



# NATIONAL HIV/AIDS STRATEGY:

Implementation Update

JULY 2011







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# Introduction

One year ago, President Obama fulfilled a commitment he made by releasing the [National HIV/AIDS Strategy for the United States](#) (NHAS). The NHAS was developed through an extensive process of public input and with the engagement of HIV leaders from across the Federal government. It provides a roadmap for guiding actions by public and private stakeholders working to respond to the domestic epidemic. The Strategy identifies key action steps and core metrics with quantitative targets that we will strive to achieve over a five year period, from 2010-2015. Key goals of the NHAS are to **reduce the number of new HIV infections, increase access to care and improve health outcomes for people living with HIV**, and **reduce HIV-related health disparities**.

Releasing the Strategy was only the beginning. The President also issued a [Presidential Memorandum](#) to ensure that ongoing efforts were made to implement the Strategy. This included directing the White House Office of National AIDS Policy (ONAP) to work with the Office of Management and Budget (OMB) to report annually on progress made in implementing the Strategy. Federal agencies developed detailed operational plans for implementing the Strategy with a series of priority actions to be taken over calendar year 2011. In early 2012, we intend to submit to the President and release to the public a report on progress by major public and private stakeholders to implement the Strategy. As we approach the first anniversary of the NHAS release, however, we developed this short overview to reflect on key milestones and progress that has been made in implementing the Strategy in its first year.

Various parts of the government have become more engaged in the implementation effort. The White House has hosted meetings on topics such as responding to HIV among women and girls and the implementation of the Strategy in Latino communities. HHS has conducted numerous consultations on re-engaging the LGBT community and how to work with state and local governments to develop state and local implementation plans. DOL held a meeting on expanding employment opportunities for people living with HIV and DOJ has prioritized HIV discrimination in its civil rights enforcement actions.

We are proud of the enthusiasm and support of our Federal partners, as well as so many community members, people living with HIV, funders, businesses, faith leaders and other stakeholders. While we have more goals to achieve, we believe that three notable features characterize the Administration's efforts to-date to implement the Strategy: 1) the Strategy at work throughout federal agencies, 2) making strategic new investments, 3) and making needed policy changes.





# Key Progress

## 1. Strategy at Work throughout federal agencies

The Presidential Memorandum directed six lead agencies (Department of Health and Human Services (HHS), Department of Housing and Urban Development (HUD), Department of Justice (DOJ), Department of Labor (DOL), the Social Security Administration (SSA), and the Department of Veterans Affairs (VA) to develop [Agency Operational Plans](#) for implementing the Strategy within 150 days after the release of the Strategy. These plans were submitted to ONAP and OMB in December 2010. In February 2011, we released the Agency Operational Plans, which also included a [White House overview report](#) synthesizing the Agencies' work and describing the steps being taken by the Federal government to achieve the goals of the Strategy. The Agency Operational Plans provide a detailed description of key initiatives and highlight ways that agencies are working to improve coordination within and across agencies. The following are a selection of agency activities over the past year that supports the Strategy's goals:

### *Department of Health and Human Services (HHS)*

- The **Centers for Disease Control and Prevention (CDC)** provided supplemental resources to all funded health jurisdictions to collect CD4 and viral load data as part of their core surveillance activities and improve the ability of health departments to use geospatial information to monitor and respond to the local epidemic. In addition, CDC provided funds to health departments to develop, monitor, and evaluate models for using CD4, viral load and other surveillance data to improve the effectiveness of local HIV prevention efforts and improve the health of people living with HIV by maintaining linkage and adherence to appropriate and timely medical care and prevention services.
- The **Centers for Medicare & Medicaid Services (CMS)** published a State Medicaid Director letter to remind states and stakeholders about the various Medicaid options that exist to increase access and improve care coordination for people with HIV/AIDS and to assist them in their efforts to take advantage of these options. The letter also assists states in efforts to cover pre-disabled people living with HIV through 1115 waivers. Specifically, the letter offers technical assistance and a waiver template designed to simplify and expedite the waiver application process.
- The **Food and Drug Administration (FDA)** approved a fourth generation HIV diagnostic assay that allows for earlier detection of HIV. The new test is also the first diagnostic test approved by FDA indicated for use in children as young as 2 years of age, and pregnant women. Additionally, in November 2010, FDA approved a new HIV test that provides results in as little as 60 seconds.
- The **Indian Health Service (IHS)** has recruited 8 new service units to the National Expanded HIV Testing Initiative – which allocates funding to participating sites, pairing collaborators with resources to achieve enhanced serostatus knowledge of the service population across new geographic areas of the United States. This brings the total participating sites to: 27 Federal, 15 Urban, and 4 Tribal sites.
- The **Health Resources and Services Administration (HRSA)** has taken several steps to better support community health centers in providing HIV care. The HIV/AIDS Bureau (HAB) will award

a total of \$450,000 to develop residency training opportunities with a focus on HIV management and care at community health centers. The Bureau of Primary Health Care has developed project officer trainings and tools to increase health center understanding of guidelines and protocols for HIV care and treatment.

