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Jeffrey Levi Reworked Introduction

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7.29.96,

Message from the Director of the Office of National AIDS Policy

The epidemic of HIV and AIDS constitutes a public health crisis of unprecedented proportions. In 1993, the Office of National AIDS Policy (ONAP) was created by President Clinton to provide a national focus and direction for the government's response to HIV and AIDS. More recently, President Clinton asked ONAP to develop a comprehensive National AIDS Strategy that would chart the Administration's long-term direction in responding to the national and international epidemic. The National AIDS Strategy has been developed to capitalize upon progress already made in fighting the epidemic and to catalyze collaborative efforts among Federal Departments and Agencies, ~~President Clinton asked ONAP to develop a comprehensive National Strategy that would chart the Administration's long-term direction in responding to the HIV/AIDS national and international pandemic. The National Strategy for HIV and AIDS has been developed to capitalize upon progress already made in fighting the epidemic and to catalyze collaborative efforts among Federal Departments and Agencies,~~ communities, State and local governments, and the private sector.

The President has identified the following overarching goals for our Nation's efforts against HIV:

- **To provide strong continuing support for research in order to find additional treatments, a cure for those currently infected,** ~~To provide strong support for research in order to find treatments and a cure for those currently infected,~~ **and a preventive vaccine to protect the uninfected;**

- **To provide strong continuing support for effective prevention strategies to reduce the number of new infections each year until there are no new infections;**

- **To ensure that people living with HIV have access to services that are affordable, of high quality, and responsive to their needs; and,**

- **To ensure that people living with HIV are not subject to unlawful discrimination.**

This document is a snapshot of where we are as a Nation and where

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we think we need to go in achieving these overarching goals.■

~~To provide solid support for effective prevention strategies so as to reduce the number of new infections each year until there are no new infections; and,~~

■ ~~To ensure that persons living with HIV receive services that are caring, ethical, and in accordance with legal standards and that they are not subject to discrimination.~~

~~This document is a snapshot of where we are and where we think we need to go in achieving these overarching goals.~~ It summarizes some of the key achievements of this Administration's scientific and public health professionals and it identifies key areas for further work. In addition, the appendices provide detailed descriptions of programmatic objectives, linking goals to budgets of all Federal government efforts in the five key areas of HIV policy: prevention, research, care and services, international activities, translation of research into practice, and civil rights.

This is intended to be a living document that will require regular updating and adjustment as goals are reached and as new challenges emerge. The Strategy serves as a reference point for lengthier dialogues and collaborative efforts between the public and private sectors that will be necessary to implement this strategy.~~This is intended to be a living document that will require regular updating and adjustment as goals are reached and as new challenges occur. This Strategy serves as a reference point for lengthier dialogues and collaborative efforts between the public and private sectors that will be necessary to implement this strategy.~~

The development of a National AIDS Strategy is an historic undertaking. No previous administration has undertaken so broad a planning effort that: (1) involves all Federal Departments and Agencies that engage in HIV-related efforts; (2) reaches out to communities and the private sector; and, (3) identifies areas where the Nation should place its most concerted efforts.

The Strategy was developed through consultation with, and guidance from, many groups and individuals. The Executive Branch Agencies represented on the Interdepartmental Task Force on HIV and AIDS (IDTF) identified their HIV-related goals, objectives, and highlighted areas requiring special attention.
~~I would like to thank,~~
In developing the document, we have relied heavily on groups outside of government as well -- they, ~~we depended heavily upon groups outside of government as well -- they,~~ too, have been, and will continue to be, essential partners in developing solutions

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that capitalize on the opportunities for progress that are now before us. The Presidential Advisory Council on HIV/AIDS (PAC) recommendations have been invaluable. In addition, ~~The recommendations provided by the Presidential Advisory Council on HIV/AIDS (PAC),~~ the advocacy community, participants in the White House Conference on HIV and AIDS and the regional briefings around the Nation co-sponsored by ONAP and _____???, ~~participants in the White House Conference on HIV and AIDS, attendees at regional briefings around the Nation co-sponsored by ONAP,~~ the National AIDS Fund, Funders Concerned About AIDS, health care and service providers on the front lines of the epidemic, ~~Funders Concerned About AIDS and numerous local organizations, service providers on the front lines of the epidemic,~~ and many HIV-positive persons, their families, friends and care givers have been instrumental in identifying areas that require special attention. ~~friends and care givers have been central to identifying areas for focused attention.~~ The insights provided by the National Commission on AIDS, the Institute of Medicine and National Research Council, the General Accounting Office, and the reports of the Office of Technology Assessment have also been extraordinarily helpful in developing the National AIDS Strategy. ~~and the reports of the Office of Technology Assessment have also been extraordinarily helpful in developing the National Strategy.~~

