November 17, 2021

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Involvement of Private Sector in the Ending the HIV Epidemic in the United States

Dear Secretary Becerra:

We are pleased that you and the Biden administration are proceeding with efforts to end the HIV epidemic in the United States by 2030 and are devoting the necessary resources and changing policies to help meet this goal. To date, many of the activities to increase HIV prevention and treatment have centered on government-funded programs and partnering with impacted communities. To better ensure that ending the HIV epidemic is a whole-of-society effort, we urge you to facilitate the inclusion of the private sector as part of the initiative to harness their expertise and resources in helping meet the goals of ending the HIV epidemic by 2030.

We believe that the private sector can play a significant role in helping reduce new HIV transmissions and increase viral suppression. Those involved in our nation’s effort to end the HIV epidemic should include those private sector entities that work directly in HIV prevention and treatment, are involved in healthcare delivery, have major employee or purchaser bases impacted by HIV, or can influence society. Harnessing their participation at both the national and local levels can help leverage the work that is already being done by governments and the HIV community across the nation while at the same time addressing the stigma that is often associated with HIV. While there are entities in the private sector that are already contributing to this effort, we believe many more would welcome the opportunity to participate if they were just asked.

Therefore, the Presidential Advisory Council on HIV/AIDS (PACHA) urges you to work with agencies in your department and others in the Biden Administration, including the White House, to facilitate the establishment of a private sector component in the nationwide effort to end HIV in the United States.

As part of this effort, we recommend that it include the following components:
1) An entity be established composed of diverse private sector partners that includes people living with HIV/AIDS and other affected community representatives to serve as a central organizing body to prioritize activities and share best practices.

2) Dedicate staff resources to the program and organizing body.

3) The White House and HHS should conduct periodic events to show how private sector involvement can improve the HIV response, particularly in the communities most impacted.

4) Private sector involvement should come from both traditional and non-traditional partners, including those directly involved with HIV prevention and treatment, healthcare delivery, have major employee or purchaser bases impacted by HIV, or have the ability to impact and influence parts or all of society.

5) In addition to private companies, others involved should be foundations and other non-profits, unions, religious groups, entertainers, cultural and educational institutions.

6) Private sector involvement should speak to the communities most impacted and disproportionately impacted by HIV, including gay men, particularly those who are Black or Latino, Black women, transgender women, young people, American Indians/Alaska Natives, people who misuse substances, and people living in the South.

7) The private sector should help address the social determinants of health that impact HIV, including racism, homophobia, housing, poverty, education, and employment and training.

8) Efforts should be developed for both the national and local community levels.

9) Tool kits for activities should be developed, along with opportunities for recognition and measuring results.

10) The organizing body should work with HHS, the HIV community, and other HIV experts to determine the goals that can most directly accelerate the HIV response in the US and evaluate the achievement of those goals.

This letter was unanimously adopted by PACHA at its meeting, conducted virtually, on November 17, 2021. We look forward to your response and working with you and your Department on implementing our recommendations. Thank you very much.

Sincerely,

Marlene McNeese
Co-Chair

John Wiesman
Co-Chair

cc: Admiral Rachel L. Levine, MD, Assistant Secretary for Health, US Department of Health and Human Services (HHS)
B. Kaye Hayes, MPH, Acting Director, Office of Infectious Disease and HIV/AIDS Policy (OIDP) and Executive Director of PACHA, OASH, HHS
Harold Phillips, MRP, Director, White House Office of National AIDS Policy