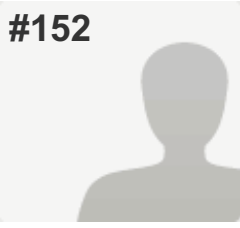


Ending the Epidemic Task Force Recommendation Form

#152



COMPLETE

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name

Victor

Affiliation

None

Email Address

curious.pr@hotmail.com

Q2: Title of your recommendation

Respondent skipped this question

Q3: Please provide a description of your proposed recommendation

Ending the Epidemic Task Force Recommendation Form

Critique to the three point plan for ending the HIV epidemic

Premise: The plan should be specially targeted at the most worrisome trend in the HIV epidemic which is the rise in young gay infections.

Analysis:

A) Criminalization of HIV gives a false sense of security to negative gays. It penalizes getting tested and makes it a risk to both get and remain in treatment.

B) Outreach efforts have failed. Organizations are not doing their job at neither identifying nor retaining patients. What is failing in the institutional culture of the organizations that receive so much funding for these efforts? PrEP will never reach those that most need it due to these failures too. As the Internet has become probably the most important medium for gay interaction it should be central to any plan.

C) HIV meds took out visibility from the HIV prevention equation. This invisibility also makes efforts at expanding information about linking to treatment and staying in treatment less efficient. The best approach to dealing with these interrelated problems is to break the HIV closet by dealing with criminalization and visibility as a real priority. The HIV closet is both a health issue and quality of life issue also for positive people.

D) Cost is of course a central consideration about PrEP, but this should not be so very soon as the patent on Truvada expires. Without demand for PrEP maybe there will not be a generic version of Truvada soon enough. PEP also needs to come to the forefront of the discussion about HIV.

Recommendations:

1. Until legislation is reviewed executive action should be taken regarding HIV criminalization. At least there should be guidelines regarding which cases of HIV transmission would be subject to prosecution. The public health message must be unequivocal: every gay man is responsible for his own health.
2. The premise about HIV risk should be that almost all gays are high risk. This should be the public message to gays. The point isn't to stigmatize gay sex but to deal with facts, including the fact of transmission in the context of relationships. The point is to get past fear based campaigns and move wholeheartedly to fact based ones based on freedom of choice.
3. The transmission of information should be targeted through the Internet. If there needs to be a choice between spending on community based organizations and Internet based strategies it is time to give new media a real chance. The owners of most of the gay tailored media have shown interest but the follow up has been slow, inconsistent, unclear and incoherent.
4. Yet new media will probably not be enough to break with the HIV closet. Just like the gay closet, breaking this one requires a few brave people to start living openly with HIV in gay social settings. Currently there is almost no spending on HIV prevention that supports the casual social interaction between gay positives and negatives. Remarkably community based organizations have done nothing about this either. So again, new organizations have to be considered for this strategy and old organizations should probably be defunded.
5. There is also a need for new social apps targeted at positive gay men. Activism would also benefit from the networking that would be made possible by their development.
6. Positive gay men can be the best advocates for the expansion of PrEP but not in the current climate of stigma that borders on persecution that prevails in gay culture.
7. Activists, government and the pharmaceutical industry need to devise strategies to make access to generic PrEP a reality as soon as possible.
8. Access to PEP could be even more important than access to PrEP but is not getting enough attention.

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Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

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Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

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Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New policy,

Other (please specify) All of the above

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Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law,
Other (please specify)
Criminalization would require change in law.
Access to PrEP and PEP could require changes in prescription regulation. Patent expiration could maybe have to be dealt with.

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Other (please specify)
Most of the changes could be implemented very quickly if there is will

Q9: What are the perceived benefits of implementing this recommendation?

Respondent skipped this question

Q10: Are there any concerns with implementing this recommendation that should be considered?

The pharmaceutical industry, health professionals and community based organizations have conflicts of interest when it comes to policy changes

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Respondent skipped this question

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Respondent skipped this question

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Respondent skipped this question

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

The use of internet based systems lowers monitoring costs and is probably as reliable as most of the information that has been traditionally used about sexual behavior

Q15: This recommendation was submitted by one of the following

Member of the public