Today we are facing great challenges, but we are also facing equally great opportunities. While AIDS is a terrible tragedy that has already affected -- and will continue to affect -- far too many people around the world, we have made tremendous progress in our understanding of this virus, how we can treat it, and how we can prevent transmission of it. I believe that, ultimately, HIV is a disease that we can defeat -- just as we have eradicated polio from the western hemisphere and smallpox from the world. The National AIDS Strategy lays a foundation for the public-private partnerships that are essential to our success. ~~The National Strategy for HIV and AIDS lays a foundation for the public-private partnerships that are essential to our success.~~ Together, with steadfast commitment, courage, and leadership, we will be able to win the battle against HIV and AIDS.

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I. INTRODUCTION

Scope of the HIV/AIDS Epidemic

The epidemic of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) presents unique social, ~~*Scope of the HIV/AIDS Pandemic*~~

~~The pandemic of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) presents unique social,~~ economic, and public health challenges to governments and individuals here in the United States and worldwide. Whilst significant progress in understanding the disease and developing treatments has been made since the first case was identified by the Centers for Disease Control and Prevention (CDC) in June 1981, ~~While we have made significant progress in understanding the disease and developing treatments since the first case was identified by the Centers for Disease Control and Prevention (CDC) in June of 1981,~~ with this progress comes the challenge of preventing new infections, ensuring access to new treatments, and assuring that health care professionals know how to care for their patients. Still, HIV remains a deadly infection for which there is no vaccine, no cure, and for which there is an expanding, but still limited, inventory of available treatments.

An Expanding Public Health Threat

As of December 1995, the Centers for Disease Control and Prevention (CDC) reported 513,486 cases of AIDS among persons in the U.S.; 319,849 of these persons have been reported to have died as a result of complications related to HIV. Since 1987, AIDS has gone from being the 15th ranked cause of death among all Americans to the 8th. AIDS strikes those in the prime of life during their most economically productive years. It is now the leading cause of death among Americans aged 25 to 44. (See Figure 1.) In 1995 alone, approximately 74,000 new cases of AIDS were reported to the CDC. More than 46,000 AIDS related deaths were reported to the CDC in 1994. CDC estimates that between 40, ~~The CDC estimates that between 40,~~000 and 60,000 Americans are becoming newly infected with HIV each year, and that between 600,000 and 900,000 Americans are currently living with HIV.

As the epidemic in the United States has expanded, ~~As the epidemic in the United States has evolved,~~ the demographics of the epidemic have changed. The early years of the epidemic were dominated by cases involving gay or bisexual men living in major urban centers (i.e., New York, ~~The early years of the epidemic were dominated by cases involving gay or bisexual men living in major urban centers, such as New York,~~ San Francisco, and Los

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Angeles). Today, this group represents less than half of all new cases. Among the populations that are more heavily affected today are young gay men, ~~and Los Angeles; this group now represents less than half of all new cases. Among the populations being more heavily affected now are young gay men,~~ women, and heterosexual injecting drug users and their partners as well as users of non-injecting drugs ~~(i. and heterosexual injecting drug users and their partners as well as non injecting drug users~~ (i.e., crack cocaine and alcohol). Although gay men no longer represent the majority of new cases, this group still represents the majority of persons living with HIV and AIDS. ~~Although gay men no longer represent the majority of new cases, this group represents the majority of persons living with HIV and AIDS.~~ In 1995, nearly 14,000 women were reported to CDC as having been diagnosed with AIDS. Women now comprise 14 percent of cumulatively reported AIDS cases. If this trend continues, it is estimated that 80,~~000 women were reported with AIDS and now women comprise 14 percent of cumulatively reported AIDS cases. It is estimated that if this trend continues, 80,~~000 American children will have been orphaned as a result of AIDS by the end of this decade. In 1995, approximately 800 new pediatric AIDS cases were reported. ~~However, it is hoped that with greater use of AZT by HIV positive mothers during pregnancy and delivery, and administration to their babies after birth,~~[1]

Adolescents are at increased risk. CDC estimates that one in four new HIV infections in the U.S. occur among people under age 21. A significant number of young people are engaging in sexual intercourse as well as drug and alcohol use at earlier ages. This fact, coupled with the disturbing number of adolescents who are prone to high-risk behavior due to homelessness, sexual abuse, and other circumstances, places young Americans in a situation that leaves them extremely vulnerable to HIV infection.

