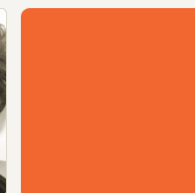
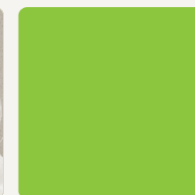
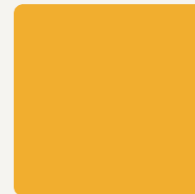


Contextualizing the WRI: Key Science & Policy Issues

Judith Auerbach, Ph.D.
Women's Research Initiative on
HIV/AIDS
March 18, 2011



Contextualizing the WRI

Key Science Issues

- ✓ HIV/AIDS and Aging
- ✓ Combination HIV Prevention

Key Policy Issues

- ✓ National HIV/AIDS Strategy
- ✓ Health Care Reform (ACA)
- ✓ Budget Cuts

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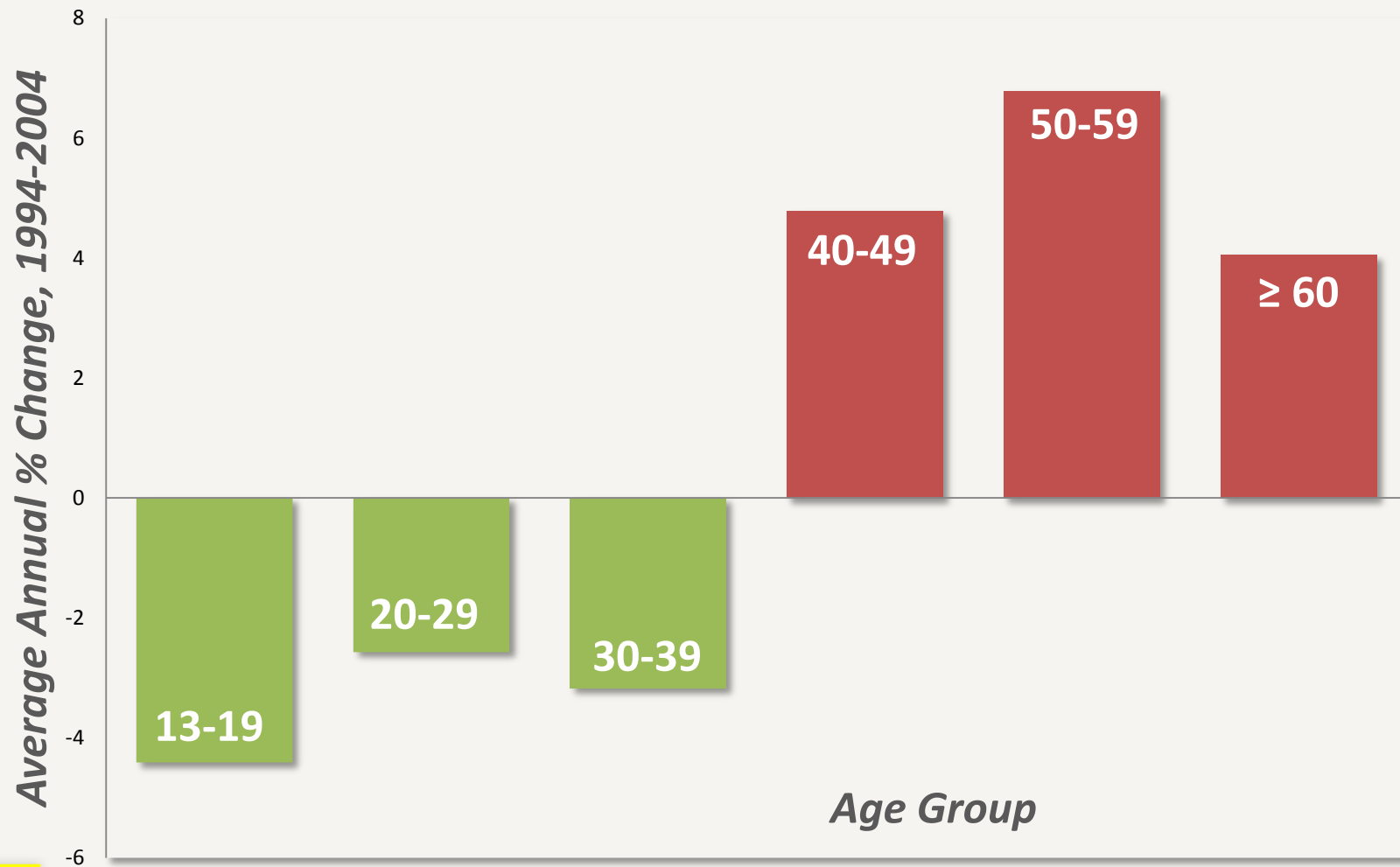
SATELLITE SESSION
*HIV/AIDS and Aging:
Emerging Issues in Research, Care,
Treatment, and Prevention*



