

# Session 2: Can the Status Neutral Approach Reduce Stigma?

## How Do You Ensure Communications with Your Clients Are Stigma-Free?

**Georg Behrens**

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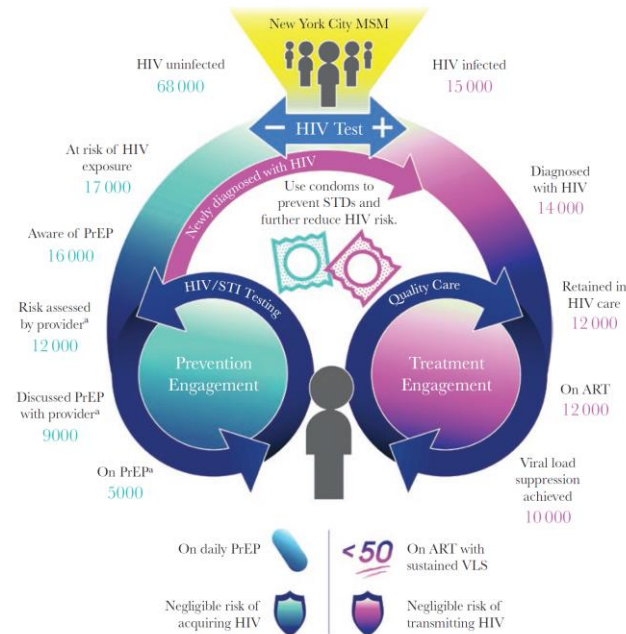
# Introduction to the Status Neutral Approach

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## Redefining Prevention and Care: A Status-Neutral Approach to HIV

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People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression have negligible risk of acquiring or transmitting HIV.

Recent biomedical advances inspire hope that an end to the epidemic of HIV is in sight. Adopting new approaches and paradigms for treatment and prevention in terms of both messaging and programming is a priority to accelerate progress. Defining the key sequential steps that comprise engagement in HIV care has provided a useful framework for clinical programs and motivated quality improvement initiatives. Recently, the same approach has been applied to use of pre-exposure prophylaxis for HIV prevention. Building on the various prevention and care continua previously proposed, we present a novel schematic that incorporates both people living with HIV and people at risk, making it effectively "status-neutral" in that it proposes the same approach for engagement, regardless of one's HIV status. This multidirectional continuum begins with an HIV test and offers 2 divergent paths depending on the results; these paths end at a common final state. To illustrate how this continuum can be utilized for program planning as well as for monitoring, we provide an example using data for New York City men who have sex with men, a population with high HIV incidence and prevalence.

**Keywords.** antiretrovirals; continuum; HIV; prevention; pre-exposure prophylaxis.

The HIV epidemic has evolved over the past 3 decades; its end is now in sight. Yet, despite major progress and the existence of epidemic-ending technology, HIV continues to spread, with at least 37 000 new diagnoses in the United States in 2014 [1]. These new diagnoses add to the more than 1.1 million persons living with HIV (PLWH) in the United States [1]. Given these staggering numbers, adopting new approaches and paradigms for treatment and prevention messaging and programming is critical. This is especially true in the era of "treatment as prevention," where it is now empirically clear that achievement of viral load suppression has implications for both individual and public health [2–4], and where pre-exposure prophylaxis (PrEP) represents a viable, highly effective biomedical intervention for HIV prevention [5–8].

Building on earlier innovative HIV prevention and care continua [9–17] following the original care continuum proposed by Gardner [9] and colleagues, we present a novel schematic of the current care environment that incorporates both PLWH and people at risk of HIV exposure (Figure 1). This multidirectional continuum begins with an HIV test and proposes 2 dynamic,

divergent paths depending on the test results ("HIV Primary Prevention Engagement" on the left for those testing negative; "HIV Treatment Engagement" on the right for those testing positive) that end at a common final state: engaged in clinical care, with either sustained viral load suppression (VLS) or taking daily PrEP, reflecting that the risk of either HIV transmission or acquisition is negligible in this state. Such a continuum is effectively "HIV status-neutral" in that it proposes the same approach for engagement, regardless of one's HIV status.

A key characteristic of this "cycle" is its nonlinearity. Continuous preventive and quality care services are highlighted as part of an ongoing effort by patient and provider to maintain engagement in clinical preventive care or treatment. The end point is not a final state but a dynamic one requiring continued attention by all parties. The figure emphasizes the consistent return among the uninfected to HIV testing, with a resultant trajectory into and through the continuum, as appropriate, depending on test results (and on the appropriateness of PrEP for those testing negative).

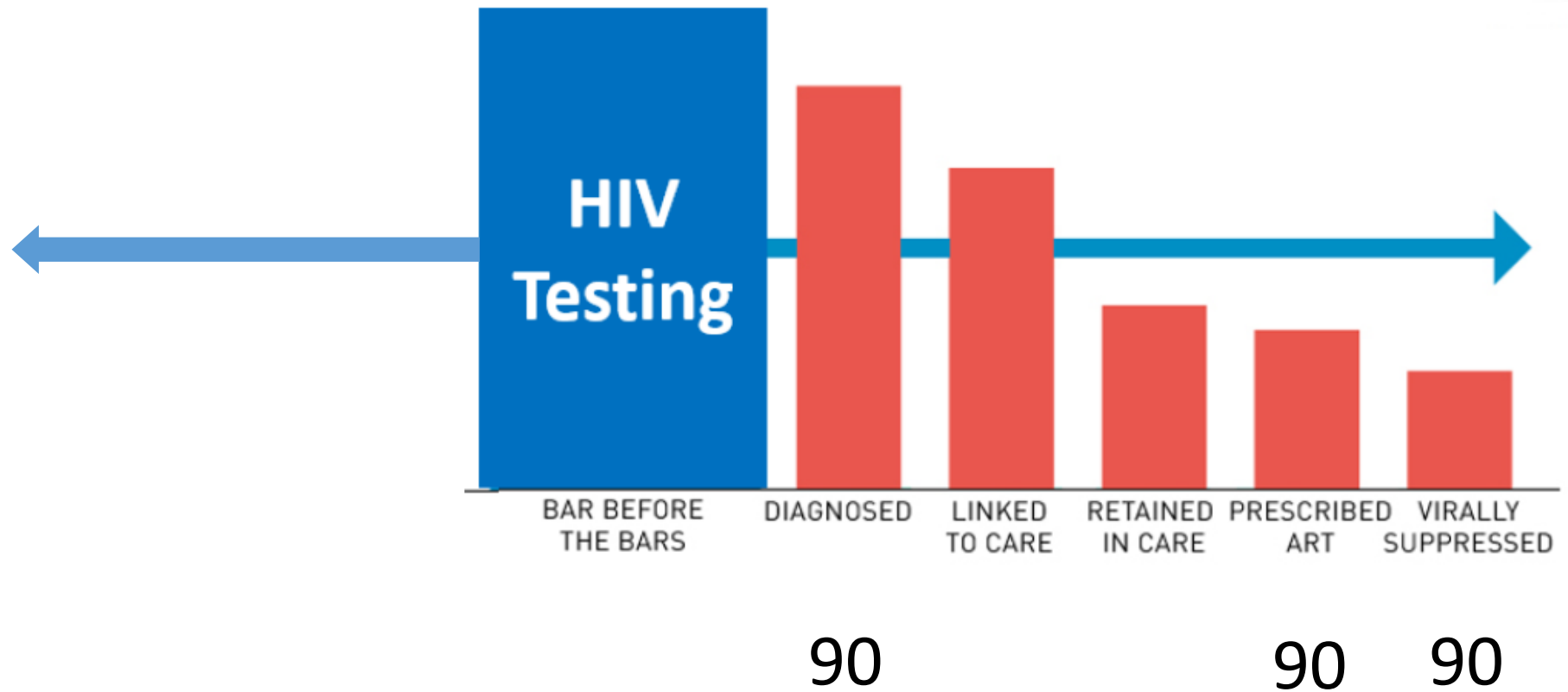
We illustrate how this continuum can be utilized by applying data for men who have sex with men (MSM) aged 18–40 years from NYC, a population known to have both a high incidence and prevalence of HIV infection attributed to sexual transmission. For the HIV Treatment Engagement cohort (Figure 1), we use NYC surveillance data on MSM, drawing on 2015 data from the NYC Department of Health and Mental Hygiene (DOHMH) surveillance registry and 2014 data from NYC's Centers for Disease Control and Prevention (CDC) Medical Monitoring Project (MMP) limited to respondents from NYC

