

**Presidential Advisory Council on HIV/AIDS (PACHA)
58th Meeting
Teleconference
December 14, 2015**

Council Members—Present

Nancy Mahon, J.D., PACHA Chair
David Holtgrave, Ph.D., Vice Chair
Ada A. Adimora, M.D., M.P.H.
Lucy A. Bradley-Springer, Ph.D., R.N.,
ACRN, FAAN
Ulysses W. Burley III, M.D., M.P.H.
Vignetta Charles, Ph.D.
Cecilia C. Chung
William H. Collier
Michelle Collins-Ogle, M.D., FAAP,
AAHIVS
Robert Greenwald, J.D.
Gabriel Maldonado, M.B.A.
Ligia Peralta, M.D., FAAP, FSAHM,
AAHIVS
Harlan H. Pruden
Scott A. Schoettes, J.D.
Lawrence A. Stallworth II
Mildred Williamson, Ph.D., M.S.W.

Council Members—Absent

Jeffrey S. Akman, M.D.
Oliver Clyde Allen III
Gina M. Brown, M.S.W.
Yvette Flunder, D.Min.
Grissel Granados, M.S.W.
Douglas A. Michels, M.B.A.
Vanessa D. Sharp, M.Div., MACM,
MATM
Elizabeth Styffe, M.S.N.

Staff

Kaye Hayes, M.P.A., PACHA Executive
Director
Caroline Talev, Public Health Analyst
Chynna Cole, B.B.A., ORISE Fellow

Federal Liaison

Jennifer Kates, Ph.D., Liaison, Centers for Disease Control and Prevention (CDC)/Health Resources and Services Administration (HRSA) Advisory Committee on HIV, Viral Hepatitis, and Sexually Transmitted Disease Prevention and Treatment

Presenter

Nathan Fecik, M.P.H., ORISE Fellow, Office of HIV/AIDS and Infectious Disease Policy, Office of the Assistant Secretary for Health, U. S. Department of Health and Human Services (HHS)

Welcome

PACHA Executive Director Kaye Hayes, M.P.A., called the meeting to order at 4:36 p.m. EST and called the roll. Nancy Mahon, PACHA Chair, welcomed the participants and summarized the agenda.

Letter to Implement Standardized HIV Clinical Performance Measures

PACHA reviewed a letter that was drafted by the Disparities and the Access to Care Subcommittees that was originally presented to PACHA at its September 15, 2015, meeting. The letter was revised in response to comments from PACHA members. The revised draft was posted online for public review.

Scott A. Schoettes, co-chair of the Disparities Subcommittee, read aloud a suggested addition to the revised draft:

We acknowledge the challenge of putting in place these specific performance measures across the public and private sectors, and we recognize that other processes by which HHS is developing indicators designed to tap into similar constructs may be underway. The main point here is less about specific measures and more about developing a standard set of measures across the care continuum so that persons living with HIV may have complete and successful access to care, regardless of the platform through which they are receiving that care; while the details may vary from those given here, we urge all efforts to continue to improve access to HIV-related care and concomitant health outcomes. Whenever and wherever useful, PACHA stands ready to assist HHS in developing, refining, evaluating, and/or interpreting such indicators and resultant data.

Mr. Schoettes suggested that PACHA work with policymakers through other channels to determine how to facilitate the changes requested in the letter. He said the White House should exert its influence and convene stakeholders to implement the goal of standardized clinical measures described in the letter.

Discussion

PACHA members said that although the letter is addressed to President Obama and HHS Secretary Burwell, other key leaders—particularly Douglas Brooks, M.S.W., Director of the White House Office of National AIDS Policy (ONAP)—and instrumental HHS staff should receive copies.

Action Item

- PACHA staff will post the letter online and send it to the White House, ONAP, and key HHS staff when it is finalized.

Recommendation

- PACHA voted unanimously in favor of sending the letter on standardization of HIV clinical performance measures to Secretary Burwell, President Obama, and others, with the additional paragraph suggested.

2015 National HIV Prevention Conference Update

**Nathan Fecik, ORISE Fellow, Office of HIV/AIDS and Infectious Disease Policy,
Office of the Assistant Secretary for Health, HHS**

Mr. Fecik presented some highlights from the National HIV Prevention Conference in Atlanta, December 6–9. Some positive trends have emerged in recent years. For example, the percentage of people who know their HIV status has reached its highest point ever, and the rate of viral suppression among people living with HIV (PLWH) who are in treatment has increased. Rates of diagnosed HIV have fallen among African Americans, heterosexuals, and injection drug users (IDUs), but disparities in diagnoses persist, especially in the South. Rates of HIV among young Black men who have sex with men (MSM) have stabilized but are increasing among Latino MSM. Effective prevention efforts for transgender people remains an issue to be addressed.

Conference panels discussed the effectiveness of pre-exposure prophylaxis (PrEP) regimens, but less than one-third of providers have ever heard of PrEP. New prevention protocols are also effective (e.g., treatment as prevention, identifying high-risk individuals who would benefit from PrEP and linking them to care). There is a new emphasis on using new risk-reduction models, enhancing collaboration between federal and community prevention efforts, and identifying and addressing epidemic outbreaks as quickly as possible.

