THE WHITE HOUSE

WASHINGTON

April 7, 1994

MEMORANDUM FOR THE DOMESTIC POLICY COUNCIL

FROM: Carol H. Rasco, Assistant to the President for Domestic Policy

SUBJECT: Meeting Agenda for April 11, 1994

The Domestic Policy Council will meet for its bi-weekly meeting on **Monday, April 11 from 5:30 to 6:30 p.m. in the Roosevelt Room.** Please remember that due to space limitations, this meeting is for principals only or one designee if you cannot be present yourself. If there is to be a designee, please have the clearance information shared with Rosalyn Miller in my office (456-2216).

AGENDA
Domestic Policy Council
Monday, April 11
5:30-6:30 p.m.

Legislative Updates:

The Crime Bill	Attorney General Reno
Health Reform	Ira Magaziner
Corporation for National Service Summer of Safety Grants	Eli Segal
National HIV Action Agenda	Kristine Gebbie

The next meeting will be held on Monday, April 25, 5:30-6:30 P.M. Please remember to call Rosalyn Miller at 456-2216 by the close of business Wednesday, April 20 with suggested agenda items.

cc: Mack McLarty
Phil Lader
Harold Ickes
Ricki Seidman
Mark Gearan
Christine Varney
Katie McGinty
DPC Staff

THE WHITE HOUSE
WASHINGTON

Ron —

for the April 11
DPC agenda.
Here is a clean
draft —

Andrea

National HIV Action Agenda

April 1994

INTRODUCTION
From the National AIDS Policy Coordinator

The National HIV Action Agenda is a leadership statement.

It has been developed by the Office National AIDS Policy to give direction to our overall national effort to end the HIV/AIDS epidemic; the epidemic some have called the health crisis of our times. The action steps described within provide guidance and markers for the nation. The action steps are activities the nation can begin within a six-month horizon. Many are long-term or continuous, while others are short-term or immediate.

In the next iteration of the National HIV Action Agenda many of the action items will have been accomplished. New goals will be substituted for goals attained or goals no longer appropriate as the epidemic and our ability to respond to it continually change.

The commitment to provide the continuing national leadership necessary to end the epidemic is something this Administration takes very seriously. When President Clinton appointed me, he said "AIDS is terrifying. It inflicts tragedy on too many families. But ultimately, it is a disease; one we can defeat...with commitment and courage and constancy, and with vocal and responsible leadership from our nation's government."

The National HIV Action Agenda is organized into three areas for action: research, service, and prevention. In the day-to-day work of addressing the epidemic, however, the distinction between these areas is often blurred. It is only by coordinating efforts in all the areas and by focusing on common goals that we optimize our chances of ending this epidemic. It is incumbent upon everyone to understand that this epidemic is a national problem and it will take a national and unified effort to end it.

In 1993, 104,168 new cases of AIDS were reported nationally. In the United States, the virus has flourished in disenfranchised, disadvantaged, and marginalized populations. It is associated with some behaviors that are illegal and others which are considered to be inappropriate by many. By doing so, the virus itself has managed to dilute the nation's ability to coalesce in common purpose. This document attempts to bring the nation's

attention to the real issues: What should we do? What can we do? Where do we go from here?

Also, as a member of the world community, the United States has a responsibility to join other countries in the international effort. Therefore, in the Action Agenda, international HIV/AIDS issues are an important part of the three primary areas of research, service, and prevention.

The arrangement of three primary areas is not meant to give special emphasis to one over another. Research findings are the foundation for action. The National HIV Action Agenda attempts to drive the nation to resolve questions of cure and prevention, of drugs and behavior, by suggesting steps to enhance the organization of the effort and to improve communications among researchers engaged in the effort, between researchers and care givers, and between researchers and the prevention effort.

Service action steps aspire to better ensure that people and families affected by HIV can receive the care and support they need, that effective therapies are available, and that the length of life after infection is as long and healthy as possible.

