Blueprint for HIV Biomedical Prevention

May 31, 2016 By Paul Kawata

NMAC is concerned that the new science will only reach those communities with an infrastructure of educated providers whose programs link healthcare to HIV prevention to achieve the promise of PEP, PrEP and treatment as prevention (TasP). We may end the epidemic in West Hollywood, but what about Compton or East LA? Your race, gender, gender identity, geography or who you love should not be a reason to get HIV. Biomedical prevention gives us a pathway to end the epidemic, our responsibility is to make sure this pathway is accessible to everyone who needs it.

NMAC will produce a Blueprint for HIV Biomedical Prevention. This document will be released in two parts:

1. State of the State
2. Recommendations for the New Administration

The State of the State will be released at the National HIV PrEP Summit, Dec. 3-4, 2016 in San Francisco. NMAC wants to thank Gilead for their support of this meeting. This portion of the Blueprint will be a snapshot of select community based organizations' (CBOs) and health departments' (HDs) efforts to integrate biomedical HIV prevention. It will also include an update on White House, HHS, CDC, HRSA, NIH and CMS support and funding for biomedical HIV prevention.

The second part of the document, Recommendations for the New Administration will be released in the first quarter of 2017. At the Summit, 25% of the workshops will focus on policy discussions that will be the foundation for recommendations to the new administration.

NMAC has commissioned the O'Neill Institute for National and Global Health Law at Georgetown Law to write the report. The primary author will be Sean Bland, a black gay lawyer and researcher. Mr. Bland is a graduate of Yale and Georgetown Law. Jeffrey Crowley, former ONAP Director and author of the National HIV/AIDS Strategy, will edit and review the report.

Funding for the report was from the sale of NMAC's corporate headquarters.

The agency wants to thank the building for 20 years of safe housing and a nest egg that lets NMAC self-fund important documents.

Below are 15 draft recommendations that I wrote for an HIV Equal Op-ed that could bring the promise of PEP, PrEP and TasP to all communities in need. This is not a comprehensive list, but a starting point to begin a discussion within your agency about how to address biomedical HIV prevention.



15 Draft Recommendations

1. To fully access the promise of HIV biomedical prevention, communities need to modify their existing HIV infrastructure to adapt to a healthcare-centered approach to prevention;
2. Reduction in the number of newly-infected individuals and increasing rates of viral suppression should be the gold standard for success;
3. Additional federal funding is needed to fully scale up implementation of biomedical prevention; existing HIV care, treatment, housing and prevention initiatives should fully integrate biomedical HIV prevention;
4. All sexually active Americans should be retained in comprehensive healthcare that is covered by affordable insurance so they can be regularly tested and treated for sexually transmitted infections (STIs);
5. All federal agencies should work collaboratively and have a shared goal of reducing new HIV infections; federal agencies should eliminate duplicative funding, programs, paperwork and multiple project officers by using FOAs supported by multiple agencies;
6. HIV planning bodies should merge and begin Integrated Planning (currently recommended by HRSA & CDC);
7. Capacity building for health departments and CBOs, particularly as it relates to racial health disparities within highly impacted communities;
8. All states should be required to collect CD4 cell counts and viral load data, currently only 43 states and DC require full reporting;
9. Improved access to timely epidemiological data so that decisions are made with the latest information that is not years old;
10. Formal data sharing agreements between health departments and payers (such as Medicaid) to facilitate reporting of viral load suppression;
11. Behavioral research on how to retain the most vulnerable communities in care and adherent to medications;
12. Implementation science that models and evaluates programs, particularly in those communities hardest hit by HIV;
13. Affordability of drugs and related medical services via patient protection regulations that enforce affordable co-pays and/or cost sharing;
14. The United States Preventive Services Task Force (USPSTF) should endorse PEP, PrEP and TasP as essential evidence-based interventions to be fully covered as part of all health insurance plans;
15. The White House needs to continue to set clear goals to end the epidemic within the National HIV/AIDS Strategy.

We now have the science, but do we have the political will?



Join us at this year's Summit. Be part of the dialogue about these and other recommendations for the new administration. The world of HIV prevention is changing again, "Are you ready?"

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http://beta.docker.poz.com/blog/blueprint-hiv-biomedical-prevention