

BIG IDEAS

ENDING THE HIV EPIDEMIC —
SUPPORTING ALL PEOPLE WITH HIV AND REDUCING NEW INFECTIONS

STATE AND LOCAL ‘END THE EPIDEMIC’ PLANS CAN DRIVE HIV PROGRESS

THE NATIONAL HIV/AIDS STRATEGY focuses on a small number of high-impact actions to deliver improved results toward reducing infections, increasing access to care, and reducing HIV-related health disparities. Federal agencies have updated their approaches and are moving more people from an HIV diagnosis into care and on antiretroviral therapy (ART) to achieve sustained HIV viral suppression. To drive this vision forward, however, tailored approaches are needed for differing epidemics in states and communities across the country.

The Act Now End AIDS Coalition is a critical community resource to assist jurisdictions in this process.¹ Given their role in directing financial resources, maintaining surveillance systems, and monitoring and evaluating HIV health outcomes, states are a central nexus in developing and implementing plans to ‘End the Epidemic’. Several states as well as several cities have created such plans to spur policy reform and establish focused new interventions. Some plans are part of a global campaign called the Fast-Track Cities Initiative, whose core partners are the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the City of Paris.² Its focus is on

MORE STATES AND LOCAL JURISDICTIONS MUST DEVELOP THEIR OWN PLANS TO ‘END THE HIV EPIDEMIC’ IN THEIR COMMUNITIES.

ESSENTIAL ELEMENTS OF AN EFFECTIVE HIV PLAN

It is good when different jurisdictions develop plans that look and feel distinct from each other, are sensitive to the local social norms and respond to the specific characteristics of their epidemics. Nonetheless, effective plans share common features:

PARTNERSHIPS: Leadership is needed from political and community leaders. Involve and engage people with HIV, health care and social services providers, other community members, as well as elected officials and public health leaders in developing a plan.

STRATEGY: Responding to HIV in diverse and often underserved communities where health disparities and inequities are large requires doing many things. Focus the plan on improving clinical care and addressing social determinants of health and identify a small number of clear objectives.

METRICS: Set a manageable number of clear goals with quantifiable targets and monitor progress toward meeting those targets.

INNOVATION: We may have the tools to end the epidemic, but we won’t get there automatically. Recognize and demand ongoing innovation in setting public policy, engaging communities, delivering services, and measuring progress.

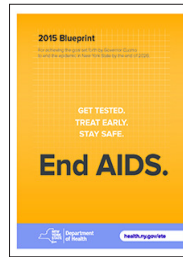
generating political and community will and providing technical and other support for cities to accelerate their local HIV responses to attain and surpass the global 90-90-90 targets (90% of all people living with HIV are diagnosed, 90% of those are on ART, and 90% of those are virally suppressed). Achieving these targets is an important milestone on the path toward ending HIV as a public health threat.

HIV leadership abounds in states and local communities. For example, more than 15 US cities and the District of Columbia are among the 200+ jurisdictions around the world that have joined the Fast-Track Cities Initiative. Among these cities are several in the southern United States, including San Antonio/Bexar County and Austin/Travis County, Texas, along with Miami-Dade County, Florida, Baton Rouge and New Orleans, Louisiana, and Birmingham, Alabama. Also, in early 2018, Florida announced that it planned to make no-cost access to pre-exposure prophylaxis (PrEP) available through all of their county health departments by the end of the year.³ And, Louisiana has been recognized for its innovative Data to Care program, the Louisiana Public Health

Information Exchange (LaPHIE), that facilitates finding and re-engaging persons with HIV who have stopped engaging in care.⁴ More focused efforts are needed to harness this leadership in more places to create comprehensive plans that set clear priorities and establish measurable targets, and then hold each other accountable for achieving results.

LEADING EXAMPLES

The following are illustrative examples and not inclusive of all jurisdictions that have such plans:



NEW YORK: In June 2014, Governor Andrew Cuomo released a three-point plan to **End the HIV Epidemic in New York State**.⁵ The goals are to: 1) identify people with HIV who remain undiagnosed and link them to care, 2) link and retain people with diagnosed HIV in health care to maximize

ONE-TWO PUNCH: TREATMENT AND PREVENTION

Getting all people with HIV diagnosed and into care is a critical starting point. Recent policy changes and targeted efforts have made it easier to routinely screen people coming in for care and this has increased the share of people who know their HIV status. Building on this, a feature of the plans highlighted here is the integration of treatment and prevention to magnify impact.

