Women and HIV/AIDS
THE BIG PICTURE

Action for social change through public policy research, advocacy and education
Message from the Executive Director

Each year the National Association of People with AIDS (NAPWA) hosts AIDS Watch. The event is the community’s annual gathering of grass roots advocates from around the country. Each participant will bring a critically important message to congressional offices – the need for sound AIDS policies and adequate funding to end the epidemic. This year is especially important for two reasons. First, it is an election year and, as I have written before in this column, elections provide an opportunity for more focused discussion about important health policy issues. 2008 also marks the 25th anniversary of the founding of NAPWA – the nation’s first national AIDS organization.

Events like AIDS Watch bring the voices of our varied communities together with a common message for our elected officials. While we may not speak with one voice about all the details, it is critical that we do so about the major issues that will impact the course of HIV/AIDS prevention, care, treatment, housing, and research. AIDS Watch and many other advocacy drives throughout the year give us the chance to speak with one voice about the major issues. The AIDS Institute congratulates NAPWA on 25 years of service to people living with HIV/AIDS and their allies and encourages us all to make this year’s AIDS Watch the best ever. You will find information in this issue of ActionLink about how to register for AIDS Watch.

In this issue there is a wealth of information about women and AIDS – in fact, the lead story looks at the big picture of how AIDS is impacting women. You will also find updates on federal and global issues and a summary of cutting edge state-level issues. There are articles about some promising projects. Two of the most compelling of these articles: a report about a possible demonstration project for the Early Treatment of HIV Act (ETHA), and the other about the removal of the HIV travel and immigration ban through the PEPFAR reauthorization process. Progress can be slow but it does happen when we are all working together to advocate for positive change.

A. Gene Copello
Senate Makes Progress In Lifting HIV Entry Ban

Included in the Senate bill to reauthorize PEPFAR (S. 2731) is a provision that removes HIV from the list of factors that are automatically inadmissible for travel and immigration into the United States. The AIDS Institute has championed this provision, along with other HIV and immigration organizations, and is working now to ensure it remains in the bill as the full Senate considers PEPFAR and the final bill that must be agreed upon with the House.

Rep. Barbara Lee (D-CA) brought the issue to Congress’ attention when she introduced “The HIV Nondiscrimination in Travel and Immigration Act of 2007” (HR 3337) which would remove from the Immigration and Nationality Act the provision rendering individuals having HIV inadmissible to the US. Sens. John Kerry (D-MA) and Gordon Smith (R-OR) introduced the Senate companion (S. 2486) in December. While Lee tried to get her language included in the House version of the PEPFAR reauthorization bill, she was unsuccessful. Sens. Kerry and Smith, however, were successful in getting it inserted in the Senate PEPFAR bill, which was approved by the Foreign Relations Committee on March 13th.

Prior to the Committee’s passage, Director of Federal Affairs Carl Schmid visited 14 Senate offices along with AIDS Action to educate members on the issue and to voice strong support from the HIV/AIDS community for changing the archaic policy. Currently the other inadmissible conditions include terrorists, child and human traffickers, Nazi persecutors, drug traffickers, and the like. No other health condition has been singled out by law except HIV. (Carl Schmid)

AIDSWatch

2008 Registration Now Open

Online Registration is now open for the 16th annual AIDSWatch 2008. Come to Washington April 28-30 and tell Congress to Do the Right Thing. We invite you to join hundreds of AIDS advocates from across the country who will be traveling to the nation’s capital to speak to their elected officials with a strong voice, united in support of a solid federal commitment to AIDS programs.

Please join AIDSWatch, the largest annual constituent-based Federal HIV/AIDS advocacy and education event in the U.S. Participants include people living with HIV and AIDS, their families, friends, care providers, and other advocates. AIDSWatch is a project of the National Association of People with AIDS (NAPWA). Many other national organizations concerned about HIV and AIDS also participate in the planning, funding and support of this event.

Go to www.napwa.org/aidswatch to learn more and register today!
Women and HIV/AIDS
The Big Picture

Compelling Data

Since 1985 the proportion of estimated AIDS cases diagnosed among women has more than tripled, from less than 5% in 1985 to 27% in 2005. This critical finding is astonishing and if HIV infections continue to grow for women, they may soon outnumber HIV infections among men.

In the United States, black women are 21 times more likely to be diagnosed with HIV than white women. Considering the fact that women of color are disproportionately affected by HIV/AIDS and AIDS is still the leading cause of death for Black women aged 25 to 34, resources need to be directed into the Black community. In addition, the word "crisis" needs to remain in the forefront. Many communities have sadly become complacent with HIV disease, therefore negating or ignoring HIV prevention and intervention efforts.

The Centers for Disease Control recognizes various risks associated with increased HIV infection among women, including: age; lack of recognition of partner’s risk factors; high-risk heterosexual behavior and risk factors; biologic vulnerability; other sexually transmitted diseases; substance use; socioeconomic issues; racial/ethnic differences and multiple risk factors.

The WIN Project

The AIDS Institute, through the work of the WIN Project, is committed to addressing the critical healthcare needs of women with HIV/AIDS. On the larger scale, women represent almost half (48%) of all adults living with HIV/AIDS worldwide. Therefore, the need for efforts targeting increased funding for comprehensive HIV prevention programs, testing initiatives and access to care and treatment services is critical. To be effective, strategies must include policy initiatives, creative HIV prevention awareness campaigns, communication, and education as well as recommendations in which community, faith and government leaders can work together to reduce HIV infection among at-risk women and girls.

May 17, 2008 marks the one year anniversary of The WIN Project. To date, program highlights include: Commitment from WIN Project’s honorary co-chair’s Representative Barbara Lee (D-CA) and Representative Hilda Solis (D-CA), Development of Project Materials and WIN Partner Network, Press release from Congresswoman Maxine Waters office expressing support for the WIN Project, Conducted a targeted series of HIV/AIDS Women’s Health Summit/CME Programs in the South to address barriers to treatment and care for women and HIV/AIDS and Conducted Women’s HIV and Health Policy Forum on December 14, 2007 in Washington, DC.