“*In my work at WORLD, as a peer advocate working with women who are over 50 and HIV positive, I have seen challenges, but I also see resilience. . . I have seen peer advocacy change the lives of positive women.*” Sylvia Young, WORLD

**SAN
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Increased Proportion of New HIV Infections in Older US Women



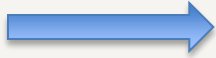
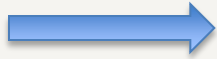
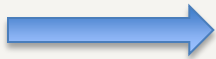
From: Amie Meditz, CRO! 2011; derived from Espinoza et al, AJPH 2007. 97(1):144-9.

Increased Risk of HIV Acquisition in Older Women

- ✓ Elevated percentages of CCR5+CD4+T cells in cervix may increase the risk for HIV acquisition in pre-and post-menopausal women.
- ✓ Correlation between age and cervical expression of CCR5 may be due to age- or hormone-related effect on CCR5 expression.

Amie Meditz, prospective cohort study presented at CROI 2011

Drug Metabolism & Menopause

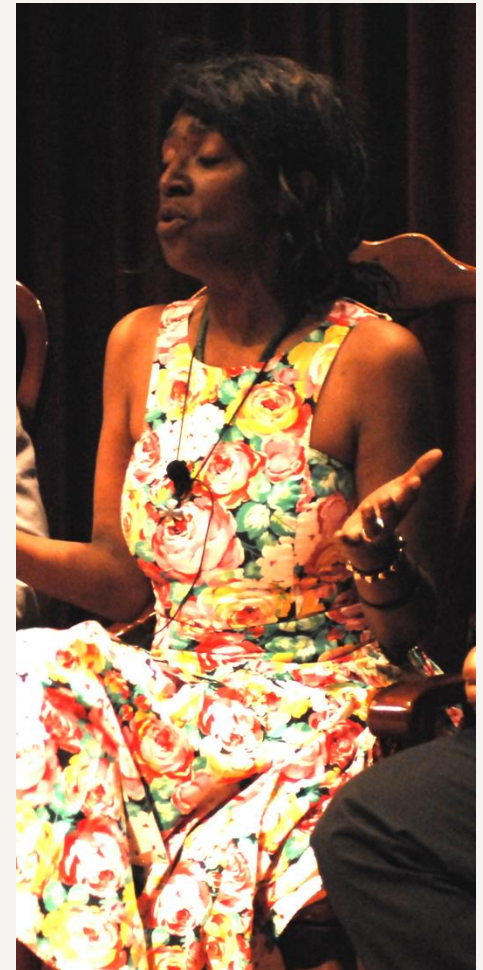
- ✓ Post-menopausal compared to pre-menopausal women:
 - Higher tenofovir blood plasma trough concentration  risk of renal toxicity
 - Increased tenofovir exposure in the genital tract  systemic concordance
 - Emtracitabine  persistently increased exposure in the genital tract

Kristine Patterson, PK study presented at CROI 2011



“Why did I get healthy if I’m trapped in an income level that I can’t live on?”

“I think all we really need to do is focus on the very simple fact that everybody needs to use protection when they’re having sex.” Loren Jones, PWN

