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TECHNICAL BRIEF

The U.S. National HIV/AIDS Strategy Update Implications for Latinx Gay and Bisexual Men

What is the National HIV/AIDS Strategy for the United States?

The National HIV/AIDS Strategy (NHAS) was released in its original form in 2010 under the Obama Administration, after years of pressure from community activists, researchers, clinicians, health and social service providers, advocates and multi-sectoral community stakeholders. It was the first time the U.S. government produced a strategic plan to address the HIV epidemic in the U.S. and dependent territories.

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NHAS outlines 4 Goals and Steps to achieve these goals:

1. Reducing New HIV Infections by intensifying HIV prevention efforts in the communities where HIV is most heavily concentrated, expanding targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches and educating all Americans about the threat of HIV and how to prevent it.
2. Increase Access to Care and Improving Health Outcomes for People Living with HIV by establishing a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV, taking deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV, and supporting people living with HIV with co-occurring conditions and those who have challenges meeting their basic needs, such as housing.
3. Reducing HIV-Related Disparities and Health Inequities by reducing HIV-related mortality in communities at high risk for HIV infection, adopting community-level approaches to reduce HIV infection in high-risk communities and by reducing stigma and discrimination against people living with HIV.
4. Achieving a More Coordinated National Response to the HIV Epidemic by increasing the coordination of HIV programs across the Federal government and between federal agencies and state, territorial, tribal and local governments and by developing improved mechanisms to monitor and report on progress toward achieving national goals. [1]

In 2015, NHAS was updated. Intended to extend to 2020, the revised NHAS was released by the White House followed by an Indicator Supplement in 2016 and a Progress Report in 2017.

The 2015 NHAS Updated to 2020 highlighted the implementation of the Affordable Care Act, work by the National Institutes of Health (NIH), the introduction of pre-exposure prophylaxis (PrEP), work by the CDC including guidance for adoption of new testing technologies, funding increases for ADAP through HRSA, collaborations across federal government agencies, the establishment of an interagency workgroup to investigate the intersection of HIV and violence against women resulting in 15 new initiatives, a partnership between DOJ and CDC to publish a comprehensive examination of HIV-specific criminal laws, and demonstration projects funded through the Secretary's Minority AIDS Initiative Fund (SMAIF). The updated report further looked ahead into the next five years and put critical focus on advances in widespread testing and linkage to care, broad support for people living with HIV to remain engaged in comprehensive care, universal viral suppression and full access to comprehensive PrEP service.[2]

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[1] National HIV/AIDS Strategy for the United States. July 2010. The White House, Washington, DC.

[2] National HIV/AIDS Strategy for the United States: Updated to 2020. July 2015. The White House, Washington, DC

In the last couple of months, the "Ending the HIV Epidemic: A Plan for America," was released. The plan will fund three major areas of action:

1. Increasing investments in geographic hotspots through our existing, effective programs, such as the Ryan White HIV/AIDS Program, as well as a new program through community health centers that will provide PrEP to protect people at highest risk for getting HIV.

2. Using data to identify where HIV is spreading most rapidly and guide decision-making to address prevention, care, and treatment needs at the local level.

3. Establishing a local HIV HealthForce in the targeted areas to expand HIV prevention and treatment services.

Although the current anti-immigrant and anti-transgender policies enacted by the current administration are in direct opposition to this initiative, we are hopeful that much needed resources to address the HIV crisis among Latinx gay and bisexual men will reach the communities most impacted.

We have seen a strong national focus, although still in its infancy stages in Southern states, among Black gay and bisexual men, proving that policy attention matters. As HIV infection rates rise among Latinx gay and bisexual men, we need to demand a comparable level of focused attention.

All the necessary elements to have a substantial impact on HIV prevention, care and treatment are included in the NHAS but there are no specific targets nor indicators addressing the HIV crisis among Latinx gay and bisexual men.

Has the HIV crisis among Latinx gay and bisexual men been overlooked by the NHAS?

