

**U.S. Department of Health and Human Services (HHS)
National Institutes of Health (NIH)
Office of AIDS Research (OAR)**

**Office of AIDS Research Advisory Council (OARAC)
66th Meeting
June 20, 2024**

Virtual ([Videocast Link](#))

Meeting Minutes

Council Members Present:

Dr. Ivy E. Turnbull (Chair)
Dr. Omar Galarraga
Dr. Luis J. Montaner
Dr. Mojgan H. Naghavi
Dr. Anne M. Neilan

Ex Officio Members Present:

Dr. Victoria J. Davey
Dr. Carl W. Dieffenbach
Dr. Jonathan Mermin

OAR Leadership:

Dr. Diana Finzi
Dr. Rachel Anderson
CAPT Mary Glenshaw (Executive Secretary)

Invited Speakers and Guests:

Dr. Elaine Abrams
Ms. Coretté Byrd
Ms. Kimberly Canady
Dr. Nahida Chakhtoura
Dr. Sonia Lee
Dr. Mauricio Martins
Mr. Francisco Ruiz

Welcome and Introductions

*CAPT Mary Glenshaw, Ph.D., M.P.H., OARAC Executive Secretary,
Acting Deputy Director, OAR, NIH
Ivy Turnbull, D.L.P., Ed.M., M.A., OARAC Chair, Deputy Executive Director,
AIDS Alliance for Women, Infants, Children, Youth & Families*

CAPT Mary Glenshaw and Dr. Ivy Turnbull welcomed participants to the 66th meeting of the NIH OARAC. A quorum was present. Meeting materials provided to Council members included the agenda, a conflict-of-interest form, and minutes from the 65th OARAC meeting, held on February 22, 2024. Minutes from the 65th OARAC meeting were approved by the Council in advance of the 66th OARAC meeting.

CAPT Glenshaw welcomed attendees, introduced Dr. Geetanjali Bansal as the alternate Designated Federal Officer/Executive Secretary, and conducted roll call. Dr. Turnbull reviewed the 66th meeting agenda, noting the inclusion of time for public comments.

Report From the Acting Director

*Diana Finzi, Ph.D., Acting Associate Director for AIDS Research and
Acting Director, OAR, NIH*

Dr. Diana Finzi provided an update on OAR activities since the last OARAC meeting, noting that a permanent OAR director is expected to be announced soon. She recognized Pride Month and

reaffirmed NIH's commitment to uplifting and celebrating the lived experiences of LGBTQIA+ people. Dr. Finzi welcomed Dr. Courtney Fletcher, a new OARAC voting member (Dr. Fletcher was unable to attend this OARAC meeting), and noted the appointment of Dr. Kathleen Neuzil as the Director of the Fogarty International Center; the departure of Dr. Joshua Gordon as the director of the National Institute of Mental Health and the appointment of Dr. Shelli Avenevoli as Acting Director; and the appointment of Mr. Francisco Ruiz as the Director of the White House Office of National AIDS Policy (ONAP). Dr. Finzi also noted the death of Dr. Steven Douglas, who specialized in the neuroimmunology of HIV.

OAR's Professional Judgment Budget (PJ) is one of two documents the office is required to produce every year. The PJ represents the professional judgment of OAR regarding estimates of the funds needed to fully pursue scientific opportunities leading to the end of the HIV/AIDS epidemic; it highlights scientific accomplishments and outlines future priorities. The fiscal year 2026 (FY26) PJ, expected to be released soon, will align with the strategic goals featured in the next iteration of the *NIH Strategic Plan for HIV and HIV-Related Research*.

Dr. Finzi highlighted several recent engagements that OAR led or co-sponsored:

- April 24, 2024: [Workshop for Early Career Investigators in HIV](#)
- April 12–13, 2024: [15th International Workshop on HIV & Women](#)
- April 5, 2024: [OAR Director's Seminar: The Last Program: Lessons Learned From Altruistic Participants Enrolled in HIV Cure Research at the End of Life](#)
- March 21–22, 2024: [NIH HIV & Women Scientific Workshop: Centering the Health of Women in HIV Research](#)

Dr. Finzi noted that OAR is grateful for efforts across the many HIV networks and that recompetition of awards has begun for many networks. OAR is also preparing for upcoming engagements associated with the Multipurpose Technology Summit (June 24–25, 2024), 25th International AIDS Conference (July 22–26), Global Black Pride Conference & Health Summit (August 27–September 2, 2024), and U.S. Conference on HIV/AIDS (September 12–15, 2024).

