



USA sets goal to end the HIV epidemic in a decade

The unexpected announcement in the State of the Union address could set the start of a realistic agenda to end HIV/AIDS in the USA, provided funds are secured. Susan Jaffe reports.

Nearly an hour into his 90 min State of the Union address, President Donald Trump called for a government-run health-care programme “to eliminate the HIV epidemic in the United States within 10 years”.

Although the president has promised to get rid of the Affordable Care Act (ACA) along with its health insurance marketplaces and Medicaid expansion, these and other policies did not appear to dampen his enthusiasm.

“Scientific breakthroughs have brought a once-distant dream within reach”, he said. “Together, we will defeat AIDS in America and beyond.” The last two words were not in the prepared text of his remarks and officials have stressed this effort is strictly domestic. They have also said the plan targets the HIV virus, not AIDS

Both Democrats and Republicans responded with a standing ovation. Chief among them was Nancy Pelosi, the California Democrat who wields the gavel for a second time as Speaker of the House of Representatives presiding over a Democratic House majority.

Pelosi and Trump have famously clashed over the ACA, building a wall on the Mexican border, and a host of other issues. But she has championed treatment and prevention of HIV/AIDS since her first speech in Congress in 1987, when the virus was ravaging the gay community in her San Francisco district.

Trump’s plan, *Ending the HIV Epidemic: A Plan for America*, aims to cut the number of new infections by 75% in the first 5 years of the programme and by 90% in 10 years. It will target so-called hotspots where about half of the roughly 40 000 new cases of the disease occur annually: in urban centres in 48 counties, Washington, DC, and San Juan, Puerto Rico, plus rural areas in seven mostly southern states. It will

also focus on high-risk populations, including men who have sex with men, and minorities, particularly African Americans, Hispanics and Latinos, Native Americans, and the indigenous peoples of Alaska.

A realistic goal

The goal is achievable using “the tools that we already have”, said

“Trump’s plan, Ending the HIV Epidemic: A Plan for America, aims to cut the number of new infections by 75% in the first 5 years of the programme and by 90% in 10 years.”

Anthony Fauci, who has directed the National Institute of Allergy and Infectious Diseases since 1984.

“Since 1996, we had therapy that could actually drop the level of a virus dramatically and keep it there”, he told *The Lancet*. “But only in the last few years was it clear that if you decrease the level of virus to below detectable levels in people who were infected, not only will you save their lives but you make it virtually impossible for them to transmit the infection to somebody else.”

And it is also possible to reduce by 97% the chance that someone will acquire the HIV infection in the first place if pre-exposure prophylaxis (PrEP) medication is taken regularly, he added. “Theoretically, you could end the epidemic tomorrow.”

“A similar kind of comprehensive programme has worked spectacularly well in developing countries, called PEPFAR [the President’s Emergency Plan for AIDS Relief]”, said Barton Haynes, professor of medicine and immunology at Duke University Medical Center in North Carolina and director of the Duke Human Vaccine Institute. PEPFAR provides more than

14 million people in 50 countries with lifesaving treatment and has also curbed the HIV infection rate.

“Since more than half of the emerging infections in HIV are clustered in areas, particularly in the south, going after those areas with an aggressive, multipronged prevention programme is expected to be equally as successful as PEPFAR”, he told *The Lancet*.

That programme was also announced in a State of the Union speech, by then Republican President George W Bush, recalled Jennifer Kates, director of global health and HIV policy at the Kaiser Family Foundation. It was then also marshalled by Fauci. But unlike Trump’s speech, Bush included a price tag—he sought US\$15 billion to implement it over 5 years. Neither Trump nor members of his administration have mentioned how much funding the president wants Congress to spend on their programme. They say that number cannot be disclosed until the president’s budget is released next month.

“We are very confident we will have the sufficient resources provided in the 2020 budget for us to begin this very aggressive plan”, said Brett Giroir, assistant secretary for health at the Department of Health and Human Services (HHS), in a conference call



with reporters. He also confirmed that the funding would not come from other HHS programmes. "There will be significant new resources to support the effort", he said.

