

READY TO END THE HIV AND VIRAL HEPATITIS EPIDEMICS



# 2016

ANNUAL REPORT



## DEANN'S LETTER

**W**hat seemed unimaginable when I started my public health career is now in sight. The end of the HIV and hepatitis epidemics is no longer a dream; it's a realistic goal, achievable within our lifetime. But it's going to take hard work to get us there. I'm proud to say that our work over the past year at NASTAD—which you can read about in this report—has put us on the path towards reaching that goal.

I was pleased to accept the role of Board Chair during NASTAD's 2016 Annual Meeting. One of my first acts was to issue the "Ready to End the HIV and Viral Hepatitis Epidemics" Chair's Challenge that calls on U.S. health departments to accelerate our progress towards a future free from these epidemics. The challenge stresses the importance of innovation, vision, and commitment to strengthening programs to better meet the needs of people living with and at risk for HIV and hepatitis infection. Also during the annual meeting, NASTAD announced an update to its mission and vision that reaffirms our belief in the role of governmental public health, addresses HIV and hepatitis and related conditions, and elevates the importance of social justice in our work.

We believe that to achieve optimal health outcomes for everyone, regardless of where they live or what they look like, we must acknowledge that our programs and services are only as good as their ability to rigorously challenge seemingly insurmountable social and structural inequalities. We built upon the foundation our staff laid last year by creating new resources that help Black men and transgender individuals access the health care they need to thrive. These include web platforms like His Health and Well Versed, and issue briefs like Crossroads: ADAP Considerations for Transgender Health, which bridge the gap between providers and patients and ultimately will improve clinical outcomes. Our Global team continues to address inequalities abroad by expanding its work in Data for Action and Public Health Systems to help our partner governments achieve the end of the epidemics.

We also took an important step towards ending the HIV epidemic in 2016 when we joined other public health organizations in announcing our commitment to communicating one of the most ground-breaking developments in the last two decades of the epidemic: people living with HIV on effective antiretroviral therapy (ART) do not transmit HIV.

Despite our successes, our movement cannot exist in a bubble and events in 2016 indicate real challenges ahead. However, we remain steadfast on our focus of ending the HIV and hepatitis epidemics and are committed to working with the new administration towards that goal. We are prioritizing technical assistance in the year ahead and we are helping governmental public health organizations build upon their baseline core competencies.

As Chair, I could not be more honored to have the opportunity to work even more closely with NASTAD staff and my colleagues across the nation over the last year. NASTAD's staff expertise and commitment to ending the epidemics is unmatched.

2017 will bring new challenges and opportunities. I am confident that we will continue working towards that goal that seemed inconceivable even just a few years ago—an end to the HIV and hepatitis epidemics. We've got our work cut out for us, but I know that by working together, we will prevail.

DEANN GRUBER, LOUISIANA, CHAIR  
PROGRAM HIGHLIGHTS  
ENDING THE HIV AND VIRAL HEPATITIS EPIDEMICS

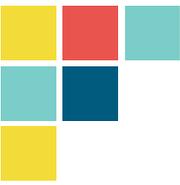
# NASTAD'S NEW MISSION AND VISION

## NASTAD'S BOARD APPROVED AN UPDATE TO OUR MISSION AND VISION IN 2016:

- NASTAD's vision is a world free of HIV and viral hepatitis.
- NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

## THE UPDATED MISSION AND VISION ACHIEVE THE FOLLOWING GOALS:

- Affirm the role of governmental public health and align the mission to encompass both NASTAD's domestic and global work to end HIV and hepatitis
- Address intersecting conditions that contribute to HIV and hepatitis (such as STDs, tuberculosis, and other infectious diseases)
- Elevate the importance of social action and justice and the role that they play in achieving health equity for all and therefore helping us move toward ending HIV and hepatitis



## UNDETECTABLE = UNTRANSMITTABLE

In September 2016, NASTAD announced its commitment to communicating one of the most ground-breaking developments in the last two decades of the epidemic: people living with HIV (PLWH) on effective ART do not transmit HIV. The announcement, as a sign-on to the Prevention Access Campaign’s consensus statement, reinforces the belief that many have had and that science has now proven. Understanding that people with HIV who are undetectable cannot transmit HIV to their partners will help reduce decades of HIV-related stigma and discrimination and encourage people with HIV to initiate and adhere to a successful ART regimen.