In the prevention area the Action Agenda seeks to better focus efforts to interrupt transmission of the virus by improving the educational effort, improving the focus and enhancing efforts to reduce the risky behaviors associated with transmission, and by increasing the application of the science base in planning and program implementation.

The President and I are committed to the requirement that everyone affected be given "a seat at the table." Throughout the document, specific action steps to facilitate cooperation and leadership are stated.

With everyone's help, we can stop AIDS.

Kristine M. Gebbie, RN, MN, FAAN
National AIDS Policy Coordinator

RESEARCH

Goal A: National HIV/AIDS research strengthened through coordination, planning, and evaluation.

Commentary: Billions of dollars are invested annually in the United States and abroad in an effort to further development of safe, effective therapeutics, prophylactic vaccines, and improved methodologies to reduce risky behaviors. Nevertheless, the challenges still to be faced by research into the Human Immunodeficiency Virus (HIV) disease and the Acquired Immune Deficiency Syndrome (AIDS) are profound. While progress has been made in many areas, there has been a recent lack of significant clinical advances in the treatment and prevention of the underlying disease. Given the scope of the scientific questions still unanswered, and the dimensions of the growing pandemic, there is a great need to search for creative ways to maximize public and private resources.

Action (A.1): Implement, as necessary, new formal planning linkages between federal agencies and departments engaged in HIV/AIDS biomedical or behavioral research, based on agencies' complementary research agenda and portfolios.

Commentary: Federal AIDS research programs have undergone continual evaluation and evolution since the beginning of the epidemic. The pace of evaluation and reform has accelerated significantly in the last year. Very likely, the next year will bring even closer scrutiny and intense public debate of the complex scientific, administrative, regulatory, legal, and ethical challenges and opportunities facing HIV/AIDS research today. Within the federal government, many agencies plan and budget HIV/AIDS research programs independently of one another, and current communications systems between researchers in the public and private sectors may not allow for sufficient timely coordination. Mechanisms for communications and planning must be fully evaluated and improved to maximize efficiency.

Action (A.2): Seek expeditious and full implementation of the National Institutes of Health (NIH) AIDS research program reforms provided in the NIH Revitalization Act of 1993.

Commentary: The Office of AIDS Research (OAR) of the NIH has been strengthened with centralized evaluation, planning, and budgeting authorities across all institutes of the NIH. While the intent of the legislation is clear, it is important that the interpretation of the provisions of the Act be carefully monitored.

Action (A.3): Develop strong linkages between federally chartered advisory committees to coordinate development of complementary national HIV/AIDS research policies.

Commentary: The Office of AIDS Research (OAR) Advisory Council, the National Task Force on AIDS Drug Development, the Presidential HIV/AIDS Advisory Council and other advisory bodies will be critical for providing recommendations and input into the evolving national AIDS agenda; their independent policy deliberations must be coordinated.

Action (A.4): Ensure strong support for the role of behavioral and social science research related to biomedical research, treatment regimens (e.g., substance abuse treatment), and as the scientific basis for sound prevention programs.

Commentary: Findings from behavioral and social science research are critical to the control of the epidemic through the successful administration of prevention, research and treatment programs. This research, which has often been overlooked, must receive strong support, and findings from this research must be fully integrated into programs.

Action (A.5): Work with HIV/AIDS-affected communities and federal agencies to assure that the unique social and physiological characteristics of all HIV-affected populations are taken into consideration in the design of clinical trials and other research programs.

Commentary: Women, children, adolescents, ethnic and racial minority groups, injecting drug users, gay and bisexual men, lesbians and bisexual women and others have unique needs that should be accommodated both through appropriate inclusion in clinical trials and the conduct of trials specifically designed to address their needs.

Goal B: Government, industry, academia, and community attention focused on promising, innovative proposals that could expedite the discovery of new therapeutics for HIV/AIDS and build consensus toward potential solutions.

