Ending HIV/AIDS in a generation

UCSF HIV/AIDS Division and Positive Health Program

our Strategic Plan

Patient-Centered HIV Care, Research and Education conquering HIV and AIDS through local, national and international initiatives

HIV/AIDS Division and Positive Health Program
University of California, San Francisco

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ACRONYMS AND ABBREVIATIONS

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<th>Acronym</th>
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<tr>
<td>ADAP</td>
<td>AIDS Drug Assistance Program</td>
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<td>ARI</td>
<td>AIDS Research Institute</td>
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<td>ART</td>
<td>Anti-retroviral therapy</td>
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<td>CAPS</td>
<td>Center for AIDS Prevention Studies</td>
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<td>CDC</td>
<td>U.S. Centers for Disease Control</td>
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<td>CFAR</td>
<td>Center for AIDS Research</td>
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<td>EGPAF</td>
<td>Elizabeth Glaser Pediatric AIDS Foundation</td>
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<td>ER</td>
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<td>HERO</td>
<td>Health Evaluation Record Organizer</td>
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<td>PHP</td>
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<td>PHR</td>
<td>Personal Health Record</td>
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<td>SFDPH</td>
<td>San Francisco Department of Public Health</td>
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<td>SFGH</td>
<td>San Francisco General Hospital</td>
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An open letter from our Chair

On behalf of one of the world’s most experienced and dedicated global medical teams working to end HIV/AIDS, I invite you to read how we propose to help end the epidemic in a generation.

Twenty-seven years after HIV was first described in the medical literature, we are at a critical juncture. Do we concede that the best we can do for 34 million people living with HIV is to stabilize them with permanent medication that, while lifesaving and effective, can also be toxic, complicated and prohibitively expensive? Will we tolerate the havoc that HIV—often combined with hepatitis, malaria and tuberculosis—continues to wreak on entire communities? And, what of the unique fear, dismissal and disdain reserved for the HIV-afflicted? Is this a status quo we’re willing to accept for years to come? Or, shall we recognize and take advantage of the opportunities we have—rooted in new scientific, technological and social breakthroughs—that we can definitively end death from AIDS, stem the spread of new infections and eradicate the HIV from millions of people?

Our division’s strategic plan outlines why we believe now is “the beginning of the end” of HIV. We are convinced that eradicating HIV is within reach through ambitious research and applied clinical plans. We believe we must engage all HIV positive people into care as soon as possible to restore and sustain health. We believe that a well-trained workforce of care professionals, greater community support and well-funded, targeted research, together form a solid platform for our progress.

Patients and communities around the world deserve the best we can offer. We are on the verge of monumental advancements, and now is the time to raise the bar for ourselves. I hope you will accept my invitation to read ahead and share your thoughts. Our collaboration with you is central to succeeding in saving and enriching lives by ending HIV/AIDS.

Sincerely,

Diane V. Havlir, MD
Professor of Medicine
Chief, HIV/AIDS Division, University of California, San Francisco
San Francisco General Hospital
We believe ending the HIV epidemic and restoring our world to AIDS-free status is achievable. We commit to pursuing this vision with initiatives to prevent new HIV infections, identify acutely infected individuals and link them to care, develop a cure for HIV and deliver it to as many as possible, and to preserve maximum good health for all those in whom infection cannot be cured.

Our strategies integrate clinical care, research, education, international programs, health information technology, administration and public advocacy. On the clinical front, we will increase testing and linkage to care efforts, as well as improve engagement of patients who currently do not adequately adhere to care regimens. We will adapt and refine our care and treatment strategies for chronic disease management, as medical successes have created a welcome cohort of patients who have been living with HIV for twenty years or more. Cohesion of purpose and principle, born from the contributions of a wide cross-section of professionals, make the clinical plan both a road map and lightning rod for progress.

We are decisively focused on eradicating HIV and AIDS. We will research strategies for novel and widespread HIV treatment; investigate how to optimally treat HIV co-infections such as tuberculosis, malaria and hepatitis; and enhance understanding of how HIV affects aging patients. Our program has always attracted some of the brightest young minds in HIV, and we will need to nurture these individuals through sustained mentoring and resource support in order to succeed in addressing the incredibly challenging set of questions on our research agenda. Critical to our success will be the funding of new research programs in HIV Eradication and an International Center of Excellence in HIV, TB and malaria.