## CHAIR’S CHALLENGE

We launched our Chair’s Challenge in May 2015. The challenge calls on U.S. health departments to accelerate the end of HIV and hepatitis in the U.S. To achieve these goals, we are working with health departments to determine the minimum program and policy building blocks that must be in place to support impactful HIV and hepatitis prevention and care programs, and assess where health departments land on the continuum of these minimum requirements.

Sharing best practices and success stories from our members is a vital component of the challenge, and in December 2016 we released our first three success stories. The three profiles feature:

1. Arizona Department of Health Services’ Social Media Initiative: “It’s Only Dangerous When You Don’t Know It’s There” campaign, which uses comical depictions of everyday life gone wrong when a person encounters an unknown hazard to reinforce the importance of comprehensive HIV testing, prevention and care.
2. Virginia Department of Health’s Pharmacy-based HIV Testing Initiative: Retail pharmacy-based HIV testing is a program designed to expand access to HIV testing in areas of limited resources or high stigma.
3. Wisconsin Department of Health Services’ program to Increase Leadership Diversity in the HIV Workforce: The Wisconsin Health Leaders Fellowship is a one year leadership development program designed to increase the number of leadership positions held by people of color, particularly men who have sex with men (MSM) of color, in organizations providing HIV services in Milwaukee, Wisconsin.

So what’s next for the Chair’s Challenge? We are developing an assessment for health departments on core health department competencies. And we are prioritizing NASTAD’s technical assistance, including state-level policy activities, to achieve the greatest impact in modernizing health department programs and policies. Finally, we are working with other organizations and coalitions—including the Federal AIDS Policy Partnership, Act Now: End AIDS, and Fast Track Cities—to ensure that health department and community efforts are coordinated, both domestically and globally.

## HEPATITIS

NASTAD represents the nation’s Viral Hepatitis Prevention Coordinators in state and local public health departments. Together, we made strides to end the hepatitis epidemic throughout the year.

### *2016 Meeting*

NASTAD convened the 6th National Hepatitis Technical Assistance Meeting in December 2016. More than 70 health department staff from 48 states, the District of Columbia, and Guam joined together to share promising program and policy strategies, network with and support one another, and engage in conversations with partners from the federal government and the pharmaceutical and diagnostics industries. The value of the peer-to-peer exchange is part of NASTAD’s philosophy, and this annual meeting is the only opportunity each year for health department staff who specialize in hepatitis work to meet in person.

We felt it was important to include a focus on health equity and social justice due to the populations most affected by hepatitis. A major highlight from this year's meeting was a plenary that included the perspective of an individual with a long history of injection drug use who was cured of his HCV infection. The intention for the meeting to provide a space for people to think about these critical issues and approaches in a way that will help health department staff to think in different ways about both their work and the communities in which they live.

## NEW COOPERATIVE AGREEMENT

# HEPATITIS TESTING PARTNERSHIP

We'll build off the momentum we generated during our hepatitis meeting through a new five-year Centers for Disease Control and Prevention (CDC) cooperative agreement awarded in 2016, PS16-1608 Viral Hepatitis Networking Education and Training. NASTAD will lead, implement, and facilitate a Hepatitis Testing Partnership and Learning Collaborative that will accelerate coordinated strategies in states and communities among an expanding national, state, and local coalition network. The Hepatitis Testing Partnership will be comprised of public health agencies,

community based organizations, health systems, primary care providers, community health centers, liver disease specialists, substance use and mental health service providers, harm reduction coalitions, hepatitis C coalitions, advocates, and patients working together to increase HCV testing and linkage to care for baby boomers (people born between 1945 and 1965) and people who inject drugs.

## DRUG USER HEALTH

We believe that it is a moral, public health, and economic imperative that our health care system be more responsive to people who use drugs. Rates of HIV infection and hepatitis are substantially higher among persons who use drugs than among persons who do not. Opioid use in particular in the United States is at epidemic proportions. This crisis—coupled with limited federal and state resources for drug user health programs and services—has made leveraging the Affordable Care Act (ACA) and partnerships with broader health systems and payers even more critical.

In June 2016, NASTAD released a fact sheet that outlined how AIDS Drug Assistance Programs (ADAPs) can support substance use treatment medications and related services for the clients they serve. It also provided drug-specific information for medications that are most frequently used as part of substance use treatment.

