FOIA Number: 2018-0755-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Patsy Fleming

Subseries: National AIDS Strategy

OA/ID Number: 9004

FolderID:

Folder Title:
Department and Agency Follow-up

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	10	1

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: TOBY DONENFELD

FAX NUMBER: 456-6231

FROM: JANE SANVILLE

DATE: 5/29/96

PAGES INCLUDING COVER SHEET: 4

COMMENTS:

Hello Toby - Attached is the draft international section for the National Strategy on HIV/AIDS. Carol Rasco wanted your office to review the VP's initiative (begins on p. 44). (You can disregard the editing marks in grey...)

Thanks for your help!

Jane

= DRAFT =

INTERNATIONAL ACTIVITIES

AIDS is a global pandemic. In the United States it is estimated that between 800,000 and 1 million people are currently infected with HIV. The World Health Organization (WHO) estimates that 18.5 million adults and over 1.5 million children are currently infected worldwide. WHO also estimates that two to three million new HIV infections can be expected annually, and by the year 2000, thirty to forty million people will have been infected around the globe.

This pandemic presents a unique set of health, social, economic, and political challenges. It most often affects people aged 25 to 44 -- those who are in the most productive years of life. The period from initial infection to disease onset can be many years, during which time persons many unknowingly spread the infection. The WHO estimates that there will be 10 to 15 million orphans worldwide attributable to HIV/AIDS by the year 2000. In Africa and Asia, economic advances are threatened, and in some cases, may be reversed due to the pandemic of HIV and AIDS. Socio-economic studies have shown a decrease in overall domestic savings and investment levels, negative effects on foreign investments, reductions in the volumes of imports and exports, and a reduction in receipts from tourism.[20] Governments will be forced to cope with increasing numbers of cases, weakened health care systems, a deleterious economic impact on the most productive segments of society, and the reduction in the number of healthy men and women able to serve in the government and the military.

Due to the global nature of the pandemic, its negative impact on both developed and developing countries cannot be overstated. It is clear that if we do not stop the pandemic globally, we will not be able to halt its spread in the United States.

At present several Federal agencies are working on slowing the AIDS epidemic worldwide. (See Appendix D.) The Department of State has worked with other departments, agencies, and non-governmental organizations to develop a framework to guide U.S. foreign policy in the global efforts against HIV and AIDS. The major areas identified for U.S. leadership are: preventing new infections; reducing the personal and social impact of the pandemic; and mobilizing and unify national and international efforts. The U.S. Agency for International Development (USAID) also has a leadership role in the global HIV effort through development assistance, research and policy formation. USAID focuses its strategy on developing prevention programs based on proven interventions, addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other sexually transmitted infections, and developing and testing new interventions and methods to prevent transmission and mitigate the impact of the epidemic. The U.S. Information Agency (USIA)

=DRAFT=

supports programs that promote dissemination of U.S. policies and information related to HIV and AIDS; and the Peace Corps trains a portion of its volunteers to directly address HIV-related concerns in their countries of placement. In addition, several agencies support research overseas, including the National Institutes of Health, the Centers for Disease Control and Prevention, and the Department of Defense (DOD). For example, DOD is conducting clinical trials of candidate HIV vaccines in Thailand. NIH (working in collaboration with USAID), supports basic scientific studies on social and behavioral aspects of AIDS in developing countries. [Awaiting additional language from NIH.] The results of the studies ultimately will be used to develop interventions to reduce behaviors that place individuals at risk for contracting HIV infection.

Opportunities for Progress

International Leadership. The United States has established a global leadership role in combatting the epidemic. This leadership must continue. The U.S. strongly supports the newly established Joint and Co-sponsored United Nations Programme on AIDS (UNAIDS)[4] . Moreover, the U.S. is a member of the governing body of UNAIDS. Supporting UNAIDS demonstrates the continuing commitment of the U.S. to collaborate with other countries in lessening the impact of the epidemic. The U.S. also supports efforts to more effectively make use of available resources as well as to encourage non-traditional donor countries to provide much needed contributions. Supporting UNAIDS and its innovative programmatic efforts, and its goal of working to assure that therapeutics (and vaccines when developed) are made available to the residents of developing countries is not only morally correct, but also furthers U.S. interests by promoting economic and social stability worldwide.

Sharing Technology and Bringing Lessons Home. (Include footnote to this project for those who are not familiar with its content). In addition to financing the development of large scale, comprehensive AIDS prevention programs in many countries, USAID has gained valuable insights and lessons from experiences from these countries and is applying them to U.S. populations. Based on the Vice President's initiative to bring the lessons back home

[4] Until recently, the United Nation's response to HIV/AIDS was focused primarily in WHO's Global Programme on AIDS. On January 1, 1996 the U.N. launched UNAIDS, combining the efforts of six U.N. agencies to stregthen coordination and focus support for HIV/AIDS activities at the country and global levels. UNAIDS has established three mutually reinforcing roles: to be a major source of policy development and research; provide technical support; and be an advocate for comprehensive, multisectoral responses to the pandemic.

= DRAFT =

through the "Lesson without Borders Project" to inner city and rural areas with problems similar to those experienced overseas, the goal is to create linkages between U.S. community organizations and international projects in order to share solutions to problems that know no borders. The U.S., through its various agencies will continue to build and strengthen networks that will facilitate leadership, coordination and transnational approaches to AIDS prevention and control programs and AIDS related research; exchange culturally and linguistically appropriate educational and training materials; and demonstrate the bidirectionality of USAID international programs and its potential impact on US based programs, U.S. based non-governmental organizations and indigenous groups.

Program Coordination. One of the most challenging aspects of the U.S. effort is effective coordination among a host of agencies with varied missions and activities. The State Department and agencies such as USAID and USIA are primarily focused on country-specific activities, that include many HIV-related objectives. Agencies which conduct research, such as NIH and CDC, plan their activities not around where they take place, but around scientific gaps and interests. [Awaiting additional language from NIH.] These differences in focus present challenges in effectively planning, coordinating, and evaluating the overall U.S. international effort. Therefore, in order to improve this endeavor, the agencies supporting international activities on the Interdepartmental Task Force for HIV and AIDS must develop a mechanism for identifying and coordinating this effort.

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3139

Date Rcvd: 7-2-96

From: DEPARTMENT OF HEALTH & HUMAN SERVICES — THERESA A. TOIGO, RPh, MBA

Staff Action:

Reviewed By Jeff:_____ **Reviewed By: Patsy**_____

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response:_____

n:\corresli

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

MEMORANDUM

Date: June 26, 1996

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

From: Associate Commissioner for AIDS and Special Health Issues
Food and Drug Administration

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

Thank you for the opportunity to comment on the draft National Strategy for HIV and AIDS document. With the exception of one comment discussed below, the Food and Drug Administration (FDA) concurs with the document. In several sections of the document it states "awaiting revised language from NIH." If any of the revised language directly relates to FDA activities we would like the opportunity to review the revisions.

On page 26, column 2, last paragraph it states: "In addition, the Food and Drug Administration, through its accelerated approval program, is now approving drugs faster than ever before and faster than any European nation." FDA considers accelerated approval only one reason for the faster approval times. We suggest the following revision: "In addition, the Food and Drug Administration, through its expedited review and accelerated approval programs, is now approving drugs faster than ever before and faster than any European nation."

As requested, the FDA budget figures for the appendices are attached. Minor editorial comments are also attached.

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

Theresa A. Toigo

Theresa A. Toigo, RPh, MBA

Attachments

Attachment I

Food and Drug Administration
AIDS Funding Level Summary
June 1996

FDA Appendices	FY 95 Actuals	FY 96 Estimates	FY 97 Presidents Budget Request
Ensure the safety and effectiveness of HIV-related therapeutic agents	$25,235,000	$25,235,000	$25,235,000
Ensure the safety and effectiveness of HIV-related preventive and therapeutic vaccines	$11,863,000	$11,863,000	$11,863,000
Ensure the effectiveness of test methodologies (such as diagnostic reagents and test kits) for HIV detection, confirmation, and viral load measurement	$8,732,000	$8,732,000	$8,732,000
Reduce transfusion-transmitted HIV infection	$17,458,000	$17,458,000	$17,458,000
Ensure the safety and effectiveness of HIV-related medical devices	$9,457,000	$9,457,000	$9,457,000
Totals	$72,745,000	$72,745,000	$72,745,000

Office of AIDS and Special Health Issues
Food and Drug Administration

Attachment II

The National Strategy for HIV and AIDS
Draft for Department of Health and Human Services Review: 6.11.96

Editorial Comments

Page 44, footnote 5 - We should reference the page number for the article.

Page 45, footnote 18 - This footnote lacks the name and date of the article.