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HIV-negative

HIV-positive

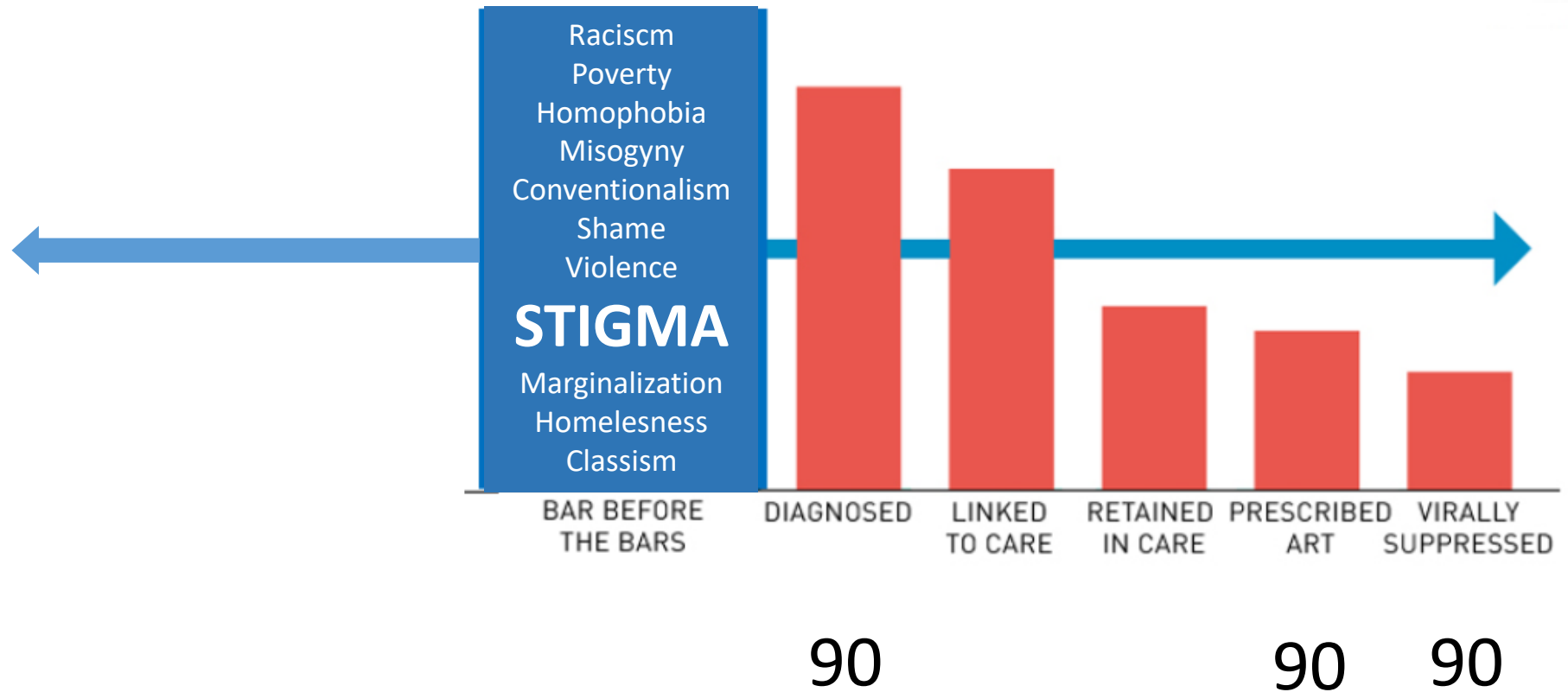


ART = antiretroviral therapy.

Buchbinder SP and Liu AY, et al. *Top in Antivir Med.* 2018;26(1): 1-26.

HIV-negative

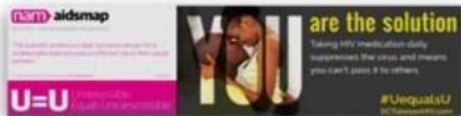
HIV-positive



ART = antiretroviral therapy.

Buchbinder SP and Liu AY, et al. *Top in Antivir Med.* 2018;26(1): 1-26.

