

URGENT ACTION IS NEEDED IN 2021 TO END HIV IN THE UNITED STATES

AS WE MARK THE 40TH ANNIVERSARY of the discovery of the first cases of HIV this June, what steps are needed to move the U.S. toward ending HIV in a way that improves equity and supports efforts to recover from the COVID-19 pandemic?

A FOCUSED AGENDA CAN DRIVE HIV PROGRESS

REFINE THE ROADMAP TO ENDING HIV

The first National HIV/AIDS Strategy was released in 2010 and updated in 2015. The Ending the HIV Epidemic (EHE) Initiative, launched in 2019, brought renewed excitement with its commitment to ending the domestic HIV epidemic.

POLICY ACTION: Update the National HIV/AIDS Strategy and bolster the EHE Initiative.

PROTECT HIV CIVIL AND HUMAN RIGHTS

Widespread stigma and discrimination faced by people with HIV have been major issues since the beginning of the epidemic. A specific policy issue relates to laws and practices that criminalize HIV non-disclosure, exposure, or transmission. Over 400 cases of arrest and prosecution for HIV exposure have been documented from 2008-2019. CDC could establish new data protection requirements.

POLICY ACTION: Restrict law enforcement access to public health data and modernize HIV criminal laws.

STRENGTHEN HIV HEALTH CARE SYSTEMS

Due to ACA coverage expansions, people with HIV were no more likely to be uninsured in 2018 than the general population, but people with HIV in the EHE focus counties were 17% more likely to be uninsured than people with HIV in the nation as a whole.

POLICY ACTION: Expand Medicaid in all states and improve HIV prevention and care for Medicaid beneficiaries.

POLICY ACTION: Respond to the neglected needs of people aging with HIV.

BUILD STRONGER AND MORE RESILIENT COMMUNITIES

Social determinants underlie many health inequities, challenging policymakers to think outside of health programs to improve health. One challenge deeply felt by many people living with HIV is housing stability.

POLICY ACTION: Support HOPWA and address housing affordability.

ADOPTING A NEW VISION FOR THE NEXT DECADE OF FIGHTING HIV

INVEST IN IMPROVING QUALITY OF LIFE

Durable viral suppression remains essential, but it must exist alongside targets for helping to prevent and manage other health threats and tackle social and structural barriers to a high quality of life.

PEOPLE WITH HIV EXPERIENCE THEIR FIRST CO-MORBIDITY 16 YEARS EARLIER THAN HIV-NEGATIVE PEOPLE.

EMBRACE BLACK AND LATINX GAY AND BISEXUAL MEN AND TRANSGENDER PEOPLE AND OFFER A VISION FOR THEIR SEXUAL HEALTH

Black and Latinx gay and bisexual men acquire HIV at a younger age than other groups, and transgender people, especially transgender women, are also extremely vulnerable to HIV. We need a new vision for sexual health and healthy development. For those living with HIV, there is a need for more culturally grounded approaches to support engagement in care and adherence to treatment.

BLACK AND LATINX GAY AND BISEXUAL MEN MADE UP ABOUT 48% OF HIV DIAGNOSES IN 2018.

EXPAND THE RYAN WHITE PROGRAM TO GET MORE PEOPLE WITH HIV INTO CARE

For people in the Ryan White Program, current funding has helped achieve viral suppression rates on par with other high-income countries. More funding is needed to expand the capacity of the program to reach the estimated one in four people with HIV who are diagnosed, but not in care. 43% of new transmissions originate from this group.

88% OF PEOPLE RECEIVING RYAN WHITE SERVICES WERE VIRALLY SUPPRESSED IN 2019, ROUGHLY 30% POINTS HIGHER THAN THE NATION AS A WHOLE.

DEVELOP AND DEPLOY VACCINES FOR HIV PREVENTION AND A FUNCTIONAL CURE FOR HIV BY 2030

Let's take inspiration from the rapid progress of developing a COVID-19 vaccine and accelerate HIV vaccine development and functional cure research, specifically into broadly neutralizing antibodies (bnAbs) that are yielding promising results.

AFTER ADJUSTING FOR INFLATION, THE HIV RESEARCH BUDGET AT THE NIH IN FY 2021 IS DOWN 21% COMPARED TO FY 2011.

SCALE-UP ACCESS TO EFFECTIVE PREVENTION AND SUBSTANCE USE DISORDER SERVICES

There are many effective, evidence-based interventions, including PrEP, PEP, HIV treatment as prevention, syringe services programs, substance use treatment services, overdose prevention services, and other harm reduction services. Too often, funding is too low to ensure widespread access.

IN 2018, ONLY 18.2% OF PEOPLE WITH A PrEP INDICATION WERE RECEIVING PrEP. IN 2016, ONLY 11% OF PEOPLE WITH AN OPIOID USE DISORDER WERE RECEIVING MEDICATION-BASED TREATMENT.