



Presidential
Advisory Council
on HIV/AIDS

PACHA Resolution on Ensuring Equity and Justice in Ending the HIV Epidemic

Whereas, *Ending the HIV Epidemic: A Plan for America* has the ambitious goal of ending the HIV epidemic in the United States by the year 2030;

Whereas, the *HIV National Strategic Plan: A Roadmap to End the Epidemic for the United States 2021-2025* outlines a coordinated plan for federal and nonfederal stakeholders to accelerate progress towards ending the HIV epidemic in the United States;

Whereas, President Biden has issued a Presidential Executive Order on January 20, 2021 entitled, *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*, and a statement from the National Institutes of Health (NIH) against structural racism in biomedical research was issued on March 1, 2021;

Whereas, bringing about an equitable end to the HIV epidemic in the United States, and ensuring, once achieved, this result is durable for all will require commitment to a bold, equitable, just, whole-of-government and society response that prioritizes the communities that have been the most impacted by HIV, namely Black, Latinx, American Indian/Alaska Native, Asian American and Pacific Islander, and other communities of color (BIPOC). Within these communities, the needs of transgender people, cisgender women, youth, seniors, persons who use drugs, and gay, bisexual, and other men who have sex with men must be prioritized and adequately addressed in the response to HIV;

Whereas, ensuring that prioritized communities have equitable access to high quality and efficacious HIV prevention, treatment, and care services is essential to ending the HIV epidemic, and securing adequate financial and human capital resources from the Federal government is a vital component in improving access;

Whereas, ensuring justice in our HIV response requires that data and evaluation on progress towards ending the HIV epidemic, including measuring progress on addressing social determinants of health in the HIV response, the mitigation of HIV-related stigma and health inequities is collected and reported;

Whereas, these data collection efforts should be co-designed with and have leadership from prioritized communities as to not further harm the very communities that experience historical and contemporary structural racism and health inequities;

Whereas, Pre-Exposure Prophylaxis (PrEP) is a key tool for ending the HIV epidemic, and PrEP uptake among Black, Latino and American Indian/Alaska Native gay/bisexual and other men who have sex with men and cisgender and transgender women continues to lag due to insurance and financial barriers around coverage of PrEP and PrEP-associated laboratory costs that are not covered through existing programs that provide free PrEP medications or due to other PrEP access issues;

Whereas, ending the HIV epidemic requires leadership from the communities that are most impacted by HIV, including the leadership of people living with HIV;

Whereas, ending the HIV epidemic requires supporting and funding community-based organizations and the Indian Health Service (IHS) led and staffed by members of the communities most impacted by HIV,

Be it resolved that:

- The White House Office of National AIDS Policy (ONAP) be reestablished and staffed with a diverse group of people, including those living with HIV, and BIPOC, women, LGBTQ+, and persons with a history of drug use;
- Additional PACHA members be appointed who fully represent the communities most impacted by HIV, including people living with HIV who are also transgender, BIPOC, seniors, youth, persons using injection drugs, and women;
- In accordance with the Presidential Executive order on Advancing Racial equity that HIV data be collected at a more granular level so that data can be disaggregated by ethnicity within races, by inclusive gender identities, by disability type, by primary language spoken, and other demographics to better understand disparities, address racial misclassification, focus resources and interventions, and understand service reach and health outcomes;
- Work with tribal nations and tribal epidemiology centers to better collect, analyze, and report data on American Indians and Alaska Natives and to decolonize the data, and adequately fund the IHS and community-based organizations serving American Indians and Alaska Natives for their HIV work;
- Performance and outcome measures be monitored at the granular levels noted above, and assess whether or not the epidemic is being ended in an equitable manner for all, **and if it is not, adjust resources and approaches to end the injustice of the disparities**;
- Federal funding and technical assistance for EHE should be increased, including the Minority AIDS Initiative, and prioritized for community-based organizations and the IHS system that are led by and staffed by members of the communities most impacted by HIV and have demonstrated trustworthiness and a proven track record of successful service delivery within these communities, and hold states accountable for distributing federal resources in this manner;
- Once supported via funding and technical assistance, community-based organizations should report data related to their activities in concert with the granular requirements outlined above and be held accountable for their outcomes toward achieving the End of the Epidemic goals;
- The HIV National Strategic Plan be fully funded and implemented, with focused attention and resources devoted to the components of the plan that address the social determinants of health, syndemics (e.g. STIs, hepatitis, substance use, mental health), and stigma, while leveraging and coordinating with the resources and programs of other parts of the federal government;
- Regulations, policies, and procedures that were modified to increase access during the COVID-19 emergency and which are showing positive results, such as allowing payment for telemedicine and allowing home HIV/STI testing for eligibility and follow-up care, be continued after the pandemic;

- Federal funding be directed toward ensuring broadband infrastructure and access nation-wide, with an emphasis on rural and frontier communities in all jurisdictions and other underserved communities;
- Eliminate administrative barriers to eligibility and recertification process for services that could be creating and perpetuating systemic racism;
- Review and modify algorithms for PrEP eligibility and treatment services that factor in social determinants of health to increase access to prevention and treatment services for BIPOC persons, persons living with disabilities, transgender persons, and others at increased risk for HIV;
- New HIV medical and service providers who are representative of the communities most impacted by HIV be awarded contracts, organizational development, and capacity-building assistance through dedicated Request for Proposal (RFP) processes supported by Federal agencies;
- Payer barrier to HIV treatment and PrEP be reduced, and ensure ancillary PrEP services are covered with no cost-sharing; and
- Additional incentives be examined to encourage states that have not expanded Medicaid to do so.