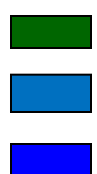
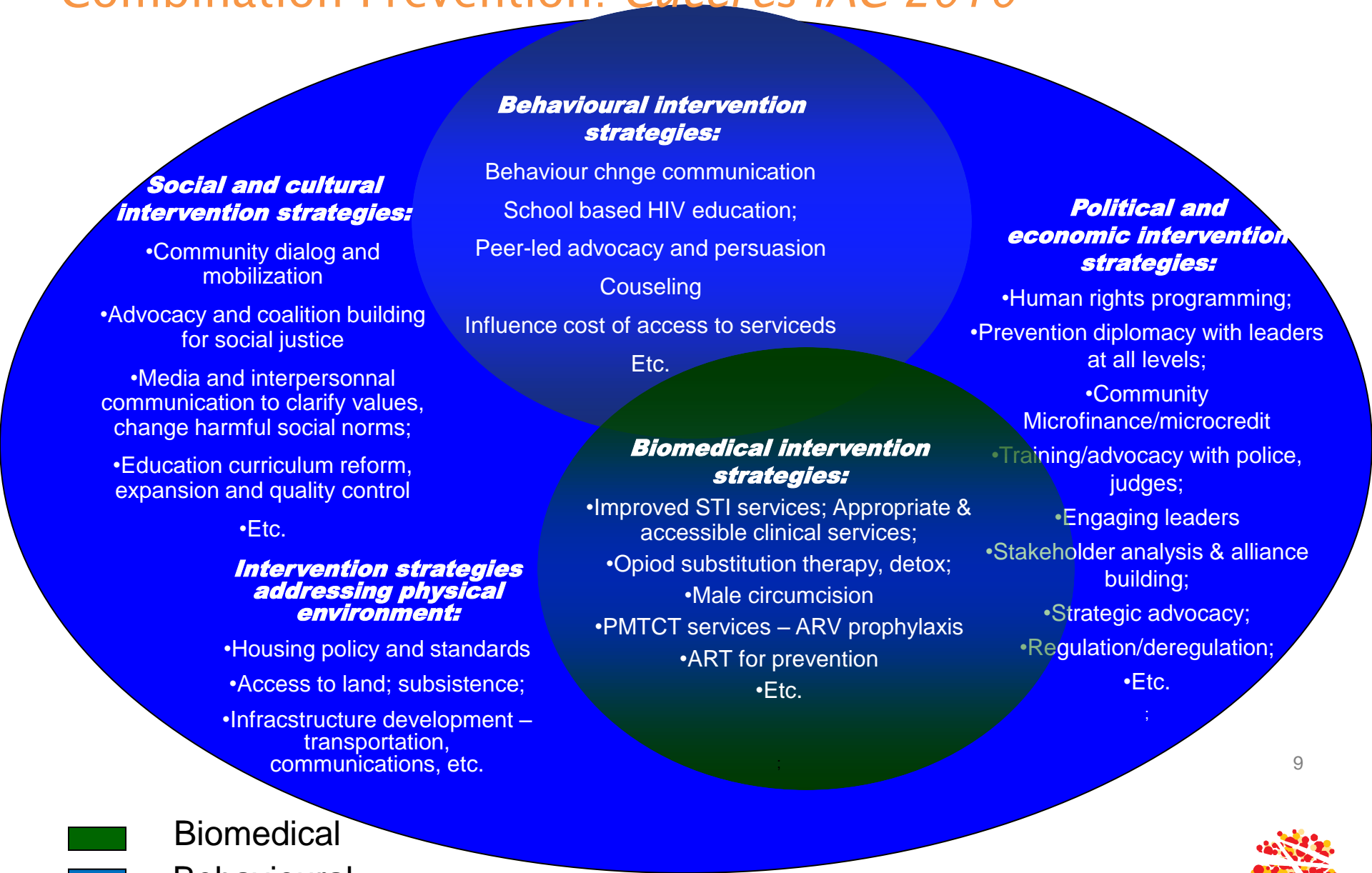


