



September 3, 2021

Harold J. Phillips
Office of National AIDS Policy
The White House
1600 Pennsylvania Ave, NW
Washington, DC 20500

Dear Mr. Phillips:

On behalf of the Federal AIDS Policy Partnership (FAPP), a national coalition of local, regional, and national organizations advocating for federal legislation and policy seeking to ultimately end the HIV epidemic in the United States, we are submitting the following comments on the HIV National Strategic Plan: A Roadmap to End the HIV Epidemic (2021-2025) (HIV Plan). FAPP applauds the federal government for the ambitious goal to end the HIV epidemic. We have the tools to substantially reduce HIV incidence in the United States but realizing that ambitious goal will take commitment and investment from all levels of government in coordination with community partners and stakeholders. Additionally, local culturally-responsive providers are necessary to ensure that deployed resources are equitably distributed to their patient population.

Achieving the goals of the HIV Plan will require centering racial equity through intentional work to dismantle white supremacy and systemic racism. There must be coordinated leadership from the White House and its executive agencies, as well as funding that directly addresses the underlying structural inequities and bolsters our insufficient public health infrastructure.

We have the tools to end the HIV epidemic, but those tools must be fully available to and focused within communities and subpopulations most impacted by HIV. The disproportionate impact of HIV on racial/ethnic minorities must be acknowledged. These

disparities are rooted in centuries of discrimination and persistent structural inequities in health care, housing, economic opportunity, and education. Racism is a public health issue, and until the structure of discrimination is corrected, disparities in health outcomes for Black, Indigenous, and People of Color (BIPOC) communities will persist. President Biden has promised to address structural racism in the U.S.; addressing HIV disparities within BIPOC communities by enacting federal policies to increase health equity, reduce barriers to healthcare access, and address syndemics such as sexually transmitted infections (STIs), viral hepatitis, tuberculosis (TB), housing stability, and substance use are integral to accomplishing that goal and the goals of the HIV Plan.

Biomedical treatment and prevention alone will not end the U.S. HIV epidemic. The complex, structural and societal factors that are responsible for most health disparities – the social determinants of health – must be addressed in tandem. The HIV epidemic in the U.S. continues to disproportionately impact communities subject to severe economic and social inequities like inadequate access to health care, behavioral health challenges, lack of employment and educational opportunities, food insecurity, housing instability, limited transportation infrastructure, HIV criminalization, the burden of disproportionate incarceration, barriers to prevention and health care for new immigrants, and more. To compound matters, each category of disparity is magnified through the lenses of racism, homophobia, transphobia, and associated forms of discrimination and HIV-related stigma. These structural and societal factors must be a primary focus for all federal HIV initiatives and programs, including the HIV Plan.

FAPP is committed to the four goals of the HIV Plan: prevent new infections, improve HIV-related health outcomes for people living with HIV (PLHIV), reduce HIV-related disparities and health inequities, and achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders. The success of the HIV Plan not only rests on our achievement of the goals, but also in our ability to firmly elevate and enable strong stigma-free, whole health policies that are interconnected to the HIV Plan.

1. How can the updated plan/strategy best enhance the focus on addressing social determinants of health that impact HIV transmission, prevention, and overall health outcomes?

Effectively addressing the social determinants of health is key to advancing community health outcomes and public health. For many persons living with or vulnerable to acquisition of HIV, successful prevention and care requires culturally responsive services to address these barriers, and evidence demonstrates that interventions to ensure adequate housing, food, employment, transportation, and other critical enablers of health care are both essential and cost-effective. In fact, without them, the best biomedical treatment will be ineffective.

FAPP is supportive of the syndemics approach highlighted in the HIV plan. Additionally, the plan is comprehensive, data-to-care focused, well-organized, and includes a strong discussion of social determinants of health and stigma.

FAPP remains committed to the vision of the HIV Plan that “the United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment and lives free from stigma and discrimination. This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.”