In education, we commit to rapid knowledge transfer and training of fellow providers and future generations of HIV clinicians so that evolving scientific and clinical algorithms are rapidly disseminated. We will champion better understanding of HIV by communities and patients through concerted efforts ranging from direct patient education to partnerships with community organizations.
**Executive Summary**

We will establish an HIV/AIDS living museum – to our knowledge the first of its kind in the world. The story of HIV is inextricably linked to the history of San Francisco, and we can think of no better way to foster global educational outreach at the individual, civic and international levels than by creating a dynamic community academy, accessible to all through an interactive website, with a secretariat, museum and learning center housed in San Francisco.

Our international programs promote life-saving universal access to ARTs and care by addressing critical staffing shortages in healthcare. We will expand mentoring of clinician trainers, local capacity building, and enhance analysis of efforts to innovate and refine effective methods in resource-limited settings. We will facilitate our international colleagues’ firsthand observation of the structure and flow of our renowned care system through intensive training sessions at SFGH.

Our health information technology experts resolve to making electronic medical record access and literacy more commonplace among HIV-patients in San Francisco’s public health system, as well as measure and document how the use of integrated health information technologies affect the overall quality of care for patients. We dedicate ourselves to a customer-oriented administrative approach through recruiting, sustaining and mentoring professional talent; providing timely and accurate financial reporting, technological support, and other resources need to accomplish our vision; and refining systems through regular surveys and quality assurance evaluations.

All faculty and staff will be active catalysts for constructive cultural and legal change by advocating for the broad expansion of HIV testing and linkage to care, universal access to antiretroviral medicine, and combating stigma, discrimination and violence against people living with HIV/AIDS. The more we facilitate acceptance and support progress in these areas, the more quickly will the medical advancements we envision benefit all society.
**Who we are**

The UCSF HIV/AIDS Division, based at San Francisco General Hospital (SFGH), has been recognized as a world leader in the field of HIV medicine since the beginning of the HIV/AIDS epidemic. Led by clinician and researcher Dr. Diane Havlir, the division has three medical priorities: HIV primary care, HIV research and HIV education. The program's vision is to end HIV and AIDS by preventing infections, identifying early those who become infected, curing HIV infections, and restoring health, quality of life and life expectancy in those who cannot be cured. Expert multidisciplinary teams conduct a variety of HIV-specialized primary care clinics, administer a broad range of clinical trials, and offer diverse educational programs locally and internationally.

Our patients and medical professionals are continually challenged by the limitations of a public health facility with aging infrastructure; yet the professional caliber of the staff and achievements in combating the epidemic of HIV/AIDS are extraordinary. Our researchers have received countless professional awards and participate in global forums on HIV policy and care. Our clinical program has been ranked multiple times as the top facility in the country for AIDS care by U.S. News and World Report.

**What We Do**

Primary care: Our interdisciplinary approach to care integrates medical, psychosocial and educational priorities. Led by clinic director Dr. Brad Hare and Community Director Mary Lawrence-Hicks, NP, MS, the clinic serves approximately 3,000 patients, most who have little or no health insurance. In addition to handling urgent and primary care, case management professionals clinicians by maintaining ongoing communication with patients to help them connect with the myriad of community services that can address their needs. The clinic utilizes an electronic medical records system designed specifically for HIV care and developed by faculty member Dr. Jim Kahn. Specialized programs include a women's clinic, services for patients co-infected with Hepatitis C, an adherence program, and specialists in cardiology, dermatology, psychiatry and pulmonology.

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1. In 1981 San Francisco, Dr. Paul Volberding and Dr. Donald Abrams documented some of the first cases of AIDS and received from the American Cancer Society the first AIDS research grant (to study Kaposi Sarcoma). In January 1983, together with Dr. Constance Wofsy, they opened Ward 86 at SFGH - the world's first outpatient clinic focused on AIDS care. Unit 5B, the first hospital inpatient facility devoted to AIDS, was established at SFGH six months later. Both Ward 86 and Unit 5B quickly became models of care for centers around the world grappling with the epidemic. Since that time, the HIV/AIDS Division has spearheaded life saving treatments that are foundations of HIV disease management, while the program has steadfastly maintained an unwavering commitment to care, education and research.
Research: Our faculty members are among the world's most referenced in HIV clinical research. Investigators including Drs. Barbour, Deeks, Hare, Hatano, Havlir, Hecht, Huang, Hunt, Jacobson, Kahn, Luetkemeyer, Lum, Liegler, Pilcher, and Tulsky, direct multiple NIH and clinical trials on various topics in basic and investigative translational science including: new HIV agents, drug resistance, treatment strategies, immune recovery, acute/early infection, long-term non-progression, HIV eradication, post-exposure prophylaxis, HIV and co-infection (hepatitis, TB and malaria). Research programs include sites in San Francisco, Uganda and Brazil.