Combination Prevention

UNAIDS Prevention Reference Group Definition

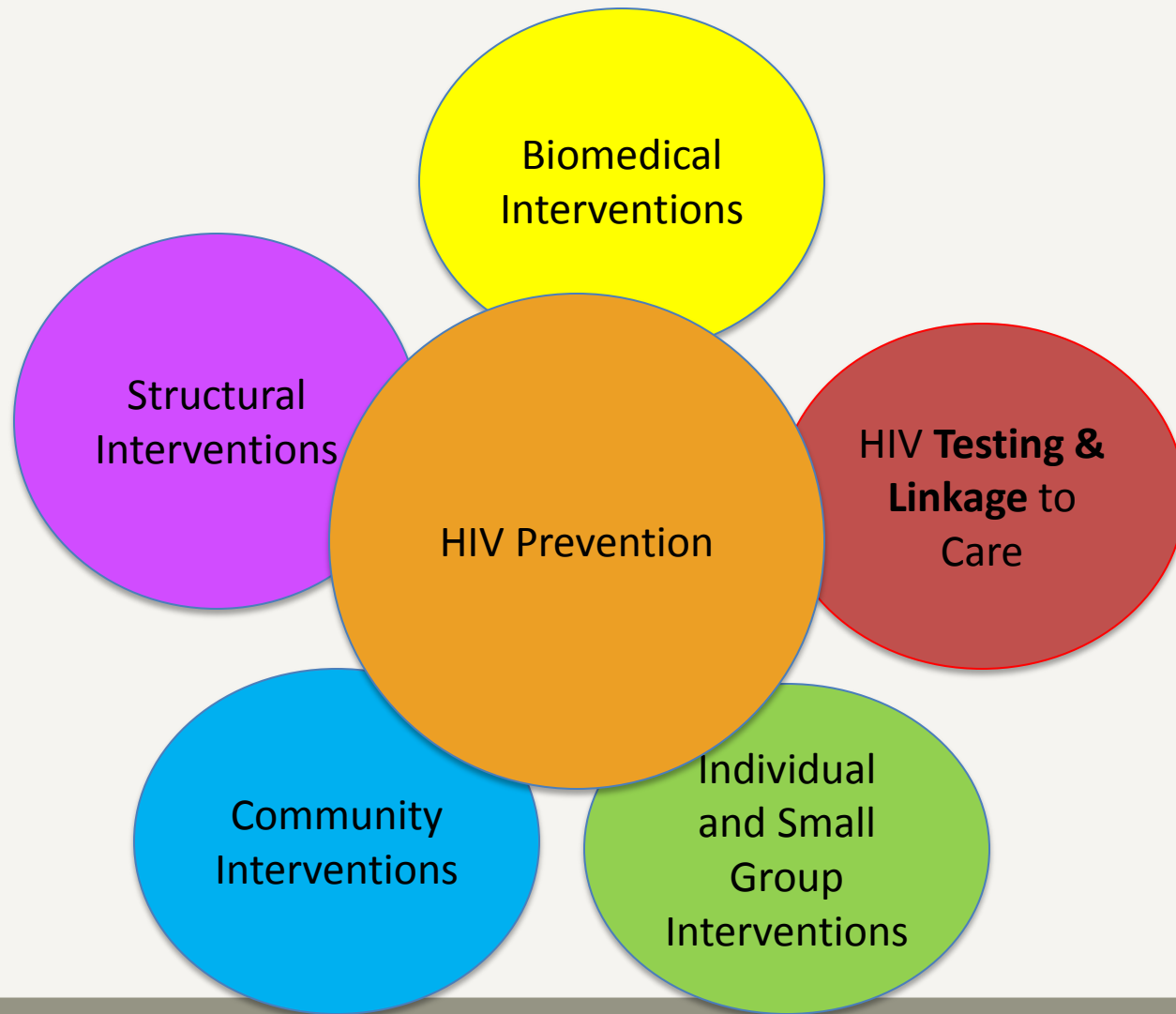
“The strategic, simultaneous use of different classes of prevention activities (biomedical, behavioral, social/ structural) that operate on multiple levels (individual, relationship, community, societal), to respond to the specific needs of particular audiences and modes of HIV transmission, and to make efficient use of resources through prioritizing, partnership and engagement of affected communities”

Combination Prevention: *Cáceres IAC 2010*



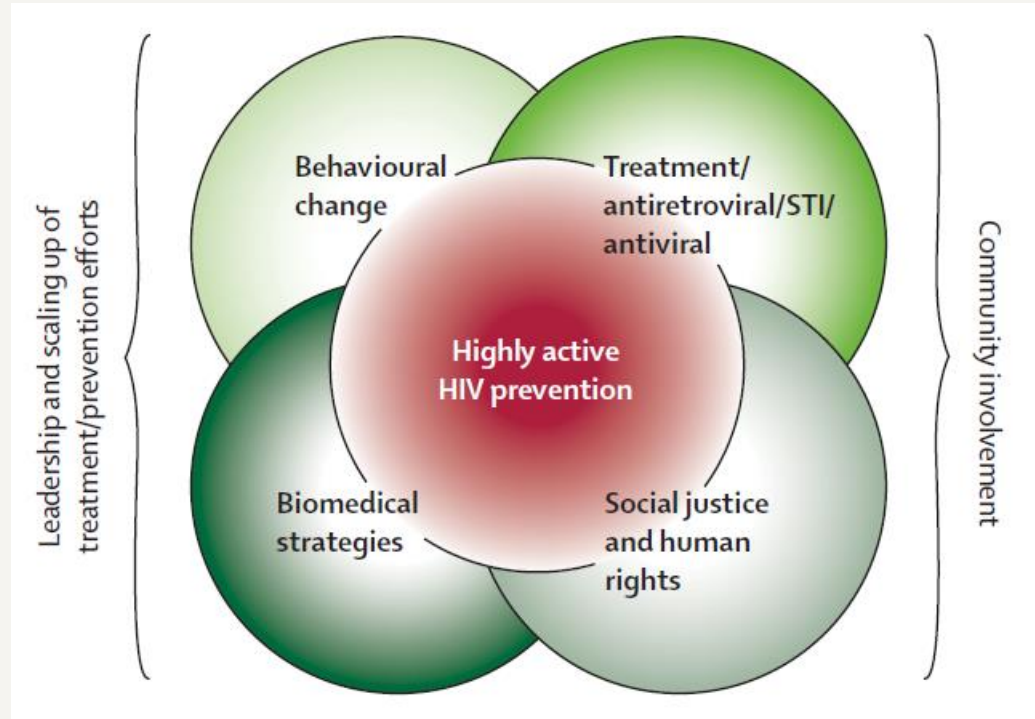
Biomedical
 Behavioural
 Structural (Social and cultural, Political and economic; Physical)