The conference presented some new HIV prevention campaigns, including “Doing It,” which aims to get people talking about HIV testing openly. The CDC presented an HIV risk-reduction tool that helps users understand their individual risk for HIV and what harm-reduction measures they can take.

Among the threats looming on the horizon is the link between HIV and the opioid epidemic, as demonstrated by the spike in HIV cases related to IDUs in rural Scott County, IN. Data from the CDC indicate that 200 counties in 26 states are vulnerable to similar situations, pointing to the need to make sterile syringes available and ramp up other prevention methods.

The lack of health education for students and young adults across the country was identified as a pressing problem. It was also noted that prevention tools and science will not be effective without a strong focus on the social determinants of health (SDH), particularly housing, education, and employment; ongoing collaboration between health care providers and public health entities; effective surveillance; and access to clean needles and medical support for IDUs.

Mr. Fecik noted that, according to a CDC representative, achieving National HIV/AIDS Strategy (NHAS) 2020 goals would prevent 300,000 new HIV infections, saving \$127 billion in health care spending. He cited words from Ronald O. Valdiserri, M.D., M.P.H., outgoing Deputy Assistant Secretary for Health and Infectious Diseases at HHS, which were shared in closing the conference:

Science by itself will not end this epidemic because AIDS has always been about much more than a nasty retrovirus that attacks the human immune system. AIDS was and is a disease that thrives on social inequalities, a virus that takes advantage of our ignorance, prejudice, and intolerance to prey most heavily on those who lack the

awareness, capacity, and resources to challenge the virus.

Discussion

Participants noted that, while there is some encouraging news, much work remains. Mr. Fecik said there was a lot of discussion about reaching people on the margins and addressing SDH, but there were no specific recommendations. It was noted that there were calls for a town hall meeting during the conference to address issues among transgender people.

Asked about responses to calls for clean needle programs for IDUs, Mr. Fecik said that advocates did not focus on rescinding the ban on federal funding for such programs. Rather, they advised participants on how to use local funding and partnerships to support needle exchange programs. In addition, Congress is debating a provision to allow emergency funding for needle exchange in jurisdictions at very high risk for the spread of infectious disease related to IDUs.

Members noted that disparities persist despite advances and HIV infection rates remain high. More studies are needed on effective prevention tools, especially for young people. It is clear that providers lack an understanding of risk assessment, and youth especially do not do a good job of assessing their own risk. Mr. Fecik said that one conference panel explained that many high school students do not receive education about the full range of prevention methods, and condom use declines as teenagers progress through high school.

Action Items

- PACHA staff will contact the CDC and schedule a presentation for the January PACHA meeting about trends in HIV and the need to increase prevention efforts around certain populations, such as Latino MSM and transgender women.
- PACHA staff will determine whether more data are available on the impact of HIV among undocumented people and on the rates of HIV among Latino MSM (e.g., from Ryan White HIV/AIDS programs).
- PACHA staff will follow up with Eugene McCray, M.D., director of the CDC's Division of HIV/AIDS Prevention, on the response to requests for more attention to issues among transgender people.
- PACHA staff will monitor current congressional debates about needle exchange programs and present feedback to PACHA at the next meeting.
- PACHA staff will set up a panel discussion for the January PACHA meeting that addresses the prevention issues raised at this meeting and provides a basis for PACHA's next steps.
- The draft agenda for the January PACHA meeting will be circulated to members for review.

The abstracts from the 2015 National HIV Prevention Conference are available online at www.cdc.gov/nhpc/pdf/nhpc_2015_abstractbook.pdf.

Subcommittee Reviews of NHAS Federal Action Plan Prior to Full PACHA Meeting in January

David Holtgrave, Co-Chair, Incidence Subcommittee

Dr. Holtgrave suggested that, before the January PACHA meeting, each subcommittee should read and discuss the NHAS Federal Action Plan to determine if there are opportunities for collaboration, issues on which to comment, or areas to monitor relevant to each subcommittee. The outcome of the discussions could then be raised before the full PACHA. Dr. Holtgrave said such an approach would help PACHA members stay engaged with the NHAS implementation.

Discussion

Vignetta Charles said that the Access Subcommittee plans to draft a letter for PACHA to review about work to be done and what is missing from the updated NHAS. It was noted that the Federal Action Plan is online now at AIDS.gov, as is a new tool to aid with communicating about the NHAS and implementing it at the local level. Some participants expressed support for raising the issue at the January meeting rather than waiting until the spring 2016 PACHA meeting.

Action Items

- At the December 16 conference call of PACHA subcommittee co-chairs, participants will discuss the feasibility of scheduling subcommittee conference calls to discuss the NHAS Federal Action Plan before the January PACHA meeting.
- PACHA staff will ask Mr. Brooks when feedback from PACHA on the Action Plan would be most helpful to ONAP.

Public Comments

There were no comments from the public.

Closing Remarks

Ms. Mahon thanked the participants for their time and adjourned the meeting at 5:25 p.m. EST. The next PACHA meeting will take place January 28–29, 2016, in Washington, D.C.