Via electronic submission: HIVPlanComments@hhs.gov

RE: Request for Comments on Draft HIV National Strategic Plan: A Roadmap to End the HIV Epidemic (2021-2025) (Document Number 2020-26586)

To Whom It May Concern:

The National Black Women's HIV Network and the National Black Gay Men's Advocacy Coalition are pleased to respond to the HHS request for information on the draft **HIV National Strategic Plan: A Roadmap to End the HIV Epidemic (2021-2025).** We respond as organizations dedicated to improving the health and well-being of Black women and girls and Black gay men and the elimination of HIV as an epidemic in Black/African American communities globally and in the United States. We assert that the HIV National Strategic Plan must address service delivery, programming, funding alignment, and health system reforms needed to address the needs of Black/African Americans.

The National Black Women's HIV/AIDS Network (NBWHAN) is a voice and advocate for Black women and girls living with or affected by HIV/AIDS by engaging in policy and program initiatives that fight gender, social and health inequities.

The National Black Gay Men's Advocacy Coalition (NBGMAC) is committed to improving the health and well-being of Black gay men through advocacy that is focused on research, policy, education and training-with a special emphasis on the impact of HIV on the lives of Black gay men.

We applaud the Department of Health and Human Services' (HHS) Office of Infectious Disease and HIV/AIDS Policy (OIDP) in the Office of the Assistant Secretary for Health (OASH) for making sure that the voices of community-stakeholders are a critical piece in finalizing the HIV Plan's goals, objectives and strategies. Below are the areas that we believe most critically affect the Plan's goals, objectives, and strategies that address the HIV epidemic; critical gaps in the HIV Plan's goals, objectives, and strategies; and areas of the Plan that cause us concern.

1.) **Do the draft plan's goals, objectives, and strategies appropriately address the HIV epidemic?**

The work of the **HIV National Strategic Plan** must acknowledge the role of systemic racism in the spread of HIV and the disparate outcomes among Black/African Americans. Racism and how it is performed and enacted across the United States is at the root of medical mistrust, poor health seeking behaviors, and negative outcomes among Blacks/African Americans. Systemic racism negatively impacts the ability to effectively address HIV and is further exacerbated by misogyny, homophobia, and the stigmatization of people who use drugs.

The 'stability' in the annual number of newly diagnosed HIV cases should also be seen through the lens of systemic racism and the misalignment of resources and access to services that exacerbate the disparities and negative health outcomes for Black/African Americans.

NBWHAN and NBGMAC support the goal of ending HIV as an epidemic by 2030 and the reduction in new infections by 75% by 2025. We are also clear that a plan that merely provides new resources to the same entities that have administered the epidemic to its current stage is not only insufficient, but ignores their role and complicity in the barriers to access and mistrust of public health systems that continue to hampered our efforts to date.

NBWHAN and NBGMAC support status neutral approaches to HIV prevention in Black communities to reduce stigma and resistance to HIV knowledge, testing, preventive services, and care.

COVID-19 is discussed most frequently as a challenge to be addressed in the context of HIV. It has disrupted our service delivery systems and caused our federal, state and local governments to collaborate, innovate and demonstrate flexibility and agility that will serve us well in the future. Policies and practices that have been relaxed and modified to address COVID-19 restrictions should not be restored without thorough examination of the benefits that may accrue to individuals living in rural, exurban and urban geographically isolated areas. Concerns about privacy must be weighed and considered in the review.

2.) Are there critical gaps in the HIV Plan's goals, objectives, and strategies? If so, please specify the gaps.

Discussion of partnerships must address the role of community-based organizations (CBOs) on the front lines of the HIV epidemic and the direct services they provide. Frontline workers must be acknowledged and supported in their critically important efforts with dedicated sustained resources.

Recommendation: ***Revise Objective 1.1*** to ensure HIV messaging and school-based health education is affirming to all individuals, including lesbian, gay, bisexual, transgender, and gender nonconforming individuals. Additionally, the corresponding strategy, 1.1.1, should prohibit messaging that is fear-based or judgmental and that promote abstinence-only based education (referred to as sexual risk avoidance education).