Combination Prevention: Multiple disciplines and approaches; *Mermin, CROI 2011*



Highly Active HIV Prevention

Coates, et al. The Lancet, 2008



Cited by CoCates et al., 2008

Prevention Packages

NIH “Methods for Prevention Packages (MP3)” RFA

Description:

This project will support collaborations between behavioral and biomedical clinical scientists, epidemiologists, and clinical trial design specialists to:

(1) devise optimal HIV “prevention packages”

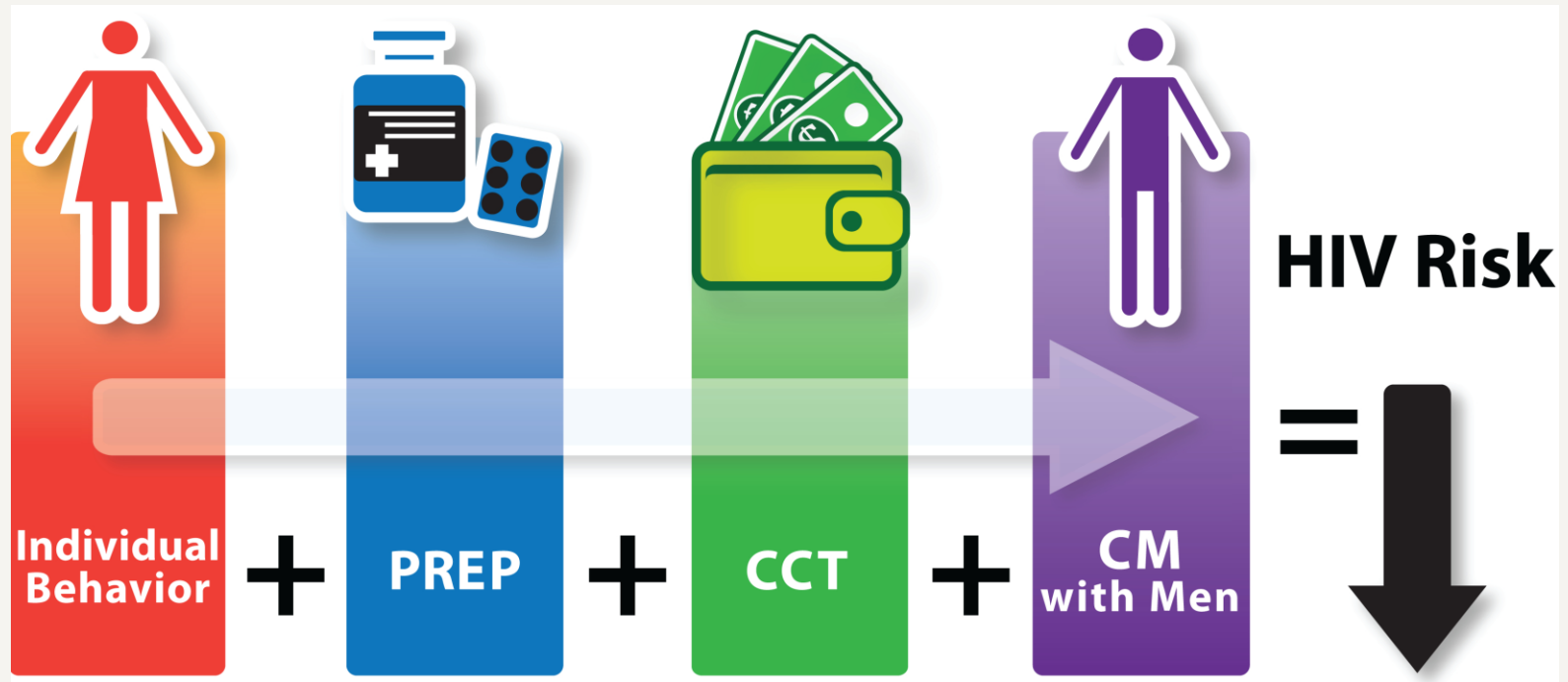
(combination interventions) for specific populations

(2) design clinical studies to rigorously examine the safety and efficacy of these “packages” in the target population

(3) demonstrate that the proposed prevention package is acceptable to the target population and the study design is appropriate and feasible.