Let's look at the data . . .

In the United States (U.S.) and dependent areas in 2017, the majority (70%) of diagnosed HIV infections were among gay and bisexual men. In the same year, 26% of all new HIV diagnoses were in the Latinx community; of those, 78% were among gay and bisexual men. Between 2012-2016, new HIV diagnoses among Latinx gay and bisexual men increased 12%; the greatest increase occurred in men between the ages of 25 to 34 (a 22% increase). Although Latinx gay and bisexual men would benefit from biomedical interventions PrEP, only a small percentage of these men have access.[3]

Geographically, increases in HIV incidence among Latinx gay and bisexual men are mainly localized in seven jurisdictions. From 2010-2014, 84% of new HIV diagnoses among Latinx gay and bisexual men were in six states – Arizona, California, Florida, Illinois, New York, and Texas – and Puerto Rico.[4] Moreover, statistically significant increases were observed in the following jurisdictions: (1) Phoenix; (2) California

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[3] HIV prevention pill not reaching most Americans who could benefit – especially people of color. https://www.hiv.gov/blog/hiv-prevention-pill-not-reaching-most-americans-who-could-benefit-especially-people-color March 6, 2018.

[4] McCree DH, Walker T, DiNenno E, et al. A programmatic approach to address increasing HIV diagnoses among Hispanic/Latino MSM, 2010-2014. *Preventive Medicine*. 2018;114:64-71.

jurisdictions other than Los Angeles, San Francisco, San Diego, Oakland and Sacramento; (3) Florida jurisdictions other than Miami, Fort Lauderdale, West Palm Beach, Orlando, Tampa, and Jacksonville; (4) Chicago; and (5) Texas jurisdictions other than Houston, Dallas, Fort Worth, Austin, San Antonio, and El Paso. In 2015, among all U.S. Latinx people living with HIV, only 59% received HIV medical care, 49% were retained in HIV care, and 50% had a suppressed viral load.[5]

What do we expect in the NHAS Update?

The 2016 Indicator Supplement highlighted and reported on 13 indicators that measure progress of the NHAS.[6] In its next update, NHAS should set specific actionable targets for Latinx gay and bisexual men and other men who have sex with men across ALL indicators for the next 10 years, in close consultation with community leaders. The following illustrative targets were developed through an extensive desk review from multiple data sources and from consultation with members of the Latinx Gay and Bisexual Men's Prevention and Treatment Action Coalition:

Indicator 1: Increase the percentage of people living with HIV who know their serostatus to at least 90 percent.

Target 1.1. – *Increase the percentage of Latinx gay and bisexual men living with HIV overall who know their status to at least 90 percent.*

Target 1.2. – *Increase the percentage of Latinx gay and bisexual men living with HIV ages 13-24 who know their status to at least 78 percent.*

Rationale –Although 80% of Latinx gay and bisexual men know their serostatus, there exists a significant disparity among young men ages 13-24. Only 56% of young Latinx gay and bisexual men know their HIV serostatus.

Indicator 2: Reduce the number of new HIV infections by 25 percent.

Target 2.1. – *Reduce the number of new diagnoses by at least 40 percent in the next 10 years among Latinx gay and bisexual men. From 9,908 new diagnoses in 2017 to 5,945 new diagnoses in 2027*

Rationale – Between 2012-2016, new HIV diagnoses among Latinx gay and bisexual men increased 13% the greatest increase occurred in men between the ages of 25 to 34 (a 22% increase).

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[5] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2017*; vol. 29. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2018.

[6] National HIV/AIDS Strategy for the United States: Updated to 2020, Indicator Supplement. December 2016. The White House, Washington, DC.

Indicator 3: Increase the percentage of young gay and bisexual males who engage in comprehensive stigma-free, culturally/linguistically competent, evidence-informed and rights-based programs that include HIV/STI testing, combination prevention and pre-exposure prophylaxis, care, treatment, mental health, substance use, legal and other support services.

