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Stack:	Row:	Section:	Shelf:	Position:
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TABLE OF CONTENTS

Letter from PF/Acknowledgments

Executive Summary

Scope of the HIV/AIDS Pandemic

An Expanding Public Health Threat
The Social Impact

Goal of National Plan

Common Goals & Priority Areas
Challenge of the HIV Epidemic

Description of Activities

Overview of Activities
PREVENTION
RESEARCH
SERVICES
CIVIL RIGHTS
INFORMATION DISSEMINATION
INTERNATIONAL ACTIVITIES

Appendices:

Budget Tables
Acronym List
Glossary
List of Members of the Interdepartmental Task Force on AIDS

→ Is there too much politics?

→ strategy/ decide what we call it each time

→ who picks priorities?

Letter from PF/Acknowledgments

The national epidemic and international pandemic of HIV and AIDS is a public health crisis of unprecedented proportions. As President Clinton has observed -- HIV/AIDS is the health crisis of this century. The Clinton Administration believes that the HIV/AIDS epidemic poses a continuing public health crisis that requires solid support for multiple approaches to finding a cure. ^{and a vaccine}
~~And until a cure is found~~ we must also persevere in our efforts to promote prevention, research, treatment, care, and ethical treatment of persons with AIDS.

This is the first time a government-wide national plan has been developed for fighting HIV. It links programs to national objectives. A plan of this nature was one of the recommendations put forth in 1993 by the National Commission on AIDS. The President, as part of his strong commitment to assuring an efficient coordinated effort, requested that the Office of National AIDS Policy develop a comprehensive plan to guide the federal response to this epidemic.

True agency-wide planning requires a commitment at all levels of government to work together toward clearly defined goals.

Therefore, this plan for HIV and AIDS has been developed from the bottom up. Through the Interdepartmental Task Force on HIV and AIDS (IDTF) a request went out for the agencies to identify their

activities, goals, and objectives. I would like to thank and credit the agencies for the time and attention given by their staffs in developing the individual portions of the comprehensive plan. With leadership from the President and in cooperation with the members of the IDTF, we have taken steps never before taken to prospectively assess and map out future action. As presented here, the national plan sets a baseline of where we are government-wide, links goals to budget objectives, and guides us in refining our goals and objectives in response to the changing face of the epidemic of HIV and AIDS. It is intended to be a living document that will require annual updating as goals are reached and replaced with new challenges.

The purpose of the comprehensive national plan presented here is to set forth common goals and priorities for charting our course in combatting the epidemic of HIV and AIDS. It also includes an accounting of current Federal activities in the areas of prevention, research, services, information dissemination, international activities, and civil rights. This document is meant to complement other planning documents such as the legislatively mandated NIH plan and the U.S. International Strategy on HIV/AIDS.

This epidemic challenges our Nation on many fronts. Because of how it is most often contracted, through sex and drug abuse, topics difficult for many Americans to confront directly, HIV has

challenged us to look at things we would prefer to avoid. We are also confronted by fear -- fear of contracting this disease and unwarranted fear of those who are infected. Fifteen years into this epidemic, those persons living with HIV still endure daily prejudice and discrimination based on their HIV status. We are challenged by the inadequacy of a social and health care infrastructure -- a system that is woefully unprepared to address the needs of the HIV-infected. Moreover, the safety net provided by programs such as Medicare and Medicaid is being threatened by funding changes. Scientifically, we have made much progress, but the virus continues to be a formidable adversary, testing the best and brightest among us to find a cure.

But despite the difficulties, AIDS has also brought forth the compassionate and caring capacity of this nation. In my many meetings around the country with persons living with HIV I have been inspired by their personal courage. I have been impressed by the compassion of those who care for the sick and the communities that have risen to the challenge of caring for their fellow citizens. It is an example of how this nation can rise to meet the most difficult challenges placed in its path. And those Americans living with HIV, their families, and their communities deserve a thoughtful, effective, and aggressive plan to combat this epidemic.

There are those who would say that AIDS receives enough funding,

that other diseases are more worthy of federal funding. They are wrong. The epidemic of HIV and AIDS already threatens the economic progress of many countries around the world. In the United States HIV is now the leading cause of death among Americans aged 25-44. This is not a time to stop but to move forward and build upon our efforts -- the future of our children depend on it.

This is a time of great challenges and great opportunity. And while AIDS is a terrifying tragedy that has already affected too many people around the world, I believe it is a disease that we can defeat -- just as we have defeated polio, smallpox, many forms of cancer, and other scourges in the history of our Nation. We will be able to win ^{our} ~~the~~ battle with HIV and AIDS with commitment, courage, and leadership.

Executive Summary -- Holding place ...

TK comment from RS

- Letter from PF/Acknowledgments
- AIDS Demographics, shifting demographics
- Plan is the first of its kind
- Three goals and the six priority areas
- The plan has been organized by the following substantive areas
- Brief summary of federally sponsored activities in various areas

PREVENTION

RESEARCH

SERVICES

INTERNATIONAL ACTIVITIES

INFORMATION DISSEMINATION

CIVIL RIGHTS

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 people and governments here in the United States and worldwide. Unlike other infectious diseases that have arisen over the course of history, HIV is infectious for life and almost always fatal. This national and international pandemic of HIV disease, now well into its second decade, is progressing virtually unabated. It also remains a deadly infection for which there are limited treatments, no vaccine, and no cure.

An Expanding Public Health Threat

As of October 1995, the Centers for Disease Control and Prevention (CDC) reports that ~~5xx,xxx~~ cases of AIDS have been ~~reported~~ ^{diagnosed} in the U.S. and an estimated ~~3xx,xxx~~ Americans have died as a result of complications related to HIV. Since 1987, AIDS has gone from being the 15th ranked cause of ~~the~~ death to the 8th and it is now the leading cause of death among all Americans aged 25-44. (See ~~chart~~ ^{Figure} #1). In 1994 alone, approximately 81,000 new cases of AIDS were reported to the CDC and nearly 44,000 Americans died of AIDS-related causes in 1994. The CDC estimates that between 40,000 and 60,000 Americans are becoming newly infected with HIV each year, and that between 800,000 and one

million Americans are currently living with HIV.

In addition to the ongoing increase in infections, the demographics of the epidemic have been shifting. 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 Angeles; this group now represents less than half (43%) of all new cases. Among the populations being more heavily affected now are young men between and 20 and 24 (53% of cases in 1994 of whom ^{many} are young gay men of color), and women (18%), and heterosexual injecting drug users (24%). In 1994 alone, more than 14,000 women were diagnosed with AIDS and women now comprise 21% of cumulatively reported HIV infections. It is estimated that if this trend continues, 80,000 American children will have been orphaned by AIDS by the end of this decade.¹ As of June 1995, pediatric cases have been on the rise, (although this trend will hopefully be reversed with the implementation of the recommendations for the administration of AZT during pregnancy and to the infants after birth). In 1994 alone, more than 1,000 new pediatric AIDS cases were reported -- an 8% increase in just one year.

Communities of color are now being more severely and disproportionately affected. As of June 1995, African-Americans accounted for 34% of cumulatively reported AIDS cases, while representing x% of the general population. Hispanics represented

17% of new cases through June 1995, although this group represents only x% of the general population. Moreover, gay men
→ of color account for %, # of the [JL stat]

Common modes of transmission are also changing. The CDC estimates that in the United States more than 50% of all new cases are now related directly or indirectly to substance abuse, particularly the use of injectable drugs. As a result, the prevalence of HIV infection in injecting drug users (IDUs) and their sexual partners and their children is rising.

Moreover, AIDS is no longer just an urban problem. AIDS cases have been reported in all 50 states, the District of Columbia, Puerto Rico, and each of the American territories. (See ~~table~~ ^{Figure} #2). The HIV/AIDS pandemic is spreading to rural areas, including dramatic increases in certain regions of the south.² While most cases are still reported from urban areas, the rate of reported cases in non-metropolitan areas is increasing faster than in urban areas. In 1994, for example, 35% of new AIDS cases were reported in southern states.

Internationally, the toll of the epidemic is even greater. The World Health Organization (WHO) estimates that since 1981, 2.4 million cases of AIDS have occurred worldwide. The WHO 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. The WHO projects that by the year 2000

at least 25 million people will become infected with HIV, or an average of 10,000 people a day.

The Social Impact

Sadly, prejudice and discrimination are still encountered by people living with HIV, their families, and their loved ones. Persons with HIV have been denied medical services, emergency medical treatment, dental services, and medical insurance. They have been discharged from their jobs and denied housing. And unlike other infectious diseases, it is not uncommon for persons living with HIV have been the target of violence and been rejected by their families.

AIDS is a disease that strikes people in the prime of life. It disproportionately kills people during their most productive years. It is the leading cause of death among Americans 25-44, the age group that constituted 54% of the civilian labor force in 1992.³ Premature deaths due to AIDS result in the loss of many productive years of life and in many cases deprive young children of their parents. In terms of years of potential life lost (YPLL), in 1994 AIDS ranked fourth among all leading causes of death 1,056,000 years.⁴ In developing countries, the pandemic threatens to reverse decades of progress in strengthening national economies and improving the health status and social well-being of millions of women, men, and children.

Goal of National Plan

The goal of a comprehensive national plan is to set common goals and priorities for charting our course in combatting the epidemic of HIV and AIDS. In order to ensure efficient use of Federal, State, local, and private resources, it is imperative to organize government-wide efforts.

US.
This is the first time a government-wide national plan for HIV and AIDS has been developed. This ~~first~~ ¹ ~~edition of the~~ plan links programs to national objectives in each federal agency that supports AIDS activities. It documents current Federal activities in HIV/AIDS, links goals to budget objectives, and lays forth the common goal and priority areas for HIV/AIDS based on current scientific opportunities, public health needs and priorities, and fiscal constraints. It is intended to be a living document that will be updated ~~annually~~ ^{regularly}. By establishing this baseline of ~~where we are government-wide~~ ^{the plan}, it will help guide Federal agencies in refining goals and objectives in response to the changing face of the epidemic of HIV and AIDS.

The comprehensive national plan presented here is broader in scope than prior planning efforts. To date, planning has been primarily focused in the Public Health Service as evidenced by a series of documents such as the Public Health Service Plan for the Prevention and Control of Acquired Immune Deficiency

Syndrome⁵, the Coolfont⁶ and Charlottesville⁷ reports, and the PHS Strategic Plan to Combat HIV and AIDS in the United States⁸. There have also been recommendations from a number of groups, including the National Commission on AIDS.⁹ There have also been significant planning efforts on the part of individual agencies, such as the legislatively-mandated National Institutes of Health plan for the agency's HIV-related research effort. However, there has not been a national plan that provides for a government-wide coordinated effort encompassing not just Public Health Service activities but also incorporates issues such as housing, health care, and civil rights.

