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Comments on National Plan (February 1996 Version that Went to Agencies) [3]

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To: **Jane Sanville, Office of National AIDS Policy**

From: **David Vos, Office of HIV/AIDS Housing**

Date: **April 9, 1996**

Re: **Revisions to the Draft National Strategy for HIV and AIDS**

The Office of HIV/AIDS Housing offers the following comments and suggestions on the HUD-related sections of the draft national plan (February 6, 1996). These comments are also provided in a wordperfect 5.1 file, attached.

This office recommends more attention to housing issues in the draft report. It appears that the discussion of AIDS housing efforts of this Administration are limited to one paragraph on page 33. Additional information would more accurately reflect the accomplishments of the Clinton Administration in helping communities address the housing needs of PWAs as well as the significance that housing has in relation to the care and well being of persons living with HIV/AIDS. Additionally the format describes federal program efforts but does not seem to allow for a discussion of the community collaboration and leadership and individual private sector and volunteer efforts that created much of the AIDS housing efforts to date in this nation.

This office suggests that "Housing" be treated as a distinct section of the report, similar to international activities, or more visibly under the Care and Services section. This office is willing to assist in drafting this on an accelerated timetable.

The Department's previously submitted discussion on the HUD reinvention and its benefits to communities as well as residents who are living with HIV, was not included in the NAPO draft. I have attached that information in the attached wordperfect 5.1 file, if you would like to add additional information on these reinvention efforts. The following sections create a more general overview of the Federal Housing response. A clear statement on HUD's consolidated planning efforts, availability of mainstream programs as well as efforts targeted to persons with AIDS and other disabilities, and HUD's support for helping communities build comprehensive systems of homeless assistance, called continuum of care, would improve this draft, along the lines of the following overview:

Federal Housing Response.

Over the past three years, HUD Secretary Henry Cisneros and HUD senior staff have met regularly with AIDS housing providers and residents, as well advocates

for homeless people, persons with disabilities, service providers, and community leaders concerned about homelessness. In these early discussions, it became clear that efforts to address the needs of persons living with HIV/AIDS and to address and help prevent homelessness were not always reaching those persons in need and that additional actions were needed. Efforts were made to improve how all of HUD's programs can be made to be responsive in supporting communities in addressing the needs of their residents. HUD created an Office of HIV/AIDS Housing to administer a housing program for persons living with HIV/AIDS and their families and to improve the accessibility of other HUD programs.

In partnership with local initiatives, significant contributions have been made by programs that are targeted to the needs of persons with HIV/AIDS, such as the Housing Opportunities for Persons with AIDS (HOPWA) program. Since its inception in 1992, the HOPWA formula and competitive programs have distributed about one half billion dollars to communities for housing and services for persons living with HIV/AIDS. HOPWA funds have helped communities establish strategic plans, better coordinate local and private efforts, fill gaps in local systems of care, and created model programs. HOPWA funds may be used for a wide-array of housing, social services and program planning and development costs, including, but not limited to, the acquisition, rehabilitation or new construction of housing units, costs for facility operations, rental assistance and short-term payments to prevent homelessness. HOPWA may also support services, such as health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living and other services. In a number of communities, HOPWA-funded programs were among the first efforts to provide housing assistance to persons living with HIV/AIDS.

In addition, the Clinton administration has made addressing homelessness a high priority. Persons living with AIDS are often at risk of homelessness and many who are homeless may be unaware of their HIV status. To better address these needs, funds for HUD homeless programs have tripled over the past three years. Additionally, HUD initiated a "Continuum of Care" approach to building local systems to address homelessness. The effort has resulted in significant leveraging of additional dollars to address this critical problem.

Additionally, many communities are part of new efforts to comprehensively plan for the housing needs of their residents, including assessing and addressing the needs of residents living with HIV/AIDS. The Consolidated Planning process for communities that receive funds under the Department's economic and community development programs, including recipients of HOPWA formula allocations. Consolidated planning involves citizen participation in assessing needs and creating a strategic plan. All communities are asked to identify needs of persons with HIV/AIDS and resources that may address those needs. The Community Development Block Grant (CDBG) and the HOME affordable housing program as

well as Public Housing programs are key resources that are available for this population, contingent on eligibility, space availability and local priorities. Additional efforts are underway to improve inter-departmental coordination as another important step in assisting communities to build seamless systems of support for our most vulnerable citizens.

As a further general comment on the draft report, no estimate is made on the proportion of any HUD program that is used to benefit persons living with HIV/AIDS. Eligibility for HUD programs is not based on the client's HIV status, except for the HOPWA program. Additionally, unmet needs are discussed under a general section and there is no explicit discussion of unmet needs under each of HUD's programs. Estimates of program funds which may become available in FY 1996 are provided, as the Department is not yet in receipt of its 1996 appropriations.

The following section would provide a general statement on unmet needs.

Unmet Housing Need: [add]

Housing is a daily need of every human. For persons living with the complications and challenges of HIV infection, the connection between housing and the well being of the person is profound and direct. As stated by the National Commission on AIDS in Housing and the HIV/AIDS Epidemic (issued in June 1992) there is "frequently desperate need for safe shelter that provides not only protection and comfort, but also a base in which and from which to receive services, care and support."

A number of AIDS housing developers and clients have recently provided additional information on the increasing gap between existing housing resources and the needs of potential clients living with HIV/AIDS. A survey conducted by AIDS Housing of Washington, Looking for a Place to Be: a report on AIDS housing in America (AHW, March 21, 1996) provides recent data based on a survey of 1,111 known providers and developers of housing assistance for persons with HIV/AIDS as well as over 2,500 persons with HIV/AIDS who are recipients of this assistance in six communities. The report found five common trends: (1) chemical dependency; (2) homelessness and risk for homelessness; (3) poverty and little affordable housing; (4) strong preference for independent living; and (5) small communities and rural areas increasingly affected. The survey data illustrated these trends:

> Over a third (36%) of people with AIDS have been homeless since learning of their HIV infection or AIDS; from 44% in Minnesota and 43% in Chicago to 25% in Riverside/San Bernardino...High rates of current homelessness also reported in some areas, from 16% in Phoenix and 13% in Contra Costa County to 10% in Chicago and Alameda and 2% in Minnesota. [AHW, p.2.]

Many people with AIDS are likely to lose their housing because of poverty, disability, and potential changes in welfare and support systems. 48% of Alameda (Count, California) respondents would lose their housing if they lost $100 a month in income. [AHW, p.3]

Over 80% receive some type of federal or state assistance--primarily SSI and Medicaid. [AHW, p.3] 40% of Washington (State) respondents have needed housing or rental assistance and could not get it...The waiting list for Section 8 averages 3 - 5 years in each area; many times the list has not been open for years. [AHW, p. 4]

As of October 31, 1995, over 311,000 persons were presumed living with AIDS. Up to 50% of persons living with HIV/AIDS are expected to need housing assistance of some kind during their lifetimes...We must plan for the housing needs of over 150,000 persons living with AIDS. [AHW, p. 4]

An estimate of the unmet housing needs of persons with AIDS on a national basis can be made by applying these survey illustrations to national statistics. Many of the over 300,000 persons living with AIDS are part of families in need of housing assistance, currently, or as noted in the AHW survey, at some time during their lifetimes. Increased needs in all communities can also be measured as the number of cases of AIDS and HIV infection continue to rise in every community. CDC reports that at the end of 1995, 513,486 cumulative cases of AIDS were reported in the nation, with 74,180 new cases reported in calendar year 1995 alone.

The appropriateness of assistance should also be addressed, particularly for persons experience other problems. Participants in the 1995 White House Conference on HIV and AIDS and others recommended that collaborative efforts be made by the Department of Housing and Urban Development and the Department of Health and Human Services to integrate funding streams for projects that address the needs of multiply-diagnosed clients. Participants noted that many communities lack resources within existing programs to assist these clients who are often among the hardest-to-serve population of persons living with HIV/AIDS. A survey of homeless providers presented in Priority: Home! The Federal Plan to Break the Cycle of Homelessness (issued in March, 1994 by HUD) found that among the top five priority areas consistently identified were mental health treatment services and substance abuse treatment services. The report recommended that communities be encouraged to "Effectively target mental health and housing resources to the most needy, such as homeless persons with mental illnesses or dual diagnoses" as part of developing more integrated systems of housing and services. The report also recommended that states and communities give some priority in existing and new funding to homeless persons with AIDS, including providing health care and other supportive services.

To support additional clients, communities also face greater needs in financing

housing efforts, such as increased costs from inflation and additional costs in responding to changing needs of clients, including assisting clients at higher levels-of-care as their health may deteriorate. Additional success with new therapies and medications has helped to increase the life span of persons living with AIDS, thereby increasing the period of time that housing assistance can benefit clients as well as the cost of care.

The following provides comments on the program descriptions:

A. Care and Services

Action Steps: [reworded] 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.

B. Prevention

Response to question: HUD staff coordinated the meetings and other state and local agencies are responsible for the prevention program services. No budget is estimated, since the activities were carried out within existing HUD personnel resources.

C. Care and Services

Budget amounts represent the full program appropriation; no set-aside for persons with HIV is made. Unmet need, see above.

Objective 2 should be deleted as the entire Section 8 PWA set-aside was rescinded in FY 1995, along with other incremental voucher requests, and no action is planned in FY 1996.

