



Ryan White Grantee Meeting
August 23, 2010

**The Minority AIDS Initiative, The National HIV/AIDS
Strategy &
Other Important Issues**

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New Administration

- Kathleen Sebelius, HHS Secretary
- Bill Corr, Deputy Secretary
- Howard Koh, Assistant Secretary for Health
- Regina Benjamin, Surgeon General
- Jeffrey S. Crowley, Director of Office of National AIDS Policy
- Ronald Valdiserri, Dep. Asst Sec. for Health, Infectious Diseases



Vision Statement

National HIV/AIDS Strategy

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, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.



National HIV/AIDS Strategy

- One of the President's top HIV/AIDS policy priorities is the development and implementation of a NHAS in order to:
 - Reduce HIV incidence
 - Increase access to care & optimize health outcomes
 - Reduce HIV-related health disparities



OHAP also held 5 community discussions in 2009

Memphis, TN - New Orleans, LA - Oklahoma City, OK - Cleveland, OH - Seattle, WA



NHAS Recommendations: What we heard from citizens

- Comprehensive sex education
- Needle exchange programs
- Stigma reduction/ social marketing campaign
- Emphasis on communities of color and MSM
- Eliminate MTCT
- Train/ recruit providers/ researchers that reflect vulnerable communities
- Address co-factors of infection (STIs, mental illness, substance use)
- Provision of healthcare in rural localities
- Invest in vaccine and microbicide research
- Identify additional funds for ADAP
- Scale up behavioral interventions that reduce HIV risk
- Ensure PLWAs receive medical care consistent w/ federal guidelines
- Ensure seamless linkage to care for person who test positive



NHAS Recommendations:

What we heard from communities

- Be bold!
- Structural interventions
 - Housing, housing, housing
- Provide comprehensive sex education to youth
- Focus on MSM/ transgender populations
- Focus on women
- Address stigma
- Behavioral interventions
 - More for specific communities
 - De-emphasize importance
- Domestic PEPFAR in communities of color
- Fund needle exchange
- Make transition back to work easier for PWAs
- Improve HIV/AIDS surveillance
 - API and AI/AN communities
- Address differing grant cycles
- Address rural issues
- Fund ancillary services



Community Feedback Themes

- Increase diagnoses of individuals earlier in their HIV disease and provide immediate access to appropriate care
- Improve availability of HIV-related services in rural areas and U.S. territories
- Increase access to services such as substance abuse treatment, dental care, mental health services, and needle exchange
- Promote free or low-cost HIV testing
- Address structural factors such as housing
- Coordination across federal agencies (e.g. grant reporting)



Community Feedback Themes

- Recognize special needs of women and girls, gay men, the incarcerated, youth, elderly, and transgender populations in prevention and care
- Increase initiatives for sexual and racial/ethnic minorities
- Provide culturally-sensitive and linguistically appropriate services and interventions
- Reduce HIV-related stigma
- Train community leaders, including faith-based leaders, to educate individuals about avoiding HIV risks



Federal HIV/AIDS Interagency Working Group Structure

- Representatives from across the federal government
 - HHS and HHS agencies
 - WH offices
 - DOJ
 - DOL
 - HUD
 - SSA
 - OGAC
- Additional input from other agencies not on working group
- Overarching group
 - Chaired by Jeffrey Crowley
 - Convened every two weeks
 - Alternating face-to-face meetings and meetings by phone
- Subcommittees
 - Co-chaired by agency/ ONAP staff
 - Convened every week
 - Co-chairs report back to overarching group



Federal HIV/AIDS Interagency Working Group of Committees and Missions

- ***Incidence:*** Identify programmatic and policy strategies that will result in reducing incidence of HIV and AIDS.
- ***Access to Care:*** Identify programmatic and policy strategies that will result in increased access to care and optimal health outcomes among people living with HIV/AIDS.
- ***Disparities:*** Identify programmatic and policy strategies that will result in reductions in HIV-related disparities.
- ***Overarching:*** Monitor process across subcommittees; Identify cross-cutting issues; Identify inefficiencies and opportunities for coordinated efforts across agencies.