Dr. Finzi noted the NIH HIV and HIV-related research strategic plan development efforts in progress, reminding members that the plan guides the largest public health investment in HIV research. OAR is seeking input from all possible interested constituents. She noted that the meeting focus on perinatal HIV research is important to the field and has the potential to provide key answers to questions about HIV latency and resistance. People who acquired HIV perinatally and now are adults are considered long-term survivors. Although rates of perinatal transmission in the United States have declined, many people have been living with HIV since birth, and significant differences in comorbidity and life expectancy remain; for example, some age-related comorbidities occur earlier in people with HIV. Studies of perinatal HIV also are yielding important information on the HIV reservoir. Dr. Finzi emphasized that despite successful global investment, one-third of people currently living with HIV remain untreated, which highlights the urgent need for a cure.

Update: FY 2026–2030 NIH Strategic Plan for HIV and HIV-Related Research
Rachel Anderson, Ph.D., Senior Policy Advisor, OAR, NIH

Dr. Rachel Anderson provided an update on the FY 2026–2030 strategic plan, which will feature a revised framework to leverage the increasing intersections among prevention, treatment, and cure research. The five overarching priorities that have been featured for many years will be

highlighted differently in the new proposed framework, which aligns with the NIH common template for strategic plans and organization of the FY 2026 PJ and follows the stages of the research continuum. The revised framework includes three research goals and one capacity goal: (1) enhance discovery and advance HIV science through fundamental research; (2) advance the development and assessment of novel interventions for HIV prevention, treatment, comorbidities, and cure; (3) optimize public health impact of HIV discoveries through dissemination and implementation of research findings; and (4) build research workforce and infrastructure capacity to enhance the sustainability of HIV scientific discovery.

OAR has received input on the revised framework as well as suggested funding priorities from internal and external groups. The feedback is being processed to generate a list of funding objectives and priorities, which will be shared with task forces for refinement. A working group will then write the plan, which will be reviewed by OARAC and cleared by NIH in advance of publication before the start of fiscal year 2026. The contents of the plan will be informed by multiple sources of input, including internal analyses, listening sessions, workshops, and a request for information (RFI) that invited respondents to propose research priorities. About 200 responses were submitted, including 52 on behalf of organizations. Dr. Anderson shared the proportions of respondents representing academic, health care, advocacy, and other organizations and the respondents' locations and noted the greater balance among responding sectors compared to past RFIs.

Dr. Anderson outlined the four goals of the proposed framework, noting that each has multiple objectives. Each objective will include more specific funding priorities. Comments during the feedback process emphasized underlying principles that OAR plans to be mindful of, such as inclusiveness, health disparities, ethical research practices, the importance of choice, and the value of community voices.

OAR will invite representatives from diverse backgrounds—representing breadth of subject-matter expertise, practice, and lived experience—to participate in task forces charged with refining the initial list of funding priorities. Task forces will review the framework and its goals, objectives, and proposed priorities and prepare recommendations. These recommendations, informed by both individual member expertise and the input compiled by OAR, will be shared with OARAC at the October meeting. Dr. Anderson noted that plan development will continue into the next year; the plan will be launched and promoted between June and October 2025.

Discussion Highlights

Dr. Anderson clarified that three task forces are envisioned, with specialization in basic biomedical, behavioral and social sciences, and clinical and intervention research. All task forces will include community members and address workforce and capacity issues. Dr. Luis Montaner encouraged OAR to include task force members with cross-disciplinary expertise to reflect the increasing intersection of fields.

Dr. Anderson explained that promotional efforts for this RFI resulted in a broader representation of respondents than those who responded to the RFI for the last strategic plan.