Objectives 3-5 refer to HUD's homeless assistance programs and should be edited into one presentation given the redesign of these programs into a continuum of care system, as follows:

[replaces #3-5]

Objective 2: Assist Communities provide 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 persons with HIV/AIDS.

Description: 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.

FY 95: $ 1.1 billion
FY 96: $ 675-925 million (estimate pending appropriations)

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.

Unmet need. In 1995, HUD made the largest ever award of Federal funds to address the needs of persons who are homeless to communities and projects which are part of comprehensive and coordinated systems of housing and care. Although 881 projects were funded with the $904 million available in the competition, another 1,900 projects were not selected or funded due to the amount of funds available. These additional 1,500 projects requested about $2 billion in assistance. No measure of the unmet needs of HUD's other programs are made, although programs which support community economic development, the availability of affordable housing and reduce the rent burdens on clients through rental assistance may have considerable amounts of unmet need for persons living with HIV/AIDS.

D. Care and services (3 listings)

Constituencies: 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.

Funding--note that no additional program funds are requested as these activities are part of the functions of existing offices, such as the Office of HIV/AIDS Housing, Fair Housing and Equal Opportunities and other program offices.

[new, added]

E. Fair Housing and non-discrimination.

Goal: Increase the awareness of federal protection against discrimination on the basis of disability.

Objective: Ensure that HUD grantees, project sponsors, providers of housing assistance and related supportive services, advocates and current and potential residents are aware of the fair housing protection and remedies available to prevent and respond to discrimination on the basis of disability, including persons who are living with HIV/AIDS and their families.

Action Steps: Ensure the availability of educational materials, information and referral processes in cases of discrimination.

Description: Fair housing.

FY 95: (within current efforts)
FY 96: (within current efforts)

Populations served: Grantees, providers, advocates and consumers, including persons with disabilities, such as persons living with HIV/AIDS.

Constituency Involvement. Government agencies, nonprofit organizations, advocates, and consumers.

Unmet need. There may be a considerable need to inform and assist persons seeking protection against discrimination due to their HIV status.

If you have any questions on these comments and if I can be of additional help with drafting, please call me on (202) 708-0614 x 4620. Thank you for your efforts on this project.

Signed 7/7/95

Ms. Patsy Fleming
Director
National AIDS Policy Office
The White House
Washington, DC 20500

Dear Ms. Fleming:

I am pleased to provide you with the Department of Housing and Urban Development (HUD) draft objectives to be included in the National Plan on HIV/AIDS.

As you know, HUD has made significant efforts in the last two years to recognize the needs of persons living with HIV and to offer programs that provide access to decent and affordable housing. The enclosed draft provides the major elements of our efforts that will improve the Department's efforts and enhance the effectiveness of these programs.

I look forward to your comments on this draft. If I can be of further assistance to you, please feel free to contact me.

Very sincerely yours,

Fred Karnas, Jr.
Director
Office of HIV/AIDS Housing

Enclosure

Housing Needs Of Persons Living With HIV

Decent housing gives families and individuals dignity, self-respect, and the foundation they must have to meet their other needs. This is especially true for the nation's most vulnerable populations, including those living with HIV/AIDS who are homeless or at risk of homelessness. The housing needs of persons living with HIV must be understood in two contexts: the challenges of affordability and availability for persons with limited incomes, and the difficulty of finding appropriate housing with needed levels of support.

The private market alone will not meet the basic housing needs of persons living with HIV and their families because housing must often be provided in connection with available specialized services that enhance their ability to live independently. Service providers despair of effectively serving these groups when their housing is unsuitable, when they are constantly evicted because they cannot afford the cost of decent housing, and when, all too often, they become literally homeless. Persons living with HIV must also overcome denial or reduced housing options due to unfounded fears and prejudice regarding AIDS.

Many in society have grown weary of confronting homeless people on our nation's streets, but that weariness does not make the scourge of homelessness disappear. Homeless people are with us and must receive our compassion and our assistance to put roofs over their heads, provide access to services, and open up opportunities for self-sufficiency. The needs of homeless people are greater than charities or local governments can afford to meet. The Federal Government must support local systems to ensure the development of a continuum of care for homeless people that offers them a way off the streets and into society's mainstream. Among other features, an effective continuum will respond to the changing needs of persons living with HIV to maximize independent living while offering levels of support as needed.

Over the past two decades, HUD has helped create a variety of flexible, community-based housing solutions with special design features for those with special needs: group homes, transitional housing, single-room occupancy (SRO) facilities, and independent apartments linked to supportive services. The Department has also supported using rental assistance programs in conjunction with services that support independent living. These unique housing programs can neither be sustained, nor can they meet additional needs, without Federal resources, and the additional needs are considerable. Nearly one-half of all very low-income disabled individuals have acute housing needs, measured as severe rent burden or inadequate housing. This accounting of need does not even take into account the need for service-linked housing.

Persons with HIV/AIDS also face unique challenges. Their increased health care costs combined with loss of income make them especially likely to become homeless because

they can no longer pay the rent where they presently live, while property owners are afraid to rent to them. For persons with HIV/AIDS, adequate housing can prolong life. These same individuals would have a life expectancy of 6 months on the streets.

Persons with HIV/AIDS face barriers that have prevented access to safe, decent, affordable housing. These persons have increased health care and prescription costs while often losing income and support which results in homelessness or a high risk of homelessness. Mainstream housing programs have not adequately addressed the plethora of housing needs of persons with HIV/AIDS, including the fear of, and misinformation about, the disease; rapid impoverishment of persons with HIV/AIDS; lack of identified residential programs for these persons; increasing numbers of persons with HIV/AIDS with substance abuse problems; shortages of mental health and substance abuse residential treatment beds; and limited local capacity to expand housing options linked with appropriate services.

Communities are also challenged as the epidemic spreads. The increasing numbers of persons living with HIV/AIDS have challenged the abilities of programs with limited funding for services and housing assistance. Many volunteer efforts by community-based organizations are operating to the limits of their capacity and are forced to limit assistance to needy persons with the most severe difficulties.

The shortened life expectancy of persons living with HIV/AIDS and their specialized services needs together create an immediate need for housing which is particularly acute. In Dallas, one HIV/AIDS service provider has served over 500 clients with HIV/AIDS. Of 542 clients who qualified for Section 8 housing, only 1 ever received assistance under this mainstream program. According to this HIV/AIDS service provider, since 1990, of over 400 clients who qualified for Section 8 rental assistance, none survived to make it to the top of the waiting list.

Housing is the nexus for government and private agencies to address the needs of homeless people, the disabled, frail elderly people, and persons with HIV/AIDS. Without housing, the social safety net becomes nothing more than a jumble of loose threads. Many people in these populations depend on Federal resources to keep a roof over their heads, as well as to support their most basic tasks of daily living. For some, the existence of a Federal agency to help them meet their basic housing needs is the difference between life and death. HUD is their lifeline.

Responsiveness to Persons living with HIV

The U.S. Department of Housing and Urban Development (HUD) has initiated efforts that more directly address the housing needs of people with HIV/AIDS by providing resources to create lasting community-based responses. In the past year, the Department has begun a fresh dialogue with persons living with HIV/AIDS and providers of AIDS housing and services. The discussions have provided first-hand perspectives on how to improve the operations and programs of the Department and better assist our nation's communities. The Department's Office on HIV/AIDS Housing was recently established to assist communities and AIDS housing providers in providing housing. That

office will serve as an advocate within the Department to better ensure that all of HUD's programs are responsive to the needs of persons living with HIV. In announcing the office, Secretary Cisneros stated:

> *Being homeless and living with HIV is a devastating situation...we know the importance of a stable, supportive home environment in providing treatment and other services to persons with HIV/AIDS. We understand. We care.*
>
> *October 13, 1994*

The Department's efforts to streamline programs and cut the bureaucracy, will help to address the needs of persons with HIV/AIDS in a comprehensive manner. Many communities are engaged in preparing their Consolidated Plan for the Department's community development and affordable housing programs. This process involves citizens in developing a strategy and plan for providing housing assistance and services to persons with HIV/AIDS. HUD is also helping communities shape comprehensive, flexible, and coordinated systems of homeless assistance, called a continuum of care. Funding for HUD homeless assistance programs has more than doubled over the last two years, reaching $1.6 billion in fiscal year 1995. These programs have provided essential care and transitional and permanent housing options for persons with AIDS who are homeless.

Housing Opportunities for Persons With AIDS

The Housing Opportunities for Persons with AIDS (HOPWA) program was created in 1992 to provide communities with a tool that addresses both the increased need for resources and the need to better plan and coordinate existing public and private efforts. HOPWA has given flexibility to communities in organizing their efforts and determining what types of activities and forms of housing will best help their residents who are living with HIV/AIDS. In addition to financial resources, the program has created a statutory basis for the use of funds to address a targeted population of vulnerable persons. A locality's Consolidated Plan serves as the application, planning and reporting mechanism for formula-distributed HOPWA funds, thereby providing a vehicle for coordinating HOPWA and other affordable housing efforts.

The Department is working in community partnerships with States and metropolitan areas to administer the HOPWA program. These efforts have sought to facilitate independence and dignity for persons living with HIV/AIDS by developing and expanding the housing options available. HOPWA formula-based allocations have supported significant development of HIV/AIDS housing resources in the areas of our nation that have seen the greatest incidence of HIV/AIDS. In 1995, 43 metropolitan areas and 23 States (for areas outside of the qualifying metropolitan areas) received formula grants that rely on community planning processes and local discretion in determining how low-income persons living with HIV can be assisted. In 1995, the appropriation provided these communities with $167.4 million in funds for housing development, rental assistance, short-term payments to prevent homelessness, services and program support for efforts in partnership with community-based organizations and AIDS housing and service providers.