Another effective strategy that the WIN Project promotes is mobilizing affected and infected communities through the town hall meeting approach. The town hall meeting provides an opportunity to target women and service providers of women living with and caring for those infected with HIV/AIDS. The purpose of the town hall meeting is to glean valuable information from other individuals impacted by the daily struggles of living with or caring for individuals with HIV/AIDS, address what strategies work well in the participant’s local/regional HIV/AIDS health care system, address what specific barriers the participants have in their local/regional HIV/AIDS health care system, and engage in the opportunity to continue important discussions and ongoing communications by joining the WIN Project Network or inviting other individuals, groups, or organizations to join.

New Initiatives

On March 10, 2008, the National Library of Medicine (NLM), of the National Institutes of Health (NIH), through its Division of Specialized Information Services, Office of Outreach and Special Populations has partnered with the NIH Office of Research on Women’s Health (ORWH) to announce the creation of a one-stop resource. The new Web resource provides consumers with the latest information on significant topics in women’s health research from scientific journals and other peer-reviewed sources. The resource is innovative and the 2008 National Institutes of Health (NIH) Research Priorities for Women’s Health was used to identify overarching themes, specific health topics, and research initiatives in women’s health.
Within each section of the Web site are topics with links to relevant and authoritative resources and research initiatives for women's health. The NLM and ORWH hope that by creating such a one-stop on-line resource for women's health research at the NLM, consumers, health care providers, and researchers will be able to more quickly access the latest information available on scientific developments for important issues related to women.

For more information, the Women's Health Resources from the NLM Web site can be found at: http://sis.nlm.nih.gov/outreach/womenshealthoverview.html and the Women's Health Resources from the ORWH Web site can be found at: http://orwh.od.nih.gov/nat_lib_med.html

As The WIN Project continues to address the unique needs of women and HIV/AIDS, The AIDS Institute will continue to promote and emphasize the increased need by engaging national and international partners to address women and HIV/AIDS in their Policy, Research and Educational activities. For example, TAI will develop and host a one day leadership symposium along with an advocacy day in Washington, DC in June. This activity will be an advanced educational event targeted toward the leaders of organizations from around the country. These skilled leaders will represent organizations that deal with; HIV/AIDS Care & Services, Reproductive/Gender Health, Human Rights for Women, and Domestic Violence against Women. The symposium will have panel presentations from national WIN partner organizations as well as local and regional partners. The event will provide the most current information on crucial issues in women’s health, allow for an exchange of ideas, offer networking possibilities for the program participants and provide an opportunity to work toward solutions. Finally, the participants will engage in advocacy efforts while meeting with congressional representatives as appropriate. (Michelle Scavnicky)

Additional women’s resources
www.hivtest.org
www.4woman.gov/hiv
The International Community of Women Living with HIV. http://www.icw.org/

Stigma Clings Stubbornly To Women Living With HIV/AIDS

amfAR, The Foundation for AIDS Research, to release results of a national survey of public perceptions of women living with HIV/AIDS


The results of the survey reveal pervasive negative views of HIV-positive women and a high level of discomfort in interacting with them. Many of the responses display a lack of knowledge of how HIV is transmitted and misplaced fear of contracting the virus that indicate a pressing need to scale up prevention education efforts.

Sixty-eight percent of respondents indicated that they would be somewhat or not at all comfortable with an HIV-positive woman as their dentist; 59 percent said they would be somewhat or not at all comfortable with an HIV-positive woman serving as their childcare provider; and 57 percent said they would be somewhat or not at all comfortable having a female physician who is HIV-positive. One in five respondents would be somewhat or not at all comfortable having a close friend who is HIV positive.

Only 14 percent of respondents felt that HIV-positive women should have children. Currently medication exists to prevent mother-to-child transmission of HIV.

The survey also demonstrates significant differences in how Blacks, Hispanics and Caucasians perceive HIV/AIDS and the risk of acquiring it. Of those who know someone with HIV or AIDS, Blacks (34 percent) and Hispanics (32 percent) are much more likely to have a family member with HIV/AIDS than Caucasians (13 percent).

Insights were also gained into public attitudes about HIV testing. Nearly 40 percent were sure they had not been tested for HIV. A majority (80 percent) of these respondents indicated that they did not need a test either because they “knew” they did not have HIV or because they didn’t think they needed to be tested.

However, respondents overwhelmingly supported expanded HIV testing and 65 percent support making HIV testing part of standard routine healthcare. This acceptance may be partially linked to the belief that HIV testing occurs more frequently than it does, with 67 percent mistakenly assuming that they are automatically screened for HIV when they are tested for other sexually transmitted infections. Fifty percent believed that women are automatically tested during prenatal exams. (continued on page 6)
Targeted Outreach for Pregnant Women Act (TOPWA)

A Focus on Florida’s TOPWA Program

The Targeted Outreach for Pregnant Women Act (TOPWA) program was funded by the Legislature in 1998 to reach high-risk or HIV-infected pregnant women not receiving adequate prenatal care. The purpose of the program is to lower the number of babies born with prenatal drug exposure and HIV infection. TOPWA projects are currently in Miami-Dade, Broward, Palm Beach, Orange, Hillsborough, Pinellas, Duval, St. Lucie, Glades, Hendry and Lee counties. Projects provide HIV testing and pregnancy testing for women who are not sure of their pregnancy status. Women receive HIV prevention education and are assisted with substance abuse evaluations and treatment when needed. Pregnant women who are HIV infected are educated in the benefits of taking prescribed antiretroviral to reduce the risk of transmitting HIV to their infants.