In response to a question about the rapid pace of scientific change in this environment, Dr. Anderson commented that OAR is stimulating investigators to submit applications for topics highlighted in the plan but recognizes that changing the research landscape takes time. The plan will be reviewed annually, so new funding opportunities can be highlighted to be responsive to emergent areas of research.

Dr. Anderson clarified that although the strategic plan currently addresses high-level concerns, the task forces will consider the priorities in greater detail and recommend specific areas of focus. Implementation of the recommendations will depend on applications received and initiatives supported by the institutes and centers.

Dr. Anderson explained that each task force will receive both OAR's high-level list of priorities and the collected input gathered from internal and external sources.

ONAP 2024 Values and Vision: Center Science, Accelerate Progress, and Prioritize Equity
Francisco Ruiz, M.S., Director, ONAP

Mr. Francisco Ruiz introduced the priorities and values that ONAP will use to center science, accelerate progress, and prioritize equity in its upcoming efforts. In surveillance reports recently released by the Centers for Disease Control and Prevention (CDC), data showed that overall new acquisitions decreased 12 percent between 2018 and 2022, demonstrating the effectiveness of current strategies and the potential for future progress. Mr. Ruiz outlined how rates of HIV acquisition have changed in certain populations and emphasized the need to ensure progress across all communities.

ONAP's values provide the foundation for the office's approach and direction, ensuring that efforts are comprehensive and meet the needs of people with and disproportionately affected by HIV. By focusing on equity, ONAP will work to eliminate disparities in HIV prevention, care, and treatment. ONAP will provide accountability by transparently tracking its progress and ensuring that efforts are measurable and open to public review. A focus on innovation will help drive ONAP to adopt cutting-edge and effective solutions. Emphasizing inclusivity will ensure that diverse voices shape ONAP's strategies, and valuing accessibility will guarantee that everyone has the resources they need. The final value—collaboration—will amplify ONAP's impact by aligning a broad coalition of partners to eliminate the “us versus them” mentality. Mr. Ruiz emphasized that these values are designed to integrate science and humanity.

ONAP's first priority in its strategy is to modernize policies based on science. Many outdated policies contribute to the stigmatization of and discrimination against people with HIV. Some progress already has been made, such as the elimination of the blanket exclusion for blood donation based on gender and sexual orientation. Current strategies include assessing and updating outdated federal employment policies, ensuring equitable organ transplant and clinical trial guidelines, updating health education curricula, and assessing and modernizing laws that criminalize HIV status.

The next priority is accelerating progress in HIV response. Mr. Ruiz emphasized the need to recognize that health inequities are not the result of individual choices but are affected by larger societal structures that must be addressed through intentional, coordinated, and sustained policy. Priority areas include strengthening federal collaboration, enhancing efforts to increase viral suppression rates, accelerating syndemics approaches, fostering translational research, and laying the groundwork for engaging congressional champions.

ONAP prioritizes equity and access by continuing to strengthen programs for people aging with HIV, expanding access to pre-exposure prophylaxis (PrEP), supporting the HIV workforce pipeline, and elevating nontraditional partners. Mr. Ruiz emphasized that ONAP's call to action is for potential partners to join the office's efforts and existing partners to recommit to the work.

Discussion Highlights

In response to questions about the rates in the CDC reports, Dr. Jonathan Mermin explained that the major decreases in incidence in recent years have occurred in younger people, particularly the youngest age groups. Over a longer period, incidence has decreased in young Black men. Decreases in incidence are starting to be seen in middle age ranges, but Hispanic/Latino populations have not followed this trend, and the reasons for the difference remain unknown. He commented that this is an outstanding question of great interest, especially regarding determination of how many new diagnoses are new infections.

When asked about state legislation against collection of diversity and equity data, Mr. Ruiz emphasized that ONAP is monitoring and identifying ways to address local legislation and ensure that people with or disproportionately affected by HIV can participate.