Free medication will be available either from public community health centres or through the Ryan White HIV/AIDS Program for low-income people without health insurance or who are otherwise unable to afford treatment, Robert Redfield, director of the Centers for Disease Control and Prevention (CDC), told *The Lancet*. Created in 1990, the Ryan White Program is run by the Health Resources and Services Administration, which is part of the HHS. It provides medication, treatment, and support services for more than half of the people with HIV in the USA who have low incomes and no health insurance.

The health centres together with the Ryan White HIV/AIDS Program "have the capacity to provide care and treatment to individuals who do not have the resources to pay", said Redfield. But he acknowledged that the latter does not provide PrEP for people who do not have an active illness.

Nevertheless, Redfield stressed, "all individuals, independent of where they fit in within this programme, will be able to access comprehensive prevention strategies, including PrEP".

Challenges

Some recent statistics underscore the scope of the problem. Although an estimated 1 million people face a high risk of becoming infected with HIV, fewer than 10% are receiving PrEP medication.

About 87% of the new infections are transmitted by people who were not properly diagnosed or were not under the care of a physician or other health-care provider, said Redfield. Half of those diagnosed last year had had HIV for at least 3 years and 25% had had the infection for at least 7 years.

Since 2006, the CDC has recommended routine HIV screening and diagnosis for patients aged

13–65 years, yet the HHS reports that some 165 000 Americans have HIV and do not know it.

A crucial part of the programme will aim to engage the medical community to help patients "seek early HIV diagnosis and if they are diagnosed, to get them linked into care", said Redfield.

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The battle plan incorporates four strategies: prevent infections by providing PrEP medications to individuals most at risk; diagnose HIV-infected individuals quickly; get them into treatment quickly; and closely monitor new outbreaks of the disease to ensure a rapid response to curtail transmission.

Even if sufficient new resources are dedicated to the programme, health officials face a difficult challenge just "to get people in the door", Kates told *The Lancet*. The stigma of HIV and other concerns make some people reluctant to interact with the health-care system.

"And some providers might not know about all of the tools that are available or might be uncomfortable prescribing PrEP or talking to their patients about some of these things", she said. Officials have expressed a willingness to address workforce issues but have not offered details.

Reaching people who have slipped through the health-care safety net could be especially difficult. These individuals might have other health problems, including mental health issues, or an opioid addiction. Approximately 10% of new HIV infections are acquired through the use of injectable drugs.

Administration-made obstacles

And then there are challenges to the new programme coming from the Trump administration itself.

"Sadly, the Trump administration has repeatedly undermined our progress in ending the epidemic", said California Democratic Representative Barbara Lee, co-chair of the Congressional HIV/AIDS Caucus. She cited a Medicare proposal "that would push lifesaving drugs out of reach for people living with HIV, redirecting critical funding away from Ryan White and other key programmes, or pursuing discriminatory policies against the [lesbian, gay, bisexual, transgender, and queer] community".

Benjamin Georges, executive director of the American Public Health Association, mentioned other complications. Instead of promoting contraception and the use of condoms, "this is very much an abstinence-only administration", he told *The Lancet*. The administration's immigration policies drive people underground and make them afraid to seek health care for fear of being arrested.

Critics point to still more policies that could hamper the administration's goal of ending the HIV epidemic in a decade. One new policy would allow health-care providers to refuse to treat some patients or do certain procedures on the basis of religious or moral reasons. Last week, the federal Department of Justice filed a lawsuit to halt the nation's first supervised safe injection site for drug users planned in Pennsylvania. And many people with HIV who rely on Medicaid, the federal-state health insurance programme for low-income Americans, could lose coverage if Trump and congressional Republicans are able to weaken the ACA further.

The Trump HIV initiative is "amazing", even though some of the administration's other actions may "create barriers to care", said Georges. "We are going to push them as hard as we can to change their policies where we think [they] are inappropriate."

Susan Jaffe