Recommendation: ***Revise Objective 1.3*** *Expand and improve implementation of effective prevention interventions, including treatment as prevention, PrEP, PEP, and SSPs, and develop new options-(Page 31).*
These interventions must be available to people who need them in a variety of traditional health care and public health settings as well as nontraditional settings. Public health and health care systems can better meet the HIV prevention needs of the people they serve by developing or adopting culturally competent and linguistically appropriate approaches and policies to service design and delivery. **Some examples include: expansion of resources for community-based organizations that have increased their medical capacity either in-house, or through partnership with health departments and clinical providers (Shapatava, 2018)**, and the development and adoption of models that allow for low-barrier access to prevention and supportive services such as expanded service hours, drop-in appointments, telehealth, peer navigators, community health workers, and co-located service delivery.[75]

Schools can offer on-site sexual health services through their own health care infrastructure, such as school-based health centers (SBHCs) and school nurses or can establish referral systems to community partners to provide services, such as periodic, school-wide HIV screening events or mobile clinics. Policy and other systemic changes can support this work and are often cost-neutral or cost-saving.

Proposed New-BOX Under Goal 2: Community-based organizations are justly admired for their passionate commitment to the mission and inventive approaches to addressing urgent social problems. Because of their accessibility, history, and credibility in the community, CBOs are recognized and remain important partners in providing comprehensive high-impact HIV prevention services (CDC 2020). Consequently, the successes that CBOs have demonstrated in addressing the social issues have reoriented their organizational focus to better fit within the realm of a treatment as prevention approaches by increasing their medical capacity (Shapatava, 2018) to provide U=U, PrEP, and PEP services either internally or externally to the organization.

The effect of poverty as a distinct and independent driver of the HIV epidemic must be explicitly acknowledged. Persons at risk for HIV and those living with HIV are over-represented among those living at less than 100% of the Federal Poverty Level.

Recommendation: ***Revise Objective 1.4*** to include the importance of training a workforce inclusive of paid-peer base employees to fully address stigma and ensure culturally responsive care to individuals living with HIV, not diagnosed or out of care.

Recommendation: ***Revise Goal 1: [add] 1.5*** to remediate historical and systemic barriers based on race, gender and gender identity in public health systems that deny people vulnerable to HIV acquisition services , resulting differential care and treatment, and further stigmatizes HIV in disproportionately impacted communities.

Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Recommendation: ***Include in the Challenges Section*** (Page 36), ensure efforts to address the needs of persons living with HIV (PLWH) over 50. Specifically, address racial/ethnic disparities and support a comprehensive model of care inclusive of biomedical, behavioral, and social interventions for women living with HIV over 50.

Recommendation: ***Revise the introduction to Objective 2.2*** to include language that ensures that data-to-care models are responsive to the needs of clients and allows for reduction in data entry and additional administrative burden for providers and consumers.

Recommendation: ***Revise Objective 2.3*** to include a new strategy to protect and expand the Affordable Care Act. The ACA has provided people with HIV and those at risk of HIV better access to health care and more health insurance options through protecting people with pre-existing conditions, mandating essential benefits (prescription drugs, lab tests), and broadening Medicaid eligibility.

Recommendation: ***Revise Objective 2.4*** to include support services, such as income, housing, employment, substance use, and mental health service providers.

Goal 3: Reduce HIV-Related Disparities and Health Inequities

Recommendation: ***Revise the indicators and objectives for Goal 3*** to allow for intersectional identities which put persons at higher risk of poor health outcomes. These include populations such as black and Latino men who have sex with men, black and Latino transgender women, black persons over 50, women over 50, and foreign-born sex workers. Ensuring that funding, programs, and services are responsive and sensitive to experiences of intersecting identities will help to reduce inequities and End the Epidemic.

Recommendation: Revise *Objective 3.1* to include "race, sex, gender identity, ethnicity, religion, disability, socio-economic circumstance, sexual orientation, and involvement in the sex trades" as these factors contribute to increased risk for HIV diagnosis and poor health outcomes.

Goal 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among new Partners and Stakeholders

Recommendation: To better support strategies 4.4.1 and 4.4.2, federal, state, and local public health experts should employ the use of translational, implementation, and communication science research in their public health program planning so that they are used in all aspects of programs and not primarily focused on smaller research projects to maximize the reach and dissemination of evidence informed interventions.