Combination Prevention for Young Women

Pettifor, CROI 2011



High-Impact Prevention (CDC)

Mermin, CROI, 2011

- Key Components
 - Effectiveness and Cost
 - Feasibility of full-scale implementation
 - Coverage of targeted population
 - Interaction and targeting
 - Prioritizing
- Mathematical models, research, and programs should incorporate these factors

Why We Need More

Mermin, CROI 2011

- ✓ Combining interventions is not enough
- ✓ All interventions are not effective and all effective interventions are not equal
- ✓ Limited resources are available and we need to prioritize
- ✓ Applying the science of implementation to maximizing impact

National HIV/AIDS Strategy



www.nationalaidsstrategy.org

November 19, 2008

Dear Presidential Transition Team:

Thank you for President-Elect Obama's leadership on health reform and, specifically, in calling for a National AIDS Strategy for the United States.

In his AIDS platform, then-candidate Senator Obama pledged that:

"... in the first year of his presidency, he will develop and begin to implement a comprehensive national HIV/AIDS strategy that includes all federal agencies. The strategy will be designed to reduce HIV infections, increase access to care, and reduce HIV-related health disparities. His strategy will include measurable goals, timelines, and accountability mechanisms."

We look forward to working with you to help your Administration develop and implement a National AIDS Strategy that can bring needed coordination, accountability, and results-orientation to our national response to the epidemic.

The attached Framework document discusses the need for a Strategy, provides guiding principles to make a Strategy effective, and suggests a process for establishing a Strategy. Consistent with this document, we very much hope the new Administration will act, within its first 100 days, to appoint a National AIDS Strategy panel and establish a White House-level office and coordinator to provide leadership in developing and implementing the Strategy.

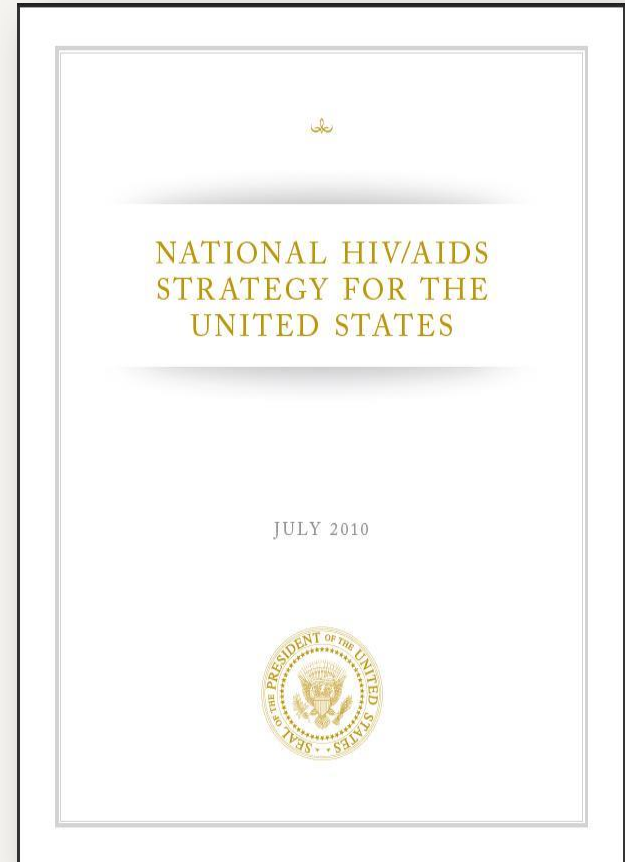
We are ready to help you consider how to begin the National AIDS Strategy process. Please feel free to contact us through Chris Collins of the Coalition for a National AIDS Strategy at ChrisCSF@aol.com or by phone at 845.701.0158.

Sincerely,

Randy Algaier, CAEAR Coalition
Judy Auerbach, San Francisco AIDS Foundation
Robert Bank, Gay Men's Health Crisis
Chris Collins, Coalition for a National AIDS Strategy
Julie Davis, Community HIV/AIDS Mobilization Project (CHAMP)
Rebecca Haag, AIDS Action
Naina Khanna, WORLD
David Ernesto Munar, AIDS Foundation of Chicago
Fernessa Seele, The Balm In Gilead, Washington, D.C.
Dana Van Gorder, Project Inform
Phil Wilson, Black AIDS Institute, Los Angeles
A. Toni Young, Community Education Group



Framework for
Developing an Effective
National AIDS Strategy
for the United States



SAN FRANCISCO AIDS FOUNDATION

National HIV/AIDS Strategy

White House, July 13, 2010

Vision:

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”

National HIV/AIDS Strategy Goals

1. Reduce HIV Incidence
2. Increase access to care and improve health outcomes of PLWHAs
3. Reduce HIV-related health disparities
4. Improve cross-agency coordination and collaboration

Goal 1. Reducing HIV Incidence

By 2015

- Lower annual number of new infections by 25%
- Reduce HIV transmission rate by 30%
- Increase percentage of PLWHAs with knowledge of their status from 79% to 90% (reduce to 10% undiagnosed)

Goal 2. Increasing access to care and improving health outcomes for PLWHA

By 2015:

- Increase proportion of newly diagnosed patients linked to care within 3 months of diagnosis from 65% to 85%
- Increase Ryan White program clients in continuous care from 73% to 80%
- Increase Ryan White clients with permanent housing from 82% to 86%

Goal 3. Reducing HIV-related health disparities.

