June 14, 2021
Subject: NOW is the Time to Revitalize our Fight to End HIV/AIDS as an Epidemic
Contact: Coalition Coordinator, Edric Figueroa, anea@treatmentactiongroup.org

Dear Ambassador Rice,

The ACT NOW: END AIDS (ANEA) coalition, along with the organizational and individual signatories to this letter, write to you and the wider Biden administration in honor of the 40th anniversary of the first Morbidity and Mortality Weekly Report featuring HIV to urge that immediate steps be taken to revitalize efforts to end HIV as an epidemic in all communities following a year of significant upheaval. The signs of profound service disruptions to HIV treatment, testing, and prevention in the U.S are clearly present. For people living with HIV, any disruption in treatment means that the clock is ticking to get back into care services to avoid complications. In terms of prevention onward transmission, it is still uncertain if/when/for how long sexual and/or drug-using behaviors declined, stayed the same, or increased due to COVID-19, and if any of this offset or exacerbated interruptions to HIV services. However, as society opens back up we can state certainly that further delays to resuming comprehensive services will derail efforts to End the HIV Epidemic for years or even decades.

Specifically, we call for the following concrete steps to revitalize the fight to end HIV/AIDS NOW:

1. **Move swiftly to fully empower the new Office of National AIDS Policy (ONAP) director.** The June 5th appointment of Harold Phillips to the role of ONAP director will increase synchronicity between the Ending the HIV Epidemic (EHE) initiative and the recently updated HIV National Strategic Plan. However, Phillip’s must be fully entrusted to run and staff this office as a successful plan to end the HIV epidemic will require a whole government approach. Moreover, we believe that ONAP must pursue a syndemic approach, aligning activities with the Viral Hepatitis National Strategic Plan, the STI National Strategic Plan, the broader movement for both sexual and reproductive rights, and efforts to address the overdose epidemic that center drug user health.

2. **Establish two new pillars as part of the EHE initiative: Community Partnership and Structural Interventions.** The existing four pillars of EHE are inadequate to build a racial and social justice-centered approach that allows for necessary innovative structural interventions. Meaningful partnership with all affected communities must be a central value to EHE. The Biden-Harris administration can break with the previous administration by explicitly committing to robust partnerships with people living with HIV (PLHIV) and the communities most impacted by health inequity. This means centering their leadership in the implementation of the recently finalized jurisdictional EHE plans and addressing the community concerns with molecular HIV surveillance (MHS) activities housed within the “respond” pillar. EHE efforts in populations routinely targeted by the previous administration including Black, Latinx, Indigenous, transgender, undocumented individuals, sex workers, and people who use drugs were stifled due to MHS and criminalization concerns. The administration must also emphasize that health departments focus on minimizing structural barriers by including increasing housing,
vocational opportunities, and minimizing stigma in state-wide legislation and healthcare programs. These should be synergistic with finalized jurisdictional plans and not disrupt already completed work. Additionally, the White House must expand EHE beyond the 57 original jurisdictions identified by the Trump administration to include currently neglected areas at high risk/with burgeoning HIV outbreaks. ANEA would welcome the opportunity to help build these new pillars into the foundation of EHE.

3. **Commit to an EHE funding strategy that realistically meets short- and long-term needs.** In the post-COVID-19 world, we should be talking about EHE investments in terms of billions in the short term to avert a greater crisis for our communities. We know that this is possible in response to an infectious disease threat if we truly value the communities disproportionately impacted by an epidemic. Currently proposed funding levels for EHE sound ambitious but do not take into account the significant costs of the past year. In an August 2020 health department survey by NASTAD, 90% of responding HIV prevention programs reported that staff were detailed to the COVID-19 response, with 76% of viral hepatitis programs reporting the same. A Lancet study predicted that absent changes in sexual behavior due to COVID-19, a 6-month reduction in condom use, HIV testing, viral suppression, PrEP initiations, PrEP adherence, and ART initiations would increase new HIV transmission by a median 10·5% (5·8 to 16·5) over 1 year, and by median 3·5% (2·1 to 5·4) over 5 years. It also estimates that further disruptions to ART initiations and viral suppression will substantially increase HIV-related deaths over 1 year. Additional shortfalls in state budgets are also likely to impact HIV programs. The urgency to offset program losses through long-term sustainable funding strategies that include Medicaid expansion and universal health care access is clear.

