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Accounting of Current Federal Activities

PREVENTION

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

Goal: **To increase understanding of and support for USG policies and programs on HIV/AIDS among foreign publics.**

Objective

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

Action Steps: Provide multi-language television, radio and texts distributed directly and through overseas posts and reference centers; press support for travelling officials; tours and briefings for journalists; post-generated public affairs campaigns to support specific USG initiatives in that country.

Resources:
FY 95 – $350,000
FY 96 – $325,000

Populations Served: Policy makers, academics, Journalists, researchers and NGO leaders.

Constituent Involvement: USG officials, academics/researchers, NGO leaders

Unmet Need: Increased funding would enable USIA to increase information dissemination efforts.

Objective

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

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

Resources:
FY 95 — $240,000
FY 96 — $200,000

Populations Served: Health policy makers and NGO leaders.

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

Unmet Need: Increased funding would enable USIA to work with more individuals.

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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 501,310 cases of AIDS have been diagnosed in the U.S. and an estimated 311,381 Americans have died as a result of complications related to HIV. Since 1987, AIDS has gone from being the 15th ranked cause of death to the 8th and it is now the leading cause of death among all Americans aged 25 to 44. (See Figure 1.) In 1994 alone, approximately 81,000 new cases of AIDS were reported to the CDC and over 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.

As we have witnessed a relentless increase addition to the ongoing increase in infections, the demographics of the epidemic have been shifting. The early years of the epidemic were 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, and women (18%), and heterosexual injecting drug users (24%). In 1995 alone, more than 14,xxx women were diagnosed with AIDS and women now comprise 21 percent of cumulatively reported AIDS cases. It 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 October 1995, pediatric cases have been on the rise and in 1994 alone, more than 1,000 new pediatric AIDS cases were reported — an 8 percent increase in just one year.

Communities of color are now being more severely and disproportionately affected. As of October 1995, African-Americans accounted for 38 percent of newly reported AIDS cases, while representing approximately 12 percent of the general population. Hispanics represented 18 percent of new cases through October 1995, although this group represents only 9 percent of the general population. In 1981 persons of color represented only x percent of AIDS cases, as of October 1995 this group now comprises x percent of new AIDS cases. Moreover, in certain regions of the country gay men of color account for approximatley 39 percent of new AIDS cases. Young gay men of color aged 10 to 24 are especially hard hit, representing 53 percent of new AIDS cases nationwide.

Common modes of transmission are also changing. The CDC estimates that in the United States approximately 50 percent of all new cases are now

[1] It is anticipated that this trend will be reversed with the implementation of the PHS recommendations for the administration of AZT to women during pregnancy and to their infants after birth.

related directly or indirectly to substance abuse, particularly the use of injectable drugs. As a result, the incidence and 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. The HIV/AIDS pandemic is spreading to rural areas, including dramatic increases in certain regions of the south. In fact, between 1993 and 1995 the largest numbers of AIDS cases (86,462) were reported from the south, which also also accounted for the largest proportionate increase in cases (31%). 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. AIDS cases have now been reported in all 50 states, the District of Columbia, Puerto Rico, and each of the American territories. (See Figure 2.)

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. It has estimated that as of mid-1995, 18.5 million adults and more than 1.5 million children have been infected with HIV since the beginning of the pandemic. WHO also projects that by the year 2000 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 evicted from their homes. And unlike other persons with infectious diseases, many persons living with HIV have been the target of violence, rejected by their families, and suffered discrimination based on their HIV status.

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 to 44, the age group that constituted 54% of the civilian labor force in 1992. 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, in 1994 AIDS ranked fourth among all leading causes of death. 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 1996 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 plan and coordinate government-wide efforts.

This is the first time a government-wide national plan for HIV and AIDS for the United States has been developed. This plan links programs to national objectives in each federal agency that supports AIDS-related activities. It lays forth the national goals and priority areas for HIV/AIDS, documents current federal activities, and links goals to budget objectives 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 regularly. By establishing a government-wide baseline, this plan help guide Federal agencies in refining their 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 Syndrome, the "Coolfont" and "Charlottesville" reports, and the PHS Strategic Plan to Combat HIV and AIDS in the United States. Recommendations have also been issued from a number of groups, including the National Commission on AIDS in addition to significant planning efforts on the part of individual agencies. 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. This plan addresses this important need. Moreover, realizing the goals of the plan will require continued consultation and planning with federal departments and agencies, and with the infected and affected communities.

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 that consists of representatives of executive branch departments and agencies that conduct AIDS-relevant work, a request went out for the agencies to identify their activities in relation to national goals and objectives. IDTF members have been crucial in identifying new areas of opportunity and those requiring special attention. In developing these priority areas the Office of National AIDS Policy has also consulted members of the President's Advisory Council on HIV and AIDS, the activist community, participants in the White House Conference on HIV and AIDS, people on the front lines of the epidemic, and the many HIV-infected persons and their families, friends, and caregivers. The insights provided by a number of groups including the National Commission on AIDS, the Institute of Medicine and National Research Council, the General Accounting Office, and the Office of Technology Assessment have also been helpful. 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.

Based on these consultations, the following national goals are established.

- ➢ Provide strong support for research in order to find a cure for those currently infected and a preventive vaccine to protect the uninfected.
- ➢ 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.
- ➢ Ensure appropriate care for and ethical treatment of persons with AIDS.

It is these goals that will set country's sights and remain our guide as we chart our course. Drawing from these goals and based on the counsel of the aforementioned groups, six priority areas have been identified for 1996 that represent the most pressing areas warranting concerted Federal effort:

- Strengthening HIV prevention activities;
- Supporting diversified research approaches;
- Strengthening approaches to substance abuse treatment and prevention;
- Strengthening the health care & services safety net;
- Improving translation of research results into medical practice; and,
- 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, every ethnic and racial group, and every age range. We now know the risk factors, the etiologic agent, and we have a test to diagnose infected persons and protect the blood supply. And thanks to behavioral researchers and the innovative outreach and prevention strategies developed by community groups, we have prevention models that work. The challenge before us now to build on theses successes and develop prevention interventions that reach even more Americans at risk for infection. Thanks to clinical research, significant progress has been made in drug development and clinical care. As a result, people with AIDS 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 by treating women with AZT during pregnancy.

A significant challenge yet facing the country now is ensuring access to prevention services and medical care for the growing number of people who currently disenfranchised from the health care system. We need to improve our efforts in providing people with care early in their infection so they can receive the new treatments and training 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.

