

RESOLUTIONS APPROVED AT THE AUGUST 8, 2003 MEETING

Prevention Subcommittee Resolution #1:

Whereas, the number of new AIDS cases in the United States has remained stable or risen slightly since 1998; and

Whereas, an estimated one fourth of the 850,000 to 950,000 people living with HIV in the United States do not know their HIV status; and

Whereas, many HIV-infected persons do not get tested until late in their infection, thereby missing the opportunity to obtain early treatment or to adopt behaviors that could reduce the risk of transmitting HIV; and

Whereas, the development of new and rapid tests for HIV create new prospects for expanding HIV testing to identify and treat HIV persons earlier; and

Whereas, it is recognized that new HIV infections are of particular concern in that they have a disproportionate impact on specific communities as identified by CDC data; and

Be it resolved that the Presidential Advisory Council on HIV/AIDS (PACHA) commends the President, the Secretary of Health and Human Services, and the U. S. Centers for Disease Control and Prevention (CDC) for the development of the new initiative, Advancing HIV Prevention: New Strategies for a Changing Epidemic. PACHA supports the new initiative, aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality care, treatment, and ongoing prevention services through proven public health approaches to reduce the incidence and spread of contagious diseases.

In addition, PACHA is confident that the CDC will seek the counsel and participation of local public health departments, healthcare providers, community-based service organizations, and community leaders already engaged in HIV prevention programs, care and services to broaden CDC's prevention strategy aimed at HIV positive individuals who know their status, HIV positive individuals who do not know their status and those at risk of becoming infected.

Treatment and Care Subcommittee Resolution #1:

Whereas, Hepatitis C (HCV) has emerged as an important cause of morbidity and mortality in people infected with human immunodeficiency virus (HIV)-infected; and

Whereas, HCV induced liver damage has become the leading cause of liver transplantation in the United States and 10,000 to 12,000 people die each year of HCV-associated end-stage liver disease (ESLD); and

Whereas, up to one-third of all HIV-infected people in the U.S. may be coinfecting with HCV and the progression of HCV is accelerated in HIV positive individuals and ESLD has become a leading cause of death in those with HIV disease; and

Whereas, the best current combination therapy for HCV infection succeeds between 50 and 80 percent of the time depending upon genotype of HCV, and the range and severity of its side effects can seriously affect patients' quality of life, adherence and chances for a successful outcome; and

Whereas, the treatment of HCV requires an integrated multidisciplinary approach including gastroenterology/hepatology, infectious disease, mental health, substance abuse treatment and support services; and

Whereas, prevention for any condition is the most efficacious and cost effective treatment; and

Be it resolved that an increase in basic and clinical research exploring novel treatment strategies and targets to combat HIV/HCV co-infection effectively; an expanded emphasis upon research targeting the reduction as well as management of the side effects of HCV treatment; and

Be it resolved that PACHA urges the President of the United States and the Secretary of Health and Human Services to provide strong leadership as demonstrated by: an emphasis upon and funding for community-based screening and education; an integrated multidisciplinary treatment and care approach for those coinfecting with HIV and HCV; and

Be it resolved that PACHA recommend that HCV testing be emphasized and continue to be a standard of care as defined by the Public Health Service for all those persons who test positive for HIV; and

Be it further resolved that PACHA recommend to the President of the United States and the Secretary of Health and Human Services to urge states to include medications that treat HCV infection as part of drug formularies to treat the coinfecting with HIV; and HCV.