In response to a question about the high rates for Hispanic/Latino populations, Mr. Ruiz noted that the success of strategies focused on reducing new acquisitions in Black men who have sex with men is reflected in the decrease in rates in this population, so strategies tailored to other populations are needed. He also commented on the need to address the implications of anti-immigrant policies on health-seeking behaviors. Dr. Mermin clarified that African Americans have the highest rate of new acquisitions, but the absolute number of Hispanic/Latino people with new acquisitions is higher. Mr. Ruiz added that working with nontraditional partners will be critical to improving rates among specific populations.

Mr. Ruiz pointed out that the current [National HIV/AIDS Strategy](#) extends through 2025, so this is an appropriate time to consider how to evolve the strategies and measurements for the next iteration by learning from successes, building momentum at the highest levels of government, and bringing visibility and awareness to communities.

Attendees discussed how to engage nontraditional partners—including interdisciplinary providers, such as social workers and pharmacists—and ensure that young people are included in conversations about issues that affect them.

When asked how to include people with perinatally acquired HIV, Mr. Ruiz emphasized the need to assess gaps in existing programs and engage people with lived experience.

Issues in Perinatal HIV Research and Response

Adeno-Associated Virus–Vectored Delivery of IgG Biologics for Combating Perinatal HIV Infection

*Mauricio Martins, Ph.D., Associate Professor, The Herbert Wertheim University of Florida
Scripps Institute for Biomedical Innovation and Technology*

Dr. Mauricio Martins pointed out that most children with HIV reside in 21 countries in Africa, and only 57 percent of these children have access to antiretroviral therapy (ART). Although ART can prevent vertical transmission, challenges include undiagnosed maternal HIV, drug toxicity and resistance, poor adherence, and stigma. Thus, the current standard of care alone is unlikely to end pediatric HIV acquisition.

Broadly neutralizing antibodies (bNAbs)—monoclonal antibodies that target conserved regions of the HIV envelope—are safe in children, including infants, but current formulations being

tested clinically require regular infusions, which poses logistical and economic challenges to broad-scale implementation. Adeno-associated virus (AAV) vectors could deliver transgene templates for HIV bNAbs that would spur production of molecules *in vivo* and eliminate the need for repeated administration. Dr. Martins and his team hypothesized that inoculation with AAVs encoding bNAbs (AAV/Ig-HIV) at birth could result in persistent bNAb expression throughout infancy, preventing vertical transmission of HIV via breastfeeding. Dr. Martins pointed out that because childbirth is one of the most consistent times of interaction between health care providers and the mother–child dyad, treating babies with AAV/Ig-HIV at this time could grant them durable immunity even if they are lost to follow up.

Dr. Martins explained how his team treated newborn rhesus macaques with AAV/Ig-HIV. Almost all animals developed persistent expression of bNAbs that lasted for 3 to 4 years after a single dose, which is long enough to cover the breastfeeding period in most regions. In an approach designed to test this treatment for perinatal infection, all experimental animals developed persistent expression of the antibody. This intervention was effective whether treatments were given 1 week or 3 weeks after animals were exposed to virus, and control was maintained as long as *in vivo* expression of bNAbs was continuous.

Expression of HIV bNAbs via AAV does not require patient adherence, and the expressed bNAbs are less immunogenic in infants than adults. The treatment is easy to administer, thermostable, and cost effective, and bNAb expression may last until adolescence. Limitations include the diversity of HIV, cost and equitable access considerations, and pre-existing immunity to AAV vectors. Dr. Martins emphasized that with proper investment, AAV-vectored delivery of HIV biologics may hold the key to achieving practical and scalable sustained virologic remission in children with HIV.

The Forgotten Pieces of the Epidemic

Kimberly Canady, Educator and Public Health Consultant

Ms. Kimberly Canady delivered an overview of her experiences as a person with perinatally acquired HIV. Her mother, like many at the time, did not know she was living with HIV until after she had given birth. Ms. Canady was raised by her grandmother and was not told her status until she was 10 years old, after both her parents had passed away from complications of HIV. Although she had undergone frequent medical visits throughout childhood, accepting that she was living with HIV still took several years. Attending group events with other children with HIV was helpful, but she was highly affected by stigma. Many of her peers passed away, and because Ms. Canady shared that she was deemed a “non-progressor,” and thus understanding how HIV continued to progress in her peers was an additional challenge.

