Philadelphia's Plan to End HIV Includes a New Testing Strategy

Funds for HIV testing in Philadelphia are being redirected to reach more gay and bi men and Black, Latino and transgender people.

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The Philadelphia Department of Public Health is enacting a new HIV testing strategy that shifts millions of dollars of public funding to agencies and testing sites that reach populations at the highest risk of contracting the virus, notably men who have sex with men, transgender people, African Americans and Latinos and people who inject drugs, reports The Philadelphia Inquirer.

Unlike previous efforts to simply test as many people as possible in Philadelphia, the new strategy aims to get HIV tests to those who need them most and in culturally competent settings where people can be quickly connected to treatment and prevention as part of a more holistic approach. This means that money for testing is being reallocated: Some agencies are losing grants (including ones that were popular for HIV testing), while others are gaining funding.

To illustrate the need for the new strategy, the newspaper points to HIV testing data from 2019. Half of the 439 new HIV cases in Philadelphia were among men who have sex with men, but only 25% of the tests conducted that year were among that population group. Clearly, it would be helpful to direct more testing efforts to these men, especially since it's estimated that about 1,000 gay and bisexual men could be living with HIV in the city without being aware of it.

According to the Philadelphia Inquirer, the city health department's AIDS Activities Coordinating Office has earmarked $2 million of its over $3.4 million HIV testing budget for four agencies that reach high-risk populations:

- The Mazzoni Center, an LGBT health center; funds are being shifted to its Washington West Project clinic;

- Prevention Point Philadelphia, which provides syringe exchange services and caters to people with substance use disorders;

- Congreso de Latinos Unidos, which reaches Latino communities; and

- Bebashi, an AIDS organization serving people of color.

The new testing strategy is part of a larger effort to tackle HIV in the city. On World AIDS Day, December 1, 2020, the department of public health released "A Community Plan to End the HIV Epidemic in Philadelphia," which was crafted with input from the local HIV community and stakeholders.

Similar to the national initiative to end HIV by 2030, the Philadelphia plan is built on four pillars:

- Diagnosing all Philadelphians with HIV as early as possible;

- Treating people living with HIV quickly and effectively;

- Preventing new transmissions by promoting pre-exposure prophylaxis (PrEP), postexposure prophylaxis (PEP) and syringe services; and

- Responding quickly to HIV outbreaks.

According to data presented in the HIV plan, 18,798 people are living with HIV in Philadelphia. The number of newly diagnosed people decreased 13% from 507 diagnoses in 2017 to 439 new diagnoses in 2019.

So what does ending the HIV epidemic in the city entail? The plan's authors write:

> If this plan succeeds, then in 2025, [the number of new HIV cases] would look more like 110 for a total of about 1,325 new HIV diagnoses over five years. Along with these new infections, we estimate that a little over 2,000 Philadelphians living with HIV aren't aware of their status. If successful, this plan will ensure that over 1,950 of them know their status by 2025.
>
> It's not just about diagnosing, though. Right now, only about half of all people living with HIV in our area, a total of 10,961 people, reach viral suppression, commonly called being undetectable. By 2025, should we reach our goals, then this number will increase to15,554 people.

Similarly, the national 10-year initiative "Ending the HIV Epidemic: A Plan for America," launched

in 2019, aims to lower new HIV rates by 75% by 2025 and by 90% by 2030. This would amount to fewer than 3,000 HIV cases a year. “Reducing new infections to this level,” according to the initiative, “would essentially mean that HIV transmissions would be rare and meet the definition of ending the epidemic.”

The strategy for reaching these benchmarks involves investing federal funding and resources in 57 key jurisdictions. This translates to the 48 counties plus Washington, DC, and San Juan, Puerto Rico, that together account for 50% of new HIV cases, plus seven rural states with high HIV burdens: Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma and South Carolina.

What’s more, the plan focuses on four pillars of action:

1. Diagnose all individuals with HIV as early as possible after infection;
2. Treat HIV rapidly and effectively to achieve long-term viral suppression;
3. Prevent at-risk individuals from becoming HIV positive, including the use of PrEP; and
4. Rapidly detect and respond to emerging HIV clusters to further reduce new transmissions.

How’s your state faring in its efforts to end HIV according to the nation’s plan? Find out with the interactive AHEAD dashboard. To learn more about “Ending the HIV Epidemic,” read an overview at HIV.gov and visit the official webpage at HRSA.org. For a related POZ article, see “Plans to End the HIV Epidemic at Home and Abroad.”