Treatment and Care Subcommittee Resolution #2:

Whereas, medical and palliative care and supportive care are essential parts of any treatment plan for a person living with HIV/AIDS; and

Whereas, the demand for services is expected to rise as patients live longer with HIV/AIDS and as testing initiatives are expanded; and

Whereas, the communities affected by the epidemic and the needs of those infected have changed over time; and

Whereas, the funding for such services, while significant, continues to fall short of the needs of the community; and

Whereas, budget crises, both nationally and statewide, have forced a reexamination of the services provided to people living with HIV/AIDS; and

Whereas, the need to maximize to existing resources, reduce waste, increase accountability, and expand sources of funding is more critical than ever; and

Whereas, the Ryan White CARE Act, one of the most significant sources of federal AIDS dollars, comes up for reauthorization in 2005,

Whereas, the Minority AIDS Initiative (MAI), which seeks to improve access to care for communities of color, will be directly affected by these funding decisions,

Be it resolved that PACHA recommend to the President and the Secretary of Health and Human Services that they support a call for a "National Summit About the Future of AIDS Funding and Priorities"; and

Be it resolved that this National Summit include members of the Administration, the Congress, AIDS Advocacy groups, the pharmaceutical industry, and public health leaders, among others; and

Be it further resolved that PACHA compile a report to the President and the Secretary based on the discussions and recommendations offered during this National summit.

International Subcommittee Resolution #1:

Whereas, the AIDS epidemic is a scourge that threatens the future of many developing countries; and

Whereas, PACHA enthusiastically supports the goals of the President's Emergency Plan for AIDS Relief, and desires that it be wholly successful. In particular, we applaud the emphasis on the outcomes of disease prevented and lives saved through treatment; and

Whereas, PACHA applauds President Bush's readiness to speak publicly about AIDS, as he did on his recent trip to Africa (July 7-12, 2003); and

Whereas, every successful initiative to reduce the incidence of HIV has as a common element the public recognition of the problem, and active leadership to speak about and address the problem, by the governmental authorities of affected countries; and

Whereas, there is a long and storied history of well-intentioned aid initiatives that have not met their full potential for success, some of which have actually exacerbated the problems that they were intended to address, in part because they failed to engage traditional leadership and institutions as partners; and

Whereas, initiatives that have demonstrated the highest levels of success in reducing the incidence of HIV disease have incorporated approaches born and developed in the culture of the country, while adapting modern medical concepts to their cultural contexts; and

Whereas, up to eighty percent of the populations of target countries do not currently engage with the public health infrastructure, but are involved with, and respect the advice of, traditional healers, leaders, and institutions; and

Be it resolved that PACHA urges the President and the Secretary of Health and Human Services, to continue to speak often and forcefully about the need to address the AIDS crisis, and to encourage the leadership of recipient countries to become more involved in, and exhibit more leadership in, the campaign to fight AIDS by doing the same; and

Be it further resolved that PACHA urges the President and the Secretary of Health and Human Services to recognize that a one-size-fits-all approach probably will not achieve the desired outcomes of disease prevented and lives saved, and to insist that countries modify the proposed implementation model in ways that recognize and respect the cultural and social realities of the recipient country. In some cases a regional approach in partnership with other recipient countries should be considered. In particular, we believe that it is critical that plans engage traditional institutions and authorities, including healers, village leaders and chiefs, and religious leaders, as important partners in the development and implementation of any new initiative, or, if not, that the reasons for exclusion be justified.

International Subcommittee Resolution #2:

Whereas, the Center for Strategic and International Studies (CSIS) formed a delegation of health leaders who visited China from January 13-17, 2003 at the invitation of the Chinese Ministry of Health, Zhang Wenkang, to examine China's approach to HIV/AIDS and to explore the possibility of expanded US-Chinese collaboration in this critical area; and

Whereas, Senator Bill Frist, US Senate Majority Leader, served as honorary chair of the delegation and the delegation Co-Chairs were Dr. Louis Sullivan (former US Secretary of Health and Human Services, 1989-1993, and Co-Chair of the Presidential Advisory Council on HIV/AIDS) and J. Stapleton Roy (former US Ambassador to China, 1991-1995); and

Whereas, China has the world's largest population, with 1.3 billion people and is a major and growing, economic, social and political force in the world; and

Whereas, the CSIS delegation found that China is at risk of a generalized HIV/AIDS epidemic that by 2010 could infect between 10 million and 20 million Chinese with HIV, which would seriously impact China's mainstream society and economy; and