Moreover, HIV and AIDS is just one of many infections emerging world-wide that has the potential to devestate communities and nations. It is one of the most lethal epidemics to affect mankind, but it is probably not the last challenge of this kind that we will face. There are likely to be others for which there is no cure, treatment, or vaccine. Our efforts in combatting the pandemic of HIV and AIDS could well benefit us not only in ending this pandemic, but in preventing future ones as well.

Overview of Federal Efforts

Introduction

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 such areas as research, prevention, health care, and housing has seen a dramatic increase 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. 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 reflect the major components of the Federal effort: prevention, research, care and services, translation of science into practice, international activities, and civil rights. Current agency activities have not been organized around 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 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. Agency for International Development (USAID) 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 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.

This report is organized by the following substantive areas: prevention, research, care and services, translation of research into practice, international activities, and civil rights. Information and discussion of Federal activities can be found in two places. First,

text on each substantive area discusses broad policy issues and new Federal objectives in terms of the national goals and 6 priority areas. Second, each substantive section has an associated appendix that provides information on individual agency goals, objectives, funding levels, constituency involvement, and unmet needs. Given that agencies and departments may have several areas of responsibility, listings of individual agency activities may be found in more than one appendix.

Prevention

The Nation's prevention goal, as articulated by President Clinton in a speech to participants of the White House Conference on HIV and AIDS, is "to reduce the number of new infections each and every year until there are no new infections". Achieving this goal will require a dedicated alliance between the Federal government, states, local governments, communities, businesses, non-governmental organizations, families, and individuals. Achieving this ambitious end will require a clear definition of the different roles and responsibilities of the Federal government, and an ongoing dialogue with its partners in the public and private sectors about the responsibilities each has in reaching this goal.

We know that HIV 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.[2] The Centers for Disease Control and Prevention (CDC) estimates that around 800,000 to 1 million Americans are presently HIV-infected, many of whom are unaware of their HIV status. Moreover, the CDC estimates that approximately 40,000 to 60,000 American will become infected each year. Many more Americans who are not presently infected are at risk for acquiring HIV. HIV infection is a unique prevention challenge because of the virus' virulence, long period of time where people may not be aware of their HIV status, 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 are characterized by a vast diversity of age, race, HIV status, ethnicity, geographic locale, sexual orientation, and sexual and drug use behaviors.

Prevention activities currently are supported by several Federal agencies. (See Appendix A.) Most Federal prevention efforts are funded by the Public Health Service, although other departments such as the Department of Defense (DOD), and the Department of Veterans Affairs (VA) also support prevention activities. 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 efforts to prevent HIV infection among drug users, 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 interventions into primary health care services.

The efforts of Federal agencies have been instrumental in expanding our knowledge base about HIV prevention. 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,

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

and an understanding of how best to reach people with messages that will prompt behavior change.

Prevention priorities must be guided toward 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, including identifying effective prevention models and strategies, 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, men having sex with men, heterosexual transmission, and perinatal transmission. 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 to 44. It is likely that many of these people were infected while they were adolescents. Racial and ethnic minorities are also disproportionately represented among new HIV infections. As of October 1995, African-Americans accounted for 38 percent of newly reported AIDS cases and Hispanics represented 18 percent 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 is the Federal agency with primary 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 essential data 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. Collection of these data are needed as part of an enhanced effort to link surveillance and epidemiological data to priority setting, and 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 strategies, the CDC has initiated efforts to evaluate current data collection efforts and implement necessary changes, and this work should continue.

Gaps in Scientific Knowledge

Factors that place individuals at risk for acquiring HIV infection are a complex combination of behavioral, social, cognitive, and biological influences. Given this complexity we must not assume we intuitively know which interventions will work, but instead base our efforts on sound research findings and evaluation. Experience has taught us that prevention efforts can be effective, but when they do it is because the intervention incorporated findings from both experience and relevant research. Behavioral research is a relatively young science and there are currently more questions than answers. The three main areas where gaps in knowledge have been identified are basic behavioral research, intervention research, and social marketing research.

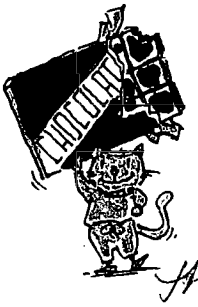
Basic Behavioral Research. Since behavior change is the primary prevention intervention immediately available for halting the spread of HIV infection, basic behavioral research should be the foundation for prevention programs. Basic behavioral research, similar to basic research in other areas of scientific 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. To capitalize on what is already known in addition to improving HIV prevention programs that are targeted to 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. 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.

Intervention Research. A second major area for investment is research to improve prevention interventions, i.e., research that concentrates on identifying and modifying behaviors, such as those related to drug use and sexual practices. 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. Studies have shown that community-based HIV risk reduction programs that are gender relevant and culturally sensitive can be effective. 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.

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. One high priority area is research regarding strategies that facilitate sustained adoption and maintenance of HIV preventive behaviors. Another priority is research on cultural barriers and strategies to reach populations resistant to behavior interventions. And a third is research on the effectiveness of treatment for drug abuse, mental illness, and alcoholism for reducing HIV risk behavior. Agencies supporting intervention and 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. Enhancing the dialogue between researchers in these two related disciplines will invariable improve the development of effective pervention interventions.

Social Marketing Research. It is critical that the findings from basic behavioral and intervention research be 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.



Jane - Please let me know ASAP if this layout is ok with you. I would like to have the Appendices done COB Friday.

JS - 8/7 Joanne

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Appendix A

Current Federal Activities
PREVENTION

Department of Defense

Goal: Preservation of an effective fighting force through prevention of HIV infection.

Objective 1:

Prevent HIV infection in service members.

Reduce the number of new active duty HIV infection by 20 percent by 1997 based on a 1995 baseline figure of 204 persons for all services.

Action Steps: Provide basic information on HIV transmission and risk reduction for new recruits, civilian work force members, and officers;

Require education and general military training on methods of transmission and approaches for avoiding transmission, including barrier methods, avoidance of intravenous drug use, and use of universal precautions;

Provide training for personnel, instructors, and peer educators; and

Support train the trainer courses to develop multidisciplinary teams from medical, dental, nursing, and public health corps for promoting HIV and AIDS education.

Objective 2:

Ensure safety of the Armed Services Blood Program Office (ASBPO).

Action Steps: Advise service personnel with serologic evidence of HIV infection or repeated ELISA reactivity, but Western Blot negative or indeterminate, to refrain from donating blood.

Employ ASBPO "Look Back Program" to trace contacts of identified positive donors who serconvert after blood donation — trace and contact blood recipients.