Emphasis is placed on the provision of peer-based, culturally sensitive, non-judgmental outreach. TOPWA service providers are community-based organizations experienced in conducting outreach in their local area. Services are directed toward pregnant women not receiving prenatal care, and who are at risk for delivering a substance-exposed or HIV-infected baby. Outreach is conducted in specific venues where eligible clients may be found such as laundromats, beauty salons, parks, bars, etc. Relationships are developed with leaders in the communities such as business owners, religious leaders or other persons who are trusted by local residents. Collaborative agreements and reciprocal referral processes are established with providers such as Healthy Start, Children’s Medical Services, drug treatment centers and the local county health department, to name a few.

Each woman contacted through outreach is offered on-site HIV testing, education on HIV transmission and risk, and prevention materials. Those individuals who are pregnant and in need of prenatal care or have a drug abuse evaluation are considered eligible for the TOPWA program. Eligible women receive an assessment to determine their level of risk for HIV or substance abuse exposure. The dangers of drug use during pregnancy are explained and women who are actively using are assisted in getting a chemical dependency evaluation and treatment, if warranted.

Pregnant TOPWA clients are linked to prenatal care and other services such as Medicaid, Healthy Start other social service programs. Transportation to appointments through providing bus passes or actually giving the client a ride is one of the services offered through TOPWA. Referrals are tracked to ensure completion and clients are followed through the birth of the infant to ensure they continue to access services. TOPWA providers effectively use incentives to enroll clients into the program and ensure continued participation. Baby Showers are held for enrolled pregnant women at which they receive gifts and hear information on pregnancy, childbirth and caring for their infant. HIV-infected pregnant women will receive the highest priority from the TOPWA program to ensure that they have the support they need to have a healthy baby. (Florida Department of Health, Bureau of HIV/AIDS, Prevention Section)
HRSA currently has no system in place to track clients between jurisdictions, and most jurisdictions do not have the ability to track subgrantee to subgrantee. Thus, this requirement would burden Ryan White grantees, requiring them to track clients and provide evidence of compliance with the 24 month cap. HRSA currently has no system in place to track clients between jurisdictions, and most jurisdictions do not have the ability to track subgrantee to subgrantee. Thus, this requirement would be simply impossible to implement.

While this new policy will undoubtedly have harmful implications for low-income people with HIV/AIDS in need of housing, it does reflect some minor modifications from the original proposal. The original amendment would have taken effect immediately and the cumulative 24 month cap would have been retroactive upon implementation. The final policy establishes the effective implementation date for March 27th, 2008 and removes the retroactive nature of the cap.

Although part of the goal of the new policy is to transition individuals to more permanent housing options, there are no realistic mechanisms provided to accomplish this for everyone. Individuals receiving transitional housing assistance through the Ryan White Program are also required to enroll in programs to find permanent housing through other publicly funded housing programs. However, lengthy waiting lists render the goal of securing permanent housing simply unobtainable for many.

In addition, this policy amendment creates an unrealistic burden on Ryan White grantees, requiring them to track clients and provide evidence of compliance with the 24 month cap. HRSA currently has no system in place to track clients between jurisdictions, and most jurisdictions do not have the ability to track subgrantee to subgrantee. Thus, this requirement would be simply impossible to implement.

The AIDS Institute Denounces HRSA’s Ryan White Housing Policy

On February 26th, the Health Resources and Services Administration, HIV/AIDS Bureau (HRSA/HAB), announced a new policy that places a cumulative, lifetime cap of 24 months per household on housing assistance provided by Ryan White HIV/AIDS Program funds for short-term and emergency housing assistance. Publication of this new policy quickly excited opposition to the new policy and efforts are being organized to overturn it.

This amendment was initially published for comment in December 2006, and The AIDS Institute joined nearly 200 other organizations and individuals in submitting comments that expressed strong opposition to this policy amendment. Due to the overwhelming response in opposition to the proposal, HRSA HAB withdrew the amendment. Much to people’s surprise, the final policy notice was published.

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The House and Senate have both passed budgets that significantly increase discretionary health care spending and reject President Bush’s Medicare and Medicaid cuts. Both the House and the Senate passed separate budgets on March 13th and now must agree upon one single budget that will guide Congress’ spending decisions for 2009. The House budget increases healthcare spending by about 7.5% while the Senate increase is 10%. These increases should translate into higher spending for the Appropriations Committee for health care programs, including the Centers for Disease Control and Prevention, Ryan White and the National Institutes of Health. Significant spending increases have already caught the attention of President Bush, who has said he will veto any bill that increases spending above his spending proposals.

On the Senate floor, Sens. Gordon Smith (R-OR) and Hillary Clinton (D-NY) offered an amendment that would create a deficit neutral reserve fund for a state demonstration project to provide Medicaid for low income people with HIV, modeled after the Early Treatment for HIV Act (ETHA). Smith and Clinton successfully championed a similar amendment last year. While the resolution was on the Senate floor, The AIDS Institute sent a letter to all Senators urging them to support Sens. Smith and Clinton’s amendment, which was accepted without debate. We will now urge the House to accept the Senate ETHA language, as they did last year, as they craft the final budget.

There were efforts on the floor by both Rep. Barbara Lee (D-CA), on behalf of the Progressive Caucus, and Rep. Carolyn Kilpatrick (D-MI), on behalf of the Congressional Black Caucus, to increase healthcare and other domestic spending in the House Budget Resolution. While both failed, it provided an opportunity for many members to voice their support for more funding for HIV/AIDS programs, which was funded at the community request levels in the proposed budget alternatives.