Ms. Canady chose to disclose her status at age 19 so that she could combine her normal life with her advocacy work. After her grandmother passed away, she had few resources for learning how to proceed with life as an adult; a path to success was hard for her to see at that time. Part of her journey was learning to think of herself as someone who deserves life. Ms. Canady noted that people who grew up with HIV are seldom in the public eye, and when they are, they are seen as a past condition of the epidemic—once they began living, their existence was ignored.

Currently, there are more than 13,000 lifetime survivors in the United States, but members of this group are still dying. [The Dandelions Movement](#) was started as a “for us, by us” movement for communities of people who were born with HIV or seroconverted in early childhood. Its mission is to eradicate isolation, stigma, and discrimination through collective resiliency.

Ms. Canady highlighted several current initiatives that require improvement. Emotional support options for people with HIV have advanced, but access remains challenging for many. Ryan White HIV/AIDS Program Part D funding does not include options specific to lifetime survivors and their children. Ms. Canady suggested the need for funding focused on lifetime survivors and named in honor of Hydeia Broadbent, a notable advocate, to spread awareness of the continued impact on lifetime survivors.

Ms. Canady emphasized that care for lifetime survivors is a public responsibility that has been dropped. Recognition, acknowledgement, and visibility are critical to helping people like Ms. Canady feel seen, but funding, research, and specific programs also are lacking. Ms. Canady pointed out that those who were babies with HIV soon will become the next geriatric population with HIV, and ensuring these survivors are not forgotten is critical.

Discussion Highlights

In response to a question about immunity to AAV vectors, Dr. Martins explained that babies can be born with maternal antibodies that target the AAV vector, which can interfere with this approach, but his team believes there may be a window of opportunity when maternal antibodies have been cleared from the baby's circulation. Individuals may experience reactions to the AAV-encoded bNAb, but this is significantly less common in infants than adults.

When asked whether antibody-mediated control has been confirmed, Dr. Martins clarified that the efficacy of this intervention depends on the persistent expression of bNAbs, but antibodies have the ability to kill HIV-infected cells that produce the virus, so his team will explore whether this approach can reduce the reservoir.

Several OARAC members thanked Ms. Canady for her presentation and acknowledged the need to include lifetime survivors in future research. When asked how best to engage the community, Ms. Canady suggested that researchers contact networks, hospitals, and institutes to find lifetime survivors who may be open to participating in these conversations.

When asked about evidence of efficacy needed before these technologies can move forward, Dr. Martins commented that in his opinion, the strategies are ready for clinical testing, more interest from the private sector will help these move into clinical research.

In response to a question about reservoirs in pediatric populations, Dr. Martins explained that his team monitors reservoir levels in its animal studies and has seen a decline during the ART period that is similar in control and experimental groups. Longer studies using antibodies that are more effective at eliminating infected cells are planned.

Dr. Martins confirmed that combinations of bNAbs should be used to expand the breadth of success—for a clinical trial, he suggested using at least three bNAbs to target different sides of the envelope. As children grow, the level of antibody expression may decline, requiring a boost; at this time, they could transiently remove antibodies against the AAV capsid that have developed to allow for the serum bNAb boost for protection against viral rebound.

In response to a suggestion that current funding may not be sufficient to bring this treatment to market, Dr. Martins pointed out that his first priority is to conduct a clinical trial to assess safety, but he emphasized the need to ensure that the excitement for this technology is not dampened by current price tags, which may decrease over time.

When asked what priorities can be added to the strategic plan to address the continued deaths in the community, Ms. Canady pointed out that better transitions between pediatric and adult care are needed—pediatric care often is a supportive environment, and adult care can be much more dismissive. Providers also have not been educated in how to care for this population. Many people in this group who have passed away were young teenagers, and they often did not adhere to medication well because they had not been informed of their HIV status. Medications at the time were experimental and damaged recipients’ bodies, and many did not receive assistance in learning how to take the medication. Many also developed resistance by the time they were interested in continued treatment. Those who passed away later often suffered from a lack of mental health services and difficulty accessing care, navigating systems, and affording medication while living their normal lives, and many programs focused on helping these survivors have disappeared. Ms. Canady added that the emotional aspect of still being alive is particularly important because people in this group were prepared for death, but not for life.