FY 95: Approximately $500,000
FY 96: Approximately $500,000
FY 97: Approximately $500,000

Populations Served: Active duty service members and their eligible family members, health care providers and those at risk of exposure to body fluids, and recipients of ASBPO blood products.

Constituency Involvement: Active duty force, affiliated civilian workforce, and the health care and public health communities.

Unmet Need: None

Department of Education

Goal: To disseminate information on Department of Education (ED) Programs in coordination with other Federal agencies.

Objective 1:

Coordinate with DHHS to provide information and points of contact for existing ED programs.

Action Steps: Coordinate and share information with CDC-sponsored National AIDS Clearinghouse; include information related to school-based comprehensive health programs (ED funded) in the Comprehensive Health Information Database (HHS).

Descriptions: A broad range of programs are supported; for example, including the Foundation For Children With AIDS, Duke University Medical Center, and University of California Disability Statistics Rehabilitation Research and Training Center.

FY 95: Funding for AIDS prevention initiatives is part of the overall grant budget through the comprehensive school health program.

FY 96: Funding for AIDS prevention initiatives is part of the overall grant budget through the comprehensive school health program.

FY 97: Funding for AIDS prevention initiatives is part of the overall grant budget through the comprehensive school health program.

Populations Served: Elementary and secondary students, teachers and parents through health education curricular, pre-service, and in-service training and parental involvement programs.

Constituency Involvement: The majority of ED programs are developed at local level and therefore there is little involvement of constituency groups at the Federal level.

Unmet Need: Many groups are unaware that resources are available to assist them. Increased funding would assist in improved information dissemination.

Objective 2:

Identify informational needs of schools regarding HIV/AIDS and disseminate information that addresses those needs.

Action Steps: Using existing survey data, identify informational gaps.

Coordinate with the CDC on the School Health Information Planning Program (SHIPP).

Identify public and private agencies and groups that have developed HIV-related materials appropriate for school-based programs.

Catalog and distribute information on these resources.

Establish process to inform schools about resources available to address HIV/AIDS education and prevention.

Provide schools with information on Federal resources.

Prepare publication on the relationship between HIV/AIDS to drug use.

Meet with the National Coordinating Committee and the Interagency Committee on School Health to assist in identifying areas of need and publicizing the availability of resources.

Descriptions: AIDS prevention information dissemination to schools in the context of high risk behaviors arising out of drug and alcohol use.

FY 95: Funding for initiatives part of overall program plan for Safe and Drug-Free Schools National Programs.

FY 96: Funding for initiatives part of overall program plan for Safe and Drug-Free Schools National Programs.

FY 97: Funding for initiatives part of overall program plan for Safe and Drug-Free Schools National Programs.

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Unmet Need: Many groups are unaware that resources are available to assist them. Increased funding would assist in improved information dissemination.

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

Goal: To provide national estimates of the cost and use of HIV-related prevention services.

Objective 1:

To examine the effects of an in-home computer information and support system on health care costs and quality of life.

Action Steps: Half of three hundred patients with advanced HIV infection are provided with in-home computer system; the other half receive no intervention. Effects of this system are assessed with respect use of prophylactic treatments, early detection of infections, and quality of life.

Descriptions: Demonstrating Computer Support Impact on AIDS Patients

FY 95: $704,655

FY 96: $56,453

FY 97: $0

Populations Served: 300 volunteers with advanced HIV infection.

Constituency Involvement: Persons with HIV

Unmet Need: None.

Objective 2:

Evaluate the cost-effectiveness of alternative strategies for preventing HIV-related opportunistic infections.

Action Steps: Embed clinical and cost data from randomized trials and observational cohorts into a comprehensive decision-analytic, cost-effectiveness model.

Descriptions: Cost-Effectiveness of Preventing AIDS Complications.

FY 95: $346,420
FY 96: $21,020
FY 97: $0

Populations Served: Persons with HIV.

Constituency Involvement: N/A

Unmet Need: None.

Department of Health and Human Services, Centers for Disease Control and Prevention

Goal: To more accurately monitor the HIV epidemic and provide data to assess and direct prevention programs by strengthening existing systems and develop new surveillance systems.

Objectives:

Implement projects that evaluate and expand the uses of HIV infection and AIDS case surveillance and sero-surveillance data so that these data systems can more effectively guide public health policy and provide relevant information necessary to direct and evaluate prevention activities.

Improve understanding of the natural history of HIV infection as well as the risk factors and protective factors for sexual, drug-related, perinatal, and healthcare worker related HIV transmission in order to develop more effective prevention strategies for all affected populations.

Action Steps: Evaluate HIV infection reporting systems (named, anonymous, unique identifier) used nationally for their ability to monitor the epidemic, provide linkages to medical and social services, and to assess their impact on a person's decision to be tested.

Characterize high risk behaviors of persons with evidence of recent HIV infection such as persons with documented HIV seroconversion, high CD4+ counts, or diagnosis of HIV infection in adolescents.

Assess the impact of public health guidelines and recommendations and prevention efforts,

Characterize persons co-infected with TB and HIV.

Evaluate ways to improve the completeness and quality of risk ascertainment on persons reported with HIV and AIDS.

Identify and characterize previously unreported AIDS cases among deaths investigated by local medical examiners to assess the impact of under-diagnosis of AIDS cases on AIDS surveillance among disadvantaged populations that often do not receive adequate health care.

Test the efficiency of new techniques for reporting HIV and AIDS surveillance data from health care providers and laboratories to health departments.

Collect additional data on persons reported through HIV/AIDS surveillance which may be important for the planning and evaluation of prevention and care programs, such as social/economic status, levels of

disabilities, drug use history, sex behavior history, utilization of HIV testing and medical care services, and reproductive history in women.

Assess the interrelationship of behaviors, HIV markers and surrogates, and their potential role in surveillance systems.

Assess the interaction of socioeconomic, behavioral, and biologic factors in HIV transmission.

Determine the role of female-specific biological factors that are linked to acquisition and transmission of HIV infection and that influence the course of HIV disease.

Determine factors contributing to the efficiency of sexual transmission of HIV.

Assess the risk of transmission of HIV and TB from HIV-infected health-care worker to patient and vice versa.

Develop systems to monitor the emergence of multidrug-resistant TB in the HIV infected.

Continue to develop improved methods for projecting or modeling the HIV epidemic.

Develop methods to differentiate HIV-specific antibodies generated in participants in HIV vaccine trials from those generated in response to HIV infection.

Develop methods to identify potential cases of HCW-to-patient transmission.

Expand HIV reporting systems to collect information about primary and secondary HIV prevention services needed and received by HIV-positive clients (in collaboration with HRSA).

