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DEMANDING A NATIONAL AIDS STRATEGY

Taking Action

By Julie Davids

After years of neglect of domestic HIV issues by the Bush Administration, the AIDS community was eager to spring into action during the transition to the Obama/Biden Administration.

CHAMP was honored to be one of the organizers of the November 20, 2008 rally in Washington DC known as “100 Days to Fight AIDS.” The action highlighted [domestic and global policies](#) that should be early priorities for the new leadership.

We have served on the Federal AIDS Policy Partnership (FAPP) Transition Working Group. We also assisted in the creation of a binder of [Recommendations for the Presidential Transition Team](#), coordinated by AIDS Action, that outlines specific actions that the new Administration should take to address the domestic epidemic.

We joined about 100 other activists and advocates on a teleconference with three transition team members, in which CHAMP organizer Waheedah Shabazz-El asked for action on access to condoms and prevention education in the Federal prisons. An audio file of the entire call is available [here](#).

With the FAPP Transition Working Group, we collaborated on a [letter](#) outlining “structural issues that have been part of the problem in addressing the epidemic and to provide our collective



Photos by Kaytee Riek.

recommendations for consideration as your Administration develops its HIV/AIDS agenda including the creation of a National AIDS Strategy (NAS).”

Among these recommendations are the restoration of a high level office with direct participation in White House budgetary and policy priority setting functions, including significant restructuring of the current Office of National AIDS Policy (ONAP), preferably under the purview of the Domestic Policy Council and with the scope of leadership and authority to be developed along the lines of the process followed in the implementation of the

Office of the Global AIDS Coordinator. This revitalized office would:

- Have the lead coordination role over the development and implementation of the NAS, and possess coordination and budgetary authority across all relevant departments and agencies within the federal government.
- Be led by a person with a deep understanding of HIV/AIDS as a disease, the economic and social determinants that impact HIV beyond the current funding silos, and a proven track record of working effectively with the most severely impacted communities. This person would work with a comprehensive and functional team operating with transparency.

Given current fiscal constraints, the FAPP letter recognizes that Congress has included in its FY09 appropriations bill \$1.4 million for development and implementation of the NAS. The letter also recommends, however, that advisory bodies currently engaged in HIV/AIDS related matters should be reviewed for function, community accountability, and utility. It also encourages the team to consider restructuring or combining current bodies, including the President's Advisory Committee on HIV/AIDS (PACHA), and the CDC/HRSA Advisory Committee on HIV/AIDS and STD Prevention and Treatment (CHAC), and to assess the need across all agencies for other potentially duplicative advisory bodies.

Lastly, the letter strongly recommends that any new or restructured federal HIV/AIDS advisory bodies include people living with HIV, representatives of disproportionately affected populations, and individuals representing the regional and geographic diversity of HIV disease throughout the nation.

(We do feel it is important to note, however, that the Coalition for a National AIDS Strategy is asking for the NAS be developed by a fully collaborative government/stakeholder panel *not* a traditional Federal advisory body like PACHA. Thus, it must include leaders from all government agencies engaged in the response to AIDS, along with stakeholders from provider and advocacy groups, academia, and people living with and at risk for HIV/AIDS.)

In some ways, CHAMP was a child of the Bush era. We were an organization founded to combat that administration's concerted attacks on science and prevention. We worked across the AIDS sector to demand that policies not only move past the mean-spirited ideology of the administration but also push further than they ever have in tackling HIV as the consequences of social and economic injustice.

Now, we are prepared to press forward ambitiously, even as hope for change is tempered by the realities of worldwide economic crisis. The policies needed to put our country on sound footing – whether they be jobs creation, housing access or health care for all – are core HIV/AIDS issues. Our community must be prepared to engage in these debates even as we develop new strategies for bringing HIV prevention, treatment and care to everyone in need.

The potential of a more conducive political environment brings opportunities and challenges for fundamental reform. We look forward to working with our allies to move beyond vested interests and historical impediments toward a comprehensive national AIDS strategy that can shift paradigms and save lives.

Creating a National AIDS Strategy with Impact

By Chris Collins

The campaign to create a National AIDS Strategy (NAS) for the United States has been a remarkable success so far. In the last year and a half, the concept has won support from hundreds of organizations and over a thousand individuals. They all endorsed a Call To Action demanding a more coordinated, accountable, and results-oriented response to AIDS in our country. On World AIDS Day, the President-Elect recommitted to developing and beginning to implement a Strategy consistent with these core principles within his first year in office.