Common Goals and Priority Areas

This Federal strategy for HIV and AIDS has been developed from the bottom up. Through the Interdepartmental Task Force on HIV and AIDS (IDTF), a group which consists of representatives of executive agencies, a request went out for the agencies to identify their activities in relation to national goals and objectives. In addition, IDTF members have been crucial in identifying new areas of opportunity and those requiring special attention. In developing these priority areas ~~we~~ ^{ONAP has} also listened carefully to the ~~of~~ ^{and} members of the President's Advisory Council on HIV and AIDS, attendees to the White House Conference on HIV ^{and} AIDS, to people on the front lines of the epidemic, and to the many HIV-infected persons and their loved ones ~~who have~~

*Corrected
for the National
Commission on AIDS*

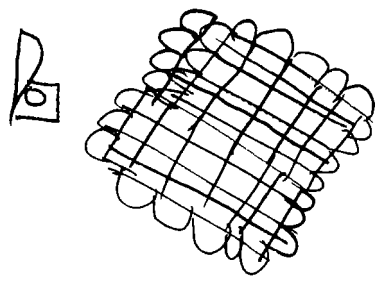
~~written to the Office of National AIDS Policy and the President.~~

[We have listened to members of the activist community who have spent too many years fighting the epidemic.] We have also reviewed the insights provided by a number of groups including the National Commission on AIDS, the Institute of Medicine and National Research Council, the General Accounting Office, and the Office of Technology Assessment. Therefore, the expertise and experience of those who work closely with communities, clinicians, researchers, service and research organizations, and infected persons is reflected in this ongoing planning process.

The three common goals that have been identified are:

- Provide solid support for effective prevention strategies so as to reduce the number of new infections each and every year until there are no new infections.
- Provide strong support for research in order to find a cure for those currently infected and a preventive vaccine for the uninfected.
- Ensure appropriate care for and ethical treatment of persons with AIDS.

Drawing from these goals and based on the counsel of the aforementioned groups, the ~~Office of National AIDS Policy~~ has



Common Themes

have been identified
identified 6 priority areas for 1996 that represent the most pressing areas warranting concerted Federal effort:

- Strengthening prevention activities
- Supporting diversified research approaches
- Strengthening approaches to substance abuse
- Strengthening the safety net
- Improving translation of research results into medical practice
- Improving evaluation and priority setting

Challenge of the HIV Epidemic

Since the discovery of the first AIDS cases in the early 1980s, the epidemic of HIV and AIDS has posed a series of unique challenges. But, the challenges we face today are very different than challenges we have faced so far. It is a growing epidemic in which more persons are infected every year, in every geographic area, ^{living} ethnic and racial group, and age range. We now know the ^{modes of transmission} risk factors, the etiologic agent, and we have a test to diagnose infected persons and protect the blood supply. Thanks to clinical research, significant progress has been made in certain areas. As a result, people infected with HIV infection now live twice as long as they did a decade ago. And with the results of the NIH-sponsored research we now have the ability to

prevent perinatally acquired HIV infection in some newborns.

We are also facing new challenges including getting people into care early in their infection so they can receive the new treatments and educating health care professionals so they know the best way to provide that care. Strengthening our prevention efforts has never been more important. Developing prevention messages that are specially targeted to the group or groups they are intended to reach is critical if we are to reduce the number of new infections. And, from a societal perspective, we still have a long way to go in overcoming fear and discrimination.

Description of Activities

Overview of Federal Efforts

The scope and nature of the HIV/AIDS epidemic has brought state, local, and Federal involvement into many AIDS-related activities. The Federal government, through its public health responsibilities in ~~the~~ areas such as research, prevention, and health care, has seen a change in Federal activities since the beginning of the epidemic. Currently, these activities range from the direct funding of research grants, health care infrastructure support, setting policies to encourage private sector activity, coordinating with international AIDS organizations, information dissemination, and prosecuting civil rights violations. [rs language] While Federal agencies are responsible for responding directly to the epidemic of HIV and AIDS, they also collaborate with and provide support for state and local governments and community-based organizations, which often have substantial surveillance, prevention, and health care responsibilities.

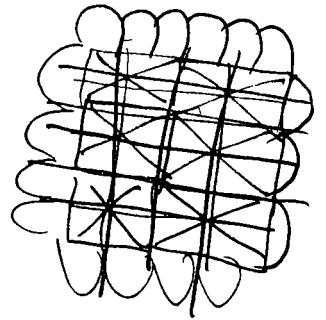
The comprehensive plan for HIV and AIDS has been organized around the substantive areas ^{that} ~~which~~ reflect the major components of the Federal effort: prevention, research, services, information dissemination, international activities, and civil rights. Current agency activities have not been organized around

Data
are not
consistent.

N/A

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378



administrative structures, but by substantive areas. In cases where a single agency may have responsibility for more than one component of a substantive area, such as prevention and research, documentation of their activities will be found in the respective substantive sections. In many cases there are cross-cutting issues that could fall in several categories, such as internationally-based treatment and prevention efforts. In this case, programs that are specifically targeted towards countries or regions, are included in the international section. Efforts such as research and prevention, that are often part of an overall program ^{that} ~~which~~ may include domestic and overseas endeavors, are included in the research or prevention sections.

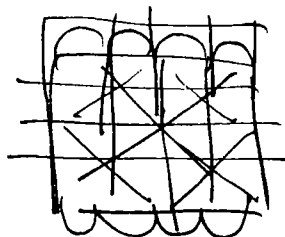
Agency support of HIV/AIDS activities falls into three general categories, where HIV/AIDS activities are: (1) a central part of their mission; (2) a significant but not leading part of their mission, or (3) not an explicit part of their mission but AIDS-related activities receive collateral benefit from agency supported work and/or policies. [There are a number of agencies for whom AIDS-specific activities are central to their mission (e.g. ^{the} National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA)) ^{while} other agencies maintain programs and activities that support a broad range of activities, of which HIV-related activities are one among many (e.g. ^{the} U.S. Information Agency (USIA) and the Department of Justice (DOJ)).

Agencies that support research and provide shared access to highly sophisticated and expensive technology, such as the Department of Energy (DOE) and its support of sophisticated imaging equipment, can assist a wide range of researchers including those studying HIV. Data are therefore presented in a manner consistent with the level of involvement an agency may have.

The following sections on prevention, research, care and services, information dissemination, international activities, and civil rights describe current Federal activities and identify goals, funding levels, populations served, constituency involvement, and unmet needs.

1) Goals - new agencies
2) What's being done & \$

PREVENTION



PREVENTION

The Nation's prevention goal, as articulated by President Clinton, is to reduce the number of new infections each and every year until there are no new infections. Achieving this goal will require a true and dedicated alliance between the Federal government, states, localities, communities, and individuals. Achieving this ambitious end will require a clear definition of what the Federal government is able to do and an ongoing dialogue between the public and private sectors about the responsibilities each has in reaching this goal.

We know that prevention works. We also know that the prevention task faced by the United States in controlling the epidemic of HIV and AIDS has reached enormous proportions.¹ The Centers for Disease Control and Prevention (CDC) estimates that approximately 800,000 Americans are presently HIV-infected, many of whom are unaware of their infection status. Moreover, the CDC estimates that there are approximately 40,000 to 60,000 new infections in the U.S. each year. Many more Americans who are not presently infected are at risk for acquiring HIV. HIV infection is a

¹ This section will address primary prevention activities. Other aspects of prevention, such as secondary prevention (i.e. preventing complications of HIV infection), use of topical microbicides, the behavioral components of vaccine research, and international prevention activities will be discussed in the following research, services, and international activities sections.

unique prevention challenge because of the virus' virulence, long incubation period, long duration of infectiousness, nearly always fatal prognosis, and potential for exponential spread. Moreover, HIV is transmitted primarily as a result of personal and private individual behaviors -- sex and drug use. To be effective, HIV prevention programs must reach tens of millions of Americans who embody a vast diversity of age, race, ethnicity, geographic locale, sexual orientation, and drug use behaviors.

Prevention activities currently are supported by a number of Federal agencies. Most Federal prevention efforts are sponsored by the Public Health Service, although other departments such as the Department of Defense (DOD), and the Department of Veterans Affairs (VA) also support prevention activities. These efforts reflect a continuum from surveillance to research to social marketing initiatives. Agency activities are also reflective of their respective missions. For example, the Centers for Disease Control and Prevention (CDC), the agency with primary Federal HIV-prevention responsibilities, supports a wide range of surveillance and prevention projects, many in partnership with states, local governments, and community-based organizations. Other agencies focus on specific aspects of prevention. For example, the National Institute of Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMSHA) support a breadth of efforts to stem the tide of drug use. While other agencies support primary prevention efforts as

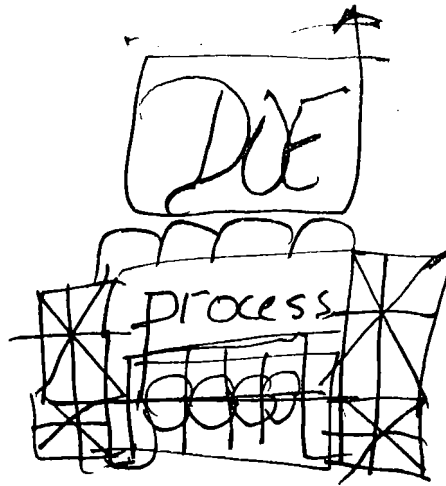
part of medical care, such as at the veterans and military hospitals and clinics. The Health Resources and Services Administration (HRSA) also encourages broader access to prevention information through the integration of prevention into primary health care services.

The efforts of Federal agencies have been instrumental in expanding our knowledge base. However, significant gaps remain. We know from both formal research and community experience that developing prevention programs that work requires knowledge of who is becoming infected and of the behaviors that are enabling transmission, an understanding of the motivations for those behaviors, and an understanding of how best to reach people with messages that will prompt behavior change.

The Nation's prevention priorities must be guided towards gaining knowledge that will improve our efforts to develop effective prevention programs. We need to improve our understanding of the major modes of transmission, close gaps in scientific knowledge, and work towards eliminating gaps in program areas.

The following three sections identify areas for investment necessary for the development of sound prevention interventions.

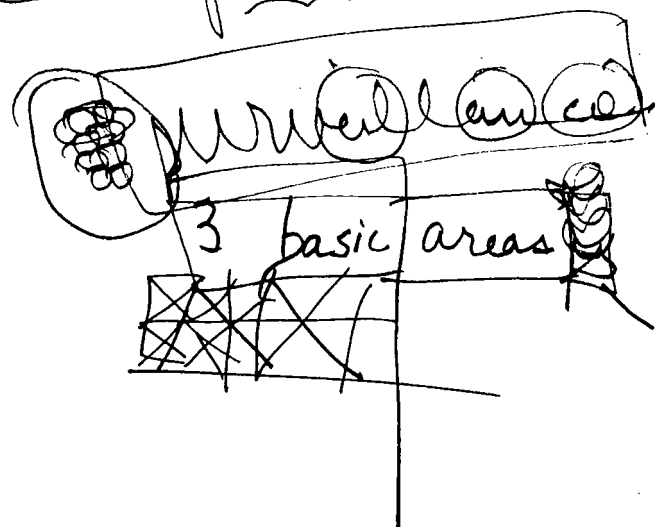
MODES OF TRANSMISSION



An important part of strengthening prevention activities is to have a clearer understanding of who is being infected and what behaviors are placing people at risk for infection. Recent epidemiologic data show that the epidemic of HIV in the United States is being driven by people who engage in injection drug use and their sexual partners (50%), men having sex with men (25%), heterosexual transmission (> 20%), and perinatal transmission (90% of such transmission cases in the United States occur in women under 22 years of age). Moreover, the youth of our country are becoming infected at an alarming rate -- 50 percent of new infections in the United States are in persons under 25 years of age. HIV is the leading cause of death in Americans aged 25-44. It is likely that many of these people were infected while they were adolescents. (Add data from new NCI study --JL) Minority Americans are also disproportionately represented among new HIV infections. As of October 1995, African-Americans accounted for 34% of reported AIDS cases and Hispanics represented 17% of new cases. These trends in the epidemic must be taken into consideration when prioritizing prevention research and service programs.

