



April 29, 2015

Mr. Douglas Brooks, Director  
Office of National AIDS Policy  
The White House  
Washington, DC 20502

Dear Mr. Brooks,

The National Black Women's HIV/AIDS Network, Inc. (referred further to as "the Network") is the preeminent advocate for Black women and girls living with, or affected by, HIV/AIDS in the nation. Representing both public and private organizations working at the ground level in the fight against HIV/AIDS, the Network is organized to provide leadership and expertise in the prevention and spread of HIV/AIDS and other health disparities that affect Black women and girls nationally and internationally. Our mission is to reduce the burden of morbidity, mortality, and stigma of HIV/AIDS and other health disparities associated with gender, social, and economic inequities among Black women and girls, and we recognize the need to articulate with clarity the specific needs of Black women and girls relative to HIV/AIDS prevention, treatment and care, and research issues.

As federal officials begin the process of updating the National HIV/AIDS Strategy (NHAS) careful and adequate attention must be given to the particular needs of Black women and girls at risk and living with HIV/AIDS. Within that framework, the Network is pleased to submit the following recommendations for consideration of inclusion into the updated NHAS.

**Reducing New HIV Infections**

- ◆ Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated.
- ◆ Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.
- ◆ Educate all Americans about the threat of HIV and how to prevent it.

Effective evidenced-based prevention interventions that are culturally appropriate are central in stemming the tide of HIV/AIDS within the Black community. As the rates of HIV infections continue to negatively impact Black men and women, the need to intensify HIV prevention efforts is paramount. However, as Black women and girls continue to be disproportionately affected by the HIV, there are few effective HIV prevention interventions that are exclusively tailored to them.

**Recommendations:**

- ◆ The Network recommends that the CDC include Proven Effective Evidenced-Based HIV Prevention Interventions for Black women and girls at-risk and living with HIV in their High Impact Prevention (HIP) portfolio.
- ◆ Work with States and localities with implementing the best combination of approaches to address HIV and STD prevention among Black women and girls including revitalizing funding streams that compel local state departments of health to prioritize HIV prevention among Black women and girls at highest risk for infection.
- ◆ Support and encourage community-based prevention interventions that involve social networks, local organizations and outreach efforts that are effective in changing social and community norms around safer sexual relations and reducing HIV risk behaviors among Black women and girls.
- ◆ Identify funding resources for HIV prevention intervention services and methods that are initiated and controlled by Black women living with and at risk of HIV.
- ◆ Establish policies to ensure that the progress gained in the past few years, e.g., reduction in new HIV infections among Black women and girls continues.
- ◆ Strengthen collaborations between health departments, HIV primary care, family planning, reproductive health providers and community-based organizations serving women and girls to promote HIV prevention strategies including PrEP and sexual reproductive health.
- ◆ Address partner violence as both a public health and legal issue and engage states, cities and community-based providers to develop strategies to reduce partner violence as a result of partner notification processes or self-disclosure.

It is well-documented that women account for more than one quarter of all new HIV/AIDS diagnoses in the U.S. and the HIV prevalence rate among Black women is over 19 times the rate of white women. Prevention efforts must be targeted to Black women and girls as they represent a “community” in which HIV is most heavily concentrated among women.

**Recommendations:**

- ◆ The Network recommends that prevention efforts be race, age, and gender-specific to reach the community of Black women and girls.
- ◆ That CDC and HRSA combine HIV care and prevention efforts to address the root causes of the epidemic within the Black community and target resources to engage Black women and Black men (heterosexual, gay and bisexual), as partners in the effort.
- ◆ Support the utilization of geo-mapping data and gender specific monitoring of community viral load to enhance the current arsenal of existing surveillance methods which need reinforcement in order to identify populations at greatest risk and in need of targeted HIV prevention services.

While the primary mode of transmission for all women is heterosexual sex, risk factors that define risk in a way that will facilitate prevention and treatment are not being addressed; therefore establishing appropriate risk categories for Black women and girls is needed.

**Recommendations:**

- ◆ The Network recommends that the CDC complete a comprehensive study of risk factors that must be considered in reporting HIV infections in Black women and girls to reflect the social determinants of health, including but not limited to social challenges, risk behaviors, psychological factors and cultural characteristics.