Education: In pursuit of educating medical professionals, patients, and the community, the division offers several model programs focused on practical training at all levels. We have one of the nation's only HIV specialist training programs for physicians - the HIV Clinical Scholar's Fellowship. Physician researchers participate in our NIH-sponsored T32 translational research program led by Dr. Havlir. Dr. Luetkemeyer leads a weekly Grand Rounds lecture series which provides an open forum for up-to-date education on HIV/AIDS issues; this series is also planned for webcast on HIV Insight. We host the Medical Management of AIDS, a 17-year-old annual conference where hundreds of local, regional and international providers interact and learn about the latest advances in HIV clinical care.

International:
Our international work encompasses training, clinical care and research collaborations with local academic and grassroots organizations in Africa. Much of the work is directed by Dr. Royce Lin and Dr. Oliver Bacon through the ASPIRE (AIDS Services, Prevention, Intervention, Research and Education) program. ASPIRE trains educators in 5 African countries, and regularly hosts international professionals interested in studying our care model at SFGH.

Our very active programs with Makerere University, under the MU-UCSF Research Collaboration, bring together U.S. and Ugandan researchers specializing in HIV, TB, and malaria in adults and children. A growing research program in Brazil focuses on acute HIV infection. Our faculty members influence global HIV/AIDS policy through active leadership of World Health Organization (WHO) task forces, setting global standards to treat HIV disease and most recently establishing a Global HIV Drug Resistance Surveillance Network.
Vision and Strategy

Our long-term goal is to help end HIV and AIDS by:

- Preventing HIV in those not infected
- Identifying HIV early in those who become infected
- Curing HIV in those who become infected
- Restoring health, quality of life and life expectancy in those who cannot be cured

The HIV/AIDS Division’s strategic plan includes developing new and innovative approaches to identifying those living with HIV as early as possible and developing long term care strategies for HIV disease; breaking new ground in global health through integrated approaches to HIV, TB and malaria and housing and nutrition; harnessing technology in the local and global settings to transform care and education; and tackling research questions such as HIV eradication and HIV transmission. Providing education to students and physicians in training here and abroad is a vital component of our program. We are committed to advocacy for our cause through partnership with local and state government, community organizations, the private business sector, national bodies, and international agencies.

The Division is implementing a four-pronged strategy with the following objectives:

- To support innovation and to test ground-breaking approaches to HIV testing, to delivering and improving HIV care and treatment, to HIV eradication at the individual and population level by interactive and multidisciplinary approaches
- To establish new collaborations across disease boundaries, across disciplines and across organizations including business, government and community entities
- To reward involvement, participation and dedication to our mission
- To strengthen private sector support of our program and new initiatives

Conquering HIV depends on our ability to generate new ideas and to forge productive new collaborations. We will take the lead in establishing these new collaborations and attacking big problems that can only be solved through cross-cutting approaches.

Our greatest resource is the people that work in our program. Retaining these individuals and recruiting new talent in a competitive world requires that we provide the utmost support and recognition of our staff. It requires a workspace conducive to our mission. It requires a work environment that is supportive and that inspires its members to go the extra mile. It requires resources that allow our faculty to have guaranteed funding to pursue creative ideas and the most challenging projects.

Our greatest obstacle to realizing our vision is a lack of resources. We aim to identify individuals, foundations and corporations that recognize the potential of our programs and our teams and take the next step to make an investment in us.
Clinical Program

Here from the beginning, the HIV/AIDS Clinic at SFGH has been the heart of efforts to improve the lives of people living with HIV/AIDS since 1983. Our overarching clinical vision is to end the epidemic and the suffering caused by HIV/AIDS by providing optimized care and treatment to persons living with HIV and by offering HIV testing and prevention services to at-risk individuals in a medical setting.