TREATMENT — Many plans recognize two critical actions:

- **Rapid Start of ART:** Among the most important and innovative features of many state and local plans is to treat early by starting ART immediately on diagnosis. Delays in starting ART lead people to stop engaging in care or lengthen the time to viral suppression, yet financing, provider, and health system barriers prevent the immediate start of ART from being the standard of care in most places. This must change.
- **Retention and Re-engagement:** Perfect adherence to care and treatment over a lifetime is unrealistic; therefore, continued focus is needed on monitoring engagement and actively intervening to address barriers to care. Since people who are virally suppressed do not transmit HIV sexually, there is also a need to monitor the durability of viral suppression over time. The undetectable = untransmittable or U=U campaign is an anti-stigma effort that is likely strengthening engagement in care and attention to maintaining viral suppression. For information on the campaign, see www.preventionaccess.org.

PREVENTION — Two related interventions are central strategies for preventing new infections:

- **Pre-exposure Prophylaxis (PrEP):** PrEP is safe and highly effective, yet not nearly enough people for whom PrEP is recommended are taking it. Plans take different strategies to address financial access, make it easy to obtain and stay in care (with regular monitoring), reduce stigma, and promote demand among key populations.
- **Post-exposure Prophylaxis (PEP):** PEP involves giving individuals a short course of ART within 72 hours of a known or suspected exposure to HIV. Many plans recognize that while the number of PEP candidates is much smaller than for PrEP, systems need to be in place to provide rapid access to PEP and address prescribing, financial and other barriers.

viral suppression, and 3) facilitate access to PrEP for people at high risk for becoming infected with HIV. Using the technical capacity created by its ADAP program, New York State implemented a PrEP Assistance Program to address a barrier identified by providers related to lack of insurance coverage for PrEP. The program provides support for PrEP ancillary and clinical laboratory services for persons who are uninsured or underinsured. Following the release of the plan, the Governor appointed a Task Force to help him achieve his plan and to reduce the number of new infections to 750 per year (from an estimated 3,000 in 2013) by the end of 2020.⁶

PARTNERSHIPS: New York's Task Force held 14 regional discussions in developing their plan and developed a webinar series to engage health and human services providers and consumers.



NEW YORK CITY: NYC's **Ending the Epidemic** Plan is aligned with New York State's plan.⁷ Doing its part to meet the state's goal, this Fast-Track City's aim is to reduce the annual number of new HIV infections to fewer than 600 per year by the end of 2020, and their approach has four primary features: 1) increasing access

to HIV prevention services with an emphasis on scaling up access to PrEP and ensuring appropriate access to PEP, 2) promoting innovative, optimal treatment for HIV, emphasizing immediate start of antiretroviral therapy (ART) on diagnosis and promoting an "undetectables" initiative to incentivize viral suppression, 3) enhancing methods for tracing HIV transmission to identify transmission networks or clusters in real-time in order to intervene to stop transmission, and 4) improving the sexual health of all New Yorkers.

INNOVATION: NYC has revamped their STD clinics into inviting sexual health clinics that form the backbone of their End the Epidemic activities. They offer 28-day courses of PEP, PrEP initiation, and immediate ART for newly diagnosed persons.

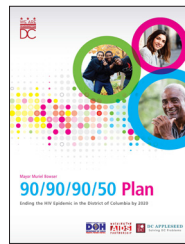


WASHINGTON STATE: Established by Governor Proclamation in December 2014, the **End AIDS Washington** effort brought community stakeholders together and put forth eleven recommendations: 1) identify and reduce stigma, 2) reduce HIV-related disparities, 3) implement routine HIV

screening, 4) increase access to PrEP, 5) create health care that meets the needs of sexual minorities, 6) improve HIV prevention and care for substance users, 7) remove barriers to insurance and increase health care affordability, 8) increase access to safe, stable, and

affordable housing, 9) deliver whole-person health care to people with HIV, 10) launch a Healthier Washington Initiative for youth, and 11) include meaningful community engagement and empowerment.⁸ By 2020 they aim to have 50% fewer new HIV diagnoses, achieve 80% viral load suppression, reduce HIV mortality by 25%, reduce HIV health disparities, and increase the quality of life for people with HIV.

STRATEGY: Washington is undergoing modernization of its HIV laws. They view this as necessary to achieve their clinical goals, improve access, reflect current science, and reduce stigma.



DISTRICT OF COLUMBIA:

Mayor Muriel Bowser released the **90/90/90/50 Plan** in December 2016 to end the HIV epidemic in the District of Columbia by 2020, when she also committed DC to become a Fast-Track City.⁹ DC's plan was developed by a partnership between the DC Department of

Health and two community partners, DC Applesseed (which is a law and justice organization of volunteer attorneys, business leaders, and other community members), and the Washington AIDS Partnership (which is a collaborative of local charities and funding organizations responding to HIV in the DC metropolitan area). DC's plan set a goal to achieve a 50% reduction in new HIV infections by 2020, reporting that modeling by researchers at the department of health and local universities (George Washington University and Howard University) had shown that a 56% reduction in new infections is possible by 2020.

