Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

The costs of PEPFAR's leadership vacuum

The President's Emergency Plan for AIDS Relief (PEPFAR), the largest funder of HIV efforts in the world,[1] has saved millions of lives since its 2003 launch. With COVID-19 disrupting the HIV response, PEPFAR is needed more than ever to assist more than 50 high HIV burden countries as they struggle to regain momentum against AIDS. Over the past 18 months, maintaining a continuity of HIV services—particularly for marginalised communities—has been an arduous challenge as the HIV and COVID-19 pandemics collided.[2]

During his candidacy, US President Joe Biden committed to prioritising the global AIDS response.[3] This promise has been contradicted by a 6-month delay in nominating an Ambassador at-large to lead PEPFAR, which has functioned without a presidentially appointed health diplomat since Ambassador Deborah L Birx was detailed to the White House Coronavirus Task Force in February, 2020. The Office of the Global AIDS Coordinator, which oversees PEPFAR, has instead been operating under acting technical stewardship.

Whomever President Biden selects to serve as Ambassador at-large must have a bold and strategic vision for global, national, and urban HIV responses; a global public health skillset and relevant experience to lead PEPFAR; consummate global health diplomacy at bilateral and multilateral levels; a proven track record of meaningful community engagement; and a command of data-driven, equity-based accountability frameworks.

The next Ambassador at-large must continue to reside in the US State Department to enable PEPFAR to maintain its oversight functions and carry the diplomatic weight the global response to AIDS requires. A diminution of this position is the exact opposite of what is needed now, as the COVID-19 pandemic rages on and disrupts crucial HIV and other health services.

The Biden Administration gave its full-throated support to the 2021 Political Declaration on HIV and AIDS.[4] Any further delay in nominating a qualified Ambassador at-large to lead PEPFAR risks the USA faltering in its commitments to end the "inequalities,...discrimination,... and human rights violations that perpetuate the global AIDS" pandemic, to "provide greater leadership through...reinvigorated multilateralism," and to "build resilience against future pandemics".[4]

We declare no competing interests.

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1 Oum S, Carbaugh A, Kates J. Funding for key HIV commodities in PEPFAR countries. July 14, 2021. https://www.kff.org/global-health-policy/issue-brief/funding-for-key-hiv-commodities-in-pepfar-countries/ (accessed July 26, 2021).
2 Jewell BL, Smith JA, Hallett TB. Understanding the impact of interruptions to HIV services during the COVID-19 pandemic: a modelling study. *EClinicalMedicine* 2020; **26:** 100483.
3 AIDSUnited. 2020 Presidential Candidate HIV Questionnaire – Biden. https://www.aidsunited.org/data/files/Site_18/Policy/2020/Biden_HIVSurvey_2020.pdf (accessed July 26, 2021).
4 UN General Assembly. Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS. Resolution adopted by the General Assembly on 8 June 2021. June 9, 2021. https://undocs.org/A/RES/75/284 (accessed July 26, 2021).

HIV and overdoses: diversifying therapies for opioid use disorder

In the Series on HIV in the USA, Sally L Hodder and colleagues[1] give appropriate attention to HIV prevention strategies that attend to the needs of people who inject drugs, including medications for opioid use disorder and harm-reduction programmes. Yet there is no mention that the USA has failed to expand options for medication therapies for opioid use disorder using an inclusive continuum of care framework, concordant with existing medical evidence and international practice.

As Hodder and colleagues[1] indicate, there is an urgent need to scale up availability of methadone and buprenorphine treatments. Still, with typical treatment retention rates at 12 months at 60% for methadone and 45% for buprenorphine, diversifying therapies for opioid use disorder should be a priority.[2] Slow-release oral morphine, injectable diamorphine, and injectable hydromorphone have evidence supporting their use as therapies for opioid use disorders, and these drugs are used in Canada and parts of Europe, such as the Netherlands, Denmark, and Switzerland.[3,4] Integrating these approaches in the USA, as part of the continuum of care (even as secondary or tertiary options), and building the infrastructure in which to scale up such therapies, are expected to bring more individuals into care, with benefits for both overdose and HIV prevention among people who inject drugs.

There is also an emerging harm-reduction strategy that offers a safe supply of opioids. People who use illicitly manufactured, unregulated opioids, which increasingly contain fentanyl or fentanyl analogues, are provided with legal, regulated pharmaceutical versions.[5] This concept merits the attention of researchers, given the purported benefits for overdose risk reduction, increased engagement of people in care, and greater opportunities for HIV testing and prevention efforts.

Without diversifying the therapies for opioid use disorder, the USA is limiting the tools with which to address the HIV and overdose epidemics.

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Published **Online**
August 11, 2021
https://doi.org/10.1016/S0140-6736(21)01815-8

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