Dr. Turnbull noted that people who have been on medication for a long time often have many comorbidities, and research in this area is lacking.

Update: AIDS Research Advisory Committee (ARAC)

*Elaine J. Abrams, M.D., Professor of Pediatrics and Epidemiology,
Columbia University Medical Center*

Dr. Elaine Abrams presented an update from the June 3, 2024, National Institute of Allergy and Infectious Diseases (NIAID) ARAC meeting, noting that NIAID has updated its HIV language guide in an effort to eliminate the use of stigmatizing terminology and advance the use of person-first, inclusive, respectful language. The FY24 enacted budget for NIAID was unchanged from FY23, and the HIV/AIDS Clinical Trials Network recompetition has launched. The primary activities during the meeting were review and approval of seven concepts, including three Martin Delaney Collaboratories concepts, International epidemiology Databases to Evaluate AIDS (or IeDEA), Consortia for HIV/AIDS Vaccine Development and Immunology, the Advancing Translation of Long-Acting Strategies for HIV and HIV-Associated Co-Infections concept, and the Virology Quality Assurance Program.

Update: NIH HIV/AIDS Executive Committee

Coretté Byrd, M.S., RN, Health Science Policy Advisor, HIVinfo Program Manager, OAR, NIH

Ms. Coretté Byrd reviewed the HIV-related concepts and scientific advances since the previous OARAC meeting. There were nine concepts approved by institute advisory councils—seven new and two re-issued concepts from the National Cancer Institute; National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse; National Heart, Lung, and Blood Institute; and *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). During this period, 23 new scientific advances were published.

Update: HIV Clinical Guidelines Working Groups of OARAC

Pediatric Antiretroviral HIV Clinical Guidelines

Nahida Chakhtoura, M.D., Chief, Pregnancy and Perinatology Branch, NICHD, NIH

Dr. Nahida Chakhtoura discussed several new updates made to the [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection](#). The Laboratory Monitoring section now

addresses recommended baseline screening tests for coinfections and opportunistic infections, and the When to Initiate section adds data on the benefits of early initiation of ART. The What to Start recommendations for initial ART are now presented by age group, and the panel now recommends dolutegravir- or bictegravir-based regimens as preferred options for initial ART in infants and children. Updates to the Adherence to ART section include discussion of long-acting injectable ART, and the Management of Children Receiving ART section now incorporates the most recent switch options. The appendices have been updated based on new approvals in drug dosing and changes in availability. The guidelines will be published later this month.

Public Comment

*CAPT Mary Glenshaw, Ph.D., M.P.H., OARAC Executive Secretary,
Acting Deputy Director, OAR, NIH*

Two public comments were received. The first, from The Well Project, focused on HIV issues relevant to women and girls across the gender spectrum, including infant feeding, sexual and reproductive health, aging, and mental health needs of older women and long-term survivors. The second comment, from a professor at the University at Buffalo, emphasized the need to address the unique challenges in HIV prevention and care access faced by African immigrants. *[The full text of these public comments appears at the end of this document.]*

Closing Remarks and Adjournment

*Ivy Turnbull, D.L.P., Ed.M., M.A., OARAC Chair, Deputy Executive Director,
AIDS Alliance for Women, Infants, Children, Youth, & Families*

Dr. Turnbull thanked the attendees and reminded members that the next meeting, scheduled for October 24, will be a virtual meeting. She adjourned the meeting at 3:47 p.m. EDT.

Certification

I hereby certify that, to the best of my knowledge, the foregoing summary minutes are accurate and complete.