## ACHIEVING HEALTH EQUITY FOR ALL

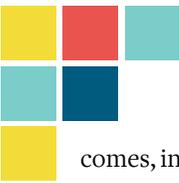
### *Racial and Gender Justice Fellow*



Marcel Byrd, NASTAD's Racial and Gender Justice Fellow

Since 2010, with generous support from the Ford Foundation, NASTAD has provided targeted technical assistance to health departments focusing on addressing the HIV epidemic among Black gay men/MSM, primarily in the South through the Nicholas A. Rango Fellowship. The Fellowship is named after one of NASTAD's founding members, Dr. Nicholas Rango, MD, PhD, who was director of the New York State AIDS Institute before his death from AIDS-related complications in 1993. Dr. Rango was well known for his fierce spirit, intelligence, and impatience in ensuring that people living with and at risk for HIV received the services and respect that all people deserve.

In 2016, the Fellowship's focus evolved and now, the Racial and Gender Justice Fellow expands the organization's capacity to mount a robust response among health departments to address HIV among key populations, particularly Black gay men/MSM, Black women, transgender individuals of color, and youth in the U.S. The Fellow works with health department leaders, community, researchers, federal partners, and policymakers to scale-up innovative, effective, and tailored approaches that address the structural barriers to optimal health out-



comes, including counseling and testing, behavioral and biomedical interventions, partner services, community mobilization, Internet and new media technology and other core programs.

### Center for Engaging Black MSM Across the Care Continuum

With a special focus on young Black men who have sex with men (MSM) aged 13–24 years, the Center for Engaging Black MSM Across the Care Continuum (CEBACC) is a national technical resource created under a cooperative agreement between the Health Resources and Services Administration (HRSA) and NASTAD. We had two huge successes with CEBACC in 2016: The launches of His Health and Well Versed. The cooperative agreement was also extended one more year through June 2017.



### HIS HEALTH

HisHealth.org is a dynamic training tool that provides expert-led continuing education courses accredited by ANAC and HIVMA/IDSA, portraits of innovative models of care, and evidence-based resources to support the delivery of high quality, culturally affirming healthcare services for Black men who have sex with men (BMSM).

### WELL VERSED

WellVersed.org is a community that bridges the communication gap between patients and providers by connecting Black gay and other MSM and healthcare providers, igniting conversations, and creating an experience where everyone is seen as human.



### BLACK LIVES MATTER

HIV and hepatitis disproportionately impact Black people in the U.S. and abroad. Throughout the previous year, NASTAD staff and members participated in an ongoing dialogue about the impact centuries of social structures that promote White supremacy have had on poor health outcomes in Black communities. These conversations led to the adoption of our Black Lives Matter credo:



[WATCH OUR VIDEO »](#)

#### *Our Commitment to Black Lives*

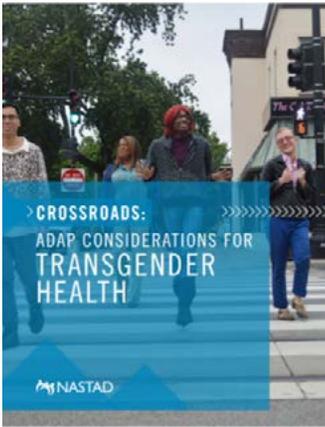
Racism has imprinted a legacy of systemic injustices against Black people in the United States. The pervasive undercurrent of White privilege and supremacy exists in the form of obstructed economic, political, and social power for Black people in America. Discriminatory public and political infrastructure, including population health systems, prevents equitable health outcomes.

NASTAD believes that to impact the HIV and hepatitis epidemics, health departments must reframe public health approaches to include social justice action.

NASTAD commits to combatting health inequities in Black communities by mobilizing governmental HIV and hepatitis public health programs to engage in concerted social justice initiatives. As the voice of state and territorial HIV and hepatitis programs, NASTAD will develop multi-sectoral partnerships that support meaningful community engagement and address social policies that negatively affect the lives of Black people.

Actualizing the collective visions of NASTAD, the National HIV/AIDS Strategy, and the Viral Hepatitis Action Plan requires an intentional understanding and focus on the needs of Black communities.

As our Black lives work continues, NASTAD staff is reimagining our approaches, messaging, everyday work, functions, and activities, including core trainings to examine and undo racism, and all other inequalities tethered to poor health outcomes.



## SUPPORTING TRANSGENDER HEALTH

Crossroads: ADAP Considerations for Transgender Health is a new issue brief from NASTAD that is designed to advance providers' and ADAPs' awareness of transgender health issues, high-light public and private insurance considerations, and ultimately improve clinical outcomes.