The HOPWA competitive program allows the Department to award funds for Special Projects of National Significance and for projects that are part of Long-Term Comprehensive Strategies in areas that do not qualify for formula allocations. In 1995, HUD selected 21 projects designed to meet the needs of many persons living with HIV who are searching for decent housing. The grantees outlined high quality efforts that facilitate independence and dignity for persons living with HIV/AIDS

by developing and expanding the housing options available.

Future Steps -- HUD Reinvention

The proposed reinvention of HUD will make the Department a more active partner with America's communities in responding to the housing needs of persons living with HIV and supporting the overall economic and social viabilities of our communities. This effort entails removing many of the barriers and restrictions that have made prior and existing HUD programs difficult to use and coordinate with related efforts undertaken by these communities. In undertaking their Consolidated Plan, communities should assess and address the issues that are raised by persons with disabilities, including responsiveness, reasonable accommodation, and accessibility of housing.

The reinvention also recognizes that prior programs have not always been successful in how they respond to the needs of many recipients. Persons with HIV/AIDS, for example, have had difficulty in accessing housing resources due to discrimination, health crises, quick impoverishment, and other barriers.

Under the proposed consolidation, HOPWA will become part of the Affordable Housing Fund in FY98. The new fund will establish HIV-related performance measures to ensure that program funds are addressing the needs of persons living with HIV. The HOPWA program will continue to operate as a separate program in fiscal years 1996 and 1997. This 2-year transition for HOPWA is needed to ensure that newly supported AIDS housing efforts have sufficient time to strengthen their operations and increase their integration with other community housing and development efforts.

This transition is also necessary because HIV/AIDS housing development and planning under HOPWA has only been available since the fall of 1992. In many communities, the initial planning efforts and selection of project sponsors have only recently resulted in fully operating housing programs. The transition will allow these communities time to assess how these programs have benefited clients, make improvements and further build the organizational capacity of the nonprofit sector.

The effort to ensure that communities can address the needs of residents, including targeting assistance, will involve these communities in deciding how Federal and other resources can best be used. This new role for HUD can be illustrated in how the needs of persons who are homeless can be better addressed under the reinvention.

Example of Reinvention--Addressing Homelessness

The reinvention will also continue the Department's initiative in addressing homelessness. The following illustrates how many of the components of the reinvention will lead to more responsive community approaches, including addressing the needs of persons with disabilities who are homeless, including persons living with HIV.

The reinvention proposal would reorganize the homeless housing programs in title IV of the Stewart B. McKinney Homeless Assistance Act, to enable localities to shape a comprehensive, flexible, coordinated system for addressing homelessness, called a "continuum of care." This

comprehensive system for homeless care inspires cooperation, encourages innovation, and demands coordinated action. It also reflects the comments and insights of literally thousands of not-for-profit providers, localities, residents, persons who are homeless, and advocates for the homeless, who participated in 17 HUD-sponsored forums over the past year.

The continuum of care approach is predicated on the understanding that homelessness is not caused simply by a lack of shelter, but involves a variety of underlying, unmet needs -- physical, economic, and social. Dealing effectively with the problem of homelessness requires a comprehensive system of housing and necessary services for each stage -- from emergency shelter to permanent housing. The continuum of care system and philosophy strives to fulfill those requirements with three major components:

- First, there must be an emergency shelter/assessment effort which provides immediate shelter and can identify the needs of an individual or family.

- The second component offers transitional housing and necessary social services. Such services include substance abuse treatment, short-term mental health services, and independent living skills.

- The third and final component, and one which every homeless individual and family needs, is permanent housing or permanent supportive housing arrangements.

While not all homeless individuals and families in a community will need to access all three components, unless all three components are coordinated within a community, none will be successful. A strong homelessness prevention strategy is also key to the success of the continuum of care.

Four main principles serve as the foundation for this new Federal approach to administering homeless assistance programs:

The locality knows best --

- The homeless population is diverse and many of its characteristics are unique to a particular city or region. Therefore the locality is best situated to determine the needs of homeless people in their area.

- Available resources and collaborative relationships vary depending on the locality. Existing relationships and levels of commitment by the governments and not-for-profit organizations vary in strength.

- The level of development of services and housing is different from area to area. Only the locality has a complete picture of its existing inventory.

- The locality can determine what "gaps" exist in the current system, by assessing the homeless population and the current inventory of housing and services designed to meet needs of homeless persons.

The end product of the homeless plan would include an assessment of needs, establishment of priorities based upon that assessment, a strategy for addressing these priorities, and an annual plan and budget to direct resources in support of the strategy. This homeless plan would be incorporated

into the new consolidated planning submission for other HUD formula grant programs.

Federal Plan

The Department of Housing and Urban Development is please to work with other agencies of the Federal, State and local levels, with persons living with HIV and their families and with the advocates, and providers of HIV-related housing and services in offering a plan for meeting housing needs.

Housing is a vital and daily need for each of us. As the HIV epidemic grows, housing options must continue to expand, to maintain responsiveness, and support the well being of persons living with HIV who are homeless or at risk of homelessness. In the words of President Clinton:

> *For nearly every American with eyes and ears open, the face of AIDS is no longer the face of a stranger.*
>
> *December 1, 1993*

National HIV/AIDS Plan

Area: Housing/support

Goal: Promote development of housing and related service support for persons living with HIV as part of comprehensive strategies

<table>
<tr><td>Objective: Provide states and localities with resources to provide housing and related services under long-term comprehensive strategies for meeting needs of persons living with HIV</td><td rowspan="3">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.</td></tr>
<tr><td>Action Steps: Competitively-awarded and formula grants to provide broad range of housing and services to prevent homelessness</td></tr>
<tr><td>Resources
FY 1995: $186 million
FY 1996 (proposed): $186 million</td></tr>
<tr><td colspan="2">Description: Housing Opportunities for Persons with AIDS (HOPWA) Program and other HUD resources (see other objectives)</td></tr>
<tr><td colspan="2">Unmet Needs: The HOPWA program can be estimated to serve about 50,000 persons living with HIV and their families. This includes about 35,000 units of housing assistance, mostly in the form of short-term payments and rental assistance. Additionally, members of the household and persons who only receive supportive services will benefit from the program. HHS estimates that approximately 300,000 persons are receiving HIV related services.</td></tr>
</table>

National HIV/AIDS Plan

Area: Housing/prevention

Goal: Reduce the number of new infections among residents of public and subsidized housing

<table>
<tr><td>Objective: Provide primary prevention programs to public housing residents at risk of HIV infection</td><td rowspan="3">Populations Served: Children and adults in public housing in five targeted cities

Constituency Involvement: Funneled through local planning groups</td></tr>
<tr><td>Action Steps: Forge local partnerships and improve coordination of existing resources</td></tr>
<tr><td>Resources
FY 1995: $-0- (demo underway within existing resources)
FY 1996 (proposed):-0-</td></tr>
<tr><td colspan="2">Description: HIV/AIDS Prevention in Public Housing Demonstration</td></tr>
<tr><td colspan="2">Unmet Needs: The initial demonstration program reached sites in five cities; the program should be broadened to include all other public and subsidized housing efforts.</td></tr>
</table>

National HIV/AIDS Plan

Area: Housing/planning and continuum of care

Goal: Provide support and encourage the development of local continuum of care programs that provide a comprehensive range of housing and related services for persons living with HIV

<table>
<tr><td>Objective: provide states, localities with resources to devise long-term comprehensive strategies for meeting needs of persons living with HIV</td><td rowspan="3">Populations Served: PWAs 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.</td></tr>
<tr><td>Action Steps: Authorize the use of competitive and formula grants to provide broad range of housing and program development and strategic planning to address housing needs</td></tr>
<tr><td>Resources
FY 1995: $ 0
FY 1996 (proposed): 0</td></tr>
<tr><td colspan="2">Description: Housing Opportunities for Persons with AIDS (HOPWA) Program</td></tr>
<tr><td colspan="2">Unmet Needs: Activities are authorized and recipient communities may choose to expend program funds to support housing and program development and strategic planning. Additional incentives could be devised to encourage comprehensive planning.</td></tr>
</table>

National HIV/AIDS Plan

Area: Housing/disability programs

Goal: Increase permanent housing supply for persons with disabilities including person living with AIDS

<table>
<tr><td>Objective: Increase supply of permanent units for PWAs</td><td rowspan="3">Populations Served: Disabled persons 18 years and over

Constituency Involvement: Through the Consolidated Planning process</td></tr>
<tr><td>Action Steps: Encourage HIV housing/ program sponsors to apply for funds for project for PWAs</td></tr>
<tr><td>Resources
FY 1995: $376 million
FY 1996 (proposed): unknown</td></tr>
<tr><td colspan="2">Description: Section 811 Supportive Housing Program for Persons with Disabilities</td></tr>
<tr><td colspan="2">Unmet Needs: Program can serve PWAs in project which may include persons with other disabilities</td></tr>
</table>

National HIV/AIDS Plan

Area: Housing/rental assistance

Goal: Increase number of scattered site housing subsidies for persons living with HIV who are homeless or at risk of homelessness to support independent living