Work with providers and users of lab services to develop & implement systems which provide assurance that the capacity and quality requirements for HIV testing are met.

Work with international partners to study TB, implement vaccine trials, enhance clinical management, assess prevention efficacy, and improve program management of HIV/AIDS.

Develop methods to evaluate the use of HIV infection and AIDS surveillance systems to assess early intervention strategies.

Descriptions: Many of the activities in the above-cited action steps are carried out through cooperative agreements with state and local health departments. In addition, specialized projects and studies also serve to focus attention on these activities, these include: Evaluation of HIV Infection Reporting Systems Project, Recent HIV Infection Projects, Surveillance to Evaluate Prevention Projects, Adult Spectrum of Disease Project, the TB Project, Mode of Transmission Validation Project, the Medical Examiner Study, and the Enhancement of AIDS Surveillance Efficiency Project.

FY 95: $141,046,000
FY 96: $139,668,000
FY 97: $139,778,000

Populations Served: All major racial, ethnic, and risk groups.

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

Unmet Need: The current system does not provide for adequate surveillance of risk behaviors that contribute to HIV transmission, nor does it provide an accurate means for monitoring HIV incidence.

Department of Health and Human Services, Centers for Disease Control and Prevention

Goal: To increase the public understanding of, involvement in, and support for HIV prevention.

Objectives:

Provide leadership in HIV and STD prevention by:

(1) establishing sustained and active national agenda through the media;

(2) promoting credible messages based on science through credible channels; and

(3) encouraging and supporting prevention efforts at the local level.

Establish a collaboration of partners composed of national, State, and local organizations to facilitate:

(1) diffusing social marketing principles applied to HIV and STD prevention at the local level;

(2) identifying and promoting mechanisms to exchange technology and information; and

(3) developing guidelines for applying social marketing principles to local HIV and STD prevention.

Apply social marketing principles at the local level for the purpose of:

(1) demonstrating the participatory social marketing process (i.e., skills and resources needed to effectively engage the community);

(2) measuring the effects of behavior-based social marketing interventions; and,

(3) documenting the lessons learned.

Facilitate the application of prevention marketing principles in CDC-funded community planning efforts by:

(1) promoting guidelines for consideration of these principles at the local level for prevention interventions and

(2) providing interactive technical assistance on social marketing technology principles (or prevention marketing) to public health agencies as well as HIV Prevention Community Planning Groups.

Promote HIV prevention as a relevant issue in business settings.

Provide and promote a network of resources and referrals to assist in implementing the Business Responds to AIDS (BRTA) Comprehensive HIV/AIDS Workplace Program.

Market the comprehensive workplace HIV/AIDS program to business.

Establish and execute a research agenda to formulate and assess strategies and resources to advance the knowledge of effective workplace HIV programs.

Action Steps: Monitor changes in public knowledge about how HIV is and is not transmitted;

Develop methodologies to measure community mobilization or changes in institutional behavior in relation to mass media public information and education programs;

Develop new mass media messages, in collaboration with the public health systems and with international, national, state, and local private sector organizations and agencies;

Expand the relationship between CDC and the entertainment industry to improve messages and role modeling for HIV prevention;

Develop communication interventions with appropriate organizations to ensure that consistent, accurate HIV prevention information is provided to the public;

Develop community coalitions for HIV prevention;

Coordinate and disseminate information messages through the media that explain new scientific findings and policies concurrent with the release of new scientific information;

Develop leadership of health/education officials to effectively deliver HIV prevention messages through partnerships;

Evaluate the role of communications in changing individual knowledge, community norms, and individual behavior through establishment of model programs;

Expand the relationship between CDC and academic experts in mass communications to develop methods for measuring the impact of mass media on individual and community behaviors;

Develop ways of measuring the mobilization of community groups, i.e., changes in community norms, capacity;

Monitor business policies and employee education programs regarding HIV/AIDS;

Implement a BRTA initiative to develop HIV prevention and service programs for the workplace and the community;

Sponsor and participate in national meetings of businesses and religious, civic, medical, social, and voluntary agencies which conduct HIV prevention and service programs.

Descriptions: Many of the activities cited above are carried out at local demonstration sites and in coordination with community planning efforts. In addition, specialized projects and studies also serve to focus attention on these activities, these include projects entitled: National Health Communications, Prevention Collaborative Partners, the CDC National AIDS Clearinghouse, and the CDC National AIDS Hotline, and the Prevention Marketing Initiative.

Also, linkage efforts with business, labor, and community groups have received special attention. The Business Responds to AIDS (BRTA) and Labor Responds to AIDS (LRTA) programs have focused on issues such as: HIV/AIDS workplace policies, supervisor and labor leader training, employee education, employee family education, and community service and volunteerism. Partnerships have also been forged among a variety of communities including business, labor, religious, voluntary and the media. And, national and regional minority organizations have also been sought out in forging these important linkages.

FY 95: $45,960,000

FY 96: $45,512,000

FY 97: $45,547,000

Populations Served: All segments of the population including all major racial and ethnic groups, young persons (18-25), persons engaging in behaviors that place them at risk for HIV infection, and business and labor leaders including their employees and families.

Constituency Involvement: Regular consultation with leaders from over 200 prevention collaborative partners composed of national, state, and local organizations and over 50 business and labor partners.

Unmet Need: There is a need for more effective use of social marketing principles in HIV prevention programs, further implementation of strategies to promote adoption of BRTA and LRTA comprehen-

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

PREVENTION

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

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

Objective

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

Action Steps: Provide multi-language television, radio and texts distributed directly and through overseas posts and reference centers; press support for travelling officials; tours and briefings for journalists; post-generated public affairs campaigns to support specific USG initiatives in that country.

Resources:
FY 95 – $350,000
FY 96 – $325,000

Populations Served: Policy makers, academics, Journalists, researchers and NGO leaders.

Constituent Involvement: USG officials, academics/researchers, NGO leaders

Unmet Need: Increased funding would enable USIA to increase information dissemination efforts.

Objective

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

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

Resources:
FY 95 — $240,000
FY 96 — $200,000

Populations Served: Health policy makers and NGO leaders.

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

Unmet Need: Increased funding would enable USIA to work with more individuals.