FAPP applauds the Department of Health and Human Services (HHS) for including “racism, stigma, and discrimination” as contributors to health disparities, and the discussion of the impact of systematic racism on health outcomes. FAPP encourages setting out these issues more explicitly and earlier on in the plan as significant and intersecting public health crises. FAPP also strongly supports the inclusion of people with lived experience with HIV and their engagement in local, state, and national HIV planning.

We are pleased to see the inclusion of school-based comprehensive sexual health education as a critical part of HIV prevention. We believe that adolescents should be empowered with non-stigmatizing, complete, accurate, and evidence-based information about healthy relationships. These educational programs must address relationships beyond heterosexual marriage, and include information tailored to gay, lesbian, bisexual, intersex, asexual, queer, and questioning youth. In addition, this education should include information for gender non-conforming individuals, including transgender people.

We are supportive of the inclusion of the language “the HIV National Strategic Plan recognizes that trauma is part of the syndemics and that better understanding of the connection between past and present trauma is critical to improving health outcomes in certain communities.” In particular, Strategy 3.4.6 (Develop new and scale up effective, evidence-based or evidence-informed interventions that address intersecting factors of HIV, trauma and violence, and gender especially among cis- and transgender women and gay and bisexual men) is vital as it directly addresses trauma.

Strategy 3.1.1, which addresses the impact of HIV criminalization laws on people living with HIV, is a welcome addition to the National HIV Plan. In addition, FAPP hopes that the federal government can address policies that stigmatize people living with or vulnerable to acquisition of HIV. As part of the federal implementation plan, the Departments of Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, Homeland Security, Housing and Urban Development, Interior, Justice, Labor, State, Transportation, Treasury, and Veterans Affairs should provide a report on potentially stigmatizing policies for people living with or vulnerable to HIV, with an accompanying action plan for change.

FAPP appreciates the recognition of the impact of the COVID-19 Pandemic on the HIV epidemic. FAPP encourages the continued use of innovative testing and treatment practices that allow access to more people including the integration of telehealth and telemedicine into one’s healthcare plan. In addition, FAPP is very concerned about the long-term impacts of the pandemic on HIV programs. Whether through increased strain on programs due to the economic downturn, shifts in health department and healthcare work forces, and mistrust in evidence-based medical interventions, HIV programs will face increased adversity for quite some time. Increased federal investment in HIV programs and in the HIV workforce will be necessary.

2. Recommendations on how the Administration’s priorities could be better reflected in the Strategy by modifying or adding to the objectives and strategies in the existing HIV Plan.

To end the HIV epidemic and achieve the goals of the HIV Plan, the federal government agencies must work together. It is critical that federal agencies, including the

Departments of Defense, Education, Housing and Urban Development, Justice, Labor, and Veterans Affairs, are coordinating efforts to end the HIV epidemic and achieve these goals. Though the draft plan mentions these agencies, there is little specificity in how engagement will be prioritized in new and innovative ways, particularly since many of these agencies have not been involved in the current efforts to implement the National HIV/AIDS Strategy. It is also critical that the Centers for Medicare and Medicaid Services play a far more active role in ensuring that Medicaid, Medicare, and private insurance are accountable for ensuring access to comprehensive prevention, care, and treatment. As jurisdictions grapple with a growing economic recession, the role of Medicaid is crucial to ensure that people living with HIV do not fall out of care. We have an important opportunity to reimagine the role of Medicaid in broader HIV goals and initiatives and it is important that their role be articulated more clearly in the HIV plan.

Each agency should set goals and a specific framework for achievement, with regular updates to the public. In addition, we support a federal implementation plan that reaches across the federal government. FAPP supports a Federal Steering Committee and expects that a Steering Committee will work through the federal implementation process.