Acronym List:
AZT not defined, suggested wording - Retrovir™, zidovudine

ENFPA, UNDP, and UNICEF are also not defined. We do not have any suggested language.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY
EXECUTIVE SECRETARIAT

DUE DATE: 6-25-96

CLEARANCE FORM

SUBJECT: REVISED DRAFT OF THE NATIONAL STRATEGY FOR HIV & AIDS

LETTER/MEMO DATE:	DATE TO CLEARANCE:	CONTROL NO.:
6-12-96	6-20-96	
ORIGINATOR:	ADDRESSEE:	
Office of Nat'l AIDS Policy		

REFERRED TO OFFICE OF:

	Immediate Office of the Secretary	ab	Assistant Secretary, Health (ASH)
	The Under Secretary (UNS)		Assistant Secretary, Human Development (AHD)
ab	General Counsel (OGC)		Commissioner, Social Security Administration (SSA)
	Assistant Secretary, Personnel Administration (PER)	ab	Administrator, Health Care Financing Administration (HCFA)
ab	Assistant Secretary, Management and Budget (AMB)		Director, Office of Refugee Resettlement (ORR)
ab	Assistant Secretary, Legislation (ASL)	ab	Deputy Under Secretary for Intergovernmental
ab	Assistant Secretary, Public Affairs (APA)	ab	SAMHSA
ab	Assistant Secretary, Planning and Evaluation (ASP)	ab	NIH
	Office for Civil Rights (OCR)	ab	CDC
	Office of Consumer Affairs (OCA)	ab	FDA * Theresa A. Cheng 6/26/96
	Office of Inspector General (OIG)	ab	AHCPR
	Regional Directors	ab	HRSA

PURPOSE:

	A–COMMENT OR RECOMMENDATION		D–COORDINATE WITH ACTION ADDRESSEES AS NECESSARY
	B–CLEARANCE (INITIAL) AND RETURN.		
	C–INFORMATION		

REMARKS:

PLEASE TELEPHONE YOUR CONCURRENCE OR HAND DELIVER YOUR COMMENTS TO Susan Griffith

FDA
EXECUTIVE SECRETARIAT

Jun 21 9 21 AM '96

RECEIVED

Glen Harelson
Executive Secretariat

690-7699 Extension

617-H Room

OS-556 (5/88)

* U.S. GPO: 1992-326-124

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

MEMORANDUM

rec'd 7/2/96 2:30

Date: June 26, 1996

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

From: Associate Commissioner for AIDS and Special Health Issues
Food and Drug Administration

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

Thank you for the opportunity to comment on the draft National Strategy for HIV and AIDS document. With the exception of one comment discussed below, the Food and Drug Administration (FDA) concurs with the document. In several sections of the document it states "awaiting revised language from NIH." If any of the revised language directly relates to FDA activities we would like the opportunity to review the revisions.

On page 26, column 2, last paragraph it states: "In addition, the Food and Drug Administration, through its accelerated approval program, is now approving drugs faster than ever before and faster than any European nation." FDA considers accelerated approval only one reason for the faster approval times. We suggest the following revision: "In addition, the Food and Drug Administration, through its expedited review and accelerated approval programs, is now approving drugs faster than ever before and faster than any European nation."

As requested, the FDA budget figures for the appendices are attached. Minor editorial comments are also attached.

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

Theresa A. Toigo

Theresa A. Toigo, RPh, MBA

Attachments

Attachment I

Food and Drug Administration
AIDS Funding Level Summary
June 1996

FDA Appendices	FY 95 Actuals	FY 96 Estimates	FY 97 Presidents Budget Request
Ensure the safety and effectiveness of HIV-related therapeutic agents	$25,235,000	$25,235,000	$25,235,000
Ensure the safety and effectiveness of HIV-related preventive and therapeutic vaccines	$11,863,000	$11,863,000	$11,863,000
Ensure the effectiveness of test methodologies (such as diagnostic reagents and test kits) for HIV detection, confirmation, and viral load measurement	$8,732,000	$8,732,000	$8,732,000
Reduce transfusion-transmitted HIV infection	$17,458,000	$17,458,000	$17,458,000
Ensure the safety and effectiveness of HIV-related medical devices	$9,457,000	$9,457,000	$9,457,000
Totals	$72,745,000	$72,745,000	$72,745,000

Office of AIDS and Special Health Issues
Food and Drug Administration

Attachment II

The National Strategy for HIV and AIDS
Draft for Department of Health and Human Services Review: 6.11.96

Editorial Comments

Page 44, footnote 5 - We should reference the page number for the article.

Page 45, footnote 18 - This footnote lacks the name and date of the article.

Acronym List:
AZT not defined, suggested wording - Retrovir™, zidovudine

ENFPA, UNDP, and UNICEF are also not defined. We do not have any suggested language.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY
EXECUTIVE SECRETARIAT

DUE DATE: 6-25-96

CLEARANCE FORM

SUBJECT: REVISED DRAFT OF THE NATIONAL STRATEGY FOR HIV & AIDS

LETTER/MEMO DATE:	DATE TO CLEARANCE:	CONTROL NO.:
6-12-96	6-20-96	
ORIGINATOR:	ADDRESSEE:	
Office of Nat'l AIDS Policy		

REFERRED TO OFFICE OF:

	Immediate Office of the Secretary	ab	Assistant Secretary, Health (ASH)
	The Under Secretary (UNS)		Assistant Secretary, Human Development (AHD)
ab	General Counsel (OGC)		Commissioner, Social Security Administration (SSA)
	Assistant Secretary, Personnel Administration (PER)	ab	Administrator, Health Care Financing Administration (HCFA)
ab	Assistant Secretary, Management and Budget (AMB)		Director, Office of Refugee Resettlement (ORR)
ab	Assistant Secretary, Legislation (ASL)	ab	Deputy Under Secretary for Intergovernmental
ab	Assistant Secretary, Public Affairs (APA)	ab	SAMHSA
ab	Assistant Secretary, Planning and Evaluation (ASP)	ab	NIH
	Office for Civil Rights (OCR)	ab	CDC
	Office of Consumer Affairs (OCA)	ab	FDA *Theresa A. Toigo 6/26/96
	Office of Inspector General (OIG)	ab	AHCPR
	Regional Directors	ab	HRSA

PURPOSE:

	A–COMMENT OR RECOMMENDATION		D–COORDINATE WITH ACTION ADDRESSEES AS NECESSARY
	B–CLEARANCE (INITIAL) AND RETURN.		
	C–INFORMATION		

REMARKS:

PLEASE TELEPHONE YOUR CONCURRENCE OR HAND DELIVER YOUR COMMENTS TO Susan Griffith

FDA
EXECUTIVE SECRETARIAT

JUN 21 9 21 AM '96

RECEIVED

Glen Harelson
Executive Secretariat

690-7699 Extension

617-H Room

OS-556 (5/88)

* U.S. GPO: 1992-326-124

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3139

Date Rcvd: 7-2-96

From: DEPARTMENT OF HEALTH & HUMAN SERVICES - THERESA A. TOIGO, RPh, MBA

Staff Action:

Reviewed By Jeff:_____ **Reviewed By: Patsy**_____

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response:_____

n:\corresli

The National Strategy for HIV and AIDS, Appendix D: International Activities
Draft for Office of Management and Budget Review: 6.28.96

Agency: U.S. Agency for International Development

Goal: Sustainable reduction in sexually transmitted infections (STIs)/HIV transmission among key populations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Constituency Involved: USAID agency employees, developing country representatives,

community representatives, PVO/NGO partners, multilateral donors and other bilateral donors.

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

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

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

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

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

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

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

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

FY 95: $119,000
FY 96: $114,000
FY 97: $114,000

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

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

donors.

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

Agency: United States Information Agency

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

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

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

Description: Information on USG policy and programs.

FY 95: $350,000
FY 96: $325,000
FY 97: $325,000

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

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

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

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

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

Description: International Visitors Program.

FY 95: $240,000
FY 96: $200,000
FY 97: $200,000

Population Served: Health policy makers and NGO leaders.

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

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

Agency: Department of Defense

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

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

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

Coordinate with Department of State.

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

FY 95: $1,500,000
FY 96: $1,500,000
FY 97: $1,200,000

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

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

Unmet Need: None.

Agency: Peace Corps

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

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

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

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

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

Action Steps: Train OMS staff on communication and counseling skills;

Continue to educate volunteers about HIV/AIDS during inservice trainings and conferences;

Develop and distribute health newsletters;

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

Disseminate videos, pamphlets, education material on HIV/AIDS prevention; and

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

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

FY 95: $300,000
FY 96: $100,000
FY 97: $100,000

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

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

Unmet Need: Due to budget constraints, Office of Medical Services (OMS) will only be able

to provide courses for in-country Medical Staff every other year.

Agency: Peace Corps

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

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

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

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

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

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

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

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

Support the development of projects and training curriculum;

Support workshops for APCDs in three regions;

Provide expert consultants for the development of projects and training; and

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

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

FY 95: $4,500,000
FY 96: $5,000,000
FY 97: $5,000,000

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

Constituency Involvement: Peace Corps designs all programs in conjunction with the beneficiary population.

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

The National Strategy for HIV and AIDS, Appendix E: Translation of Research into Practice

Draft for Office of Management and Budget Review: 6.28.96

Pending revised information from NIH and AHCPR.

The National Strategy for HIV and AIDS, Appendix F: Civil Rights
Draft for Office of Management and Budget Review: 6.28.96

Agency: Department of Justice

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

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

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

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

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

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

FY 95: Information line $350,000; other activities part of overall operating budget.
FY 96: Information line $350,000; other activities part of overall operating budget.
FY 97: The President's 1997 budget requests a 3.9% increase for ADA enforcement. Baseline number?

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

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

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

Agency: U.S. Equal Employment Opportunity Commission

Goal: As part of EEOC's overall enforcement goal to eliminate employment discrimination against persons with HIV disease.

Objective: Enforce Title I of the Americans with Disabilities Act (ADA), which protects job applicants and employees with HIV disease from employment discrimination.

Action Steps: Receive, investigate, and resolve ADA discrimination complaints from job applicants and employees with HIV disease;

Litigate select cases involving employment discrimination against persons with HIV disease; and

Educate the public regarding ADA's protections for job applicants and employees with HIV disease.

Descriptions: Enforcement of Title I of the ADA.

FY 95: Part of EEOC's general operating budget.
FY 96: Part of EEOC's general operating budget.
FY 97: Part of EEOC's general operating budget.

Populations Served: Job applicants and employees with HIV disease.

Constituency Involvement: Ongoing communication with AIDS-related disability groups.

Unmet Need: An increase in the Commission's investigative and legal staff would provide for quicker resolution of all EEOC complaints, including HIV-related complaints brought under the ADA.

Agency: Department of Labor

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

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

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

Descriptions: Protection from discrimination in workplace.

FY 95: Part of overall operating budget.
FY 96: Part of overall operating budget.
FY 97: Part of overall operating budget.

Populations Served: Persons living with HIV and AIDS.

Constituency Involvement: Persons living with HIV and AIDS and Department of Labor staff.

Unmet Need: Current resource levels permit satisfactory processing of received cases.