Commentary: The National Task Force on AIDS Drug Development, recently chartered by the Secretary of Health and Human Services has been formed to identify obstacles and opportunities in HIV/AIDS drug discovery and development. The work of this task

force must be strongly supported, with prompt response to its requests for information and recommendations for action. Additionally, other federal and private agencies should continue to evaluate programs and policies affecting HIV/AIDS drug development.

Action (B.1): Identify regulatory and legal obstacles to research collaboration among federal agencies and non-governmental entities.

Commentary: Technology transfer, the Cooperative Research and Development Agreements (CRADA), liability, patent issues, and drug pricing have been identified as potential obstacles or disincentives to AIDS research collaboration and investment. Working with the National Task Force on AIDS Drug Development, appropriate governmental and private sector groups must develop reforms to address these and related issues.

Goal C: Obstacles to the development of an HIV/AIDS prophylactic vaccine identified and removed.

Action (C.1): Utilizing existing reports and ongoing discussions, develop consensus and, when appropriate, design and implement legislative or administrative solutions to address the obstacles to vaccine development.

Commentary: A number of governmental and non-governmental committees have published recommendations concerning scientific, legal, ethical, cultural, and administrative issues facing vaccine development. This is a continuing process with ongoing fora within NIH and the Department of Defense among others. Consensus among the recommendations must be formed and the recommendations must expeditiously become policy to pave the way for widespread development, clinical testing, and use of prophylactic vaccines in the United States and other countries.

Goal D: Domestic research planning and priority-setting integrated with international efforts.

Action (D.1): Explore mechanisms for increased international collaboration.

Commentary: Research activities cannot be viewed from a strictly national perspective. Working with U.S. and internationally-convened fora, public and private HIV/AIDS research programs should be evaluated to improve mechanisms for communication and collaboration to increase efficiency and productivity.

SERVICE

Goal E: Continued and expanded access to quality mental and physical health services for people living with HIV/AIDS.

Action (E.1): Develop and implement an affordable universal health insurance plan which will provide coverage for HIV-/AIDS related physical and mental health services, including substance abuse treatment.

Commentary: Populations who may traditionally have had little or no access to health care have been disproportionately impacted by the epidemic. This lack of access may be due to reasons of finance or to actual and perceived discrimination. By providing a universal health care plan, the nation will be better able to address the needs of people living with HIV/AIDS.

Action (E.2): Encourage individuals to ascertain their HIV status and ensure appropriate linkages to treatment and services are available for those who test positive.

Commentary: Many individuals living with HIV are not aware of their serostatus. Counseling and testing programs must include outreach to individuals who may engage in high risk behavior to encourage them to ascertain their HIV status. Counseling and testing activities must encourage individuals to obtain their test results, reinforce safer behavioral practices, and provide adequate referral mechanisms including treatment providers.

Action (E.3): Work with Congress, agencies of the Public Health Service, constituent groups, and members of affected communities to ensure continuation of the Ryan White Comprehensive AIDS Resources Emergency Act and other federal programs which provide HIV/-AIDS services to ensure that they continue to meet the care needs of the HIV/AIDS community.

Action (E.4): Expand the availability of quality mental and physical health services for people living with HIV/AIDS.

Commentary: People living with HIV/AIDS are often unable to obtain services in many communities, particularly in some rural areas where they may be required to travel many miles. Much of the care needed by people living with HIV/AIDS infection is basic care which could be provided by family physicians, home health

care aides, family members, or other community-based service providers. However, treatment guidelines, adequate information, and training must be provided to those practitioners if they are to provide those services.

Action (E.5): Identify barriers to the availability of mental and physical health services, coordinate with appropriate agencies, community service organizations, constituent groups, people living with HIV/AIDS, and providers to remove those barriers.