A crucial part of effective prevention strategies includes supporting adequate surveillance of HIV infection and related diseases in order to estimate the burden of HIV illness, gauge future directions of the epidemic, and assess the effectiveness of prevention interventions. As previously noted, the CDC has

Simpler



the primary Federal responsibility for monitoring the epidemic. The CDC AIDS case and case death reporting system provides useful data for assessing AIDS prevalence and mortality by gender, race/ethnicity, age, and mode of exposure. This surveillance system also provides worthwhile information on HIV-related opportunistic infections.

There are, however, opportunities for refinement. Effective prevention intervention programs begin with sound information on who is at risk. Current CDC surveillance systems do not currently capture sufficient "front-end" information such as the prevalence of HIV (not AIDS) in the population, and trends in risk factors and new infections. We need to collect these type of data in tandem with an enhanced effort to link surveillance and epidemiological data to priority setting, the design, and evaluation of prevention programs. The CDC has recognized the value of this approach and has incorporated data collection design into its community planning process. These shifts in data needs also require that the CDC reevaluate and reconfigure its data collection efforts; such a change may require reconfiguring of currently collected data to address these needs. As part of the agency's implementation of the recommendations set forth in the external review of CDC's HIV prevention strategies¹⁰, the CDC has initiated efforts to evaluate current data collection efforts and implement necessary changes.

GAPS IN SCIENTIFIC KNOWLEDGE

Factors that place individuals at risk for acquiring HIV infection are a complex combination of behavioral, social, cognitive, and biologic influences. Given this complexity and the importance of preventing new infections, we must not assume we know what interventions will work, but base our efforts on sound research findings. Experience has taught us that prevention can work, but when it does it is because the intervention incorporated findings from experience and relevant research. Unfortunately, behavioral research is a relatively young science and there are currently more questions than answers. There are three areas where gaps in knowledge have been identified -- basic behavioral research, intervention research, and social marketing research.

Basic Behavioral Research. Since behavior change is the primary prevention intervention immediately available for halting the spread of HIV infection, basic behavioral research should be the foundation upon which prevention programs are based. Basic behavioral research, similar to basic research in other areas of scientific inquiry, seeks to explain the determinants and causes underlying biological, behavioral, and social processes. HIV-related risk-taking behavior is often complex and influenced by a host of individual and environmental factors. Before we can begin approaching the formidable task of implementing successful

HIV prevention programs that reach a diversity of Americans, more information on the determinants of HIV-associated sexual and drug-using behaviors is needed. For example, although much has been learned about the basic biology of substance abuse, further elucidation of the mechanisms underlying addictive behavior may assist in the development of new therapeutic approaches to addiction, which may in turn reduce the number of new infections.¹¹ And although we have some information on relevant risk-taking behaviors, more information about knowledge, attitudes, decision-making processes, and beliefs about AIDS and other sexually transmitted diseases (STDs) is much needed. Such data enable scientists to establish theories of behavioral change which then provide researchers with tools for identifying what approaches may be most effective for an individual or a community.¹²

Intervention Research. A second major funding priority area is research to improve prevention interventions, i.e. research that concentrates on identifying and modifying behaviors, such as those related to drug use and sex. This type of research can focus on both individuals and communities, which often hold norms that influence personal behavior. Since the beginning of the epidemic we have made advances in our understanding of factors that are relevant to the design of intervention programs intended to reduce rates of HIV infection. This theoretically based intervention research has identified several significant

predictors of changes in sexual and drug-using behaviors among gay men, adolescents, and heterosexual adults.¹³ Studies have shown that community-based HIV risk reduction programs that are gender relevant and culturally sensitive can be effective.¹⁴ A recent study has also provided a reason for optimism that the spread of HIV can be contained among injecting drug user populations when there is early community outreach and access to sterile injection equipment.¹⁵

However, despite these successes, there is more that we need to know if we are to develop effective prevention programs for a diversity of Americans. We must couple findings from basic behavioral research with effective prevention interventions. High priority include research regarding strategies that facilitate sustained adoption and maintenance of HIV preventive behaviors, research on cultural barriers and strategies to reach populations resistant to behavior interventions, and research on the effectiveness of treatment for drug abuse, mental ^{illness} health, and alcoholism for reducing HIV risk behavior. Agencies supporting behavioral research must include scientists from a broad range of disciplines in their planning activities and improve their data-sharing and collaborative efforts with agencies responsible for implementing prevention programs.

Social Marketing Research. ~~And lastly,~~ ^{It} is critical that the findings from basic and intervention research are incorporated

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Social Marketing Research. (And lastly, it is critical that the findings from basic and intervention research ^{be} ~~are~~ incorporated

into prevention programs. We know from efforts in other countries that HIV related social marketing efforts can be successful. However, in the United States, available information about effective strategies is not being used consistently in the design and implementation of prevention interventions.

Currently, there are good models for prevention interventions that are not making their way to those on the front lines of the epidemic. Community-based organizations, which are responsible for developing a large portion of the prevention programs often do not, or are not able to, take advantage of current knowledge about program effectiveness.

Agencies supporting social marketing activities need to strengthen efforts to understand barriers to the implementation and replication of promising prevention programs. Given the highly innovative nature of these endeavors, it is also crucial to strongly support the provision of technical assistance and training, and a community-based effort that would test these models in a real-world setting.

[Area for Discussion -- at present some of the replication research is being done by NIH, but not very much. Technical assistance for CBOs was one of the issues raised in the external review of the CDC -- it appears that the review was recommending assistance for all groups that request it while CDC was limiting assistance to funded groups. Regarding the community-based effort -- this will not be in the detailed listing. So, if we

October 1991

(ONAP) want to pursue this we will probably have to push it from here -- could say that CDC needs to examine this option.)

[Handwritten signature]

CURRENT GAPS IN PROGRAM AREAS

In order to stop new infections, the results of basic behavioral and intervention research must serve as the foundation for prevention intervention programs that reach people at risk for acquiring or transmitting HIV. Presently, the Federal government supports a range of programs that address the disparate needs of a number of at risk populations. However, the shifting demographics of the epidemic coupled with restricted resources has resulted in gaps in program areas that limit the Nation's ability to prevent new infections. It is therefore important that prevention planners carefully prioritize their efforts so as to reach the groups that are now increasingly affected by the epidemic -- women and injecting drug users -- while maintaining efforts among youth and gay men.

Community Involvement. For prevention interventions to be effective they must reach communities at risk and be responsive to their unique needs. And for individuals to take control of their own lives in fighting the spread of this virus, they must first have the information and tools to protect themselves.

One of the most important innovations in the prevention area is community planning. The community planning process is an outstanding model of a Federal-local partnership. Through this effort, it is possible to establish joint goals for the prevention of HIV that will meet Federal standards while remaining responsive to local needs. However, this process is early in its development and requires significant, ongoing leadership and technical assistance from the CDC if it is to fulfill its potential for good priority setting and decision making.

Substance Abuse Treatment. Injection drug use is one of the major forces driving the epidemic -- half of all new cases are related to this mode of transmission. Limiting the impact of this mode of transmission will require efforts on several fronts. First, we need to improve the integration of HIV prevention and substance abuse programs. As President Clinton has noted, the epidemics of substance abuse and HIV in this country are overlapping and highly interrelated so we must work to integrate HIV prevention into current substance abuse programs and integrate substance abuse prevention into HIV prevention.

Another major avenue for controlling the spread of HIV among addicted persons is to get them into treatment programs. Substance abuse treatment is a form of HIV prevention. At present, there is a continuing need for increased treatment

services for persons seeking to control their addictions.

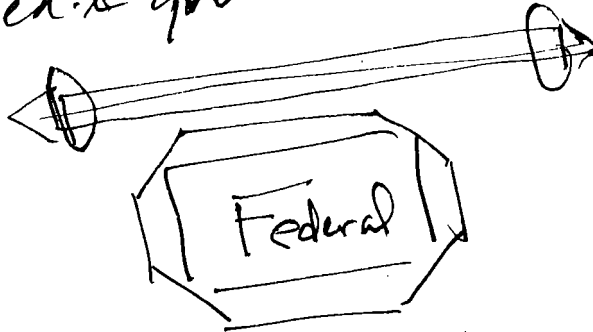
Moreover, substance abuse problems that contribute to the spread of HIV are broader than injecting drug use. There is substantial evidence that use of alcohol and other substances can adversely influence risk-taking behavior. It is estimated that ~~x~~% of the population is affected by alcohol and other drugs (AOD) in addition to injection drug use. It must be part of the Federal response to increase the availability of treatment ~~slots~~ for a range of addictions.

*Harm Reduction*². In addition to our efforts directed towards getting people into treatment for their addiction, we must also support harm reduction approaches for when treatment fails or is unavailable. Traditionally, harm reduction programs have not been well accepted in our country, yet experts feel that it is in this area that we may be able to make our greatest impact in stemming the tide of the epidemic.

There is scientific evidence that historically controversial harm reduction approaches, such as needle exchange programs, can be

² Harm reduction efforts support people by reducing their risk of HIV transmission by teaching behaviors that do not transmit HIV. In the case of HIV and substance abuse this can include: needle exchange programs, increasing the availability of clean syringes, providing information on cleaning injection equipment ("cleaning works"), and reducing needle sharing behaviors.

Fed. & gov. work w/ Congress



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effective. Among the conclusions presented in a recent report by the Institute of Medicine was that there is no credible evidence that drug use is increased among participants as a result of needle exchange programs that provide legal access to sterile equipment. The IOM went on to recommend that needle exchange programs be regarded as an effective component of a comprehensive strategy to prevent infectious disease.¹⁶ There is also evidence¹ that needle exchange programs provide an opportunity to get people into treatment, thereby further reducing their risk and the risk for their sexual partners. Adoption of these approaches, because they are so controversial, should be a local decision. The Federal government should provide the scientific data upon which such decisions should be made. Given the continuing and growing public health threat posed by the HIV epidemic, this approach deserves ~~re~~consideration by local communities as a possible intervention in the face of this public health emergency.

Integration Into Primary Care. To reach our prevention goals, we must also improve the integration of prevention activities and messages into primary health care services. This includes incorporating a patient's sexual ^{drug history} history when a medical history is taken, offering HIV-related counseling and voluntary testing, and working with HIV positive individuals so they do not infect others. It also means offering pregnant women information about and access to AZT during pregnancy so as to reduce perinatal

transmission. Achieving this level of integration will require active collaborative efforts on the part of individual physicians, nurses, clinicians, managed care plans, medical schools, and professional organizations in addition to local and Federal governments.

7 { **Evaluation.** And finally, to achieve the goal of reducing the number of new infections each and every year until there are no new infections, the Nation will need to continue to invest in a range of endeavors including data collection, research, and prevention programs. It will also require careful examination of what programs should to be continued, what activities need to be initiated and a awareness that a reconfiguration of some program priorities may be required.

Moreover, it is important to assess the effectiveness of the prevention interventions that have or will be implemented. Prospectively set performance measures can be used as a basis for evaluation and program improvement. Incorporating effectiveness measures must become a routine part of all Federally-funded programs. It is only through sound evaluations that we will be able to determine whether our efforts have been effective in slowing the epidemic.