The National Strategy for HIV and AIDS, Appendix G: Budget Tables
Draft for Office of Management and Budget Review: 6.28.96

I. Overall Budget Table for Agencies

AGENCY	FY 95	FY 96	FY 97
Health & Human Services			
NIH	Pending	Pending	Pending
CDC	Pending	Pending	Pending
HRSA	Pending	Pending	Pending
SAMHSA	Pending	Pending	Pending
AHCPR	Pending	Pending	Pending
IHS	Pending	Pending	Pending
FDA	72,745,000	72,745,000	72,745,000
ACF	Pending	Pending	Pending
OPA	Pending	Pending	Pending
HCFA	1,640,075,000	1,800,060,000	1,970,185,000
OIH	Pending	Pending	Pending
Defense	41,000,000 to 42,000,000	30,600,000 to 31,600,000	13,311,000 to 14,311,000
Social Security Administration	1,438,000	1,200,000	SSA unable to provide
Housing & Urban Development	1,647,000,000	1,252,000,000	1,465,000,000
Treasury	Pending	Pending	Pending
Education	Pending	Pending	Pending
Commerce	Part of overall operating budget	Part of overall operating budget	Part of overall operating budget
Labor	Part of overall operating budget	Part of overall operating budget	Part of overall operating budget
Veterans Affairs	Pending	Pending	Pending

Energy	Pending	Pending	Pending
Office of Management & Budget	Pending review	Pending review	Pending review
Office of Personnel Management	20,000	15,000	0
Office of Drug Control Policy	Pending	Pending	Pending
Corporation for National Service	Part of overall operating cost	Part of overall operating cost	Part of overall operating cost
Justice	6,483,900	6,350,000	7,000,000
EEOC	Part of overall operating budget	Part of overall operating budget	Part of overall operating budget
State	Pending	Pending	Pending
U.S. Agency for International Development	119,000	114,000	114,000
US Information Agency	590,000	525,000	525,000
Peace Corps	4,800,000	5,100,000	5,100,000

II. Department/Agency Budgets by Area and Goal

A. Department of Defense

Area	Goal	FY 95 Actuals	FY 96	FY 97 President's Budget
Care and Services	Provide state-of-the-art patient-centered comprehensive care for all eligible service members throughout the asymptomatic and symptomatic phases of HIV and AIDS.	$2,000,000 to $3,000,000	$2,000,000 to $3,000,000	$2,000,000 to $3,000,000
Research	Carry out state-of-the-art research on the prevention and treatment of HIV infection to promote medical readiness in U.S. military forces.	$37,000,000	$26,600,000	$9,611,000
Prevention	Preservation of an effective fighting force through prevention of HIV infection.	Approximately $500,000	Approximately $500,000	Approximately $500,000
International Activities	Support leadership in the international community by sharing research methodologies and findings, observing host nation requirements for HIV testing and reporting, and supporting research at international sites with high prevalence or incidence of HIV and AIDS.	$1,500,000	$1,500,000	$1,200,000

B. Food and Drug Administration

Area	Goal	FY 95 Actuals	FY 96	FY 97 President's Budget
Research	Ensure the safety and effectiveness of HIV-related therapeutic agents	$25,235,000	$25,235,000	$25,235,000
Research	Ensure the safety and effectiveness of HIV-related preventive and therapeutic vaccines	$11,863,000	$11,863,000	$11,863,000
Research	Ensure the effectiveness of test methodologies (such as diagnostic reagents and test kits) for HIV detection, confirmation, and viral load measurement	$8,732,000	$8,732,000	$8,732,000
Prevention	Reduce transfusion-transmitted HIV infection	$17,458,000	$17,458,000	$17,458,000
Research	Ensure the safety and effectiveness of HIV-related medical devices	$9,457,000	$9,457,000	$9,457,000

C. Health Care Financing Administration

Area	Goal	FY 95 Actuals	FY 96	FY 97 President's Budget
Prevention	Reduce perinatal transmission among Medicaid-eligible women	$50,000 (Federal Share)	$60,000 (Federal Share)	$185,000 (Federal Share)
Care and Services	Provide primary health care to Medicaid-eligible HIV-positive persons	$1,640,000,000 (Federal Share)	$1,800,000,000 (Federal Share)	$1,970,000,000 (Federal Share)
Care and Services	Provide quality home health care for HIV positive Medicaid and Medicare beneficiaries	$25,000	NA	NA

D. Social Security Administration

Area	Goal	FY 95 Actuals	FY 96	FY 97 President's Budget
Care and Services	Provide access to benefits payable under the Social Security Act.	$1,005,000 plus 433,000 for ODP	$1,200,000	SSA unable to provide
Care and Services	Provide information regarding benefits payable under the Social Security Act.	NA	NA	NA

E. Housing and Urban Development

Area	Goal	FY 95 Actuals	FY 96	FY 97 President's Budget
Care and Services	Provide support and encourage the development of local programs that provide a comprehensive range of housing and related services for persons living with HIV.	$171,000,000	$171,000,000	$171,000,000
Prevention	Reduce the number of new infections among residents of public and subsidized housing.	$0 (Carried out within existing HUD resources.)	$0	
Care and Services	Increase the housing supply for persons with disabilities, including persons living with HIV and their families.			
	Objective 1: Increase the supply of permanent housing units for persons living with HIV.	$376,000,000 (Full appropriation, no AIDS set aside.)	$258,000,000 (Full appropriation, no AIDS set aside. $25 million for contract terms.)	$174,000,000 (Part of Housing for Special Pops. fund of $769 million)
	Objective 2: Assist communities in providing local comprehensive systems of housing assistance and related services for persons who are homeless by increasing the supply, accessibility and appropriateness of housing and related supportive service options to address the needs of persons who are homeless and living with HIV.	$1,100,000,000	$823,000,000	$1,120,000,000
Care and Services	Increase the capacity of AIDS housing and services providers to develop, operate, and evaluate housing programs for persons living with HIV.	$0	$0 (Some funding within homeless assistance grants and HOPWA funding.)	$0 (Some funding within homeless assistance grants and HOPWA funding.)
Care and Services	Increase the awareness of staff in public and private organizations to the general and unique needs of persons living with HIV.	$0	$0	$0

Care and Services	Increase the awareness and responsiveness of HUD programs that may target or incidentally assist persons living with HIV.	$0 Within current efforts.	$0 Within current efforts.	$0 Within current efforts.

F. Department of Justice

Area	Goal	FY 95 Actuals	FY 96	FY 97 President's Budget
Civil Rights	Enforce HIV-related civil rights laws and heighten issue awareness.	$350,000 (for information line)	$350,000 (for information line)	3.9% increase for enforcement, from base of?
Care and Services	Provide education and training for law enforcement and social services agencies regarding victims of crime.	$133,900	No funds have been budgeted; training for law enforcement and social services personnel covered in FY95 budget.	Department anticipates allocating additional funds for training.
Prevention	Reduce risk of infection to INS detainees who are at risk.	Part of overall operating budget.	Part of overall operating budget.	Part of overall operating budget.
Prevention	Reduce the risk of employee infection and avoid possible worksite performance problems.	Part of overall operating budget.	Part of overall operating budget.	Part of overall operating budget.
Research	To estimate the prevalence of HIV/AIDS among the corrections and parole population and to monitor the HIV/AIDS-related policies of the detention and parole systems.	Part of overall operating budget.	Part of overall operating budget.	Part of overall operating budget.
Care and Services	Provide health care for prisoners with HIV/AIDS. Educate and counsel the inmate population about the transmission of HIV/AIDS and thereby reduce the incidence of HIV transmission.	$1,000,000 for prevention and $500,000,00 for medical care	$1,000,000 for prevention and $500,000,00 for medical care	$1,000,000 for prevention and $600,000,000 for medical care

G. U.S. Agency for International Development

Area	Goal/Objective	FY 95 Actuals	FY 96	FY 97 President's Budget
International Activities	Sustainable reduction in sexually transmitted infections (STIs)/HIV transmission among key populations.	$119,000	$114,000	$114,000

H. U.S. Information Agency

Area	Goal/Objective	FY 95 Actuals	FY 96	FY 97 President's Budget
International Activities	To increase understanding of and support for U.S. Government (USG) policies and programs on HIV/AIDS among foreign publics.			
	Objective 1: To provide accurate information on USG policy and programs to key foreign audiences.	$350,000	$325,000	$325,000
	Objective 2: To give foreign decision makers a first-hand experience with U.S. policy and programs - public and private, national and local - to address the HIV/AIDS pandemic and encourage exchange with their U.S. counterparts.	$240,000	$200,000	$200,000

I. Peace Corps

Area	Goal	FY 95 Actuals	FY 96	FY 97 President's Budget
International Activities	Enhance the understanding of HIV/AIDS and transfer skills for prevention to the communities and countries in which Peace Corps Volunteers serve.	$4,500,000	$5,000,000	$5,000,000
International Activities	Prevent transmission of HIV infection for Peace Corps Trainees and Volunteers.	$300,000	$100,000	$100,000

III. Budget Tables by Area and Goal

A. PREVENTION

Agency	Goal	FY 95	FY 96	FY 97
HCFA	Reduce perinatal transmission among Medicaid-eligible women	$50,000 (Federal Share)	$60,000 (Federal Share)	$185,000 (Federal Share)
HUD	Reduce the number of new infections among residents of public and subsidized housing.	$0 (Carried out within existing HUD resources.)	$0 (Carried out within existing HUD resources.)	$0 (Carried out within existing HUD resources.)
DOD	Preservation of an effective fighting force through prevention of HIV infection.	Approximately $500,000	Approximately $500,000	Approximately $500,000
DOJ	Reduce risk of infection to INS detainees who are at risk.	Part of overall operating budget.	Part of overall operating budget.	Part of overall operating budget.
	Reduce the risk of employee infection and avoid possible worksite performance problems.	Part of overall operating budget.	Part of overall operating budget.	Part of overall operating budget.