Commentary: Because of limited access to care, many individuals only obtain acute care services in emergency situations. It is critical that HIV/AIDS-related services provide outreach to individuals and populations that may be difficult to reach, such as the homeless, through the traditional public health model. It is critical that in the creation of service delivery models, people living with HIV participate in program design and implementation.

Action (E.6): Stimulate development and implementation of effective evaluation methodologies for service delivery programs and for comprehensive networks of service delivery.

Commentary: In developing service delivery models, the planners must include evaluation methodologies that are capable of determining whether the programs are providing adequate access and care. Federal agencies coordinating service delivery nationally must encourage system-wide evaluation of service delivery networks and individual programs.

Action (E.7): Develop appropriate information dissemination mechanisms which facilitate rapid transfer of research findings, new clinical information, and appropriate educational material to public and private providers of care services.

Action (E.8): Ensure that care guidelines and other such materials are kept current and incorporate, at the earliest possible time, changes in the state of the art.

Action (E.9): Encourage all appropriate agencies, organizations, and institutions to provide HIV/AIDS training to providers both public and private.

Commentary: Because people living with HIV/AIDS and their families experience the disease and its effects in an almost infinite variety of ways, service needs are multiple and diverse. In many communities, dramatic and innovative ideas have emerged which, if disseminated and supported, could make an enormous difference.

Goal F: Early intervention information is provided to all those living with HIV.

Action (F.1): Encourage coordination and collaboration among federal agencies, state and local governments, non-governmental organizations, and service providers to provide people living with HIV accurate and timely information about early intervention and preventing opportunistic infections.

Commentary: Requires increasing linkages from the counseling and testing facilities to service providers as well as greater coordination between prevention and other services at the local level.

Action (F.2): Develop and implement programs to inform HIV service providers on ways to prevent opportunistic infections and coordinate efforts with tuberculosis elimination programs at all levels.

Commentary: Primary among the opportunistic infection concerns is the prevention of tuberculosis, which is posing greater threats to the HIV-affected community.

More than a third of the current cases of AIDS are a product of the ongoing, companion epidemic of drug dependency and abuse. There is a shortage of effective treatment services and many barriers keep substance abusers from accessing the services which do exist. Of great concern are injecting drug users. While there is universal agreement an ideal solution lies in finding ways to interrupt injection--and that remains the long term commitment. However, minimizing transmission is the immediate problem.

Goal G: People living with HIV/AIDS as well as people and families affected by HIV have access to a wide array of community and supportive (or enabling) services.

Action (G.1): At national, state, and local levels, promote coordination of community groups, acute care facilities, state and local governments, private funders, and others that are provid-

ing HIV/AIDS-related services to ensure that a comprehensive continuum of care and services are available and accessible.

Action (G.2): Stimulate and encourage appropriate agencies to develop helpful materials describing available services so families and individuals affected by HIV/AIDS will be empowered to access them.

Action (G.3): Encourage enforcement of prohibitions against discrimination in health care settings and encourage the creation of new protections to ensure access to care for people living with HIV/AIDS.

Action (G.4): Encourage appropriate agencies and governments to coordinate and link health care and supportive services (e.g., primary care, substance abuse, clinical trials, and HIV-related care).

Goal H: That treatment protocols and supportive service needs unique to minorities, women, adolescents, and children receive appropriate consideration in the planning, development, and implementation of all service-related activities.

Action (H.1): Identify the components of programs to address the unique health care and supportive service needs of minorities, women, adolescents, and children living with or affected by HIV/AIDS, and work with appropriate agencies to incorporate these elements into relevant programs.

Commentary: Lack of access, common to all populations disproportionately impacted by HIV/AIDS, is more critical among populations that have either lacked resources or been subjected to discrimination. In developing and implementing service delivery programs, the needs of these populations must be addressed, and, where necessary, additional resources must be applied.

Goal I: Updated information on HIV/AIDS management is communicated internationally.