<table>
<tr><td>Objective: Provide set-aside of 3,000 units of rental assistance vouchers</td><td rowspan="3">Populations Served: Homeless persons or families with AIDS

Constituency Involvement: Local partnership between eligible jurisdictions with housing agencies</td></tr>
<tr><td>Action Steps: Make formula grants to eligible jurisdictions</td></tr>
<tr><td>Resources
FY 1995: $103 million (over 5 years)
FY 1996 (proposed): $0</td></tr>
<tr><td colspan="2">Description: Section 8 Rental Assistance for Persons living with HIV/AIDS who are homeless or at risk of homelessness</td></tr>
<tr><td colspan="2">Unmet Needs: Permanent independent living is the most requested form of housing assistance.</td></tr>
</table>

National HIV/AIDS Plan

Area: Housing/services

Goal: Increase supply of housing with related supportive services for homeless persons living with HIV

<table>
<tr><td>Objective: Ensure the availability of supportive services for homeless persons with disabilities, including persons living with HIV</td><td rowspan="3">Populations Served: Homeless persons and families

Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.</td></tr>
<tr><td>Action Steps: Authorize supported housing options through comprehensive homeless assistance programs</td></tr>
<tr><td>Resources
FY 1995: $150 million (Shelter Plus Care)
FY 1996 (proposed): Discretionary within homeless assistance grants ($1.2 billion)</td></tr>
<tr><td colspan="2">Description: Shelter Plus Care Program</td></tr>
<tr><td colspan="2">Unmet Needs: Resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness</td></tr>
</table>

National HIV/AIDS Plan

Area: Housing/supportive housing

Goal: Increase supply of supportive housing available for homeless persons living with HIV.

<table>
<tr><td>Objective: Ensure the availability of supportive housing options for homeless persons living with HIV</td><td rowspan="3">Populations Served: Homeless persons and families

Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.</td></tr>
<tr><td>Action Steps: Authorize supported housing options through comprehensive homeless assistance programs</td></tr>
<tr><td>Resources
FY 1995: $600 million (Supportive Housing Program)
FY 1996 (proposed): Discretionary within homeless assistance grants ($1.2 billion)</td></tr>
<tr><td colspan="2">Description: Supportive Housing Program</td></tr>
<tr><td colspan="2">Unmet Needs: Resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness.</td></tr>
</table>

National HIV/AIDS Plan

Area: Housing/Single Room Occupancy housing

Goal: Increase supply of single room occupancy housing available for homeless persons living with HIV.

<table>
<tr><td>Objective: Ensure the availability of single room occupancy housing options for homeless persons living with HIV</td><td rowspan="3">Populations Served: Homeless persons

Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.</td></tr>
<tr><td>Action Steps: Authorize supported housing options through comprehensive homeless assistance programs</td></tr>
<tr><td>Resources
FY 1995: $150 million (Section 8 Single Room Occupancy Mod Rehab Program)
FY 1996 (proposed): Discretionary within homeless assistance grants ($1.2 billion)</td></tr>
<tr><td colspan="2">Description: Section 8 Single Room Occupancy Moderate Rehabilitation Program</td></tr>
<tr><td colspan="2">Unmet Needs: SRO units that are supported by additional resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness.</td></tr>
</table>

National HIV/AIDS Plan

Area: Housing/technical assistance

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

<table>
<tr><td>Objective: Ensure the availability of technical assistance and other support for nonprofit providers</td><td rowspan="3">Populations Served: Homeless persons

Constituency Involvement:</td></tr>
<tr><td>Action Steps: Authorize TA activities in HUD programs for AIDS related nonprofit providers and grantees</td></tr>
<tr><td>Resources
FY 1995: $0 million
FY 1996 (proposed): Discretionary within homeless assistance grants ($1.2 billion) and HOPWA funding ($186 million)</td></tr>
<tr><td colspan="2">Description: Technical assistance or other support for the development of program capacity</td></tr>
<tr><td colspan="2">Unmet Needs: Broaden and deepen the ability of AIDS housing and service providers and AIDS program grantees to expand the range of housing options, ensure quality and responsive programs and undertake evaluation of efforts. Additional needs will be made on programs as the epidemic increases the number of persons living with HIV.</td></tr>
</table>

National HIV/AIDS Plan

Area: Housing/training

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

<table>
<tr><td>Objective: Increase awareness on HIV among agency and other staff</td><td rowspan="3">Populations Served: Public and private staff and persons at risk of HIV infection

Constituency Involvement:</td></tr>
<tr><td>Action Steps: Authorize training activities in HUD programs for HUD staff, AIDS related nonprofit providers and grantees</td></tr>
<tr><td>Resources
FY 1995: $0 million (within training funding)
FY 1996 (proposed): Discretionary within homeless assistance grants ($1.2 billion) and HOPWA funding ($186 million)</td></tr>
<tr><td colspan="2">Description: Training or other support for awareness on HIV</td></tr>
<tr><td colspan="2">Unmet Needs: Misinformation, prejudice and nonresponsiveness continue in the operation of public and private housing programs and the general awareness of individuals in preventing the spread of HIV.</td></tr>
</table>

National HIV/AIDS Plan

Area: Housing/advocacy

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

<table>
<tr><td>Objective: Ensure that the needs of persons living with HIV are addressed in HUD programs</td><td rowspan="3">Populations Served: Homeless persons, nonprofit organizations, government agencies, HUD staff

Constituency Involvement:</td></tr>
<tr><td>Action Steps: Designate an office with direct responsibility for programs and advocacy on AIDS issues</td></tr>
<tr><td>Resources
FY 1995: $0 million (within current efforts)
FY 1996 (proposed): $0 million (within current efforts)</td></tr>
<tr><td colspan="2">Description: Office on HIV/AIDS Housing</td></tr>
<tr><td colspan="2">Unmet Needs: Maintain office functions that promote understanding of AIDS and the needs of persons living with HIV as well as support for programs that support these clients.</td></tr>
</table>

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

DATE: 2/15/96

TO: Jane Sanville
NAPO

FAX: 202-632-1096

PHONE: 632-1090

NUMBER OF PAGES: cover only
(Including Cover)

MESSAGE: The draft of the National Strategy for HIV/AIDS has been reviewed by the staff of the AIDS Service at the VA and reads o.k. Thank you for the opportunity to review this document.

FROM: Bobbie Peterson, Ph.D.

AIDS SERVICE (132)
OFFICE OF PUBLIC HEALTH & ENVIRONMENTAL HAZARDS
VA CENTRAL OFFICE
WASHINGTON, D.C. 20420

PHONE: (202) 565-7571
FAX: (202) 565-7572

Donald Pohl (2.23.96) - FDA.

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the safety and effectiveness of HIV-related therapeutic agents.

Objective: Expedite access and approval of safe and effective drugs and biologics.

Action Steps: Encourage quality applications and data submissions to review division to ensure timely and efficient pre- and postmarket review.

Descriptions: Conduct meetings with sponsors to discuss drug development plans, expanded access programs, and accelerated approval options.

Facilitate scientific review of drugs and biologics by FDA advisory committees.

FY 95: $25,235,000
FY 96: $25,536,000

$'s seem right. Budget people checking

Populations Served: All persons who may benefit from approved therapeutic agents.

Constituency Involvement: Advisory committees have representatives from academia, government, in addition to patient advocates. The pharmaceutical and biotechnology industries.

- Δ of language →

Unmet Need: More staff and resources would permit even greater responsiveness to industry and expedite more applications.

- Δ of language →

Kessler:

Have had testimony that FDA does have enough resources for HIV because of user fees.

Suggested adding Since user fees, we have enough .....

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the safety and effectiveness of HIV-related preventive and therapeutic vaccines.

Objective: Expedite regulatory review of promising products for preventive and therapeutic vaccines.

Action Steps: Expand partnership between FDA and its counterparts from outside organizations involved in vaccine development.

Descriptions: Encourage early consultation with sponsoring companies, develop guidance documents, exchange information, and work with other agencies and international organizations.

Facilitate scientific review by FDA advisory committees.

FY 95: $11,863,000
FY 96: $12,005,000

Populations Served: All persons who may benefit from approved preventive and therapeutic vaccines.

Constituency Involvement: Advisory committees have representatives from academia, government, in addition to patient advocates. The pharmaceutical and biotechnology industries.

Unmet Need: More staff and resources would permit even greater responsiveness to industry and expedite more applications.

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the effectiveness of test methodologies for HIV detection and measurement.

Objective: Expedite improved test methodologies (such as diagnostic reagents and test kits) for HIV detection, confirmation, and viral load measurement.

Action Steps: Ensure timely and efficient pre- and postmarket review.

Descriptions: Encourage early consultation with sponsor and develop guidance documents.

Facilitate scientific review of drugs and biologics by FDA advisory committees.

FY 95: $8,732,000
FY 96: $8,836,000

Populations Served: All persons who may benefit from approved test methodologies for HIV detection and measurement.

Constituency Involvement: Advisory committees have representatives from academia, government, in addition to patient advocates. The pharmaceutical and biotechnology industries.

Unmet Need: More staff and resources would permit even greater responsiveness to industry and expedite more applications.

PREVENTION

Agency: Food and Drug Administration

Goal: Reduce transfusion-transmitted HIV infection.

Objective: Ensure supply and safety of the national blood supply.

Action Steps: Establish policies, expedite review of product applications, conduct approval inspections, oversee surveillance, and support enforcement activities.

