

# **Ending the HIV Epidemic: A Plan for America**

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**ANAC National Webinar  
June 25, 2019**



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# Disclosures

## *Faculty Conflict of Interest Disclosures*

Laura Cheever and Heather Hauck have no commercial support nor relevant conflict of interest to disclose.

# Learning Objectives

*At the conclusion of today's activity, participants will be able to:*

- *Describe key strategies that shape the End the HIV Epidemic plan*
- *Identify the rationale for geographical hotspots critical to the plan*
- *Discuss challenges to be addressed for the plan to be successful*

# Agenda

1. Background & Overview
2. Plan Components & HRSA's Role
3. Next Steps
4. Q&A thru chat function





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Ending  
the  
HIV  
Epidemic

## Now is the time to end the HIV epidemic

We have access to the most powerful HIV treatment and prevention tools in history and we know where infections are rapidly spreading.

By equipping all communities at risk with these tools, we can end HIV in America.



# Background

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**During the 2019 State of the Union address, the Administration announced the new “Ending the HIV Epidemic: A Plan for America.”**

- This will be a ten year initiative beginning in FY 2020 to achieve the important goal of reducing new HIV infections to less than 3,000 per year by 2030
- Reducing new infections to this level would essentially mean that HIV transmissions would be rare and meet the definition of ending the epidemic

# Why Focus on Ending the HIV Epidemic in America?

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- **More than 700,000 American lives lost to HIV since 1981**
- **\$20 billion annual direct health expenditures by U.S. government for HIV prevention and care (2016 data)**
- **Over the next ten years, without intervention and despite substantial progress:**
  - Another 400,000 Americans will be newly diagnosed with HIV
  - U.S. government will spend more than \$200 billion



# Four Pillars of Ending the HIV Epidemic

**75%**  
reduction in  
new HIV  
diagnoses  
in 5 years  
and a  
**90%**  
reduction  
in 10 years.



## Diagnose

All people with HIV as early as possible.



## Treat

HIV rapidly after diagnosis, and effectively, in all people with HIV to help them get and stay virally suppressed.



## Prevent

People at risk for HIV using proven prevention interventions, including pre-exposure prophylaxis (PrEP) and syringe service programs (SSPs).

