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# Presidential Advisory Council on **HIV/AIDS**

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March 14, 2012

The Honorable Kathleen Sebelius  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Sebelius:

We are writing on behalf of the **President's Advisory Committee on HIV/AIDS (PACHA)** and the **Centers for Disease Control and Prevention (CDC)/Health Resources and Services Administration (HRSA) Advisory Committee on HIV, STD, and Viral Hepatitis Prevention and Treatment (CHAC)** to update and request your support with addressing the broad area of sexual health in the United States (U.S.). Our committees believe that sexual health is an important element of health across the lifespan and that its promotion has great potential to enhance the impact of core public health programs focused on preventing adverse outcomes with which we are concerned – HIV, STD, and viral hepatitis – as well as other public health issues facing the nation such as teen and unintended pregnancy, and sexual violence. While none of these adverse outcomes are new challenges in the U.S., we believe that a **sexual health framework** provides a unifying theme with a focus on health, rather than on disease, that may counter the forces of stigma and provide a positive, life-affirming approach.

In 2009, the National Center for HIV/AIDS, Viral Hepatitis, and STD Prevention (NCHHSTP) at the CDC established a Steering Committee to explore the potential role of public health entities at the federal and local level in advancing sexual health as an essential component of overall individual health. In 2010, NCHHSTP held a technical consultation to gain input from partners and stakeholders <http://www.cdc.gov/sexualhealth/docs/SexualHealthReport-2011-508.pdf> on sexual health. CHAC was briefed on these efforts at its May 2010 bi-annual meeting and in November, 2010 created a Sexual Health Workgroup of the CHAC to provide a forum for developing recommendations for CDC and HRSA in this area. The CHAC Workgroup developed a new definition of sexual health in 2011 to provide greater clarity to the effort. The Workgroup has also reviewed the development of a set of sexual health indicators and a draft policy statement on a *Public Health Approach for Advancing Sexual Health in the United States*. The importance of sexual health as a framework was initially articulated in 2001 by the *Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior* and has been recently endorsed by the National Prevention Strategy with its emphasis on prevention and wellness rather than sickness and disease and with its selection of Reproductive and Sexual Health as one of its seven highest priority areas of focus. In 2012, eleven years after the Surgeon General's *Call to Action*, attaining sexual health remains a challenge for Americans. For example, more than 1.3 million cases of Chlamydia were reported to the CDC in 2010, the largest number of infections ever reported domestically, at a rate well beyond that reported by other industrialized countries worldwide. Chlamydia is of particular concern for young women who have the highest rates of infection between the ages of 15-24 years old, placing them at risk for infertility. Syphilis is re-emerging as a major problem, particularly among men who have sex with men, and antibiotic-resistant gonorrhea is a critical threat. Even more alarming is the fact that new HIV infections among young black men who have sex with men, increased 48% from 2006 through 2009. These challenges continue to undermine the health of our nation.


We recognize that the political environment of an election year is charged with many external constraints, but we believe that the health of Americans, especially for young men and women, we cannot wait to support the promotion and endorsement of a mature national dialogue on issues of sexuality, sexual health, and respectful and responsible sexual behavior. **Given this, PACHA and CHAC recommend that HHS, CDC and HRSA leadership support the development and implementation of a public health approach to advancing sexual health in the United States through the following:**

- continue and expand efforts by CDC, HRSA, and other entities within HHS (e.g. OHAP, OMH, OWH, OAH) to address sexual health including a focus by the leadership of these organizations on supporting and disseminating messages regarding the importance of this issue;
- ensure efforts to enhance educating young people with comprehensive, medically accurate, age-appropriate sexual health information and to create measurable standards;
- support the Division of Adolescent and School Health in advancing its efforts to implement evidence-based sexual health education for prevention of HIV, STD and teen pregnancy by ensuring sufficient funding for current and future activities;
- develop a plan for increased training of health professional students and health care providers in comprehensive understanding of human sexuality and their ability to provide effective sexual health services;
- develop and monitor a comprehensive set of national indicators for sexual health and to address important research priorities;
- create HHS approved policy statements promoting a sexual health approach; and
- commission a report from the Institute of Medicine on gaps and priorities in addressing sexual health in the U.S.

In closing, we understand that societal discussions on sexuality can be challenging and that there are many levels of sensitivities and complexities associated with dialogues around sexual health. However as your federally appointed advisors on HIV/AIDS, STD, and viral hepatitis, we feel compelled by the urgency of this issue and the need to reframe how we address sexually transmitted diseases, unintended pregnancies and partner violence, we needed to raise it to the highest levels. The chairs of each committee are willing and happy to meet with you at anytime to discuss this further. Finally, we thank you for your ongoing efforts towards improving health for all Americans, we appreciate your review and consideration of this issues outlined in this letter.

Sincerely,

  
PACHA Chair  
Nancy Mahon

  
CHAC co-Chair  
Antigone H. Dempsey

  
CHAC co-Chair  
Jeanne Marrazzo

cc: Thomas R. Frieden, Director, CDC and Mary Wakefield, Administrator, HRSA