Descriptions: Encourage high risk donors to exclude themselves; update list of unsuitable donors; quarantine and test blood; investigate incidents to identify, and rectify common errors in blood banks.

FY 95: $17,458,000
FY 96: $17,667,000

Populations Served: All persons who may receive blood or blood products.

Constituency Involvement: Patient advocate and representatives from the blood-banking industry.

Unmet Need: More staff and resources would permit even greater responsiveness and oversight.

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the safety and effectiveness of HIV-related medical devices.

Objective: Expedited access and approval of safe and effective medical devices.

Action Steps: Encourage quality application and data submissions to ensure timely and efficient pre- and postmarket review.

Descriptions: Conduct meetings with sponsors on study design; produce guidance documents.

Facilitate scientific review of drugs and biologics by FDA advisory committees.

FY 95: $9,457,000
FY 96: $9,570,000

Populations Served: All persons who may benefit from approved HIV-related medical devices.

Constituency Involvement: Advisory committees have representatives from academia, government, in addition to patient advocates. The pharmaceutical and biotechnology industries.

Unmet Need: More staff and resources would permit even greater responsiveness to industry and expedite even more applications.

OFFICE OF AIDS AND SPECIAL HEALTH ISSUES
Food and Drug Administration
Parklawn Building, HF-12, Room 9-49
5600 Fishers Lane
Rockville, MD 20857

Office Number: (301) 443-0104 Fax Number: (301) 443-4555

3 Number of Pages (including coversheet) Date: March 6, 1996

FAX TO: Patsy Fleming

FAX NO: 202-632-1096

FROM: **Donald Pohl**

Message: FDA Response to National Strategy for HIV and AIDS document

Note: This transmission is from a dex Express 6300 telecopier. If you do not receive a legible document, or do not receive all of the pages, please telephone us immediately at the number listed above.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

MEMORANDUM

Date: March 6, 1996

To: Patricia S. Fleming
Director, Office of National HIV/AIDS Policy

From: Theresa A. Toigo, RPh, MBA
Associate Commissioner for AIDS and Special Health Issues
Food and Drug Administration

Subject: Draft of the National Strategy for HIV and AIDS - Comments

Thank you for the opportunity to comment on the draft National Strategy for HIV and AIDS document. We have suggested revised wording for sections of the document which specifically address FDA's activities. These suggested revisions are listed below. In addition, we do not think that this document reflects all of FDA's significant HIV/AIDS prevention and research related activities. Examples of additions to the document you may want to consider include a discussion of the development of new materials for barrier products, evaluation of new types of HIV test kits, expanded access programs for people who can not enroll in controlled clinical trials, and blood safety initiatives. Please let me know if you would like us to submit draft language for any of these subject areas.

FDA has not received final budget figures for FY 96. As of today, FDA is straight lining our AIDS budget figures from FY 95 budget figures. We expect to receive final FY 96 budget figures in the next couple of weeks.

Comments on the FDA references in the draft document:

Page 26, Vaccine Development - This section mentions the National AIDS Drug Development Task Force (ADDTF). The correct name of this task force is the National Task Force on AIDS Drug Development (NTFADD). Vaccine development was outside of the Task Force charter and the members did not make any formal recommendations regarding vaccine development. We do not think there should be any reference to the NTFADD in the vaccine development section.

Page 28, Footnote 4 - We suggest the following language be used for this footnote.

> The accelerated approval regulation permits companies to seek approval of new drugs for serious or life-threatening diseases when the drug provides meaningful therapeutic benefit over existing therapies. Under these procedures, FDA may approve drugs based on surrogate endpoints, such as CD4+ cell counts that reasonably predict that a drug provides clinical benefit. The company then is required to confirm this clinical benefit through additional human studies that will be completed after marketing approval. The accelerated approval regulation provides for removal of the drug from the market if further studies do not confirm the clinical benefit of the therapy.

Page 39, Translation of Science into Practice: This section discusses NIH's support of the AIDS Clinical Trials Information Service (ACTIS), 1-800-TRIALS-A. FDA, along with other DHHS/PHS agencies, are cosponsors of this toll-free information service. We suggest making ACTIS a separate sentence mentioning each of the agencies involved, NIAID, FDA, CDC, and the NLM.

Comments on the FDA Appendices:

Each of our appendices should contain the same Constituency Involvement wording. We suggest the following paragraph:

> The FDA depends on scientific advisory committees to provide independent expert advice to the agency in its evaluation of regulated products. These committees are composed of representatives from academia, research, government, industry and patient advocates.

With respect to the unmet needs, the Prescription Drug Use Fee Act of 1992 authorized FDA to receive the additional resources needed to expeditiously review HIV/AIDS related therapeutic applications.

If you have any questions, please call me or Donald Pohl of my staff at (301) 443-0104.

OFFICE OF AIDS AND SPECIAL HEALTH ISSUES
Food and Drug Administration
Parklawn Building, HF-12, Room 9-49
5600 Fishers Lane
Rockville, MD 20857

Office Number: (301) 443-0104 Fax Number: (301) 443-4555

3 Number of Pages (including coversheet) Date: March 6, 1996

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FAX NO: 202-632-1096

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Public Health Service

Food and Drug Administration
Rockville MD 20857

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Food and Drug Administration

Subject: Draft of the National Strategy for HIV and AIDS - Comments

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If you have any questions, please call me or Donald Pohl of my staff at (301) 443-0104.

CDC

CENTERS FOR DISEASE CONTROL
AND PREVENTION

JS

National Center for HIV, STD, & TB Prevention

Office of the Director
FAX TRANSMITTAL COVER SHEET

From the desk of
Helene D. Gayle
Director

Date: 3/28/96

Tel. no.: 404/639-8000
Fax no.: 404/639-8600
Pages 4 (including cover)

Please address fax confirmations to my assistant, Tamika Brown.

Name: Patsy Fleming
Tel. No.: 202/632-1090
Fax No.: 202/632-1096

Message: Here are our comments on the National Strategies. These were forwarded to your office previously.

Dr. Gayle

CDC comments on *National Strategy for HIV and AIDS*

Please note: substitute words, phrases and paragraphs are located, with page number, paragraph, line number within the paragraph. In places where the wording is changed or substituted, the recommended replacement words or sentences are shown in *italics*

(Page 5, first paragraph)
The pandemic of *h*uman *i*mmunodeficiency *v*irus (HIV) and *a*cquired *i*mmunodeficiency *s*yndrome... Unlike *most* other infectious diseases..... This national and international pandemic of HIV diseases, now well into its second decade, is *still* progressing ~~virtually unabated~~ *in many areas.*

(Page 5, second paragraph)
Reword as follows: As of October 1995, the Centers for Disease Control and Prevention (CDC) *has* reported 501,310 cases of AIDS *among persons* in the U.S.; 311,381 *of these persons have been reported to have* died as a result of complications related to HIV. Since 1987, AIDS has gone from being the 15th ranked cause of death *among all Americans* to the 8th; *but,* it is the leading cause of death among Americans aged 25 to 44. (See Figure 1.) In 1994 alone, approximately 81,000 new cases of AIDS *and more than 45,000 deaths* were reported to the CDC.....

(Page 5, third paragraph)
As ~~we have witnesses a relentless increase in infections;~~ *the epidemic in the United States has evolved,* the demographics.... ; this group now represents less than half ~~(43%)~~ of all new cases. Among the populations being more heavily affected now are young *gay* men, ~~between 20 and 24 (%)~~ women ~~(18%)~~, and heterosexual injecting drug users ~~(24%)~~. [Take out percents-they are not comparable, e.g. Women can be IDUs and between 20-24. There can be overlap in most of these groups.]

(Page 5, third paragraph, 11th line)
In 199*54 alone*, more than 14,*000* women were *reported* with AIDS and women now comprise *14* percent of 21 percent ... It is estimated that if this trend continues, 80,000 American children will have been orphaned *as a result of* AIDS by the ... (Drop the sentence "As of October 1995...." This is not true) In 1994 alone, more than 1,000 new pediatric AIDS cases were reported.

(Page 6, first paragraph, 1st line)
Communities of color *have* been more severely and disproportionately affected *by the epidemic*

(Page 6, first paragraph, 7th line)
In 198*2*, ~~persons of color~~ *blacks and Hispanics* represented ~~only~~ *31* percent of *all* AIDS cases, as of October 1995 these *groups* now compromised *51* percent of *cumulative* AIDS cases. [Drop last sentence of this paragraph]

(Page 6, second paragraph)

[This paragraph is redundant; all data has previously been given]

(Page 6, third paragraph, 2nd line)
The HIV/AIDS pandemic is spreading to *nonurban* areas....regions of the South *and Midwest.* In fact, between 1993 and 1995 the largest numbers....from the South. [drop the remainder of the sentence.

(Page 6, last paragraph, 2nd line)
The World Health Organizations (WHO) estimates that since *the beginning of the epidemic,* 4.5 million cases of AIDS have occurred worldwide. (Keep next sentence as is) ..... WHO also projects that by the year 2000 *between 30-40* million people will *have been* infected with HIV.

(Page 7, first paragraph, 6th line)
And unlike other persons .....living with HIV ~~to~~ have been the target...