RESEARCH

One of the Nation's common goals is a cure for those currently infected and a preventive vaccine for the uninfected. It is research that will ~~enable~~ ^{for} us to reach these goals and until they are a reality, the ~~Nation~~ ^{govt.} must provide solid ongoing support for basic and clinical research. As with prevention, achieving this goal will require committed collaborative efforts ~~between~~ ^{among} the Federal government, universities, researchers, the activist community, communities where research is conducted, charitable organizations, pharmaceutical companies, biotechnology firms, and other parts of the private sector. Realizing this ambitious goal will also require a clear definition of what the Federal government is able to do and an ongoing dialogue between the public and private sectors.

At present, a number of Federal agencies play a significant role in the Nation's AIDS research efforts. These endeavors range from basic molecular research to clinical research to health services research. The National Institutes of Health (NIH) supports a significant portion of these endeavors. The NIH funds research on HIV-related natural history and epidemiology, etiology and pathogenesis, therapeutics, vaccines, and behavior. As part of its mission to protect and maintain a viable fighting force, the Department of Defense supports clinical vaccine and therapeutic research. The Agency for Health Care Policy and

Research (AHCPR) funds research to help determine which medical approaches are the most cost effective. The Department of Energy (DOE), through its support of technologically advanced equipment, provides the opportunity for Federal and private researchers to share resources and thereby analyze molecular structures that, without such equipment would not be possible. And the Centers for Disease Control and Prevention (CDC) supports laboratories that have sophisticated methods for identifying virus strains.

Research Advances. The Nation has already reaped the benefits of supporting research ~~funding~~ in general, and HIV-related research specifically. AIDS research has provided advances for our treatment of other diseases. For example, HIV-related research has accelerated study of the human immune system which has in turn improved our ability to understand and treat other diseases such as cancer and autoimmune diseases, including systemic lupus erythematosus, type I diabetes mellitus, rheumatoid arthritis, and multiple sclerosis. HIV research involving the blood/brain barrier has led to a better understanding of the mechanisms by which infectious agents spread into the nervous system. This research has valuable implications for research on Alzheimer's disease, dementia, multiple sclerosis, neuropsychological disorders, encephalitis, and meningitis. Moreover, before the AIDS epidemic, little investment was made in research to treat viral diseases. Studies to develop anti-HIV therapies ^{have} led to drug development against many other disease-causing viruses and

improved our understanding of other viral diseases.

In addition, research investments made before the advent of AIDS epidemic produced a body of scientific knowledge that enabled researchers to more quickly pursue theories and avenues of investigation. For example, research conducted on the immune system in general, and CD4+ cells in particular, provided early insights into the pathogenesis of HIV. Research investments in retroviruses provided valuable information for identifying HIV as the etiologic agent of the emerging epidemic. Advances in molecular biology provided researchers with the tools to understand HIV's structure and develop drugs based on that information.

Due in great part to this Federally-sponsored research, persons with HIV now live twice as long as they did a decade ago. AIDS-related conditions that used to mean a quick and often painful death for people living with HIV can be treated and even prevented. An NIH study found that it is possible to dramatically reduce the chance of transmission of HIV from mother to infant. Thanks to our investment in prospective epidemiological studies we are beginning to understand the factors that enable long-term non-progressors to live many years after infection virtually disease free. Understanding what happens in these non-progressors may help us develop better therapies and a vaccine.

And there is reason for hope. Scientists now believe that a vaccine is possible. New classes of anti-retroviral therapies appear to be powerful in controlling the virus. Combination therapies are also showing great promise in this area. 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.

However, despite these advances there is more that needs to be done to reach the Nation's goal of a vaccine and a cure. The epidemic of HIV and AIDS presents an unprecedented challenge. HIV is unique in that it attacks the very immune system that is supposed to protect us from infection and tumors -- mankind has never before encountered a virus such as this. Since the beginning of the epidemic, identifying the best approaches to pursue and support has been, and continues to be, a challenging task. Identifying the most promising scientific avenues and having the appropriate structures and processes in place to ensure that the Nation capitalizes on these opportunities will require a considered and coordinated effort.

Office of AIDS Research. Developing and implementing the Nation's AIDS research agenda presents a number of challenges. Within the NIH, the agency with the largest HIV-related research portfolio, research is supported throughout 24 institutes, centers, and divisions (ICDs). In order to better plan, coordinate, and fund

the AIDS research activities of these ICDs the Congress, through the NIH Revitalization Act Amendments of 1993, provided the Office of AIDS Research (OAR) with new oversight and budget authorities. As part of fulfilling the requirements of the law, the OAR develops a yearly NIH plan and budget for AIDS research and receives directly from the President and the Office of Management and Budget (OMB) a single appropriation for AIDS activities at NIH. This single appropriation allows the OAR to effectively prioritize research resources on the basis of sound scientific judgement and provides flexibility for pursuing the most promising research opportunities. It is crucial that the authority granted OAR in the revitalization legislation, including the single appropriation, be supported and maintained. With such a large research enterprise it is essential that there is oversight and accountability so the most promising approaches are vigorously pursued and the individual Institutes have both the scientific and administrative assistance they need to effectively collaborate with other NIH institutes.

Coordinated Research Plan and Budget. It is also clear that while NIH supports a significant portion of HIV-related research, other agencies and departments also play a significant role in our search for a cure and a vaccine for HIV. It is time to improve our efforts if the Nation is to effectively support a diversity of promising approaches government-wide. These research efforts must also be well-planned, coordinated, and maintain

accountability. To achieve this the Director of the Office of National AIDS Policy will coordinate an inter-departmental working group, chaired by the Director of the Office of AIDS Research, whose charge is to develop a coordinated plan and budget for HIV and AIDS research across all departments within 90 days.

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Vaccine Development. The Nation must also acknowledge that reaching our goals will require the joint commitment of government and the private sector. This is especially true in the arena of vaccine development. Several challenges currently face the Nation and the world in continuing the vaccine development effort -- the first is the scientific challenge and the second is to create an environment where the private sector can effectively join in partnership with the Federal government.

Nail
The AIDS Drug Development Task Force (ADDTF), which included representatives from government, the private sector, and the activist community, identified a range of approaches to accelerating the development of therapeutics for HIV infection.

One of the areas identified by ADDTF members as especially problematic, was the role of the private sector, especially in the area of vaccines. A number of impediments were identified, including the nascent state of the science, liability issues, and challenges in mounting the large-scale studies that will be needed to test a candidate vaccine. Therefore, in order to identify areas for fruitful collaboration and to accelerate the

pace of development for vaccines, the Vice President will convene a meeting of government scientists and leaders of the pharmaceutical and biotechnology industries to identify barriers to the development of these agents.

At present researchers hold two major views regarding the most promising approaches to vaccine development. Some scientists believe that we need to return to basic science to gather more information to guide us, while others believe that in the face of a global emergency we must empirically test candidate vaccines in people immediately. Both groups have valid arguments. The issues that are driving this debate are both scientific and social, with different parts of the world ~~are~~ experiencing the epidemic in different ways. Given the state of scientific knowledge, both avenues can, should, and are being pursued. However, it is vital that this effort be well-coordinated and that all data that are available are shared and used by scientists ^{as} vaccine development moves forward. Therefore, a coordinated vaccine program that ensures support for promising avenues of vaccine research, will be one of the issues addressed in the aforementioned interdepartmental research plan to be developed under the ~~Direction of~~ the Director of the Office of AIDS Research.

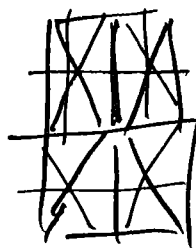
Clinical Effectiveness Research. It is also important that we continue to support the broad range of research needed to find

effective treatments by maintaining research to forward our understanding of the virus' life cycle and pathogenesis, natural history and epidemiology, and clinical research including clinical effectiveness research. Due in part to the FDA's accelerated approval program³, the Federal government is now approving new treatments in record numbers and at record speed, but ^{we} do not always know whether the treatment confers a clinical benefit for the person. Specifically, while some treatments have shown promise based on surrogate markers and/or laboratory tests, data regarding clinical effectiveness is increasingly unavailable. For example, we do not know the optimal time in the course of HIV disease to begin treatment, for what patient groups, with what regimen, with single or combination therapy, and when it is appropriate to switch or add therapies. With the advent of accelerated approval by the FDA it will be incumbent on the government to ensure that the efficacy studies, currently mandated by law, are carried out. Conducting these studies will require the efforts of clinicians who have demonstrated their ability to carry out the long-term follow-up of patients that such clinical effectiveness studies require. It is also essential that these studies, like all studies, include persons

Confusing - End notes, footnotes, numbered the same way?

(*)³ The accelerated approval program permits companies to seek approval of drugs for serious or life-threatening illnesses based on surrogate or laboratory markers, such as CD4+ cell count or viral burden measures. For drugs approved under this program, the sponsoring company is required to conduct follow-up studies that determine whether there is a clinical benefit for the patient. By law, if the subsequent studies do not prove a clinical benefit, approval may be withdrawn by the FDA.

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representing a diversity of race, ethnicity, gender, age, and drug using behaviors. If these studies are not done we will not know which of the ~~_____~~ JL treatments is more effective and for whom, and under what circumstances. As a result, patients may be taking less effective treatments or combinations of treatments, and Federal programs such as Medicare and Medicaid and private insurers may be paying for these less effective treatments.

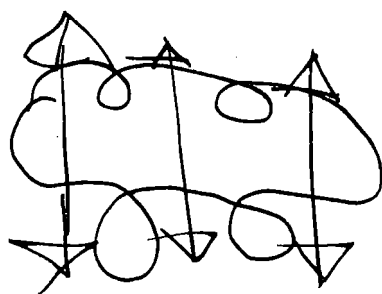
One of the most difficult tasks for clinicians comes in interpreting the patchwork of data and articles regarding treatments and converting that into a therapeutic strategy for the ^{pr}/patient ^{S who} ~~that sits~~ in front of them. With every research breakthrough, this task becomes more difficult. It is essential that practical information for practicing clinicians and their patients is provided in a timely manner. The Nation must develop a mechanism for ensuring periodic assessment of the state of the art and disseminating that information widely. This will require collaboration with industry, government, and professional groups.

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Public Private Partnerships. A key role for the Federal government is to act in partnership with the private sector and support areas where there is a market failure -- i.e. areas where industry is unlikely, for financial reasons, to pursue research that would be beneficial to the Nation's public health. The area of vaccine development is one, and there are others. For example, topical microbicides (i.e. chemical barrier methods for

preventing HIV transmission) are a promising approach, but will require preliminary support before they will be at a stage where the private sector can assume a lead role. It is also cost effective for the government to provide access to sophisticated equipment and personnel that can be shared among many researchers in both the private and public sectors. This has been done at the Department of Energy -- by supporting sophisticated imaging equipment that would be prohibitively costly for individual researchers or companies to purchase, a shared resource ^{that} has accelerated our understanding in a number of research fields, including that of HIV. Such information can form the basis for targeted drug design and development. ~~It~~ ^{It} is also unlikely that the free market will conduct head-to-head clinical trials of therapies that have been approved or ^{are} in development. However, information about these therapies is important to improving patient care and ensuring that the Nation's health dollars are wisely spent.] Similarly, it is unlikely that the private sector would support research for therapies that are in common use but about which little information is available, such as alternative treatments. Americans are spending millions of dollars per year on such therapies for which little is known. [The government must ensure that treatments brought to market are safe and effective.] Similarly, ensuring safety of the blood supply is a responsibility unlikely to be assumed by the private sector. These are areas where the Federal government must step in to serve and protect the Nation.