Corporation for National Service	To offer HIV/AIDS education programs and other services to volunteers from the Learn and Serve America project.	Part of overall operating cost.	Part of overall operating cost.	Part of overall operating cost.
FDA	Reduce transfusion-transmitted HIV infection	$17,458,000	$17,458,000	$17,458,000

B. RESEARCH

Agency	Goal	FY 95	FY 96	FY 97
DOD	Carry out state-of-the-art research on the prevention and treatment of HIV infection to promote medical readiness in U.S. military forces.	$37,000,000	$26,600,000	$9,611,000
COMMERCE	To foster, serve, and promote the Nation's economic development and technological advancement, including encouraging HIV-related advances and innovation through the Department's collaborative efforts with the global business community.	Part of overall operating budget	Part of overall operating budget	Part of overall operating budget
DOJ	To estimate the prevalence of HIV/AIDS among the corrections and parole population and to monitor the HIV/AIDS-related policies of the detention and parole systems.	Part of overall operating budget.	Part of overall operating budget.	Part of overall operating budget.

FDA	Ensure the safety and effectiveness of HIV-related therapeutic agents	$25,235,000	$25,235,000	$25,235,000
	Ensure the safety and effectiveness of HIV-related preventive and therapeutic vaccines	$11,863,000	$11,863,000	$11,863,000
	Ensure the effectiveness of test methodologies (such as diagnostic reagents and test kits) for HIV detection, confirmation, and viral load measurement	$8,732,000	$8,732,000	$8,732,000
	Ensure the safety and effectiveness of HIV-related medical devices	$9,457,000	$9,457,000	$9,457,000

C. CARE AND SERVICES

Agency	Goal	FY 95	FY 96	FY 97
HCFA	Provide primary health care to Medicaid-eligible HIV-positive persons	$1,640,000,000 (Federal Share)	$1,800,000,000 (Federal Share)	$1,970,000,000 (Federal Share)
	Provide quality home health care for HIV positive Medicaid and Medicare beneficiaries	$25,000	NA	NA
SSA	Provide access to benefits payable under the Social Security Act	$1,005,000 plus 433,000 for ODP	$1,200,000	SSA unable to provide
	Provide information regarding benefits payable under the Social Security Act	NA	NA	NA

HUD	Provide support and encourage the development of local programs that provide a comprehensive range of housing and related services for persons living with HIV.	$171,000,000	$171,000,000	$171,000,000
	Increase the housing supply for persons with disabilities, including persons living with HIV and their families.	$1,476,000,000	$1,081,000,000	$1,294,000,000
	Increase the capacity of AIDS housing and services providers to develop, operate, and evaluate housing programs for persons living with HIV.	$0	$0	$0
	Increase the awareness of staff in public and private organizations to the general and unique needs of persons living with HIV.	$0	$0	$0
	Increase the awareness and responsiveness of HUD programs that may target or incidentally assist persons living with HIV. to develop, operate, and evaluate housing programs for persons living with HIV.	$0 (Within current efforts)	$0 (Within current efforts)	$0 (Within current efforts)

DOD	Provide state-of-the-art patient-centered comprehensive care for all eligible service members throughout the asymptomatic and symptomatic phases of HIV and AIDS.	$2,000,000 to $3,000,000	$2,000,000 to $3,000,000	$2,000,000 to $3,000,000
OPM	Implement and improve workplace policies and employee benefits.	$20,000	$15,000	$0
DOJ	Provide education and training for law enforcement and social services agencies regarding victims of crime.	$133,900	No funds budgeted; covered in FY95 budget.	DOJ anticipates allocating additional funds for training.
	Provide health care for prisoners with HIV/AIDS. Educate and counsel the inmate population about the transmission of HIV/AIDS and thereby reduce the incidence of HIV transmission.	$1,000,000 for prevention and $500,000,00 for medical care	$1,000,000 for prevention and $500,000,00 for medical care	$1,000,000 for prevention and $600,000,00 for medical care
Corporation for National Service	To promote HIV/AIDS awareness and to provide respite care and other services to persons living with HIV and AIDS.	Part of overall operating cost.	Part of overall operating cost.	Part of overall operating cost.

D. INTERNATIONAL ACTIVITIES

Agency	Goal	FY 95	FY 96	FY 97
USAID	Sustainable reduction in sexually transmitted infections (STIs)/HIV transmission among key populations.	$119,000	$114,000	$114,000
USIA	To increase understanding of and support for U.S. Government (USG) policies and programs on HIV/AIDS among foreign publics.	$590,000	$525,000	$525,000
DOD	Support leadership in the international community by sharing research methodologies and findings, observing host nation requirements for HIV testing and reporting, and supporting research at international sites with high prevalence or incidence of HIV and AIDS.	$1,500,000	$1,500,000	$1,200,000

PEACE CORPS	Enhance the understanding of HIV/AIDS and transfer skills for prevention to the communities and countries in which Peace Corps Volunteers serve.	$4,500,000	$5,000,000	$5,000,000
	Prevent transmission of HIV infection for Peace Corps Trainees and Volunteers.	$300,000	$100,000	$100,000

E. TRANSLATION OF RESEARCH INTO PRACTICE

Agency	Goal	FY 95	FY 96	FY 97

F. CIVIL RIGHTS

Agency	Goal	FY 95	FY 96	FY 97
DOJ	Enforce HIV-related civil rights laws and heighten issue awareness.	$350,000 (for information line)	$350,000 (for information line)	3.9% increase for enforcement, from base of?
EEOC	As part of EEOC's overall enforcement goal to eliminate employment discrimination against persons with HIV disease.	Part of EEOC's general operating budget.	Part of EEOC's general operating budget.	Part of EEOC's general operating budget.
LABOR	To provide protection for people living with HIV and AIDS from discrimination in the workplace.	Part of overall operating budget	Part of overall operating budget	Part of overall operating budget

IV. FIGURES, ACRONYMS, AND MEMBERS OF THE INTERDEPARTMENTAL TASK FORCE ON HIV AND AIDS

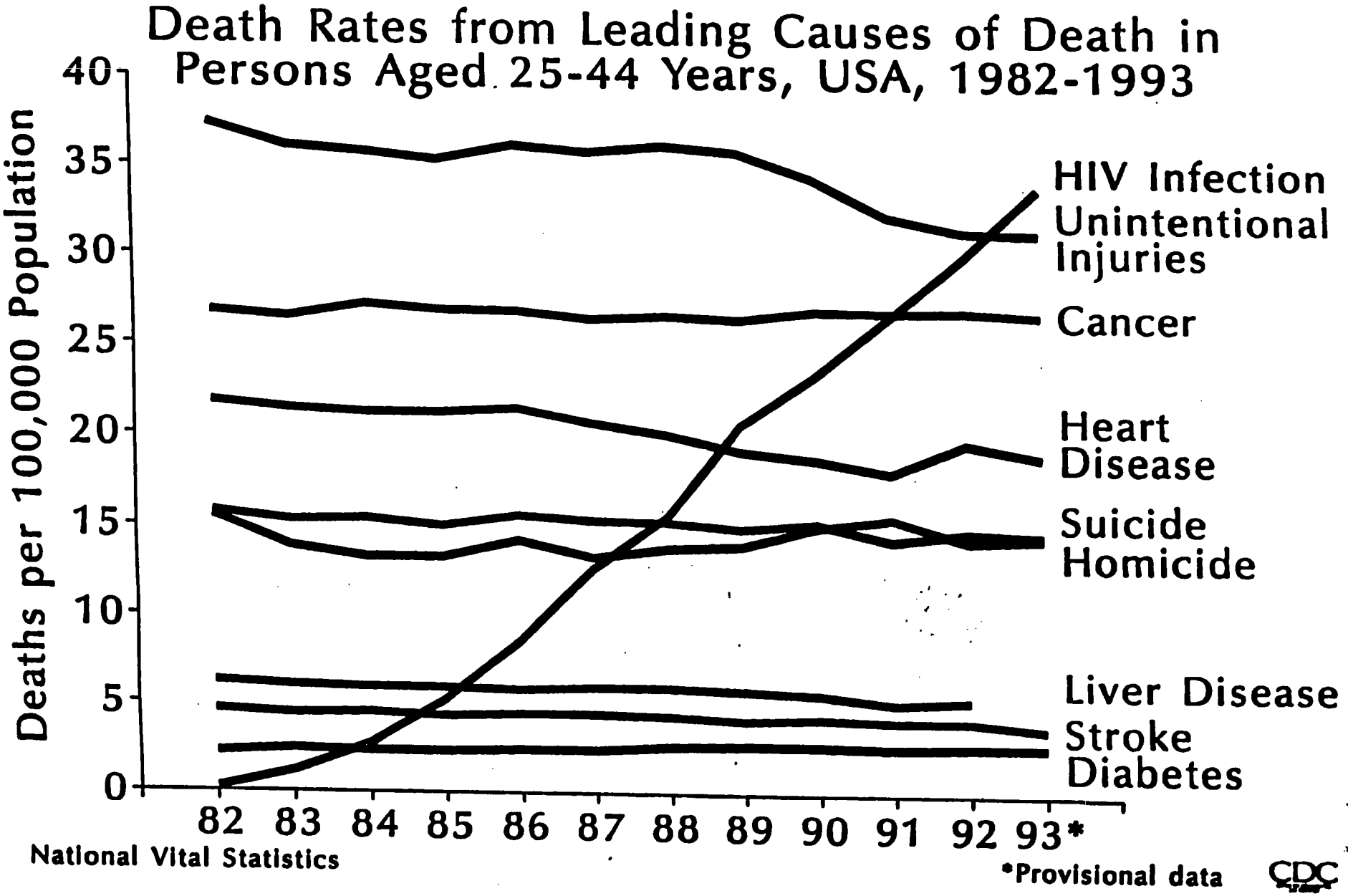
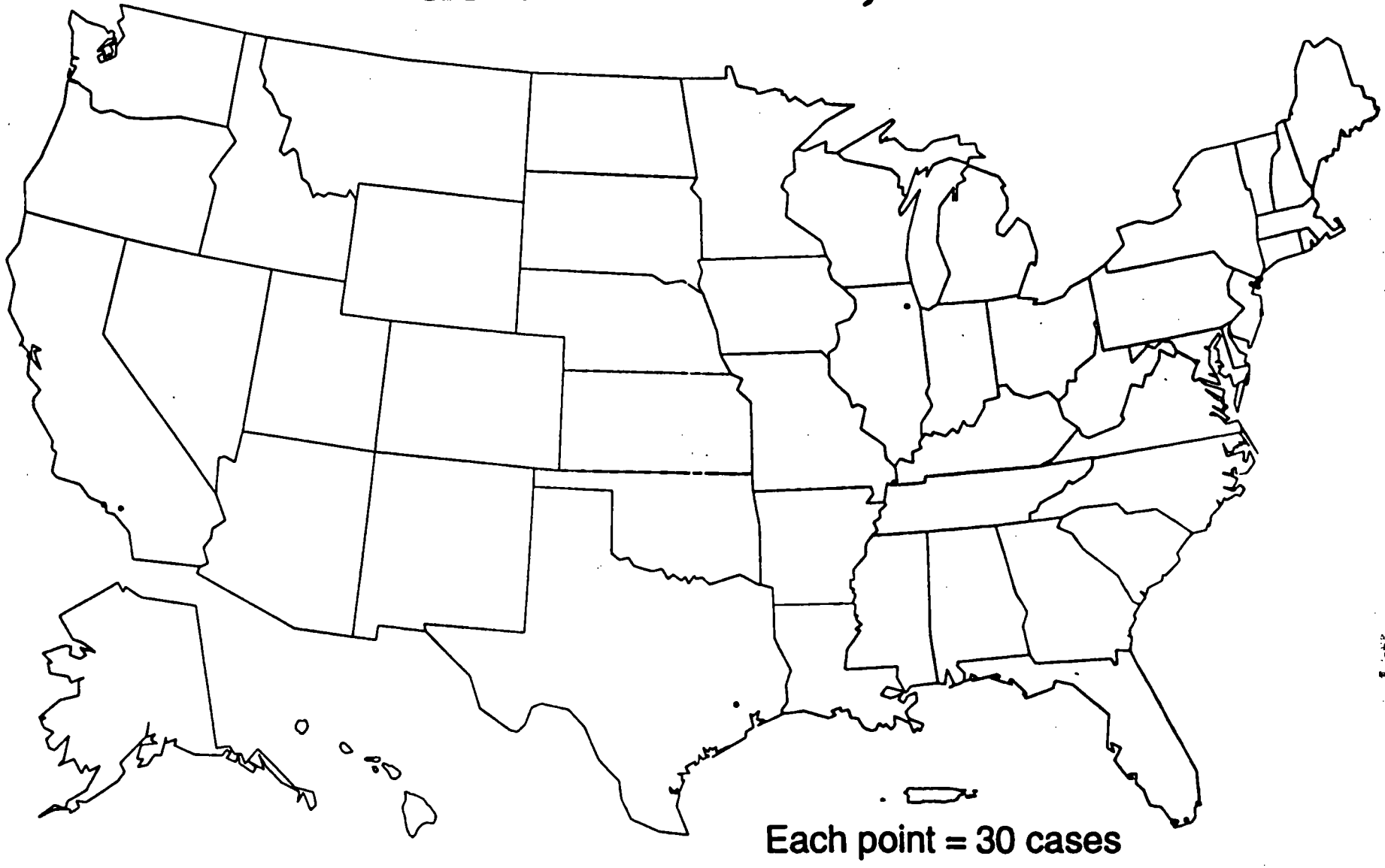