Implementation Plan

- 150 Day Development Period of Operational Plan →
Approx. 108 days left – December 9, 2010
- OHAP leading HHS coordination and strategic planning
- Coordination and Collaboration among all governmental agencies that address HIV/AIDS



Community Concerns

- Coordination and collaboration
- Funding Formulas
- Budget Revisions
- Programming Goals
- Data Collection and Aggregation
- Streamlining of Application and Reporting Process



The President's Advisory Council on HIV/AIDS (PACHA)

PACHA provides advice, information, and recommendations to the HHS Secretary and the President regarding programs and policies intended to promote effective prevention of HIV, quality health care and to advance research on HIV/AIDS.

ACTIONS

The Charter was amended in 2009

- Helene Gayle to serve as Chair and 25 new members
- 4 committees for the President's HIV policy priorities and international focus
- Expanded role in monitoring NHAS
- www.pacha.gov



MAI Fund

Assessment and Evaluation

FY'2006 – FY'2008

“The main findings showed that three primary activities accounted for 96% of MAI Funding that comprised the following categories: prevention, capacity building, and demonstration and evaluation programs. These three generalized activities are aligned with the mandates of the Minority AIDS Initiative, which required HIV and AIDS prevention programming and the provision of capacity support to implement those programs. “



MAI Fund Strengths #s 1 - 3

1. MAIF programs meets the community where they are.

MAIF programs exist in multiple settings including schools, faith-based organizations, and community-based organizations. The range of settings serves to effectively reach targeted at-risk persons in difficult to reach places. In addition, the based organizations, schools, and service providers fosters collaborations and thus a more comprehensive response to the HIV/AIDS epidemic.

2. MAIF programs address the needs of underserved populations.

The programs aim to connect with the hardest to reach under-served populations in rural areas, border towns, and non-contiguous U.S. territories.

3. MAIF has implemented use of new technologies to expand populations reached.

The MAIF sponsored the development of www.AIDS.gov. The web based portal offers comprehensive HIV/AIDS basic education, Federal resources, and innovative ways to use new media tools such as webcasts, podcasts, texting and Second Life presentations.



MAIF Fund Strengths #s 4 - 6

4. The MAIF encourages individuals to seek information about HIV/AIDS, and how to get tested.

Through social marketing interventions, HIV testing campaigns, and social media tools the MAIF has heightened awareness about the epidemic. .

5. The MAIF expands the number of access points to services.

The MAIF has enhanced service utilization by increasing the number of providers able to work on HIV and AIDS; increasing the number of health care facilities able to provide HIV testing through service integration; conducting HIV testing in non-traditional places; clinical settings and expanding or making services more accessible by ensuring that they are culturally and linguistically relevant to the populations that the programs are meant to serve.

6. The MAIF provides comprehensive capacity building services to CBOs, FBOs and other providers.

The MAIF has sponsored an array of capacity building assistance services addressing the structural and programmatic needs of service providers, i.e. assistance with staff development, client services, grant writing, proposal development, fiscal management, human resources, leadership, and board development. Programmatically, the services have consisted of program management, program evaluation and EBI implementation.



MAIF Fund

Strengths #s 7 & 8

7. The MAIF facilitates collaborations with external and internal partners.

The MAIF has identified, recruited, and engaged major organizations that were not previously involved with HIV and AIDS activities and provides training and technical assistance to old partners.

8. The MAIF fosters service integration.

The MAIF has successfully integrated HIV and AIDS services in places such as substance abuse treatment settings that work with injection drug use, methadone clinics, and family planning clinics. In those locations HIV/AIDS services were delivered in combination with other service such as Hepatitis treatment and substance abuse addiction and family planning.