By 2015:

- Increase proportion of HIV-dx gay and bisexual men with undetectable viral load by 20%
- Increase proportion of HIV-dx Blacks with undetectable viral load by 20%
- Increase proportion of HIV-dx Latinos with undetectable viral load by 20%

Goal 4. Increasing cross-agency coordination

- Cross-department planning
- Equitable resource allocation - shift from AIDS to HIV case reports
- Data collection - streamlined, standardized
- Reporting & Evaluation on progress toward goals

Gender Monitoring Tool for the NHAS

PWN, et al. 2010

✓ Key Areas To Be Assessed

- Law and Policy Review
 - Discriminatory laws & actions
- Data Collection & Risk Assessment
 - Unique aspects for women; disaggregation of data
- Meaningful Involvement of HIV+ Women
 - In federal, regional, local decision-making bodies
- Women Centered Service Delivery
 - Preventive interventions, care programs, services
- Resource Equity
 - Geographic disparities
- Research
 - Social & structural vulnerabilities, biomedical & operational

Patient Protection and Affordable Care Act of 2010

- ✓ Key Benefits for PLWHA & Women
 - Public health insurance (Medicaid/Medicare) improvements
 - Eliminates disability requirement & Part D “donut hole”
 - Private health insurance improvements
 - Prohibits pre-existing condition exclusions & lifetime limits on coverage
 - Increases scope of coverage w/ mandatory benefits package
 - Subsidizes people w/income <400% of FPL
 - Increases access to OB-GYN & midwifery care
 - Preventive care & access to community health centers

Patient Protection and Affordable Care Act of 2010

- ✓ Key Losses/Concerns for PLWHA & Women
 - Continues age -rating and some gender-rating
 - Lack of coverage for immigrants & undocumented
 - Elimination of abortion care and assisted reproductive services in private insurance market/ Pre-existing Condition Insurance Plans
 - High premium costs for PCIPs

Challenging Times

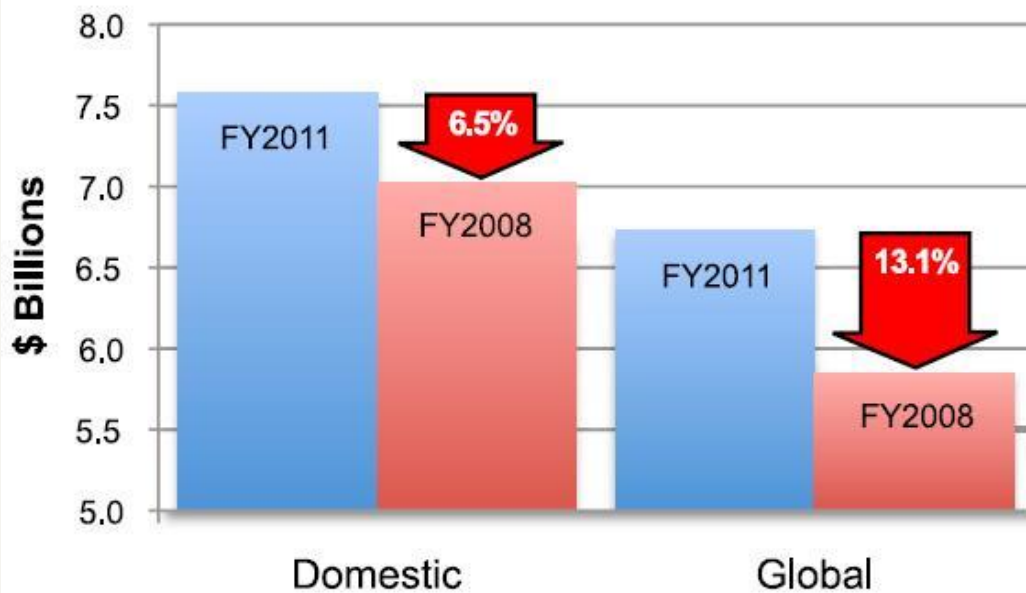
Mermin, CROI 2011

- ✓ Federal deficit ~ \$1.3 trillion for FY 2010
- ✓ 5 year freeze on federal discretionary spending
- ✓ State budget shortfalls in FY 2010:> \$190 billion
- ✓ Reductions in HIV prevention by health departments:
 - >50% reported budget cuts--\$170 million* in FY 09
 - Staff furloughs, hiring freezes, pay cuts
- Many community organizations closed or struggling
- ADAP waiting lists