The NAS has become the centerpiece of a growing effort to bring attention to the AIDS epidemic at home; but what the Strategy actually accomplishes depends on what comes next from the new Administration and, even more, from us – the communities most directly affected by HIV/AIDS. We've been down this road before, creating well-intentioned plans full of good ideas that do little more than gather dust. If this NAS is going to have real impact, it will have to be different from the planning efforts of the past.

How?

First, this Strategy needs to focus the federal government and all of us squarely on the bottom line – improving outcomes in such areas as reducing HIV incidence, increasing access to care and treatment, and reducing racial disparities. Everyone engaged in the response to AIDS is already working for better outcomes, but in many ways the systems we've established don't do enough to measure results effectively, encourage us to assess what is working, or ask how to have

broader impact. Even if an NAS does nothing more than challenge us to continually examine our programming and policy in terms of how it will lead to better outcomes then it will have done something good.

For example, on the issue of treatment access, an NAS would likely promote increased resources for programs like ADAP, but it would also drive us to better understand the bigger issue – why 50% of people living with HIV/AIDS aren't in care. Using that knowledge, an NAS would then lay out steps to deliver a coordinated set of interventions, including ADAP, to increase the percentage of people with access to care. On prevention, an NAS would not only call for more good behavioral interventions but also for bringing the best interventions to a scale where they can have true population impact on reducing incidence. This would also include looking beyond behavioral interventions to structural and network-level approaches to prevention; for example, by improving housing as one strategy to reduce vulnerability to HIV and other health problems.

Second, an effective NAS has to begin with the acknowledgement that simply doing more of the same will not get us the results we need. The domestic AIDS response has been flat funded, or received decreased funding, for years. Resources need to increase, and evidence-based policies must be implemented. But more money and a few improved policies are insufficient to the challenge. Domestic HIV/AIDS programming is largely uncoordinated, unaccountable and limping along without a comprehensive strategic plan driven by clearly defined goals. It's time to step back, take a systematic look at the federal response, and identify concrete ways to make it more effective.

Third, the NAS should be an operational tool for the federal government rather than merely a list of recommendations. It has to help all those engaged in the effort set priorities and identify opportunities to have maximum impact. A Strategy that devolves into a laundry list of all the things we could do with limitless resources won't accomplish anything. Instead, the NAS should serve as a roadmap for the federal government, working with state and local, private and public organizations, to achieve a more effective effort. The office leading implementation of the NAS should eventually have some level of oversight (and perhaps even budget) authority to successfully promote strategic coordination and use of resources across agencies.

Fourth, the Strategy has to bring far more accountability and transparency to the system. The NAS should set a few ambitious but achievable targets for reducing incidence, increasing access to care, and reducing racial disparities. And it should require an annual report on progress towards these goals. The NAS needs to set timelines and assign responsibility for follow up on all of its major action items. When we fail to meet our targets, we must be ready to ask difficult questions about what can be improved. To make such an accountability system work, we'll need to build better information systems to track incidence and understand barriers to care utilization. We'll need to have readier access to information about how the government spends AIDS funding too. The website for the Global Fund to Fight AIDS, Malaria and TB (www.theglobalfund.org) provides a wealth of data on funding sources, allocations, and governance. Why can't we have the same level of access to information about publicly funded programming in the domestic AIDS response?

Finally, an effective NAS will require decisive Presidential leadership along with buy-in from a range of stakeholders. Only the President can enforce a clear directive that the federal response must be truly coordinated, accountable and results-oriented. Only when advocates are engaged in a credible NAS process will we be able to use it to hold the government accountable.

This means that the people appointed by the President to the NAS Planning Panel will need to include leaders from all government agencies engaged in the response to AIDS along with stakeholders from provider and advocacy groups, academia, and people living with and at risk for HIV/AIDS. President Obama should ask panel members to take their institutional hats off and work collaboratively to construct a better prevention and care effort (this is true for those outside of government, but also for government employees on the panel who should be asked for their "professional judgment" rather than their agency's judgment). If the individuals on the NAS panel only represent the narrow interests of their agencies, it will be the death of an effective Strategy.