We provide comprehensive primary and HIV specialty care to nearly 3,000 patients, who reflect the diversity of the HIV epidemic in San Francisco and include the most at-risk and vulnerable populations in our community: medically and psychosocially complex individuals; homeless; victims of violence and abuse; and those struggling with addictions and mental illness. Stigma, delayed HIV testing and diagnosis, lack of patient understanding of HIV and other medical conditions, and poor patient engagement in accessing and adhering to medical care are significant barriers to healthy outcomes.

Despite these challenges, we have a history of successfully engaging complicated patients in care; and we envision opening our doors even wider to offer the full range of our clinical services to any patient in San Francisco, regardless of insurance or socioeconomic status.

The importance of prevention and early HIV diagnosis in the effective management of HIV infection cannot be overemphasized. We will expand services in these areas and serve as community and national leaders in setting the standards for HIV testing and prevention in health care settings. We commit ourselves to ensuring that everyone who tests positive for HIV will be linked to a stable primary medical care relationship. Our support of patient self-management techniques will intensify with the creation of novel educational programs that leverage technologies such as HERO, our electronic health record, and myHERO, our patient portal.

Developing programs that meet the needs of our diverse patient populations in a culturally appropriate and compassionate way is a key to our mission. Building on successful women's HIV programs and initiatives for patients co-infected with both HIV and hepatitis viruses, we will create specialized services for Latino patients and older patients with HIV. We will also integrate HIV prevention and treatment into comprehensive models of LGBT health.

- Strengthening HIV testing and prevention services for at-risk populations in a medical setting
- Establishing and maintaining stable primary care relationships for individuals who are newly diagnosed or not actively in care
- Promoting effective patient self-management strategies
- Addressing health disparities by providing access to the highest standard of HIV care, regardless of insurance or socioeconomic status
- Developing an HIV & Aging Initiative
- Creating a center for Lesbian, Gay, Bisexual and Transgender (LGBT) Health
Research and Research Training

Aiming to end the epidemic requires tackling tough research questions, starting with HIV eradication. Effective vaccines appear decades away. If we can eradicate HIV in some, ending the HIV epidemic is clearly one step closer. We will start this research agenda by evaluating new HIV medications and immunologic interventions in small numbers of individuals. Related studies will elucidate why certain individuals maintain very low levels of HIV without treatment. Understanding the determinants of HIV progression holds clues that will help design strategies to eradicate HIV.

On a population level we know that transmission of HIV is reduced dramatically in patients with very low levels of HIV. We have medications that can achieve low HIV levels. We must now test strategies that deploy HIV therapy at levels we have never achieved to ascertain the feasibility of reaping potentially enormous benefits: eliminating mother to child transmission, preventing new HIV cases, and reducing the risk of liver, heart and kidney disease and tuberculosis among HIV-infected persons. This research agenda includes identifying the acutely infected who contribute disproportionately to transmission.

We will test innovative approaches to treating co-infections such as TB and malaria in Africa and hepatitis in the US, all threats to preserving health in those benefiting from therapy advances. To address the urgent need to improve diagnostics and define treatment strategies for co-infections, we will leverage current research programs, international collaborations, NIH funding, evolving campus curriculum and training in global health, and core faculty leadership, to establish a Center of Excellence for international patient-based research in HIV, TB and malaria. To our knowledge this will be the first center specifically designed to address the confluence of these overlapping epidemics. Research will include clinical trials, epidemiology, operational, and translational research, with a strong commitment to technology transfer and capacity building internationally.

In those we cannot cure of HIV, our research will focus on preserving health. There are huge structural and environmental barriers to patients accessing care. Our researchers will study obstacles such as housing, food insecurity, drug addiction, incarceration and mental illness in populations here in San Francisco and abroad. A success of HIV research is that our patients are aging, which presents a horizon of unknowns in how the immunologic damages from HIV interact with those of aging. Our research will examine how our aging HIV patients can continue to live decades of fulfilling, disease-free lives.

Finally, our program will commit to training exceptional, patient-focused researchers for both our US and our international research agenda. They will bring new ideas, new approaches and new technology to tackle our ambitious agenda.
## Education

Educational programs have made tremendous contributions to the prevention, treatment, and accurate understanding of HIV and AIDS. Patient, provider and community-level education will remain key components of achieving our long-term vision.