Clinton Presidential Records
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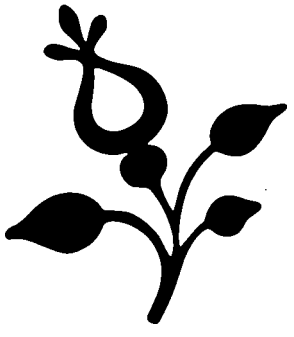
FINE ARTS & FURNISHINGS

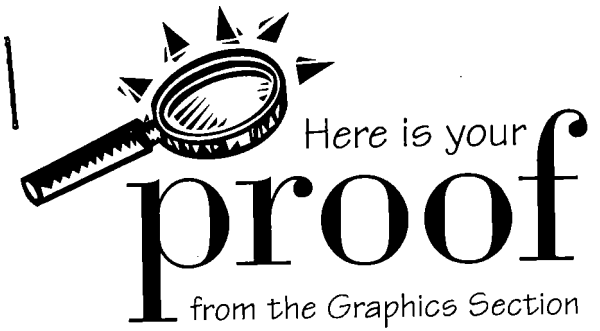
THE WEST WING OF THE WHITE HOUSE

17 pgs.

fine arts & furnishings



The West Wing
Of The White House



Instructions:

1. Read the proof carefully!
2. Mark corrections **on** the proof. (sorry, corrections will **not** be taken verbally)
3. Check one:
   - ☐ Make the corrections and send me another proof
   - ☐ No corrections, the proof is perfect! Now I need the following quantity produced: _____
4. Sign this form:

x _____ date: _____

Comments:

5. Return this form **with** the proof attached to Graphics, NEOB 5013

If you have questions, feel free to call us at 395-3624

Tina ~

1.26

1.26.96 ~ beginning of next week.

next week.

Together we're still on the same informal timeline.

11/13

Bill McIntosh →

left voice mail msg

- no draft coming on the 20th
- Joyce Ford's stuff looks good
- will get back to you

1/12/96 Joyce Ford

no answer

Bill McIntosh left message for him to call.

1.16.96

msg. on Thursday re graphics.

Bill / Tina.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, DC 20503

FAX TRANSMITTAL COVER SHEET

DATE: 11/3/95	TO: Jane Danville
FAX NO: 632-1096	OF: AIDS

COMMENTS:

As requested.

FROM: Joyce Ford
Publishing Branch

TELEPHONE: (202) 395-4745	FAX NO: (202) 395-1155

NUMBER OF PAGES (Including cover page): 8

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
PUBLISHING BRANCH

November 3, 1995

MEMORANDUM FOR JANE SANVILLE
750 17TH STREET, N.W.

FROM: JOYCE FORD
PRINTING SPECIALIST

SUBJECT: Informal Estimate for Printing

I am pleased to furnish the following estimate for the printing of your job titled:

Untitled Book

1,000 copies . . . . $3,969.98 Additional 1000 rate . . . $240.16
copies . . . .
copies . . . .

Please be advised that these prices are based on a normal production schedule. Therefore, any changes to the delivery date or the below specifications may dramatically impact the actual cost of your job.

Specifications:

Delivery date: Yet to be determined

No. of pages: 148 separate cover

Size flat: 17 x 11

Size folded: 8.5 x 11

Quality level: III

Material Furnished: negatives

Paper (text): 60lb White Matte Coated Text (recycled)

Paper (cover): 80lb White Litho Coated Cover (recycled)

Ink (text): 1 PMS Color

Ink (cover): 1 PMS Color

Binding: perfect bind

Remarks:

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
PUBLISHING BRANCH

November 3, 1995

MEMORANDUM FOR JANE SANVILLE
750 17TH STREET, N.W.

FROM: JOYCE FORD
PRINTING SPECIALIST

SUBJECT: Informal Estimate for Printing

I am pleased to furnish the following estimate for the printing of your job titled:

Untitled Book

1,000 copies . . . . $2,991.48 Additional 1000 rate . . . $106.49
copies . . . .
copies . . . .

Please be advised that these prices are based on a normal production schedule. Therefore, any changes to the delivery date or the below specifications may dramatically impact the actual cost of your job.

Specifications:

Delivery date: Yet to be determined

No. of pages: 148 separate cover

Size flat: 17 x 11

Size folded: 8.5 x 11

Quality level: III

Material Furnished: negatives

Paper (text): 60lb White Offset Text (recycled)

Paper (cover): 80lb White Litho Coated Cover (recycled)

Ink (text): 1 PMS Color

Ink (cover): 1 PMS Color

Binding: perfect bind

Remarks:

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SUBJECT: Informal Estimate for Printing

I am pleased to furnish the following estimate for the printing of your job titled:

Untitled Book

1,000 copies . . . . $9,370.84 Additional 1000 rate . . . $144.07
copies . . . .
copies . . . .

Please be advised that these prices are based on a normal production schedule. Therefore, any changes to the delivery date or the below specifications may dramatically impact the actual cost of your job.

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No. of pages: 148 separate cover

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Size folded: 8.5 x 11

Quality level: III

Material Furnished: negatives

Paper (text): 60lb White Matte Coated Text (recycled)

Paper (cover): 80lb. White Litho Coated Cover (recycled)

Ink (text): 2 PMS Colors

Ink (cover): 2 PMS Colors + Varnish

Binding: perfect bind

Remarks:

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
PUBLISHING BRANCH

November 3, 1995

MEMORANDUM FOR JANE SANVILLE
750 17TH STREET, N.W.

FROM: JOYCE FORD
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SUBJECT: Informal Estimate for Printing

I am pleased to furnish the following estimate for the printing of your job titled:

Untitled Book

1,000 copies . . . . $9,128.06 Additional 1000 rate . . . $257.97
copies . . . .
copies . . . .

Please be advised that these prices are based on a normal production schedule. Therefore, any changes to the delivery date or the below specifications may dramatically impact the actual cost of your job.

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Quality level: III

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Ink (text): 2 PMS Colors

Ink (cover): 2 PMS Colors + Varnish

Binding: perfect bind

Remarks:

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
PUBLISHING BRANCH

November 3, 1995

MEMORANDUM FOR JANE SANVILLE
750 17TH STREET, N.W.

FROM: JOYCE FORD
PRINTING SPECIALIST

SUBJECT: Informal Estimate for Printing

I am pleased to furnish the following estimate for the printing of your job titled:

Untitled Book

1,000 copies . . . . $5,129.04 Additional 1000 rate . . . $261.41
copies . . . .
copies . . . .

Please be advised that these prices are based on a normal production schedule. Therefore, any changes to the delivery date or the below specifications may dramatically impact the actual cost of your job.

Specifications:

Delivery date: Yet to be determined

No. of pages: 200 separate cover

Size flat: 17 x 11

Size folded: 8.5 x 11

Quality level: III

Material Furnished: negatives

Paper (text): 60lb White Matte Coated Text (recycled)

Paper (cover): 80lb White Litho Coated Cover (recycled)

Ink (text): 1 PMS Color

Ink (cover): 1 PMS Color

Binding: perfect bind

Remarks:

EXECUTIVE OFFICE OF THE PRESIDENT
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November 3, 1995

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Untitled Book

1,000 copies . . . . $3,904.72 Additional 1000 rate . . . $138.98
copies . . . .
copies . . . .