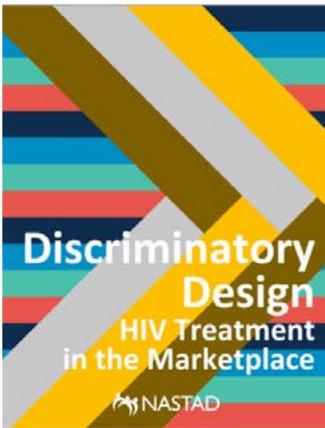
## HEALTH SYSTEMS INTEGRATION

### *PrEP Financing*

Pre-exposure prophylaxis (PrEP) is an important prevention tool that could dramatically decrease new HIV infections. However, full uptake of this intervention has remained elusive. While there are many components of comprehensive PrEP programming—including com-

munity education, client outreach, and provider education—we are focused on addressing the financing challenges of PrEP and ancillary services.

In March 2016, NASTAD convened a consultation to discuss challenges, opportunities, and strategies for financing coverage of PrEP (the medication, as well as clinical and ancillary services). The consultation brought together representatives of state and city health departments, community health centers, evaluation experts, national partners, and federal partners from the CDC and the HRSA HIV/AIDS Bureau (HAB). Participants discussed strategies to leverage Medicaid, private insurance, and safety net programs to expand access to PrEP.

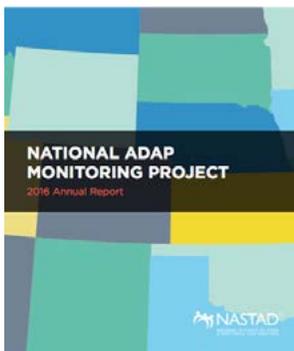


## FIGHTING DISCRIMINATION IN MARKETPLACE PLANS

In 2016, NASTAD analyzed over 91,000 Qualified Health Plans (QHPs) available on the Federally-Facilitated Marketplaces, assessing each plan's quality of ART coverage and pricing, and published the report Discriminatory Design: HIV Treatment in the Marketplace. For PLWH, ART is the cornerstone of maintaining their HIV treatment, but too often, QHPs fail to provide robust ARV coverage. The report's key findings include:

- 20% of plans only cover one single-tablet regimen, Atripla, the oldest and least-recommended regimen
- One-third of plans place all covered single-tablet regimens on the specialty tier
- 15% of plans do not cover any HIV drugs introduced since 2013

NASTAD encourages regulators to ensure that HIV medications, particularly STRs and PrEP, remain accessible and affordable, and remains committed to focusing on access in a changing healthcare environment.



## ACA AND RYAN WHITE

NASTAD continued to build upon the successes of the Ryan White Program by regularly providing updates on and analysis of the impact of health reform and the national election on health department HIV and hepatitis care and treatment programs.

Our 2016 National ADAP Monitoring Annual Report found that ADAPs are helping clients achieve optimal health outcomes at a rate higher than among all PLWH. In addition, following the implementation of the ACA, ADAPs continue to assist clients in transitioning to new forms of coverage such as Medicaid and Qualified Health Plans. Data reported by 52 ADAPs show that 177,878 clients were served as of January 31, 2016. Of those served, 65,547 were enrolled in a

QHP and 23,431 were enrolled in Medicaid for 2016, an increase of 27% and 14%, respectively, reported in 2015. Without ADAP, clients may not have been able to afford to enroll in QHPs to gain access to health insurance coverage.

In non-Medicaid expansion states, ADAPs provide essential services for PLWH. While some ADAPs continue to pay for medications based on the traditional ADAP model, some ADAPs are purchasing unsubsidized insurance coverage for their clients below 100% of the Federal Poverty Level (FPL) who would otherwise fall into the Medicaid gap. Twenty-nine ADAPs reported purchasing QHPs for clients under 100% of FPL. This assistance and coverage has been critical to improving the health outcomes of these clients and highlights the innovative approaches that are possible for ADAPs regarding insurance purchasing. As coverage continues to evolve in this changing healthcare environment, NASTAD remains committed to assisting ADAPs.

## ADVANCES IN HIV PREVENTION

NASTAD is a member of the CBA Provider Network and has a long history of providing technical assistance (TA) and capacity building assistance (CBA) to health departments to support HIV prevention. With support from the CDC, NASTAD supports health departments in accelerating the adoption of strategies, policies, and programs that will optimize outcomes of state and territorial health department programs around decreased HIV incidence, HIV testing and linkage to care, retention, and re-engagement in care and viral suppression.