Attracting and connecting young people to the field of HIV medicine is critical to the future. In partnership with local organizations, we will engage highly impacted communities through outreach to local high schools and colleges, providing education about HIV prevention as well as the local and global epidemic. Our division will also involve young people interested in HIV through a Ward 86 volunteer center and through expanded mentoring relationships that will help promising youth develop their skills. We will provide outstanding training by incorporating high-quality HIV teaching throughout the many educational venues of the university, including nursing, dental, and medical schools, and the variety of residencies and fellowships.

- Inspiring, engaging and training the next generation of HIV leaders and providers
- Providing state-of-the-art education for current HIV clinicians
- Founding an HIV Museum & Education Center at San Francisco General Hospital

We will integrate education on the fundamentals of HIV into campus training curricula, so that one of the premier HIV institutions in the world is able to guarantee its own graduates standard medical knowledge in this area. We will also expand our existing HIV clinical fellowship into a multidisciplinary effort that will educate an increased number of fellows from a variety of backgrounds and medical disciplines.

For clinicians already committed to a career of HIV care, our division will offer state-of-art continuing education that is accessible and rapidly responsive to the quickly changing HIV landscape. We will create an up-to-the-minute virtual provider library, where journals, electronic resources and dynamic web-based teaching resources can be accessed around the clock. Building on the success of our existing telemedicine initiative with patients lacking physical access to our clinic, we will increase international access to good HIV care via telemedicine.

We will establish an HIV/AIDS Museum and Learning Center at SFGH, the first to our knowledge in the world. The museum will be modern and dynamic, with global linkages that foster community education and outreach. Patients, international visitors, politicians and schoolchildren will have an open academy at their fingertips. Anyone will then have the ability to become more informed about HIV, as well as become inspired to engage now in the fight against HIV and to be part of the work to eradicate AIDS in the years to come.
Whether in San Francisco, Tanzania, or rural South Africa, safe and effective care requires a skilled cadre of personnel working in functioning clinics. As the international clinical training corps of the Positive Health Program, the mandate of ASPIRE (AIDS Services, Prevention, Intervention, Research, and Education) is to promote universal access to HIV care for all by: (1) increasing the number of clinicians skilled in caring for HIV-infected persons, and (2) improving public health systems of HIV care.

ASPIRE will respond to the critical global shortage of healthcare workers by training the next generation of HIV providers in partner countries. With a comprehensive educational and programmatic tool box of innovative teaching methodologies and curricula, and teams of dedicated clinician-educators actively engaged in providing HIV care, ASPIRE will build capacity for HIV care and treatment in partner countries.

This will be accomplished by training new HIV clinicians and nurses, training of trainers to disseminate HIV knowledge and skills, developing clinical mentors to promote quality of care, promoting the practice of lifelong learning, and sharing models of care and effective approaches learned from twenty-five years of battling HIV/AIDS in San Francisco.

As the availability to deliver potent antiretroviral therapy and care in our partner countries continues to increase, ASPIRE will also focus on ways to deliver care more effectively and safely. We will develop an operational research agenda focused on two main areas: identifying and repairing breaks in the chain of care for patients with HIV and related diseases, such as TB, from infection to diagnosis to treatment to retention and follow-up; and the prevention of patient-patient and patient-staff communicable disease transmission within health care facilities.
Health Information Technology and Research

Primary care for persons with HIV infection relies on complex sources of information. Data contained in clinical information systems are needed by patients and their families to make informed choices; by clinicians to provide appropriate clinical care and by health plans to assess outcomes, control costs and to monitor quality. Electronic Health Record (EHR) systems are the foundation of modern clinical information systems; they facilitate patient care and research opportunities by organizing, communicating and displaying information at exponentially faster speeds and with higher accuracy than traditional paper systems.

Managing patient information to improve the care of HIV patients is the primary function of the Health Informatics Group, accomplished through a custom-build personal health record system called the Health Evaluation Record Organizer (HERO).

HERO is the first electronic health record and patient portal designed specifically for HIV infected persons, and the first portal geared to people with limited internet access. Importantly, it is able to capture the complex medical and psychosocial background and treatment plans of our patients. HERO allows the information originated by clinicians in EHRs to be augmented by patients through novel tools such as patient portals.

In the coming years, HERO will enhance and refine methods of data capture, data quality assurance and data mining to meet the needs of our clinical and research teams’ expanded activities and goals. We will aim for increased flexibility and sophistication in reporting options and work with the SFPDH to bring HERO’s capabilities to more care centers in San Francisco.

