

18-02

## **STATEMENT OF POLICY** **HIV Prevention, Care, and Treatment**

### **Policy**

The National Association of County and City Health Officials (NACCHO) acknowledges the evolving landscape of the HIV epidemic in the United States while recognizing that it is possible to end the epidemic through collaborative partnerships and adequate, sustained resources at the federal, state, and local level.

Medical advances in the treatment and prevention of HIV have been shown to greatly reduce rates of HIV in the last two decades and puts the goal of zero new infections within reach. However, medication alone will not end the HIV epidemic: robust investments across public health and healthcare systems are imperative to achieving the strong public health infrastructure and skilled workforce necessary to meet the needs of individuals and communities impacted by HIV. Despite advances in medications for treatment and prevention, new HIV infections persist in the U.S. with clustered impacts in multiple communities. Meaningful and accessible supports for medication uptake and adherence, as well as for behavior change related to risk of infection, are vital to diagnosing, preventing, treating, and responding to new HIV infections. Local health departments (LHDs), as pivotal agents in this work, must have the tools, resources, and funding needed to incorporate new and innovative technologies, treatment, and prevention options. LHD workforces must be able to adapt to the dynamic needs of impacted populations, including those most vulnerable to HIV infections (i.e., those facing the greatest barriers to care with the fewest resources.)

To reach the goal of zero new infections in the U.S., factors that influence individual and community health and vulnerability to infection, including housing, education, and access to healthcare must be addressed in a holistic and syndemic manner. Fostering supportive environments for all, establishing policies aimed at increasing accessible health services, and utilizing data-driven approaches for tailored interventions are necessary for effective and long-term reduction of new infections.

To achieve the goal of ending the HIV epidemic, NACCHO encourages LHDs to carry out the following activities in their jurisdictions, and for decision-makers at all levels to ensure LHDs have the resources and support to perform this work:

- Center the expertise and needs of people with HIV (PWH) in the design and implementation of HIV services through workforce development and training as well as strong partnerships with community-based organizations, healthcare providers, PWH,

and other stakeholders, in accordance with principles of Meaningful Involvement of People Living with HIV

- Invest in collecting, accessing, and utilizing HIV surveillance data to identify areas of need, prioritize interventions, and track progress towards ending new HIV infections, while prioritizing client confidentiality and community trust through proper data security and privacy standards and commitment to informed consent and autonomy related to HIV data use.
- Implement partner services programs that support HIV case investigation and contact tracing and provide counseling, point of care and pan-viral testing, and referrals to care for exposed individuals.
- Address HIV within the context of the syndemic of HIV, STIs, viral hepatitis, and substance use disorder, including through integrated service delivery, workforce cross-training, point-of-care & pan-viral testing, and service delivery in non-traditional and community settings.
- Increase awareness and accessibility of HIV prevention tools, such as condoms, pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) medications, and resources to prevent infectious disease consequences of drug use, through health education and outreach campaigns
- Scale up rapid access to biomedical HIV prevention and treatment strategies (i.e, Rapid Start), including affordable generic medications and long-acting antiretroviral injectables for PrEP and HIV treatment, as well as additional medications supportive of individual adherence to HIV drug regimens.
- Adopt policies and practices to reduce HIV-related stigma through whole-person care approaches, such as the Undetectable = Untransmittable (U=U) campaign, which promotes awareness that PWH who maintain an undetectable viral load by taking ART medications as prescribed cannot transmit HIV to their sexual partners; and reform of HIV criminalization policies and data privacy practices to protect PWH.
- Bolster the successes of the Ryan White HIV/AIDS Program (RWHAP) through collaboration and community expertise, particularly in the utilization and management of RWHAP Part A, Part B, and AIDS Drug Assistance Program (ADAP) resources. This involves administrative and policy actions such as streamlining eligibility determination processes to ensure that HIV treatment and care programs are accessible, comprehensive, and responsive to the needs of communities while minimizing administrative burden on clients and providers.
- Deploy efforts to improve housing options for PWH and others vulnerable to HIV infection. This involves collaboration with housing authorities, community organizations, and other stakeholders to meet unique needs.
- Promote and support efforts to educate lawmakers, law enforcement, and the public about the realities of HIV transmission, and prevention and treatment options, as well as on the

need to evaluate and repeal laws and policies that potentially unjustly criminalize a person's HIV status or disproportionately impacts PWH, as they impact health status.

- Support ongoing education and workforce development for providers in medical, outreach, and community and non-traditional care settings in areas such as emerging HIV prevention and treatment technologies, population and new infection trends, and evidenced-based strategies to engage impacted individuals and communities.
- Implement financial sustainability practices to ensure maintenance of crucial HIV services in times of funding uncertainty, such as braiding/blending of funding streams, pursuing innovative partnerships and funding sources, and maximizing revenue-generating activities where possible.