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Ink (text): 1 PMS Color

Ink (cover): 1 PMS Color

Binding: perfect bind

Remarks:

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
PUBLISHING BRANCH

November 3, 1995

MEMORANDUM FOR JANE SANVILLE
750 17TH STREET, N.W.

FROM: JOYCE FORD
PRINTING SPECIALIST

SUBJECT: Informal Estimate for Printing

I am pleased to furnish the following estimate for the printing of your job titled:

Untitled Book

1,000 copies . . . . $12,261.36 Additional 1000 rate . . . $182.30
copies . . . .
copies . . . .

Please be advised that these prices are based on a normal production schedule. Therefore, any changes to the delivery date or the below specifications may dramatically impact the actual cost of your job.

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Quality level: III

Material Furnished: negatives

Paper (text): 60lb White Matte Coated Text (recycled)

Paper (cover): 80lb White Litho Coated Cover (recycled)

Ink (text): 2 PMS Colors

Ink (cover): 2 PMS Colors + Varnish

Binding: perfect bind

Remarks:

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
PUBLISHING BRANCH

November 3, 1995

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750 17TH STREET, N.W.

FROM: JOYCE FORD
PRINTING SPECIALIST

SUBJECT: Informal Estimate for Printing

I am pleased to furnish the following estimate for the printing of your job titled:

Untitled Book

1,000 copies .... $4,606.12 Additional 1000 rate . . . $183.81
copies ....
copies ....

Please be advised that these prices are based on a normal production schedule. Therefore, any changes to the delivery date or the below specifications may dramatically impact the actual cost of your job.

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Quality level: III

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Ink (text): 2 PMS Colors

Ink (cover): 2 PMS Colors + Varnish

Binding: perfect bind

Remarks:

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
PUBLISHING BRANCH

November 2, 1995

MEMORANDUM FOR JANE SANVILLE
750 17TH STREET, N.W.

FROM: JOYCE FORD
PRINTING SPECIALIST

SUBJECT: Informal Estimate for Printing

I am pleased to furnish the following estimate for the printing of your job titled:

Untitled Book

1,000 copies . . . . $15,058.13 Additional 100s rate . . . $ 414.85
copies . . . .
copies . . . .

Please be advised that these prices are based on a normal production schedule. Therefore, any changes to the delivery date or the below specifications may dramatically impact the actual cost of your job.

Specifications:

Delivery date:	Yet to be determined
No. of pages:	148 separate cover
Size flat:	17 x 11
Size folded:	8.5 x 11
Quality level:	III
Material Furnished:	negatives
Paper (text):	60lb White Offset Text (recycled) → cheapest
Paper (cover):	80lb. White Litho Coated Cover
Ink (text):	2 PMS Colors
Ink (cover):	2 PMS Colors
Binding:	perfect bind
Remarks:	

Other parameters –
- 1 ~~Co~~ color
- Cheapest paper
- matte coated paper

- Separate Exec. Summary
10 pages

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
PUBLISHING BRANCH

November 2, 1995

MEMORANDUM FOR JANE SANVILLE
750 17TH STREET, N.W.

FROM: JOYCE FORD
PRINTING SPECIALIST

SUBJECT: Informal Estimate for Printing

I am pleased to furnish the following estimate for the printing of your job titled:

Untitled Book

1,000 copies .... $19,785.29 Additional 100 rate ... $ 196.85
copies ....
copies ....

Please be advised that these prices are based on a normal production schedule. Therefore, any changes to the delivery date or the below specifications may dramatically impact the actual cost of your job.

Specifications:

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Quality level: III

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Paper (cover): 80lb. White Litho Coated Cover

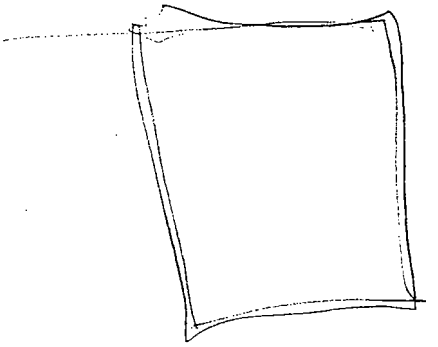
Ink (text): 2 PMS Colors

Ink (cover): 2 PMS Colors

Binding: perfect bind

Remarks:

National Plan: meeting re design -- 10.30.95



- **Design/Formatting Issues**
  - Charts -- design
    data input
  - Text
  - Separate Executive Summary

- **Cost** - 200 150 PP
  - Cost scenarios/ranges
    number of copies
    type of paper

1000 copies.
- 2 colors - blue + black
- 4 color
- Cheapest paper.
- Matte coated.

- **Draft Table of Contents --**

Letter from PF/Acknowledgments

Executive Summary

Scope of the HIV/AIDS pandemic

Goal of National Plan

Past Planning Activities

Accounting of Current Federal Activities
- PREVENTION
- RESEARCH
- SERVICES
- INTERNATIONAL ACTIVITIES
- INFORMATION DISSEMINATION
- CIVIL RIGHTS

Priority Areas for 1996

Recommendations/Plans for addressing those needs

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

- plus executive summary
- how to skip →

> could do 2.2¢/impression.
> ¢ wordperfect file can do output.

Rider requestion — Printing + binding Requestion.
(they ride on to our Request...)

Depository libraries — 600-900 copies paid by Congress.

* > Distribution List
> GPO - through document sales. send 3.5 markup.

* hierarchy - which text & which #'s.
* disc to Bill
* internet → can't use/download.

Draft ⇒ Dec. 4th.

→ 10 working days Minimum for final copy. ≈ 11/18

final text → final printing.

→ 2 weeks to layout → D's.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, DC 20503

FAX TRANSMITTAL COVER SHEET

DATE: 11/2/95	TO: Jane Danville
FAX NO: 632-1096	OF: AIDS

COMMENTS:

As requested.

FROM: Joyce Ford
Publishing Branch

TELEPHONE: (202) 395-4745	FAX NO: (202) 395-1155

NUMBER OF PAGES (Including cover page):

3

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
PUBLISHING BRANCH

November 2, 1995

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750 17TH STREET, N.W.