Both the House and the Senate call for funding SCHIP improvements, Medicare Part D improvements, moratoria on certain Medicaid regulations, and increased affordable healthcare coverage. The Senate also calls for legal importation of prescription drugs. A final budget should be in place by April 15th. (Carl Schmid)
The Center for Disease Control and Prevention recently released a report updating the HIV/AIDS incidence numbers among men who have sex with men. The number of AIDS cases among MSM peaked in 1992 and then steadily declined until 2001. After that, the number of new AIDS cases among MSM increased every year. In data collected from 25 states between 1994 and 2005, male-to-male sexual contact was the most common form of transmission of HIV/AIDS. In 2005, nearly half (49%) of all new HIV/AIDS cases in 33 states were attributed to male-to-male sexual contact.

Since the total number of MSM in different racial groups is unknown, CDC has not been able to calculate the rates of infection for MSM by ethnicity, but they have released the total number of cases amongst the groups. In 2005, white MSM accounted for 43% of all MSM HIV/AIDS cases in 33 states, black MSM accounted for 36% of the MSM with HIV/AIDS and Hispanics accounted for 19%. Infections varied significantly by region, but the South had by far the greatest burden. In 2005, forty-two percent of all MSM AIDS diagnoses were in the South; more than half (54%) of the black MSM and approximately 36% of the white MSM who were diagnosed with AIDS that year were in the South.

Between 2001 and 2005 the number of HIV/AIDS cases among MSM increased in all age groups, with the most incidents occurring in the 35-44 age group, followed by the 25-34 age group. The largest proportional increase occurred among 13-24 year old MSM. Although cases among young MSM increased in all racial groups, young black MSM were hit the hardest. Of all MSM age 13-24 diagnosed with HIV/AIDS, 57% were non-Hispanic blacks, 23% were non-Hispanic whites; and 18% were Hispanic. Cases of HIV/AIDS among young black MSM increased 80%, from 928 cases in 2001 to 1,618 cases in 2005. In light of this recent surveillance, the need for more attention to MSM for all age groups and racial communities is glaringly apparent; however, outreach towards MSM in the South and black MSM youth is particularly crucial. (Bernadette Laber)

The Future of Medicare: What is the “45% Trigger” and What Are Its Implications?

In an attempt to control long term Medicare spending, the Bush Administration recently released a proposal to Congress to reduce general revenues as a share of total Medicare spending. Under the Medicare Modernization Act of 2003, which established the Medicare Part D prescription drug benefit, the Medicare Trustees are required to estimate the year in which general revenues will exceed 45 percent or more of total Medicare spending. If, in two consecutive years, the Trustees project the 45 percent level to be reached within the next seven years, they are required to issue a Medicare funding warning.

In 2006 and 2007, the Medicare Trustees’ reports indicated that the 45 percent limit would be reached within the next six years. Thus, the “45% trigger” was pulled, and the Trustees issued a Medicare funding warning.

Once this occurs, the Medicare Modernization Act of 2003 requires the President to propose changes to reduce general revenues as a share of total Medicare spending, and for Congress to consider them. The Administration’s proposal includes several things, among them: promotion of electronic health records; price transparency; quality measures; modifications to medical malpractice law; and a reduction in the federal subsidy for prescription drug benefits for higher income beneficiaries. While the Congress is required to consider this proposal, they are not required to enact it into law.

According to many health care policy experts, the “45% trigger” is an arbitrary warning that does not address the fundamental issues of Medicare’s long term sustainability. The trigger does not address how much the program is expected to cost long term and what percentage of the overall U.S. budget this program will occupy. It only addresses the percentage of Medicare costs that are covered by a particular revenue source – general revenues or payroll taxes. The share of total Medicare spending provided by payroll taxes has consistently decreased over time, while the share provided by general revenues has been increasing, and this trend is expected to be permanent.

While many health care policy experts see little significance in the “45% trigger”, there is widespread agreement that the Medicare program is facing serious long term financial sustainability challenges. The federal government must take major steps to address rapidly rising Medicare costs, without sacrificing quality of health care or harming beneficiaries. There are approximately 100,000 Medicare beneficiaries living with HIV/AIDS, and The AIDS Institute will continue to advocate for a strong, robust and financially sustainable Medicare program to serve those individuals. (Suzanne Miller)
World TB Day Roundtable Discussion

March 24 marked the 126th anniversary of the discovery of Mycobacterium tuberculosis, the bacterium that causes Tuberculosis (TB) by Dr. Robert Koch. March 24 is also recognized around the world as World TB Day. In observance of this historically significant discovery, Scientific American, featured Dr. Kenneth Castro, Centers for Disease Control (CDC), Dr. Nils Daulaire, Global Health Council, Dr. Giorgio Roscigno, FIND, Dr. Jorge Sampaio, UN Special Envoy To Stop TB and former President of Portugal, and Dr. Salman Siddiqi, BD Fellow. Each speaker highlighted the theme of the discussion, "TB Today: Old Enemy, New Hurdles". Dr. Sampaio, leading off the discussion, characterized TB as “forgotten pandemic that is re-emerging”. He highlighted the fact that there were approximately 9.2 million new cases of TB in 2006 (the last year for which data is available) with 709,000 of those cases occurring among people living with HIV/AIDS. He noted the irony in that people are living longer with HIV/AIDS because of ARTs, but then die from TB - which is curable. TB is now the leading cause of death for people with HIV in developing countries. Dr. Roscigno, addressed the need to find new diagnostic tools for TB. He noted that, “spending for diagnostics was less than 8% of all spending on TB research. We need to spur research and development with more funding from government and partners if we are to make inroads in TB”. He also called for more advocacy on the part of community groups around TB.