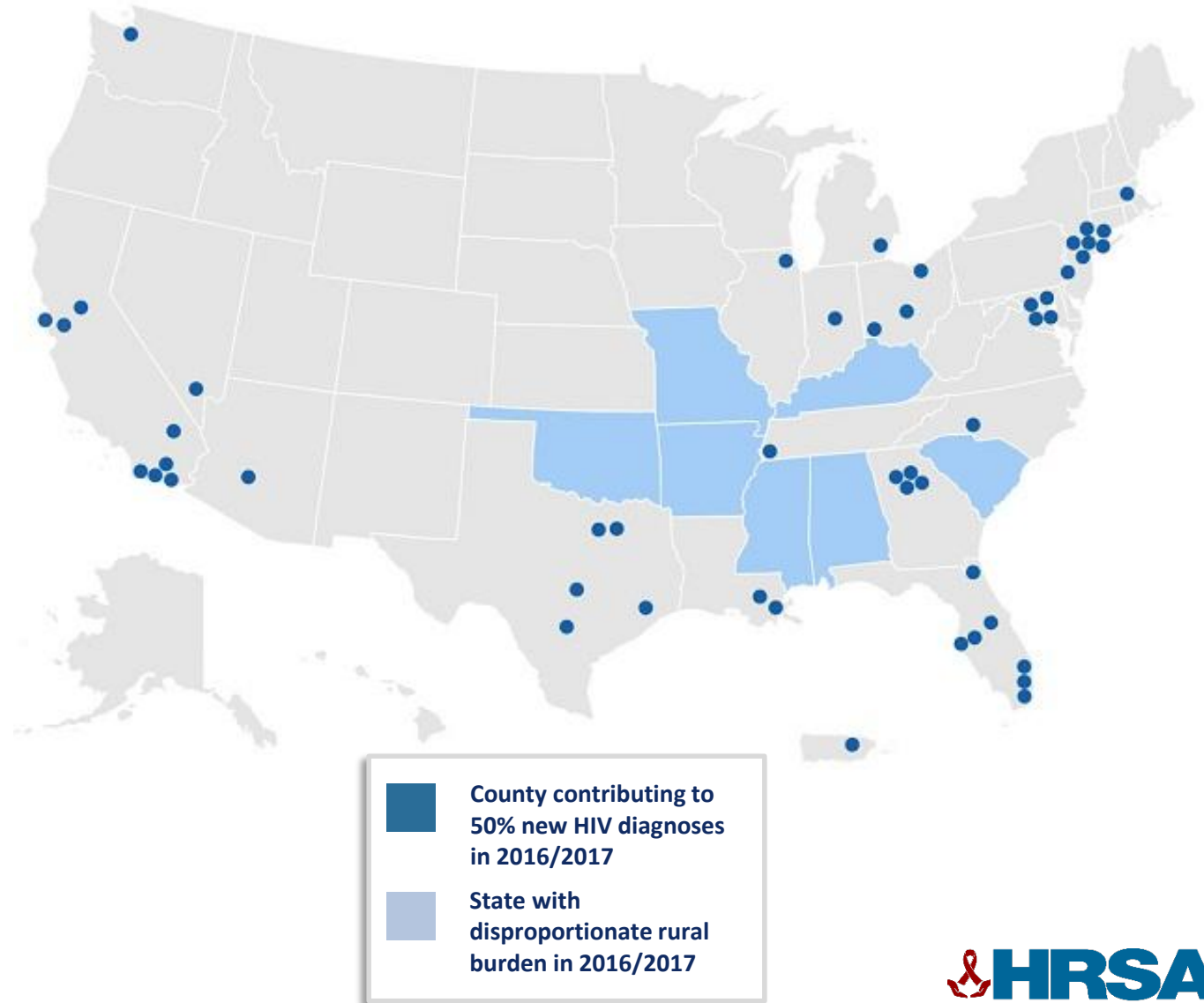


## Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

# Geographic Locations of Ending the HIV Epidemic Initiative

Efforts focused in 48 counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and seven states with substantial rural HIV burden.



# HRSA's Role in the Initiative





# Pillar One: Diagnose

- **1.1 million Americans have HIV, and 1 in 7 don't know that they do**
- **HRSA-funded health centers are a key entry point for people with HIV who are undiagnosed**
  - Nearly two million patients receive HIV tests at health centers annually
- **HRSA's Health Center Program will increase HIV testing in high-impact areas by:**
  - Conducting expanded outreach with their communities
  - Increasing routine and risk-based HIV testing of health center patients