# UNDETECTABLE = UNTRANSMITTABLE



Prevention Access Campaign



# PREP works



Partners  
PrEP Study



P  
r  
E  
P

2010

NEJM

2012

NEJM

2015

NEJM  
Lancet

2016



HIV-negative

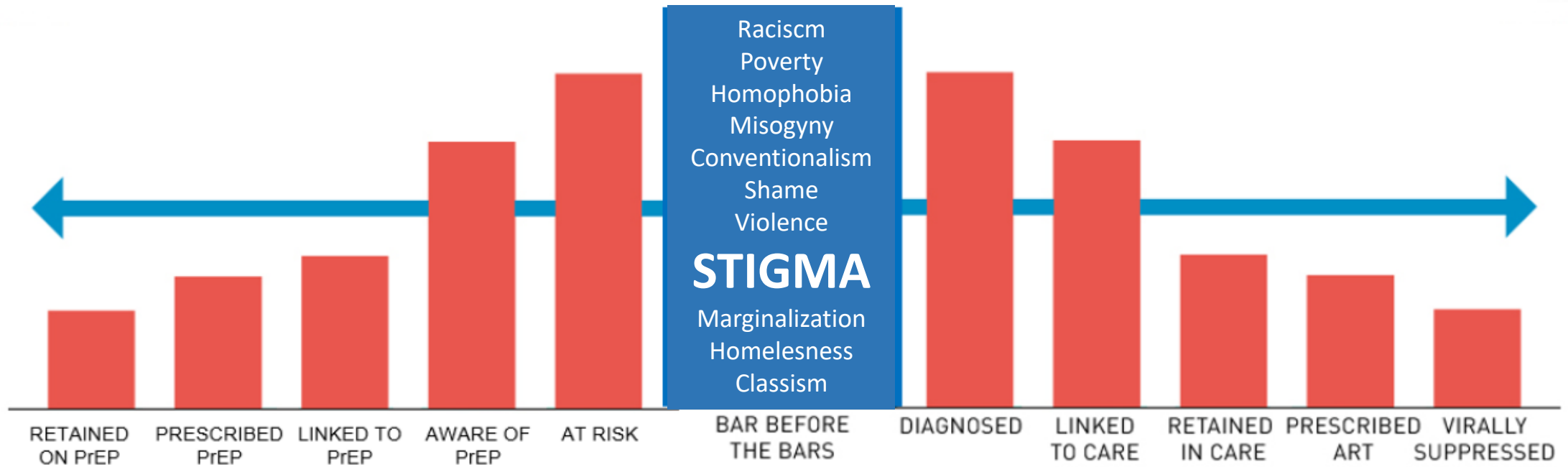
HIV-positive

**HIV Testing**

Racism  
Poverty  
Homophobia  
Misogyny  
Conventionalism  
Shame  
Violence

**STIGMA**

Marginalization  
Homelessness  
Classism

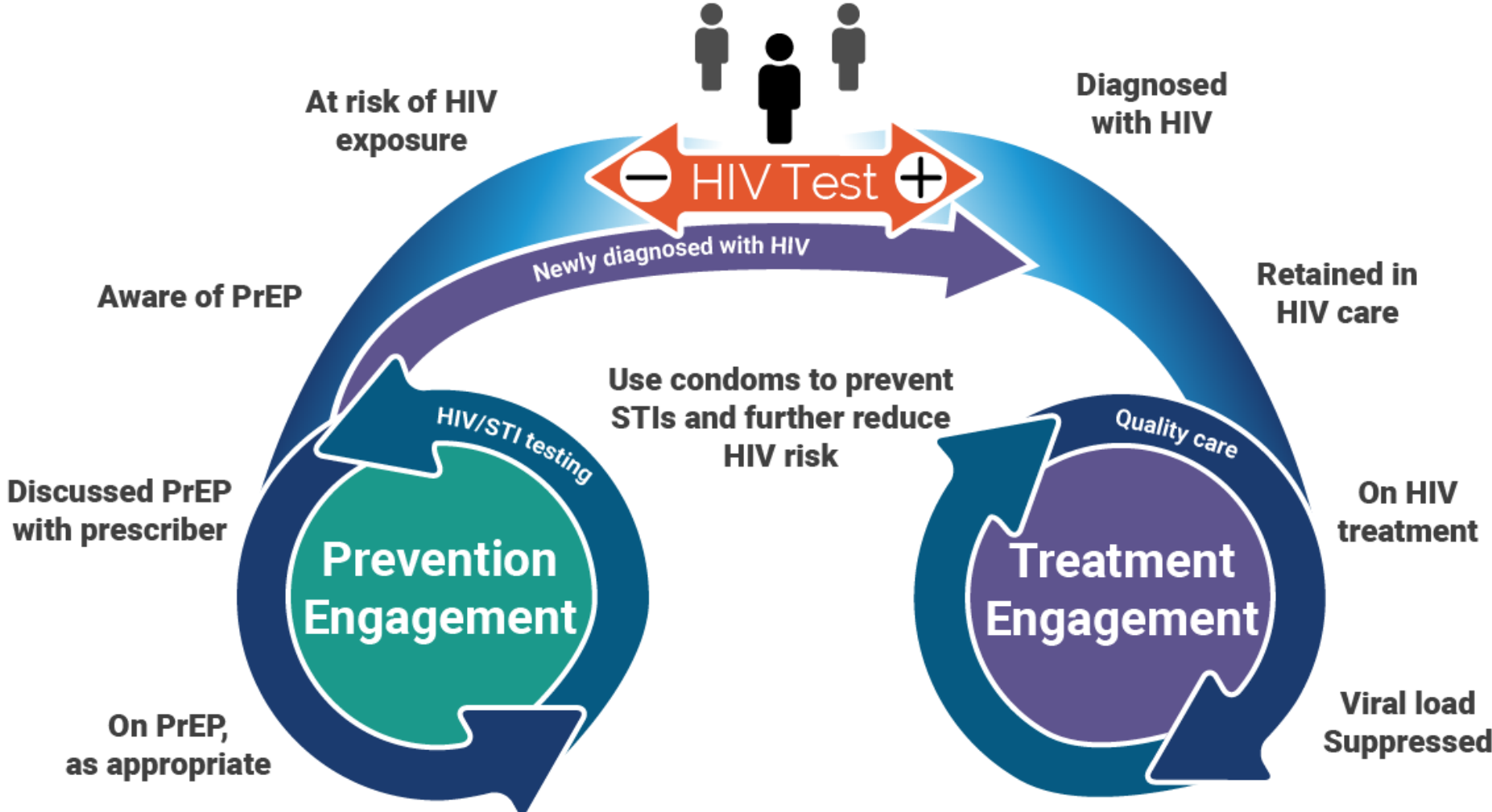


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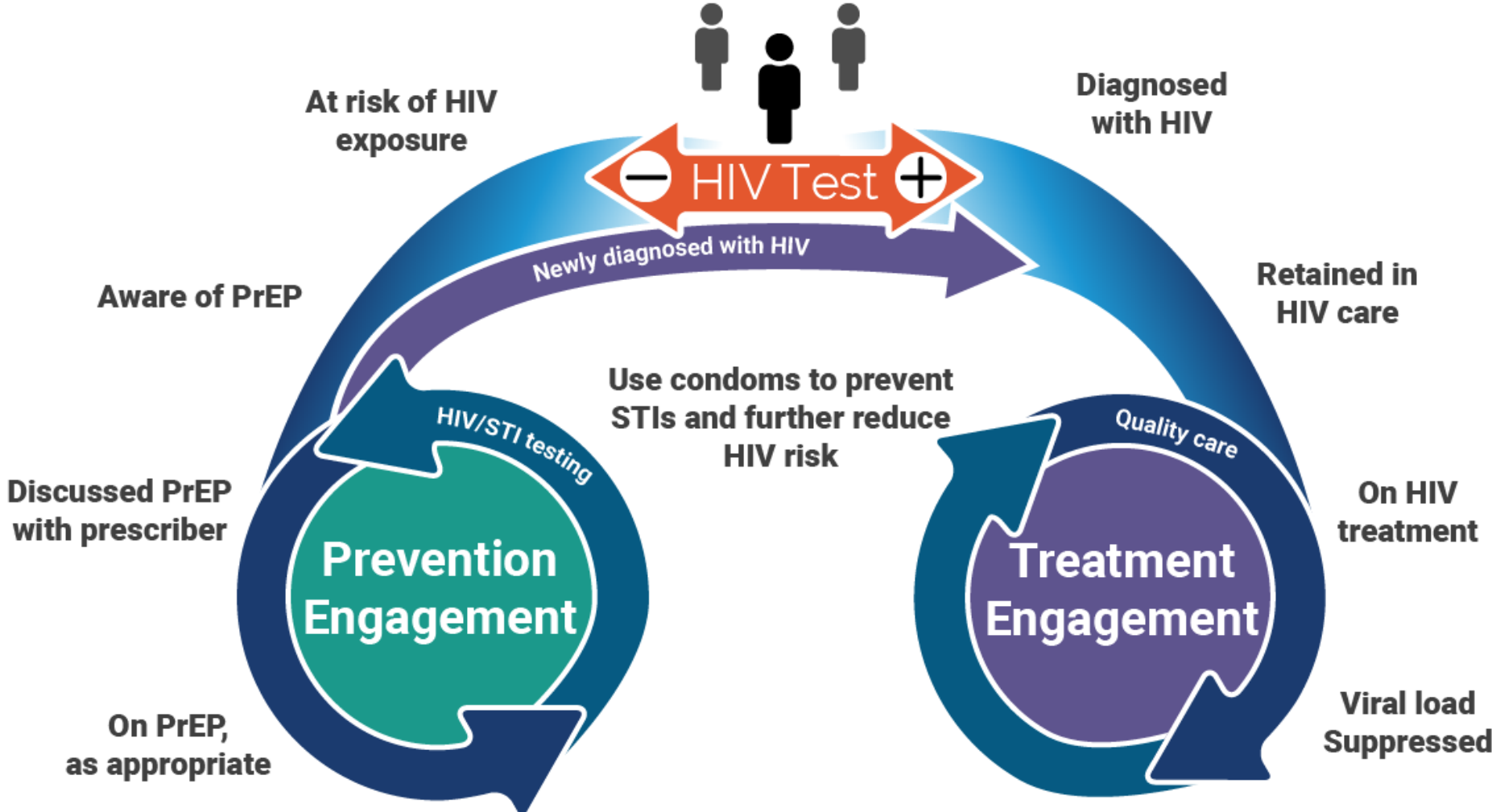


