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At Last, A National Strategy for HIV/AIDS in the United States

For years, HIV advocates have called on the United States government to create a national HIV/AIDS strategy.

The U.S. government spends more than \$17 billion a year on the domestic HIV epidemic, yet the allocation of those funds is determined by a variety of uncoordinated federal laws, policies and programs, as well as state and local decision making processes.

What's been lacking is an overarching plan to coordinate U.S. policies on HIV/AIDS.

Presidential Candidate Barack Obama made a public commitment to develop a national HIV/AIDS strategy if he was elected. After taking office, President Obama reaffirmed his commitment to creating a strategy and charged Jeff Crowley, whom he hired as the director of the Office of National AIDS Policy (a component of the Domestic Policy Council of the White House) with this task.

Responding to HIV advocates calling for the public to have meaningful input into a strategy, the White House for several months in 2009 held a series of town hall meetings throughout the country to gather public input into a national strategy. Then, a federal interagency working group set out to assist of the Office of National AIDS Policy (ONAP) in developing a strategy. While a minority of vocal HIV advocates called upon the President to develop a plan quickly, the White House chose to steer its own course and be thoughtful and deliberative in creating a plan. Finally, on Tuesday, July 13, 2010, ONAP released the nation's first National HIV/AIDS Strategy.

Overall, the strategy has three main goals:

- Reduce new HIV infections
- Increase access to care and improve health outcomes of persons living with HIV
- Reduce HIV-related disparities and health inequities

In addition, a fourth goal is mentioned as the key to the success of the overall strategy:

- Achieve a more coordinated national response to the HIV epidemic

Within each goal, there are "anticipated results." or benchmarks by which the government and public can measure results in achieving each of the stated goals. For example, the strategy calls for a 25 percent reduction in new HIV infections and an increase from 79 percent to 90 percent in the number of HIV-infected individuals who know their status, to be achieved by 2015. In order to realize these results, the plan calls for intensive HIV-prevention efforts in communities where HIV is more heavily concentrated, such as gay black men. This is one example among many that are contained within the document.

For each goal, the following results are listed as the means by which to measure the success of the National HIV/AIDS Strategy.

Reduce New HIV Infections

- By 2015, lower the annual number of new infections by 25 percent (from 56,300 to 42,225).
- Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30 percent (from 5 persons infected per 100 people with HIV to 3.5 persons infected per 100 people with HIV).
- By 2015, increase from 79 percent to 90 percent the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000 people).

Increase Access to Care and Improving Health Outcomes for Persons Living with HIV

- By 2015, increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65 percent to 85 percent (from 26,824 to 35,078 people).
- By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73 percent to 80 percent (or 237,924 people in continuous care to 260,739 people in continuous care).
- By 2015, increase the number of Ryan White clients with permanent housing from 82 percent to 86 percent (from 434,000 to 455,800 people). This serves as a measurable proxy of efforts to expand access to HUD and other housing supports to all needy people living with HIV.

Reduce HIV-Related Health Disparities

- By 2015, increase the proportion of HIV-diagnosed gay and bisexual men with undetectable viral load by 20 percent.
- By 2015, increase the proportion of HIV-diagnosed Blacks with undetectable viral load by 20 percent.
- By 2015, increase the proportion of HIV-diagnosed Latinos with undetectable viral load by 20 percent.

Overall, statements issued by national HIV advocacy groups have been widely supportive and thankful for the release of the first national AIDS strategy. Many groups noted, however, that the strategy does not call

for new federal resources to address the goals set forth in the plan. Advocates have pointed to the current ADAP crisis as an example.

With more than 2,300 individuals on waiting lists for HIV medications, ADAP is a prime example of what can happen when insufficient resources are devoted to an important program. The new national strategy has as a goal to “establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV.” The existence of an ADAP “waiting list” seems contradictory to such a goal. Many HIV advocacy groups are questioning aloud whether the various objectives can be met if sufficient federal funds aren’t provided alongside the strategy.

Even more frustrating, the HIV community has lobbied the Administration and Congress intensively for emergency supplemental funding to address the ADAP crisis, with no results. While on the one hand the White House has thoughtfully developed a plan to address HIV in the United States, the most basic need of persons living with HIV/AIDS in the here and now – that of accessing HIV medications – has yet to be effectively addressed. On the same day of the release of national strategy, the Administration announced the reallocation of \$25 million in federal funds that are to be redirected to ADAP, but the need is considerably greater – \$126 million or more. Waiting lists will continue.

The release of the National HIV/AIDS Strategy is only the first step; now the HIV community must work with the Administration and Congress to ensure that this strategy remains a “living, breathing document” that has a positive impact on the lives of persons living with HIV/AIDS.

The National HIV/AIDS Strategy may be downloaded online at:

<http://www.whitehouse.gov/administration/eop/onap/nhas>

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