Death Rates from Leading Causes of Death in Persons Aged 25-44 Years, USA, 1982-1993
Deaths per 100,000 Population
40
35
30
25
20
15
10
5
0
82 83 84 85 86 87 88 89 90 91 92 93*
HIV Infection
Unintentional Injuries
Cancer
Heart Disease
Suicide
Homicide
Liver Disease
Stroke
Diabetes
National Vital Statistics
*Provisional data
CDC

Figure 2 Cumulative U.S. AIDS Cases: 2/83 through 12/94

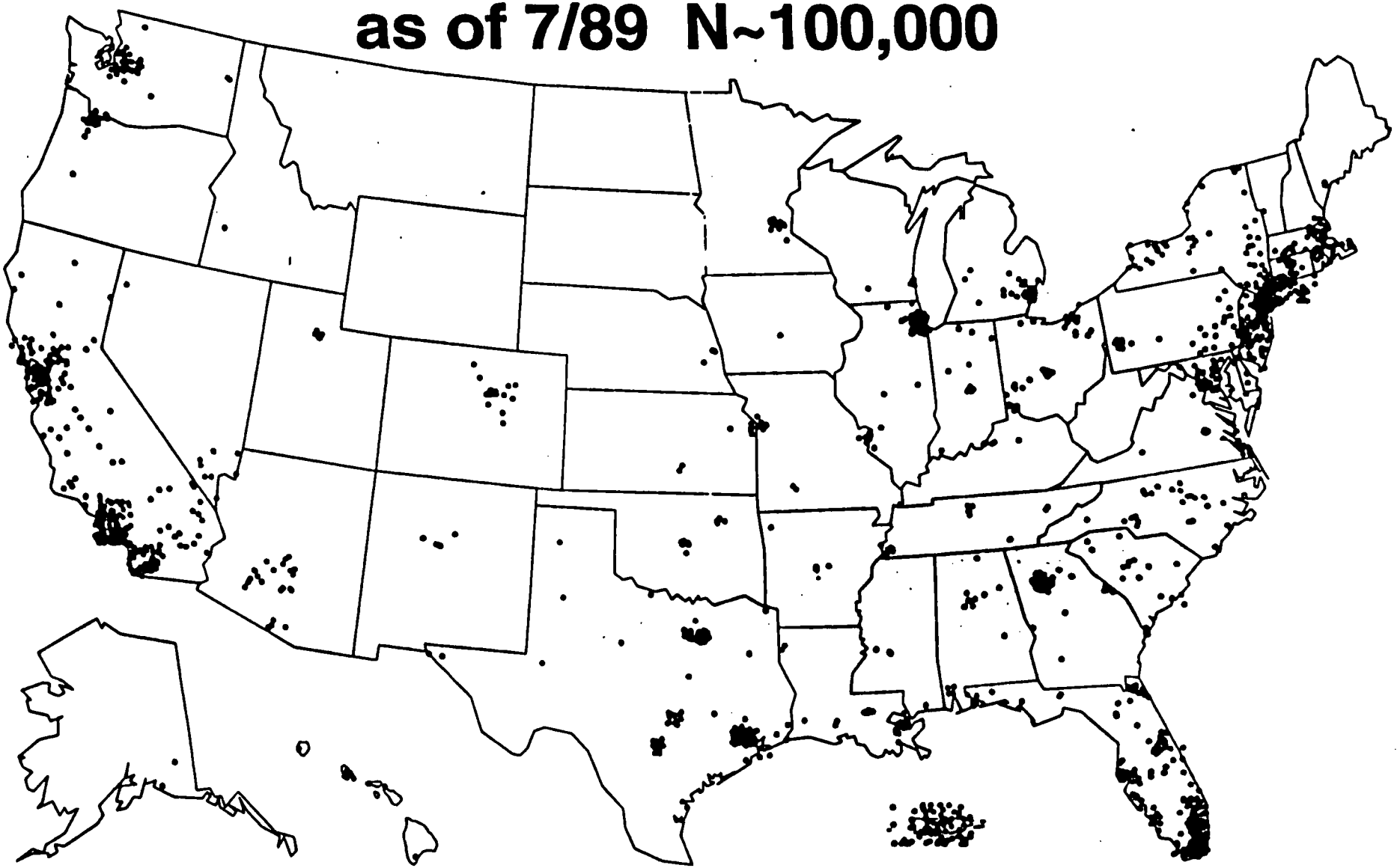
Cumulative U.S. AIDS Cases as of 2/83 N~1,000