The use of translational, implementation, and communication science will serve to innovate healthcare and support services. Governmental and academic partnerships should be further developed to support the use of translational, implementation, and communication science for larger implementation of models of care in public health to maximize the dissemination and use of evidence-based models of care. All such efforts must implore a diversity of institutions, researchers, community-based partners and innovative methods with experience in African American and other Black populations.

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.**

I. INTRODUCTION (Page 12)
A. HIV Epidemic: Progress to Date

- **Policy changes ensure that federal money follows the epidemic.**
  Concern: Federal resources were redirected to regions with no ability to ensure that programs defunded by federal funding were able to be maintained, leaving people living with HIV in care, and those vulnerable to HIV in those jurisdictions at risk. The lack of accountability plans to ensure the continuity in ongoing care for those individuals is sustained in those jurisdictions is unethical, and inconsistent with a stated goal of ending HIV as an epidemic.

- **The advent of pre-exposure prophylaxis (PrEP) has increased options for HIV prevention.**
  Concern: Despite proven efficacy and an A rating from the USPSTF, PrEP has not been successfully implemented in Black women's communities nor in Black gay men's communities. The disparity in uptake can be attributed to the lack of commitment to ensure that clinical

trials were proven to show efficacy in Black women, and that educational and service resources were not provided explicitly to Black community based organizations in Black communities most in need of support. The National Institutes of Health has not invested in prevention research clinical trials to prove efficacy in Black women, and effective implementation science has not been done to determine the best modalities to successfully implement PrEP in Black gay men that promotes adherence.

- **Strategic investments by the National Institutes of Health (NIH) in research advanced efforts toward new prevention tools, next-generation therapies, a vaccine, and a cure.**
  Concern: The NIH has not invested sufficiently in research designed to determine the most effective strategies to engage and retain Black men, women, and children in NIH sponsored research trials. All NIH funded clinical trials must be designed to engage these populations where feasible. The NIH investments have not demonstrated a sufficient commitment and interest in addressing the HIV epidemic in the United States. A thorough review of the NH portfolio to ensure that it is aligned with the HIV epidemic and to ensure equity is essential.

- **The Ending the HIV Epidemic (EHE) initiative was launched in 2019 as a bold plan that aims to end the HIV epidemic in the United States by 2030. EHE is the operational plan developed by agencies across the U.S. Department of Health and Human Services (HHS) to pursue that goal.**
  Concern: The EHE was conceptually flawed in its construction because it ignores the critical role housing programs at HUD and education programs at the Department of Education must play in the elimination of HIV. The lack of safe, and affordable housing is a structural barrier that directly impacts both acquisition of HIV and the ability to access and adhere to treatment regimens as well as has a negative impact on mental health which further exacerbates negative outcomes. The Dept of Education has failed to implement comprehensive sexual education in public schools from elementary through high school. Children who are left uninformed about bodily function, sexuality, and the spectrum of sexual orientations and identifies, are vulnerable to HIV. They deserve skills to negotiate decision-making supporting sexual delay and avoiding unintended consequences from inappropriate influences. LGBTQ inclusive, comprehensive sexual education must be offered and encouraged for students in public schools.

Recommendation: *Revise Section 1:*
II. GOALS AND RELATED OBJECTIVES, STRATEGIES, AND INDICATORS OF PROGRESS
Goal 1: Prevent New HIV Infections – Page 23
The Opportunity
An ongoing emphasis on primary prevention remains important. ***As CDC observes, not having sex is a 100% effective way to prevent getting or transmitting HIV through sexual activity. Also, for those engaging in sexual activity, reducing the number of sexual partners, choosing less risky sex,*** *and having open and honest communication with your partners about your HIV status and sexual history are reliable ways to avoid HIV. The CDC also notes that correct and consistent use of condoms is highly effective in reducing HIV transmission.*

The text highlighted above uses clinically factual statements to promote unhelpful, abstinence-based, HIV prevention at a time when HHS has failed to fund comprehensive sexual education, and HIV prevention among school age Black gay youth and young adults. Black girls and young women have been left behind in prevention education and the NIH still has not conducted studies to determine efficacy in

broadly distributed biomedical HIV prevention tools, leaving them without the confidence and knowledge they deserve. Language like "less risky sex" is relatively meaningless depending on individual sexual practices, confers judgement on practices instead of promoting harm reducing, solutions that reduce HIV acquisition.