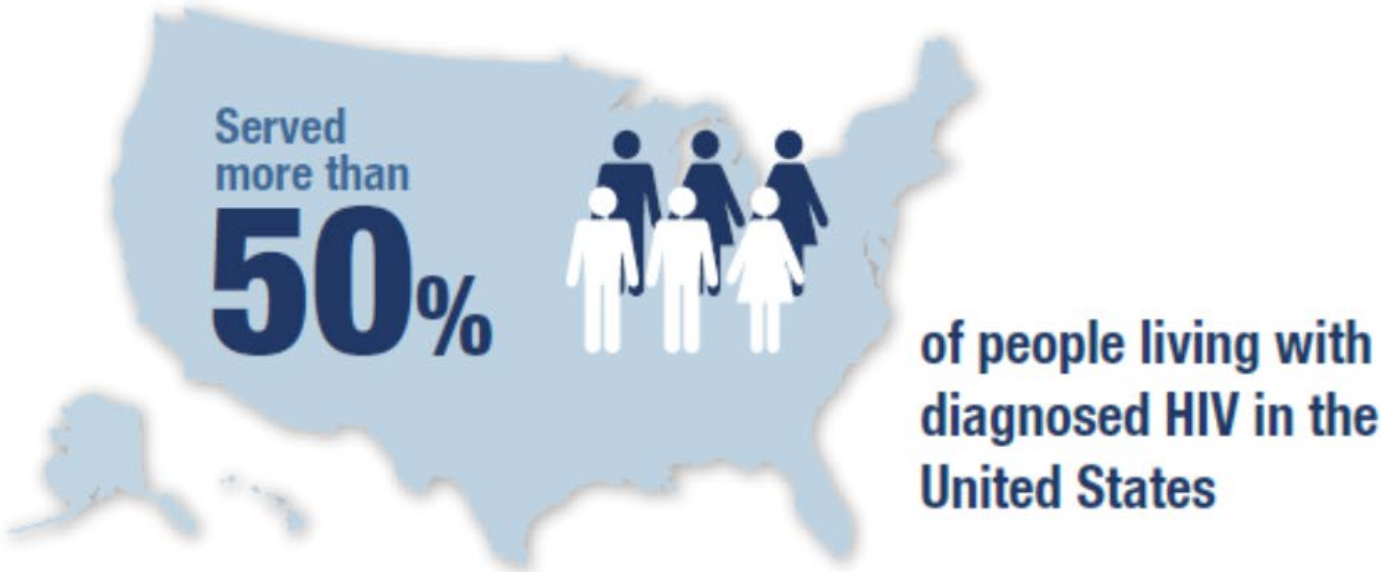
## Pillar Two: HIV Care and Treatment

- People with HIV who take medication daily as prescribed and get and keep an undetectable viral load have effectively no risk of sexually transmitting the virus to their HIV negative partner.
- If HRSA's Ryan White HIV/AIDS Program receives funding and the flexibility to direct the funding to the identified jurisdictions for the initiative, HRSA will focus on linking people with HIV who are either newly diagnosed, or diagnosed but not in care, to essential HIV care and treatment and to support services so they reach an undetectable viral load.
- To do this, HRSA HAB will:
  - Encourage initiation of rapid HIV care and treatment to achieve viral suppression and stop transmission
  - Increase capacity by funding RWHAP Parts A and B in the identified jurisdictions
  - Provide workforce capacity development through the RWHAP Part F AIDS Education and Training Centers (AETC)
  - Provide technical assistance to the identified jurisdictions