Cumulative U. S. AIDS Cases as of 5/85 N~10,000

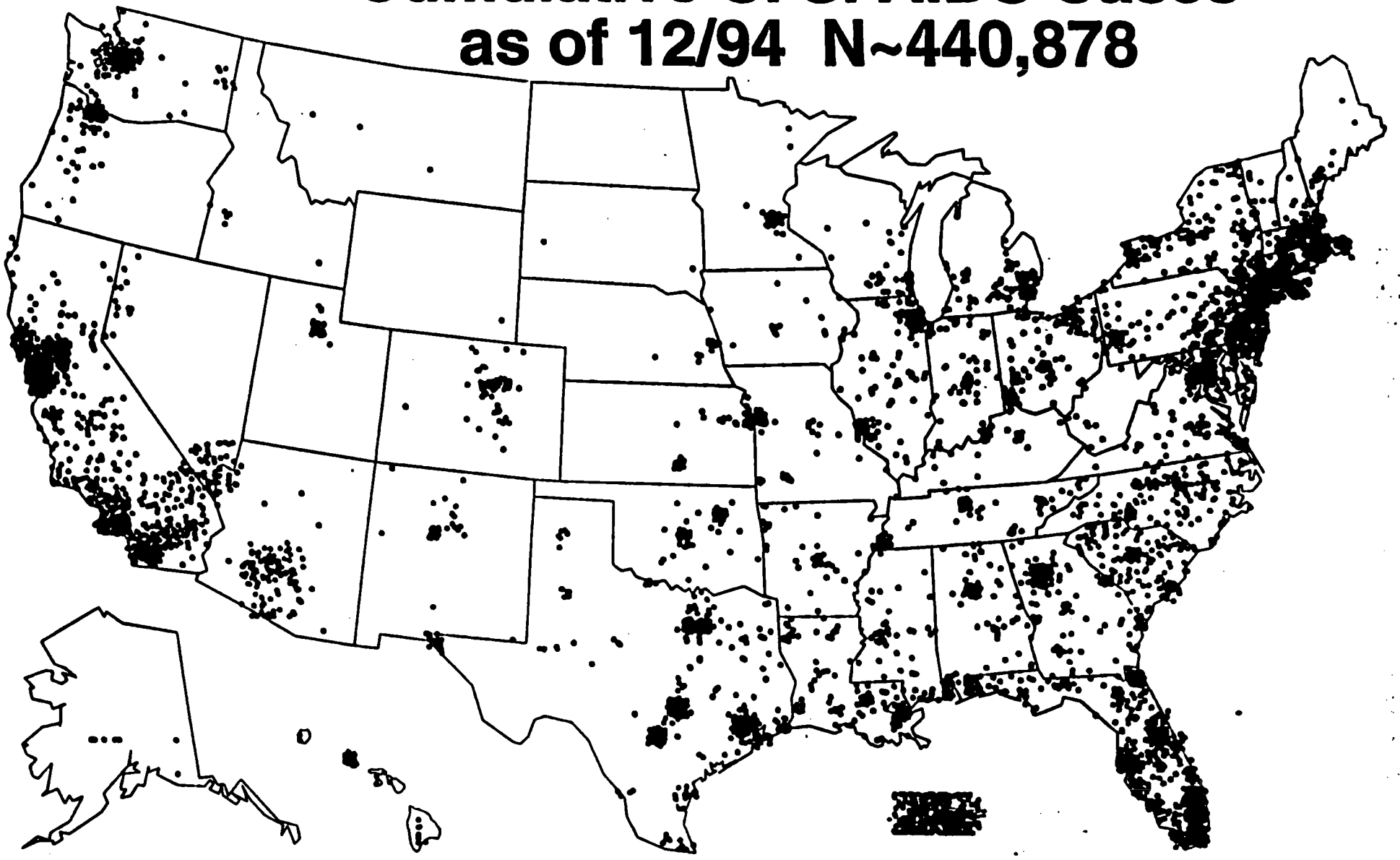
Each point = 30 cases

Cumulative U.S. AIDS Cases as of 7/89 N~100,000



Each point = 30 cases

Cumulative U. S. AIDS Cases as of 12/94 N~440,878



Each point = 30 cases

Acronym List

ACTG	AIDS Clinical Trial Group
ADA	Americans with Disabilities Act of 1990
ADC	AIDS Dementia Complex
ACTIS	AIDS Clinical Trials Information Service
ADAP	AIDS Drug Assistance Progams
AETC	AIDS Education Training Center
AHCPR	Agency for Health Care Policy and Research
AIDS	Acquired Immune Deficiency Syndrome
AOD	Alcohol and other drugs
ASO	AIDS Service Organization
ATIS	HIV/AIDS Treatment Information Service
ATOD	Alcohol, tobacco, and other drugs
AZT	
BOP	Bureau of Prisons
BRTA	Business Responds to AIDS
CARE	Ryan White Comprehensive AIDS Resources Emergency Act
CDBG	Community Development Block Grant
CDC	The Centers for Disease Control and Prevention
CMV	Cytomegalovirus
CNS	Central Nervous System
CPCRA	Terry Beirn Community Programs for Clinical Research on AIDS
DEA	Drug Enforcement Agency
DHHS	Department of Health and Human Services
DOD	Department of Defense
DOJ	Department of Justice
DOL	Department of Labor
EDC	Educational Development Center
EEOC	Equal Employment Opportunity Commission
ENFPA	
FDA	Food and Drug Administration
FBI	Federal Bureau of Investigation
GCRC	General Clinical Research Centers Program
GIPA	Greater Involvement of Persons Infected and Affected by HIV/AIDS

HCFA	Health Care Financing Administration
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons with AIDS
HRSA	Health Resources and Services Administration
HSV	Herpes Simplex Virus
HUD	Department of Housing and Urban Development
ICD	Institute(s), Center(s), Division(s)
IDTF	Interdepartmental Task Force on HIV and AIDS
IHS	Indian Health Service
INS	Immigration and Naturalization Service
IOM	Institute of Medicine
JMD	Justice Management Division
LRTA	Labor Responds to AIDS
MAC	*Mycobacterium Avium* Complex
NCRR	National Center for Research Resources
NGO	Non-governmental Organization
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NREN	National Research and Education Network
NVC	National Victims Center
OAR	Office of AIDS Research
OI	Opportunistic Infection
OMB	Office of Management and Budget
ONAP	Office of National AIDS Policy
PAC	Presidential Advisory Council on HIV and AIDS
PCP	*Pneumocystis carinii* pneumonia
PHS	Public Health Service
PLWH	Persons living with HIV
PSA	Public Service Announcement
PVO	Private Voluntary Organization
PWA	Person with AIDS
RFIP	Research Facilities Infrastructure Program (NIH)
RPRC	Regional Primate Research Center (NIH)
RWCA	Ryan White Comprehensive AIDS Resources Emergency (CARE) Act

SAMHSA	Substance Abuse and Mental Health Services Administration
SPF	Specific Pathogen-Free
SPNS	Special Projects of National Significance
SSA	Social Security Administration
SSI	Supplemental Security Income
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TA	Technical Assistance
TB	*Mycobacterium tuberculosis*
UNAIDS	United Nations Programme on AIDS
UNDP	
UNICEF	
USAID	U.S. Agency for International Development
USIA	U.S. Information Agency
USMS	U.S. Marshals Service
VA	Department of Veterans Affairs
WHO	World Health Organization

To Jane

Date 6-24 Time 5:03

WHILE YOU WERE OUT

M Dr. Jonathan Davis

of U.S. State Dept.

Phone 647 4542

Area Code Number Extension

TELEPHONED	✓	PLEASE CALL	✓
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	
RETURNED YOUR CALL			

Message

fax 736-7336

end of Friday.

R

Operator

AMPAD EFFICIENCY® 23-023 CARBONLESS

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: JONATHAN DAVIS

FAX NUMBER: 736-7336

FROM: JANE SANVILLE

DATE: 6/26/96

PAGES INCLUDING COVER SHEET: 8

COMMENTS:

Attached is a copy of materials sent in May.

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Anne Solomon

FAX NUMBER: 736-7336

FROM: JANE SANVILLE

DATE: 5.24.96

PAGES INCLUDING COVER SHEET: 8

COMMENTS:

6/21 Solomon 647.3004

Nancy Cotter-Foster ⇒ left msg ć Secretary

6/26 Jonathan Davis 647.4542

fax [redacted] 736.7336

- Have it by end of Friday.

THE WHITE HOUSE

WASHINGTON

May 24, 1996

MEMORANDUM FOR THE INTERDEPARTMENTAL TASK FORCE ON HIV/AIDS, DEPARTMENT OF STATE

FROM: Patricia S. Fleming
Director, Office of National AIDS Policy

SUBJECT: Update of Budget Figures for the National Strategy for HIV and AIDS

As you remember, as a result of our meetings last year each member of the Interdepartmental Task Force on HIV/AIDS (IDTF) was asked to develop individual department and agency plans for HIV/AIDS, linking goals and objectives to budget levels and identifying areas of unmet need.

This past February, IDTF members reviewed the draft and provided comment. We are in the final stages of revising the document as informed by this review. Attached is the final language for the Department of State's appendix, based on received comments (letter attached).

Comments are due back to the Office of National AIDS Policy **BY NO LATER THAN MAY 31, 1996.** If you have any questions please call Jane Sanville at (202) 632-1090.

Thank you for your assistance in developing this first-ever National Strategy for HIV and AIDS.

Attachments:
Department of State Appendix for National Strategy on HIV and AIDS.
Department of State letter of March 1, 1996.

INTERNATIONAL ACTIVITIES

Agency: U.S. Department of State

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

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

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

Description: Initiative to increase commitment of foreign leaders.

FY 95: Not applicable.
FY 96: Not applicable.
FY 97: Not applicable.

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

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

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

Agency: U.S. Department of State

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

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

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

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

FY 95: Not applicable.
FY 96: Not applicable.
FY 97: Not applicable.

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

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

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

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

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

Description: Improving U.S. responsiveness.

FY 95: Not applicable.
FY 96: Not applicable.
FY 97: Not applicable.

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

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

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

Agency: U.S. Department of State

Goal: Enhance awareness of implications of HIV/AIDS worldwide.

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

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

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

FY 95: Not applicable.
FY 96: Not applicable.
FY 97: Not applicable.

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

Constituency Involved: U.S. State Department.

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

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

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

Hold workshop on the global implications of HIV/AIDS;

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

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

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

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

FY 95: Not applicable.
FY 96: Not applicable.
FY 97: Not applicable.

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

Constituency Involved: U.S. State Department.

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

Agency: U.S. Department of State

Goal: Support U.S. technical agencies.

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

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

Description: Support for international research.

FY 95: Not applicable.
FY 96: Not applicable.
FY 97: Not applicable.

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

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

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

United States Department of State

Bureau of Oceans and International Environmental and Scientific Affairs

Washington, D.C. 20520

March 1, 1996

Ms. Patricia S. Fleming
Director, Office of National AIDS Policy
Executive Office of the President

Dear Patsy:

Thank you for the opportunity to comment on the draft National Strategy for HIV and AIDS. The document is comprehensive and includes an accurate description of the efforts underway by several agencies to ensure that the AIDS pandemic is addressed on a global scale. The document refers to the interagency effort that led to the development of an International Strategy on HIV and AIDS, and includes the actions that are most critical to move this strategy forward.

Under the resources section of the document, you seek clarification of several points. With regard to funding for the UNAIDS program, you should direct questions in this area to USAID. More generally, you ask about the capacity of the State Department to staff the international actions identified in the international strategy. While the OES Bureau continues to serve a coordinating role in implementing the strategy, practically speaking we lack the personnel necessary to move these actions forward in a timely fashion. Given the current budget and personnel constraints within our Department, I do not foresee a near-term change in this situation. I consider this to be a major obstacle to progress in working with our foreign counterparts to address the pandemic.

We will be seeking every possible means within our existing resources to fulfill the goals of the international strategy; however, your concerns about staffing as expressed in your draft document are indeed valid. I welcome your thoughts on ways to address this problem.