Research: An Investment for the Future. And finally, research is an investment in our future. It must receive consistent funding if we hope to bring the best and the brightest to solve the research challenges that will find a cure and a vaccine. At present, the NIH receives many more outstanding research applications than it is able to fund; these unfunded research ideas represent a lost opportunity for scientific progress. Research has been key to improving lives and the Nation must continue this investment.



CARE & SERVICES

An important part of the National plan is to ensure appropriate care for all persons living with HIV and AIDS. Achieving this ambitious goal will require a true and dedicated alliance among the Federal government, states, the private sector, local communities, community-based organizations, clinics, families, and individuals.

Health

~~The Medical Care Safety Net.~~ Content pending status of negotiations at time of printing. At present, care and services are provided through a number of Federal agencies, many in cooperation with local organizations and the AIDS community who have admirably served those living with HIV. Taken together, these programs form an invaluable safety net for some of the most vulnerable people in our Nation. By far the largest sources of care for persons living with HIV are Medicaid and Medicare. For Americans living with HIV, Medicaid is the single largest source of health care financing, providing coverage for ^{nearly} ~~more than~~ 50 percent of adults and more than 90 percent of children living with AIDS. ~~Numbers on Medicare?~~ A second major source of care is provided through Ryan White Comprehensive AIDS Resources Emergency Act (CARE), which is overseen by the Health Resources and Services Administration (HRSA). Titles I and II of the CARE Act provides funds for care, support services, and case management that are given to states and cities primarily on a

formula basis so the areas most affected by the epidemic receive a proportional share of available dollars. Title II also provides drug reimbursement for persons living with AIDS. ~~More?~~ Title III of the Act provides early intervention services such as counseling and testing, medical care, and educational services for medically underserved persons with the goal reducing HIV-related illness. Title IV seeks to increase the availability of care services for women, infants, children, and youth in a community-based family-centered system of care. HRSA also provides primary care to persons living with HIV through its Community Health Centers and Maternal and Child Health Programs. Housing assistance is provided by the Department of Housing and Urban Development (HUD) through their Housing Opportunities for Persons with AIDS (HOPWA) and other programs.

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The challenge before us today, especially in light of the restricted fiscal environment, is to ensure that persons living with HIV receive the care they need so they may have the opportunity to live productive lives. To achieve this, AIDS care and service programs must build upon past successes, continue to improve their prioritizing, improve accountability, and increase the cost-effectiveness of services they provide.

We must continue to adequately fund the program that is the cornerstone of care -- Medicaid. Medicaid is the lifeline of

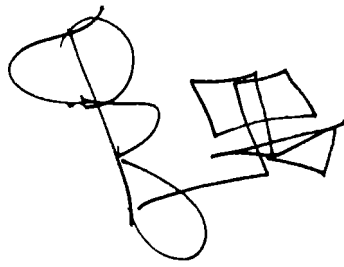
and primary care must come before ancillary services. ** Discuss
--It is not a prudent use of resources to provide services such
as case management when a primary care services system does not
have the resources to care for patients. And finally, the shift
to managed care will have implications for programs such as the
Ryan White Care Act programs. *As this approach becomes more common,*
HRSA will need to provide more
technical assistance to prepare grantees to work with ⁱⁿ and not
against managed care. *Structure*

Housing Services. Housing is also an important element in the fight against AIDS. It is the foundation upon which any program of care or services must build. Without stable housing, a person with HIV/AIDS has diminished access to programs and services and a diminished opportunity to live a productive life. It is estimated that 50 percent of persons living with HIV and AIDS will become homeless or are at risk for becoming homeless during the course of their illness.¹⁷ Persons living with HIV have an increased challenge in finding affordable housing on a limited income and finding appropriate housing with needed levels of support. The private market alone does not consistently meet the basic housing needs of persons living with HIV and their families, as housing must often be provided in connection with specialized services that enhance an individual's or family's ability to live independently. In addition, persons living with HIV must also overcome reduced housing options due to unfounded fears and prejudice regarding AIDS. The HOPWA program was

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support to millions of Americans. It provides access to doctors, hospitals, and treatments -- the services that allow people to live longer more productive lives. [Present Congressional plans (may need to change ...) cut the Medicaid program overall by \$169 billion and turn it into a block grant which in effect reverses this Nation's 30 year National commitment to the poor and those in need. Cutting Medicaid to this level would cut the lifeline for millions of Americans, including those living with HIV and AIDS. Maintaining this program in a viable format must be a National priority.]

With the potential cuts in Medicaid and welfare, the importance of the public health safety net increases for all vulnerable populations -- disproportionately so for people with AIDS. This will require several responses. First, no one Federal program will be able to absorb the unmet need that may be created by proposed changes to the Medicaid, Medicare and welfare programs. All Federal programs, along with state and local organizations, must share the responsibility for serving and caring for people with AIDS. This must include the full integration of HIV-related care into programs that serve the needy, such as community health centers. Second, it is important ^{that} ~~for~~ programs such as those funded under the CARE Act maintain sufficient funding so as to maintain the safety net. In addition, AIDS programs must do a better job of prioritizing what services they can provide -- and Federal agencies must assist grantees in this regard. Treatment



created in 1992 to provide communities with a tool to meet the increased need for resources, effective planning, and coordination with existing public and private efforts. It is estimated that the cost of providing housing services in a HOPWA-funded residential facility is far less than the average day in the hospital. The HOPWA program must be protected, but it must also be acknowledged that HOPWA cannot do it alone. Protecting this component of the safety net and providing housing for persons living with HIV will require integrating housing services into other programs and ensuring a shared responsibility between Federal, state, local governments and community organizations.

Chuck @ Patricia Nelson
Prisoners. There are also people, such as prisoners, who fall outside these traditional safety net programs. While most prisoners living with HIV are incarcerated in state and local prisons, medical care for Federal prisoners is provided under the direction of the Department of Justice's (DOJ) Bureau of Prisons (BOP). Ensuring access to quality care for incarcerated persons is especially challenging. Prisoners do not have the choice of seeking care and are dependent upon the Bureau of Prisons to ensure that appropriate care is provided. They also may have difficulties regarding confidentiality, trust, and access to research opportunities that do not face the non-incarcerated population. Improving access to appropriate HIV-related care in prisons must be a priority. This effort can be accomplished by the effective collaboration and consultation between agencies and



~~Those who~~ ^{that} have experience with providing care and agencies ^{that} ~~which~~ have responsibility for providing care for prisoners. 2

Evaluation. Strong Federal support for these safety net programs must go hand-in-hand with improved accountability and priority setting. We must ensure that these programs consistently provide quality care. Through the efforts of researchers and clinicians, we have shown that we can do HIV treatment well, but we do not do so consistently throughout the health care system. Ensuring this consistency will require increased training for all health care professionals and more accountability through the use of performance measures for quality care. Achieving this goal will require the cooperation of Federal agencies, professional organizations, medical schools, and individual clinicians.

Program Coordination. For care and services to have the most beneficial impact they must be coordinated and comprehensive. However, for organizations on the front lines of the epidemic, putting together a comprehensive integrated program requires applying to numerous Federal agencies. For example, putting together a program that integrates primary care with substance abuse treatment and prevention, and sexually transmitted disease screening and prevention would require separate applications to SAMSHA, HRSA, and CDC. Adding housing assistance and a research component would require additional applications to HUD and the NIH. The Federal government needs to simplify its funding

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structures so that primary care, prevention, and treatment can be integrated in order to provide HIV-infected persons and persons at risk for HIV, such as substance abusers and their partners, cost-effective integrated services. Through the Interdepartmental Task Force for HIV and AIDS (IDTF), key agencies must identify approaches for facilitating the development of integrated care and prevention programs at the implementation level.

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And finally, if we are to provide high quality cost-effective care and services for HIV-infected persons, we must carefully evaluate our activities. Evaluating current activities can provide valuable information for planners and those on the frontlines of the epidemic. It can assist us in providing better care to persons living with HIV. In an era of limited resources coupled with a demand for high quality, cost effective services, we must use all the tools available to us if we are to help those persons living with HIV.

how is this different
from earlier one?

Robert Dennis

INTERNATIONAL ACTIVITIES

HIV and AIDS are a global pandemic. In the United States it is estimated that 800,000 people are currently infected.

Internationally, the World Health Organization (WHO) estimates that 18 million are currently infected, 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.

Unfortunately, unlike other infectious disease epidemics such as cholera or plague, AIDS is not likely to run its course and subside.

This pandemic presents a unique set of health, social, economic, and political challenges. It most usually affects people aged 25 to 44, those in the most productive years of life. The incubation period from initial infection to disease onset can be many years, during which time the infection may unknowingly be spread. 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 decreased^S 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.¹⁸ 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 to serve in 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 pandemic worldwide. The Department of State has worked with other departments, agencies, and community-based organizations to develop a framework to guide U.S. international activities, to prevent new infections, reduce the personal and social impact, and to mobilize and unify national and international efforts. The U.S. Agency for International Development (USAID) supports a range of activities that strengthen local efforts to combat the epidemic. The U.S. Information Agency (USIA) supports programs that promote dissemination of U.S. policies and information related to HIV and AIDS, while the Peace Corps trains a portion of its volunteers to directly address HIV-related concerns in their Nations of placement. In addition, a number of 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, the DOD supports research overseas including trials of candidate HIV vaccines.

NIH (working in collaboration with USAID), supports basic scientific studies on social and behavioral aspects of AIDS in developing countries. The results of the studies ultimately will be used to develop interventions to reduce behaviors that place individuals at risk for contracting HIV infection.

International Leadership. Internationally, the United States has established a global leadership role in combatting the epidemic. This leadership must continue. The U.S. strongly supports and co-sponsored the newly established Joint United Nations Programme on AIDS (UNAIDS). Moreover, the Director of the Office of National AIDS Policy leads the U.S. delegation to the governing body of the new global program. Supporting UNAIDS demonstrates the U.S.'s commitment to working with other countries to bring this epidemic to an end. The U.S. also supports effort to coordinate diminishing resources as well as encourage non-traditional donor countries to provide much needed contributions. Supporting UNAIDS and its innovative programmatic efforts, and its goal of assuring that treatments and vaccines are made available is not only morally fitting, also protects U.S. interests by promoting economic and social stability worldwide.

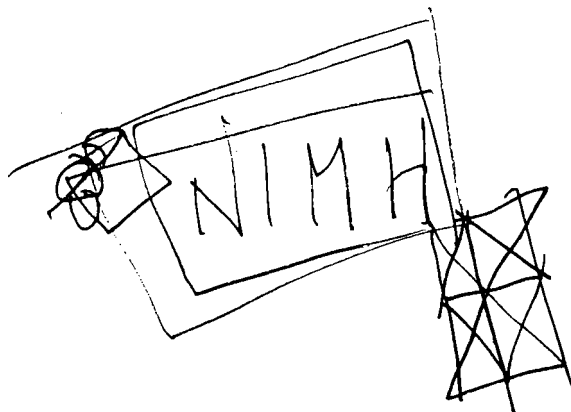
Program Coordination. One of the most challenging aspects of the U.S. effort is effective coordination among a host of agencies with varied missions and activities. The State Department and agencies such as USAID and USIA are primarily focused on country-

specific activities, which include many HIV-related objectives. Research agencies, such as NIH and CDC, plan their activities not around where they take place, but around scientific gaps and interests. These differences in focus present challenges in effectively planning, coordinating, and evaluating the overall U.S. international effort. Therefore, in order to improve the U.S. international effort, the agencies supporting international activities on the Interdepartmental Task Force for HIV and AIDS must develop a mechanism for identifying and coordinating this effort.