4. **Develop ambitious interim targets.** We refuse to let our foot off the gas pedal, and we take very seriously President Biden’s commitment to end HIV as an epidemic by 2025. However, this appropriately ambitious goal will benefit from the development of interim targets for the EHE pillars in partnership with the community. Having targets that are transparent and measurable allows for more responsive programs and a greater impact on the work. We could look at targets such as demanding that 95% of people living with HIV know their status by 2025—and we would greatly welcome the opportunity for ANEA and other community leaders to work with HHS and the administration to determine what those metrics should be. 2030 is too long for our communities to see the full benefits of recent diagnostic, prevention, and treatment developments. We would like to discuss how the administration can be both realistic and ambitious.

5. **Quickly nominate new leadership for the Office of the Global AIDS Coordinator (OGAC).** Our nation’s largest bilateral foreign aid program, the President’s Emergency Plan for AIDS Relief (PEPFAR), remains without a permanent leader as the COVID-19 pandemic continues to impact HIV programs worldwide. We urge the administration to name a candidate to helm OGAC soon, to allow for time through the Senate confirmation process.

Time is of the essence to revitalize a fully operational, structural, and community-led EHE response. As referenced above, infectious disease advocates, service providers, public health leaders, researchers, and countless other stakeholders from HIV, HCV, STDs, and TB effectively provided free or minimally compensated COVID-19 support at all levels amid a failed government response to the crisis. This created the pathway for the Biden-Harris administration to reach its COVID-19 vaccination targets and avert a further ongoing disaster. Still, this came at a significant cost; public health burnout is widespread. This is particularly palpable for Black, Indigenous, Latinx, and people of color, and trans and gender non-conforming HIV advocates, who have been simultaneously fighting deadly and emboldened forms of racism and transphobia. The past year resulted in
tremendous transitions in the HIV workforce, as individuals retire, change careers, switch organizations, or step back to engage in necessary self-care.

The work ahead will become significantly harder and deadlier for the very communities that have been disproportionately harmed by COVID-19 if we delay immediately scaling up resources to account for these disruptions and challenges. After all that infectious disease advocates have done for America the past year—the free labor, leadership, and resources—we require a comprehensive, bold, well-resourced, and urgent response to the looming threats. After four decades of failing to rein in America’s last great epidemic, we refuse to accept any excuses for further delays.

We are resilient, we will keep fighting, and we will win.

Sincerely,

Organizational Signatories:

1. SisterLove, Inc.
2. Housing Works, Inc.
3. Treatment Action Group
4. AIDS United
5. Advocates for Youth
6. African American Health Alliance
7. The Equality Federation
8. AIDS Action Baltimore
9. AIDS Alabama
10. AIDS Foundation of Chicago
11. AIDS Free Pittsburgh
12. Amida Care
13. APLA Health
14. AVAC
15. Clare Housing
16. END HIV Houston
17. Friends of the Global Fight Against AIDS, Tuberculosis, and Malaria
18. GMHC
19. God’s Love We Deliver
20. He Is Valuable, Inc.
21. Health GAP
22. Human Rights Campaign
23. International Association of Providers of AIDS Care
24. Latino Commission on AIDS
25. MPact Global Action for Gay Men’s Health and Rights
26. NASTAD
27. National Working Positive Coalition
29. Partnership to End AIDS Status
30. Pride Action Tank
31. Shubert-Botein Policy Associates
32. Southern AIDS Coalition
33. The AIDS Institute (Washington, DC, & Tampa, FL)
34. The Food Is Medicine Coalition
35. The TransLatin@ Coalition
36. Women With A Vision

Individual Signatories:
1. Mark Harrington
2. Terrell Parker
3. Kneeshe Parkinson
4. Jim Pickett
5. Ian Palmquist
6. Alejandro Segura
7. Delia Kropp
8. George Kerr III
9. Helen Cornman
10. Jack Rothmund
11. Jeremiah Dameron
12. Jonathan D. Crowder
13. Jose Javier
14. Kerensa Peterson
15. Kimberly Boden
16. Liz V

Disclaimer: The content of this statement may not express the views of all members of the Act Now: End AIDS coalition or our government partners.