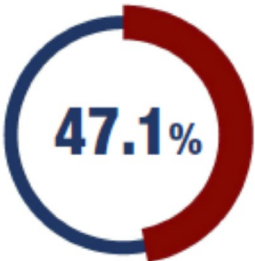


# Clients Served by HRSA RWHAP (non-ADAP), 2017

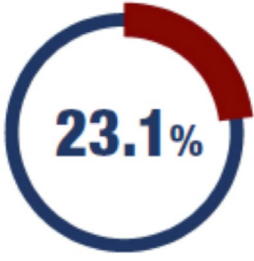
Served **534,903**  
clients in 2017



**73.6%** of clients were racial/ethnic minorities



of clients identified as **Black/African American**



of clients identified as **Hispanic/Latino**

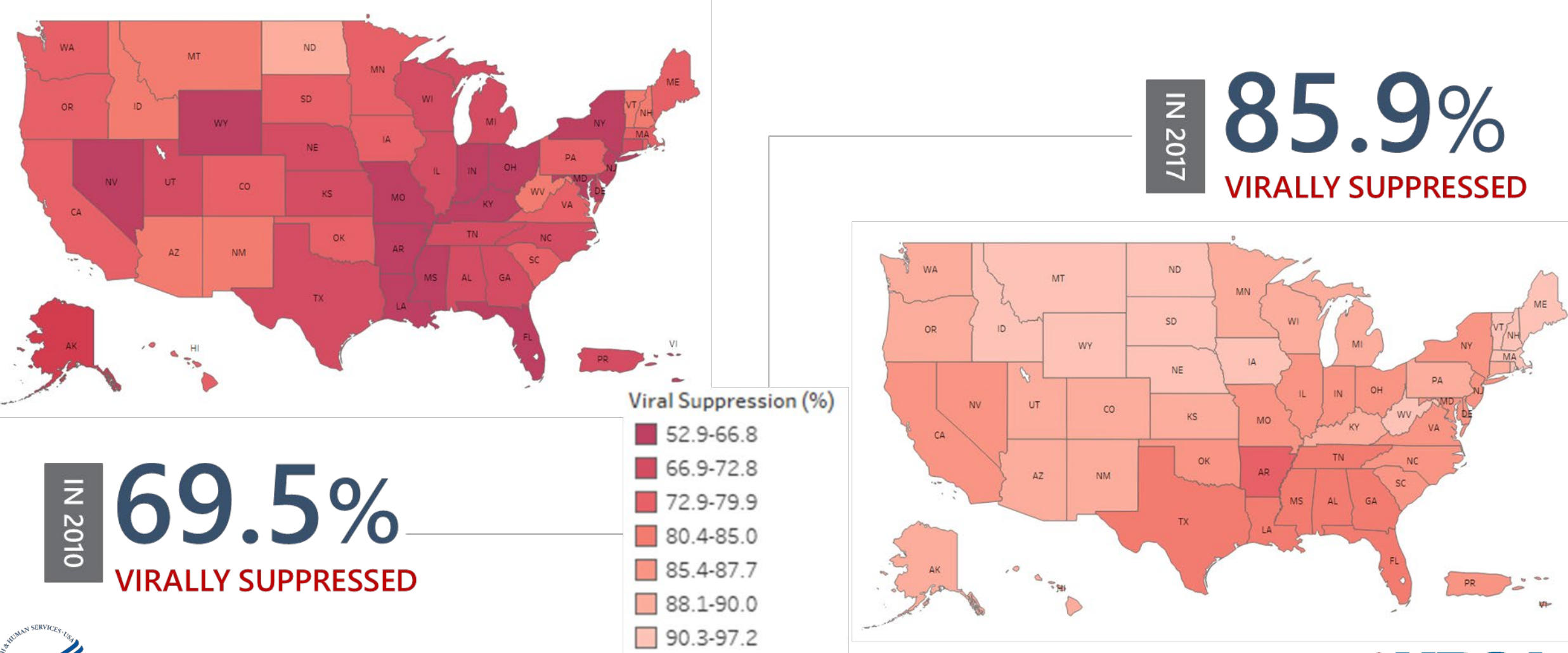


**62.8%** of clients were living at or below 100% of the Federal Poverty Level



Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

# Viral Suppression among HRSA RWHAP Clients, by State, 2010 and 2017—United States and 2 Territories<sup>a</sup>

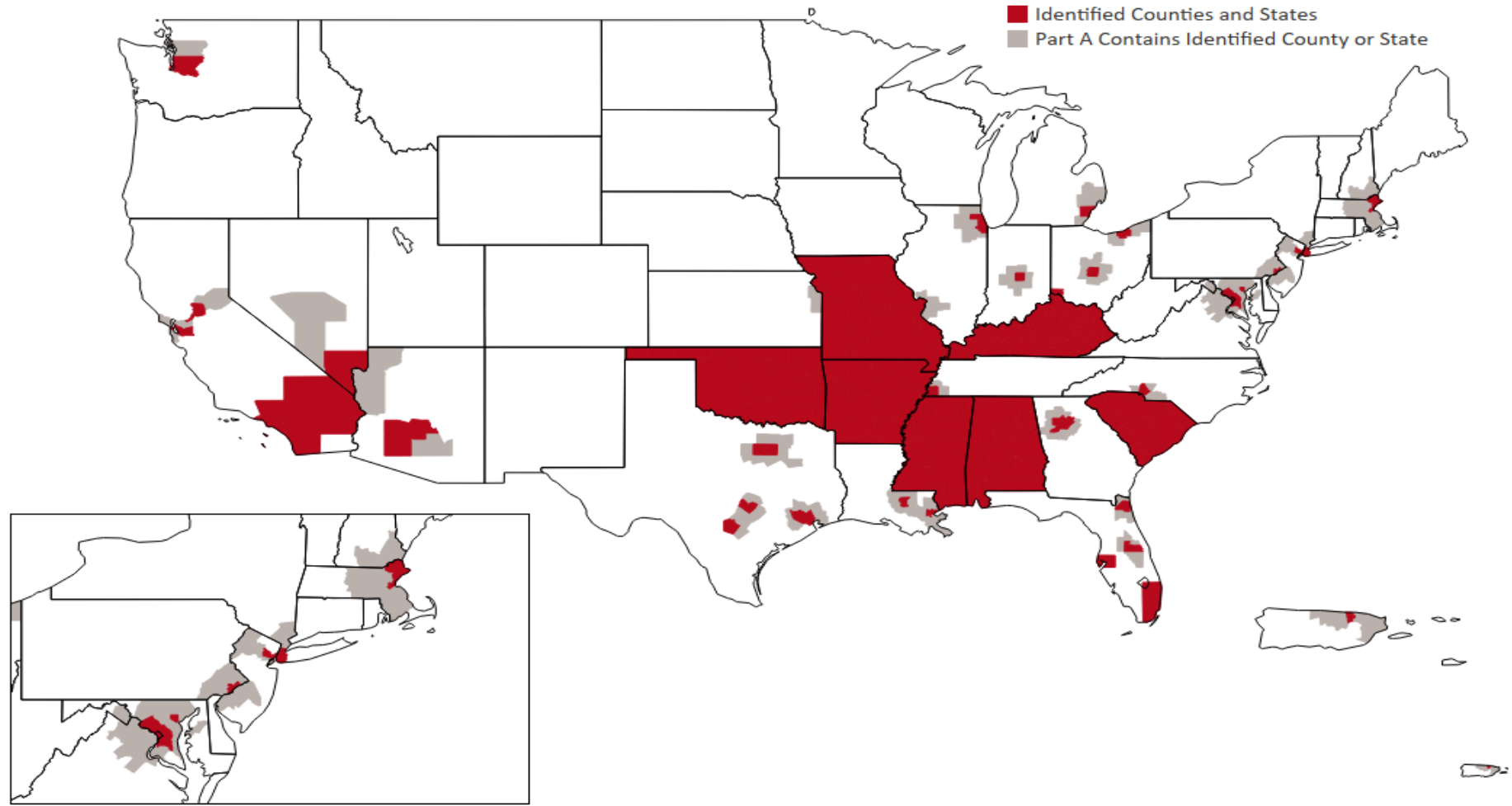


Viral suppression:  $\geq 1$  OAHS visit during the calendar year and  $\geq 1$  viral load reported, with the last viral load result  $< 200$  copies/mL.

<sup>a</sup> Puerto Rico and the U.S. Virgin Islands.



# Ending the HIV Epidemic – Overlap of RWHAP Parts A and B and Identified Counties and States





# Pillar Three: Prevent

- **Increase access to HIV Prevention interventions including:**
  - PrEP and Post Exposure Prophylaxis (PEP)
  - Syringe Service Programs (SSPs)
  - HIV prevention education
- **Many HRSA-funded health centers provide HIV prevention services, including Pre-exposure Prophylaxis (PrEP), for people at high risk for acquiring HIV.**
  - 1.2 million Americans are at high risk for HIV infection and would benefit from PrEP; however, in 2016, fewer than 10% used PrEP





## Pillar Three: Prevent (cont.)

- **HRSA will focus on key geographic areas and expand access to PrEP for health center patients who are at highest risk of acquiring HIV. This will include:**
  - Receiving referrals from community-based programs
  - Providing PrEP for those who are at high risk with a focus on the uninsured
  - Expanding outreach, testing, care coordination, and access to PrEP to those populations at the greatest risk of acquiring HIV infection in selected Health Centers in the focus jurisdictions
- **HRSA HAB will focus on:**
  - Supporting workforce capacity training and clinical consultation for providers