MAI Fund

Areas for Improvement

- 1. High-Risk Population Service Gaps**
- 2. Partnerships and Collaborations**
- 3. Documentation**
- 4. Program Monitoring and Evaluation**
- 5. Sustainability**



Implications of the NHAS Minority AIDS Initiative (MAI) Fund

- Expectation of increased collaboration and coordination
- Standardizing collection of data around HIV testing and training of clinical staff
- Responsive to the goals and health outcomes of the NHAS, especially reducing HIV-related health disparities
- Responsive to the NHAS priority populations at high-risk, including gay and bisexual men, Blacks, Latinos, and substance users
- Innovative, new, different, transformative, transferable



Other Accomplishments to Date

- Affordable Care Act
- Lifting of the travel and immigration bans
- Lifting the Federal funding restriction for needle and syringe exchange
- NIH release of the revised HIV Treatment Guidelines



HIV Travel Ban

- Ban has been lifted and took effect Jan 1, 2010
- Overturned the travel ban by removing HIV from the list of communicable diseases that make visitors ineligible for entry into the U.S.
- Implication for having a future HIV/AIDS international conference in the states.



Current Issues in Prevention

- **Test and Treat**
 - Universal Voluntary Testing and Treatment
 - Maintaining Undetectable Viral Load
- **Pre-Exposure Prophylaxis (PrEP)**
- **Serosorting**
- **Male Circumcision**
- **Microbicides**
- **Structural Interventions**



Needle and Syringe Exchange

- Ban Lifted On Federal Funding For Needle Exchange in Dec 2009
 - HR 179, the Community AIDS and Hepatitis Prevention (CAHP) Act of 2009
- 1,000-foot barrier between exchange sites and schools and other places where children congregate, a restriction that would have effectively shut down most of the country's 200 existing programs
- The end of the federal ban on funding does not guarantee additional money for needle exchange programs, but does reinforce that clean needles are effective means of harm reduction.



Voluntary “Test and Treat” Concept

THE LANCET

Available online November 27, 2008

Universal Voluntary HIV Testing with Immediate Antiretroviral Therapy as a Strategy for Elimination of HIV Transmission: a Mathematical Model

RM Granich et al.

- **Model indicates that universal and annual voluntary HIV testing followed by immediate antiretroviral therapy treatment (irrespective of clinical stage or CD4 count) could reduce new HIV cases by 95% within 10 years**
- **Concerns: feasibility, protection of individual rights, drug resistance, toxicity, financing**

Test and Treat → TLC+

- Universal Voluntary Testing and Treatment
- Maintaining Undetectable Viral Load
- HPTN 065 - Piloting in DC and Bronx
- Supportive services are also important for care delivery

- **Undetectable viral load indicates that levels of HIV in the blood are very low and that transmission is less likely, yet viral load can change rapidly due to treatment failure.**

- Variables of influence:
 - Benefit to individual
 - Cost-effectiveness to society
 - Increased behavioral disinhibition
 - Drug resistance
 - Higher frequency of transmission during acute HIV infection



Pre-Exposure Prophylaxis (PrEP)

- For every 2 people who begin treatment for HIV infection globally, 5 others become newly infected.
- Prevention strategy - give antiretroviral drug regimens to people who are at high risk
- Critical Questions:
 - Could PrEP cut the lifetime risk of HIV infection?
 - Would PrEP be cost-effective?
 - How does efficacy differ based on population age, risk behaviors, general rates of HIV?
 - Will drug resistance develop?
 - Will there be a detrimental impact on behavior? Increase in risk?
 - Will adherence and acceptability be substantial?



Serosorting

- Harm reduction strategy based on beliefs about one's own and partner's HIV status when a person **chooses a sexual partner based on their HIV serostatus**, and usually known to be of the same HIV serostatus, often to engage in unprotected sex, in order to reduce the risk of acquiring or transmitting HIV.
- Increasing in recent years, especially among younger men
 - Atlanta study found **1 in 3 men reported serosorting**
- **Increases risk** if knowledge of HIV status is incorrect or **inaccurately disclosed**
 - 48% of HIV+ MSM in NHBS did not know they were infected
 - Unprotected receptive anal sex with a partner believed to be HIV-negative associated with 22% of attributable risk for HIV seroconversion

