

December 14, 2020

Harold J. Phillips  
Senior HIV Advisor and Chief Operating Officer of Ending the HIV  
Epidemic: A Plan for America  
Office of Infectious Disease Policy  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

**Re: HIV National Strategic Plan: A Roadmap to End the HIV  
Epidemic (2021-2025)**

Dear Mr. Phillips:

On behalf of NASTAD (the National Alliance of State and Territorial AIDS Directors), a leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S., I am submitting the following comments on the HIV National Strategic Plan: A Roadmap to End the HIV Epidemic (2021-2025) (HIV Plan). NASTAD applauds the federal government for the ambitious goal to end the HIV epidemic. We have the tools to end new HIV infections in the United States but realizing that ambitious goal will take commitment and investment from all levels of government. It will also require meaningful partnership with communities most impacted by HIV, as well as local providers to ensure that resources are deployed to the places that need them most.

Health departments are at the center of ending the HIV epidemic, as on-the-ground implementers of HIV programs and systems that are now required to interact closely and seamlessly with other programs and transform our health systems. Health departments are responding to the HIV epidemics in unprecedented ways, including a pointed focus on the use of data to inform programmatic decisions, and extensive integration of, and collaboration with, activities across the entire HIV care continuum and even across disease areas, as well as across other systems and payers of prevention and care services. Ending the HIV epidemic

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requires us to accelerate focused, effective programs that are within our scope, and be unafraid to solve complex challenges that extend beyond the boundaries of public health.

NASTAD is committed to the four goals of the HIV Plan: prevent new infections, improve HIV-related health outcomes for people living with HIV, reduce HIV-related disparities and health inequities, and achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders. NASTAD appreciates ODP's thoughtful work on how to achieve these goals. 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. Do the draft plan's goals, objectives, and strategies appropriately address the HIV epidemic?**

NASTAD agrees that the draft plan's goals, objectives, and strategies appropriately address the current priorities to end the HIV epidemic. NASTAD supports the draft plan's vision and appreciates the syndemics approach to HIV. Additionally, the plan is comprehensive, data driven, well-organized, and includes a strong discussion of social determinants of health and stigma.

We remain 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."

NASTAD strongly supports the draft plan's goals, objectives, and strategies and believes that they appropriately address the HIV epidemic and support the ultimate goal of ending the HIV epidemic. NASTAD applauds HHS for including "racism, stigma, and discrimination" as contributors to health disparities, and the discussion of the impact of systematic racism on health outcomes. NASTAD encourages setting out these issues more explicitly and earlier on in the plan as significant and intersecting public health crises. NASTAD also strongly supports the inclusion of people with lived experience with HIV and their engagement in local, state, and national HIV planning.

NASTAD is pleased to see the inclusion of school-based health education as a critical part of HIV prevention. NASTAD believes 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 for gay, lesbian, bisexual, asexual, queer, and questioning youth. In addition, this education should include information for all genders, including transgender people. As part of healthy relationships education, NASTAD believes that adolescents should be given access to comprehensive sexuality education.

NASTAD is incredibly 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, NASTAD supports 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) 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, NASTAD hopes that the federal government can address policies that stigmatize people living with or at risk for 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 at risk of HIV, with an accompanying action plan for change.

NASTAD appreciates the recognition of the impact of the COVID-19 Pandemic on the HIV epidemic. NASTAD encourages the continued use of innovative testing and treatment practices that allow access to more people. In addition, NASTAD 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. Are there any critical gaps in the HIV Plan's goals, objectives, and strategies? If so, please specify the gaps.**

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 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, NASTAD supports a federal implementation plan that reaches across the Department of Health and Human Services. NASTAD is very supportive of the Federal Steering Committee that developed and prepared the HIV Plan and expects that the Steering Committee will continue its work through the federal implementation process.

NASTAD has identified the following recommendations to address gaps within the National HIV Plan:

- NASTAD supports 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. NASTAD believes that there needs to be specific public health awareness campaigns about PrEP and HIV care and treatment targeted to gay, bisexual, and other men who have sex with men (GBM), especially Latinx and Black young GBM.
- Add in integration of HIV testing in various care setting to strategy 1.2.3 and address the need for HIV testing to be available during COVID testing and vaccination.
- Meaningfully engage jurisdictions with low and moderate HIV prevalence to ensure that innovation is encouraged and supported through existing funding mechanisms.
- NASTAD is supportive of Objective 1.3. Health departments must be a part of the PrEP access system, partnering with community health center and community-based organizations, while continuing existing PrEP access programs, 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. NASTAD recommends 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. In addition, NASTAD believes the federal government 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.
- NASTAD believes that more attention must be given to efforts to bolster and expand the HIV workforce. Many infectious disease doctors are retiring, leaving critical gaps in access to skilled providers, particularly in rural and underserved areas. The COVID-19 pandemic has also strained our entire HIV, hepatitis, 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.

**3. Do any of the HIV Plan's goals, objectives and strategies cause concern? If so, please specify the goal, objective or strategy, and describe the concern regarding it.**

None of the goals, objectives, and strategies cause concern.

Thank you for the opportunity to comment on the HIV Plan and for your commitment to eliminating the HIV epidemic. NASTAD 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 me with any questions or if we can be of any assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Lee", with a long horizontal flourish extending to the right.

Stephen Lee, MD, MBA, DHSM  
Executive Director