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# Presidential Advisory Council on **HIV/AIDS**

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August 30, 2017

The Honorable Thomas Price, MD  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Price:

The National HIV/AIDS Strategy (NHAS) for the United States was launched in July 2010 to provide diverse stakeholders and responsible federal agencies with a shared set of priorities, indicators and 5-year targets to guide the national response to the HIV epidemic, and to provide benchmarks against which to measure progress. The plan was updated in July 2015 to include new advances in HIV prevention and treatment science and to update indicators and targets to the year 2020. These documents laid out a bold vision: “The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.” The NHAS provided shared vision and promoted mutual efforts across responsible governmental agencies, state and local health departments, community-based and faith-based organizations, and academic institutions to make progress in reducing new HIV infections and providing life-saving medical care and services to those living with HIV. The NHAS incorporated the input of diverse partners, and reflects the collective work of governmental experts, people living with HIV, young people, providers, scientists, and members of heavily impacted communities.

In January 2017, the NHAS was removed from the White House website. Although the document continues to be available through numerous places on the internet, the removal of the document and the lack of subsequent direction from the White House about the NHAS has created a lack of clarity about the administration’s commitment to NHAS priorities. Further, staff in different HHS agencies have received different messages about whether the NHAS is still our national strategy. Many stakeholders have continued to plan their efforts with the assumption that the NHAS still reflects the coordinated plan of the United States to respond to the HIV epidemic. However, the lack of a clearly articulated or endorsed national strategy has decreased the efficiency and sense of common purpose among stakeholders and responsible federal agencies; most federal reports and materials no longer reference the NHAS, although they are reporting monitoring and process data using the NHAS indicators and using data systems optimized to monitor these indicators. In short, the collective efforts of HIV prevention and treatment researchers, program scientists, prevention experts, and community organizations are working without a shared plan.

The impacts of this lack of clarity and leadership from the administration are profound. During the period of the preparation and implementation of the NHAS, new HIV infections in the United States fell by 18%. The NHAS called for coordination of federal efforts to increase the impact of federal dollars spent on HIV prevention and treatment, and federal agencies developed and implemented coordinated data systems to measure key NHAS targets and increase accountability. Scientists convened to build consensus on approaches to measuring new scientific targets, following the science and laying out systems to support continued progress in HIV prevention and in reaching all those living with HIV with effective treatments. Importantly, government at all levels could be evaluated against pre-specified goals for prevention. The NHAS created accountability for the use of federal programmatic and research funds, and shaped the development of priorities in funding that will increase the impact of research dollars in controlling HIV transmissions in the United States.

As importantly, the silence of the administration about our national strategy to control the spread of HIV and to care for those living with the virus represents a void of leadership at a critical time in our response to the epidemic. The NHAS made a compelling scientific and public health case for the roles of stigma and discrimination in perpetuating inequalities in health, and called for policy and legal changes to ensure that HIV prevention and treatment efforts had the best environment in which to succeed. That the current administration removed the existing NHAS and has not either re-endorsed it has made issues of pressing national interest invisible. HIV disproportionately impacts those Americans with more limited socio-economic resources – those living in poverty, those with less income, and people of color – and the absence of an explicit commitment to endorsing the NHAS turns a blind eye to profound disparities in health equity.

We call on the administration to:

1. Publicly affirm NHAS as the national strategy for addressing HIV in the United States, and that it will remain in place until an updated strategy for 2020-2030 has been adopted and made available to the public;
2. Provide clear direction to HHS operating units and other responsible federal agencies to engage in coordinated efforts to adopt the priorities, apply the strategies, and pursue the targets of the NHAS, especially where performance targets have not been met;
3. Continue to produce annual monitoring reports to make agency actions and progress towards indicators transparent;
4. In support of key elements of the President's Management Agenda, as described in the Budget Blueprint, PACHA wishes to support the President's goals of improved government performance and accountability. We therefore request that the administration:
  - a. Prepare, in coordination with PACHA representatives, and present at each future PACHA meeting, a report and a briefing on the status of the Strategy's implementation, including up to date information from HHS agencies on their progress towards meeting the strategy's goals, priorities and indicators.
  - b. Request each HHS agency prepare and submit to PACHA a summary of how 2018 budget allocations will impact their ability to meet their previous commitments to address NHAS priorities and monitor NHAS indicators; and

5. Initiate a process to develop a plan for development of the next NHAS that will cover the interval from 2020-2030. This project should incorporate the input of subject matter experts recognized by the established scientific community and should incorporate new scientific advances and embrace increasingly realistic goals for elimination of HIV.

Respectfully,

A handwritten signature in blue ink, appearing to read "Darrell Wheeler", with a large loop at the top and a long horizontal stroke extending to the right.

Darrell P. Wheeler, PhD, MPH, ACSW  
Vice Chair, Presidential Advisory Council on HIV/AIDS

cc: Don Wright, MD, MPH, Acting Assistant Secretary for Health, U.S. Department of Health and Human Services