Whereas, the Chinese efforts against HIV/AIDS are moving in the right direction, but slowly; and

Whereas, China is presently ill-equipped to preempt a generalized HIV/AIDS epidemic because of a) lack of public health capacity, b) poor baseline data and assessment capacity, c) insufficient high-level political will and financial commitments, d) societal prejudices and lack of awareness, education and prevention, and e) bureaucratic and political obstacles; and

Whereas, it is in the US national interest to enlarge significantly its bilateral and multilateral engagement with China to assist in preempting a generalized epidemic that would have catastrophic consequences for China and the world; and

Whereas, other countries with large populations such as India and Russia have similar urgent threats from the spread of the HIV/AIDS global epidemic; and

Whereas, significant health education, prevention, and other initiatives undertaken at this time could help to avert or minimize the potential catastrophic human, social, political, and economic effects of the HIV/AIDS pandemic which could be possibly more severe than what is being experienced today in sub-Saharan Africa; and

Whereas, President Bush and the US Congress deserve our thanks and our praise for their leadership in focusing attention and resources on the HIV/AIDS challenges in the United States, Africa and the Caribbean; and

Whereas, such Presidential leadership and congressional support is needed for the United States to extend its efforts today to address the HIV/AIDS global pandemic, to avert a catastrophe of enormous proportions; and

Be it resolved that PACHA urges the President, the Secretary of Health and Human Services, and the US Congress to provide strong international leadership and technical assistance to China, India, Russia and other nations to fight the HIV/AIDS pandemic; and

Be it further resolved, that the United Nations and other multilateral organizations be enlisted and supported in this heroic world effort for the 21st Century.

International Subcommittee Resolution #3:

Whereas, the AIDS medications currently available allow for long-term chronic disease management for many patients abating symptoms and prolonging life so that these patients can return to their jobs and the care of their families; and

Whereas, the state of research and development in the HIV/AIDS therapeutic category reveals that a cure for this disease has not been discovered and may take decades to discover; and

Whereas, emerging resistance in the United States and abroad to currently available therapies for HIV/AIDS is causing increasing concern among patients, treatment providers and practitioners, public and private sector researchers; and

Whereas, patients now sustained by current medicines will need new, and better treatments to continue managing their disease in the future; and

Whereas, multiple HIV drugs in the same therapeutic class play a critical role in the treatment of AIDS, providing patients and their caregivers needed flexibility in treatment regimens; and

Whereas, research in AIDS R&D is slowing in the private sector and the number of new products currently in development has declined in the last few years; and

Whereas, private sector development of new medications is increasingly costly due to ever more complex regulatory requirements, technology and the exhaustion of more obvious candidate compounds; and

Whereas, the private sector, in partnership with government and academic institutions, has played a crucial role in development of new HIV medications; and

Whereas, drug development is very uncertain and risky due to the impossibility of predicting whether any compound will be a safe, effective medication until it is actually subjected extensive and increasingly costly laboratory and clinical testing.

Whereas, the private sector has the crucial role in development of new medications because it alone is able to manage successfully the capital risks of drug research and development; and

Whereas, NIH has the crucial role in funding basic science to discover drug leads but does not test and develop medicines because it is not structured to manage the risks inherent in such research and development; and

Whereas, strong and stable intellectual property protections are essential if we are to obtain the private sector risk capital for continued HIV/AIDS drug development; and

Whereas, US health care consumers and taxpayers bear a disproportionate share of the worldwide costs of drug research and development; and

Whereas, these medicines and the discovery of more of them are especially important to the health and well being of patients all over the globe, especially those suffering from and seeking treatment for HIV/AIDS in developing countries; and

Be it resolved that PACHA urges the President and his Administration to maintain and strengthen their commitments to infectious disease research and the intellectual property protections that undergird it; and

Be it further resolved that PACHA urges the President and his Administration to seek to ensure that access to life-saving drugs be as broad as possible.