Communities of color have been disproportionately affected by the epidemic. African-Americans, while representing approximately 12

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[1] It is, however, believed that with greater use of AZT by HIV-positive pregnant women, the number of new cases in newborns can be reduced. ~~As the geographic diversity of the disease has widened, the impact of the disease on the country as a whole has also increased.~~

~~Adolescents are at special risk. The CDC estimates that one in four new HIV infections in the U.S. occur among young people. A significant number of young people are engaging in sexual intercourse as well as drug and alcohol use at earlier stages in their lives. This fact,~~

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percent of the general population, accounted for 40 percent of newly reported AIDS cases in 1995. Hispanics, who account for about 9 percent of the general population, represented 19 percent of new cases reported in 1995. ~~In 1995, African-Americans accounted for 40 percent of newly reported AIDS cases, while representing approximately 12 percent of the general population. Hispanics represented 19 percent of new cases reported in 1995, although this group represents only 9 percent of the general population.~~ In 1982, Blacks and Hispanics represented 31 percent of all AIDS cases; however, as of December 1995 these groups comprised 52 percent of cumulative AIDS cases.

AIDS is not just an urban problem. The HIV epidemic has and continues to spread into suburban and rural areas, ~~AIDS in the United States is no longer just an urban problem. It is spreading to non-urban areas,~~ with especially dramatic increases in certain regions of the South and Midwest. Between January 1993 and December 1995 the largest numbers of AIDS cases (86, ~~In fact, between January 1993 and December 1995 the largest numbers of AIDS cases (86,~~462) were reported from the South.[1] While most cases are still reported from urban areas, the rate of reported cases in non-metropolitan areas is increasing more rapidly than in urban areas. ~~the rate of reported cases in non-metropolitan areas is increasing faster than in urban areas.~~ AIDS cases have now been reported in all 50 States, the District of Columbia, Puerto Rico, Guam, and each of the U. ~~and the U.~~S. territories. (See Figure 2.)

AIDS is a costly disease. Average lifetime costs of medical care after diagnosis with HIV is $119,000 (re-add footnote; check for Vancouver numbers). This compares with cancer ($25-$42,000) and heart disease ($61,211). In addition, people living with HIV are disproportionately dependent on the public sector for their health care. Nearly 50 percent of people with AIDS are on Medicaid; over 90 percent of children with AIDS are on this program. The Federal government alone spends $1.7 billion (check) on Medicaid and $xxx billion on Social Security benefits for people disabled by AIDS.

Globally, ~~Internationally,~~ the toll of the epidemic is greater still and threatens to reverse decades of economic and public health progress in developing countries. The Joint United Programme on HIV and AIDS (UNAIDS) and the World Health Organization (WHO) estimate that since the beginning of the epidemic, 6 million cases of AIDS have occurred worldwide. They also estimated that since the beginning of the epidemic 27.9 million people have been infected and more than 1.6 million children have been developed AIDS. WHO projects that by the year 2000 between 30-40 million people will have been infected with HIV. ~~The World Health Organization (WHO) estimates that since~~

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~~the beginning of the epidemic, 4.5 million cases of AIDS have occurred worldwide. It has estimated that as of mid 1995, 18.5 million adults and more than 1.5 million children have been infected with HIV since the beginning of the pandemic. WHO also projects that by the year 2000 between 30-40 million people will have been infected with HIV.~~ In addition, WHO estimates that 10 to 15 million children will be orphaned due to AIDS by the year 2000.

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Acknowledgements...

[If we even have such a system ...]

I would like to thank,

~~THE FOLLOWING TEXT WAS MOVED~~

in particular, the members of the Interdepartmental Task Force on HIV and AIDS (IDTF) for the time and attention that they, and their staffs, contributed to the development of the Strategy. The IDTF is a group consisting of representatives from executive branch Departments and Agencies that conduct HIV-relevant work.

~~THE PRECEDING TEXT WAS MOVED~~

1. *Morbidity and Mortality Weekly Report*. U.S. Department of Health and Human Services, Public Health Service. November 24, 1995, vol. 44, No. 46.