NAS panel members will have a challenging job ahead of them. They'll need to diagnose what is not working optimally in the domestic AIDS response and chart a course for improvement. They'll need to be willing to say when an agency's programming needs reorganization, current approaches are outdated or not based in evidence, or contracts and funding streams don't have sufficient evaluation and incentive structures. In other words, the NAS panel will need to be willing to think beyond half measures and quick fixes.

The panel's work might start by identifying the questions that need to be asked. These include:

- What are ambitious but reasonable targets for reducing incidence, increasing care access, and reducing racial disparities – and what will it cost to achieve these targets?
- What laws, policies, and program management practices need to be changed to create a more accountable and effective HIV prevention and care system?
- How should the federal response be structured and managed to optimize strategic coordination and use of resources across government agencies?
- How can federal agencies best promote delivery of large scale, coordinated and strategic prevention campaigns in the highest incidence areas? For example, how can federal agencies work with state and local groups to devise “proof of concept” pilots of intensive “combination prevention” packages that include HIV testing and screening, HIV treatment, STI and other medical care, and targeted behavioral and social interventions?
- How can we better track HIV care utilization and barriers to care access, and then address those barriers effectively?
- What prevention intervention research is most urgently needed from CDC and NIH to reduce transmission among groups at elevated risk, including young African American gay men/MSM and women?
- Where should HIV/AIDS services be more fully integrated into general health delivery systems?

- What are the most effective ways to ensure access to and delivery of appropriate and comprehensive HIV care and treatment in the United States in the context of general health care reform?

If we do this right, it's going to be challenging because an effective NAS will require doing business differently. The NAS process should focus all of us on improving outcomes rather than simply expanding programs – on finding evidence-based solutions rather than arguing about ideology. A successful NAS process will force us to ask tough questions about funding and priorities, it will insist that all responders work collaboratively toward common goals, and it will ensure that we hold ourselves accountable for concrete results. The ultimate goal is not creating an official plan on paper but establishing a sustained process of learning what works, refining efforts, and steadily improving outcomes.

A recent review of US government strategic planning efforts¹ over the last few years concluded that some of these efforts were successful, some less so. The process of developing a strategic plan in some cases appears to have been the most valuable aspect of the effort: “it creates a dialogue among stakeholders around developing a common direction...” A National AIDS Strategy that engenders such a dialogue, then backs it up with greater transparency and accountability, could represent a major step forward in the domestic response to AIDS. As such, the Strategy is wholly consistent to the new

¹ Kamensky, JM, Making Big Plans: Bush Expands use of “National Strategies,” IBM Center for The Business of Government, www.businessofgovernment.org/about/leadership/102006.asp, accessed December 22, 2008

Administration's investment in health reform, and is a critically important opportunity to demonstrate commitment

around fresh approaches to management of our public health resources.

Chris Collins is a consultant in health policy and communications. He is the author of Improving Outcomes: Blueprint for a National AIDS Plan for the United States, published by the Open Society Institute in 2007. Chris helps coordinate the work of the Coalition for a National AIDS Strategy.

Get Involved In The NAS Process!

Sign the Call to Action for an NAS and find out more about the effort at www.nationalaidsstrategy.org. Learn about and consider joining one of the NAS Working Groups (Communications, Political, Allied Stakeholders, and Community Mobilization) by clicking "Get Involved" on the website. Write info@nationalaidsstrategy.org to receive regular updates and get information about monthly conference calls.

Traveler's Notes: AIDS Advocacy in the Age of Obama

By David Munar

Sometimes you do your best thinking on the beach.

So it was a week after the election as I retreated from the 24-hour news cycle to relax with family in Cartagena, Colombia.

Known as the Heroic City, Cartagena readied for its annual independence parades and festivals as I arrived. The laid-back rhythms of this Caribbean colonial port helped soothe my accumulated stress. On a healthy diet of seafood and sun, I gained a renewed perspective about the significance of this transformative period in American history.

"Is he as impressive as he seems?" I was asked frequently. In this predominately multi-racial society where racism nonetheless prevails, President-elect Barack Obama inspires both a sense of

pride and enormous awe in the resiliency of the American spirit.

For those of us affected by HIV/AIDS, Obama's ambitious AIDS plan portends a better future. Could our aspirations be dashed, however, under the weight of AIDS complacency and competing priorities?