(Page 7, second paragraph, 3rd line)
[Drop third sentence "It is the leading cause.....25 to 44" This is redundant with earlier text]

(Page 7, second paragraph, 8th line)
~~In terms of years of potential life lost,~~ *In* 1994, ~~AIDS ranked~~ *HIV injection was the* fourth ~~among all leading causes of death~~ *leading cause of years of potential life lost before age 65.*

(Page 14, first paragraph, 3rd line)
The Nation's prevention goal is to ~~provide solid support for~~..... [Suggest that providing "solid support" is not a goal.] Restate: The Nation's prevention goal is to *develop* effective prevention strategies *that will* reduce...

(Page 15, third paragraph, 3rd line)
Recent epidemiologic data show that the *HIV epidemic continues to strengthen in the United States among* people who engage in injection drug use and their sexual partners, *young and minority* men having sex with men. ....

(Page 16, first paragraph, 1st line)
A crucial part of the effective prevention in order to estimate the ~~burden~~ *impact* of HIV illness...

(Page 16, first paragraph, add to the end of paragraph)
Seroprevalence surveys provide information on the level of HIV infections in selected sentinel populations.

(Page 16, second paragraph, 3rd line
Current CDC surveillance systems ....on the incidence ~~and prevalence~~ of HIV and AIDS....

(Page 18, third paragraph, 7th line)
Given the highly....the CDC must give ~~consider~~ *consideration to* providing...

(Page 20, second paragraph, 4th line)
It is estimated that x percent of the population...is affected by alcohol and other drugs in addition to injection drug use. [CDC is not aware of any such estimated data - perhaps SAMHSA or NIDA can provide this information.]

(Page 25, 3rd paragraph, 15th line)
Misspelling "sound scientific judgement and ..." The preferred and standard spelling is "judgment". We suggest that a Search and Replace function be used for the entire document.

(Pages 47 through 50, - 4 CDC map illustrations)
Suggest that they be placed in a progressive date sequence (i.e., 1983, 1985, 1989 and 1994).

CDC Prevention Goals and Objectives (No page numbers were given to reference)

We strongly suggest that the information in this section be replaced with the latest version of the *Healthy People 2000 Objectives* (as displayed in *Healthy People 200 Midcourse Review and 1995 Revisions*). The information you have displayed was developed during CDC's 1991-1992 HIV Strategic planning process and although still relevant, will be updated later this year in a new strategic planning activity.

However, if this section is kept, we suggest the following changes:

Under Goal: More accurately monitor the HIV epidemic....

> **Objective:** Work with international partners to study TB, implement vaccine trials, enhance clinical management, assess prevention efficacy, and improve program management of HIV/AIDS. [Relevance to goals?] Comment: This objective *is* relevant.

Constituency Involvement: There is regular consultation with national, state, and local public health officials and many other relevant organizations *such as HIV community-based organizations*

Under Goal: Increase the public understanding of, involvement in.....

Objectives: Provide leadership in HIV and STD prevention by (1) establishing a national agenda, through the media, *that keeps the HIV/AIDS interests "active" on the national agenda as a topic that is routinely covered by local and national news media.*

Descriptions: [include *Prevention Marketing Initiative* at the end of the first paragraph, following CDC National AIDS Hotline]
In addition....National AIDS Clearinghouse, the CDC National AIDS Hotline, *and the Prevention Marketing Initiative.*

Descriptions: [following the dollar estimates given for FY 95 and FY 96] include the statement: *These are aggregate estimates provided by States.*

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAR 6 1996

NOTE TO CLAUDIA COOLEY

Subject: Comments on National Strategy for HIV and AIDS

Thank you for the opportunity to review the draft document of the National Strategy for HIV and AIDS, along with the Care and Services section. HRSA non-concurs with the documents as written. In addition to the comments faxed to you on February 23 from Dr. Joseph O'Neill, Associate Administrator for AIDS, HRSA (copy attached), I have also attached additional HRSA comments.

Before publication, HRSA would like an opportunity to review a final draft of the document, including all its appendices. If you have any questions on these comments, please contact Dr. Joseph O'Neill at 301 443-4588.

Ciro V. Sumaya, M.D., M.P.H.T.M.

Ciro V. Sumaya, M.D., M.P.H.T.M.
Administrator

Attachments

cc: ES/HRSA

Prepared by: APO/JO'NEILL/ac/3-1-96/443-4588 Title: Sumaya HIV Strategy v.3

and Shelly Gordon

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
APO		3-1-96	OA					
ES	Clarvoe	3/4/96						
APE								

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

FEB 23 1996

NOTE TO PATSY FLEMING

SUBJECT: Comments on National Strategies for HIV/AIDS

This is to congratulate you and your office on the development of this important document. I have comments below which I hope will be helpful:

page 9, bullet 3:	should read HIV/AIDS rather than AIDS
page 10, paragraph 2, line 3:	strike "very different" and replace with "increasingly more complex"
page 10, paragraph 3, line 5:	strike "receive quality health care" and replace with "benefit from scientific advances capable of prolonging and increasing quality of their lives."
page 11, paragraph 2, line 6:	strike the word "treatment" (as it stands, it implies that there is no treatment for AIDS.)
page 12, paragraph 1, line 13:	add "academic institutions, private foundations, health care institutions" after "State and local governments" and before "and community based organizations."
page 15, paragraph 1, line 19:	add at end of paragraph this sentence: "HRSA also has undertaken special initiatives designed to reduce perinatal transmission of HIV and has promoted primary prevention through the training of health professionals in the AIDS Education and Training Centers Program.
page 20, paragraph 3:	In addition to alcohol, cocaine use linked with sex-for-drugs is an important factor.
page 20, paragraph 5:	This would be a good place to stress the importance of maintenance of traditional (directly observed therapy) public health approaches to TB surveillance, prevention, and treatment.

page 31, paragraph 1:	Insert after the first sentence: "Many Americans are uninsured by either public or private means. Additionally, poverty, racism, homophobia, geography, and other barriers create access problems beyond those related to lack of insurance. These barriers to access are exacerbated in the context of HIV/AIDS. For individuals with health insurance, maintaining adequate coverage...." Strike "For many of these persons, maintaining..."
page 31, paragraph 4, line 5:	strike " to fill certain gaps in coverage for people living with HIV/AIDS." and replace with "fill gaps in coverage and build systems of care to create access to health care for people living with HIV/AIDS."
page 31, paragraph 4, line 11:	IIIb not III
page 32, paragraph 1:	add as a final sentence: "HRSA also supports professional education so that there will be an adequate supply of providers knowledgeable in HIV/AIDS treatment."
page 33, paragraph 2:	rather than "counseling and testing" you might consider using the broader term "primary prevention."
page 35, paragraph 3:	strike "medical schools", add "professional schools"
page 37, paragraph 1:	the importance of activities supporting treatment of STDs, particularly genital ulcer disease, in prevention of transmission of HIV, is extremely important in developing countries.
page 38, paragraph 2, line 13:	strike the word "identifying" (identifying what?)
page 39, paragraph 1, line 6:	strike "caring for" replace with "assessing risk, prevention, and caring for"
page 39, paragraph 2, line 22:	strike the last sentence. Replace with, "The Health Resources and Services Administration has developed guidances for its CARE Act grantees, supports international clinical conference calls on current topics, funds an AIDS warmline which responds to questions from clinicians across the country, and directs a nationwide system of AIDS Education and Training Centers which provide State

of the art HIV clinical information to health care providers. Additionally, HRSA supports a number of conferences featuring clinical updates and information."

page 40, paragraph 2, line 3: strike phrase, "study indicated that primary care physicians miss..." and replace with "study indicated that many primary care physicians miss..."

page 41, paragraph 2, line 7: do you want to add "businesses, churches, schools" etc. ?

page 42, paragraph 2, line 5: what type of "testing programs" ? Also the last sentence is problematic at the moment.

The following comments refer to the appendix:

In general, do you want to list the President's budget (in contrast to the Congressional approach)? Also, in listing constituency groups, it would read better to always list PLWAs first.

Page 3 (Care and Services): paragraph 9: The issue of formularies is tricky, a good idea, but one that is going to require some thought as to how we can do this without creating a system that subsidizes Medicaid and private managed care formularies.

paragraph 12: if this refers to the WIN projects, we now have 10 (3 funded with SPNS dollars.)

paragraph 16: indicators not indicator

Page 4 Paragraph 3: In addition to these broad based efforts, HRSA also supports a variety of focused initiatives such as an adolescent research and clinical network and a cooperative.....

Page 4 Insert:

FY '95:	RWCA Title I:	$356,500,000
	RWCA Title II:	$198,147,000
	RWCA Title III:	$ 52,318,000
	RWCA Title IV:	$ 26,000,000

President's Budget

FY '96	RWCA Title I:	$407,000,000
	RWCA Title II:	$221,897,000
	RWCA Title III:	$ 62,568,000
	RWCA Title IV:	$ 32,000,000

paragraph 5: constituents are also represented on the HRSA AIDS Advisory Committee

paragraph 8: add, "working with NIMH, SAMSHA and other relevant agencies to insure access to mental health and substance abuse services" strike "to provide needed services."

Page 5

Add this paragraph:

From the point of view of the front line provider who may receive funding from several Federal agencies, a need for improved coordination within agencies and between agencies is often apparent. In addition, for example, to the lack of adequate resources for technical assistance and evaluation, there is also a need for improved planning and coordination of these activities between the various CARE activities and between Federal agencies.

Thanks again for the opportunity to review this document.