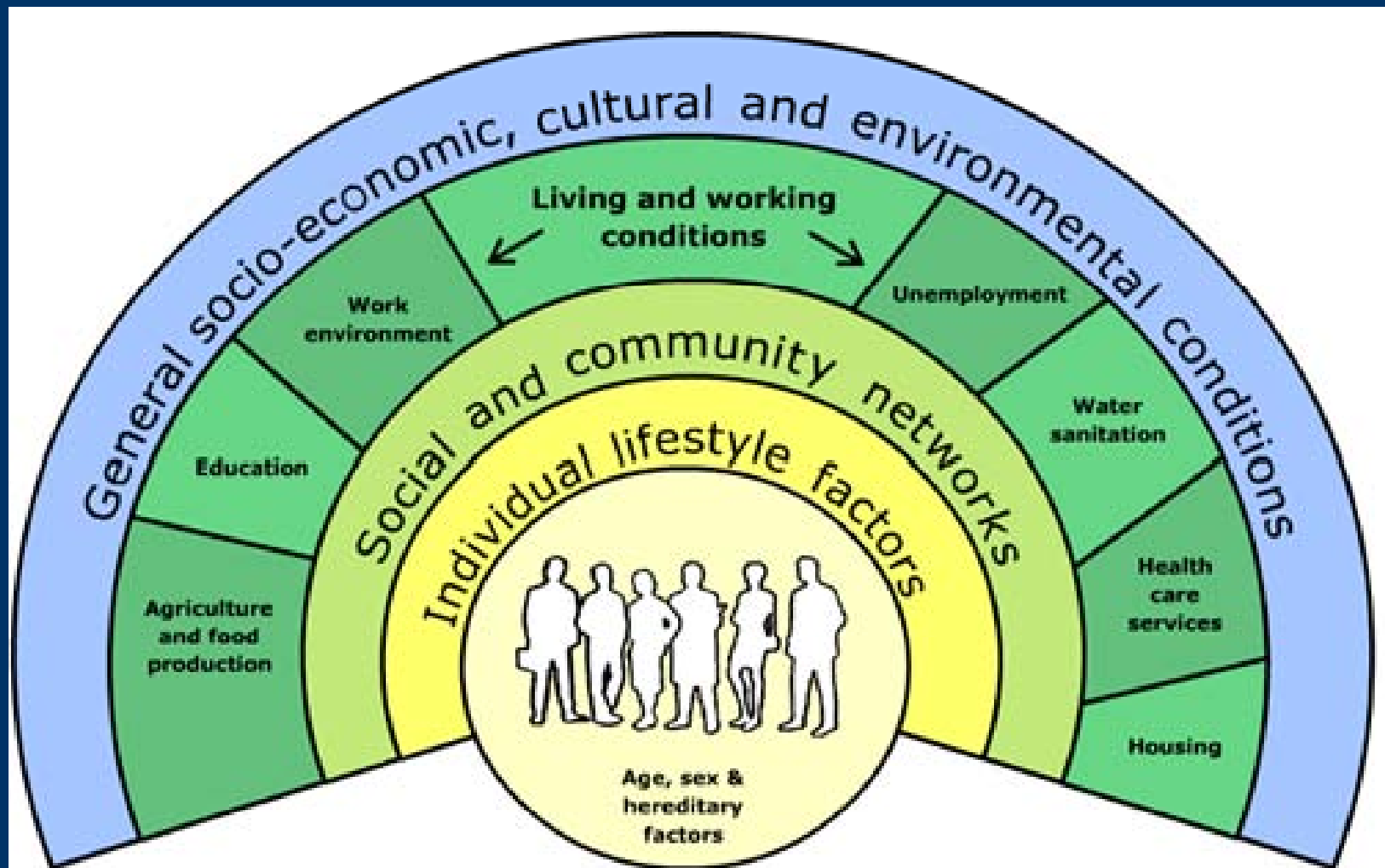


Male Circumcision and HIV

- Male circumcision has been associated with a lower risk for HIV infection in international observational studies.
- However, limited data in the U.S.
 - 1st MSM study - lack of circumcision was associated with a 2-fold increase in the odds of prevalent HIV infection and risk in for HIV seroconversion
 - 2nd MSM study - STD clinic records for African American men, showed circumcision was not associated with HIV status overall, but among men with known HIV exposure, circumcision was associated with a statistically significant 58% reduction in risk for HIV infection



Social Determinants of Health & Structural Interventions



AIDS.gov and New Media

The screenshot shows the AIDS.gov website with a navigation menu on the left, a main content area with a featured article and event listings, and a right sidebar with search and news sections.

