HIV/AIDS: ENDING THE EPIDEMIC
FREQUENTLY ASKED QUESTIONS

WHAT IS AN ENDING THE EPIDEMIC (ETE) HIV/AIDS INITIATIVE?

For the first time ever, we have evidence-based tools in HIV treatment and prevention that are so effective that they could conceivably end the most deadly infectious disease epidemic in modern history. Many communities across the U.S. are calling for just that: an end to the HIV/AIDS epidemic in their cities, their counties, and their states. In many ways this is a paradigm shift; rather than asking for unambitious, incremental progress in driving down new infections and increasing viral suppression rates, communities of activists, service providers, health departments, elected officials, people living with HIV, and community stakeholders are doing the work to create ambitious and bold plans to drive HIV/AIDS below epidemic levels.

WHY ENDING THE EPIDEMIC AND NOT ENDING HIV/AIDS?

The EtE initiatives are focused on bringing new infections below epidemic levels. This is slightly different from an absolute end to HIV/AIDS, which would require a cure for those of us living with the virus. These efforts affirm that we can end epidemics with the tools we have right now while we continue to advocate for a cure and a vaccine for HIV/AIDS.

WHAT TOOLS DO WE HAVE NOW?

HIV science has undergone a renaissance in the past decade. Three powerful tools are leading the way:

Treatment as Prevention (TasP): We have compelling evidence that when a person living with HIV/AIDS is successfully treated and reaches an 'undetectable' viral load it becomes nearly impossible for them to pass the virus on to someone else; in two large studies, HPTN 052 and PARTNERS, there were no cases of someone with an undetectable viral load transmitting HIV.[1,2] Essentially, this means that if every single person living with HIV were diagnosed and treated, we could end the epidemic tomorrow. In addition, we know from research that people living with HIV have better health outcomes when they start treatment as soon as possible, which has also changed our approach to health care for people who are HIV positive.

Pre-Exposure Prophylaxis (PrEP): Simultaneously, we've seen the rise of PrEP, a daily pill an HIV-negative individual can take to reduce their risk of getting HIV by up to 99%.[3] In 2014, the CDC reported that at least 1.2 million Americans could benefit from PrEP.[4] And although there is only one pill currently approved for prevention of HIV acquisition, other preventive technologies are being developed.

Post-Exposure Prophylaxis (PEP): Just like PrEP, advocates are scaling up public knowledge and access to PEP for HIV-negative individuals who think they've been exposed to the virus. PEP has been available for many years, but in most places only health care workers and public servants (police, firefighters, etc) have been properly educated and given access to it.

IS THE ETE JUST FOCUSED ON BIOMEDICAL INTERVENTIONS LIKE TASP AND PREP/PEP? OR ARE THERE OTHER ISSUES THE ETE PLANS FOCUS ON?

Each plan should be tailored to the needs of the people living with HIV and the communities most impacted in that state, county, or city. This has to include testing, treatment, and PrEP/PEP. However, many jurisdictions are implementing policies and programs to address structural and social drivers, like homelessness/housing instability (especially for LGBT youth), HIV criminalization, harm reduction/syringe access, health care access for transgender communities, etc.

HOW DID THESE INITIATIVES GET STARTED?

In 2013, New York community representatives, in partnership with city and state public health officials, began convening town hall discussions to build momentum for an initiative to end HIV/AIDS as an epidemic in the state. Working closely with Governor Cuomo's office, in 2014, New York became the first jurisdiction in the world to announce an EtE plan built around TasP, PrEP, and increased testing.[5] Since then, several other cities, counties, and states around the US have made similar announcements.

WHERE ARE THESE INITIATIVES HAPPENING?

Here are the EtE jurisdictions as of May 2017 (with more in the works!):

Cities/Counties	States
Fulton County, GA (Atlanta Metro Region)	Arizona
Hennepin County, MN	Colorado
Houston	Massachusetts
Miami-Dade County, FL	Oregon
Pittsburgh	New York
San Diego County, CA	Washington
San Francisco	
Washington D.C.	

