Leveraging Lessons Learned from the Ending the HIV Epidemic Initiative

The *Ending the HIV Epidemic: A Plan for America* (EHE) is a ten-year federal initiative that was launched in 2019 by the U.S. Department of Health and Human Services (HHS) with the aim of reducing new HIV infections the U.S. by 2030.

The roadmap for achieving EHE's stated goals is divided into three phases and is based on four pillars:

Since the implementation of the EHE, progress has been made.

In 2021, there were an estimated 32,100 new HIV infections, 12% lower compared to 2017 (36,500). However, more can be done on the state and local levels to ensure the goals of the EHE are realized. State and local governments can play a critical role in preventing and ending the HIV epidemic by leveraging the policy recommendations outlined in this document as key steps to ensure the EHE builds and equitably delivers care to all people impacted by HIV.

HIV disproportionately affects Black and Hispanic/Latinx communities compared to other racial/ethnic groups, and initiatives such as the EHE can supplement the care Black and Hispanic/Latinx communities receive while also lowering the barriers to care that communities experience.

For example, in 2021:

BLACK COMMUNITY

made up **13%** of the U.S. population

40% of people living with HIV

40% of new HIV diagnoses in the U.S.

HISPANIC/LATINX COMMUNITY

made up **19%** of the U.S. population

25% of people living with HIV

29% of new HIV diagnoses in the U.S.

Leverageable Lessons for Jurisdictions

For the EHE initiative to achieve its goals, it is important that jurisdictions develop and implement strategies to reach and engage Black and Hispanic/Latinx populations in HIV prevention, testing, treatment, and care services.

To help maximize the EHE, states and local jurisdictions can:

- Ensure community-based organizations (CBOs) are integrated into EHE implementation
- Create greater educational opportunities for residents in jurisdictions with high rates of HIV incidence to learn about risk reduction and prevention strategies
- Further support testing and diagnosis strategies to reduce late-stage diagnoses
- Support rapid antiretroviral therapy (ART) initiation strategies to facilitate immediate linkage to care and open access to HIV medicines

ENSURE CBO INTEGRATION

CBOs working closely with communities who would benefit most from EHE programming were infrequently and inconsistently consulted during the EHE planning process and in EHE implementation.

Early successes of the EHE were often associated with effective collaboration between policymakers, community, and faith-based organizations.

There are opportunities in EHE implementation to ensure that local organizations and those serving HIV communities are better utilized.

CREATE GREATER EDUCATIONAL OPPORTUNITIES

Variability in the extent of comprehensive sexual education programs in schools and community centers across jurisdictions is a barrier, often because of state-wide laws. In jurisdictions with high levels of opposition to discussing sexual health, sexual orientation, and HIV/sexually transmitted disease (STDs) testing in schools, stigma associated with HIV is prevalent.

Availability of educational materials on HIV prevention and care options in the community settings would help to address stigma and misinformation and improve HIV-related health outcomes.

AT THE STATE LEVEL, opportunities exist to address the structural barriers to comprehensive HIV awareness, reduce stigma that is especially pervasive in priority communities – including amongst Black and Hispanic/Latinx residents, – and normalize sexual healthcare. Updates to sexual education curricula could include offering more comprehensive and frequent education around safe sexual practices, HIV prevention, and PrEP.

AT THE JURISDICTION LEVEL, EHE committees could partner with CBOs to develop and strengthen targeted educational materials focused on improving PrEP knowledge, testing, and adherence to treatment, especially in communities where HIV-related stigma and misinformation are prevalent. This could help expand PrEP usage, early diagnostic rates, and linkage to care to better reach their EHE goals.

FURTHER SUPPORT STRATEGIES TO REDUCE LATE-STAGE DIAGNOSES

Countless barriers persist within jurisdictions that reduce the effectiveness of EHE's diagnosis pillar among Black and Hispanic/Latinx communities, including transportation challenges and lack of broad and accessible HIV testing opportunities.

Adoption of non-traditional testing methods, such as mobile testing, at-home testing, and testing in non-clinical settings, could allow jurisdictions to improve testing rates among Black and Hispanic/Latinx communities and lower rates of late HIV diagnosis.

AT THE STATE LEVEL, legislation could be created to require all health insurance plans to cover at-home testing for HIV. By doing so, states could reduce the transportation barriers to HIV testing.

AT THE COUNTY LEVEL, **counties could offer mobile testing as well as testing in locations including grocery stores, churches, skilled-nursing facilities, and prisons.** Testing offered in community gathering points improves the accessibility and acceptability of HIV screening.

SUPPORT ART INITIATION STRATEGIES

There are many variabilities in state-wide and county-wide programs and policies that pertain to rapid ART initiation strategies and open access to HIV medicines without the burden of prior authorization or step therapy.

Improved rates of linkage to care for people living with HIV were observed in jurisdictions that promoted rapid ART initiation programs. Rapid ART initiation can lead to improved clinical outcomes by increasing the number of people starting and remaining on ART.

Meanwhile, open and unrestricted access to HIV medicines — without the barriers of prior authorization or step therapy — allows doctors, in consultation with their patients, to select the most appropriate HIV treatment regimen tailored to the individual needs. Open access policies can reduce HIV-related inequities by ensuring that all people with HIV have timely access to the highest standard of HIV care, begin HIV treatment quickly, and remain engaged in care.

AT THE STATE LEVEL:

- States which restrict open access to HIV medications should reconsider statutory limits on utilization controls and provider prescription limitations that hinder access to ART.
- States with managed care organizations (MCOs) could "carve out" ARTs from the pharmacy benefit to reduce financial risk and support broad beneficiary access.
- State health departments could use appropriation funds to develop and disseminate training materials and guidelines which incentivize primary care providers and other practitioners to ensure rapid treatment initiation of newly diagnosed HIV-positive people.

AT THE COUNTY LEVEL:

Counties could partner with local hospitals and clinics, particularly those serving Black and Hispanic/Latinx communities, to disseminate information about the benefits of rapid ART programs and encourage the implementation of such programs to ensure people tested in clinical and/or non-clinical settings are linked to care immediately.