Ivy Turnbull, D.L.P., Ed.M., M.A.
Chair, OARAC

9/23/2024

Date



CAPT Mary Glenshaw, Ph.D., M.P.H.
Executive Secretary, OARAC

9/23/2024

Date

Public comment received: 3:24 pm on June 20, 2024

Comment made by: Krista Martel, Executive Director, The Well Project

Statement from The Well Project for the 6.20.24 OARAC Meeting

The Well Project is a non-profit organization whose mission is to change the course of the HIV/AIDS pandemic through a unique and comprehensive focus on women and girls across the gender spectrum. The Well Project envisions a world in which women have the information, support, and tools they need to advocate for their health and well-being and to live free from stigma.

We unapologetically focus on the unique, intersectional needs of women across the gender spectrum living with and vulnerable to HIV, centering Black women and other women of color. Our highly responsive programming aims to improve agency, health, and wellness among women living with and vulnerable to HIV by advancing women-specific HIV education, support, research, and policy; and address the most urgent gaps identified by our diverse community of stakeholders. While we comprehensively address issues impacting women living with and vulnerable to HIV, we have highlighted several priorities below:

- Ensure that women and other birthing parents living with HIV can experience their fundamental right to make informed, supported, uncoerced infant-feeding decisions. Doing so will require research to address knowledge gaps and dissemination of evidence-based information to both parents living with HIV and healthcare providers that affirms shared decision-making and bodily autonomy and addresses recent guideline updates.
- Integrate sexual and reproductive health, including sex positivity and pleasure, into women- focused HIV care, prevention, and education efforts. This approach to women's overall wellness should be holistic, addressing biomedical, behavioral, and social aspects of health, and shift the language of "risk" around vulnerability to HIV to a framework that prioritizes agency.
- Address the gaps in research, programming, and care for women aging with HIV across the lifespan, including lifetime survivors (women who acquired HIV at birth or in infancy). This agenda should include research on the effects of long-term HIV treatment on accelerated aging among women and prioritize the unique mental health needs of older women and lifetime survivors.
- Attend to the biomedical, behavioral, and social aspects of HIV in women's lives through research. Partner with community to ensure truly meaningful and equitable engagement of all relevant populations of women in HIV research including Black women and other women of color, women and other birthing parents who are pregnant or lactating, women of trans experience, lifetime survivors, women who use drugs, and sex workers.

Ensuring that the HIV agenda addresses the needs of women living with and vulnerable to HIV requires concerted partnerships that center the lives and experiences of diverse populations of women among all HIV stakeholders.

Public comment received: 7:35 pm on June 20, 2024

Comment made by: Gloria A. Aidoo-Frimpong, PhD, MPH, MA | Assistant Professor, Department of Epidemiology and Environmental Health, School of Public Health and Health Professions, University at Buffalo, SUNY

Affiliate, Center for Interdisciplinary Research on AIDS, Yale School of Public Health, Yale University, New Haven, Connecticut

It was a pleasure to see and listen to the NIH OARAC Meeting today. The insights shared were quite valuable, especially regarding the priorities of the OAR. Your commitment to addressing HIV/AIDS through comprehensive and inclusive strategies is commendable.

As a quick refresher, we met at the recent NMAC Biomedical Prevention Summit, where I discussed HIV prevention among African immigrants in the US. Our conversation left a lasting impression, and I believe there is significant potential for collaboration in this area.

African immigrants often face unique challenges and barriers in accessing HIV prevention and care services. These barriers can include cultural stigmas, language differences, and limited access to healthcare resources. As we continue our discussions on ending the epidemic, it is crucial to include African immigrants in the conversation to ensure equitable health outcomes for all populations.

I am currently developing strategies to increase HIV testing and PrEP uptake among underrepresented populations, particularly African immigrants. Preliminary findings have indicated acceptability and willingness to adopt PrEP for HIV prevention.

I would love to schedule a meeting to discuss my research in more detail, share insights from my work, and explore potential funding opportunities at the NIH. Your expertise and guidance would be invaluable as we navigate the complexities of this important public health issue.

Thank you for your time and consideration. I look forward to the possibility of working together to advance HIV prevention efforts among African immigrants.

Warm regards,

Gloria