- ◆ Modify existing surveillance methods to reflect actual transmission risks for Black women and girls.

Nearly 10,000 young people (aged 13-24) were diagnosed with HIV infection in the U.S. in 2013. Black youth have been disproportionately affected by HIV infection, accounting for 60% of all HIV infections reported in 2013. The federal government has been slow to address the health risks posed by HIV/AIDS to Black youth and to Black young women and girls in particular. Black young women and girls are not always reached by effective HIV interventions and prevention education due to the decline in health education (from 92% in 1997 to 85% in 2013) provided in the nation's schools. Our Black young women and girls who face physical and emotional harm from HIV exposure and/or transmission are entitled to a higher level of federal commitment to their well-being.

### **Recommendations:**

- ◆ The Network recommends that the US Department of Education -Assistant Secretary for Elementary and Secondary Education issue a "dear colleague" letter stating the commitment of the federal government to the NHAS and its full commitment to ensuring HIV/AIDS education in primary and secondary schools.
- ◆ CDC's Division of Adolescent and School Health (DASH) and its funded grantees develop model school-based HIV education programs that address the root causes of risk behavior in young women and girls, particularly Black young women and girls, with a focus on the development of behavioral refusal skills, alcohol awareness and parental involvement in addition to "HIV/AIDS 101," and provide additional funds for the mandate.
- ◆ That DOE and CDC engage state and local school districts to explore alternative community-based models that create opportunities for community-based and private organizations whose mission is to serve young women and girls, with a focus on young Black women and girls to provide HIV education in primary and secondary schools.
- ◆ Direct funding towards community-based entities to implement intervention programs targeting women and girls.

### **Increasing Access to Care and Improving Health Outcomes for People Living with HIV**

- ◆ Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV.
- ◆ Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.
- ◆ Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing

Although Black women and girls account for 63% of the estimated new HIV infections in women, many do not receive the vital HIV care that they need due to the many challenges they face in accessing medical care. These challenges include: lack of empowerment; difficulty accessing child care; transportation; stigma and isolation; partner and dating violence; and discrimination as a result of race, ethnicity and gender, low health literacy, limited financial resources and fewer health care resources in their communities. As a consequence Black women and girls living with HIV often delay entry into HIV care and experience poor health outcomes. Consequently, the annual percentage of infections classified as stage 3 (AIDS) has continued to

increase among Black women, (from approximately 53% in 1985 to 65% in 2013). The Health Resources and Services Administration's HIV/AIDS Bureau (HAB) reported that in 2013, 28% of the clients served by Ryan White HIV/AIDS Programs were women and 71% were men. While Ryan White Programs provided care and services to 245,828 Black women and men, in 2012, only 38% of those persons receiving care and services were Black women and girls. It is of the utmost importance that Black women and girls with HIV are more readily engaged and retained in care.

**Recommendations:**

- ◆ The Network recommends that HRSA in collaboration with funded entities of the Ryan White program work towards improving access, engagement and retention of Black women and girl's living with HIV in care and treatment and offer services designed to move them along the HIV Care Continuum toward viral suppression.
- ◆ Create a compendium of best-practices from all Ryan White program grantees providing care to women and girls with HIV.
- ◆ Address the gender dimensions of the epidemic and its effects on women and girls, with a focus on Black women and girls and incorporate gender-responsive care in HIV primary care service-delivery settings to ensure retention in HIV care and treatment.
- ◆ Provide capacity building to develop and enhance leadership, knowledge and skills, cultural competency and service delivery among Ryan White HIV services providers caring for Black women and girls living with HIV.
- ◆ Direct HRSA to ensure that Ryan White program grantees incorporate care and treatment services designed to retain Black women over 50 in care.
- ◆ HRSA in conjunction with DOJ create protocols to ensure that women with HIV in the criminal justice system are provided with quality HIV care and treatment.
- ◆ Integrate key elements of a "harm-reduction" approach in providing comprehensive, culturally competent, HIV primary care for women and girls.
- ◆ Require existing and newly funded CDC, HRSA, and SAMSHA grantees to devise programs that identify the signs of sexual victimization and violence in order to support women and girls who have been traumatized by violence.