INFORMATION DISSEMINATION

One of the most important elements in our fight against AIDS is ensuring that hard won research advances are translated into practice (i.e., ensuring that new knowledge is incorporated into standard medical practice of clinicians caring for persons living with HIV). The increasing presence of HIV in every community necessitates that all health care providers become knowledgeable about caring for persons with HIV. Improving the translation of research advances into daily clinical practice will require an ongoing collaborative effort on the part of the Federal government, individual health care providers, medical schools, professional organizations, international organizations, health centers and hospitals, and other parts of the private sector.

Information dissemination activities fall under the missions of several agencies. The National Institutes of Health (NIH) supports a broad range of efforts including a "Clinical Alerts" mechanism for the dissemination of clinical trials results to health professionals, the media, and the general public. NIH also supports publicly available computerized databases such as AIDSDRUGS, AIDSTRIALS, and AIDSLINE in addition to a toll-free 1-800 TRIALS-A AIDS Clinical Trials Information Service (ACTIS). The Centers for Disease Control and Prevention (CDC) also disseminates information through hotlines such as its toll-free 1-800-HIV 0440 HIV/AIDS Treatment Information Service (ATIS) and



the AIDS Information Clearinghouse. In addition, the CDC issues guidelines for health professionals through its *Morbidity and Mortality Weekly Report*; such guidelines have included The U.S. Public Health Service Recommendations for HIV Counseling and Voluntary Testing for Pregnant Women. The Agency for Health Care Policy and Research (AHCPR) has published a series of HIV-related clinical practice guidelines for clinicians and companion pamphlets for their patients; an example of these materials are clinician guidelines for the evaluation and management of early HIV infection. The Health Resources and Services Administration has also developed ~~standard-of-care guidelines~~ for its CARE Act grantees.

Due in part to federally-sponsored information dissemination activities, dramatic changes in the way HIV is treated have taken place over the last 15 years. In the beginning of the epidemic little was known about effective treatments; care was primarily hospital-based and focused on the most severe complications of late-stage HIV disease. Now, with more knowledge about the course of HIV disease available to clinicians, there is an increased focus on prophylaxis for a range of infections in a primarily outpatient setting. Individual agency projects have been productive in facilitating this change, such as the Comprehensive Guidelines for the Prevention of Opportunistic Infections in HIV-Infected Persons developed collaboratively between the CDC, NIH, and The Infectious Disease Society of

America (IDSA). NIH's state-of-the-art conferences have also contributed to improving the translation of research results into clinical practice.

However, despite these successes, there are still areas for improvement. For example, an AHCPR-supported study indicated that primary care physicians miss significant HIV-related symptoms during patient examinations.¹⁹ Other research indicates that a disturbing number of clinicians are not aware of or do not use universal precautions in the course of routine patient care.²⁰ We are also at a stage, unlike in the beginning of the epidemic, where research advances are coming more frequently. In the case of the NIH study which demonstrated it is possible to block perinatal transmission by administering a specific AZT regimen to the mother and baby, it became clear that this scientific breakthrough required a change in the standard-of-care. This change also required the development of new testing and counseling guidelines to reflect the new options available to women. And it meant that for patients enrolled in Medicaid and Medicare to receive access to this breakthrough, a policy change on the part of the Health Care Financing Administration (HCFA) would be required.

Coordination of Federal Activities. The most pressing need in the area of information dissemination is to improve coordination among Public Health Service agencies. Ensuring that information

Study case

about a research breakthrough, such as the prevention of perinatal transmission study, reaches the appropriate persons and organizations, and that policies and standard-of-care practices for federally-sponsored programs are modified to reflect the new standard, will require a high level of cooperation and coordination among Public Health Service agencies.

Improved information dissemination efforts are also needed in the area of primary prevention models. As noted in the prevention section, good models of effective prevention interventions have been developed, but often this valuable information is not reaching those persons on the frontlines of the epidemic. Here again, the Public Health Service must take the lead in ensuring that information which can be used to stem the tide of new infections reaches those who can make a difference.

*Is this a place to
specifically acknowledge
a role for DHHS?*

CIVIL RIGHTS

One of the Nation's common goals is to ensure the ethical treatment of persons with AIDS. Discrimination based on HIV status, is ^{physically} morally wrong, ^{It} and undermines the Nation's efforts to prevent and treat HIV infection and bring the epidemic under control. Because of fear of discrimination and stigma, many people do not voluntarily seek testing for HIV. As a result they remain unaware of their HIV status and cannot take advantage of care that could help them live longer more productive lives. In addition, opportunities to educate people are lost and they may not engage in behaviors that will prevent the spread of infection to others.

The Nation has made progress in fighting discrimination. The enactment of the Americans with Disabilities Act of 1990 provided protection against HIV-related discrimination in employment, housing, and public accommodations. However, the enactment of the ADA in and of itself is insufficient to end discrimination. We as a Nation ~~we~~ need to be vigilant ^{and we} in our efforts to fight discrimination. This is a responsibility that must be shared among Federal agencies, states, communities, and the citizens of this country. President Clinton and his Administration is committed to speaking out and standing firm against discrimination, as he has done on numerous occasions -- for when one person faces discrimination we are all diminished.

Explain it?

Federal and State laws do exist to protect persons with HIV. Many of the more common legal issues faced by people living with HIV and AIDS, such as family law issues, estate planning, landlord/tenant problems are regulated by state law. The primary source of Federal statutory protection for people living with AIDS is the Americans with Disabilities Act of 1990 (ADA). (Federal agencies are prohibited from discriminating against people with disabilities under the Rehabilitation Act of 1973.) Title I of the ADA prohibits discrimination against qualified disabled individuals in employment settings. The Equal Employment Opportunity Commission (EEOC) is responsible for enforcing Title I. Title II of the ADA prohibits discrimination on the basis of disability with regard to public services while Title III prohibits discrimination on the basis of disability in public accommodations. The Department of Justice (DOJ) is responsible for enforcing Titles II and III. The Health Care Financing Administration (HCFA) also enforces regulations regarding the treatment of HIV-infected persons.

The Federal government has aggressively and successfully prosecuted private sector violations of the ADA. These efforts will continue. Under this provision the government has been extremely successful in prosecuting a range of cases, including clinicians who have refused to care for HIV infected patients and employers who have dismissed persons based on their actual or perceived HIV status. In addition to ongoing efforts, a joint

Department of Justice and Health and Human Services program will seek to combat nursing home discrimination against persons living with AIDS.

The Federal government must also actively work to remedy any of its own existing discriminatory policies. In order to identify areas of possible concern, the Director of the Office of National AIDS Policy to conduct a systematic review of agency and department testing programs. The Administration will ^{continue to} ~~also~~ oppose Congressional attempts to force discharge of infected military personnel who are still able to serve their country.

■ Budget Tables

■ Glossary/Acronym List

Acronyms:

ACTG	AIDS Clinical Trial Group
ADA	Americans with Disabilities Act of 1990
ADC	AIDS Dementia Complex
AHCPR	Agency for Health Care Policy and Research
AIDS	Acquired Immune Deficiency Syndrome
AOD	Alcohol and other drugs
ATOD	Alcohol, tobacco, and other drugs
ATSP	?? (from USAID's plan)
BCC	?? (from USAID's plan)
BOP	Bureau of Prisons
CARE	Ryan White Comprehensive AIDS Resources Emergency Act
CDC	The Centers for Disease Control and Prevention
CMV	
CNS	Central Nervous System
CPCRA	Terry Beirn Community Programs for Clinical Research on AIDS
DOJ	Department of Justice

DOL	Department of Labor
EEOC	Equal Employment Opportunity Commission
FDA	Food and Drug Administration
GCRC	General Clinical Research Centers Program
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
HTLV-1	
ICD	Institute, Center, Divisions
IDTF	Interdepartmental Task Force on HIV and AIDS
IHS	Indian Health Service
IOM	Institute of Medicine
JC	xxxxxxxx virus
MAI	
MTB	<i>Mycobacterium tuberculosis</i>

NCCR	National Center for Research Resources
NGO	Non-governmental Organization
NIH	National Institutes of Health
NREN	National Research and Education Network
OAR	Office of AIDS Research
OI	Opportunistic Infection
OMB	Office of Management and Budget
PCP	<i>Pneumocystis carinii</i> pneumonia
PHS	Public Health Service
PLWH	?? (from USAID's plan)
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
SSA	Social Security Administration
SSI	Supplemental Security Income

TA Technical Assistance

UNAIDS

USAID

USIA

WHO World Health Organization

Glossary:

Best Practice: Used by USAID

Incidence:

Population-based: type of epi study -- look at old epi books.

Prevalence:

Primary Prevention:

Secondary Prevention:

Social marketing: application of commercial marketing
 strategies to social issues, is one method
 that can be used to encourage behavior change
 and maintain behaviors.

Surrogate Marker:

Translation to Practice:

ACTG 076:

Appendix:

IDTF Members

Summary of Promises

PREVENTION --

■ Trends in the epidemic must be taken into consideration when prioritizing research and service programs.

■ We need to collect this type of data in tandem with an enhanced effort to link surveillance and epidemiological data to priority setting, the design, and evaluation of prevention programs.

These needs require that the CDC re-evaluate and reconfigure its data collection efforts; such a shift may require reconfiguring of currently collected data to address these needs.

■ Agencies supporting behavioral research must improve their data-sharing and collaborative efforts with agencies responsible for implementing prevention programs. *** Agencies supporting behavioral research must include scientists from a broad range of disciplines in their planning activities and improve their data-sharing and collaborative efforts with agencies responsible for implementing prevention programs. ***

■ Agencies supporting social marketing activities need to strengthen our efforts to understanding barriers to the implementation and replication of promising prevention programs. Given the highly innovative nature of these endeavors, it is also

critical to strongly support the provision of technical assistance, and training, and a community-based effort that would test these models in a real-world setting.

■ TA for community planning. However, this process is early in its development and will require technical assistance from _____ if it is to fulfill its potential for good priority setting and decision making.

■ Improve the integration of HIV prevention and substance abuse programs.

■ In addition to our efforts directed towards getting people into treatment for their addiction, we must also support harm reduction approaches for when treatment fails.

■ Given the continuing and growing public health threat posed by the HIV epidemic, needle exchange programs deserve reconsideration by local communities as a possible intervention in the face of this public health emergency.

■ It must be part of the Federal response to increase the availability of treatments slots.

■ And finally, to reach our prevention goals, we must improve the integration of prevention activities and messages into primary

health care services. Achieving this level of integration will require the active collaborative efforts on the part of individual physicians, nurses, clinicians, managed care plans, medical schools, professional organizations in addition to local and Federal governments.