# HIV Status-Neutral Service Delivery Model



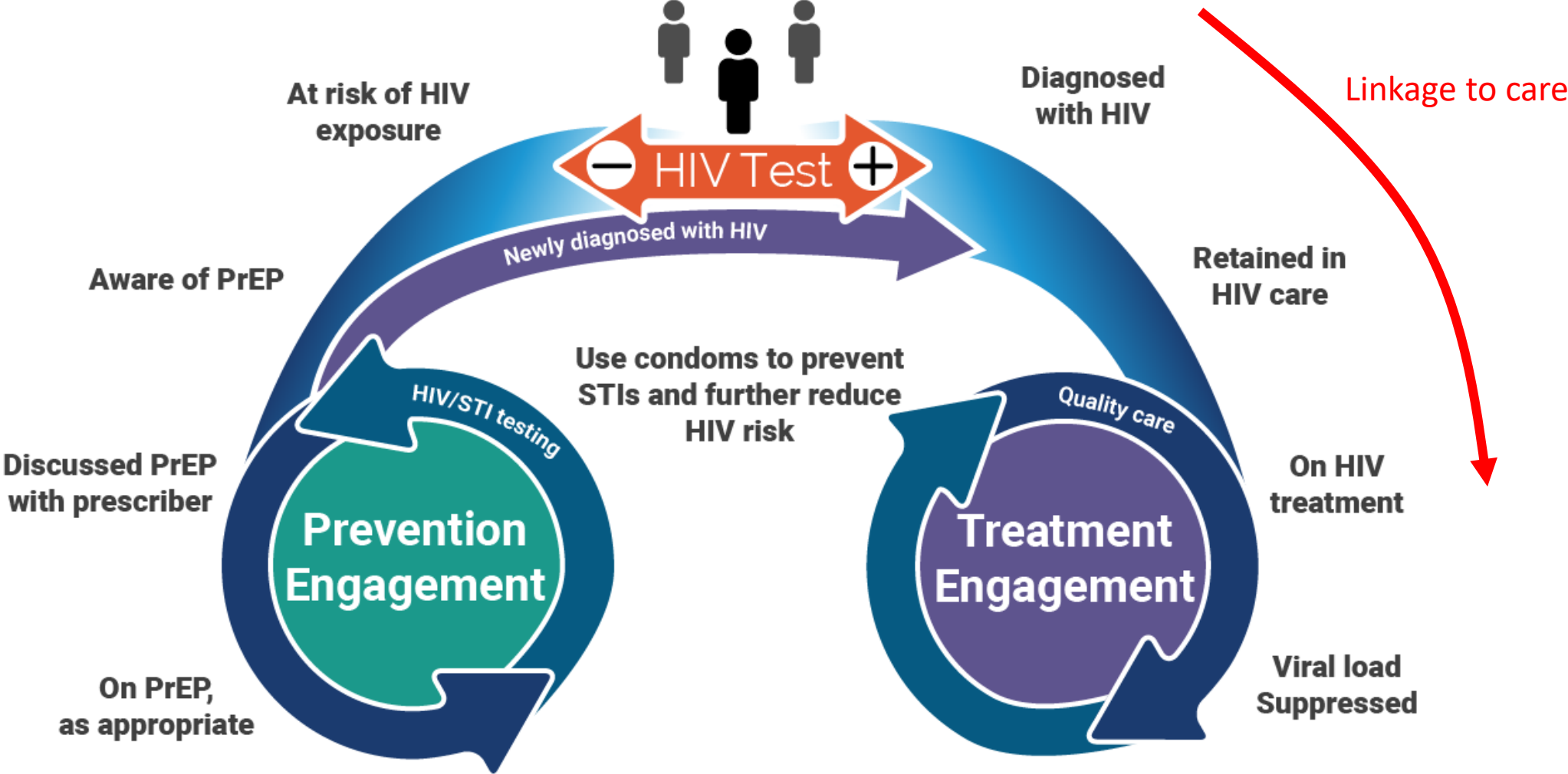
# HIV Status-Neutral Service Delivery Model

Any HIV test result spurs action



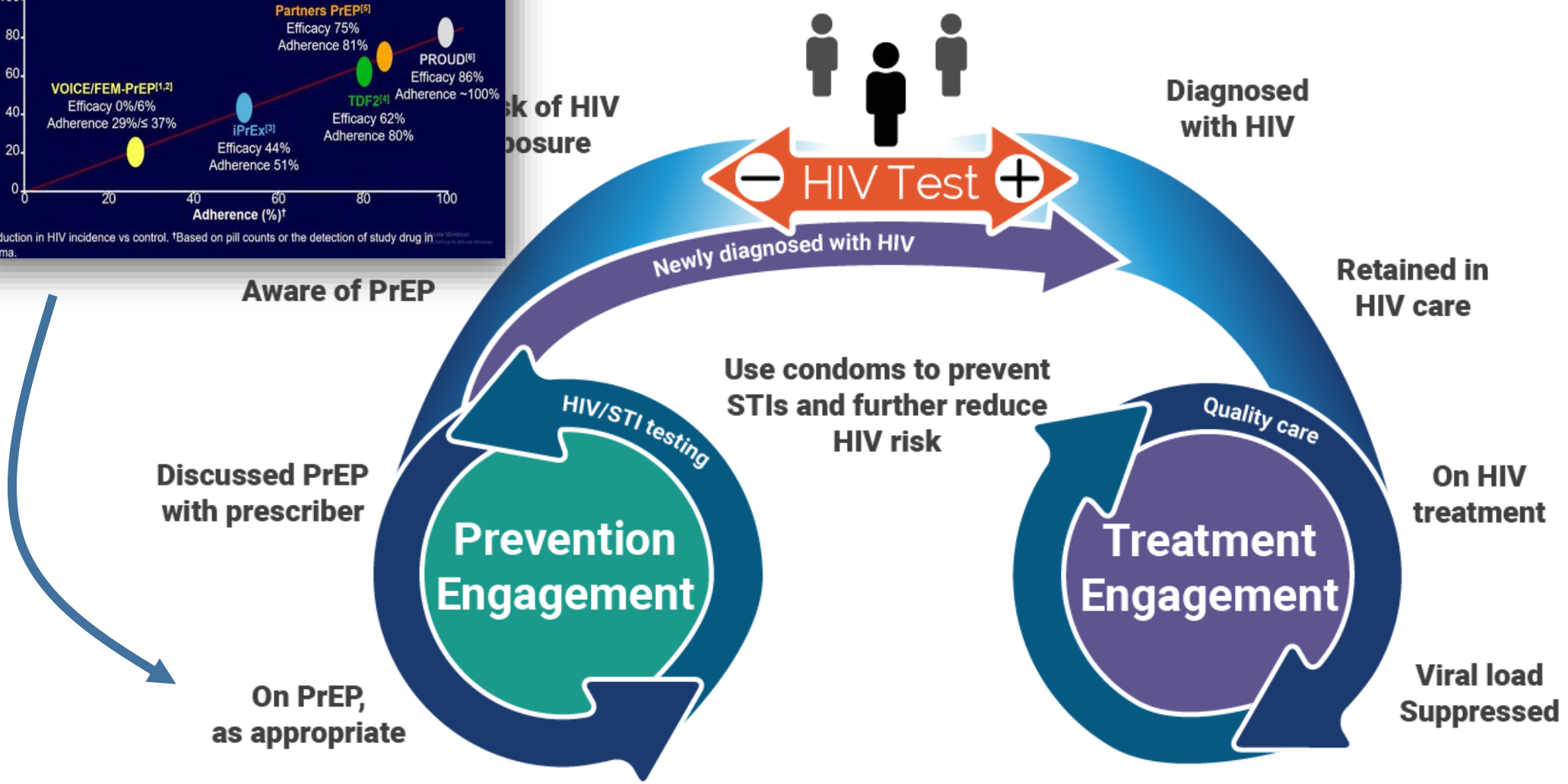
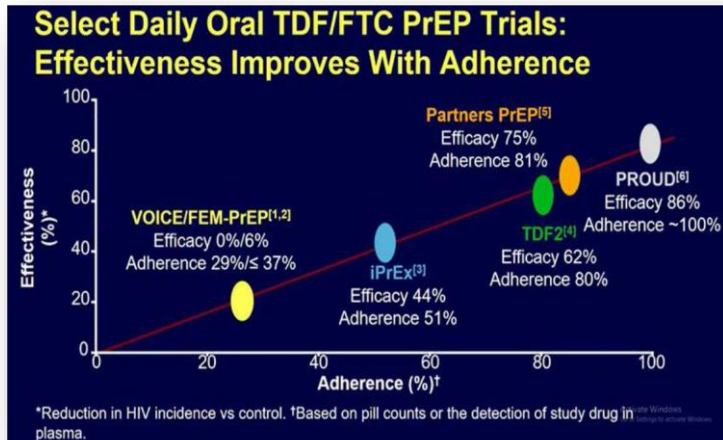
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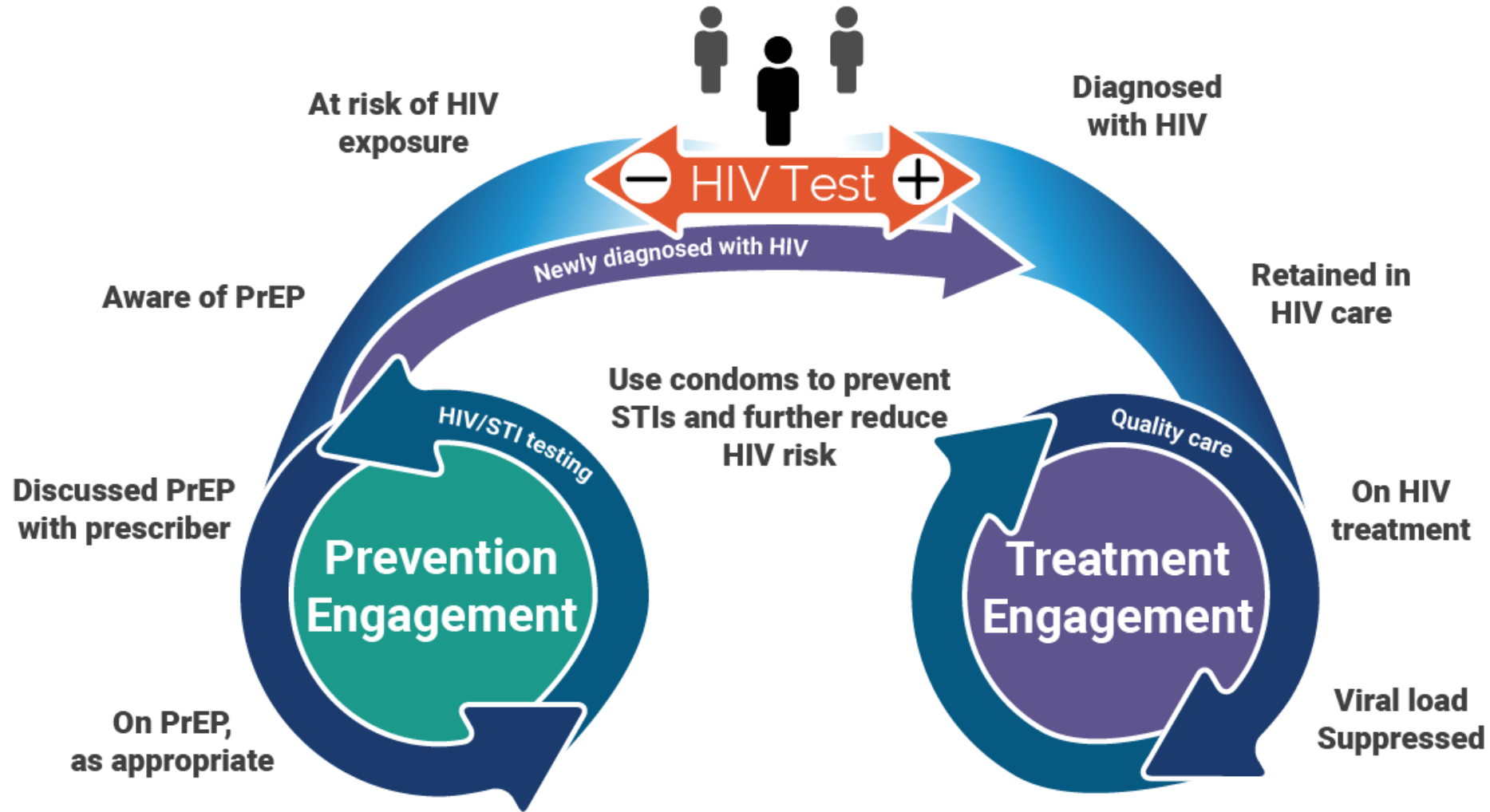