Sincerely,

Joseph F. O'Neill, M.D., M.P.H.
Associate Administrator for AIDS

General Comments

- It would be helpful if an "introduction section" could be added to the National Strategy for HIV and AIDS (NSHA) that briefly explains what Federal Departments and independent agencies, and other groups outside the government were involved in the development of this strategy.

- There is a lack of consistency of terminology throughout the NSHA. This is the plan of the Executive Branch of the Federal Government, which includes a number of departments and agencies. The cover memorandum from the Director states that "I believe this document builds on this consensus and articulates the goals and objectives of the entire Federal Government." This may be stated as the "Executive Branch of the Federal Government" since it does not include any Congressional or legislative branch collaboration.

- Before the final NSHA is published, a version with all of the appendices should be circulated for review and final clearance.

Additional Comments

Page 2, paragraph 2, line 2 "This is the first time a government-wide national plan for the United States has been developed for fighting HIV." There have been plans developed earlier in the epidemic (see page 8, paragraph 3, line 1). It would be helpful, and more accurate, to explain as early in the document as possible why this "government-wide national plan" is different than previous plans developed at Coolfont, Charlottesville, and the PHS Strategic Plan.

Page 2, paragraph 5, line 1 "The purpose of this comprehensive national strategy is to set forth overarching national goals and priorities for 1996 in charting our course for combatting the epidemic of HIV and AIDS." It is not clear if the national strategy included collaboration with outside groups. Also, is it the calendar year 1996 or the fiscal year 1996?

Page 3, paragraph 2, line 13 "Medicare and Medicaid is being threatened by funding changes" could be edited to read "threatened by fundamental (or basic) programmatic changes and reductions in funding."

Page 3, paragraph 4, line 1 "The epidemic of HIV and AIDS threatens the economic progress of many countries around the world." What follows in the text is a short discussion of the United States only.

Page 6, paragraph 1, line 1 Footnote 1 (or 1a) - "It is anticipated that this trend could be reversed with the implementation of the PHS recommendations for the administration of AZT to women during pregnancy and to their infants after birth." Since taking AZT is an option, we may need to insert "potentially" before the word could. CDC's guidelines (July 1995) state "To reverse these trends (HIV infection increasing among women and thus becoming a leading cause of death among young children) HIV education and services for prevention and health care must be made available to all women."

Page 7, paragraph 2, line 6 "And unlike other persons with infectious diseases, many persons living with HIV to have been the target of violence, rejected by their families, and suffered discrimination based on their HIV status."
The discrimination is also based on sexual orientation. Also, strike the "to" after the word "HIV" in that sentence.

page 7, paragraph 3, line 1 In this context, "anytime" should be two words, "any time"

Page 8, paragraph 1, line 4 "To ensure efficient use of Federal, State, local, and private resources, it is imperative to plan and coordinate government-wide efforts." This statement is not clear - how does this strategy ensure efficient use of private and local resources?

Page 8, paragraph 2, line 1 "This is the first time a government-wide national strategy for HIV and AIDS for the United States has been developed." See earlier comments (above) about consistency in the name of the plan and which directly reflects whic Federal agencies or other organizations collaborated in its content. In addition, the text should include how State and local governments were involved in its formulation.

Page 8, paragraph 3, line 2 "To date, planning has been primarily focused in the Public Health Service as evidenced by a series of documents such as..." These previous efforts have been

very briefly mentioned in the document. It should be noted and included that the Department of Health and Human Services delegated the responsibility to the Public Health Service to lead the effort to halt the AIDS epidemic. For readers unfamiliar with the Public Health Service, it may be helpful to include a footnote that it includes eight agencies, with the following seven NIH, FDA, CDC, HRSA, SAMHSA, AHCPR, IHS working on various aspects of the HIV/AIDS epidemic. The PHS is the lead Federal agency for health related issues. Also, while the Surgeon General's report on AIDS was not "technically" a plan, it is a benchmark of previous efforts. The public or the Congress may inquire of the NSHA document "How will the "National Strategy" plan be different from or have better results than previous efforts?"

Page 8, paragraph 3, line 9 "Recommendations have also been issued from a number of groups, including the National Commission on AIDS in addition to significant planning efforts on the part of individual agencies." The text, or a footnote, could be included to explain there were Congressionally legislated Commissions with Cabinet officers of different Executive Departments serving on these Commissions, including the Secretary of HHS. The HHS received the recommendations of these Commissions because of its health care mission.

Page 9, paragraph 1, line 15 "The insights provided by a number of groups including the National Commission on AIDS, the Institute of Medicine and National Research Council, the General Accounting Office, and the Office of Technology Assessment have also been helpful." It is not clear what insights were received. Since the Office of Technology Assessment has been eliminated by the current Congress, it may be better to refer to either specific reports or formal/informal collaborations these various entities have produced on HIV/AIDS or expert advice that they have offered.

Page 9, paragraph 1, line 18 "Therefore, the expertise and experience of those who work closely with communities, clinicians, researchers, service and research organizations, and infected persons is reflected in these goals and opportunities for progress." It appears from this statement that the "input" was "indirect" from these groups. Since this is

a Federal government document, it is anticipated that questions on the exact nature of the collaboration with groups and State and local governments will arise.

Page 9, bullet 3 — "Ensure appropriate care for and ethical treatment of persons with AIDS." It is not clear what "ethical" treatment involves in this context. Also, it should read "persons living with HIV/AIDS."

Page 9, paragraph 3, line 6 — "There was also a common sense that these challenges also represented opportunities for progress --..." Should "common sense" instead read "common objective" or "common goal?"

Page 10, paragraph 3, line 16 — "As a result, people with AIDS now live twice as long as they did a decade ago." Survival time in patients with AIDS is believed to have increased considerably during the past few years. There needs to be some context given to this statement, since it is 15 years since the beginning of the epidemic. Treatment (depending on access to care and when in the course of the disease an individual presents for care) and the course of the disease still varies. "Long term AIDS survivor" is a cruelly relative term. Most people infected with HIV take about 7 years to develop symptoms and 8 or more years to fit a diagnosis of the disease. But even with the best available treatment for AIDS, half the patients die within 2 years of being diagnosed and few live beyond 3.

According to the research literature, women and minorities may have a greater risk of a relatively early death but suggest that important factors may involve poorer access to or use of health care resources. The latest survival information can be updated by NIH and CDC.

Page 12, paragraph 1, lines 1-6 — "The scope and nature of the HIV/AIDS epidemic has brought state, local, and Federal involvement into many AIDS-related activities. The Federal government, through its public health responsibilitities in such areas as research, prevention, health care and housing has seen a dramatic increase in Federal activities since the beginning of the epidemic." The meaning of these two sentences are not clear. In the context of the overall HIV/AIDS epidemic, the Federal government, through HHS, devoted increased resources to address HIV and

AIDS through prevention, research, and services. HUD funding for the Housing Opportunities for Persons with AIDS (HOPWA) was not provided until FY 1992. HHS and HUD have collaborated on housing. Also, the Congress legislated certain funding and programs throughout the epidemic, some with certain restrictions included (e.g., needle exchange, content of education material). The NHSA is based on the knowledge and experience gained in facing the challenges of the HIV epidemic during the 1980s. Clarification is needed.

Page 12, paragraph 2, line 13 "In this case, programs that are specifically targeted towards countries or regions, are included in the international section." Insert "geographic" in front of regions and insert "of the world" after "regions" if this is the intent.

Page 12, paragraph 3, line 5 "There are number of agencies for whom AIDS-specific activities are central to their mission (e.g., the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA))..." The agencies mentioned are all Public Health Service agencies, that are part of the Department of Health and Human Services. Each of these agencies has health-related missions that encompasses its HIV-related missions.

Page 13, paragraph 1, line 2 ...while other agencies maintain programs and activities that support a broad range of activities, of which HIV-related activities are one among many (e.g., the U.S. Agency for International Development (USAID) and the Department of Justice (DOJ))." The agency and Department mentioned are outside the Department of Health and Human Services, Public Health Service, which was given the lead early on in the AIDS epidemic, because of its health-related mission. As noted in comments (above), the NSHA should clarify the extent of the role of HHS (especially the PHS agencies and HCFA) and then note the relative role of other Departments and independent agencies.

Page 13, paragraph 2 The description of how the report is organized may be confusing. Since HIV/AIDS is a cross-cutting issue across seven of the eight Public Health Service Agencies

that comprise the PHS and HCFA in the Department of Health and Human Services, and further involves a number of cabinet level Departments: Veterans Affairs, Defense, State, for example, and other independent, free-standing agencies, it is recommended that the Office of the National AIDS Policy Director ensures the entire report (including ALL appendices) are provided for comment and review before publication.

Page 14, paragraph 3, line 1 "Prevention activities are currently supported by several Federal agencies. Most Federal prevention efforts are funded by the Public Health Service, although other departments such as the Department of Defense (DoD), and the Department of Veterans Affairs (VA) also support prevention activities." Insert the "HHS" after Public Health Service and see earlier comments to clarify agencies within the same Department early on in the NSHA.

Page 15, paragraph 2, line 1 "The efforts of Federal agencies have been instrumental in expanding our knowledge base about HIV prevention. However, significant gaps remain." After the word "agencies" insert "and Federally funded research, as well as research conducted at universities and private organizations."