Over the last year, in addition to providing TA and CBA, NASTAD published several resources to support health department prevention activities.

- The HIV Testing Toolkit: Data Driven Targeting and Recruitment is the third in a series of HIV Testing Toolkits, following Selecting a Strategy and Productivity and Yield Analysis, which were released in 2015.
- The NASTAD HIV Testing & Billing Report 2016 provides a national overview of the important work health departments do to ensure that individuals in their communities are aware of their HIV status. The findings from this report are being used for the development and prioritization of NASTAD’s technical assistance activities related to HIV testing, and to help guide education and programmatic efforts led by NASTAD and other partners and stakeholders.
- The forthcoming Data Points: A Health Department Roadmap for Enhancing Data to Care Programs is a new and innovative digibook that will provide a compendium of Data to Care resources including best practices and lessons learned from the field for health departments.



Girma Assefa (NASTAD Ethiopia), Anne Sites (NASTAD), Sara Robinson (Maine CDC), and Megan Bronson (CDC)

## GLOBAL PROGRAM

### *Ethiopia & Mozambique*

Guided by the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 goals, PEPFAR 3.0, and NASTAD’s mission and vision, NASTAD’s Global Program has worked with partner governments to address their most critical HIV program capacity needs, striving for the greatest and most sustainable impact. With the support and technical assistance (TA) of our membership, the Global Program has expanded its work in two programmatic areas, Data for Action and Public Health Systems, to help our partner governments achieve the ambitious targets that they are moving toward. Two of those projects—one in Ethiopia, and the other in Mozambique—are highlighted below.

### *Data for Action: Case Based Surveillance for HIV in Ethiopia*

The Ethiopian Government recognized the value in strengthening HIV surveillance to better understand who is becoming infected and how, the magnitude of and potential reasons for gaps in HIV treatment and care, and how to improve patient outcomes. With support from NASTAD and CDC Ethiopia, the Ethiopian Public Health Institute (EPHI), a division of the Federal Ministry of Health, sought to assess Ethiopia’s readiness for HIV case based surveillance (CBS) by evaluating existing HIV-related service data and the collection, management and reporting processes in Ethiopia through a Proof of Concept project. A total of 48 facilities participated in the assessment.

Results from this assessment demonstrated that current conditions support the implementation of HIV CBS in Ethiopia since the quality of the key CBS variables assessed are sufficient to inform the case matching algorithms, and patient level data can



Organizational Capacity Assessment Workshop in Xai-Xai, Gaza Province from November 22-24, 2016.

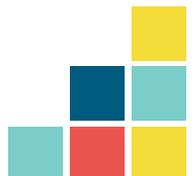
be used to identify patients most in need. Data can also be used to identify where service delivery gaps exist to drive response to the HIV epidemic. Detailed results of this project—including limitations and recommendations—are outlined in the Proof of Concept: Case Based Surveillance for HIV in Ethiopia report.

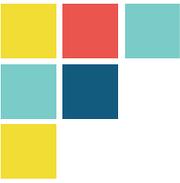
### *Public Health Systems: Organizational Capacity Assessment in Mozambique*

Mozambique is a predominantly rural country of approximately 27 million people, severely challenged by a generalized HIV epidemic. National HIV prevalence is 11.5% with significant regional variations in prevalence rates ranging from 25.1% in Southern provinces to 3.7% in Northern provinces. In 2015, there were an estimated 1,643,065 PLWH, with a higher prevalence among women (13.1% vs 9.2% in men) and especially among young women (aged 15-24 years). Of the estimated number of PLHIV, 47% are currently on ART. The HIV epidemic has contributed to a low life expectancy of 51 years, and there are approximately 848,000 orphaned children.

In Mozambique, NASTAD provides TA and capacity building support to CDC-Mozambique and the Mozambique Ministry of Health at Provincial and District levels to improve the government and local partners' ability to conduct essential public health management functions to control the HIV epidemic in support of an AIDS-free generation. NASTAD has been working in Cabo Delgado and Gaza Provinces since 2014 providing capacity building and TA to the provincial health departments (DPSs).

NASTAD works with the provinces using a participatory and structured organizational capacity assessment (OCA) process. The OCA tool is administered through a workshop process and is concluded by developing concrete action plans with specific objectives and activities for improvement. Ultimately, the DPS will become skilled in providing TA to one another and to their districts ensuring sustainability and transfer of skills and knowledge.