Dr. Castro, Director, CDC’s Division of TB Elimination and Assistant Surgeon General of the U.S. Public Health Service, noted the significance of having this discussion in New York City. He reflected on the period between 1985 and 1992 when New York saw an emergence of TB and how the response to itcost $1 billion. He shared what he considered “good news/bad news”. The good news was that “for 15 consecutive years, there has been a downward spiral of TB diagnoses – from 1329 cases per hundred thousand people to 2.1 per hundred thousand”. The bad news “is the growing problem of health disparities as evidenced by the fact that TB infection rates in non-Hispanic Blacks are 8 times higher than non-Hispanic Whites and 58% of US cases occur in persons born in other countries”. Dr. Siddiqi’s remarks focused on the need for research and development of new diagnostic tools and treatments. He noted BCG, a vaccine developed in 1921. He observed that, “over 1 billion doses has been administered and that most of the benefit has been in protecting children against TB and meningitis, but it is ineffective in adults".

All of the speakers emphasized the need for new treatments that will reduce the treatment time from six months to a few weeks, new diagnostic tools to reduce the time of diagnosis and detection, the need for increased investment in the research which means an increased role of public-private partnerships if we are to stop TB. The lack of health care workers in many affected areas – there is a world-wide shortage of approximately 400,000, the emergence of moderately and extensively drug resistant TB (MDR-TB/XDR-TB) – which is a result of improper treatment, the reality that people of the world are more mobile than at any other time in history - makes it imperative that we re-examine our commitment to eradicating this plague from the world. (James Sykes)
3rd Congress of the International Alliance of Patients’ Organizations Highlights Patient-Centered Healthcare

“First, do no harm”…..Hippocrates circa 470-360 B.C.

The 3rd Congress of the International Alliance of Patients’ Organizations (IAPO) was held in Budapest, Hungary, February 20 – 22, 2008. The Congress brought together over 180 delegates from around the world, representing patients and other stakeholders in health with the aim of learning from each other’s experiences in developing patient-centered healthcare. The key theme was complemented by a focus on Access to Healthcare, Patient Safety, Patient Information, and Patient Involvement. Through workshops and plenary sessions, speakers highlighted the progress that has been made in these areas since the previous 2006 Congress. More and more patients are working with healthcare providers to make patient-centered healthcare a reality and, increasingly, patient groups are achieving recognition for their contributions to the design and delivery of healthcare.

Background
In October 2004, the World Health Organization (WHO) officially launched the World Alliance for Patient Safety dedicated to “bringing significant benefits to patients in countries rich and poor, developed and developing, in all corners of the globe” (WHO, October 4, 2004). The Alliance was established in response to Resolution WHA55.18, adopted by WHO’s 5th World Health Assembly in May 2002, which urged member states to pay the closest possible attention to patient safety and establish science-based systems for improving safety and the quality of care. The resolution advanced various calls to action to make patient safety a public health priority by including patients and families, consumers and citizens in patient safety work, engaging patients as partners in advancing safe and compassionate care, and by building an infrastructure for active, informed partnership. In February 2006 following member consultation and agreement, IAPO adopted and issued “Declaration on Patient-Centered Healthcare”, which is now translated in 8 languages. In January 2007, as a result of IAPO’s collaboration with WHO on a number of important projects over the years, the WHO’s Executive Board admitted IAPO into official relations. IAPO is actively working with WHO on numerous issues including patient safety, counterfeit medicines, and bringing the patient voice to the work of the WHO Intergovernmental Working Group on Public Health, Innovation, and Intellectual Property (IWG). In March 2007, IAPO held a meeting on patient-centered healthcare at the United Nations in collaboration with the United Nations Non-Governmental Organizations (NGO) Health Committee with the support of the WHO World Alliance for Patient Safety.

Keynote Addresses
Keynote addresses demonstrated the central role that patients are increasingly playing in healthcare today. Sir Liam Donaldson, Chief Medical Officer, England and Chair of the WHO World Alliance for Patients Safety, Ms. Katalin Rapi, Secretary of State for Health Policy at the Ministry of Health, Hungary, and Mr. Andrzej Rys, Director, Public Health

For more information, visit: www.patientsorganizations.org

African Delegation Of Health Officials Visit Washington to Discuss the Importance of the PEPFAR Program in Combating AIDS, Malaria, and TB

This March, The AIDS Institute co-convened with The Whitaker Group a series of meetings in Washington with a delegation of 15 leading African health officials representing Ghana, Uganda, Tanzania, Kenya, Rwanda, Ethiopia, Zambia, Lesotho, and Swaziland. The purpose was to provide information to Congress and the Administration about the importance of the President’s Emergency Plan for AIDS Relief (PEPFAR), an international aid program that targets AIDS, malaria, and TB prevention, care, and treatment worldwide. (continued on page 11)
Dr. Gene Copello, Executive Director of The AIDS Institute commented: “The delegation visit to Washington comes during a crucial time as Congress is currently moving on reauthorizing the PEPFAR program which expires on September 30 of this year. [...] it's important for our policymakers to hear directly from health officials in the countries where aid from the United States is being provided.”

James Sykes, Global Program Coordinator for The AIDS Institute said “We worked with our fellow global advocates through the Global AIDS Roundtable (GAR) to develop recommendations for reauthorization of PEPFAR. We submitted those recommendations to staff of the House Foreign Affairs and the Senate Foreign Relations Committees for consideration as they drafted their versions of the legislation. As we visited with each of the congressional offices, it became obvious that the voices of Africa, where PEPFAR is primarily implemented were missing from the discussion. That is why this delegation visit was so important, to reinforce the importance of sound recommendations.”

Dr. Steven Shongwe, Executive Secretary of the East, Central, and Southern African Health Community (ESCA), speaking on behalf of the delegation said, “We first want to thank the United States for assisting Africa. PEPFAR is saving lives. We are thankful for the opportunity to come and express our gratitude, but also to speak the need for flexibility going forward. Flexibility – depending on the needs of the population and the type of epidemic”.

Dr. Cesar Caceres, Board President of The AIDS Institute said: “The AIDS Institute was delighted to convene this important delegation along with The Whitaker Group. Visits and discussions the delegation had with Members of Congress, congressional staff, non-governmental organizations, and the State Department provided opportunities for an African perspective on the importance of PEPFAR to be expressed.”

