Our National HIV/AIDS Strategy May Offer a Blueprint for Fighting COVID-19

These six elements of the HIV plan could be applied to a COVID-19 strategy, write health experts.

October 28, 2020 By Trent Straube

It has been over seven months since the United States began locking down because of the new coronavirus, which causes COVID-19. The disease has killed nearly 230,000 Americans, a number that's expected to grow much higher during the approaching winter. And yet the country does not have a unified national strategy.

An editorial published September 21 in AIDS and Behavior makes the case that a National COVID-19 Strategy is urgently needed—and that guidance for such a plan may be found in the existing National HIV/AIDS Strategy (NHAS).

Launched in 2010, under President Obama's administration and nearly three decades after AIDS first struck the United States, the NHAS marked the first time the federal government offered a comprehensive battle plan against the HIV epidemic. Numerous stakeholders worked together to create the evidence-based strategy, which was updated in 2015. The NHAS's vision statement reads: "The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socioeconomic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."

The authors of the AIDS and Behavior editorial view this as a "well-crafted vision statement [that provides] a North Star by which to guide all strategy elements." Why not have the same type of North Star direct our fight against COVID-19? The vision statement is one of six ways the NHAS offers relevant guidance for a COVID-19 plan. The five others are:

- Major goals [of the NHAS] were defined so as to address disease prevention, treatment and disparities.

- Specific strategies were outlined for each major goal so that program and policy emphases could be identified, and, where possible, the scale of the needed intervention was identified.

- A set of measurable indicators was developed, and an assertive goal established for each (namely in five-year terms but measurable annually).

- These goals were measured and reported upon annually (at least for some time) so as to inform midcourse corrections.

- All aspects of plan development, implementation and measurement were done in as transparent, inclusive and participatory way as possible.

Titled "Core Elements of the National COVID-19 Strategy: Lessons Learned From the US National HIV/AIDS Strategy," the editorial was authored by David R. Holtgrave, PhD, of the University of Albany School of Public Health; Rondal O. Valdiserri, MD, MPH, from the Rollins School of Public Health at Emory University; Seth C. Kalichman, PhD, of the University of Connecticut, Mansfield; Carlos del Rio, MD, of Emory University School of Medicine and Rollins School of Public Health; and Melanie Thompson, MD, from the AIDS Research Consortium of Atlanta.

"Given the severity of the epidemic, we thought there's a real need for a truly comprehensive plan as urgently as possible," Holtgrave told Wired magazine in an article on the proposed COVID-19 strategy. "We felt that where we are now is similar in circumstance to HIV: Before the national strategy was written, different federal agencies had handled elements of a plan, but nothing had pulled them together. It's bringing it all together in one comprehensive place that we're calling for."

Since President Trump has decided not to create a national strategy, the authors write, a broad coalition of leaders from the public and private sector must take charge and devise a plan. The authors urge the drafting of a national strategy to be commented upon by the public and edited before being made available to the public by mid-November.

The Wired article notes that some health experts believe that HIV is not the proper model upon which to build a COVID-19 strategy. For example, it may be better to look to our national strategies for battling pandemic influenza or antibiotic-resistant bacteria, which were also developed during Obama's presidency and may be applicable to the new coronavirus. Regardless, experts agree that a national strategy is in order.

"The fact that we haven't had a national strategy is a major reason why we've been the epicenter of the pandemic for most of 2020," Peter Hotez, founding dean of the National School of Tropical Medicine at Baylor College of Medicine, told Wired. "And there's no end in sight.… We'll be at 300,000 deaths by the end of the year. We could be at 400,000 deaths by the time of the inauguration."

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