



October 26, 2017

Office of the Assistance Secretary for Planning and Evaluation
Strategic Planning Team
Department of Health and Human Services
200 Independence Ave. S.W.
Room 415F
Washington, D.C. 20201

VIA ELECTRONIC MAIL – HHSPlan@hhs.gov

Attn: Strategic Plan Comments

Please accept the following comments on behalf of AIDS United (AU), NASTAD, the National Coalition of STD Directors (NCSO), NMAC, and The AIDS Institute (TAI). These organizations are national non-partisan, non-profit organizations focused on ending HIV in the U.S. They have been working in partnership to identify and share resources to sustain successes and the progress we have made in HIV and STD prevention, care, and treatment in the United States.

We are writing to provide comments on the Department of Health and Human Services (HHS) Strategic Plan, FY2018-2022. Notably, despite the crucial importance of the intersectional issues of HIV and STDs, including hepatitis, the report is relatively silent on these issues, mentioning HIV only twice and hepatitis once and without any mention of other STDs. This lack of specificity regarding these diseases is of paramount concern.

Given strong advances in our understanding and use of anti-retroviral medications to both treat and prevent HIV, the United States is now in position to implement a national strategy to end the HIV epidemic by reducing infection rates, increasing access to treatment and care, reducing disparities, and providing greater coordination within the federal government as well as among state and local governments and private agencies. The HHS Strategic Plan is an opportunity to not only reinforce the national goals and priorities of the United States, but it is an opportunity for the United States to effectively plan to end the HIV epidemic.

We urge HHS to reaffirm commitment to the national and policy priorities and goals which are to:

- reduce incidence of new HIV infections by 25% (and the transmission rate by 30%),

- increase access to care and improve health outcomes for people living with HIV,
- reduce HIV-related disparities and health inequities, and
- achieve a more coordinated national response to the HIV epidemic.

Fragmented health care and prevention systems, and the lack of a domestic outcome-based response to HIV has led to the unacceptable result that approximately 14 percent of people living with HIV are unaware of their infection and as many as 60 percent are not engaged in care. Given increased understanding of the power of both HIV prevention and treatment technologies, the plan must additionally include a means for HHS to move to end the epidemic. The HHS Strategic Plan should ensure a continued commitment to universal coverage either through private insurance or Medicaid to ensure that all people living with HIV and STDs not only have access to care but are regularly engaged in care. We note also that there is no discussion of workforce in the context of HIV and STDs, a major issue in seeking to reduce and eliminate disease.

We additionally express concern regarding the relative lack of discussion of populations affected by these diseases and subject to health disparities, including the health needs of LGBT people, African Americans, Latino/a people, Native Americans, Alaskans and Pacific Islanders and more. There is literally no mention of Lesbian, Gay, Bisexual or Transgender (LGBT) people within the strategy, an erasure which is unacceptable. The Strategic plan must ensure that disparities related to race, ethnicity, gender, gender identity and expression, and sexual orientation are specifically prioritized and addressed within its framework. We remain concerned about language within the HHS Strategic Plan that appears to prioritize faith based issues and has the potential to open the door for discrimination against people who are greatly impacted by HIV .

Rates of sexually transmitted diseases (STDs) such as chlamydia, gonorrhea, and syphilis have increased to their highest rates ever. These increases are impacting all populations, but are particularly hitting the most vulnerable. From 2015-2016, congenital syphilis—when syphilis is transmitted during pregnancy-- rose nearly 30 percent in the one year, reaching heights not seen in nearly two decades. It is estimated that nearly 40 percent of babies born to mothers with untreated syphilis will die as a result of the infection with many others suffering severe disabling conditions. There were over 620 cases of congenital syphilis in 2016, a trend which shows no sign of slowing in the near future. Each and every case of congenital syphilis—a preventable disease—is a failure of our health care system.

To have an objective titled “Prevent, treat, and control communicable diseases and chronic conditions” without any mention of sexually transmitted diseases during a time of unprecedented STD rates is irresponsible and myopic. With an estimated 20 million

sexually transmitted infections a year costing the health care system \$16 billion, STDs must be included in HHS's Strategic Plan.

STDs are a public health emergency. These conditions impact every demographic. Therefore, as a country, we need an all-hands-on-deck response with a focus on how we can stem the rising tide of these preventable conditions. The CDC's Division of STD Prevention has laid out a call to action on STDs, but this one division will never be able to tackle the immensity of these epidemics on its own. Our domestic STD rates have risen to this point because of desires to ignore or push aside these issues. Continuing to do so will only mean even more disease, increased costs to our health care system, and devastating impacts to individuals and families. Many parts of HHS can come together to address STDs, but it requires real leadership from the full department to do so.

In addition to our more general concerns above, we suggest the following edits to the Strategic Plan under Objective 2.2 "Prevent, treat, and control communicable diseases and chronic conditions":

- Add the following activity: "Decrease rates of sexually transmitted infections by supporting effective implementation of information, testing, and prevention methods and increasing access to quality STD screening."
- Add the following activity "Increase access to STD screening, care, and treatment for people with or at risk for STDs."
- Change Line 606 to state the following (changes in italics): Improve HIV viral suppression and prevention by increasing engagement and re-engagement activities for screening, care, treatment and support services *in order to eliminate HIV*.
- Change Line 608 to read (changes in italics): *Strive to eliminate hepatitis B and hepatitis C as public health threats through increased* access to hepatitis B and hepatitis C *prevention*, screening, care, and treatment for people with *or at-risk of* hepatitis B or hepatitis C infection.

Finally, we note that NASTAD, NCSD and The AIDS Institute are submitting additional comments for your careful consideration. Thank you for your attention to our comments. If you have any questions or need any further information, please contact Emily McCloskey, Associate Director for Policy & Legislative Affairs at NASTAD. She is available at 202.434.8067 or emccloskey@NASTAD.org.