



Current Conditions Challenge Anti-HIV Efforts, Threatening Potential Prevention Progress

Ending the HIV epidemic in the U.S. will be built upon multiple pillars: a comprehensive, national approach that strengthens HIV prevention, healthcare, housing, research, and the protection of civil and human rights. *Without a strong, national commitment to a full array of needed strategies, HIV prevention efforts are unlikely to succeed in reducing new HIV infections.* For example:

- HIV-related treatments, if adequately, ethically and appropriately deployed and with sufficient coverage, could have a powerful effect in reducing new HIV infections by decreasing viral load among those living with HIV.
- Likewise, self-efficacy behavioral interventions that prepare individuals to reduce risk factors for HIV are the very strategies needed to support HIV testing and treatment adherence.
- Because Sexually Transmitted Infections (STIs) render individuals more susceptible to acquire or transmit HIV, efforts to prevent, detect, and treat STIs advance HIV prevention goals.
- Supportive housing programs for homeless or unstably housed HIV-positive individuals have been shown to promote more rational utilization of outpatient health services, reducing costly emergency room, inpatient, and nursing home stays and achieving better health outcomes.
- Assured confidentiality and legal protections against discrimination, people with and at risk for HIV are more likely to accept HIV care and prevention services.

The Obama Administration can recognize the importance of strengthening each pillar of the fight against HIV/AIDS in the development of the first-ever National HIV/AIDS Strategy (NHAS).

- According to the White House, the goals of the Strategy will be to reduce new HIV infections, increase the number of HIV-positive people who gain access to and benefit from care, and reduce HIV-related health disparities in the U.S.
- Achieving these targets will require a plan that is outcomes-oriented, includes specific and measurable goals and objectives, and establishes clear expectations and accountability mechanisms.
- While community input will be solicited at 13 town-hall meetings occurring across the country, the federal government should identify additional ways to consistently and thoroughly involve community stakeholders in the creation of the plan.
- In addition, the White House must ensure transparency about the make-up of the federal panel drafting the NHAS, its timeline, and processes.

However, the economic recession threatens to undermine a decade of progress responding to HIV/AIDS at the state and federal levels.

- States across the country from California to Illinois and Massachusetts are reducing state appropriations for essential HIV prevention and care services.

- **The impact of these funding cuts is especially severe on HIV prevention services**, which are among the first wave of services reductions in down economic times.
- Medicaid services, housing, and ADAP are other areas facing funding reductions that will slow the nation's response to HIV/AIDS.
- Funding cuts mean we can neither maintain existing services nor deploy desperately needed innovations to tackle the root causes fueling HIV, particularly in hard-hit communities.
- The NHAS must articulate clear, measurable and achievable strategic goals and hold lawmakers accountable for appropriating adequate economic resources for implementation.

Healthcare access and HIV prevention are interdependent endeavors that must be well coordinated, mutually prioritized, and significantly improved to effectively fight HIV/AIDS in the U.S.

- National healthcare reform has the potential to transform the fight against HIV/AIDS in the U.S., making long-term reductions in deaths and fewer infections possible.
- The HIV/AIDS epidemic in the U.S. can be controlled. Healthcare reform could rapidly accelerate efforts to finally get ahead of this costly and tragic epidemic that has claimed more than half a million people in the United States since 1981.
- Providing early and reliable access to meaningful health insurance is critical for people with HIV to remain healthy and to prevent further HIV transmissions.
- The persistent HIV/AIDS epidemic in the U.S.—characterized by unacceptable health disparities—dramatizes all that is wrong with our current patchwork system. Our current system fails to meet the needs of low-income people, those with chronic medical conditions, and people with co-occurring conditions such as hepatitis, diabetes, and HIV/AIDS.
- As the Obama Administration begins to develop the NHAS, healthcare reform could completely alter the landscape and extend coverage and services to millions of low-income people who currently lack adequate coverage for optimal medical care and/or preventative services.

Without congressional leadership to *immediately* extend the Ryan White HIV/AIDS Treatment Modernization Act, the health and welfare of half a million low-income people with HIV across the U.S. will be put in peril.

- The White House and Congress must ensure that the nation's flagship HIV safety-net program—the Ryan White HIV/AIDS Treatment Act—continues beyond its current expiration date of September 30, 2009. They must immediately enact legislation to ensure this vital program continues.
- Hundreds of thousands of low-income people with HIV depend on Ryan White for their lifesaving HIV medications and medical and support services. Any interruption in care could have disastrous impact on the health of Ryan White recipients.
- Ryan White appropriations have not kept pace with the epidemic, resulting in inadequate service access across the U.S. Congress must safeguard these essential services with adequate appropriations to meet the needs of low-income people with HIV/AIDS.
- The AIDS Drug Assistance Program—a central component of Ryan White to provide lifesaving HIV-related medications to low-income people who have no other means to obtain them—is struggling to meet the increase in need for its services as a result of the economic recession.
- While national healthcare reform is likely to reduce the stain on Ryan White services, it will not eliminate the need for a strong HIV safety net.