Sincerely yours,

Anne K. Solomon
Deputy Assistant Secretary
Science, Technology and Health

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: BOBBIE PETERSON

FAX NUMBER: 708-216-2410

FROM: JANE SANVILLE

DATE: 5/31/96

PAGES INCLUDING COVER SHEET: 14

COMMENTS:

Here you go - thanks for your help.

Jane

Coordinated Research Plan →

FISCAL YEAR 1997 FEDERAL PLAN FOR HIV RESEARCH (Dollars in Thousands)						
RESEARCH AREA	NIH	CDC	DoD	VA	FDA	TOTAL
Natural History and Epidemiology	$193,490	$82,380	$1,000	$1,740	$1,000	$279,610
Etiology and Pathogenesis	390,284	–*	0	1,300	1,600	393,184
Therapeutics	490,100	7,610	0	1,950	1,425	501,085
Vaccines	130,305	1,695	21,505	1,700	1,500	156,705
Behavioral and Social Science Research	175,954	23,050	0	510	0	199,514
TOTAL	$1,380,133	$114,735	$22,505	$7,200	$5,525	**$1,530,098**

* 1997 budget not available

Department of Veterans Affairs
HIV/AIDS PLAN

Introduction:

The Department of Veterans Affairs (VA) has been a key source of benefits and health care to the nation's veterans with HIV infection or AIDS since the beginning of the epidemic. The Veterans Benefits Administration has received over 5,400 benefits and compensation claims for service-connection for AIDS. Over 3,900 of those claims have been granted.

Veterans Health Administration has become the single largest source of direct health-care services for treating AIDS patients in the United States. One of the first cases of AIDS was reported at the New York VA Medical Center in 1979. By March 1995, a total of over 23,000 cases of AIDS had been reported by 164 VA medical centers and independent outpatient clinics in the system. During FY 1994 alone, VA treated over 17,000 patients with HIV infection or AIDS. Seventeen percent of those patients were treated at the four VA Medical Centers with specialized AIDS Clinical Units, in New York, Miami, West Los Angeles and San Francisco. The geographic pattern of the epidemic mirrors that of the nation with the predominance of cases seen in large urban and coastal cities.

Research and education in HIV/AIDS have been integral components of VA's direct health care services. The unique features of a national medical-care system which serves a defined patient population and is affiliated with academic institutions throughout the country create an unparalleled environment of scientific inquiry and academic-based health care. VA has responded to the challenges of the epidemic by creating unique AIDS Research Centers and by also utilizing the unique capabilities of the system to conduct multicenter studies of health problems. During FY 1994, over 300 funded AIDS research projects were in progress at 85 medical centers. Sixty-four projects were supported by $5.6 million in VA research funding. An additional 243 projects were supported by $24.5 million from non-VA sources such as the National Institutes of Health.

Early in the epidemic, VA recognized that education was essential to provide quality health-care services and to prevent transmission of HIV. In 1987, a multi-year national training plan for HIV/AIDS was developed. Since that time, a number of systemwide programs were implemented to educate health-care and administrative personnel, veterans and their families and the general public on the facts about HIV transmission and prevention. An early and remaining goal of these educational efforts has been to ensure that veterans with HIV/AIDS are treated "like any other patient".

Recently, VA completed a Department wide education program for all employees on the transmission and prevention of HIV infection. The overall theme of this educational effort was that employees with HIV infection or AIDS are "like any

other employee" with a chronic disease or disability. Over 220,000 employees received training through this educational program.

Department of Veterans Affairs Goal: The Department of Veterans Affairs remains committed in its response to the AIDS epidemic through the continuing activities of its three major Administrations; Veterans Health, Veterans Benefits, and the National Cemetery System. The Department Plan continues to be directed toward the non-discriminatory provision of benefits and quality health-care services for all eligible veterans with HIV infection and/or AIDS. An educated and committed workforce which also is subject to non-discriminatory personnel benefits is an integral part of the plan. Therefore, the Department of Veterans Affairs will:

Provide benefits and health-care services for the nation's eligible veterans with HIV infection and/or AIDS that are comparable to those extended to any eligible veteran with a need for benefits and services.

Maintain an educated workforce which ensures that employees with HIV infection or AIDS are extended the same non-discriminatory employment setting and benefits available to any employee with a chronic disease or disability.

Veterans Health Administration

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

Objectives	*Action Steps*
<u>National AIDS Program</u> Veteran Services - Medical Centers, Outpatient Clinics, Health Care facilities	
1. Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.	1. a. HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system. b. Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission. c. Established quality laboratory standards for HIV testing, including ELISA and Western Blot. d. Widespread routine involuntary screening of any patient group prohibited.
2. Protect patients rights to information and self-determination in HIV testing process.	2. a. HIV testing performed only with written informed consent, utilizing standardized written informed consent form, by law and policy. b. Pre- and post-test counseling mandated as part of HIV testing process. c. Elements of counseling and documentation defined. d. Counseling and patient education on prevention and transmission performed by trained health-care professionals. e. Patient education pamphlet explaining HIV testing in VA available.
3. Protect patients rights to confidentiality in HIV testing and/or infection.	3. a. Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy. b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under

	specified conditions. c. VA staff's access to medical records only on "need to know" basis. d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.
4. Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.	4. a. Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy. b. Access to medical treatment based on clinical judgment, not HIV status. c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available. d. Patient representative, clinical staff available in all facilities for patient grievances.
5. Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through: *i.* professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment.	5. *i.*a. Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups *i.*b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS. *i.*c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues. *i.*d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate. *i.*e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues. *i.*f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.

5. *ii.* availability of appropriate pharmaceuticals and therapeutics at health-care facilities.	5. *i.*g. Formal and informal physician and clinician networks for treatment advice established. 5. *ii.*a. FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks. *ii.*b. Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system. *ii.*c. Integration of clinical treatment and research in HIV/AIDS.
6. Provide full range of medical and psycho-social services to meet comprehensive care needs.	6. a. Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks. b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.
7. Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.	7. a. Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs. b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.
8. Prevent transmission of HIV in health-care setting.	8. a. On-going implementation of CDC recommendations on universal precautions, via policy. b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy. c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

National Office of Academic Affairs (Education)	
9. Support on-going education and training of health-care and support staff throughout system.	9. a. Individual participation in professional societies at local, state and national levels. b. National training programs, teleconferences. c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS. d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty. e. National electronic news service and newsletters to disseminate current information from wide variety of sources.
National AIDS Service Office- Washington, DC	
10. Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.	10. a. Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.
11. Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.	11. a. Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities. b. Evaluate workload distribution by medical center to determine geographical distribution. c. Utilize workload information as validation tool in resource allocation process. d. In conjunction with the resource allocation group, estimate future workload based on past and present figures. e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.
12. Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.	12. a. Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.
13. Involve other agencies, as appropriate, on	13. a. Utilize OSHA, HHS, CDC, FDA expertise on specific

special issues in HIV/AIDS.	issues, as necessary.
14. Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.	14. a. Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate. b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Veterans Health Administration

GOAL: Prevent transmission of HIV infection through education of employees and patients.

Objectives	*Action Steps*
Office of Academic Affairs/AIDS Service	
1. Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.	1. a. National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed) b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.
2. Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.	2. a. National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed) b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.
3. Integrate HIV prevention education in addiction treatment programs.	3. a. National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)
4. Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and	4. a. Educational demonstration grants to HIV/AIDS education proposals on competitive basis. (Completed)

community).	b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.
5. Maintain education and information support systems.	5. a. Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Veterans Health Administration

GOAL: Utilize the unique resource of the VA-served patient population to further biomedical, health services and rehabilitation research on HIV/AIDS.

Research and Development	
1. Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.	1. a. Fund research with high technical and scientific merit. b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers. c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators. d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.
2. Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.	2. a. AIDS Research Centers established based on competitive proposal basis. b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

3. Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.	3. a. Investigator requested funding by NIH, other Federal agencies. b. VA, other agency joint funding also available. c. Participation in community trials on individual investigator and medical center basis.
4. Publish and present findings of research in peer reviewed journals, and at national and international conferences.	4. a. Listing of publications, presentations at international and national conferences available upon request.

Other Departmental Offices

Intergovernmental Affairs	
1. Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.	1. a. Monitor status of pending legislation for State, County and local officials. b. Serve on committees that develop and review Department policies when requested.
General Counsel	
1. Ensure Department policies and procedures comply with Federal law.	1. a. Interpret Federal laws that impact on VA's HIV/AIDS program. b. Provide legal advice and counsel to program officials. c. Serve on committees that develop and review Department policies when requested. d. Review new and updated policy directive on HIV/AIDS.
Human Resources Management	
1. Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.	1. a. Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability. b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995) c. Provide continuing educational activities on HIV

	prevention and transmission for all employees in concert with other offices. **d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement.** **e. Include education on above issues as part of routine orientation for all new employees.** **f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.**
Office of Public Affairs	
1. Publicize VA's HIV/AIDS-related accomplishments to internal/external audiences.	**1. a. Update AIDS fact sheet on yearly basis or more frequently as topic demands.** **b. Update AIDS Research fact sheet on yearly basis or more frequently as topic demands.** **c. Prepare annual national release for World AIDS Day.** **d. Promote VA AIDS research through Public Affair National Story Program.** **e. Prepare Secretary's Daily Messages as appropriate.** **f. Prepare Secretary's Pay Stub messages as appropriate.** **g. Develop appropriate topics for publication in VAnguard, VA's employee newsletter.**

Veterans Benefits Administration

Goal: To evaluate and provide disability compensation or pension benefits to eligible veterans with HIV infection or AIDS.

Veterans Benefits Administration	
1. Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.	1. a. Published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses. b. Publish amendment to portion of Schedule for Rating Disabilities currently entitled "Systemic Conditions." The title will be changed to "Infectious Diseases, Immune Disorders and Nutritional Deficiencies." This portion of the Schedule will be updated to use current medical terminology and unambiguous criteria for evaluating disabilities. The amendment will make no substantive change in the criteria for HIV-related illnesses.
2. Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.	2. a. Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities. b. Conduct follow-up training on HIV/AIDS as new information becomes available.
3. Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.	3. a. Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Medical care*	292	307	Eligible veterans	Eligible veterans through local medical centers and facilities.	

