

AIDS IN AMERICA

April 20, 2010

The Honorable Barack Obama
The White House
Washington, D.C.

Dear Mr. President,

As leaders of national organizations that have come together under the “AIDS In America” umbrella, we thank you for your commitment to the development of a National HIV/AIDS Strategy for the United States and for the progress that has been made on its development. We understand that the federal interagency work group is expected soon to make its recommendations on the Strategy to the White House Office of National AIDS Policy (ONAP). As the White House reviews the recommendations of the interagency work group and crafts a National HIV/AIDS Strategy for addressing the domestic HIV/AIDS epidemic, we would like to offer four key elements which we believe must be reflected in a Strategy for it to be successful.

First, the strategy should set a few measurable targets that are relevant, inspiring, ambitious, and easy to communicate. A limited number of bold targets will focus the efforts of policymakers and implementers in and outside the government on achieving specific, priority outcomes to advance the fight against HIV/AIDS. With specific targets, federal officials can demand greater collaboration among agencies to achieve the Strategy goals.

Second, the Strategy must include concrete mechanisms for improving the federal management and coordination of domestic HIV-related activities. Whether through the creation of a new, high-level centralized office similar to the model of the Office of the Global AIDS Coordinator (OGAC) or through strengthened political will to use existing authority, we believe improvements in coordination, accountability, and more targeted and efficient use of resources must be addressed in the Strategy.

Third, priority activities of the Strategy must be specific, measurable and tied to both the Strategy’s goals and targets. Furthermore, the accomplishment of the Strategy will require new resources to scale up what works as well as more strategic use of current resources. Collectively, we agree that a few, high profile Presidential initiatives to address HIV related stigma and discrimination, HIV disparities among gay and bisexual men and transgender people of all races, African American men and women, and to promote HIV testing and improve linkage and access to care should be part of your Strategy.

Fourth, the Strategy should include a way to bring state and local health departments and other key implementing partners, including community based organizations and HIV medical providers, into an ongoing process of working with federal agencies on the implementation, accountability, monitoring and evaluation of the Strategy. Mechanisms for ensuring that the voices of people living with and at risk of acquiring HIV/AIDS are reflected in implementation plans must also be assured. In addition, the government should foster new partnerships with diverse sectors, including business and philanthropy, to achieve the President's goals. To be effective the Strategy cannot simply layer new requirements on HIV/AIDS prevention and care systems that have been developed over the last twenty years nor can it rely on a top down approach. Active buy-in and engagement of implementing partners in the success of the Strategy is essential.

Thank you again Mr. President for your commitment to a National HIV/AIDS Strategy to address the domestic HIV/AIDS epidemic. We look forward to providing our critical assessment of the Strategy when it is shared for public comment and to working with you to assure its ultimate success when finalized.

Sincerely,

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