Copello concluded: “PEPFAR is an important global program for the prevention, care, and treatment of AIDS, malaria, and TB. It saves lives through the provision of critical aid to the developing world and helps to create sustainable, flexible, and quality healthcare systems. The AIDS Institute commends Congress and the Administration for continuing to move forward in a bipartisan manner to reauthorize this program in a timely fashion.”

The implementation of a national health care information technology system (IT) would reduce costs and help prevent medical errors, lawmakers and experts said during a Senate Budget Committee on February 14th, 2008, CongressDaily reports (Povich, CongressDaily, 2/14). Such a system would include electronic prescribing, electronic health records and billing, and integrated communication between health care providers and health insurers. President Bush has made implementation of health care IT a priority, and Congress in recent years has made several failed attempts to pass legislation to promote use of the technology, in part because of concerns about patient privacy and nationwide interoperability standards (Nylen, CQ Healthbeat, 2/14). During the hearing, experts did not indicate the cost of implementation of a national health care IT system but “maintained that the cost would be worth the investment as it would pay off in spades over time,” CongressDaily reports. Mary Grealy, president of the Health Care Leadership Council said that the implementation of such a system would reduce medical errors, which cost about $76 billion annually. According to Sen. Sheldon Whitehouse (D-R.I.), RAND has estimated that the health care industry could save between $81 billion and $346 billion annually through the implementation of such a system (CongressDaily, 2/14). Committee Chair Kent Conrad (D-N.D.) said, “If we are going to address rising health care costs, we need to get started on some of these reforms.” (continued on page 12)

GLOBAL ORGANIZATION OF THE MONTH

www.gawh.org
Global Alliance for Women’s Health
Advancing Women’s Health for All Stages of Life

The Global Alliance for Women’s Health (GAWH) has actively addressed the impact of HIV/AIDS on women in Sub-Saharan Africa. In 1999, we began to focus on the issue of Mother – to – Child Transmission, and in 2003, our organization launched an extensive campaign to expedite treatment for women living with HIV/AIDS in this region. As part of the campaign, GAWH continues to support the work being done to reduce the impact that HIV/AIDS has on women world wide. We have worked with many organizations from both public and private sectors on this issue, and we look forward to expanding our partnerships in order to more effectively address this major health problem.
Concerns
Valerie Melvin, director of human capital and management information systems for the Government Accountability Office, said that implementation of such a system first requires the development of nationwide interoperability standards. A "national strategy is essential" because, until HHS develops a national strategy, it is difficult to effectively monitor progress toward achieving national goals for health IT," Melvin said.

Grealy added, "Developing a multistate, interoperable system depends on national technical standards as well as national uniform standards for confidentiality and security."

Laura Adams, president and CEO of the Rhode Island Quality Institute, said, "Health IT alone adds little to no value, and if developed in isolation from other critical reforms is likely to be ... the next festival of waste," adding, "Health IT undergirds virtually every major health care reform initiative being advanced today" (CQ HealthBeat, 2/14). (Kaisernetwork.org)

Health Information Technology
Health information technology (Health IT) allows comprehensive management of medical information and its secure exchange between health care consumers and providers.

Broad use of health IT will:
• Improve health care quality;
• Prevent medical errors;
• Reduce health care costs;
• Increase administrative efficiencies;
• Decrease paperwork; and
• Expand access to affordable care.

Interoperable health IT will improve individual patient care, but it will also bring many public health benefits including:
• Early detection of infectious disease outbreaks around the country;
• Improved tracking of chronic disease management; and
• Evaluation of health care based on value enabled by the collection of de-identified price and quality information that can be compared.

Making Health Information Technology Personal
Health information technologies can be tools that help individuals maintain their health through better management of their health information. Health IT will help consumers gather all of their health information in one place so they can thoroughly understand it and share it securely with their health care providers so they get the care that best fits their individual needs.

Health IT can help to improve public health one individual at a time by building partnerships between health care consumers and providers across the country.

(Source: HHS.gov)

Grim Outlook for an AIDS Vaccine
Back in 1984, federal health officials, flush with excitement over discovery of the virus that causes AIDS, famously predicted that they would have a vaccine ready for market within three years. Now, after almost a quarter-century of toil and struggle, the effort has crashed in failure. No one yet knows whether a vaccine to prevent the disease will ever be possible.

David Baltimore, a Nobel-winning biologist, sounded a note of despair in an address to the American Association for the Advancement of Science in February. He noted that the virus has evolved in a way that makes it virtually impossible to attack by priming the immune system, the usual goal of a vaccine. Repeated efforts have failed, he said, leaving "no hopeful route to success." The best hope, he said, may lie in the biological equivalent of a "Hail Mary" pass — a wholly new approach that would combine gene therapy, stem cells and immunologic therapy to thwart the disease.

At a conference at the National Institutes of Health last Tuesday, AIDS experts assessed how to proceed after the failure of the most promising vaccine candidate in two large clinical trials last year. Early results showed that those who received the vaccine may actually have been more likely to become infected with the virus than those who did not.

At least one organization that treats AIDS patients has called for giving up on a vaccine and shifting the money to testing, treatment and prevention. That is too defeatist. Federal health officials are rightly determined to increase financing for basic laboratory research, curtail big clinical trials of existing vaccine candidates, and funnel money to researchers with novel ideas. There is little doubt that a vaccine would be the most effective and cheapest way to shrink the AIDS epidemic. (New York Times, Editorial – March 30, 2008)

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David A. Reznik, D.D.S.