FROM: JOYCE FORD
PRINTING SPECIALIST

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Quality level: III

Material Furnished: negatives

Paper (text): 60lb White Offset Text (recycled)

Paper (cover): 80lb. White Litho Coated Cover

Ink (text): 2 PMS Colors

Ink (cover): 2 PMS Colors

Binding: perfect bind

Remarks:

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
PUBLISHING BRANCH

November 2, 1995

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Paper (cover): 80lb. White Litho Coated Cover

Ink (text): 2 PMS Colors

Ink (cover): 2 PMS Colors

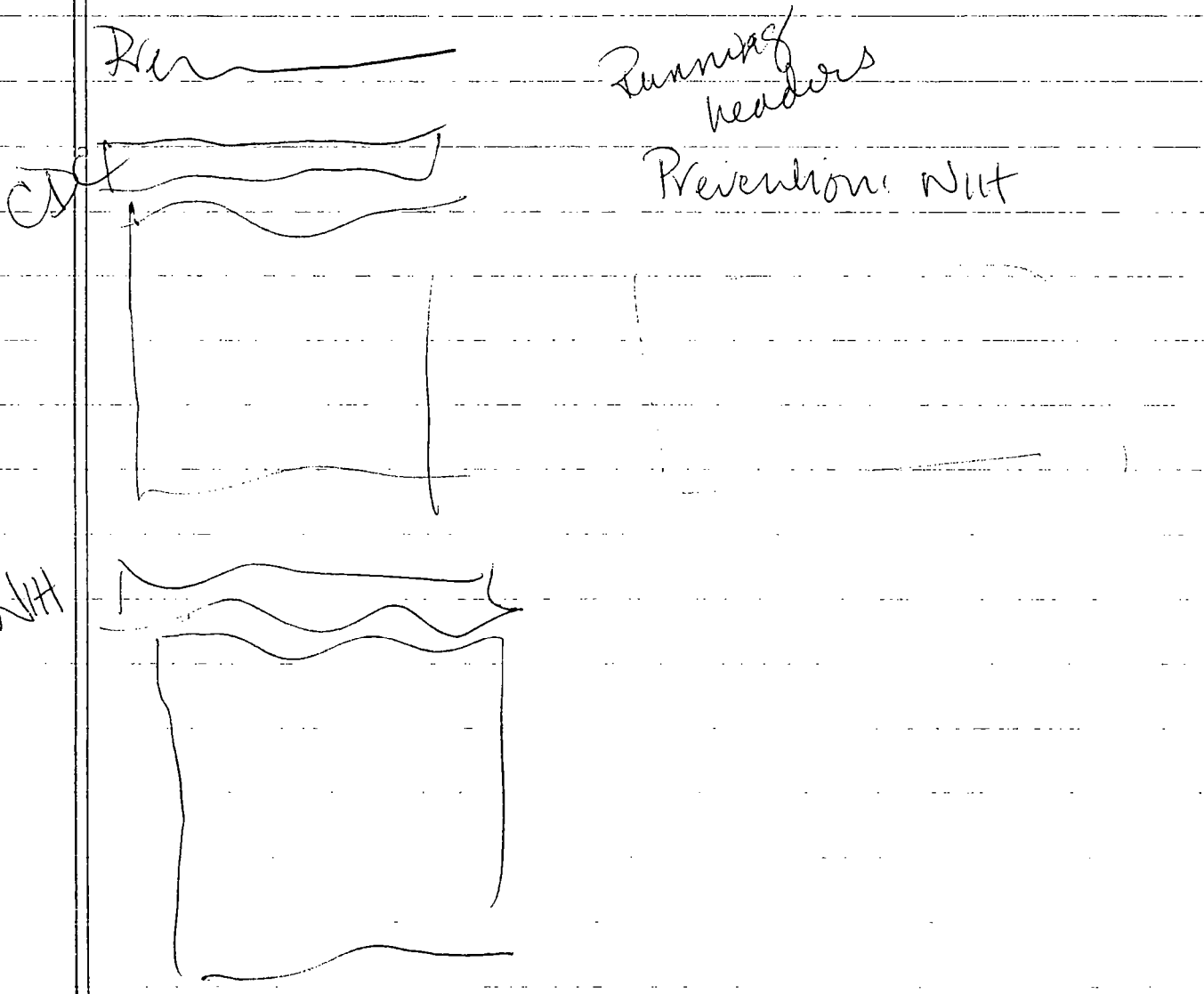
Binding: perfect bind

Remarks:

Bill MacIntosh - 5013 395-7681

DPC -> EXOP -> 2 FTEs ~~Council~~

In the White House Counsel's -> flip job.



30 October 1995

Bill --

I wanted to thank you and Mr. Jewell for taking the time to meet with me today. Your suggestions were very helpful.

In follow-up to our discussion, attached is a disk with the U.S. Information Agency's plan on it. This particular plan has two objectives under one goal -- some agencies have only one objective while others may have several. The agency plans come in all different lengths (generally reflective of their funding levels).

If you have any questions please don't hesitate to give me call at 632-1090.

SAMPLE TEXT: NATIONAL PLAN FOR HIV & AIDS

Agency: U.S. Information Agency
Area: International Activities
Goal: To increase understanding of and support for USG policies and programs on HIV/AIDS among foreign publics.

Objective: To provide accurate information on USG policy and programs to key foreign audiences.
Action Steps: Provide multi-language television, radio and texts distributed directly and through overseas posts and reference centers; press support for travelling officials; tours and briefings for journalists; post-generated public affairs campaigns to support specific USG initiatives in that country.
Resources:
FY 95 -- $350,000
FY 96 -- $325,000
Populations Served: Policy makers, academics, journalists, researchers and NGO leaders
Constituent Involvement: USG officials, academics/ researchers, NGO leaders
Unmet Need: Increased funding would enable USIA to increase information dissemination efforts

Objective: To provide key foreign decision makers first-hand experience with U.S. policy and programs -- public and private, national and local -- to address the HIV/AIDS pandemic and encourage exchange with their U.S. counterparts.
Action Steps: Support multi-regional, regional and individual International Visitor Programs, specifically on HIV/AIDS issues and as part of programs on substance abuse, civil society, human rights and community health.
Resources:
FY 95 -- $240,000
FY 96 -- $200,000
Populations Served: Health policy makers and NGO leaders
Constituent Involvement: U.S. NGOs, state, local and federal agencies, academic/ research institutions
Unmet Need: Increased funding would enable USIA to work with more individuals

Date: 25 October 1995
To: Patsy
From: Jane
Re: White House Printing Office

I need your help -- I tried to make an appointment at the WH printing office to get help and work out details re the national plan. The graphics person there said they couldn't meet with me as they had been given instructions not to assist ONAP ("... as we aren't funded through the WH...").