- The **National Institutes of Health (NIH)** announced 3 successful groundbreaking studies: 1) the use of a microbicide gel that reduces the risk of HIV infection in HIV-negative women; 2) the use of medications for HIV-negative gay men that prevents HIV infection; and 3) a study that showed that HIV positive individuals who start treatment early are 96% less likely to transmit to their uninfected partners. NIH also established a new research working group on AIDS and Aging to identify new research areas to address increasing neurological, metabolic, cardiovascular and other clinical complications of aging with HIV/AIDS.
- The **Office of Population Affairs (OPA)/Office of Family Planning (OFP)**, with Minority AIDS Initiative funds and Title X appropriations, provides support for targeted on-site HIV prevention services that include routine testing and prevention counseling as part of family planning clinical services.
- The **Substance Abuse and Mental Health Services Administration (SAMHSA)** launched the Minority AIDS Initiative Targeted Capacity Expansion (MAI –TCE): Integrated Behavioral Health/ Primary Care Network Cooperative Agreements (approximately \$14.3 million/up to 12 grantees). The expected outcomes for the program include reducing the impact of behavioral health problems, HIV risk and incidence, and HIV-related health disparities in these areas.

### *Department of Labor (DOL)*

- DOL's **Office of Federal Contract Compliance Programs (OFCCP)** has launched a system for prioritizing and fast-tracking investigations of employment discrimination complaints based on HIV/AIDS status. Such cases will be reported and tracked in OFCCP's Case Management System (CMS). OFCCP has also developed public education materials on employment rights under Section 503 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act with emphasis on HIV/AIDS employment discrimination. These materials have been distributed to OFCCP's field offices and will also be distributed to stakeholders and community groups.

### *Department of Housing and Urban Development (HUD)*

- HUD has conducted extensive stakeholder consultations on options to revise the HOPWA funding formula, to be based on living HIV cases and other pertinent factors. Over 500 comments were obtained through on-site meetings and the *HUD Ideas in Action* website. Analyses and management discussion of various funding formula options to better target HOPWA housing resources to the most impacted communities are ongoing. A legislative proposal will be submitted to Congress by the end of this year to modernize the program and reflect needs associated with current relevant data on persons living with HIV. HUD has also collaborated with DOL and presented best practice models through webinars reaching more than 400 grantee representatives.

### *Department of Justice (DOJ)*

- DOJ continues to solicit and prioritize HIV-discrimination complaints, and currently has 11 active investigations, many opened as a result of active outreach efforts. The **Bureau of Prisons (BOP)** formalized a mechanism to track and ensure accountability of clinical HIV treatment interventions / recommendations, updated and released BOP HIV Clinical Practice Guidelines in June, 2011, and held a Medical Director's webinar update on the new HIV Clinical Practice Guidelines to all BOP clinical team members.

## **2. Making strategic new investments**

Beginning with \$30 million in new HIV prevention investments in July 2010 from the Prevention and Public Health Fund included in the Affordable Care Act, the Administration has supported targeted new investments for priority HIV/AIDS related activities. This included the Enhanced Community HIV Prevention Planning ECHPP initiative, along with expanded investments in HIV surveillance so that all states and local jurisdictions have the capacity to track community viral load, an important tool for monitoring changes in the numbers of new HIV infections. Additionally, we are establishing new programs targeting gay and bisexual men, the population that drives the HIV epidemic in the U.S.. Furthermore, we are continuing critical programs for other high-risk groups including black women and men.

In FY 2011, we were able to increase funding for the AIDS Drug Assistance Program (ADAP) by \$50 million over the FY 2010 enacted level, and we increased HIV prevention funding at CDC by making targeted new investments, despite the agency receiving a significant cut in funding. The Administration was also successful at pushing back on policy riders that would have prevented Federal and DC funds from being used for syringe services programs. The VA also received increased investments in HIV care in FY 2011.