■ Maintaining Medicaid and Medicare

RESEARCH

■ It is research that will enable us to reach these goals and until they are a reality, the Nation must provide solid ongoing support for basic and clinical research.

■ It is essential that the authority granted OAR in the revitalization legislation, including the single appropriation, be supported and maintained.

■ To achieve this the Director of the Office of National AIDS Policy will coordinate an inter-departmental working group to be chaired by the Director of the Office of AIDS Research to develop a coordinated plan and budget for HIV and AIDS research across all departments within 90 days.

■ In order to identify areas for fruitful collaboration and accelerate the pace the Vice President will convene a meeting of

government scientists and leaders of the pharmaceutical and biotechnology companies to identify barriers to the development of vaccines, therapeutics, and topical microbicides.

■ It is vitally important that serious consideration is given to all the data that are available and that that information is shared and used by scientists as we move forward in vaccine development process.

■ With the advent of accelerated approval by the FDA it will be incumbent on the government to ensure that the efficacy studies, currently mandated by law are carried out.

■ The Nation must develop a mechanism for ensuring periodic assessment of the state of the art and disseminating that information widely. This will require collaboration with industry, government, and professional groups.

■ These are areas of market failures where the government must step in to serve and protect the Nation, i.e. vaccine development; access to sophisticated equipment and personnel; head-to-head clinical trials; alternative treatments; ensuring safety of the blood supply.

CARE & SERVICES

- Maintaining Medicaid in a viable format must be a National priority.

- All Federal programs, along with state and local organizations, must bear the share of the responsibility for serving and caring for people with AIDS. This must include the integration of HIV-related care into community health centers.

- Maintain sufficient funding for CARE Act.

- AIDS programs must do a better job of prioritizing what services they can provide -- and Federal agencies must assist grantees in this regard. (Treatment and primary care must come before ancillary services. It is not prudent use of resources to have a perfect case management system if there is no primary care system into which to case manage patients.)

- And finally, the shift to managed care will have implications for programs such as the Ryan White Care Act programs. HRSA will need to provide more technical assistance to prepare grantees to work with and not against managed care.

- The HOPWA program must be protected, but must also be acknowledged that HOPWA cannot do it alone. Protecting this component of the safety net and providing housing for persons living with HIV must be a shared responsibility between Federal,

state, local governments and community organizations

- Improving access to appropriate HIV-related care for prisoners must be a priority. This effort can be accomplished by the effective collaboration and consultation between agencies and that have experience with providing care and agencies which have responsibility for providing care for prisoners.

- Ensuring this consistency in clinical care will require increased training for all health care professionals in addition to more accountability through the use of performance measures for quality care. Achieving this goal will require the cooperation of Federal agencies, professional organizations, medical schools, and individual clinicians.

- Through the Interdepartmental Task Force for HIV and AIDS (IDTF), key agencies must identify approaches for facilitating the development of integrated care and prevention programs at the implementation level.

- And finally, if we are to provide high quality cost-effective care and services for HIV-infected persons, we must carefully evaluate our activities.

CIVIL RIGHTS

- Ending discrimination -- This a responsibility that must be shared among Federal agencies, states, communities, and the citizens of this country. The President and his Administration will assert leadership on this front.

- The Federal government will continue to aggressively pursue and prosecute private sector violations of the ADA. In addition, a joint Department of Justice and Health and Human Services program will seek to combat nursing home discrimination against persons living with AIDS.

- The Federal government must also actively work to remedy any of its own existing discriminatory policies. In order to identify areas of possible concern, the Director of the Office of National AIDS Policy to conduct a systematic review of agency and department testing programs. The Administration will also oppose Congressional attempts to force discharge of infected military personnel who are still able to serve their country.

INTERNATIONAL ACTIVITIES

- Support for UNAIDS

- Therefore, in order improve the U.S. international effort, the agencies supporting international activities on the Interdepartmental Task Force for HIV and AIDS must develop a

mechanism for identifying and coordinating this effort.

INFORMATION DISSEMINATION

■ The most pressing need in the area of information dissemination is to improve coordination among Public Health Service agencies. Ensuring that information about a research breakthrough, such as the prevention of perinatal transmission study, reaches the appropriate persons and organizations, and that policies and standard-of-care practices for federally-sponsored programs are modified to reflect the new standard, will require a high level of cooperation and coordination among Public Health Service agencies.

■ Improved information dissemination efforts are also needed in the area of primary prevention models. As noted in the prevention section, good models of effective prevention interventions have been developed, but often this valuable information is not reaching those persons on the frontlines of the epidemic. Here again, the Public Health Service must take the lead in ensuring that information which can be used to stem the tide of new infections reaches those who can make a difference.

1. National Commission on AIDS ...
2. Check reference -- possible CDC surveillance data
3. Department of Labor -- confirm.
4.

Cancer	111,874 YPLL (in thousands)
Unintentional Injuries	1,796
Heart Diseases	1,324
HIV/AIDS	1,056
5. Public Health Service Plan for the Prevention and Control of Acquired Immune Deficiency Syndrome (AIDS), Public Health Reports 100:453-455, September-October, 1985.
6. Coolfont Report. A PHS plan for the Prevention and Control of AIDS and the AIDS Virus. Public Health Reports 101:341-348, July-August 1986.
7. Report of the Second Public Health Service AIDS Prevention and Control Conference. Public Health Reports. Vol. 103 Supplement No.1 (Revised). 1988.
8. The Public Health Service Strategic Plan to Combat HIV & AIDS in the United States. U.S. Department of Health and Human Services. 1992.
9. AIDS: An Expanding Tragedy. The Final Report of the National Commission on AIDS. Washington, DC. 1993.
10. The CDC Advisory Committee on the Prevention of HIV Infection. External Review of HIV Prevention Strategies. **DATE.**
11. AIDS and Behavior: An Integrated Approach. p.79.
12. AIDS and Behavior: An Integrated Approach. Judith D. Auerbach, Christian Wypijewska, and H. Keith H. Brodie, Editors. Institute of Medicine. National Academy Press. Washington, DC. 1994.
13. AIDS and Behavior: An Integrated Approach
14. JAMA article used in PRIM&R speech
15. Don C. Des Jarlais, Holly Hagan, Samuel R. Friedman, Patricia Friedmann, David Goldberg, Martin Frischer, Steven Green, Kerstin Tunving, Bengt Ljungberg, Alex Wodak, Michael Ross, David Purchase, Margaret E. Millson, Ted Myers. Maintaining Low HIV Seroprevalence in Populations of Injecting Drug Users. JAMA, October 18, 1995 -- Vol. 274, No. 15. pp 1226-1231.

16. Preventing HIV Transmission: The Role of Sterile Needles and Bleach. Jacques Normand, David Vlahov, and Lincoln E. Moses, Editors. National Academy Press, Washington, DC. 1995
17. National Commission on AIDS. Final Report. 1993.
18. Reference from LaHoma ...
19. Douglas S. Paauw, Marjorie D. Wenrich, J. Randall Curtis, Jan D. Carline, Paul G. Ramwey. Ability of Primary Care Physicians to Recognize Physical Finding Associated with HIV Infection. *JAMA*. 1995; 274:1380-1382.
20. AHCPR???

FIGURE
~~CHART~~ #1

Death Rates from Leading Causes of Death in Persons Aged 25-44 Years, USA, 1982-1993

