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AIDS United Statement on Pre-Exposure Prophylaxis (PrEP)

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The AIDS United Public Policy Committee (PPC) is the oldest continuing federal policy coalition working to end the HIV/AIDS epidemic in the United States since 1984. It is the largest body of community based HIV/AIDS Prevention, Treatment, Research, Education and Service organizations and coalitions in the U.S. The PPC has been instrumental in creating and developing important programs including the Ryan White Program and the National HIV/AIDS Strategy. Its national membership covers jurisdictions that include more than two-thirds of the population of People Living with HIV/AIDS and advocates for the millions of people living with or affected by HIV/AIDS in the U.S. & the organizations that serve them.

PPC membership includes: AID Atlanta; AIDS Action Coalition (Huntsville); AIDS Action Committee (Boston); AIDS Alabama (Birmingham); AIDS Arms (Dallas); AIDS Foundation of Chicago; AIDS Project Los Angeles; AIDS Resource Center Ohio/Ohio AIDS Coalition; AIDS Resource Center of Wisconsin; Amida Care (New York City); Association of Nurses in AIDS Care; BOOMHealth! (New York City); Cascade AIDS Project (Portland OR); Christie's Place (San Diego), Collaborative Solutions (Birmingham), Delaware HIV Consortium; GMHC (New York City), God's Love We Deliver (New York City); IV-CHARIS (Cleveland); JRI-Health (Boston); Legacy Community Health Services, Inc. (Houston); Lifelong (Seattle); Metro Wellness & Community Centers (Tampa); Minnesota AIDS Project; Nashville CARES; National Alliance for HIV Education & Workforce Development; New Orleans AIDS Task Force; Positive Women's Network – USA; Project Inform (San Francisco); San Francisco AIDS Foundation; Southern HIV/AIDS Strategy Initiative; Southern AIDS Coalition; Treatment Access Expansion Project (Boston); Urban Coalition for HIV/AIDS Prevention Services; Whitman-Walker Health (Washington, DC); Women With A Vision (New Orleans).

AIDS United Position Statement:

The AIDS United PPC strongly supports nationwide implementation of the CDC guidelines on pre-exposure prophylaxis (PrEP) as an effective HIV prevention strategy for men and women especially vulnerable to HIV infection. The best scientific evidence shows that daily adherence to PrEP is highly effective as a means of preventing HIV among individuals at high risk of contracting the virus.¹

AIDS United Position:

AIDS United supports efforts to increase appropriately the use of PrEP as part of a comprehensive national public health HIV-prevention strategy that includes HIV and STI screening, education, male and female condoms, access to sterile syringes, treatment as prevention (TasP) efforts, post-exposure prophylaxis (PEP), and continued research into other biomedical methods of prevention such as vaginal and rectal microbicides and vaccines.

¹ R Grant *et al.* "Pre-exposure chemoprophylaxis for HIV prevention in men who have sex with men" *New England Journal of Medicine* DOI 10.1056/NEJMoa1011205 (2010) and Celum C, Baeten JM. "Tenofvir-based pre-exposure prophylaxis for HIV prevention: evolving evidence" *Curr. Opin. Infect. Dis.* 25 (1): 51-7. (February 2012).

In addition, AIDS United:

- Strongly supports universal access to evidence based anti-retroviral medications for both treatment and prevention for all people who require them as a strategy to improve individual health, reduce HIV health disparities and end the HIV/AIDS epidemic.
- Specifically supports PrEP as a means of prevention for individuals who meet the CDC guidelines, including gay men, other men who have sex with men, women, injection drug users and transgender individuals.
- Supports the implementation of PrEP as part of a comprehensive HIV prevention strategy for individuals that includes frequent HIV and STI screening, ongoing education, counseling, testing and referral, adherence support and careful clinical monitoring under the care of a health provider as outlined in the CDC PrEP guidelines.

Additional Information:

AIDS United is deeply concerned that PrEP is not currently accessible to many individuals who might benefit from it. Education and awareness about PrEP as an HIV prevention option remains low among many men and women vulnerable to HIV and among many health care providers. Additionally, structural barriers, including lack of or limited insurance coverage, high cost-sharing, inadequate pharmaceutical patient assistance and co-pay assistance programs, and unprepared clinicians and clinical care settings limit an individual's access to PrEP.

AIDS United is also concerned about misinformed statements from organizations and individuals opposed to PrEP indicating that PrEP users will not be adherent and/or that its use will lead to sexual risk compensation. To the contrary, research demonstrates a fundamental capacity for PrEP users to be adherent to their medication plan just as those living with HIV/AIDS are, especially when they have access to the knowledge, tools and support services they need to remain adherent to their anti-retroviral medication.² Rather than undermine that capacity, AIDS United, other organizations, affected communities, leaders, and providers have a responsibility to help increase education, awareness and access to all prevention options, including PrEP, and to support adherence and on-going risk reduction services.

PrEP has been referred to as a gateway drug to primary care. If implemented appropriately, PrEP supports increased engagement with health care providers that will not only prevent many new HIV infections, but also the transmission of other STIs and the promotion of overall health and wellness. While PrEP is in and of itself a safer sex practice, there is evidence that this increased investment and engagement in PrEP users' health increases other safer sex practices as well, including appropriate and effective condom use.³

Therefore AIDS United supports increasing investments in, and research into, the tools and messaging that will improve access to health care, provide accurate PrEP and other safer sex information to communities and providers, and support the adherence needs of individuals.

AIDS United signed on to the [June 17, 2014 community statement](#) by more than 160 organizations in support of the CDC guidelines and maintains its support of this statement.

² Grant RM et al. "Results of the iPrEx open-label extension (iPrEx OLE) in men and transgender women who have sex with men: PrEP uptake, sexual practices, and HIV incidence" 20th International AIDS Conference, Melbourne, abstract TUAC0105LB, (2014) and Grant RM et al. "Uptake of pre-exposure prophylaxis, sexual practices, and HIV incidence in men and transgender women who have sex with men: a cohort study." *The Lancet Infectious Diseases*, early online edition. (2014).

³ Marcus JL, Glidden DV, Mayer KH, Liu AY, Buchbinder SP, et al. "No Evidence of Sexual Risk Compensation in the iPrEx Trial of Daily Oral HIV Preexposure Prophylaxis" *PLoS ONE* 8(12): e81997. doi:10.1371/journal.pone.0081997 (2013) and Celum C, Morrow RA, Donnell D, et al. "Type 2 Acquisition Among Heterosexual HIV-1-Uninfected Men and Women: A Subgroup Analysis of a Randomized Trial" *Ann Intern Med* 161(1):11-19 (2014).

About AIDS United:

Born out of the merger of the National AIDS Fund and AIDS Action in late 2010, AIDS United's mission is to end the AIDS epidemic in the United States, through strategic grantmaking, capacity building, formative research and policy. AIDS United works to ensure access to life-saving HIV/AIDS care and prevention services and to advance sound HIV/AIDS related policy for U.S. populations and communities most impacted by the epidemic. To date, our strategic grantmaking initiatives have directly funded more than \$85.8 million to local communities, and have leveraged more than \$110 million in additional investments for programs that include, but are not limited to, HIV prevention, access to care, capacity building, harm reduction, and advocacy. AIDS United Position Statements are developed in conjunction with our Public Policy Committee that includes a broad array of 35 leading HIV/AIDS prevention, care and advocacy organizations and coalitions, representing jurisdictions that account for more than two-thirds of the population of People Living with HIV/AIDS from all regions of the country engaged in helping to end AIDS in America.