

Presidential Advisory Council on AIDS (PACHA)
Resolution in Support of "Ending the HIV Epidemic: A Plan for America"

Whereas, HIV is an infectious disease, posing a public health threat that since 1981 has claimed over 700,000 lives in the United States;

Whereas, there are currently over 1.1 million people living with HIV in the U.S., with nearly 40,000 new infections each year, an amount that has remained steady for the past several years and is expected to increase in future years, in part due to the opioid epidemic, unless significant action is taken;

Whereas, while there is no cure or vaccine, if people are screened for HIV and linked promptly to HIV treatment and adhere to a lifetime of treatment, they can live a long and reasonably healthy life, achieve durable viral suppression, and become untransmittable;

Whereas, we know how to prevent HIV, including through HIV education, the use of condoms and syringe service programs, HIV treatment, and the utilization of Pre-exposure prophylaxis (PrEP);

Whereas, if linkage to care and adherence to HIV treatment for people living with HIV is increased, while at the same time access to prevention services including PrEP is enhanced, the number of new infections will decrease over time;

Whereas, the root drivers of HIV infection are structural in nature and ending the HIV epidemic will require interventions that address the social determinants of health;

Whereas, HIV in the U.S. is concentrated in certain geographic areas, including certain cities, states and counties, with the South the home of 46 percent of all people living with HIV;

Whereas, HIV also disproportionately impacts certain populations including gay and bisexual men, in particular among those who are black, Latino, and young; black women; transgender women; and those who inject drugs;

Whereas, the response to the HIV epidemic in the U.S. has been greatly impacted by stigma, which has hampered the nation's response efforts;

Whereas, currently in the U.S. 86 percent of people living with HIV know their status; 63 percent are engaged in care but only 51 percent are virally suppressed, with different populations and communities having worse outcomes, demonstrating the need for improvement throughout the HIV care continuum;

Whereas, there continues to be significant contributions to ending the HIV epidemic from people living with HIV, those affected by HIV, national and community-based organizations, the medical community, scientific and pharmaceutical entities, and state, local, territorial, and tribal government entities, among others;

Whereas, the U.S. has in place high-performing HIV prevention programs in place, primarily funded by the Centers for Disease Control and Prevention (CDC), which carries out prevention efforts mostly through its local grantees that conduct HIV testing, surveillance, prevention and linkage to care programs;

Whereas, the U.S. also has the Ryan White HIV/AIDS Program that acts as a payer of last resort that provides some level of care, treatment or support services to over 551,000 people living with HIV, and has a viral suppression rate of 86 percent;

Whereas, in order to obtain care, treatment and preventive services, people living with and at risk of HIV require coverage and access to quality and affordable health care through Medicaid, Medicare, private insurance, and other payers;

Whereas, the U.S. government currently does not have a payer program for PrEP for the uninsured and underinsured;

Whereas, with additional leadership, financial resources, increased testing, linkage to care, adherence services and access to medication, including PrEP, the U.S. can decrease new HIV infections and eliminate HIV over time;

Whereas, eliminating HIV will save people's lives, while also saving local, state, and federal governments and the healthcare system money in the long run;

Whereas, during the State of the Union address in February 2019, President Donald Trump announced a bold initiative to end HIV in the U.S. within 10 years and asked Democrats and Republicans to join together in supporting the initiative;

Whereas, the U.S. Department of Health and Human Services (HHS), under the leadership of Secretary Alex Azar, with Assistant Secretary of Health ADM Brett Giroir, CDC Director Dr. Robert Redfield, Health Research and Services Administration (HRSA) Administrator George Sigounas, National Institutes of Health National Institute of Allergy and Infectious Diseases (NIAID) Director Dr. Anthony Fauci and Indian Health Service Acting Director RADM Michael Weahkee released the **"Ending the HIV Epidemic: A Plan for America"** that calls for a 75 percent reduction of HIV in the U.S. in 5 years, and a 90 percent reduction in 10 years by scaling up the diagnosis of HIV, HIV treatment, HIV prevention, including the use of PrEP, and the creation of a HIV HealthForce to assist local jurisdictions on the ground;

Whereas, **"Ending the HIV Epidemic: A Plan for America"** originally focuses these heightened efforts to the areas of the country where more than 50 percent of new diagnosis occur, which includes 48 counties, Washington DC, San Juan, Puerto Rico and 7 states in the South where HIV is dispersed in rural areas;

Whereas, HHS is utilizing \$29 million of current funding from the Secretary's Minority AIDS Initiative to assist communities in developing local plans, that include people living with HIV, and infrastructure to support **"Ending the HIV Epidemic: A Plan for America"** while improving health outcomes for racial and ethnic minority communities and reducing health disparities;

Whereas, the President included \$291 million as part of his budget request for Fiscal Year 2020 to support the first year of the **"Ending the HIV Epidemic: A Plan for America"**. This includes \$140 million in new funding for CDC HIV prevention programs, \$70 million in new funding for the Ryan White HIV/AIDS Program, \$50 million to the Bureau of Primary Care for an unprecedented program to provide PrEP to those at risk of HIV; \$25 million in new funding to the Indian Health Service for HIV and hepatitis C testing; and \$6 million for the NIH Centers for AIDS Research;

Whereas, achieving the goals of the “Ending the HIV Epidemic: A Plan for America” will require a massive undertaking by our country and must include not only the leadership of the federal government, but state and local governments and all communities impacted, including most importantly, people living with and at high risk for HIV;

Whereas, in order for “Ending the HIV Epidemic: A Plan for America” to become a reality, there must be resources for each year until the goal of ending HIV has been achieved;

Whereas, in order to ensure that “Ending the HIV Epidemic: A Plan for America” is being implemented in such a way to ensure it is achieving its goals, all parties must be held accountable for their programming and activities;

Whereas, progress towards achieving the goals of “Ending the HIV Epidemic: A Plan for America” can be greatly affected by policies, programs, and budgets that impact health care access and the people and communities who are most affected by HIV.

Therefore, be it resolved that PACHA commends President Trump, Secretary Azar, and the entire leadership of the U.S. Department of Health and Human Services for their vision and bold initiative by developing “Ending the HIV Epidemic: A Plan for America”;

Be it further resolved that we will dedicate the resources of PACHA to assist the Secretary and the agencies involved in developing and implementing “Ending the HIV Epidemic: A Plan for America”, and ensure that proper accountability and metrics are in place so that the goals of ending new HIV infections are met, and that all key stakeholders, including people living with HIV, are included in the Plan’s development and implementation;

Be it further resolved, as part of this assistance PACHA will focus on reducing the stigma often associated with HIV, as well as the numerous disparities and social determinants of health that impact HIV in the U.S.;

Be it further resolved that PACHA recognizes the need to increase the medical workforce to achieve and sustain the goals of “Ending the HIV Epidemic: A Plan for America”;

Be it further resolved that we call on the Secretary to continue to work with the Congress to ensure that funding for the Plan is sufficient not only for the first year, but in future years until the goal of ending HIV is achieved, and that funding is distributed to those areas in greatest need;

Be it further resolved that we call on the President, the Secretary and the entire Administration to consider the impact of all their policies, programs and budgets on the successful implementation of “Ending the HIV Epidemic: A Plan for America”, and move to rescind those that will harm efforts to achieve the goal of ending HIV.

March 14, 2019