Target 3.1 - *% young Latinx gay and bisexual men enrolled and retained in PrEP services & comprehensive behavioral approaches*

Target 3.2 - *% young Latinx gay and bisexual men tested and treated for STIs*

Target 3.3 - *% young Latinx gay and bisexual men who use inject drugs tested and treated for HCV*

Target 3.4 - *% young Latinx gay and bisexual men who use inject drugs access needle exchange programs*

Target 3.5 - *% young Latinx gay and bisexual men report stable housing, cost of living employment, increased access to mental health services, increased access to harm reduction and/or alcohol/drug treatment services, increased access to educational opportunities, increased access to legal aid, decreased incarceration rates and decrease fear of imprisonment or deportation.*

Rationale - The current "risk" language and measurements standards for this indicator are potentially stigmatizing and do not account for recent biomedical prevention tools (PEP, PrEP, U=U) and harm reduction practices (needle exchange). We propose doing away with this indicator and/or implementing targets around PrEP enrollment and retention in combination with comprehensive behavioral approaches, STI testing and treatment, HBV and HCV testing and treatment, implementation of harm reduction practices and addressing social determinants of health. HIV infection is part of larger syndemics impacting Latinx gay and bisexual men and can be understood to operate within wider social, economic, and physical environments. Syndemics involve multiple health, psychosocial, and socioeconomic conditions, such as STIs, substance use, experiences of discrimination, childhood sexual abuse, mental health problems, trauma, violence, and poverty, interacting to contribute to HIV vulnerability.[7] [8]

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[7] HIV Prevention in the United States, Bolstering Latinx Gay and Bisexual Men to Promote Health and Reduce HIV Transmission. March 2019. O'Neil Institute for National & Global Health Law. Georgetown Law. http://bit.ly/USHIVpolicyproject

[8] *Syndemic factors associated with adult sexual HIV risk behaviors in a sample of Latino men who have sex with men in New York City.* Martinez, O., et al. Drug Alcohol Depend. 2016 Sep 1;166:258-62. doi: 10.1016/j.drugalcdep.2016.06.033. Epub 2016 Jul 15.

https://www.ncbi.nlm.nih.gov/pubmed/27449272

Indicator 4: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85 percent.

Target 4.1. – *Increase the percentage of newly diagnosed Latinx gay and bisexual men linked to HIV medical care within one month of diagnosis to at least 90%*

Rationale – In 2016, 77.6% of Latinx people were linked to HIV medical care within 1 month of diagnosis compared to 79.9% of whites and 72.1% of Blacks.[9]

Indicator 5: Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.

Target 5.1. – *Increase the percentage of Latinx gay and bisexual men with diagnosed HIV infection who are retained in HIV medical care to at least 75 percent.*

Rationale – In 2015, among all U.S. Latinx people living with HIV, only 59% received HIV medical care, 49% were retained in HIV care, and 50% had a suppressed viral load.[10]

Indicator 7: Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.

Recommendation 7.1 – *Analyze data from the Medical Monitoring Project (MMP) and other available data sources to produce an estimate of Latinx gay and bisexual men in HIV medical care who are homeless.*

Recommendation 7.2 – *Engage Latinx gay and bisexual men in HIV medical care who are undocumented or are underemployed/unemployed, sex workers, or using drugs, to get a better assessment of the magnitude of the need.*

Rationale – The only data currently available for Latinx people living with HIV in medical care reporting homelessness puts this percentage at 8%.[11] This percentage does not account for sexual orientation, gender, documentation status, nor unstable housing arrangements in immigrant, sex work and drug use Latinx gay and bisexual men's communities. Through public testimony at community forums, being undocumented posed one of the biggest barriers to accessing stable housing for Latinx gay and bisexual men in HIV medical care.

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[9] Centers for Disease Control and Prevention. Selected National HIV Prevention and Care Outcomes. https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-prevention-and-care-outcomes.pdf.