*total includes HIV and viral hepatitis programs, but much of funds cut were from HIV

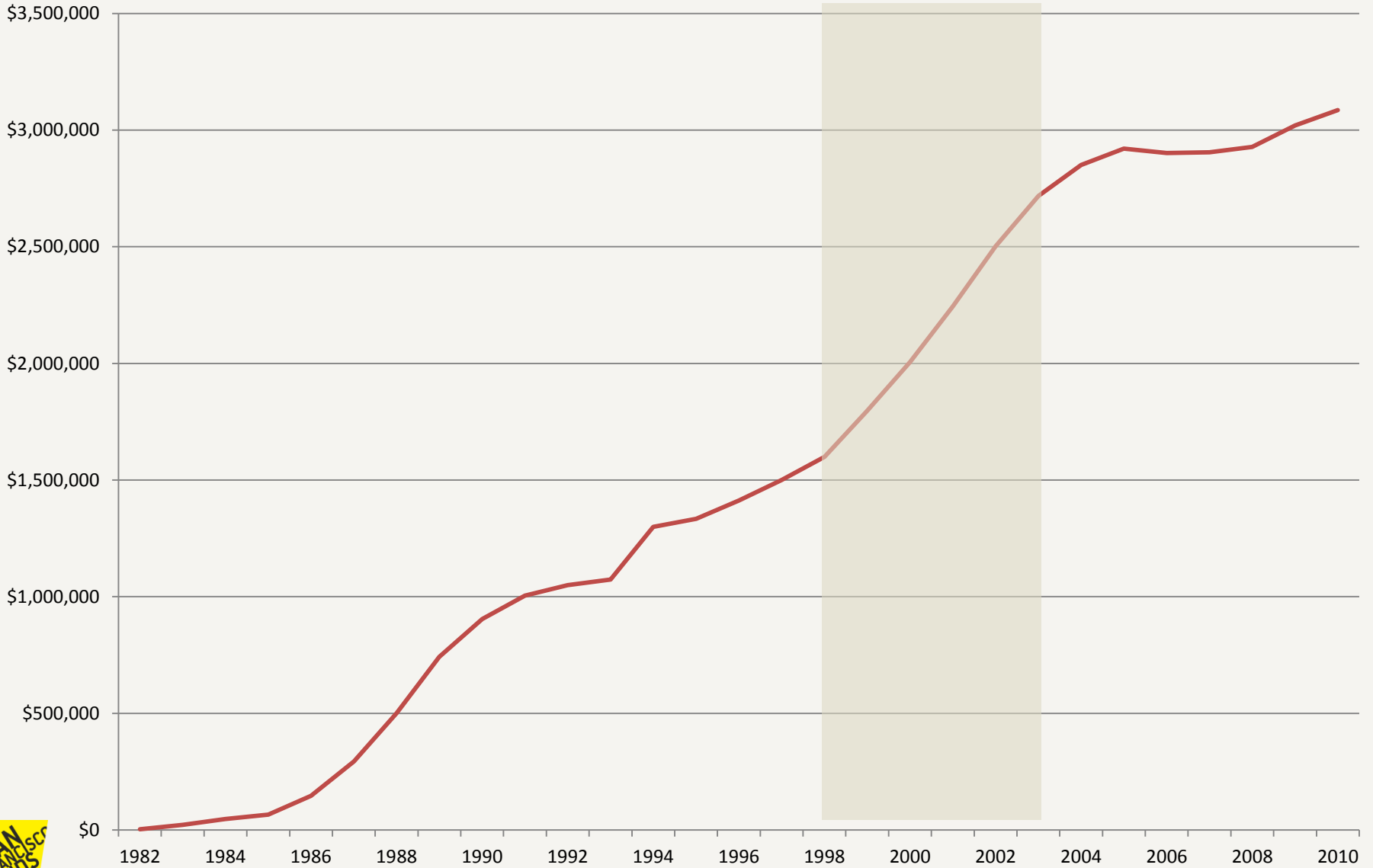
Rolling Back Funding to FY 2008 Levels: Impact on the Domestic and Global AIDS Epidemic

Federal Funding for HIV/AIDS Programs



Total NIH HIV/AIDS Research Funding (1982-2010)

dollars in thousands



Conclusion

Prioritize, Prioritize, Prioritize!

Acknowledgements

- ✓ WRI Executive Committee
- ✓ Manali Nekkanti, SFAF
- ✓ Carlos Caceres
- ✓ Jonathan Mermin, CDC
- ✓ Audrey Pettifor, UNC
- ✓ Donna Adderly, OAR Budget Office