AIDS advocates have good reason to be cautious. As the U.S. deployed unprecedented assistance to combat the global HIV/AIDS pandemic, the Administration of President George W. Bush blocked lifesaving and science-based HIV prevention, divested from community-based HIV organizations, and allowed the domestic epidemic to grow without a commensurate expansion in services.

The global AIDS response, while commendable, nonetheless neglected proven harm reduction approaches, undermined access to condoms and family planning, and failed to empower

women, girls, and gay/bisexual men in the fight against HIV/AIDS.

I harbor resentment that no amount of caravans, protests, facts, or organizing succeeded in dampening the Bush Administration's (and its allies') powerful and ideologically based resistance to sound HIV/AIDS policies.

After these past eight years, I'm practically programmed to be disappointed.

So I gathered with my mix of emotions – and North American newspapers – in the quiet moments of my Colombian vacation to recalibrate my thinking about our movement's next strategies and approaches.

No doubt, our advocacy must continue. In these difficult economic times, more not less HIV/AIDS community mobilization is warranted.

But with Barack Obama at the helm, a new dance begins in which the subject of our requests is at least an interested participant. Like the courtship dances that celebrate Colombia's rich folklore, so must we finesse a new engagement with the executive branch that balances pressure with persuasion.

Like any good partner, AIDS advocates will need to be attuned listeners. As Obama prepares to assume power, the first priorities he plans to address are of deep importance to our constituents. Plans to reverse the slumping economy, create new jobs, stabilize housing markets, and fix the nation's fragmented healthcare system run to the core of structural forces exacerbating HIV/AIDS in the U.S.

Economic recovery policies must help improve the lives of people in poverty and those struggling against housing

instability/homelessness, hunger, substance use, and mass incarcerations – all factors contributing to HIV transmission and poor health outcomes among HIV positive people.

A living wage for all – including those disabled by HIV/AIDS – promotes dignity and worth, qualities necessary to help individuals get back on their feet. Without fundamental healthcare reform, greater progress preventing, diagnosing, and treating HIV simply cannot be achieved.

We must work hard to insert ourselves into the public and political discourse framing these issues and make sure decision-makers understand the important implications to the fight against HIV/AIDS. And, to pick up another dancing metaphor, we must prepare to lead and not just follow.

Top legislative priorities must include efforts to expand needle exchange (and the entire HIV prevention portfolio, in fact), achieve HIV-specific Medicare and Medicaid reforms, and increase appropriations for domestic and global AIDS programs. We must set ambitious goals and hold members of Congress and the White House accountable for moving our agenda forward.

Efforts to develop a National AIDS Strategy, a top Obama priority, must begin immediately, with the President-elect naming a diverse group of federal officials, HIV experts, and community representatives – inclusive of people openly living with HIV/AIDS – to a federal panel charged with writing the plan. The process should set ambitious goals in HIV prevention, care, research, and civil/human rights protections and detail specific activities and accountability mechanisms to actually achieve them.

Finally, the theme of *change* is one I hope AIDS community leaders embrace. Nearly 30 years into the HIV/AIDS epidemic, it's time for us to look critically at our movement's institutions and structures and devise ways to gain greater efficiency, coordination, and impact.

It's not enough to ask federal departments and agencies to adopt new, results-oriented approaches and greater coordination if we ourselves cannot strive to do the same. Barack Obama's impressive use of online organizing and disciplined messaging were instrumental to

his electoral success. While dozens of AIDS organizations have varying degrees of online organizing capacity, the lack of coordination (and adequate coverage in every state) too often contributes to a cacophony of messages and messengers that depletes our national impact and effectiveness.

For AIDS advocacy at home and abroad, commitments to shepherd in *change and hope* are exactly what we need. We have a big agenda ahead and it's time to get started: *puyá el burro* – as they say.

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HHSWatch, a watchdog newsletter from CHAMP, monitors and reports on activities related to HIV prevention at Health and Human Services agencies, including CDC, NIH, HRSA and SAMHSA.

HHSWatch is a resource for community members, policy advocates, researchers and anyone interested in more fully understanding and tracking the committees, panels and administrators whose recommendations and decisions affect our work.

HHSWatch is committed to providing an outlet for those concerned about infringements upon science-based HIV prevention and treatment, and will respect your wishes for confidentiality. If you are interested in contributing information or suggesting a story, please contact champ@champnetwork.org.



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