David Reznik, D.D.S., is Chief of Dental Services and Director of the Infectious Disease Program's Oral Health Center (OHC) at Grady Health System in Atlanta. Dr. Reznik has broad policy expertise on matters concerning HIV/AIDS. He is an active member of the Ryan White Planning Council of Metropolitan Atlanta and is President of HIVdent (www.HIVdent.org), a not-for-profit coalition committed to assuring access to oral health care services for people living with HIV disease. Under his direction, the OHC is part of the most comprehensive interdisciplinary HIV/AIDS care program in America. Dr. Reznik has published numerous peer-reviewed articles on HIV care and oral health, and is a peer-reviewer for the Journal of the National Medical Association. Dr. Reznik is a graduate of Emory College and Emory University School of Dentistry. Presently, Dr. Reznik's research activities include the epidemiology and management of candidiasis in HIV+ individuals. Dr. Reznick was a former member of the Presidents Advisory Council on AIDS (PACHA) and a long time advocate for those living with HIV/AIDS. Dr. Reznik joined the board of directors in 2007.

Website of the Month

www.womenshealth.gov

The Federal Government Source for Women's Health Information

www.womenshealth.gov/HIV

The Office on Women's Health (OWH) was established in 1991 within the U.S. Department of Health and Human Services. Its Vision is to ensure that "All Women and Girls are Healthier and Have a Better Sense of Well Being." Its mission is to "provide leadership to promote health equity for women and girls through sex/gender-specific approaches." The strategy OWH uses to achieve its mission and vision is through the development of innovative programs, by educating health professionals, and motivating behavior change in consumers through the dissemination of health information.

ALABAMA

As HIV rates in the state rise, Alabama legislature may leave federal dollars on the table by cutting funding for HIV care, services, and prevention.

AIDS Alabama and the AIDS Service Organizations Network of Alabama (ASONA) hosted a reception in Montgomery to highlight funding shortages. Birmingham, Ala., March 25, 2008—AIDS Alabama and the AIDS Service Organizations Network of Alabama (ASONA) will host a reception in Montgomery, Alabama, on Tuesday, April 1, 2008, at 11:30 a.m. at the RSA Plaza Terrace (770 Washington, Ave.) to highlight anticipated funding shortages that may cripple HIV care in Alabama. Awards will be presented to the Alabama Black Legislative Caucus for their ongoing efforts to fight HIV disease in the state. Media representatives are welcomed and encouraged to attend. Guest speakers will include Representative John Knight, Representative Laura Hall, and AIDS Alabama CEO Kathie Hiers. Currently, there are an estimated 15,000 Alabamians who have been diagnosed with HIV disease, and the numbers are increasing. "Every single day in Alabama, a young person is infected with the HIV virus," reports Kathie Hiers, CEO of AIDS Alabama. "More people are testing positive and living longer, and our systems of care must not be dismantled. The State of Alabama is required to provide at least the same amount of funding as last year to prevent leaving millions of federal dollars on the table."

The funding in jeopardy includes:

General Fund: $5 million for HIV Services and the AIDS Drug Assistance Program

General Fund: $700,000 for AIDS Alabama for ten AIDS Service Organizations to serve all 67 counties with health care related services

Education Trust Fund: $330,000 for AIDS Alabama for ten AIDS Service Organizations to serve all 67 counties with prevention education services
Health Officials Target Older Adults with HIV Campaign

It’s a familiar situation for Dr. Arthur Williams, who cares for HIV and AIDS patients in Harrisburg. A woman tests positive for HIV, the virus that causes AIDS. She’s in her 60s or even 70s. She contracted it through sex with her husband. Too old to become pregnant, she never considered a condom, which could have protected her.

Many people over 50 are contracting HIV and AIDS in central Pennsylvania and across the country. In 2005, people over 50 accounted for 19 percent of all new AIDS cases, according to the U.S. Centers for Disease Control and Prevention. Twenty-nine percent of all people with AIDS were over 50.

Viagra and similar sexual enhancement drugs play a major role, experts say. The drugs enable older men to be more sexually active and more likely to have sex with multiple partners, they contend. "I think it gives men a sense of sexual freedom they might not otherwise have," said Sylvia Hepler, the executive director of the AIDS Planning Coalition of South Central Pennsylvania.

Some of the men go to prostitutes, who are at high risk of carrying HIV. The men bring it home to their wives. "That’s what we’ve seen a lot of," Williams said. Older people are also vulnerable because they grew up when people didn’t talk much about sex or sexually transmitted diseases. "Back in their day, condoms were used to prevent pregnancy rather than stop a sexually transmitted disease," Williams said.

Hepler’s organization is shining a light on HIV infections among older people. It published a brochure stressing that "HIV/AIDS is ageless," which it plans to distribute at doctors’ offices and senior centers. The brochure points out that HIV is transmitted through bodily fluids such as semen, vaginal secretions, blood and breast milk. It warns people over 50 to use condoms.

This month, Williams will discuss the issue at an event involving local doctors, nurses and community health workers. Additional factors contribute to the rise in HIV/AIDS among people over 50. New drugs enable people with the infections to live 20 years or more, meaning more reach their 50s and 60s. Williams said he’s met local men who had been infected years earlier, when they used drugs or were sexually promiscuous. Now they’re active in church and consider themselves "saved," he said.

Yet they entered relationships and didn’t tell their partners about their infection. Some probably feared rejection. Some believed their religious conversion rid them of the disease, he said. "I tell people your soul is saved, but not your bloodstream," Williams said.

The Hamilton HOPE program, based at Hamilton Health Center in Harrisburg, wages an intense campaign to teach people about the threat of HIV. That campaign includes senior centers, said Regina King, the director of the HOPE program. The overall program strives to reach people of all ages. It offers gift cards to people who come in for free HIV tests. People who test positive receive counseling on how to avoid spreading the disease.

People who don’t have HIV receive counseling about how to avoid it. About 1,800 people from Dauphin and surrounding counties were tested last year. The region has a high infection rate, with three of every 100 tests returning a positive result, King said. King is striving to move people away from the idea that only people in certain risk groups need to be tested.