# HIV Status-Neutral Service Delivery Model



# HIV Status-Neutral Service Delivery Model

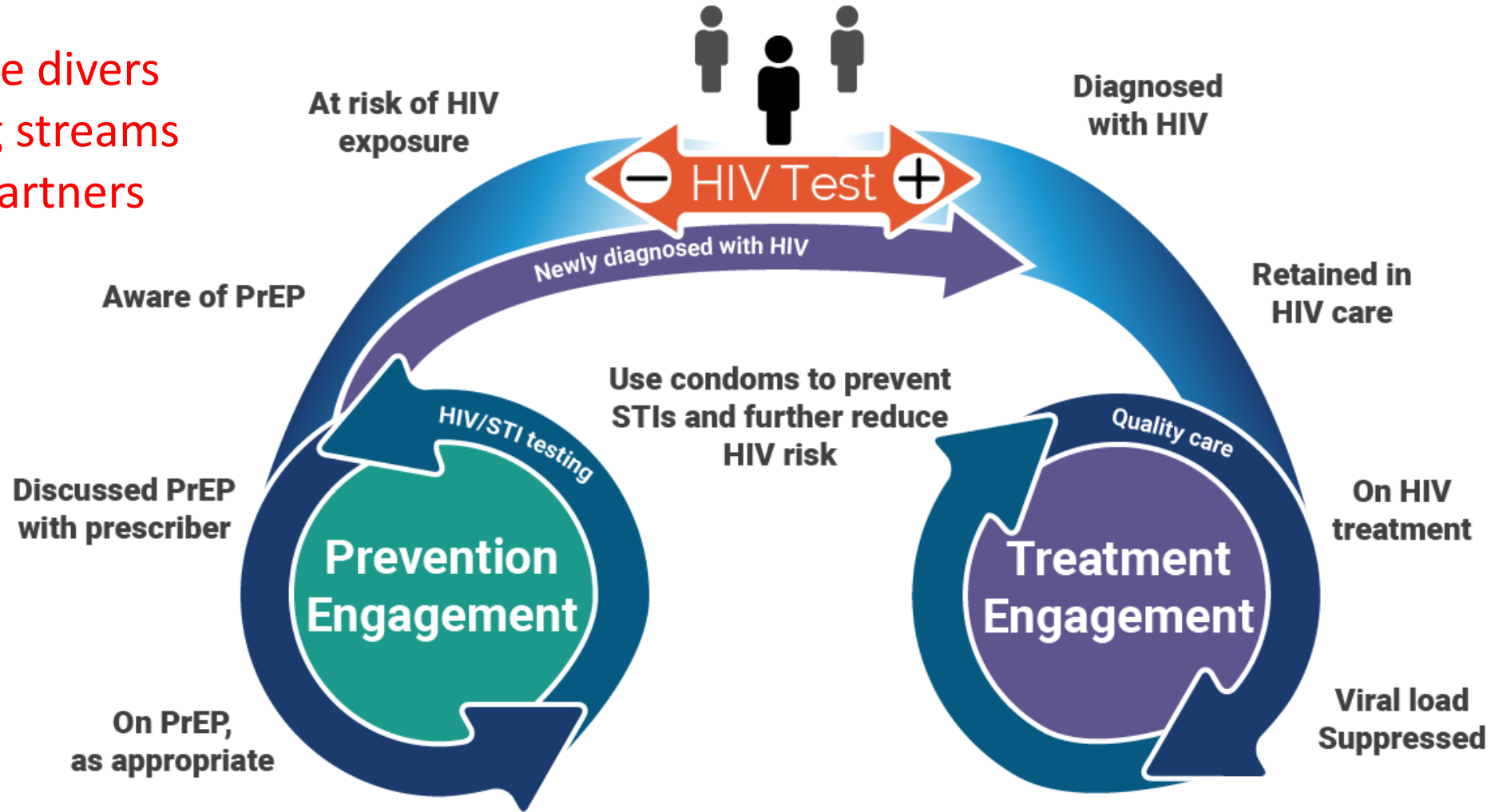
Person-first, not disease first



# HIV Status-Neutral Service Delivery Model

Offer a variety of services that meet the needs and priorities of the population accessing them