## FINANCIALS

REVENUE	AUDIT FINAL	ROUNDED
Grants and Contributions	\$10,629,488	\$10,629,000
Membership Dues	\$687,085	\$687,000
Registration Fees	\$86,935	\$87,000
Other	\$13,868	\$14,000
Interest	\$3,568	\$4,000
<b>TOTAL REVENUE</b>	<b>\$11,420,944</b>	<b>\$11,421,000</b>

EXPENSES		
Program Services	\$10,085,005	\$10,085,000
General & Administration	\$1,464,061	\$1,464,000
Overhead	\$316,631	\$317,000
Fundraising	\$173,572	\$174,000
Advocacy	\$49,252	\$49,000
<b>TOTAL EXPENSE</b>	<b>\$12,088,521</b>	<b>\$12,089,000</b>

## 2016-2017 BOARD OF DIRECTORS

NASTAD is governed by a 20 member, elected board charged with making policy and program decisions on behalf of the full membership.

### *Officers (Executive Committee)*

- DeAnn Gruber, Louisiana, Chair
- Shanell McGoy, Tennessee, Chair-Elect
- Jacquelyn Clymore, North Carolina, Vice-Chair
- Melanie Mattson, Colorado, Secretary-Treasurer
- Andrew Gans, New Mexico, Immediate Past-Chair (ex-officio)

### *Board Members*

- Susan Jones, Alaska
- John Saper, Arizona
- Karen Mark, California
- Michael Kharfen, District of Columbia
- William Lyons, Georgia
- Peter Whiticar, Hawaii
- Aimee Shipman, Idaho
- Eduardo Alvarado, Illinois
- Randy Mayer, Iowa
- Jeffrey Hitt, Maryland
- Dawn Fukuda, Massachusetts
- Jan Fox, Oklahoma
- Shelley Lucas, Texas
- Diana Jordan, Virginia
- Jim Vergeront, Wisconsin

### *Executive Director*

Murray C. Penner (ex-officio)

### *Financials, Donors, and Funders*

#### FEDERAL

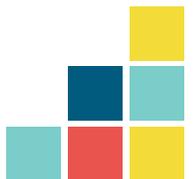
- Centers for Disease Control and Prevention
- Health Resources and Services Administration

#### FOUNDATION

- Biotechnology Innovation Organization (BIO)
- Elton John AIDS Foundation
- Ford Foundation
- Kaiser Family Foundation
- MAC AIDS Fund
- Pharmaceutical Research and Manufacturers of America (PhRMA)

#### CORPORATE

- Abbott
- AbbVie
- Alere
- AJ Boggs
- Avita Pharmacy
- bioLytical Laboratories
- Bristol-Myers Squibb
- ChemBio
- Gilead Sciences, Inc.
- Janssen Therapeutics
- Magellan Rx Management
- Merck
- Monogram Biosciences
- Mylan
- OraSure Technologies
- Quest Diagnostics
- Ramsell
- ScriptGuideRx
- Trinity Biotech
- Viiv Healthcare
- Walgreens



### *Program Teams*

NASTAD has considerable expertise in identifying community needs and responding to the domestic and global HIV and hepatitis epidemics.

**Health Care Access:** Provides programmatic and policy technical assistance to state and territorial HIV and hepatitis programs in a number of HIV and hepatitis care and treatment related areas, most specifically Ryan White Part B and ADAP programs and implementation of health reform.

- **Health Equity:** Builds state and local health department responses to HIV and hepatitis among racial and ethnic minority communities and other groups disproportionately impacted by the epidemic, in particular, gay men/MSM and people who inject drugs.
- **Health Systems Integration:** Works to build capacity of health department staff to meaningfully engage in health reform, health system transformation and payment delivery reform activities and to ensure that HIV, hepatitis, and drug user health services and programs remain relevant and sustainable in a changing health care landscape.
- **Global Technical Assistance:** Increases capacity of resource-constrained countries to plan, implement, and manage HIV prevention and care activities as part of a unified U.S. government response to the HIV pandemic. NASTAD Global responds to identified needs and priorities of country Ministries of Health, National AIDS Control Programs and the CDC.
- **Policy and Legislative Affairs:** Employs a multi-layered strategy of communication to effectively translate state HIV and hepatitis care, treatment and prevention program concerns into sound policy. NASTAD staff work directly with the Administration, Members of Congress and their staff to develop legislative strategies for annual appropriations and authorization legislation. NASTAD also participates in numerous coalitions to help shape sound HIV and hepatitis policies.