[10] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2017*; vol. 29. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2018.

[11] Unmet Needs for Ancillary Services Among Hispanics/Latinos Receiving HIV Medical Care – United States, 2013 -2014. MMWR October 14, 2016. https://www.cdc.gov/mmwr/volumes/65/wr/mm6540a3.htm?s_cid=mm6540a3_w

Indicator 9: Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.

Recommendation 9.1. – *Analyze data from the CDC HIV Surveillance Reports and other available data sources to produce an estimate of new HIV diagnoses among young Afro-Latinx gay and bisexual men.*

Recommendation 9.2 - *If disparities in rate of new diagnoses exist among young Afro-Latinx gay and bisexual men exist, reduce disparities accordingly.*

Rationale – Afro-Latinx gay and bisexual men often get excluded from the Latinx advocacy efforts and overlooked in the Black advocacy efforts. No real data exists on the number of Afro-Latinx gay and bisexual men that reside in the United States and its jurisdictions. At a recent panel entitled *AfroLatin@s and Health: When Both Race and Ethnicity Matter*, the difficulties encountered in achieving good health in the face of poverty, cultural forces, food insecurity, lack of health education, and the environmental pollution were discussed, essentially acts of racism and discrimination. Questions were posed such as: How do social and economic inequalities contribute to the high incidence of poor mental and physical health? How do we improve statistical reporting to reflect the particular situation among AfroLatin@s? Why does the designation "Latin@" fail to capture those particularities?[12]

Indicator 10: Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent

Target 10.1. – *Increase the percentage of Latinx gay and bisexual men living with HIV ages 13-24 who know their status to at least 78 percent.*

Target 10.2 – *Increase the percentage of Latinx gay and bisexual men with diagnosed HIV infection who are retained in HIV medical care to at least 75 percent.*

Target 10.3 - *Increase the percentage of young Latinx gay and bisexual men with diagnosed HIV infection who are virally suppressed to at least 80 percent.*

Target 10.4 - *Meaningfully support the leadership pipeline by funding training and professional development of young Latinx gay and bisexual HIV workforce.*

Indicator 12 (Developmental): Increase the number of adults prescribed PrEP by at least 500 percent.

Target 12.1 – *Increase the number of Latinx gay and bisexual men prescribed PrEP and retained in PrEP services who are commercially-insured by at least 500 percent over the next 10 years.*

[12] http://www.afrolatinoforum.org/afrolatins-and-health-disparities-when-both-race-and-ethnicity-matter.html

Target 12.2 – *Increase the number of Latinx gay and bisexual men prescribed PrEP and retained in PrEP services who are underinsured and uninsured by at least 300 percent over the next 10 years.*

Rationale – PrEP use in Latinx communities has been limited: In 2017, only about 10% of people eligible for PrEP were using it, but an even lower share (3%) of eligible Latinx people were using it.[13]

What's Next?

Being fully aware of the complexities driving the disproportionate rates of HIV infection and the lack of HIV services specific for Translatin@s living with HIV, we are committed to extending our support to our Translatin@ brothers and sisters as they make recommendations appropriate to meet their community needs.

We strongly encourage the CDC to convene a SPECIAL PANEL OF LATINX GAY AND BISEXUAL EXPERTS to formulate more specific indicators and targets to continue and finalize this process.

Latinx gay and bisexual men advocates need to demand **A SEAT AT THE TABLE**, during the entire process of the NHAS update and the roll out of the End the Epidemic Initiative.

Advocates should call for the **INCLUSION OF TARGETS ACROSS ALL** indicators for Latinx gay and bisexual men in the National HIV/AIDS Strategy (NHAS) update as part of their advocacy platform.

To learn more about this and more, contact:

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[13] HIV Prevention in the United States, Bolstering Latinx Gay and Bisexual Men to Promote Health and Reduce HIV Transmission. March 2019. O'Neil Institute for National & Global Health Law. Georgetown Law. http://bit.ly/USHIVpolicyproject