*FY 1995 budget figures based on the estimated number of patients by category or stage of HIV disease and past resource expenditures. Resources for HIV/AIDS patient care are derived from the general Medical Care Budget.
FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Prevention activities:* Education Universal precautions (initiated in 1987)	31	31	VA health-care and support staff, veteran patients and families, general public	Local VA medical centers and health-care facilities, local communities	

* Figures are based on the estimated expenditures for universal precautions and education and are part of the general Medical Care budget. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Research activities*	6	7	Veteran patients, general public	Veteran patients, scientific community, general public at large	

*Estimated expenditures for HIV/AIDS research within the general Medical and Prosthetics Research budgets. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

DEPARTMENT OF VETERANS AFFAIRS
Edward Hines, Jr., Hospital
Hines, IL. 60141

SECTION OF INFECTIOUS DISEASES (111P)

FAX NUMBER: (708)216-2410

FACSIMILE COVER SHEET

DATE: 6/7/96

TO: Name: Jane Sanville

Location: Office of National AIDS Policy
WDC

FAX # 202-632-1096

PAGE Cover + 1 OF

.....

FROM: Name: Bobbie Rebrosa, PhD (111P)

Location: AIDS Service - VA

COMMENTS: Jane: Please call me if you have any questions or need further clarification

Many thanks

Bobbie

Department of Veterans Affairs

Memorandum

Date: June 7, 1996

From: Director, AIDS Service (132)

Subj: Revision- DVA National HIV/AIDS Plan

To: Jane Sanville, National AIDS Policy Office

1. I double checked the figures and language for the budget corrections to our submitted HIV/AIDS Plan. Our budget office has concurred with the following:

		Revised Estimates Based on President's Budget	
	FY 95 Actuals (in millions)	FY 96	FY 97
Care and Services*	$281	$300	$310
Prevention**	$31	$31	$31
Research***	$5.4	$5.7	$5.7

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

**Figures are based on the estimated resource expenditures for universal precautions and education and are part of the general Medical Care budget. FY 1996 and FY 1997 estimates are based on the resource levels contained in the President's budgets.

***Estimated expenditures for HIV/AIDS research are part of the general Medical and Prosthetics Research budgets. FY 1996 and FY 1997 estimates are revised from the level of $5.5 million per year in the 1997 President's Budget.

2. Please call me at 708-343-7200 EXT 3332 if you have any questions.

Marvelu (Bobbie) Peterson, Ph.D.

6/7

Bobbie Peterson →

SSA →

- getting the #'s
- She'll be in until 3:45 pm my time →

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: BOBBIE PETERSON

FAX NUMBER: 565-7572

FROM: JANE SANVILLE

DATE: 5.24.96

PAGES INCLUDING COVER SHEET: 10

COMMENTS:

Hello Bobbie -

This is the last round! Any questions give me a call.

Jane

5/31 Bobbie Peterson

① Double checking figures. By Monday.

$292 + 31 in OMB ~~

- when universal precautions - took out special funding for these areas. This has continued.

THE WHITE HOUSE

WASHINGTON
May 24, 1996

MEMORANDUM FOR THE INTERDEPARTMENTAL TASK FORCE ON HIV/AIDS,
DEPARTMENT OF VETERANS AFFAIRS

FROM: Patricia S. Fleming
Director, Office of National AIDS Policy

SUBJECT: Update of Budget Figures for the National Strategy for HIV and AIDS

As you remember, as a result of our meetings last year each member of the Interdepartmental Task Force on HIV/AIDS (IDTF) was asked to develop individual department and agency plans for HIV/AIDS, linking goals and objectives to budget levels and identifying areas of unmet need.

This past February, IDTF members reviewed the draft and provided comment. We are in the final stages of revising the document as informed by this review, and, updating budget figures. Attached is the reformatted Appendix for the Department of Veterans Affairs. Please review it carefully. You should:

1. Update the budget table on page 2 of this memo to reflect current figures. These budget figures will be cross-checked with OMB figures and the Federal Biomedical and Behavioral Research Plan and Budget for HIV and AIDS (April 1996).

2. Provide clarification for missing or unclear text (these areas have been 'redlined'.)

3. Check for the accuracy of department and agency names, program titles, and acronyms.

Comments are due back to the Office of National AIDS Policy **BY NO LATER THAN MAY 31, 1996.** If you have any questions please call Jane Sanville at (202) 632-1090.

Thank you for your assistance in developing this first-ever National Strategy for HIV and AIDS.

Area	Goal/Objective	FY 95 Actuals	FY 96	FY 97 President's Budget
Care and Services	**Goal:** Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.	$292,000,000	$307,000,000	
Prevention	**Goal:** Prevent transmission of HIV infection through education of employees and patients.	$31,000,000 *	$31,000,000 *	
Research	**Goal:** Utilize the unique resource of the VA-served patient population to further biomedical, health services, and rehabilitation research on HIV and AIDS.	$6,000,000	$7,000,000	

* Is the $31 million for prevention included in the $292 and $307 million listed under care and services?

- I put the same qualifiers in original submission.
- General Medical Care budget - for all patients.
- Send Bobbie the coord. res budget → fax 708-216-2410
  708-343-7200 X3332

Attachment: Department of Veterans Affairs Appendix for National Strategy on HIV and AIDS

Final Draft, Department of Veterans Affairs: 5.24.96

CARE AND SERVICES

Agency: Department of Veterans Affairs

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

Objective 1: Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.

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

Publish amendment to portion of Schedule for Rating Disabilities.

Objective 2: Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.

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

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

Objective 3: Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.

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

Objective 4: Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.

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

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

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

Ensure implementation of policy prohibiting routine involuntary screening.

Objective 5: Protect patients rights to information and self- determination in HIV testing process.

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

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

Provide patient education pamphlet explaining HIV testing in VA

available.

Objective 6: Protect patients rights to confidentiality in HIV testing and/or infection.

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

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

Objective 7: Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.

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

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

Objective 8: Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment and the availability of appropriate pharmaceuticals and therapeutics at health-care facilities.

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

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

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

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

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

Support on-going education and training of health-care and support staff throughout system.

Encourage establishment of formal and informal physician and clinician networks for treatment advice.

Objective 9: Provide full range of medical and psycho-social services to meet comprehensive care needs.

Action Steps: Provide specialty and subspecialty care in medicine,

surgery, psychiatry, psychology, rehabilitation in medical centers and/or networks.

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

Objective 10: Provide consultation on legal, clinical and policy issues related to the care of HIV-infected patients.

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

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

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

Objective 11: Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.

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

Evaluate workload distribution by medical center to determine geographical distribution.

Utilize workload information as validation tool in resource allocation process.

In conjunction with the resource allocation group, estimate future workload based on past and present figures.

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

Objective 12: Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.

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

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

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

Objective 13: Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.

Action Steps: Monitor status of pending legislation for State, County and local officials.

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

Objective 14: Ensure Department policies and procedures comply with Federal law.

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

Provide legal advice and counsel to program officials.

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

Review new and updated policy directive on HIV/AIDS.

Descriptions: Medical care and services.

FY 95: $292,000,000
FY 96: $307,000,000
FY 97:

(Budget figures based on the estimated number of patients by category or stage of disease and past resource expenditures.)

Populations Served: Eligible HIV positive veterans.

Constituency Involvement: Eligible veterans through local medical centers and facilities. Are veterans involved in planning activities?

Unmet Need: None?

VFW to@

PREVENTION

Agency: Department of Veterans Affairs

Goal: Prevent transmission of HIV infection through education of employees and patients.

Objective 1: Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.

> **Action Steps:** Establish national training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling.
>
> Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.

Objective 2: Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.

> **Action Steps:** Develop a national "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention.
>
> Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.

Objective 3: Integrate HIV prevention education in addiction treatment programs.

> **Action Steps:** Conduct national training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas.

Objective 4: Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical centers and communities).

> **Action Steps:** Award educational demonstration grants to HIV/AIDS education proposals on competitive basis.
>
> Facilitate system-wide dissemination of completed projects through annual publication and national quarterly newsletters.

Objective 5: Maintain education and information support systems.

> **Action Steps:** Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs.
>
> Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Objective 6: Prevent transmission of HIV in health-care setting.

> **Action Steps:** Ensure on-going implementation of CDC recommendations on

universal precautions, via policy.

Ensure continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy.

Provide national training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule.

Descriptions: Prevention activities including education and universal precautions.

FY 95: $31,000,000
FY 96: $31,000,000
FY 97:

(Budget figures based on the estimated expenditures for universal precautions and education and are part of the general Medical Care budget.)
[Does this mean that the 31 million is included in the 292 and 307 million listed under care?]

Populations Served: Eligible veterans through local medical centers and facilities, local VA health-care and support staff, veteran patients and families, general public.

Constituency Involvement: VA medical centers and health-care facilities, and local communities. Are veterans involved in planning activities?

Unmet Need: None?

RESEARCH

Agency: Department of Veterans Affairs

Goal: Utilize the unique resource of the VA-served patient population to further biomedical, health services, and rehabilitation research on HIV and AIDS.

Objective 1: Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.

Actions Steps: Fund research with high technical and scientific merit.

Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers.

Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators.

Provide applicants for research support with feedback on the technical and scientific quality of their proposals.

Objective 2: Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.

Action Steps: Establish AIDS Research Centers based on competitive proposal basis.

Objective 3: Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.

Action Steps: Facilitate investigator requested funding by NIH, other Federal agencies.

Support participation in community trials on individual investigator and medical center basis.

Objective 4: Disseminate research findings.

Action Steps: Publish and present findings of research in peer reviewed journals, and at national and international conferences.

Description: Research activities.

FY 95: $ 6,000,000
FY 96: $ 7,000,000
FY 97:

Populations Served: Veteran patients, general public, researchers.

Constituency Involvement: Veteran patients, scientific community, general public at large. Are veterans involved in planning activities?

Unmet Need: Increased funding would enhance ability to involve VA's unique population in research and thereby increase patients' access to research and the research knowledge base.