportunistic infections and the link between prevention and early diagnosis. Approximately 2.7 million copies of guideline-related documents have been distributed.

Descriptions: Dissemination of AHCPR's HIV-Related Clinical Guidelines.

Resources:

FY 95: \$60,000

FY 96: \$0

FY 97: \$0

Agency for Health Care Policy and Research, continued

Populations Served: Clinical practitioners, individuals with HIV infection, and those persons caring for persons with HIV.

Constituency Involvement: Clinicians, HIV positive persons, and caregivers.

Objective 3:

To assess effective and ineffective dissemination strategies employed by community-based HIV education programs.

Action Steps: Examined organizational strategies used by several community-based HIV education agencies. Completed in FY 96.

Descriptions: Effective Strategies of AIDS Programs in San Francisco.

Resources:

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

FY 97: NA.

Populations Served: Community-based HIV education agencies in San Francisco

Constituency Involvement: Advocacy organizations and persons with HIV were included in the research.

Objective 4:

Develop Consumer Guide on Use of Zidovudine for the Prevention of Perinatal HIV Infection (076 Guide).

Action Steps: Developed guide and related materials which describe the recommendations of the PHS Task Force on the Use of Zidovudine to Reduce Perinatal Transmission of HIV, based on results of AIDS Clinical Trials Group 076. Provided the information in a format and reading level that consumers can comprehend.

Descriptions: This guide and related materials will inform pregnant women with HIV about the use of zidovudine (AZT) for the prevention of perinatal HIV infection.

Resources:

FY 95: \$15,000

FY 96: \$0

FY 97: \$0

Populations Served: Pregnant women and women of child-bearing age who have HIV.

Constituency Involvement: HIV infected individuals and advocacy groups were involved in the development and review of the guide. The guide is cosponsored by multiple Federal and non-Federal agencies.

Agency: Department of Health and Human Services, National Institutes of Health.

Goal: To support effective dissemination, communication, and utilization of HIV-related research information to researchers, health care providers, HIV-related service providers, HIV-positive individuals and their advocates, and all constituencies of the NIH.

Space ✓

Objective 1:

Support the effective dissemination and utilization of HIV/AIDS information to all constituent communities of NIH.

Description: Effective Communication: Exchange of information about basic, clinical, and behavioral HIV/AIDS research findings is essential to progress in research and ultimately to improved care and treatment for HIV-infected people. The traditional methods of reporting ongoing studies and research results in peer-reviewed journals and at scientific meetings may be slow and may reach only limited audiences. Health educators, health care providers, and patients, particularly those in underserved communities, need to know the results of clinical and prevention intervention studies, state-of-the-art recommendations, and the most up-to-date standards of health care. This information should be timely, include discussion of the potential implications of research findings for patient care, and should be in a form that audiences can use. The latest computer and information technologies should be exploited whenever appropriate. The findings resulting from communications research should be incorporated into the strategies to carry out this objective.

✓

Action Steps: Rapidly disseminate new research findings with information on their potential implications on prevention, care, and treatment of HIV-infected individuals.

Expand access to current treatment and patient management guidelines including state-of-the-art care and information on clinical trials using multiple technologies such as, but not limited to, on-line access AIDSTRIALS and AIDS DRUGS data bases and voice access (HIV/AIDS Treatment Information Service and the AIDS Clinical Trials Information Service).

Improve current and develop and evaluate new techniques for the two-way communication of information to scientific and lay audiences, particularly to hard-to-reach populations.

Support community groups to access HIV/AIDS information resources in their development of educational materials.

Develop and disseminate educational information. Enhance understanding of HIV and basic and clinical research processes by health care providers, community-based HIV/AIDS service organizations, and persons with HIV/AIDS.

Develop mechanisms for rapidly disseminating information on research in progress to the research community in order to increase collaboration, reduce duplication of effort, and enhance the discovery process.

Enhance communication with the pharmaceutical industry concerning research on the development of therapeutics and vaccines.

Communicate and exchange information internationally on topics such as prevention and

National Institute of Health, continued

treatment information, patient management guidelines, and research results that impact on the care of HIV-infected individuals, particularly in developing countries.

Support the exchange of basic, clinical, and behavioral research information at community, regional, national, and international conferences and workshops.

Provide on-line, in advance when possible, the full text of abstracts and other information from scientific meetings.

Collect, archive, and make available existing data from NIH-supported basic and applied research for secondary data analysis.

Disseminate widely information concerning specimen repositories, including existing repositories, specimens available and relevant information concerning cohorts, contact people, and the process for obtaining access to samples.

Evaluate the effectiveness of communication efforts by appropriate means, including obtaining feedback from target audience members and information dissemination intermediaries.

Objective 2:

Support research to identify existing gaps in communications approaches, identify existing strategies that are effective, and develop and test new and innovative communication strategies that will improve access to and use of state-of-the-art HIV information by all relevant audiences.

Description: Research: Past assessments have identified important information needs and barriers for relevant target audiences such as health care providers, service providers, people with HIV and their advocates, at-risk populations, basic and applied researchers, and the general public, and although significant communications efforts have been initiated, some communities still may not be (1) receiving needed information, (2) receiving information in a context appropriate for the audience, (3) comprehending the information, or (4) translating the information into action. New approaches are needed to ensure that the communication of information resulting from research is optimally effective.