NACCHO advocates for increased and maintained federal support and funding for HIV care and prevention through existing efforts, like RWHAP and the federal Ending the HIV Epidemic initiative (EHE), as well as novel ones, such as a comprehensive national PrEP program. Funding mechanisms such as EHE are especially crucial for implementing effective, data-driven strategies such as the facilitation of access to medications for the prevention and treatment of HIV, delivery of community-based services to prevent infectious disease transmission through injection drug use, and integration of new laboratory and epidemiological techniques that support effective and rapid response of new infections. Research to assess the effectiveness and accessibility of current practices and to develop new prevention technologies and strategies are imperative at all levels of public health.

NACCHO recognizes the role of non-medical drivers of health in perpetuating differences in populations' outcomes and urges federal, state and local decision-makers to reduce barriers to care where possible, such as financial and administrative barriers to healthcare, social services, and other supports needed for stability and adherence to treatment. NACCHO also urges decision-makers to preserve and strengthen access to healthcare, which can directly impact care options for PWH or who may become infected.

NACCHO advocates for strengthening the capacity of the public health workforce, ensuring that professionals in the field are well-prepared to address current and future challenges in HIV services and public health. By investing in workforce development and training, the quality of HIV care is improved and contributes significantly to the overall health and well-being of communities impacted by HIV.

## **Justification**

The HIV epidemic is a major public health issue in the U.S. and worldwide. According to data from the Centers for Disease Control and Prevention (CDC), in 2022 there were about 1.2 million people living with HIV in the U.S., with roughly 13% who did not know their status.<sup>1</sup> There were an estimated 31,800 new HIV infections; this represents a 12% decline from 2018.<sup>2</sup> The decline is thought to be due to a combination of increases in use of pre-exposure prophylaxis

(PrEP) viral suppression, and HIV testing. Notably, in EHE jurisdictions there was a 21% decrease in HIV incidence between 2022 and 2017 among individuals 13 and older—demonstrating the value of federal investments in local HIV efforts.<sup>3</sup> In a 2023 press release, CDC noted that driving the overall decrease in new HIV infections was a 30% decrease in new infections in young people between the ages of 13-24.<sup>4</sup>

A surveillance report from the CDC looking at HIV data in the United States from 2018-2022 found that while decreases in new HIV infections are promising, HIV continues to have persistent and disproportionate impacts on specific populations.<sup>5</sup> Notably, Black/African American individuals and Hispanic/Latino individuals made up more than two thirds (70%) of new HIV infections but account for only a combined 30% of the U.S. population. The report also found that 67% of all new infections in 2022 were among persons with HIV attributed to male-to-male sexual contact and that, by region, half of all new HIV infections occur in the South annually. The report highlights further differences in HIV rates across demographic categories, especially calling attention to disproportionate impacts faced by Black women.

PWH are more likely to experience housing insecurity,<sup>6</sup> drug overdose,<sup>7</sup> incarceration<sup>8</sup>, as well as other barriers to access.<sup>9,10</sup> These structural and social factors impact an individual's ability to access care and stay engaged in care.

HIV, STIs, hepatitis, substance use disorder represent a syndemic that disproportionately impacts a variety of underrepresented populations.<sup>11</sup> A syndemic is defined as the clustering of diseases or conditions among certain populations as result of social and contextual factors, which ultimately results in worse biological, behavioral, and social outcomes.<sup>12</sup>

Integrated HIV, STIs, hepatitis, and overdose prevention service delivery is a core syndemic approach. These services should be accessible, and responsive to local trends and community needs, including for those impacted by substance use. Community-based service delivery models, such as mobile services or street medicine, can increase the efficiency and effectiveness of programs and services,<sup>13</sup> by allowing providers to reach people who are disconnected from traditional public health and healthcare settings, offer holistic care, and address multiple health challenges in one visit or encounter.

In recent years, there have been major breakthroughs in medications for the prevention and treatment of HIV. These advancements include highly effective long-acting injectable (LAI) PrEP options<sup>14</sup>, as well as LAI antiretroviral HIV treatment medication.<sup>15</sup> There is also important research happening now for other long-acting PrEP options, such as vaginal rings, gels, and oral medication, as well as long-acting HIV treatments.<sup>16</sup> As with most conditions and preventive care, there is no one-size-fits-all for HIV. It is necessary to have an array of medication options to meet individual needs and overcome barriers to ensure adherence and effectiveness. To this end, addressing the financial and logistical barriers that impede access to these medications is also a priority.

Policies and initiatives are needed to work towards making LAIs and other effective medications for HIV prevention and treatment affordable and accessible to all, especially communities which are disproportionately affected by HIV. This includes working with pharmaceutical companies, insurance providers, and government agencies to develop pricing and coverage strategies that support widespread access.

Finally, as the landscape of public health and HIV care continues to evolve, it is essential that the workforce is equipped with the knowledge, skills, and competencies necessary to effectively meet these challenges and provide high-quality care and services. NACCHO encourages collaborations between public health departments, educational institutions, professional organizations, and other stakeholders to develop and deliver comprehensive training programs. These partnerships are vital in creating a well-rounded curriculum that addresses the multifaceted aspects of HIV care and public health services.

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## **Record of Action**

*Proposed by NACCHO HIV/STI Workgroup*

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