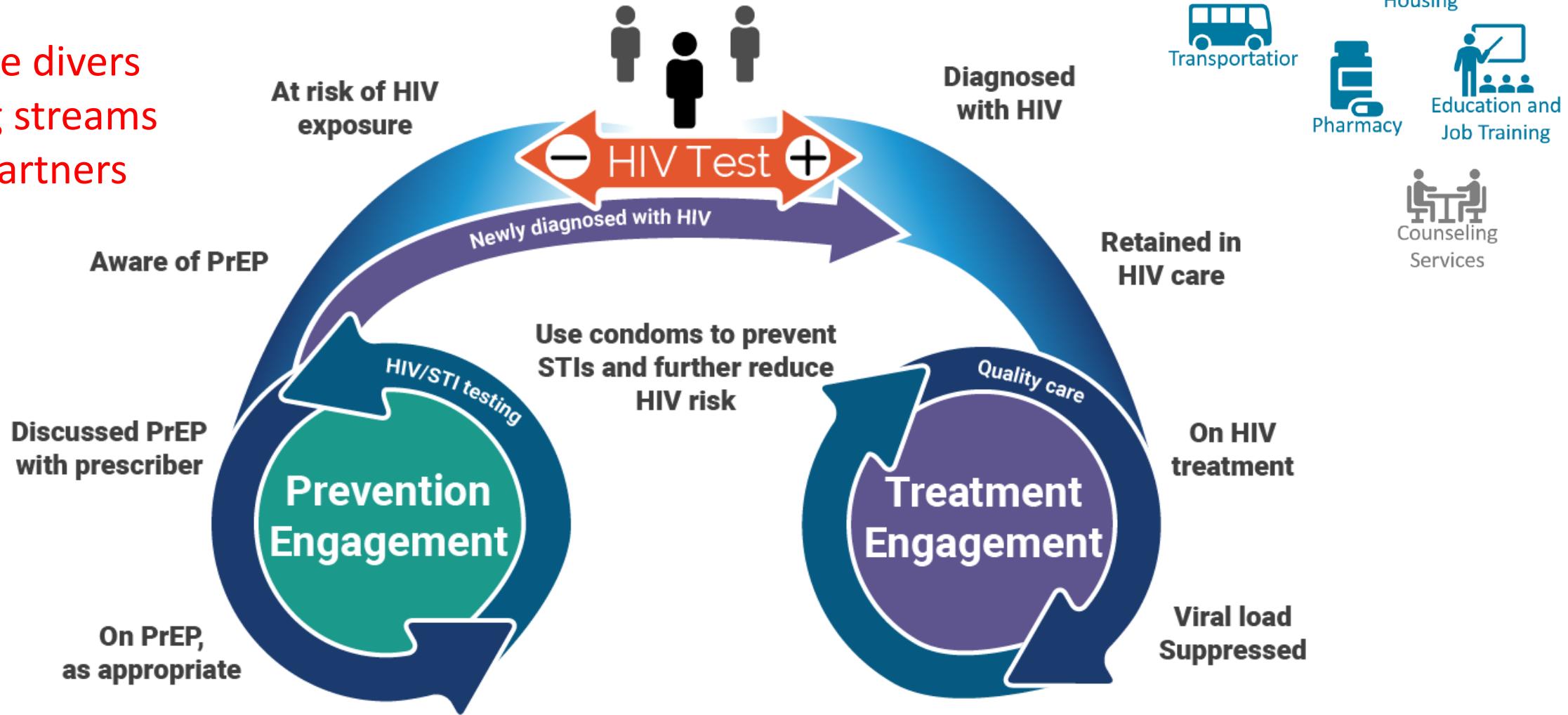
Require diverse funding streams and partners



# HIV Status-Neutral Service Delivery Model

Offer a variety of services that meet the needs and priorities of the population accessing them

Require diverse funding streams and partners





# HIV Status-Neutral Service Delivery Model

Define and prioritize the populations most in

need



Latinx Gay, Bisexual and other Men who have Sex with Men



Black Women



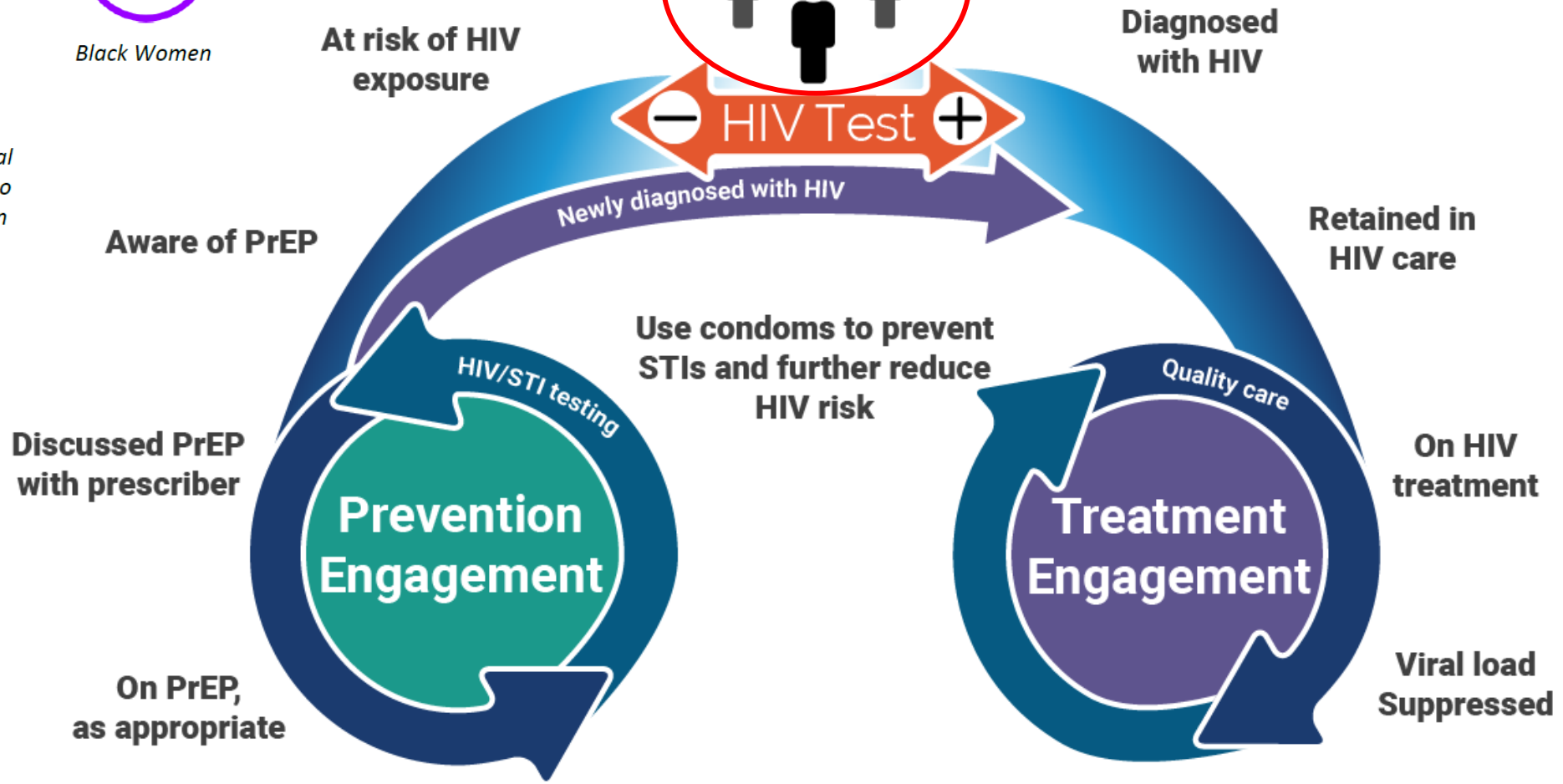
Transgender Women (particularly Black and Latinx transgender women)