Action Steps: Develop, test and evaluate innovative strategies for effectively reaching scientific audiences with relevant HIV information.

Investigate how and under what circumstances different communication and dissemination strategies influence the adoption of scientifically based HIV behavior change interventions and clinical practice activities in various populations.

Identify obstacles to information dissemination and develop and test possible ways to overcome these obstacles.

Assess the information needs of, and sources of information used by, various audiences, including biomedical and behavioral research communities, health care providers, service providers, people with HIV and their advocates, at-risk populations, and the general public.

Investigate the adoption of new technologies for disseminating basic and applied research findings.

Develop, improve, and evaluate the interface between human factors and emerging technologies for information exchange in HIV/AIDS.

Current Federal Activities

National Institute of Health, continued

Objective 3:

Develop, implement, and evaluate mechanisms that promote coordination and collaboration on all current HIV/AIDS communication activities among NIH ICDs and with other Federal and non-Federal groups.

Description: Coordination: The scientific and lay communities look to the NIH as a central source of information on HIV/AIDS. Since multiple NIH ICDs disseminate HIV/AIDS information to these communities, coordination of efforts is essential. In order to make more effective use of limited Federal dollars, increase efficiency, make better use of new technologies, and ensure credibility with the scientific and lay communities, there must be more collaboration and better coordination of communication activities within the NIH and between the NIH and other Federal Agencies, community groups, universities, and the private sector.

Action Steps: Build ongoing partnerships between community-based organizations and basic, clinical, and behavioral researchers through both the intramural and extramural research programs to encourage exchange of information and experience throughout the research process to enhance research, treatment, and prevention efforts. For example, this could be accomplished through requirements in appropriate funding proposals to establish appropriate communication and coordination.

Promote closer interagency collaboration within PHS on information dissemination programs.

Coordinate collaboration among all ICDs in the provision of information about their clinical trials for HIV/AIDS to the AIDS Clinical Trial Information Service.

Maintain an interface with the Cancer Information Service and PDQ to provide information on clinical trials for AIDS-related malignancies.

Support use of HIV/AIDS resource on the Internet to facilitate domestic (NIH and non-NIH) and international research collaboration and data sharing.

Continue collaborations with the United Nations/World Health Organization (WHO) AIDS program, the Pan American Health Organization (PAHO), and international AIDS agencies or societies to obtain and disseminate information about international clinical trials.

Collaborate with public and health sciences libraries to facilitate community group access to needed information.

Work within DHHS, including HCFA, and with the private sector in the development of medical standards of care for determining guidelines for reimbursement.

Resources:

FY 95: \$16,153,000 ~~e~~	16.2	million
FY 96: \$17,912,000 ~~e~~	17.9	million
FY 97: \$17,694,000 ~~e~~	17.7	million

Populations Served: All populations.

Constituency Involvement: Researchers, clinicians, community and patient representatives, and NIH-affiliated advisory councils and committees.

Appendix I

National AIDS Strategy: Summary Budget Table by Agency by Year

Totals in millions

Center
superscript

	FY 1995	FY 1996	FY 1997
Department of Defense	110.448	110.118	86.361
Department of Health & Human Services			
AHCPR	9.084	6.634	4.755
CDC	589.831	584.533	618.081
FDA	72.745	72.745	72.745
HCFA	2,240.000	2,490.000	2,750.000
HRSA	661.185	762.348	902.685
IHS	3.637	3.666	3.847
NIH	1,333.875	1,407.824	1,431.908
SAMHSA ^b	24.095	14.300	11.939
Department of Housing & Urban Development ^c	171.000	171.000	196.000
Department of Justice	6,483.900	6,350.000	7,350.000
Department of Veterans Affairs ^d	317.400	336.700	346.700
Office Personnel Management	0.020	0.018	0.000
Peace Corps	4.500	5.000	5.000
Social Security Administration	940.000	1,080.000	1,245.000
U.S. Agency for International Development	119.000	114.000	114.000
U.S. Information Agency	590.000	525.000	525.000
Total	13,560.272	13,560.272	27,120.544

superscript

a Budget figures are estimates and may include HIV-related activities not listed in the Appendices. Agencies where HIV-related efforts are part of the Agency's overall operating budget are not included.

b In addition to this budget figure, SAMHSA's Knowledge Development Application (KDA) Program includes an AIDS initiative in FY 1997. This initiative includes various approaches, including how best to: educate service providers, address family issues, interrupt HIV transmission, and maximize client retention in substance abuse treatment. The FY 1997 estimate for HIV/AIDS in the President's Budget is \$15,000,000.

c Housing services for HIV positive people are also available through other HUD programs such as Section 811 Supportive Housing Program for Persons with Disabilities and the Continuum of Care Homeless Assistance Program.

d Resources for HIV/AIDS care are derived from the general Medical Care and the Medical and Prosthetic Research budgets. FY 1995 figures are reported expenditures; FY 1996 and FY 1997 are based on the projected number of patients by category or stage of disease and estimated resources required, as reported in the President's Budget.

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