## **3. Making necessary policy changes**

HHS has improved its tracking of HIV spending across Federal agencies on the basis of population factors such as race/ethnicity, gender, and HIV risk factors. This provides a baseline for expanding the targeting of resources to the populations at greatest risk and ensuring that key populations receive resources commensurate with their share of the epidemic.

The Office of the Assistant Secretary for Health has begun restructuring the Secretary's Minority AIDS Initiative Fund to enhance the effectiveness of prevention and care activities for high risk communities. The restructuring included the development of internal, competitive funding announcement with guidance to HHS agencies and staff divisions to align FY 2011 proposal submissions with NHAS priorities. The Fund is also using directed "carve out" funding in the current fiscal year to support five "scale up" projects to serve racial and ethnic minority populations in the 12 Cities Project. The Office is also establishing new metrics so that HHS will be better equipped to monitor the effectiveness of these essential resources.

CDC and HUD have committed to taking steps in 2011 to update funding formulas to award funding on the basis of living HIV/AIDS cases. Previously, funds were allocated using cumulative AIDS cases or historical funding precedents. HUD will develop a legislative proposal before the end of this year to effect this change. On June 30<sup>th</sup>, CDC released their new funding announcement for state and local

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health departments using the new formula beginning in January 2012. This type of change can be challenging as it results in shifts of resources from one location to another. At the same time, it is necessary to ensure that resources are allocated fairly and in proportion to the current burden of HIV, which will help assure that our efforts have the largest impact. CDC established a floor of funding to ensure that all states and territories receive a minimum level of funding. This new funding formula will be phased in over three years.



## Priorities for the Coming Year

The success of the Strategy doesn't lie in the hands of the Federal government alone. One of the most encouraging developments over the last year has been the manner in which the NHAS has served to steer a conversation about HIV in the direction of the strategic steps that individuals, communities and the Nation need to take to achieve the Strategy's goals. In various state and local jurisdictions across the country, agencies have either developed their own Strategy implementation plans, or they have started the process of doing so. Additionally, numerous HIV services and advocacy organizations have held meetings and community dialogues about what the Strategy means for their own communities. These actions are critically important and must continue.

The focus of the next phase of the Strategy implementation must include a renewed emphasis on:

- **Building and strengthening new collaborative partnerships at the state, tribal, and local level**

Part of the reason for the broad support for the Strategy was due to the high level of community engagement in its development. We plan to continue with our community engagement efforts over the coming year. Also, we will seek ways to facilitate and support dialogues that must take place at the state and local level.

- **Bringing new people into the fight against HIV in the United States and building a Community Action Toolkit**

We're empowering communities to implement the Strategy where they are. Through community organizing tools and online resources, everyday people can take ownership of the Strategy and apply it to their local communities.

Implementing the Strategy is a monumental effort. Although many individuals and organizations have committed to making the Strategy's goals real, there is a need to bring in a broader range of community groups and organizations to help re-invigorate the effort. Besides enthusiasm and more 'boots on the ground', bringing in new people will help us create innovative solutions to old problems as well as help us engage broader audiences.

- **Defining common metrics for measuring our progress**

As important as implementation of the Strategy is, it is only good if we know whether what we are implementing is working. A process has begun at the Federal level to identify suitable targets to help us gauge our progress in implementing the Strategy. There are challenges with establishing targets. For instance, should Federal, state and local targets be uniform? Should targets be uniform across low and high prevalence States? These and other issues are being carefully considered and will take time to develop to ensure that our measures are appropriate and available across Federal and local and state levels, as well as most reflective of the goals of the Strategy.

- **Streamlining efforts to minimize administrative burden while ensuring accountability for public resources.**

ONAP plans to work with OMB and our Federal partners to consider new ways to minimize reporting burden for state and local governments and to collect consistent and reliable data across Federal agencies.



## Conclusion

We are grateful to the many community partners, including those living with HIV/AIDS, who are working with us to implement the *National HIV/AIDS Strategy for the United States* and meet the aggressive, but reasonable targets that we established. As we have somberly reflected on the last thirty years of fighting this epidemic in the U.S., we thank all people who remain committed to helping us make the vision of the Strategy a reality.







**The White House Office of National AIDS Policy**

202-456-4533

[AIDSpolicy@who.eop.gov](mailto:AIDSpolicy@who.eop.gov)

[www.whitehouse.gov/onap](http://www.whitehouse.gov/onap)