With AIDS having existed in the United States for nearly 30 years, everyone who has ever had unprotected sex is at risk and should be tested, she tells people. It’s a message she strives to get across to anyone who might have sex, even those in their 60s and 70s. “People don’t get the concept of: When I sleep with someone, I’ve not only slept with them, I’ve slept with everyone they’ve ever slept with," King said. HIV and AIDS do their damage by weakening the immune system, which protects the body from germs and illnesses. Hepler stressed that once people reach their 50s, their immune systems are beginning to weaken. A younger person with HIV has a good chance of living many years.

But an older person can be ravaged quickly. "The last thing you want to do is introduce an immunocompromising disease into your body," she said. (David Wenner, The Patriot-News)

Anti-Meth Campaign Aimed at Gay Men

California is Spending $11 Million to Discourage Use of the Drug, Which Increases the Risk of Spreading HIV

California drug officials launched an $11-million barrage of billboards, bus wraps, cable TV ads and a website Thursday aimed at discouraging gay men from using methamphetamine, an illegal stimulant linked to risky sexual behavior and the spread of HIV.

The drug, commonly known as "crystal" or "tina," has been a popular party drug in gay circles since the 1990s. A statewide survey, also released Thursday, found that crystal meth use was 11 times more common among gay men than in the California population overall. Fifty-five percent of 549 gay and bisexual men surveyed said they had used the drug, compared with 5% of the general population.

Mike Rizzo, manager of the Los Angeles Gay & Lesbian Center’s crystal meth recovery services, praised the state’s campaign, especially the website videos of real people relaying the consequences of using crystal meth. Not only will they appeal to young people, he said, but they portrayed meth use in a way that "is real and relatable and not easily dismissed as being overly alarmist."

The site, www.menotmeth.org, allows users to add their own videos. It also provides links to places to get help.

The Gay & Lesbian Center, along with the San Francisco AIDS Foundation, helped push the Legislature to pass the California Methamphetamine Initiative in 2006. (continued on page 15)
Data from the center’s HIV testing program found that nearly one in every three gay or bisexual men who tested positive in the testing program in 2004 used crystal meth – a threefold increase over 2001. In the state-sponsored survey, gay men were the only group to cite enhanced sexual arousal as part of drug’s appeal.

"Not only can it increase the likelihood of having unprotected sex, but people are also having more sex with more partners and having sex for a longer period of time, increasing the likelihood of infection," said Dr. Michelle Roland, chief of the AIDS office at the state Department of Public Health.

Women and heterosexual men who use meth are also at risk for sexually transmitted diseases and hepatitis, she said. For many women, the drug is seen not as a sexual aid but as "Mom’s little helper," according to Renee Zito, director of the California Department of Alcohol and Drug Programs. "It helps you lose weight," she said. "It gives you energy. If you are a working mother and juggling everything under the sun, it helps you cope -- initially."

Yet methamphetamine is a factor in about 80% of child neglect and endangerment cases. For all users, the powerfully addictive drug "turns on you down the line," said Zito. "People get to the point that they need it so desperately that they’re willing to do anything to get the drug," she said. Although the campaign is directed toward gay men, it applies to anyone who uses or is tempted to use meth, Zito said. The campaign "is about loss, really -- of family, friends, their looks, jobs, who they are. It essentially gets down to ‘I lost myself.’" (Mary Engel, Los Angeles Times)

ILLINOIS

Repeal of Act requiring Students to Report Their HIV Status Defeated

The Illinois House on Tuesday rejected legislation that would repeal the state’s Communicable Disease Prevention Act, which requires students to report their HIV status to principals. The legislation attracted 43 "yes" votes and 62 "no" votes.

House Bill 4314 was an attempt to repeal the existing law that permits a school principal to disclose the identity of an HIV-infected child to the school nurse and the student’s teachers. A principal also can disclose the student’s identity to those persons who, under federal or state law, are required to decide the placement or educational program of the child.

“As a parent, I want the school officials to have every bit of information that they can have in order to ensure public safety for all the kids,” said Rep. David Reis, R-Willow Hill, who voted against the legislation.

“If we want to do some bills to help to promote HIV testing, then let’s do that,” he added. “If my son is playing on the basketball court with another boy (who is HIV positive) who has a bloody nose, we want to be able to in a polite way make sure the other kids don’t get infected with HIV. We’re talking about a lifelong virus that could be preventable if that principal knew that the child was HIV positive.”

Ann Hilton Fisher, executive director of the AIDS Legal Council of Chicago, said lawmakers should become better educated on the issue. “HIV is not spread through playground accidents or bloody noses,” Fischer said. “It just does not happen that way. Other diseases like hepatitis can be spread that way. Schools have been required since 1995 to use universal precautions in all such accidents.”

Rep. Rich Brauer, R-Petersburg, another “no” voter, said it’s important that principals are aware of students who have communicable diseases in order to treat them appropriately. “You have someone that has a real bad cut, you don’t know if there’s HIV infection there. It becomes an issue with the emergency people,” he said. Rep. Sara Feigenholtz, D-Chicago and sponsor of the legislation, said after Tuesday’s vote that she is going to try to revive the bill and educate legislators on the importance of repealing the act. “I don’t think people have a full understanding of what youth is faced with and the stigma that still remains around HIV and the need to protect people’s privacy around health issues,” Feigenholtz said. (Meagan Sexton, State Journal-Register)

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Registration: Sign up for USCA 2008

The United States Conference on AIDS (USCA), set for September 18-21, 2008, at the Fontainebleau Hotel, in Miami Beach, Florida, is an event that you cannot miss. This is the largest AIDS-related gathering in the United States. Over 3,000 workers representing all fronts of the HIV/AIDS epidemic—from case managers and physicians, to public health workers and advocates, PLWHAs to policymakers—come together to build national support networks, exchange the latest information and learn cutting-edge tools to address the challenges of HIV/AIDS.

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