

February 28-29, 2012: Presidential Advisory Council on HIV/AIDS

The 45th Presidential Advisory Council Meeting was held at the Eisenhower Executive Office building February 28th and 29th. This Presidential Advisory Council on HIV/AIDS (PACHA) meeting had a special focus on the impact of HIV/AIDS on women and girls, bringing in experts in the field to testify on the ever growing importance of addressing the HIV/AIDS epidemic's impact women. The experts who testified included Gail Wyatt, Gina Brown, Sharon Hillier, Carmen Zorrilla, Dazon Dixon Diallo, Mardge Cohen, Laurie Dill, Linda Scruggs, and C. Virginia Fields. The presenters's topics addressed research, prevention, and policy changes, and greater inclusion of women in the National HIV/AIDS Strategy (NHAS).

Wyatt, a Professor of Psychiatry and Behavioral Science at the University of California Los Angeles, discussed the disparities that exist for women living with trauma and HIV. Issues of trauma and HIV are often separated in the health care field but for many women living with HIV they are strongly correlated. HIV positive women are 2.5 times more likely to report abuse. For African American women, Wyatt suggested there were several facilitators of disparities, including: a lack of mental health services, a societal history that has normalized violence, environmental and social influences, and the media. Wyatt emphasized the need for more comprehensive health care that includes mental health screening in addition to physical exams.

Brown, the Microbicides Research Coordinator at the National Institutes of Health, reviewed the importance in doing research specifically on women living with HIV and men. It is often assumed that research done on men will be replicable for women but there are many factors that differentiate the lived experiences of women and men living with HIV including physiology, hormones, lifecycle, and adherence issues. It is critical that more research be done on women living with HIV/AIDS because many of our past breakthroughs in prevention have come from research, including our understanding of mother-to-child transmission. With clinical research, Brown suggests we can look further into socio-cultural influences, behavioral influences, or lifecycle influences to find ways to prevent infection or transmission.

Hillier, Director of Reproductive Infectious Disease Research at the University of Pittsburgh School of Medicine, discussed the importance of researching new and innovative ways to prevent the spread of HIV infection. Currently, male condoms are one of the few barrier methods proven to reduce infection but many people don't enjoy using them and therefore there is low adherence. Female barriers, like diaphragms and female condoms, also have limiting factors. Diaphragms have not been proven to reduce transmission of HIV. Female condoms are more difficult to find, expensive, and there has yet to be trials demonstrating their effectiveness in HIV prevention. With trials currently taking place around PrEP (Pre-Exposure Prophylaxis) and

Microbicides, there is potential to find a prevention method that is more discreet, and gives women more autonomy

Dixon Diallo, Founder and President of SisterLove, confirmed the need for more research when it comes to women's HIV prevention methods, specifically increasing what we know about combination HIV prevention methods. With research we have been able to expand combination HIV prevention methods to include education, medical male circumcision, social and structural change, condoms, and treatment as prevention. We will need to see structural changes to our prevention methods including integration in health care occur that make women's health a greater priority.

On prevention of prenatal transmission, Zorrilla, Professor at the School of Medicine at the University of Puerto Rico San Juan, illustrated the need to fill the gaps of prenatal testing. Women who start HAART sooner have safer pregnancies but currently only 60% of pregnant women are being tested for HIV compared to 95% of pregnant women who are being tested for Hepatitis B. We will need a comprehensive strategy to start getting more pregnant women tested to further prevent mother-to-child transmission.

Cohen, Senior Physician at John H. Stroger, Jr. Hospital, stressed that the challenge moving forward will be to understand how women start, stay on, and respond to ART. We know women do worse when it comes to viral submission: women experience excess vulnerability, young women and adolescents have an increased susceptibility, and women generally have poor adherence. We also know that because of many of these factors, women have a larger burden of chronic diseases as they age including both AIDS and non-HIV related diseases. Cohen proposed that a women's health index or score card be created so women can understand more about their health and so providers can become more engaged. The policy implications could mean providing reimbursements for comprehensive care services and venues.

Dill, Medical Director at the Montgomery AIDS Outreach, Inc., addressed issues in the South and the barriers that many women face accessing care. She also provided evidence of programs that have been shown effective in Alabama. AIDS United's Access to Care Initiative has provided a match grant initiative through the Social Innovation Fund to Alabama eHealth that is used for telemedicine in order to help with rural access to care. This program provides high speed video for those unable to access providers in person. The program is just at the end of its first year and covers more than half of the counties in Alabama. This program shows the importance on innovation when it comes to combating the AIDS epidemic in the South, where care is not always accessible.

The final presenters also discussed what needs to change and what they believe PACHA should be advocating for in terms of women living with HIV. To overcome the barriers women with HIV have to face, Scruggs, Director of Programs at the AIDS Alliance for Children, Youth and Families, suggests we have to understand the landscape of women's HIV as an issue of rights, health, and dignity. Scruggs stated that we are at a defining moment to end AIDS and to end the health disparities suffered by women. But in this moment, women and girls have not found their voices in the epidemic, and that is why these testimonies are so important. Scruggs concluded that it is not too late to end AIDS, and now is the time for PACHA to take action.

Fields, President of the National Black Leadership Commission on AIDS, suggested that three action steps were necessary for women living with HIV/AIDS: First, we need to get more women living with HIV into care by providing housing, family services, transportation, and a continued investment in Ryan White Part D and Housing Opportunities for Persons with AIDS (HOPWA). Second, there needs to be a greater effort to retain women in care with the expansion of women's centered care and integration of prevention, treatment, sexual health care, and intimate partner care. And last, there needs to be greater government accountability and research for women's needs. Additionally, Fields provided three asks of PACHA. First, a resolution of Office of National AIDS Policy to commit to the above three actions. Second, a resolution of the Office of National AIDS Policy to commit to more specific goals such as care for family planning, rights of women and girls, and investment in care for those who experience partner violence. Third, a resolution with other federal agencies to consider the impacts the Affordable Care Act (ACA) will have on essential services for women living with HIV.