

Dear President-Elect Obama,

The HIV/AIDS community of advocates and supporters are excited about your commitment to focus on the domestic epidemic. For too many years, the HIV/AIDS epidemic here at home has been neglected, given inadequate and diminishing resources, and reflected fundamentally broken systems that have failed to convey the public health emergency that the epidemic represents in this country, particularly for those communities disproportionately affected by the disease such as gay and bisexual men of all races, women and people of color.

The undersigned organizations write now to address some structural issues that have been part of the problem in addressing the epidemic and to provide our collective recommendations for consideration as your Administration develops its HIV/AIDS agenda including the creation of a National AIDS Strategy (NAS).

First, the restoration of a high level office with direct participation in White House budgetary and policy priority setting functions is required. Over the past eight years, too much authority for leadership on domestic HIV/AIDS has devolved from top levels of leadership in the Executive Branch. We propose significant restructuring of the current Office of National AIDS Policy (ONAP) which has been without a director for at least the last three years. It is preferable that this office remain under the purview of the Domestic Policy Council, that it have the lead coordination role over the development and implementation of the NAS, and moreover, that the leader of this revitalized office possess coordination and budgetary authority across all relevant departments and agencies within the federal government. We strongly request that this office be led by a person who has 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 in working with the most severely impacted communities. In turn, this person must have a comprehensive and functional team operating with transparency which, of course, will in turn require financial resources. The scope of leadership and authority that must be present in this revitalized high level office should be developed along the lines of the process followed in the implementation of the Office of the Global AIDS Coordinator. However we would encourage you to invest the office with full authority prior to any potential recommendations that may come from the National AIDS Strategy planning process requiring legislative action.

Second, on the resource question, we understand the fiscal constraints under which you are coming into office and the manner in which this may affect staffing within your own Administration. With regard to the National AIDS Strategy, as you know, the Congress has included in its FY'09 appropriations bill \$1.4 million for development and implementation. In addition, there are several advisory bodies currently engaged in HIV/AIDS related matters that should be reviewed for function, community accountability, and utility. For example, we encourage you 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. By doing so, we believe resources could be identified to support the new high level leadership structure that is needed. We also strongly recommend that any new or restructured federal HIV/AIDS advisory bodies include as members people living with HIV, representatives of disproportionately affected populations and individuals representing the regional and geographic diversity of HIV disease throughout the nation.

Finally, we applaud your early support for a National AIDS Strategy. We believe that there are many implementation improvements in the short term found in the “*AIDS in America 100 Days Recommendations*” and other HIV/AIDS transition documents you have received from the community that will provide much needed regulatory relief and system improvements as the larger systemic assessments required for the National AIDS Strategy move forward. The NAS, with broad governmental and community input, must also be tasked with determining the actual structures and authorities that will be needed to reach the nation’s long-term goal of ensuring equitable access to prevention, treatment, support, and care in order to reduce HIV prevalence and end the epidemic. We stand committed, excited and ready to work with the new Administration towards this end.

Please do not hesitate to contact any of the Co-Chairs of the Federal AIDS Policy Partnership (FAPP), Paul Kawata at [pkawata@nmac.org](mailto:pkawata@nmac.org), Julie Scofield at [jscotland@nastad.com](mailto:jscotland@nastad.com) and William Smith at [wsmith@siecus.org](mailto:wsmith@siecus.org), to discuss this further.