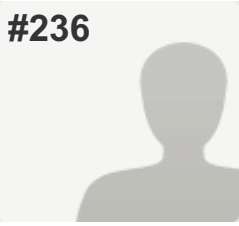


# Ending the Epidemic Task Force Recommendation Form

#236



**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	Freddy
Last Name	Molano
Affiliation	Community Healthcare Network
Email Address	Fmolano@chnnyc.org

**Q2: Title of your recommendation** PrEP as an intervention for Partners of Sero-discordants couples/mDOT

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

we could avoid more infections by making sure that partners of positive individuals get pre advanced doses of PrEP/PEP. This way they have it available when the need arises. Treatment as prevention.

Train, facilitate and monitoring of modified observational therapy or mobile DOT where case managers or case coordinators would do home visits, observe and ensure compliance with medication adherence that would result in better viral suppression outcomes.

Increase monitoring on HIV testing to ensure everyone is getting info and access to testing . Knowledge of owns status is vital to access care and stay healthy

**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

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**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.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

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?**

Change to existing policy

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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?**

better knowledge of status and avoidance of new infections  
better outcomes on viral load suppression

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

no. Treatment as prevention works

**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?**

policy makers, monitoring officers (program managers) patients

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

just to have accountability and designing a way to monitor compliance

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

Member of the public,

Other (please specify)

Service provider and advocate