**Reducing HIV-Related Disparities and Health Inequities**

- ◆ Reduce HIV-related mortality in communities at high risk for HIV infection.
- ◆ Adopt community-level approaches to reduce HIV infection in high-risk communities.
- ◆ Reduce stigma and discrimination against people living with HIV

It has been reported that a significant percentage (41%) of the men who participated in HPTN 061, the NIH-funded HIV research study conducted with Black MSM, disclosed having female partners within six months of study enrollment. These data highlighted the potential for this population of men to transmit HIV to other Black men who have sex with men, and to potentially serve as bridges for HIV infection among female members of their sexual networks.

**Recommendations:**

- ◆ The Network recommends that given the epidemiologic importance of this subpopulation, HPTN develop strategies to include them into studies that address their unique needs be developed. These include but are not limited to understanding intersections of racial, sexual and gender identity and HIV risk and infection.

Women living with HIV have lower rates of survival and viral suppression compared to men.

### **Recommendations:**

- ◆ The Network recommends that NIH and HRSA work in partnership to develop effective behavioral and biomedical interventions with a particular focus on Black women and girls and complete and in-depth assessment to examine the gender disparities among women and girls with a focus on Black women and girls and the determinants of health, including structural factors that make Black women and girls vulnerable to HIV.
- ◆ Allocate federal resources to develop and support leadership development initiatives designed to foster and facilitate collaborative linkages between researchers, service providers, and Black women and girls at-risk for or living with HIV to address critical social determinants of health such as poverty and violence which make women vulnerable to HIV and adversely impact the survival rates of women living with HIV.
- ◆ Support Black women and girls within their social environments to build stronger relationships, neighborhoods and communities to reduce their risk for HIV.

### **Achieving a More Coordinated National Response to the HIV Epidemic**

- ◆ Increase the coordination of HIV programs across the Federal government and between Federal agencies and state, territorial, tribal, and local governments.
- ◆ Develop improved mechanisms to monitor and report on progress toward achieving national goals.

The December 2014 Office of National AIDS Policy Report, *National HIV/AIDS Strategy: Update of 2014 Federal Actions To Achieve National Goals and Improve Outcomes Along the HIV Care Continuum*, featured “promising trends” as a result of the implementation of the NHAS, however, few were noted for Black women and girls. Historically, Black women and girls have been underrepresented in HIV research, treatment, care, and prevention efforts. This underrepresentation has undoubtedly led to the dramatic rise in the number of Black women and girls living with HIV. This cohort of women and girls can no longer be deemed invisible in an epidemic that has such a dramatic impact on their lives and well-being.

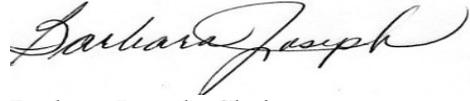
### **Recommendations:**

- ◆ The Network recommends that ONAP establish an expert panel of Black women and girls made up of, women living with HIV, researchers, medical providers, educators, faith leaders, and Black women who lead HIV/AIDS community-based and national organizations to work in partnership with HHS, other federal agencies and state and local governments to ensure equality of access, treatment and care, and effective prevention interventions that address the needs of Black women and their families and address the contextual factors in which HIV infection occurs.
- ◆ ONAP, HHS other federal agencies and state and local governments should develop a set of performance indicators and a quality improvement program that focuses on the key elements of the NHAS to determine ways to improve services and systems.

We thank you for your consideration of our recommendations for inclusion into the 2015 updated NHAS. We remain committed to working with your office throughout the next phase of the implementation of the strategy and look forward to the day when we can realize an AIDS-free generation.

If you have any questions or require additional information please do not hesitate to contact us at 888-812-0043 or at [nbwhan@nbwhan.org](mailto:nbwhan@nbwhan.org).

Sincerely,

A handwritten signature in cursive script that reads "Barbara Joseph".

Barbara Joseph, Chair

A handwritten signature in cursive script that reads "Ivy Turnbull".

Dr, Ivy Turnbull, Vice Chair