SSPs and other harm reduction services. The use of ***Safe Injection Facilities*** is another harm reduction tool that has proven effective in the reduction of death and co-morbidity by drug overdose, does not increase the use of drugs, and serves as an entry point to an array of public health services to address the general health of the individual.

The term **"at-risk**" appears in the document forty-six (46) times and is used frequently in the document to describe a specific segment of the population which can be perceived as stigmatizing certain groups. "At-risk" is a concept that reflects a chance or a probability. It does not imply certainty (Dilmitis, 2012). As outlined in the UNAIDS Terminology Guidelines (2015), the term at-risk should be avoided because it implies that risk is contained within certain groups and while we understand that membership in one group or another does not place individuals at risk; behavior does.

NBWHAN and NBGMAC call on HHS to further examine the use of the term "at-risk to ensure that the term is clear, is not clouded by ambiguity, and that it does not continue to perpetuate stereotypes among specific groups of individuals.

Objectives and Strategies

Goal 3: Reduce HIV-Related Disparities and Health Inequities

Objective 3.1 Reduce HIV-related stigma and discrimination

Recommendation: Racial stigma, and the differential treatment that is a result of it must be discussed. Black people especially in the Southern United States despite examples of progress, are still systemically stigmatized, marginalized, and discriminated against because of their race. These States and jurisdictions also have disproportionate rates of STIs, co-morbidities, HIV cases, HIV morbidity and mortality. Within these states and counties, despite recent increases in federal resources, Black communities and organizations still do not receive proportional resources to address their needs. There is an urgent need for research on community level and institutional/facilities related stigma and discrimination especially in healthcare facilities that can be implemented at scale to dramatically reduce these barriers to care.

Table A.1. (Page 59) Composition of Joint Viral Hepatitis/HIV Federal Steering Committee

Recommendation: Representatives from the Department of Education and the Department of Labor should be included on the Federal Steering Committee. The workforce and educational needs of people living and vulnerable to HIV and Viral Hepatitis must be considered in a more systematic way. Mixed messages on disability status and accommodations must be considered and addressed.

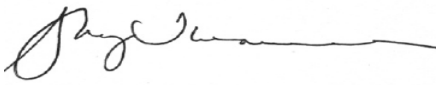
Box 3 (Page 27) STD Specialty Clinics

Recommendation: The role of community-based organization in the provision of STI prevention and treatment services, especially in Black/African American communities is essential to the goal of reducing and eliminating STIs and the damage they do to the public health. Government investments in public health have not kept pace with the needs for STI prevention and treatment services in Black communities as these rates continue to increase among Black gay men, Black women and Black youth aged 13-24. The role of STD Specialty Clinics, should be included as a key focus of the Plan and rebranded as Sexual Health Clinics, offering low to no-cost HIV and STI services.

NBGMAC and NBWHAN support robust increases in public health funding for STI prevention, contact tracing, and treatment but these investments must support Black/African American CBOs that provide these life-saving services.

Thank you for the opportunity to provide comments on the Draft HIV National Strategic Plan: A Roadmap to End the HIV Epidemic (2021-2025). Please do not hesitate to contact us for any additional information you may require.

Sincerely,



Ernest Hopkins, Chair
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cc: File

References:

1. Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2014–2018. HIV Surveillance Supplemental Report 2020;25(1). Accessed December 10, 2020. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol25-1.pdf 2
2. Dilmitis, S., et al. Language, identity and HIV: why do we keep talking about the responsible and responsive use of language? Language matters. Journal of the International AIDS Society 2012, 15(Suppl 2):17990. http://www.jiasociety.org/index.php/jias/article/view/17990 | http://dx.doi.org/10.7448/IAS.15.4.17990
3. Shapatava, E. et al (2018). Community-Based Organization Adaptations to the Changing HIV Prevention and Care Landscape in the Southern United States. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia. AIDS Educ Prev. 2018 Pubmed. #30966767.
4. UNAIDS 2015 Guidance: UNAIDS_terminology_guidelines_2015.pdf. Accessed December 11, 2020.