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Principles to Guide the Future Response to the AIDS Epidemic from the National Commission on AIDS

1. Leadership is essential. Leadership in any context entails developing a vision of the response needed, establishing a plan to realize it, and accepting responsibility for its fulfillment. Leadership in the response to AIDS also provides the visible affirmation of the inclusion of people affected by HIV disease in the community.
2. Access to basic health care, including preventive, medical, and social services, should be a right for all. Our nation must find ways to finance that care for all.
3. The United States must have a vital and responsive public health system. This means rebuilding an adequately supported public health "infrastructure" with a sufficient number of trained personnel to carry out the primary public health functions of surveillance, assessment and analysis, and prevention. All levels--federal, state, and local--must have the necessary capacity to fulfill their designated roles.
4. The best science will yield the best public strategies. But the best science cannot flourish where it is blocked or constrained for ideological reasons or political convenience. Nor can it contribute properly where it is underfunded or its lessons are ignored in program design.
5. To the greatest extent possible, health care solutions (including those for HIV/AIDS) must avoid disease specificity. Solutions should offer a broad continuum of comprehensive services to those with problems of chronic relapsing disease. Strategies should recognize that the health of entire communities is often dependent upon the health of the least advantaged.
6. Partnerships are necessary. Collaboration between levels of government, with the business community, with the religious community, with the voluntary not-for-profit sector, and with community-based organizations is essential to providing a coordinated response. A broad array of persons, including people with HIV disease, AIDS advocates, health professionals, and community representatives, must be included in formulating prevention, care, and research strategies.
7. The human face of AIDS should be ever before us. Respecting personal dignity and autonomy, respecting the need for confidentiality, reducing discrimination, and minimizing intrusiveness should all be touchstones in the development of HIV/AIDS policies and programs.

The State AIDS and Sexually Transmitted Disease Program endorses the principles stated above. State of Alaska AIDS policies are consistent with these principles and, although these principles are intended to guide the national response, they are appropriate and readily applicable to both state and local levels.

The National Commission on AIDS is an independent body created by federal statute (Public Law 100-607) to advise Congress and the President on development of "a consistent national policy" concerning the HIV epidemic. The statute created the Commission for a period of up to four years, which expires on September 3, 1993. During its tenure the Commission produced 15 reports plus analytical or policy statements on a number of issues. Copies of the Commission's final report are available from the Commission (202-254-5125 or fax 202-254-2060) and, after September 3, 1993, from the National AIDS Information Clearinghouse (800-243-7012).