Commentary: In many countries, current treatments are unfamiliar to local providers. Using information dissemination techniques, information on diagnosis, treatment, and prevention can be communicated around the globe rapidly and in a cost effective manner.

Action (I.1): **Working in coordination with the United Nations-sponsored HIV/AIDS program, identify a mechanism to provide ongoing updated training in HIV management.**

Action (I.2): **Establish an advisory group of U.S. entities involved in international HIV activities for the purpose of global HIV issues and policy development.**

Commentary: Many U.S. organizations represent ongoing projects relating to all aspects of HIV/AIDS throughout the world. Their insights into the practical aspects of the epidemic can provide crucial information for policy development.

PREVENTION

Goal J: **Educational programs, activities, and campaigns that provide accurate and timely information to all Americans on how to prevent HIV transmission.**

Commentary: National prevention campaigns and local community programs must deliver a consistent prevention message overall if they are to be effective. The prevention program design model shall include active participation of the target populations in all components of the program design and implementation. Wherever possible, members of the target population must participate in accessing people at high risk, especially for hard-to-reach populations.

Action (J.1): **Develop and implement an affordable health insurance plan that would provide coverage for HIV prevention and would support a health system which promotes public health infrastructure re-building.**

Action (J.2): **Develop a continuum of HIV prevention services that are culturally diverse and linguistically specific and contain input from the diverse populations effected by AIDS.**

Commentary: Prevention programs must provide both individual and community-level interventions. Although more individuals are being tested today than were a few years ago, counseling and testing programs alone are not reaching those most at risk and are not bringing about the behavior changes necessary to stop transmission. To this end, programs and messages must be aimed at the individuals at high risk for infection. Counseling and testing activities can continue to be used as a diagnostic tool with continued counseling on prevention intervention and any necessary treatment.

Action (J.3): Develop consistent prevention education messages to be used in HIV prevention programs at the national, regional, state, and local levels.

Commentary: Where research findings are available regarding risky behavior, they should be used in the development of linguistically specific, developmentally appropriate, and culturally-based prevention messages that speak of abstinence or sexual activity within a long term mutually monogamous, committed relationship as the surest way of preventing transmission, but also encourage safer sexual and substance-use practices for individuals.

Action (J.4): Sustain the federal agencies ongoing prevention campaigns to sponsor targeted national media campaigns that will specifically address HIV prevention.

Commentary: National media campaigns demonstrate the leadership of the federal government in delivering targeted prevention messages to persons at risk for HIV infection.

Action (J.5): Encourage communities throughout the country to follow the federal government's lead and carry the message of prevention to local populations at risk.

Action (J.6): Increase technical assistance from federal agencies to assist state and local governments and non-governmental organizations to develop targeted campaigns through community interventions and the media.

Commentary: To increase effectiveness, prevention messages must be population-specific. Therefore, they should be delivered through appropriate media and use language and imagery that most effectively communicates the message. Federal agencies engaging in HIV prevention activities should encourage state and local

governments and private agencies to provide targeted media campaigns and implement well-chosen community interventions.

Action (J.7): Encourage businesses and media to participate in national and local efforts for HIV prevention by sponsoring campaigns and activities in local media and in places of business.

Goal K: Community consultation routinely sought in the development and implementation of educational programs and campaigns.

Action (K.1): Develop and deliver prevention messages in an effective and appropriate manner for the intended audience.

Action (K.2): Target efforts to the needs of populations that may be particularly susceptible to HIV transmission: gay and bisexual men (including gay men of color), substance users, sexual and needle-sharing partners of substance users, and youth in high-risk situations (especially out-of-school and gay youth).

Commentary: Primary in this effort is prevention education for youth, both in and out of school. Messages stress building self-esteem and self-sufficiency. To obtain the most effective community consultation, collaboration between governmental and non-governmental organizations will be encouraged at all levels. Federal funding agencies should increase technical assistance to encourage partnerships.