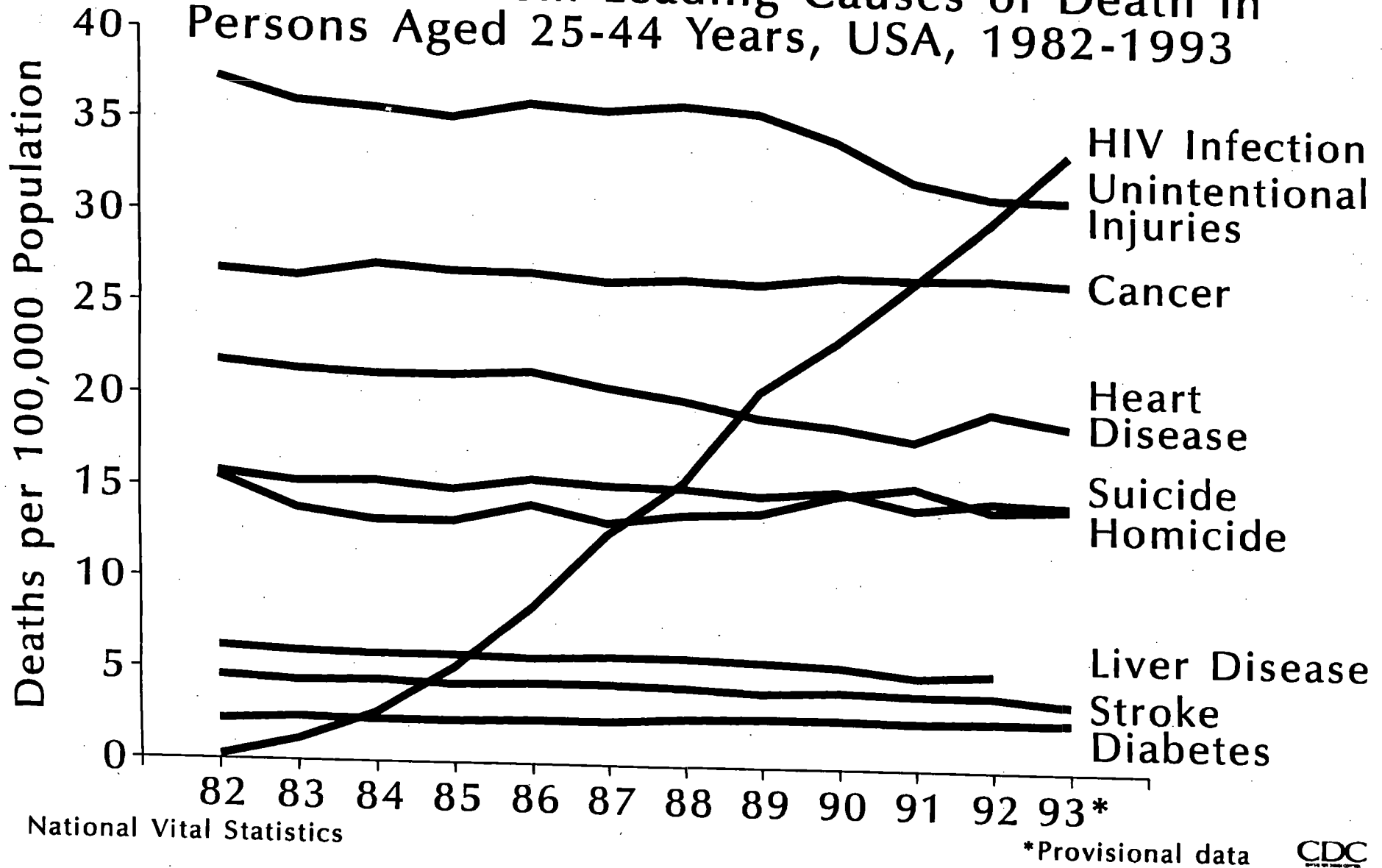


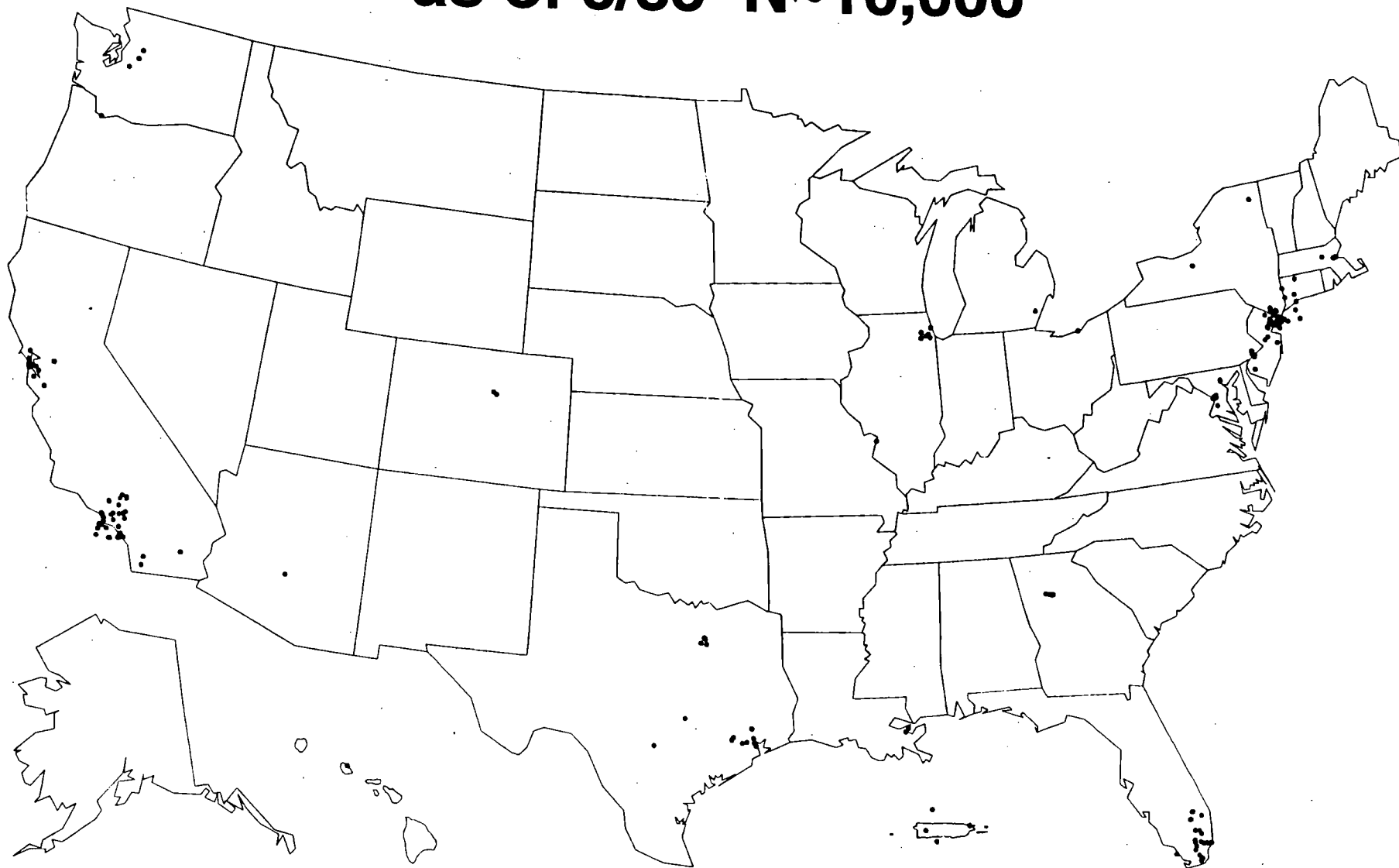
FIGURE #2

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



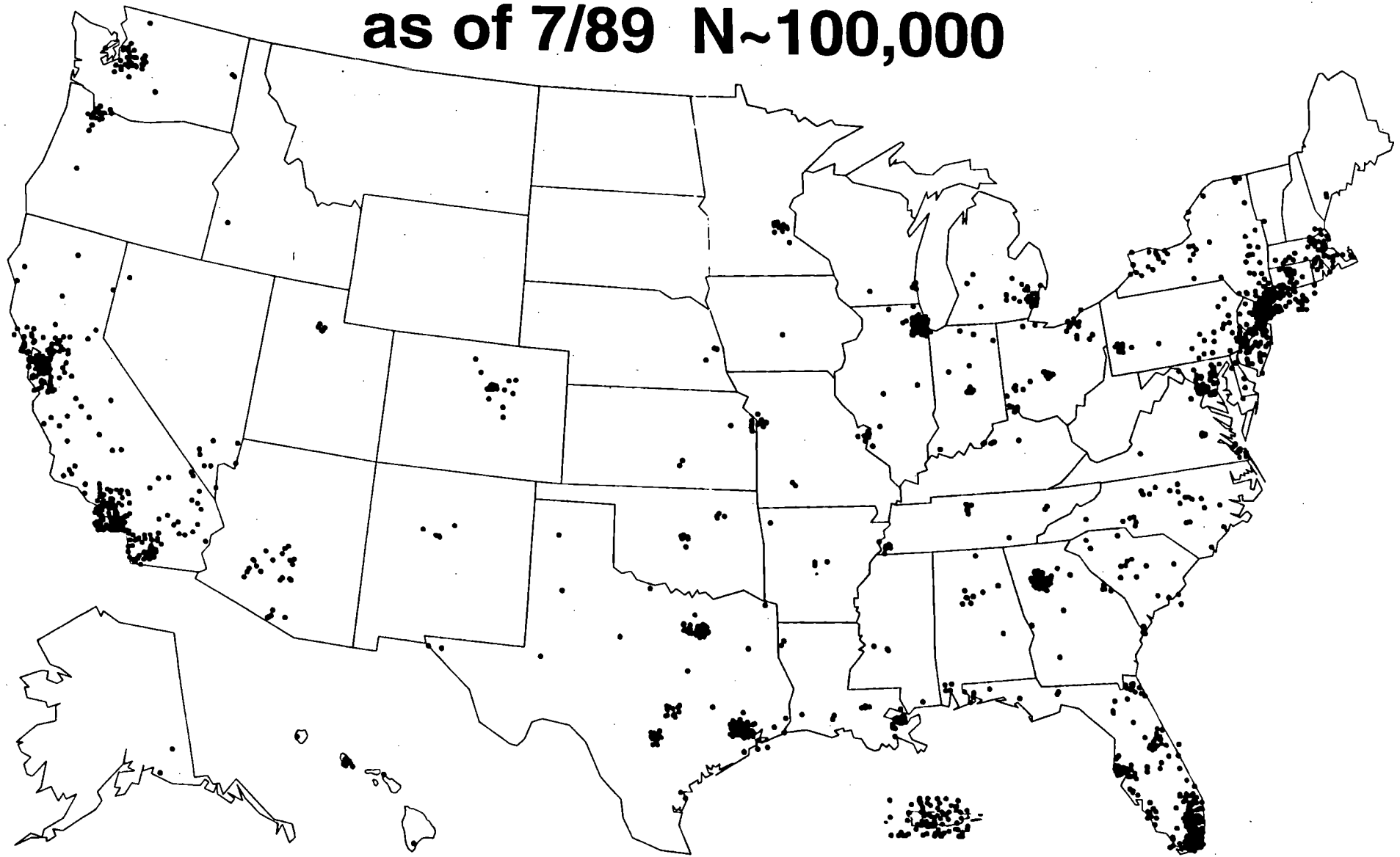
Each point = 30 cases

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



Each point = 30 cases

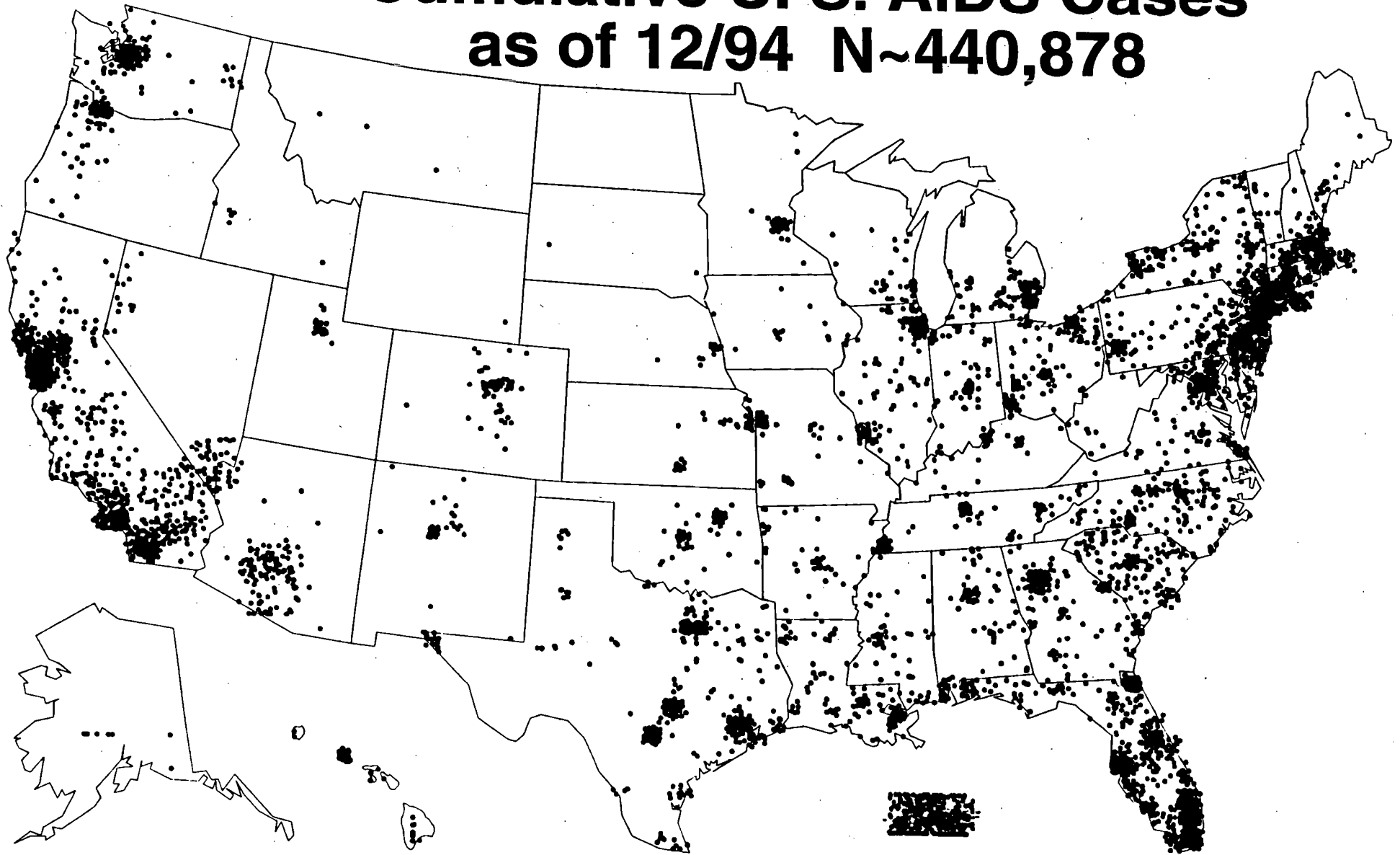
Cumulative U.S. AIDS Cases as of 7/89 N~100,000



Each point = 30 cases

CHARTER

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



Each point = 30 cases