How can we/should we handle this?

Jane

Printing
395-4745

Monday, Oct 30 @ 10 00 AM – NEOB 5013

Bill McIntosh Design Works → pictures & charts etc.
395-7681

Steve Jewel & Joyce Ford → estimate for Printing & delivery date

JS: will you be needing art work, charts, etc?
It must be submitted on disk. Check what software?

Text, Tables, charts

Most Positive / Most Negative

ONAP STAFF REVIEW OF THE NATIONAL PLAN FOR HIV & AIDS
JANUARY 16, 1996

I. Review of Timeline

○ **ONAP review of plan**	**1.16.96**
○ Send out draft for agency review	1.19.96 →
○ Receive back agency comments	1.29.96
○ Send for OMB review to Carol	2. 2.96
○ Receive back OMB comments	2.12.96 → 9th → ?
○ Printing completed	3. 1.96

JL will ask Richard re timeline.

The goal of today's ONAP staff review is to receive all the comments needed to prepare a final draft to send out to the agencies on Friday, 1.19.96.

II. Review of Plan Sections

In order to guide our review, the outline below is based on the 1.11.96 draft. The major recommendations are pulled out of the text and are in their respective sections.

General areas for comment also include:

Tone?
Anything missing?
Can we publicly stand behind this?
Any factual errors?
Recommended changes?
Order of the sections ok?
Who should the "we" be?

A. Letter from PF/Acknowledgments

This section is intended to set the tone for the plan and provide the first mention of national goals and priorities for 1996.

Language for Medicaid and Medicare?
Add more information on cost of AIDS v. other diseases?

B. Executive Summary (ES)

Two executive summaries are planned:

1. The ES **within** the full plan, which would be quite short and focus on:

   demographics;
   first-time plan;
   the 3 goals and 6 1996 priority areas;
   summary of the issues and goals.

2. A **stand-alone** executive summary, that would be somewhat longer than the ES included in the full plan and would include:

   Patsy's letter;
   demographics;
   first-time plan;
   the 3 goals and 6 1996 priority areas;
   summary of the substantive sections, issues, and goals.

This stand-alone ES could be distributed separately.

C. Scope of the HIV/AIDS Pandemic

An Expanding Public Health Threat

The Social Impact

D. Goal of the National Plan

Terminology for the plan -- comprehensive national plan, the plan, or ?

Common Goals and Priority Areas

Challenge of the HIV Epidemic

E. Description of Activities

Overview of Federal Efforts

F. Prevention

- 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.

Modes of Transmission

(Surveillance)

■ 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.

■ These trends [reflecting the changing demographics of] the epidemic must be taken into consideration when prioritizing prevention research and service programs. [i.e. using surveillance data to help us in our planning...]

■ 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.

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

Gaps in Scientific Knowledge

(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.

■ 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.

(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.

■ There is more that we need to know if we are to develop effective prevention programs for a diversity of Americans.

■ High priority areas 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 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)
■ 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 [prevention] models in a real-world setting.

[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 CDC-provided accounting of activities. So, if we (ONAP) want to pursue this we will probably have to push it from here -- could say that CDC needs to examine this option.]

Current Gaps in Program Areas

(Prioritizing/Diversity)
■ Prevention planners [must] 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 Planning)
■ The [community planning] 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)
■ We need to improve the integration of HIV prevention and substance abuse programs.

working?

■ 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.

■ It must be part of the Federal response to increase the availability of treatments slots for a range of addictions.

(Harm Reduction)
■ Adoption of [needle exchange]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.

(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 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.

(Evaluation)
■ 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.

■ It is important to assess the effectiveness of the prevention interventions that have or will be implemented.

G. Research

■ The Nation must provide solid ongoing support for basic and clinical research.

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

(Coordinated Research Plan and Budget)
■ To achieve [a coordinated research plan and budget] 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.

(Vaccines)

- 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.

- Given the state of scientific knowledge, both avenues of vaccine development (empirical and basic) can, should, and are being pursued.

(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.

- 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. It is also essential that these studies, like all studies, include persons representing a diversity of race, ethnicity, gender, age, and drug using behaviors.

- 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.

- 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. Areas include: access to sophisticated equipment, vaccines, topical microbicides, head-to-head trials, alternative therapies, protecting the blood supply.

H. Care and Services

- An important part of the National plan is to ensure appropriate care for all persons living with HIV and AIDS.

- Protecting Medicaid and Medicare.

(Housing)

■ 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.

(Prisoners)
■ 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 that have experience with providing care and agencies which have responsibility for providing care for prisoners.

(Quality Health Care)
■ 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.

■ The Federal government needs to simplify its funding 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.

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

I. International Activities

(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).

(U.S. Program Coordination)
■ 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.

J. Information Dissemination

(PHS Coordination)
■ 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 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.

(Prevention Models)
■ Improved information dissemination efforts are also needed in the area of primary prevention models. 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. 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.

K. Civil Rights

■ One of the Nation's common goals is to ensure the ethical treatment of persons with AIDS.

(Bully Pulpit)
■ We as a Nation we need to be vigilant 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.

(Prosecution of violations)
■ The Federal government has aggressively and successfully prosecuted private sector violations of the ADA. These efforts will continue.

(Discriminatory policies)
■ 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.

L. Glossary/Acronyms

M. Other

Cover of plan? A ribbon? Simple?
Format -- column format like the ONDCP plan?

gave to JL 1.18.96, 11:30

Follow-up to 1.18.96 print shop meeting

To be decided:

- Name on report cover
- Should the report be "By the President", "To the President", or?
- OK to use Presidential seal?
- What we want and how much it costs:

  The cheapest we can do this is for about $3,000 for the first 1000 copies. This is for B&W only, cheap paper, no separate executive summary, and no early photocopies.

  For an end of February deadline the best they can do is the "xerox" copies. This would cost about $6.00/copy if the report is 150 pp.

  Print shop said that all clients have to let WH admin. know what we are spending on this. He said sending Kim Holm at OEOB a copy of the estimate would suffice.

  The longer we give printers to do the final print job, the cheaper it will be. So, we need to discuss what we're willing to live with and pay for. At present,we've set the OK to print deadline at February 27th.

  Separate Executive Summary: this is not in any of the estimates so far.

To give to Tina:

Sample of Figures
Some text in electronic form
Do the appendix in one color.

To do:

- For the budget tables -- just tabs, don't put in table form
- Give a sense of hierarchy
- Footnotes and endnotes should be in separate files. In text put (#) and (letter) to indicate where they go.
- Page estimates of the ES