Page 16, paragraph 2, line 1 "A crucial part of effective prevention strategies includes supporting adequate surveillance of HIV infection and related diseases in order to estimate the burden of HIV illness, gauge future directions of the epidemic, and assess the effectiveness of prevention activities." Potentially, this sentence on surveillance could be interpreted as used to provide economic estimates of "the burden of HIV disease." In general, efforts have been made NOT to further stigmitize HIV and AIDS by emphasizing costs. We have recognized, given the wide variability in both the course of HIV and AIDS and the new treatments (including drugs), that often private third-party payors do not reimburse for the cost of care for patients with HIV/AIDS and instead shift costs to the public sector which includes Federal programs.

Page 20, paragraph 1, line 1 "As President Clinton has noted, the epidemics of substance abuse and HIV in this country are overlapping and highly interrelated so we must work to integrate HIV prevention into current substance abuse programs

and integrate substance abuse prevention into HIV prevention." It may be appropriate to insert the words "continue to" after "must" since, for example, the Association of State and Territorial Health Officials (ASTHO) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD), along with SAMHSA, CDC, HRSA, and NAPO sponsored the "National Conference on HIV and Substance Abuse" in November 1990 and the National Commission on AIDS issued a report entitled "The Twin Epidemics of Substance Abuse and HIV" in July 1991.

Page 21, paragraph 1, line 1 "...reflects the importance of integrating these inter-dependent aspects of the epidemic and illustrates our determination to integrate and coordinate HIV, STD and TB programs." It is not clear how the reorganization reflects "our determination."

Page 22, paragraph 1 In the discussion of incorporation of sexual history and prevention counseling, mention should be made of the need for training to improve primary care providers' skill, comfort level and sensitivity in this area.

Page 23, section on Research The overall role of the Department of Defense in research needs to be expanded in the text, unless it is clear from the appendices.

Page 23, paragraph 2, line 11 "The Agency for Health Care Policy and Research (AHCPR) funds research to help determine which medical approaches are the most cost effective." After the word "funds" insert "health services."

Page 23, paragraph 3, line 1 "The Nation has already reaped the benefits of supporting research in general, and HIV-related research specifically." Insert the words "some of" before "the benefits". Also, this sentence could be edited to include not only the national impact, but the international impact.

Page 24, paragraph 3, line 1 "Due in great part to this Federally-sponsored research, persons with AIDS now live twice as long as they did a decade ago." Please see earlier note on survival.

Page 25, paragraph 2, line 5 "--mankind has never before encountered a virus such as this." According to NIH, changes in microbes and our environment will continue to present new health challenges worldwide. This sentence is not clear.

Page 26, paragraph 2, line 14 "...one of the areas identified by ADDTF and the Department of Health and Human Services members for further discussion was vaccine development." See previous comments regarding the consistency of the use of the Department of Health and Human Services. In this context, it is recommended that NIH and FDA, and other agencies that participated in the ADDTF be specifically cited.

Page 28, paragraph 2, line 3 "...numbers and at record speed,..." The term "record speed" could be better defined.

Page 28, paragraph 3, line 1 "With the advent of accelerated approval by the FDA it is incumbent on the government to ensure that the post-marketing efficacy studies, currently mandated through regulation are carried out." This needs to be rewritten to clarify that FDA/PHS/HHS is charged with this responsibility.

Page 28, paragraph 3, line 12 "As a result, patients may be receiving less effective treatment or combinations of treatments, and Federal programs such as Medicaid and Medicare and Private insurers may be paying for these less effective treatments. Americans are spending millions of dollars per year on such therapies about which little is known." These sentences are not clear and could potentially be interpreted as a reason to not pay for clinically indicated therapies, and involve several complex issues, including, allowing clinical trials to use surrogate markers of disease progression and of drug efficacy. Also, the Ryan White CARE Act reimburses for prescription drugs.

Page 33, paragraph 1, line 1 "...Treatment and primary care must come before ancillary services." The document may need to define "ancillary." This statement could have far reaching policy implications, especially for the AETC Program. The Senate Appropriations Committee language appears to indicate the Senate's desire to move the decision for

funding provider training to the local planning bodies. "Increasing access to, and support of, treatment and primary care...." would be a better choice of words.

Page 33, paragraph 4, line 11 "...schools, and professional organization in addition to local and Federal governments." Insert "State" after the word "local."

Page 35, paragraph 1 Four of the five agencies provided as examples in this paragraph reside in the Department of Health and Human Services, Public Health Service (SAMSHA, HRSA, CDC and NIH). While uniform applications are administratively possible, the statutes and regulations may have to be amended to accomplish this.

Page 38, paragraph 1, line 5 "Based on the Vice President's initiative to bring the lessons back home through the "Lesson without Borders Project" to inner city and rural areas with problems similar to those experienced overseas,..." A footnote to this project may be necessary to those who are not familiar with its content (source and date).

Page 40, paragraph 1, line 5 "NIH's state-of-the-art conferences have also contributed to improving the translation of research results into clinical practice." Examples of what these "state-of-the-art" conferences are and when they were held would be useful (it could be as a footnote).

Page 41, paragraph 3, line 16 "The Health Care Financing Administration (HCFA) also enforces regulations regarding the treatment of HIV-infected persons." This appears to be the first time this agency, an agency in the Department of Health and Human Services that adminsters the Medicare and Medicaid programs is specifically mentioned. Also, the NSHA needs to clarify how the HCFA regulates (perhaps an example could be included).

Page 42, paragraph 2, line 8 "The Administration will also continue to oppose Congressional attempts to force discharge of infected military personnel who are still able to serve their country." Since the Defense Department's bill has already been signed by the President, this sentence needs to be modified and include the Departments that will be taking the lead in this effort.

(Care and Services)

Page 4, paragraph 1, line 3	Add to "evaluate program effectiveness." "...Agree to common evaluation criteria of CARE Act grants that address program delivery and program outcomes. Also establish evaluation measures that are unique to each Title."
Page 4, paragraph 5	Add to "constituency involvement:" "Nationally, focus groups, workshops, and discussion groups of PWAs, providers of HIV care, State and local officials, and researchers review proposed policies, program directives, and planning and evaluation activities to ensure constituency input."
Page 4, paragraph 8	Unmet Need: Add "...There is need for increased access to 1% evaluation funds for service-related evaluations."
page 6	Regarding question: Are there separate funds for the SPNS evaluation? Answer: No, all of the funds come from 10% tap from Title II. <u>Add</u>: Objective: Ensure funding and dissemination of innovative models of care that evaluate all of the major care and service goals listed in this plan: effectively educated providers, increased access to and quality of care, reduction of perinatal transmission of HIV. Action Steps: Review currently funded SPNS projects to identify gaps in project coverage for future Requests for Applications (RFAs). Populations served: CARE Act grantees. Constituency Involvement: Health care providers, evaluation researchers, communication experts, and patient advocates.
page 9	I would suggest adding this to unmet need under the reduction of perinatal transmission: " In particular, it is

critical to fund services (e.g., outreach, case finding, case management) that better link women of childbearing age with counseling and testing services and, after testing, with comprehensive medical, social, and support services and long-term followup for themselves and their families. Training non-HIV providers, particularly primary care, family practice, ob/gyn, and MCH providers, to perform women-sensitive counseling and testing, to deliver appropriate primary care for women with HIV, and to provide appropriate referrals for these women is another critical need. Funding is also needed for peer-support programs for these women and their families. While it should be our assumption that all women are at risk for HIV, it is important to recognize that certain groups of women (e.g., substance abusers, partners of substance abusers) are at special risk and need additional services in order to enter and remain in care."

National StrategyInterdepartmental Task force on HIV & AIDS –
Contact List Roster as of (2.26.96)

Department/Agency	Received	Status
DHHS	NO	
✓NIH	NO	Informal - Non-concurrence
✓CDC	NO	Informal - "tweaking" comments
✓FDA	YES	
✓SAMSHA	NO	
✓HRSA	NO	
✓HCFA	NO	
✓IHS	NO	
✓OIH	NO	
✓ACF	NO	
✓OPA		
✓AHCPR		
✓HUD		
✓Treasury		
✓State		
✓Education		
✓Commerce		
✓Labor		
✓VA		
✓Energy		
✓DOJ		
OMB		
✓SSA		
✓Corp. for National Service		
✓Peace Corps		
✓OPM		

✓ONDCP		
✓USIA		
✓USIAD		
✓EEOC		
✓DOD		

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IHS	.A96	14,672	01-30-96	06:11p	INTL	.B96	32,267	02-27-96	12:37p
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MODULE	.A96	25,892	02-28-96	05:11p	NIHBEHAV	.A96	18,438	01-30-96	04:20p
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NIHPATH	.A96	17,974	01-30-96	04:31p	NIHTHER	.A96	25,995	01-30-96	04:33p
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National Strategy for HIV and AIDS -- Status of Agency Reviews

Department/Agency	Received	Status
DHHS		
NIH		Informal: Non-concurrence
CDC		Informal: "tweaking" comments
FDA	YES	Minor comments
SAMSHA		
HRSA		
HCFA		
IHS		
OIH		
ACF		
AHCPR		
OPA		
HUD		
Treasury		
State		
Education		
Commerce	YES	Minor comments.
Labor	YES	Minor comments
VA	YES	No changes.
Energy	YES	Minor changes.
DOJ	YES	Modest changes.
OMB		
SSA		
Corp. for National Service		
Peace Corps		
OPM	YES	No changes.
ONDCP		
USIA		
USIAD	YES	Modest\substantial. One page missing.....
EEOC	YES	Minor comments.
DOD		

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