Action (K.3): Continue the implementation of the community planning process and encourage state and local governments to expand the use of this representative process to set priorities at the state and local levels.

Goal L: An array of HIV preventive services available and accessible to substance abusers in treatment on the streets.

Action (L.1): Coordinate activities and policies within the federal government such that the elements of the Public Health Service, the Office of National Drug Control Policy, and oth-

er involved entities work together toward a common goal of a drug-abuse-free and an AIDS-free society.

Action (L.2): Identify and develop methods to encourage the entry of all psychoactive drug dependent people, with particular attention to injecting drug users, into public or private treatment programs.

Action (L.3): Encourage utilization of new or sterile needles and syringes among injecting drug users who are unwilling or unable to utilize treatment or abstain from injecting practices.

Action (L.4): Initiate policy discussions and encourage study of the concept of "harm reduction" to broaden the policy alternatives available as the nation confronts the double and interrelated epidemics of drug dependency and HIV/AIDS.

Goal M: A safe blood supply worldwide.

Commentary: This issue cuts across international boundaries and is amenable to increased blood screening, the use of deferral criteria for blood donors, and other efforts.

Action (M.1): In cooperation with the World Health Organization, Global Program on AIDS promote the "Blood Safety Initiative."

Action (M.2): Include blood safety standards in all U.S. sponsored international service programs.

Goal N: Comprehensive, continuing HIV prevention programs for international use through existing host country infrastructure.

Action (N.1): Develop a comprehensive HIV/AIDS educational exchange among national AIDS coordinators world-wide using electronic media.

Action (N.2): Work with foreign governments to develop a training program to educate members of their military orga-

nizations so that they can teach civilian communities HIV prevention.

Commentary: After developing and successfully implementing HIV/AIDS training for U.S. military personnel, the concept can be translated to foreign militaries world-wide, some of which have extremely high infection rates.

CROSS-CUTTING

INFORMATION DISSEMINATION

Goal O: A national HIV/AIDS information dissemination system.

Commentary: All possible users of HIV/AIDS information should have access to the information they need and obtaining it should be easy. Implementation of an all-inclusive, easy access system can be developed with existing technologies and expertise. All AIDS information should be available to the public via a single telephone access number. Transfer among databases to the appropriate information system should be transparent to the user.

Action (O.1): Develop a technological, interdepartmental portal through which AIDS information can be disseminated.

Action (O.2): Establish a interdepartmental group to identify and discuss the issues and to establish a coordinated national HIV information dissemination policy.

Action (O.3): Develop an HIV information plan to be followed by all relevant agencies.

Action (O.4): Provide a forum for community-based HIV organizations and people affect by HIV/AIDS to express their informational needs and the problems they encounter in obtaining the needed information.

Action (O.5): Develop a training and technical assistance program for users of the national HIV information system.

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Carol Rasco
Announcements for DPC Meeting
Monday, April 11
Roosevelt Room - 5:30-6:30pm

1. Native Americans

2. Motor Voter (see attached)

3.

4.

5.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

06-Apr-1994 06:32pm

TO: Carol H. Rasco

FROM: Donsia Strong
Domestic Policy Council

CC: Stephen C. Warnath

SUBJECT: motor voter

Steve and I attended a meeting hosted by Political Affairs to discuss implementation of motor voter. All but a few agencies have moving to implement the legislation which requires many federal agencies to accept voter registration. The DNC, Democratic supporters and some in the White House b-elieve that the POTUS should issue an EO to provide an added to implement this Presidential priority.

Steve and I spoke of our concerns about whether an EO was the proper mechanism and whether any mechanism at all was needed given there were no major implementation problems. It was decided that politically we needed the public perception something was moving.

Therefore, OMB will amend the draft EO, Cabinet Affairs will ask COS to make implementation a priority and they have asked that motor voter implentation be mentioned at the DPC meeting Monday. The draft EO will not be available on MOnday but you may tell Cabinet heads it is being developed.