AIDS.gov Access to U.S. Government HIV/AIDS Information

Navigation menu (left): AIDS.gov Home, News and Events, Basic HIV/AIDS Information, Testing, Prevention and Education, Treatment and Care, Research, Funding Opportunities, Populations, Agencies and Programs, Frequent Questions, Other HIV/AIDS Resources

Search bar: AIDS.gov All Federal Web Sites search

Change text size: A A

Find an HIV Test Site
enter ZIP code go

Current News
May 28: HHS Invites HPLS Registrants to Session on HIV/AIDS Awareness Days (PDF - 127 KB)
May 20: HIAID to Advance B-Cell Approach to HIV Vaccines.
View More News >>

Fact Sheets
Postcards

Blog **Podcasts** **RSS Feed**

HEV/AIDS information from the Federal government about prevention, testing, treatment, research, programs, policies, and resources.

June 8, 2008
National Caribbean American HIV/AIDS Awareness Day

June 27, 2008
National HIV Testing Day
View More Events >>

Making a difference together in the fight against AIDS.

HIV/AIDS 101
Did you know? In 2005, 53% of all new HIV/AIDS cases were among men who have sex with men (MSM)?
HIV/AIDS 101

Conversations
Richard Klein, FDA
The FDA reviews and provides oversight in areas related to drugs, biologics and medical devices.
View All Conversations

Video Podcasts
National Women and Girls HIV/AIDS Awareness Day Podcast
View the Video
View All Video Podcasts

Know your HIV status?
Text: Your Zip Code To: KnowIt or 56948 To find HIV Test Centers near you.
www.hivtest.org



New Media Tools



Blog

Our weekly blog posts (also available as audio podcasts) highlight programs using new media in response to HIV.



Photo Sharing Sites

We use photo sharing sites such as Flickr for HIV events such as World AIDS Day.



Podcasts

We capture conversations with Federal and community partners on topics affecting the lives of people living with, affected by, or at risk for HIV.



RSS feeds

AIDS.gov visitors can subscribe to receive automatic news and blog updates.



Social Network Sites

We share information/connect with the public health community and people living with, affected by, or at risk for HIV, on MySpace, our Facebook Fan Page, Daily Strength, PatientsLikeMe, and others.



Text Messaging

We link mobile phone users to local HIV testing centers by inviting them to send text messages with their ZIP codes to "KNOWIT" (566948)—a partnership with the Kaiser Family Foundation and the CDC.



Twitter

We post daily "tweets" (updates), limited to 140 characters, about AIDS.gov and other Federal HIV information, national HIV awareness days, and new media resources and events.



Virtual Worlds

We collaborate with the National Library of Medicine and people living with HIV to provide HIV information in Second Life, a computer-based, virtual world.



Webinars/ Webcasts

We host online "events" about topics such as HIV testing, web accessibility for people with disabilities (Section 508), and new media use among underserved communities.



Widgets

We use widgets to promote HIV testing story videos and other information.



Wikis

We use wikis to collaborate internally on documents with multiple contributors, such as our AIDS.gov blog posts.



Video Sharing Sites

We use video sharing sites such as YouTube and iYou to share HIV information and messages.



“ We need to be able to talk about HIV as we talk about jobs, as we talk about housing, as we talk about civil rights. We all have responsibility to break the silence about this disease.”

Dr. Dorothy Height, Chair and President Emerita, National Council of Negro Women, *Civil Rights Icon*



OHAP Listening Session

National HIV/AIDS Strategy

Tuesday, August 24, 6:45pm – 7:45 pm

Marriott Ballroom

- *Speaker(s)*

Christopher Bates, MPA

Timothy Harrison, PhD

Lauren Broussard LGSW, MPH

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

Thank You!!

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