WHAT IS THE PROCESS FOR INITIATING AND IMPLEMENTING AN ETE PLAN?

There is no one-size-fits-all approach to EtE initiation and implementation, although there are some commonalities across plans. Successful planning usually involves partnership and shared leadership between community leaders, activists, service providers, representatives from academic institutions, and public health officials. Frequently, the first step is an initial planning meeting is the first step to get the ball rolling and develop a plan of action. From there, a jurisdiction can determine the best way to develop a written plan, mobilize community and key stakeholders, and, ultimately, gain political support.

WHAT ARE THE COMMON ELEMENTS OF A WRITTEN ETE PLAN?

Again, each plan is different, but most plans contain some common elements.

- Defined, quantifiable targets for Ending the Epidemic in your city/county/state.
- Specific recommendations/objectives for:
  - » HIV Prevention
  - » Access to Care and Treatment
  - » Surveillance and Data
  - » Addressing Structural and Social Barriers
- Strategies for implementing the plan

The plan serves as a blueprint or roadmap for achieving drastic cuts in new infections in your jurisdiction.

HOW DO YOU DEFINE THE END OF THE EPIDEMIC?

There are different ways to define the end of an HIV epidemic; all of them involve drastic declines in new infections in key populations. In New York, the goal is for new infections to be reduced from around 3,000 per year in 2015 to no more than 750 per year by 2020; this would 'bend the curve' on the number of people living with HIV/AIDS in the state, which has been consistently rising since effective HIV treatment became available in 1996.[6] Similarly, in Houston, EtE advocates are calling for the number of new HIV cases to decrease by half over 5 years, from 1,200 to 600 infections per year.[7]

IS THERE A NATIONAL ETE PLAN?

Not yet, although ACT NOW, a national, community-led coalition dedicated to promoting and supporting EtE plans across the U.S., will continue to push for a national EtE plan even in the current oppressive political climate. Although the National HIV/AIDS Strategy, first announced in 2010, marked important progress towards uniting the federal agencies around a coordinated plan, we believe we need to be even bolder with targets and strategies to truly achieve an end to the epidemic as we know it.

ARE ETE PLANS EFFECTIVE IN SOCIALLY CONSERVATIVE JURISDICTIONS? WHY SHOULD CONSERVATIVE POLITICIANS CARE?

Mobilizing community members and key stakeholders behind a plan may help political allies push for the socially progressive advances that are necessary for ending HIV/AIDS in marginalized communities. In addition, although we would hope that the health and well-being of their constituents would be enough for politicians to advocate for EtE, there are also compelling financial reasons for stopping new infections that may be more palatable arguments for more conservative jurisdictions. According to a recent analysis by Bruce Schackman of Weill Cornell Medical College and colleagues, every new HIV infection costs $443,904 in health spending alone.[8] A 2015 analysis by Housing Works and Treatment Action Group found that the New York state plan, if successfully implemented, would generate over $6.8 billion in total Medicaid savings thanks to averted infections.[9] Numbers like this make EtE plans politically enticing.

A LOT HAS CHANGED POLITICALLY SINCE 2016. IS NOW STILL THE RIGHT TIME TO LAUNCH NEW PLANS?

Now is still the right time. The political context doesn't change the scientific fact that we can end epidemics, even though it may make that goal more challenging to achieve. We believe that lessening our ambitions is the wrong response to oppressive politics; we must continue to advocate just as strongly for what is best for people living with and vulnerable to HIV.

IS MEDICAID EXPANSION NECESSARY FOR AN ETE PLAN?

Although having all people eligible for the kinds of comprehensive health insurance Medicaid expansion offers is a huge boost towards ending the HIV epidemic, Medicaid expansion is not a prerequisite for developing a plan. In fact, an EtE plan can be a valuable advocacy tool while you're pushing for Medicaid expansion in your state.

WHERE CAN I GET MORE INFORMATION? WHERE CAN I GET CONNECTED?

For more information on EtE initiatives, please email Jeremiah.Johnson@treatmentactiongroup.org. You can also find this FAQ document and other resources at www.treatmentactiongroup.org.

END NOTES

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