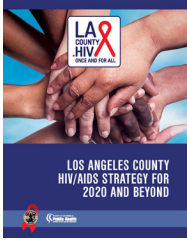
PARTNERSHIPS: DC Applesseed, one of the plan's partners, publishes an annual progress report to keep the public informed of progress toward the goals and to highlight where more attention is needed.



HOUSTON: In December 2016, Legacy Community Health, the largest community health system in Texas, released its **Roadmap to Ending the HIV Epidemic in Houston**.¹⁰ They call on the City of Houston and Harris County to allocate funds for HIV prevention and work with both public and

private partners to end the HIV epidemic. The Roadmap acknowledges similarities to the plans of other jurisdictions, including a focus on key populations and outlines five core areas for the HIV and non-HIV communities to focus their efforts: 1) prevention of HIV, 2) access to care for people with HIV, 3) addressing social determinants that exacerbate the epidemic, 4) criminal justice reform, and 5) public policies and funding.

STRATEGY: In the absence of a governmental plan, the Houston Roadmap is intended to push local governments to act.



LOS ANGELES: In December 2017, Los Angeles County released the **Los Angeles County HIV/AIDS Strategy for 2020 and Beyond**.¹¹ The County's plan is modeled after the 90-90-90 goals with their goals being to reduce the number of new infections to 500 per year, increase to 90% the proportion of people

with HIV who are diagnosed and increase to 90% the proportion of diagnosed persons who are virally suppressed by 2022. Their plan is notable for including clear baseline information along with 2022 targets.

METRICS: LA County's plan says that to achieve their goals by 2022, they will aim to increase PrEP enrollment from 6,465 (2014) to 70,000.



SAN FRANCISCO: San Francisco was one of the first jurisdictions to develop a local implementation plan for the National HIV/AIDS Strategy and was a pioneer in developing their **Getting to Zero** initiative, released in December 2014.¹² As with other jurisdictions, this Fast-Track City's goals are to

reduce both HIV infections and HIV deaths by 90% from their 2013 levels by 2020. Their plan involves the creation of an Ending Stigma Committee and relies heavily on three strategies: PrEP expansion, the RAPID Program to link all new diagnoses to care within 5 days and start ART on the first visit, and a focus on supporting retention and re-engagement in care.

METRICS: From 2013 to 2016, San Francisco's RAPID Program was able to reduce the median time citywide from diagnosis to viral suppression from 134 days to 63 days.

THE TIME IS NOW

We can end the HIV epidemic in the US, but it will not happen on its own. It will take resources, determination, vision...in short, it starts with a plan. While tactics may vary according to local circumstances, the key ingredients for success are the same. Now is the time for more jurisdictions to step up and plan to provide better supports to people with HIV and reduce new HIV infections.

ENDNOTES

- 1 Act Now End AIDS. Facebook Website. <https://www.facebook.com/ActNowEndAIDS/>.
- 2 Fast-Track Cities Initiative, see Fast-Track Cities. International Association of Providers of AIDS Care Website. <http://www.iapac.org/fast-track-cities/>.
- 3 Mammoser G. Florida begins offering free HIV prevention. *Healthline*. January 30, 2018. <https://www.healthline.com/health-news/florida-begins-offering-free-hiv-prevention#1>.
- 4 Health Resources and Services Administration HIV/AIDS Bureau. *Case Study—Louisiana Public Health Information Exchange (LaPHIE)*. July 2017. <https://targethiv.org/ihp/case-study-louisiana-public-health-information-exchange-laphie>.
- 5 Ending the AIDS Epidemic in New York State. New York State Department of Health Website. https://www.health.ny.gov/diseases/aids/ending_the_epidemic/.
- 6 Ending the AIDS Epidemic in New York State. New York State Department of Health Website. https://www.health.ny.gov/diseases/aids/ending_the_epidemic/.
- 7 New York City Department of Health and Mental Hygiene. *Ending the Epidemic: Overview*. January 2017. <https://www1.nyc.gov/assets/doh/downloads/pdf/ah/ete-strategy.pdf>.
- 8 For information on Washington's plan, see End AIDS Washington. Washington State Department of Health Website. <https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIV/EndAIDSWashington>.
- 9 DC's 90/90/90/50 plan can be found at: 90/90/90/50 Plan: Ending the Epidemic in the District of Columbia by 2020. DC Health Website. <https://dchealth.dc.gov/page/90909050-plan-ending-epidemic-district-columbia-2020>.
- 10 End HIV Houston Website. <https://endhivhouston.org>.
- 11 LA County.HIV Website. <https://www.lacounty.hiv>.
- 12 Getting to Zero plan, see Getting to Zero San Francisco Website. <http://www.gettingtozerosf.org>.