White Gay, Bisexual and other Men who have Sex with Men

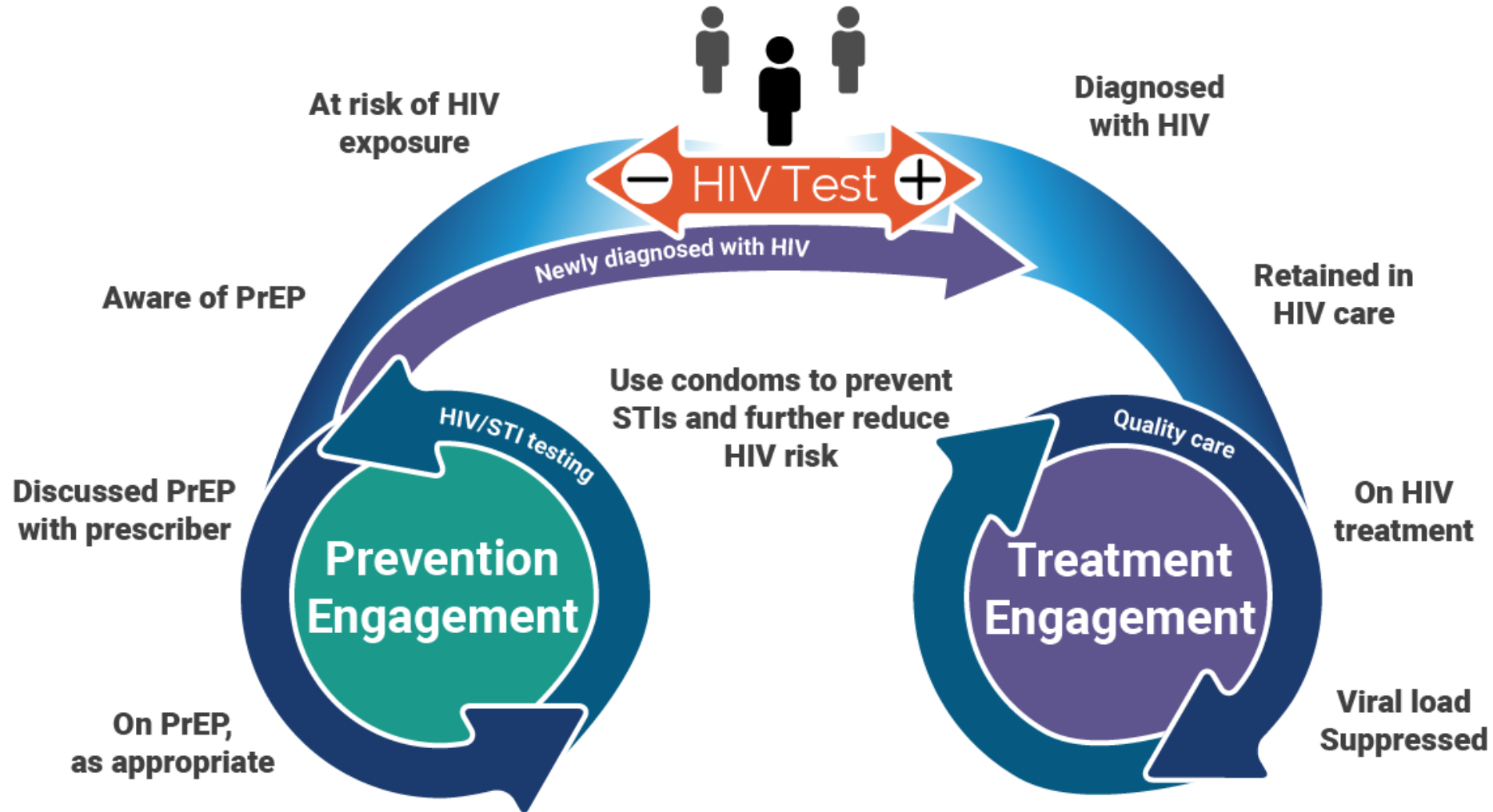


Black Gay, Bisexual and other Men who have Sex with Men



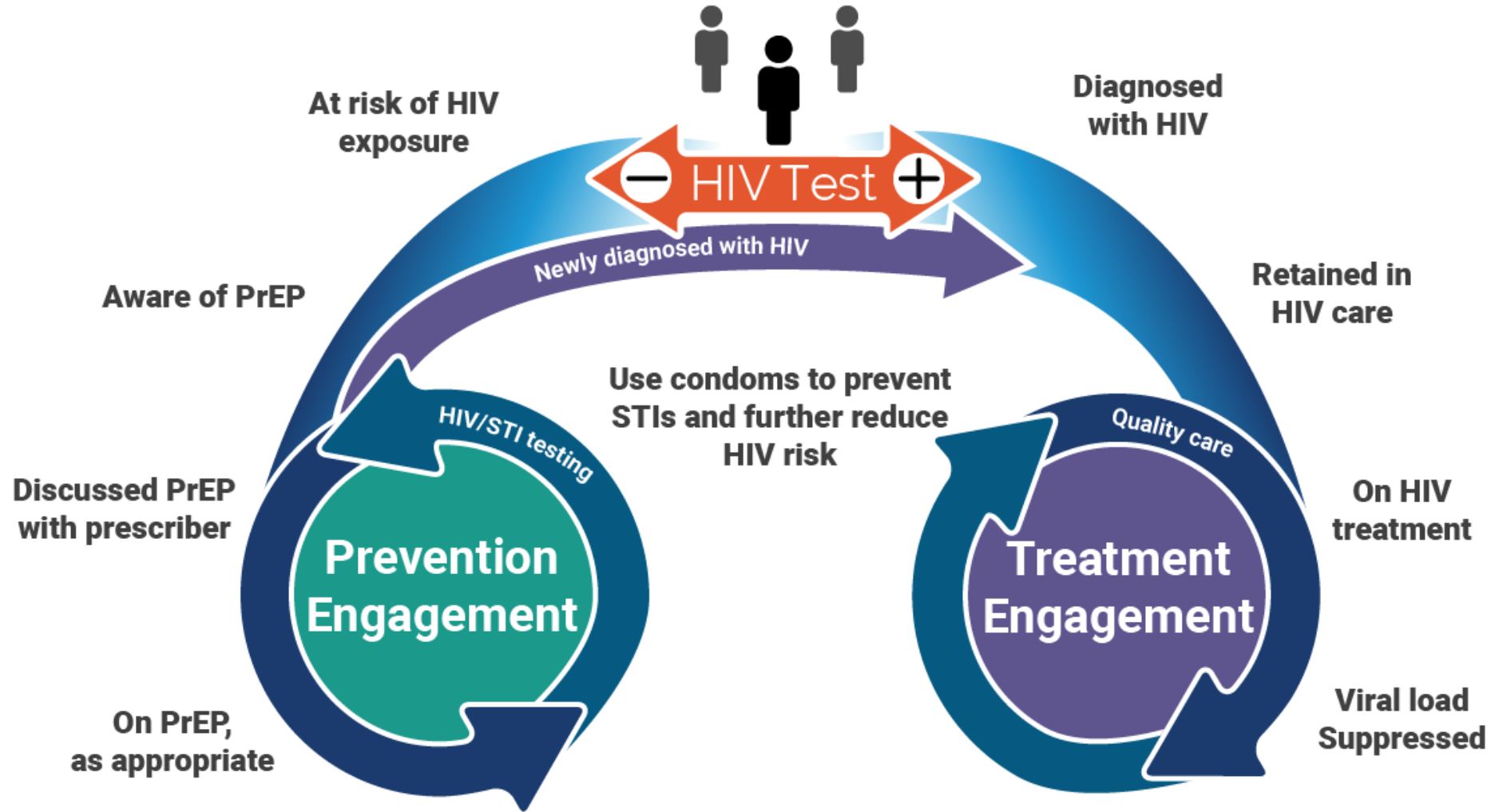
# HIV Status-Neutral Service Delivery Model

Normalizing both treatment and prevention serves to destigmatize both



# HIV Status-Neutral Service Delivery Model

Transformation of publicly funded **sexually transmitted disease clinics** into more **culturally competent sexually health clinics**