We will enhance low-bandwidth access to HERO as well as enable access through mobile phone technology, further increasing patient self-management opportunities and reducing the digital divide. We will work with our partners in East African countries both to expand the technological resources available to them for medical management, and to train international providers on the most effective and efficient use of these resources. In conjunction with our partners, we will monitor, analyze and evaluate how HERO technology affects the health outcomes of their patient populations.

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Administration

Our goals are to have the right people in the right places with the right resources at their disposal. We will focus on identifying and keeping the right people in the division through rapid recruitment, comprehensive performance support, and timely appreciation of the untiring effort put forth by each member of the division.

We will work intensively with Principal Investigators and other hiring managers to develop accurate and rewarding job descriptions, classify positions appropriately, and compensate star performers to the full extent possible. We will support team members realizing their career goals by disseminating information on internal and external professional development opportunities, and providing when possible the resources to achieve them.

We will provide timely support for quality financial monitoring through tried and true methods such as monthly budget status reports and expense analyses. We will promote cost efficiencies by following best practices in cost-competitive procurement, and work closely with university campus leaders, our international programs and partners to promote efficient international operating procedures.

We will advocate strongly for the integrated physical space required to support the division’s optimal performance, and for the robust, secure technological support needed by our increasingly mobile workforce.

Every division employee is our customer, and customer feedback is our benchmark of where we have succeeded and where we need to redouble efforts. We will conduct annual services surveys as a means for formal review of implementation efforts and identification of emerging issues and concerns among our customers. Results, analyses and follow-up action plans will be shared with all. We welcome and rely on the active engagement of all to ensure our administrative efforts are as responsive as possible to the most important issues.
Public Service and Advocacy

We have a duty as a longtime leader in HIV medicine to participate in responsibly framing cultural and civic approaches to social and scientific HIV/AIDS issues. We recognize the importance of our public service in these areas, and commit to advocating locally, nationally and internationally on issues that shape the face of HIV in the world today.

Increasing Testing and Linkage to Care: At least 20% of HIV-infected persons in the U.S. are estimated to be unaware of their status. Mirroring the latest CDC recommendations, we will emphasize the importance of routine HIV testing. We will partner with SFDPH to adapt and rollout our successful ER opt-out pilot program to more hospital ERs and public health clinics. We will advocate for higher testing/linkage-to-care targets, particularly in rural counties where connections to robust urban medical centers are tenuous.

Behavioral and Biomedical Interventions for Prevention: Innately linked to an enhanced public understanding of HIV is a focus on both time-tested and newly emerging HIV prevention strategies. Adherence to safer sex, needle exchange and other harm reduction practices reduce transmission risk. Currently, clinical trials are exploring the efficacy and safety of various prophylaxis strategies; this area indicates strong potential for reducing incidence and enhancing protection worldwide. We will help raise awareness and stimulate discussion with clinicians, researchers and the public of prominent legacy prevention practices and novel biomedical interventions.

Promoting Universal Access to ARTs, HIV Care and Treatment:
Every person in need should have access to effective medical therapy. We will disseminate evolving ADAP, Medicare/MediCal and other drug assistance options to patients and the public. We will advocate at the federal and state levels for benefits that ensure access to the highest quality of care. We will also make selective appeals to the pharmaceutical industry and charitable organizations for supplemental underwriting of medicine costs for the uninsured and underinsured. We will continue to help lead global efforts for universal access to antiretroviral therapy through our collaborations with the World Health Organization, the Global Fund for HIV, TB and malaria, and PEPFAR.

Combating Stigma, Discrimination and Violence: Dangerous fallacies about HIV persist, causing individual fear, isolation and clinical depression that undermine the social fabric of our communities. Physical abuse is a risk factor for contracting HIV and a reaction perpetrated against seropositive individuals. We will regularly disseminate key evidence-based information on regarding HIV transmission, pathogenesis and therapies to collaborators, patients, at-risk populations, and communities in general. We will model our compassionate care practices to local providers, and promote public awareness campaigns (in partnership with industry, press and civic leaders) that reinforce acceptance and compassion, particularly, within the African-American and Latino/Hispanic communities.
This document authored by the UCSF HIV/AIDS Division and Positive Health Program at San Francisco General Hospital.

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