- **Prevention and Surveillance:** Focuses on technical assistance, policies, and program development for effective HIV prevention and surveillance programs. NASTAD works with health departments to support peer-exchange and networking focused on effectively managing HIV prevention programs.
- **Hepatitis:** Focuses on increasing the capacity of state and local HIV and hepatitis health department programs to effectively integrate hepatitis prevention and care services into existing programs and enhance services to populations at risk for infection. NASTAD works closely with state and local viral hepatitis prevention coordinators (VHPCs), providing technical assistance and advocating on their behalf.
- **Member Services/Human Resources/Operations/Finance and Accounting:** Ensures efficient operations and strong fiscal management and human resources and high-quality member services.
- **Communications:** Focused on developing and facilitating timely, accurate, and relevant communications that advance NASTAD's mission and activities and support members.

Founded in 1992, NASTAD is a non-profit association that represents public health officials who administer HIV and hepatitis health care, prevention, education, and supportive service programs funded by state and federal governments in all 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the U.S. Pacific Islands. NASTAD also supports partner governments in Africa, the Central America region, and the Caribbean region.

Murray C. Penner, Executive Director  
DeAnn Gruber, Louisiana, Chair



## CLOSING STATEMENT

Scientific advances have made a world free from HIV and hepatitis a real possibility. We need to seize the opportunity that is ahead of us. We've made a lot of strides towards that goal this year, and we were fortunate enough to implement these successful initiatives and influence policy thanks in large part to the steadfast commitment and effective leadership of our Board Chair DeAnn Gruber. Her Chair's Challenge has been instrumental in focusing our efforts on ending the epidemics, and I look forward to continuing this work into 2017.

DeAnn and our staff have also emphasized the role of undoing racism and achieving optimal health outcomes for all will play in our fight to end the epidemics. We must continue to reframe our public health approaches and interventions to include social justice action and intentionally deepen our understanding of the needs of our most vulnerable communities. Black Lives Matter, transgender health, and our global initiatives are vital to this work. I applaud the efforts of my colleagues in this area, and I'm especially proud of our new HisHealth.org and WellVersed.org platforms we developed in partnership with the Health Services and Resources Administration to provide educational tools and resources to provide competent and high-quality care for Black MSM.

Those aren't our only successes, though. We broke new ground in 2016 in hepatitis prevention by strengthening our efforts to reach people who inject drugs. We convened stakeholder groups to come up with new ways to expand access to PrEP, and we called on regulators to end discrimination in the marketplace and ensure that HIV medications such as PrEP are accessible and affordable. We announced an update to our mission and vision that emphasizes social justice. Programs are only as good as their ability to rigorously challenge insurmountable social and structural inequities. Our new mission and vision stresses the need for everyone in the public health space to break down barriers for all populations, especially those profoundly and disproportionately impacted by HIV and hepatitis and related conditions, both here at home and abroad. We joined leading HIV researchers to endorse the consensus statement concluding that people living with HIV who have a consistent undetectable viral load do not transmit HIV. And, with the support and technical assistance (TA) of our membership, the Global Program has expanded its work to help our partner governments move towards eliminating the epidemics abroad.

Internally, NASTAD continues to recruit and retain the best and brightest talent each year, and I'm excited to welcome the many talented individuals who joined our team in 2016. We continue to refine and innovate our internal systems and modify our organizational priorities across all operational areas, including Finance & Accounting, Human Resources & Operations, and Communications.

This year's end finds us at another crossroad surrounding the work we do as we prepare for a change in this country's leadership. But this is a place we have been many times before. Though we find ourselves facing uncertainty, NASTAD is committed to overcoming the challenges we have before us and will continue to analyze our new Administration's policies and their potential impact on the HIV and hepatitis communities. Rest assured, we will continue to advocate for governmental public health programs and work in concert with communities to address the needs of people living with HIV and hepatitis.

I thank NASTAD members and program staff for their unwavering commitment striving for a world free of HIV and hepatitis and staying true to our organizational values. I look forward to continuing the important work we do toward putting a stop to the epidemics plaguing our society and saving lives all across the globe.

MURRAY C. PENNER,  
EXECUTIVE DIRECTOR