We have identified the following recommendations to address gaps within the National HIV Plan:

- We support Strategy 1.1.1 “Develop and implement campaigns and resources to provide education about comprehensive sexual health; HIV risks; options for prevention, testing, care, and treatment; and HIV-related stigma reduction.” We believe that there needs to be specific public health awareness campaigns about PrEP, PEP, and HIV treatment tailored to gay, bisexual, and other men who have sex with men (GBM), especially Latinx and Black young GBM, cis-gender and trans women, and people who use substances.
- Add in integration of HIV testing in various care settings to Strategy 1.2.3 and address the need for HIV testing to be available during COVID testing and vaccination.
- Meaningfully engage jurisdictions and communities with low and moderate HIV prevalence and incidence to ensure that innovation is encouraged and supported through existing funding mechanisms.

- We are supportive of Objective 1.3. State, local, and tribal health departments, community health centers, and community-based organizations must be a part of the PrEP access system, especially in communities most vulnerable for HIV, including young GBM of color and trans people. In addition, efforts to support broader access to sterile syringes on the federal, state, and local levels through mechanisms such as legislation, local approval, policies, paraphernalia decriminalization, and/or funding for syringe service programs and pharmacy sales are essential to maintaining and promoting the health of Americans who use drugs. We recommend that as part of the federal implementation plan, the Departments of Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, Homeland Security, Housing and Urban Development, Interior, Justice, Labor, State, Transportation, Treasury, and Veterans Affairs should provide a report on how the department can help facilitate access to safe syringes.
- The federal government and HIV Plan should call for the lifting of the ban of federal funding for the purchase of syringes.
- Medication-Assisted Treatment (MAT) should be included as part of the HIV prevention toolbox for people who use drugs.
- More attention must be given to efforts to bolster and expand the HIV workforce as many infectious disease doctors are retiring. This evolution in healthcare delivery will leave critical gaps in access to skilled providers, particularly in rural and underserved areas. The COVID-19 pandemic has also strained our entire HIV, hepatitis, STI, and harm reduction system and highlighted gaps in our public health infrastructure. The HIV Plan must more clearly address these workforce gaps and embrace a cross-agency and multidisciplinary strategy to ensure our workforce is modernized and comprehensive.
- The CDC should address privacy, security, and criminalization concerns with molecular HIV surveillance (MHS). There are several issues with MHS: lack of engagement with PLHIV and community, HIV criminalization, and lack of data security protections. Over 30 states have laws criminalizing HIV transmission, exposure, or nondisclosure. So long as these criminal laws exist, MHS could, even unintentionally, place PLHIV at risk for prosecution. This is of particular concern for communities that already face high levels of surveillance and criminalization, independent of HIV status, including Black people, migrant communities, other people of color, people who perform sex work, people who use substances, and people who are street-involved and/or homeless.

- Encourage the recruitment, hiring, and training of PLHIV and bolster our public health and HIV workforce. Support targeted loan-repayment legislation and executive actions to help ensure a robust and well-qualified infectious diseases and HIV and clinical workforce. Additionally, building the health infrastructure needed to end the HIV epidemic requires thousands of new hires to retain the 400,000 PLHIV who have fallen out of care and the over one million more people needed on PrEP. This is particularly urgent now, with the advances in biomedical treatment and prevention.
- ONAP must ensure recommendations submitted through the public comment that ended on December 12, 2020 are included in the final HIV National Strategic Plan.
- It is imperative that the Administration embrace a coordinated approach to the syndemics of HIV, hepatitis, and STIs. Implementation of the newly released plans addressing each of these epidemics must, therefore, be coordinated across ONAP and OI DP.

Thank you for the opportunity to comment on the HIV Plan and for your commitment to eliminating the HIV epidemic. FAPP and its members remain committed to the successful, seamless implementation of the HIV Plan, and look forward to our continued partnership. Please do not hesitate to contact the FAPP co-chairs, Ace Robinson (Ace@CovidClinic.org), Kathie Hiers (kathie@aidsalabama.org), or Mike Weir (mweir@NASTAD.org) with any questions or if we can be of any assistance.