

Ending the Epidemic An Issue Brief by the National Minority AIDS Council

Introduction

The thirty-year struggle to end the HIV/AIDS epidemic in the United States is now at a pivotal point. Clinical trials demonstrate the effectiveness of antiretroviral treatment regimens in preventing sexual transmission of HIV. As domestic policy and scientific innovation align, new paths to reduce HIV incidence, eliminate health disparities, and identify both a vaccine and cure are within grasp. As President Obama stated in his speech commemorating 2011 World AIDS Day, the question remains not whether this epidemic can be ended but rather if the requisite resources will be dedicated to achieve its end.

Domestic HIV/AIDS Policy

The Obama administration has made significant commitments to both maintaining and augmenting resources in response to the domestic epidemic, including implementation of the first comprehensive National HIV/AIDS Strategy (NHAS). The NHAS sets a series of ambitious, but achievable, goals for reducing new HIV infections, increasing access to care and reducing health disparities. The Strategy calls for strong, coordinated policy initiatives, enhanced HIV/AIDS education, and collaboration across the federal government as well as robust engagement with individuals, communities, and businesses to achieve its goals. As part of these efforts, the administration has dedicated resources to the best science available to prevent HIV infections, including new approaches to integrating housing, prevention, care, and auxiliary services related to HIV/AIDS.

In March 2010, President Obama signed the landmark Patient Protection and Affordable Care Act (ACA) into law. Once fully implemented, the ACA will increase access to healthcare for thousands of people living with HIV/AIDS. Hallmarks of the ACA include a Patient Bill of Rights, which prohibits insurance companies from denying coverage based on pre-existing conditions or placing caps on lifetime policy expenditures. Further, the legislation will expand Medicaid eligibility to all U.S. citizens with income at or below 133% (tax rate of 138%) of the federal poverty level, regardless of disability status. Previously, a person living with HIV had to be disabled by AIDS in order to be eligible for Medicaid – a cruel policy that required an individual's disease to progress to its latest stages before providing access to the very treatment that could have prevented or slowed that progression in the first place. Under the ACA, Medicaid's expansion is federally financed until 2016 and 90% permanently thereafter. The ACA also calls for the establishment of state health exchanges, competitive marketplaces where individuals and businesses can purchase comprehensive coverage, with government subsidies offered to those earning less than 400 percent of the federal poverty level. Insurance plans participating in the state health exchanges must also include a set of Essential Health Benefits, core services establishing a mandatory level of minimum coverage.

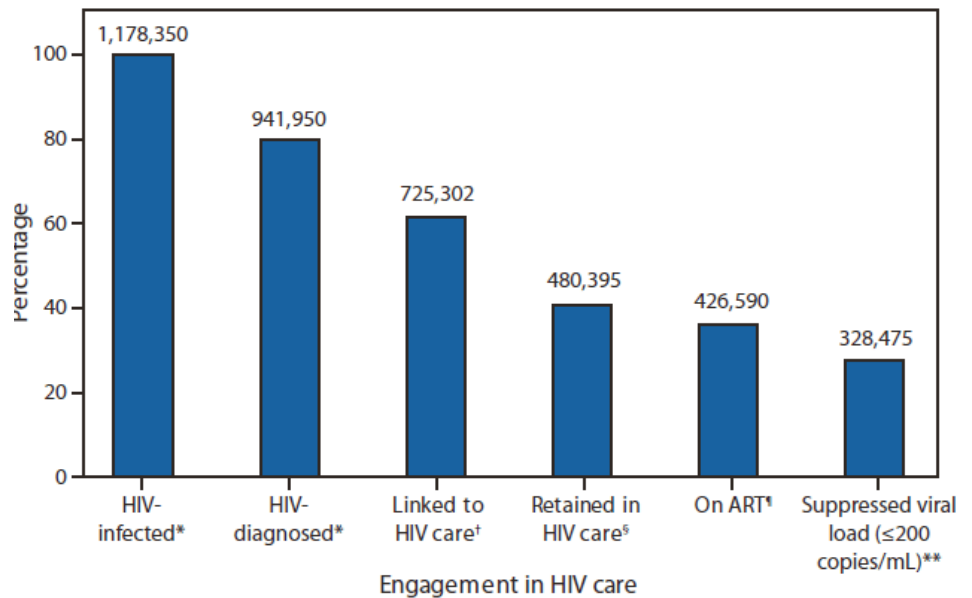
Get Involved

- Policy and science have aligned like never before, providing a pathway to end the HIV/AIDS epidemic in the U.S.
- The National HIV/AIDS Strategy and the Patient Protection and Affordable Care Act will go far in reducing new HIV infections, expanding access to care and reducing health disparities.
- Biomedical interventions like treatment as prevention and pre-exposure prophylaxis offer exciting new tools to reduce new HIV infections.
- Ending the epidemic will require a significant investment to ensure that the resources are available to successfully scale up these interventions and implement these policies.
- In the long run, these investments will pay huge dividends, both in lives saved and health care costs avoided.

Research Developments

Treatment as Prevention (TasP) references the transformative research demonstrating that people living with HIV/AIDS (PLWHA) who achieve viral suppression through adherence to antiretroviral therapy (ART), can reduce the possibility of transmitting the virus to their partners by 96%. Treatment as Prevention (TasP) is a paradigm shifting model that offers significant benefits both to the health of PLWHAs and their sexual partners. The efficacy of TasP is demonstrated through HIV Prevention Trials Network 052 study (HPTN 052), the first randomized clinical trial to prove that antiretroviral medicines reduce the chance of HIV transmission.

Pre-Exposure Prophylaxis (PrEP) terms the use of antiretroviral medications among high risk HIV-negative individuals to reduce the likelihood of contracting the virus. To date, PrEP has been demonstrated as effective in reducing infections among men who have sex with men (MSM) and other highly vulnerable populations, when taken regularly. In November 2010, the National Institutes of Health (NIH) announced the results of the iPrEx clinical trial, which found that daily oral use of tenofovir plus emtricitabine (brand name Truvada) provided an average of 44% additional protection to MSM who also received a comprehensive package of prevention services that included monthly HIV



testing, condom provision, and management of other sexually transmitted infections. In April 2012, an advisory panel at the Food and Drug Administration (FDA) recommended the agency approve Truvada for use as pre-exposure prophylaxis. The FDA will release its final decision in September 2012.

Microbicides are gels, creams, films or suppositories that can be applied inside the vagina or rectum to protect against sexually transmitted infection including HIV. The CAPRISA 004 study, found that a microbicide gel containing 1 percent tenofovir, reduced infections among women by 39 percent. Other studies are currently being conducted to examine the effectiveness of microbicides in preventing HIV infections among gay men and other men who have sex with men (MSM).

Implementation

Implementation of these promising new prevention strategies, especially treatment as prevention, will require the full implementation of both the ACA and NHAS. At the same time, expanded testing initiatives are critical if we are to significantly reduce the rate of new HIV infections, both because individuals who are unaware of their status are more likely to engage in risky behavior and cannot be linked to appropriate treatment. In 2010 the CDC reported only 28% of people living with HIV/AIDS have suppressed viral loads, while one in five are unaware of their status. Expanded testing and immediate linkage to and retention in care for those who test positive will result in both better health outcomes for individuals as well as the community, and can ultimately end the domestic HIV/AIDS epidemic.