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are required to provide long-term dedicated financing, including social and financial protection for people living with and at risk of HIV, and to counterbalance disparities in funding between states. Recognising the role of social factors in perpetuating illness represents a paradigm shift in research that must be matched by policy to overcome pervasive HIV-related inequities. In alignment with Sustainable Development Goal 3, new leadership affords the opportunity to direct US policy towards securing health as a public good and normative social goal.

We declare no competing interests.

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- 4 WHO Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. 2008. https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf (accessed Feb 28, 2021).
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Authors' reply

In their response to our call to action¹ in the *Lancet* Series on HIV in the USA, Courtenay Sprague and Sara E Simon argue that biomedical solutions alone have failed, and will continue to fail, to control the HIV epidemic in the USA and that policy must include efforts to address the social determinants of health. We concur, and believe that the Series on HIV in the USA highlights these important concerns.² Sprague and Simon note that the health disparities and structural barriers that have characterised the US health-care system

since its inception, which we reviewed in the Series as correlates of HIV prevalence and incidence,¹ have also been drivers of poor outcomes in the COVID-19 response. We would add that although the COVID-19 vaccines represent remarkable achievements in biomedical sciences, the uneven roll-out via the patchwork of US public-health systems swiftly revealed that unaddressed social determinants can undermine even the most efficacious interventions,³ as is true with high-efficacy HIV preventive tools like antiretroviral pre-exposure prophylaxis (PrEP). These drugs offer virtually complete protection if taken as prescribed for men who have sex with men (MSM) and other populations at risk, yet PrEP uptake, adherence, and use are lower among US MSM and women in minority racial and ethnic groups, in south USA, among people with lower-level incomes, and in circumstances in which social determinants (eg, poverty, unstable housing, anti-gay stigma, anti-Black racism, and policies limiting health insurance coverage) undermine the effectiveness of this intervention.⁴

How likely is it that social determinants of health will be addressed by the Biden–Harris administration? There are reasons for optimism. The administration has committed to expanding the Affordable Care Act to increase health insurance coverage for currently uninsured and underinsured Americans.⁵ Although health insurance alone will not solve the social determinants of health, in our current system, it is an essential step in accessing health-care services and in addressing Sustainable Development Goal 3: to ensure healthy lives and promote wellbeing for all at all ages. Addressing HIV in the USA will require addressing one key social determinant of health: racism within our health-care systems and, more broadly, within our society. The USA is undergoing a historic and long overdue reckoning with the structural realities of anti-Black racism that maintain poverty, segregation, and injustice. Our *Lancet* Series showed that the

increasing burden in HIV among Black and Latinx Americans in southern USA was substantially driven by persistent social and structural determinants that must be addressed to improve health outcomes and the broader goal of human wellbeing and flourishing.

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Making miscarriage matter

Miscarriage, defined as the loss of a pregnancy before viability, affects more than 10% of women. Although the effect differs between women, it can have major physical and psychological effects. Providing effective



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