TuSalud

Why Is the U.S. Behind Other Advanced Nations in Controlling HIV?

A series of papers in the Lancet journal surveys HIV in the United States, notably among Black Americans, Latinos and other minorities.

March 1, 2021 By Trent Straube

Many Americans may be prone to chanting “USA! USA!” and “We’re No. 1,” but when it comes to battling our HIV epidemic, we are not leading the charge, especially compared with other advanced nations and when you consider HIV rates in the South and among African Americans, Latinos and transgender people. Why is that? For answers, The Lancet journal published a special series titled “HIV in the USA” that includes six academic papers plus two related commentaries, all by leading experts in the field. All the reports are available for free online.

Explore AIDSVu’s maps in “HIV in the USA”, The Lancet’s latest special issue on the #HIV epidemic in the U.S., featuring...

Posted by AIDSVu on Friday, February 19, 2021

The Lancet’s executive summary describes the series as such:

> Surveying the ongoing challenges to ending the HIV epidemic in the USA, a six-paper Series published in The Lancet underscores pronounced racial, sexual, and gender disparities; substantial gaps in domestic program funding; and due to geography and the patchwork health-care system, limited access to HIV treatment and prevention services. The USA continues to lag behind other G-7 [Group of Seven] nations when it comes to controlling its HIV epidemic and is the only high-income country among the top 10 countries most affected by HIV. The series highlights that the majority of HIV infections are now concentrated in the South and rural areas, where women and minorities are disproportionately affected, and where similar disparities emerged during the COVID-19 pandemic. With recommendations for

> elevating awareness and better reaching underserved populations as well as funding and outreach reform, the Series presents a path towards eliminating HIV in the USA.

In other words, health disparities continue to fuel the HIV epidemic in the United States, especially in the South and among racial, gender and sexual minorities.

Series: HIV in the USA | The Lancet Although the biggest funder of AIDS research and programs, the USA is the only...

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The series was funded in part by the National Institute of Drug Abuse (NIDA), which is part of the National Institutes of Health (NIH).

“To transform the course of the epidemic, we need to expand care and prevention strategically to those who need it most,” said Nora D. Volkow, MD, the director of NIDA, in an NIH statement on the Lancet series. “That means taking a hard look at who has been excluded from services and take immediate steps to overcome systemic barriers like stigma, structural racism, and other forms of discrimination to connect hardly reached people—such as individuals with substance use disorders—with HIV testing, prevention, and treatment.”

The NIH statement summarizes much of the findings in the series, noting:

> The authors detailed additional economic barriers to accessing HIV health services in the United States. These included unequal access to Medicaid, on which 40% of people living with HIV rely, depending on one’s state of residence. The series’ authors recommended implementing universal health care coverage and expanding safety net programs for the uninsured or underinsured, such as the Ryan White HIV/AIDS Program (link is external), on which 82% of uninsured people living with HIV rely for medical care.

> Stigma, discrimination, and bias by health care providers were among major barriers to care identified by the series authors and disproportionately affected marginalized racial groups, people who use drugs, and sexual and gender minorities. Healthcare professionals may help address these concerns by cultivating informed, supportive care practices that integrate mental health care and substance counselling. Because internalized HIV stigma can also negatively affect a person’s mental health and adherence to medication, the authors

recommended promoting awareness of U=U [Undetectable Equals Untransmittable] through a national campaign.

Below are the titles and main authors of the papers and comments in the Lancet series:

- Paper 1:"Epidemiology of HIV in the USA: epidemic burden, inequities, contexts, and responses," Patrick Sullivan, PhD, et al.

- Paper 2: "HIV and Women in the USA: what we know and where to go from here," Ada Adimora, MD, et al.

- Paper 3: "The persistent and evolving HIV Epidemic in American men who have sex with men," Ken Mayer, MD, et al.

- Paper 4: "Insurance coverage and financing landscape for HIV treatment and prevention in the USA," Jen Kates, PhD, and Rochelle Walensky, MD, et al.

- Paper 5: "The Opioid Crisis and HIV in the USA: deadly synergies," Sally Hodder, MD, et al.

- Paper 6: "Call to Action: how can the U.S. Ending the HIV Epidemic initiative succeed?" Chris Beyrer, MD, et al.

- Comment 1: "Same script, different viruses: HIV and COVID-19 in U.S. Black Black communities," Ernest Hopkins, Raniyah Copeland, Errol Fields

- Comment 2: "Ending the HIV epidemic in the U.S. Latinx sexual and gender minorities," Carlos E. Rodriguez-Diaz, et al.

For related POZ articles, see "$5M Grant Launches a Faith Center to Tackle HIV in the South [VIDEO]," "Behind the Partnership to Transform Black and Brown HIV Efforts" and "The Most Important Health Concerns of Black LGBTQ Americans." Finally, you can learn more about HIV

among African Americans—and several other minority populations—by visiting the HIV/AIDS Basics on POZ.com and clicking on the “HIV in Specific Populations” section.

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