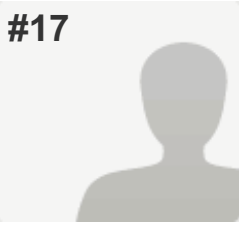


# Ending the Epidemic Task Force Recommendation Form

#17



**COMPLETE**

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**Q2: Title of your recommendation**

Targeted PEP & PrEP Education Campaign for Key Populations

**Q3: Please provide a description of your proposed recommendation**

Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (nPEP) are two important options for HIV prevention in New York State. Even with clinical guidance in New York State, and multiple studies showing efficacy, awareness and uptake of both strategies is low. Furthermore, the two interventions are often conflated. There is a need to scale up education and awareness for consumers and providers for PrEP and nPEP. Large-scale, high impact campaigns informed by the community should be tailored for key populations of people at risk of HIV. Community participation in the design of such campaigns will be critical. According to a needs assessment conducted by the Treatment Action Group, messaging should be: Sex positive, accepting of drug use, evocative, concise, relatable, holistic and empowering, recognizing of the role of stigma and structural barriers, aware of the challenges of patient-providers interactions, clear about differences between PrEP and nPEP

**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)**

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.

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

New program

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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

**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)?**

Within the next year

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

Efficient and widespread use of PrEP and nPEP is essential as “treatment as prevention” efforts alone are unlikely to be sufficient in ending the epidemic. Education and awareness will drive demand and access.

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

PrEP and nPEP will not be for everyone. It will be necessary to tailor campaigns to the key populations who need it without creating over saturation and uncompetent messaging.

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

To be determined.

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

To be determined.

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

Individuals at risk for HIV and their sexual partners.

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

Ongoing and strengthened provider and clinical education about HIV testing, PrEP and nPEP.

**Q15: This recommendation was submitted by one of the following**

Advocate,

Other (please specify)

Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York