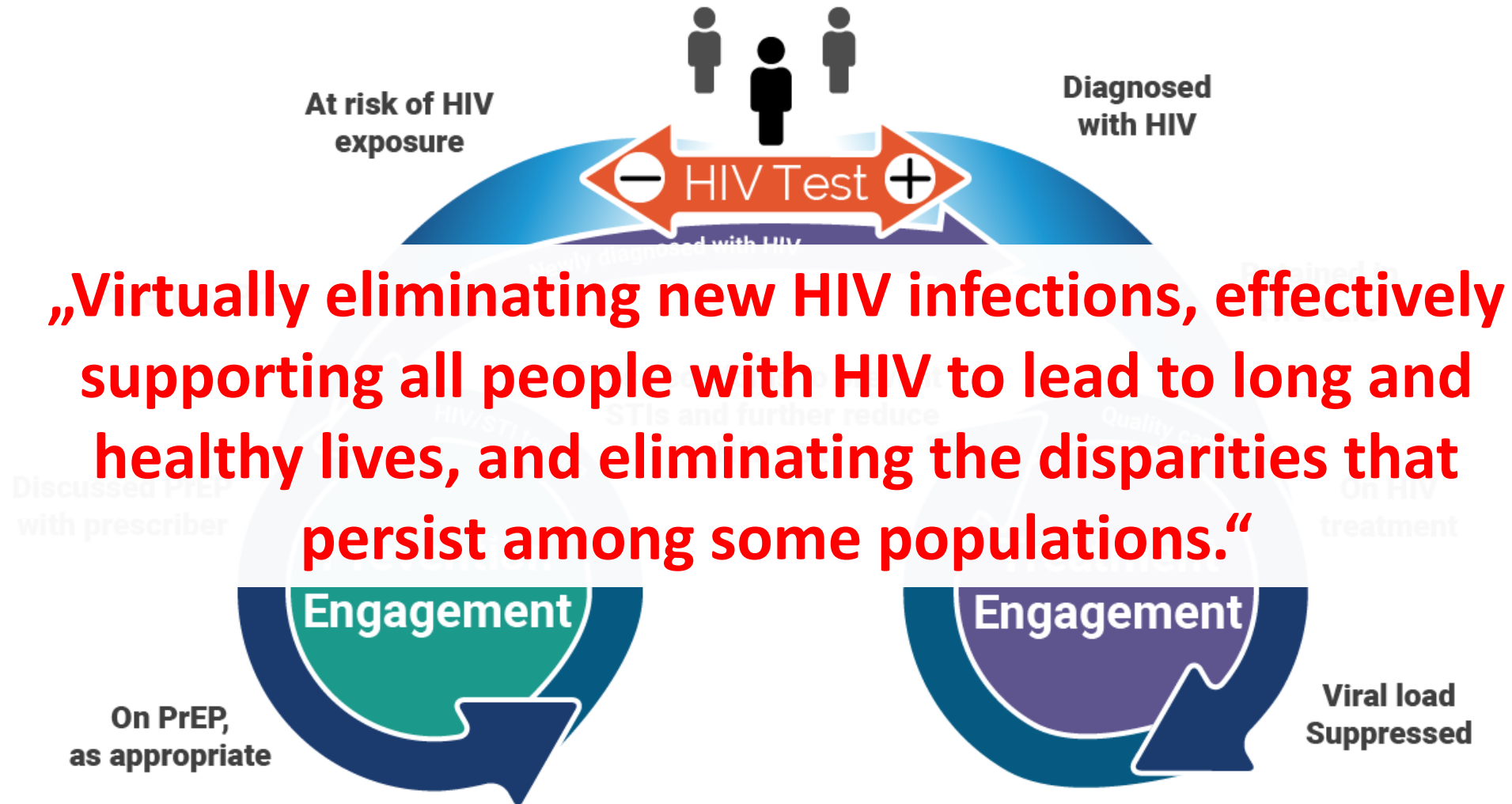
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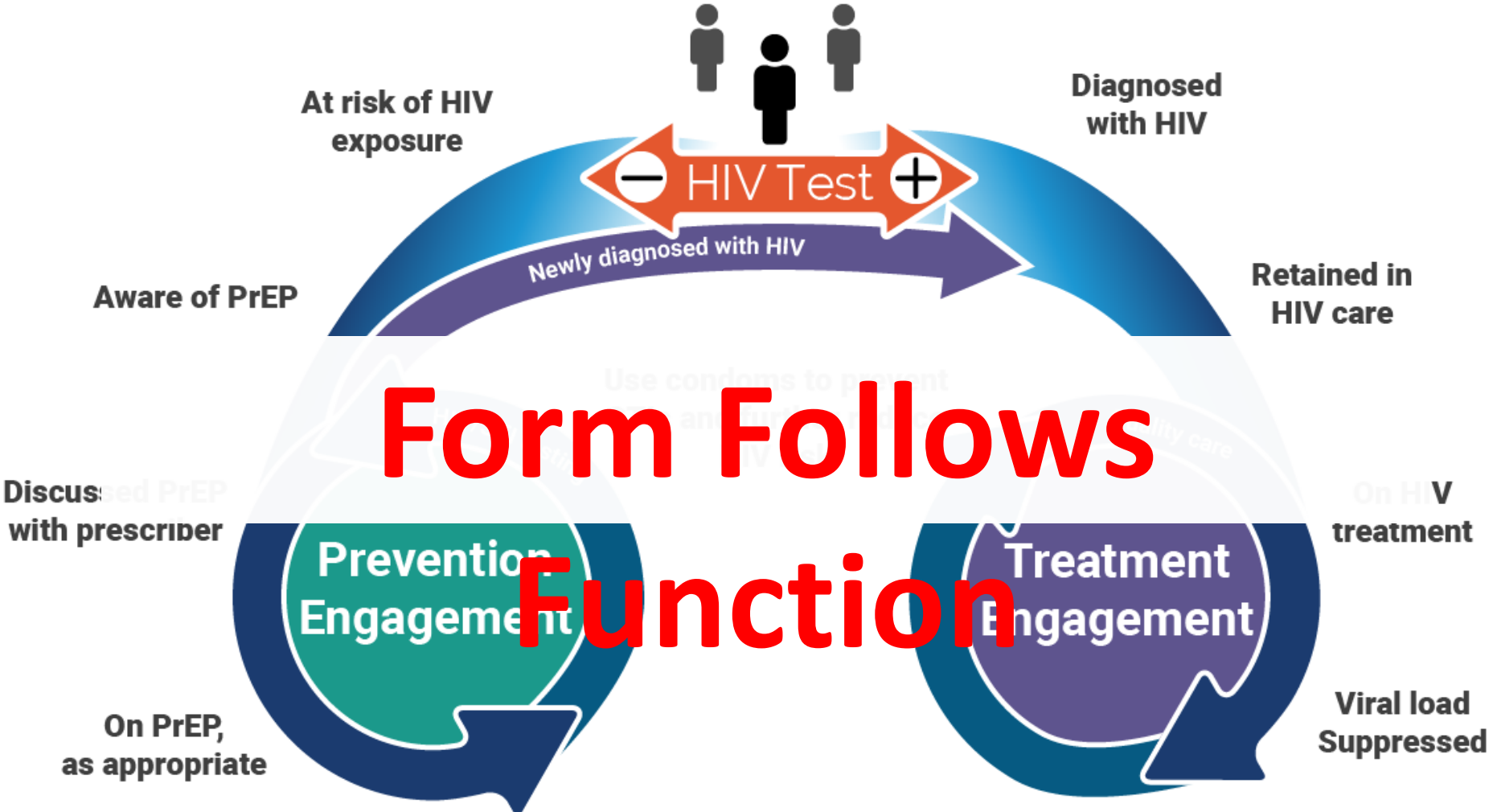
Use condoms to p  
l further r  
HIV risk



# HIV Status-Neutral Service Delivery Model



# HIV Status-Neutral Service Delivery Model



# HIV Status-Neutral Service Delivery Model