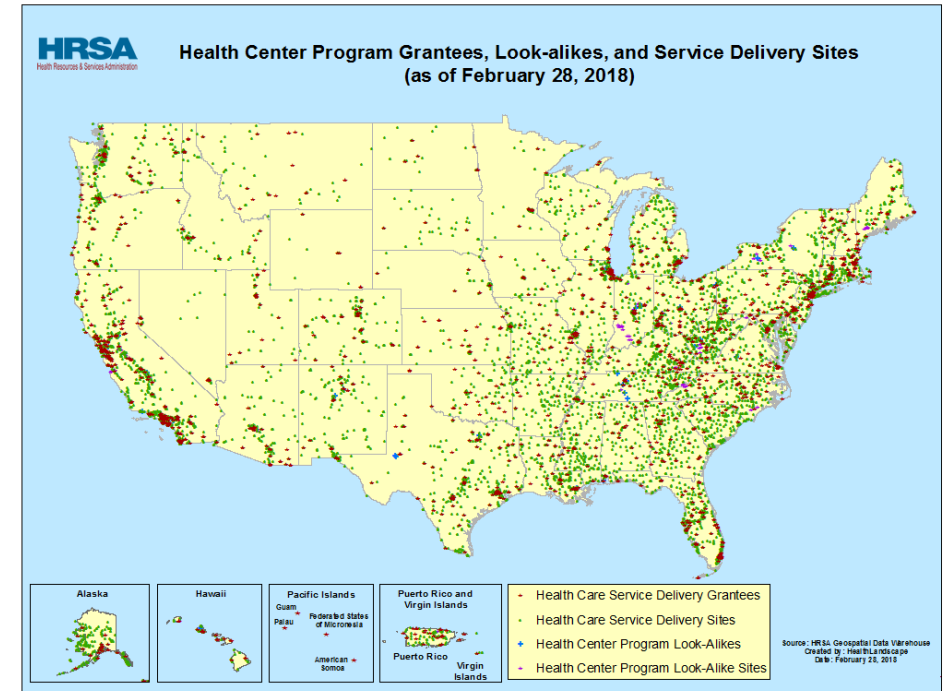




# HRSA-Funded Health Center Program

Ending the HIV Epidemic: HRSA will build on the extensive Health Center Program network and its success in improving the health of medically underserved populations to expand current HIV activities:

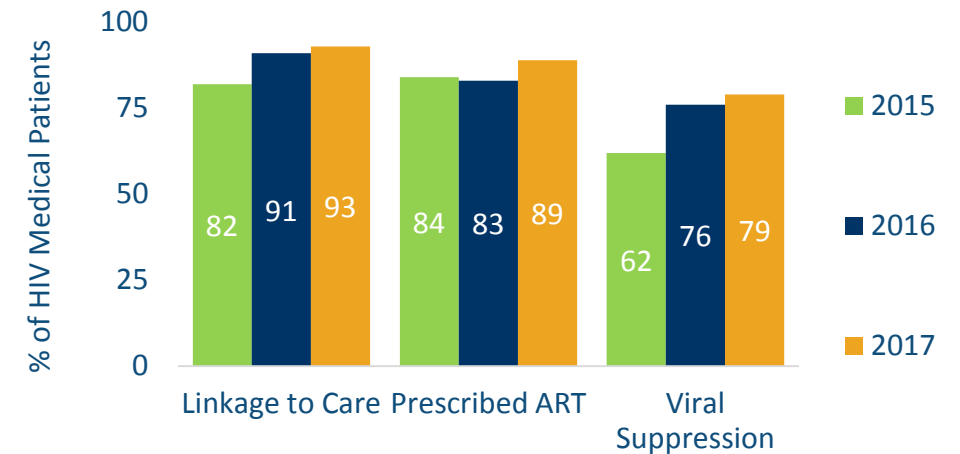
- Nearly 2 million HIV tests conducted annually
- More than 165,000 patients with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program
- More than 600 health centers purchase PrEP through the 340B Program



# HIV Care Integration in Health Center Program

- **Partnership for Care (P4C) Demonstration Project:** From 2014-2017, 22 P4C health centers built and sustained expanded HIV service delivery through:
  - Optimized HIV testing, linkage to care, and pre-visit planning policies and procedures
  - Continued partnerships with state health departments through joint case conferencing
- **Southeast Practice Transformation (SEPTEP) Expansion Project:** From 2017-2018, 16 health centers worked to implement HIV practice transformation with the Southeast AETC

**HIV Care Continuum at 22 P4C Health Centers**





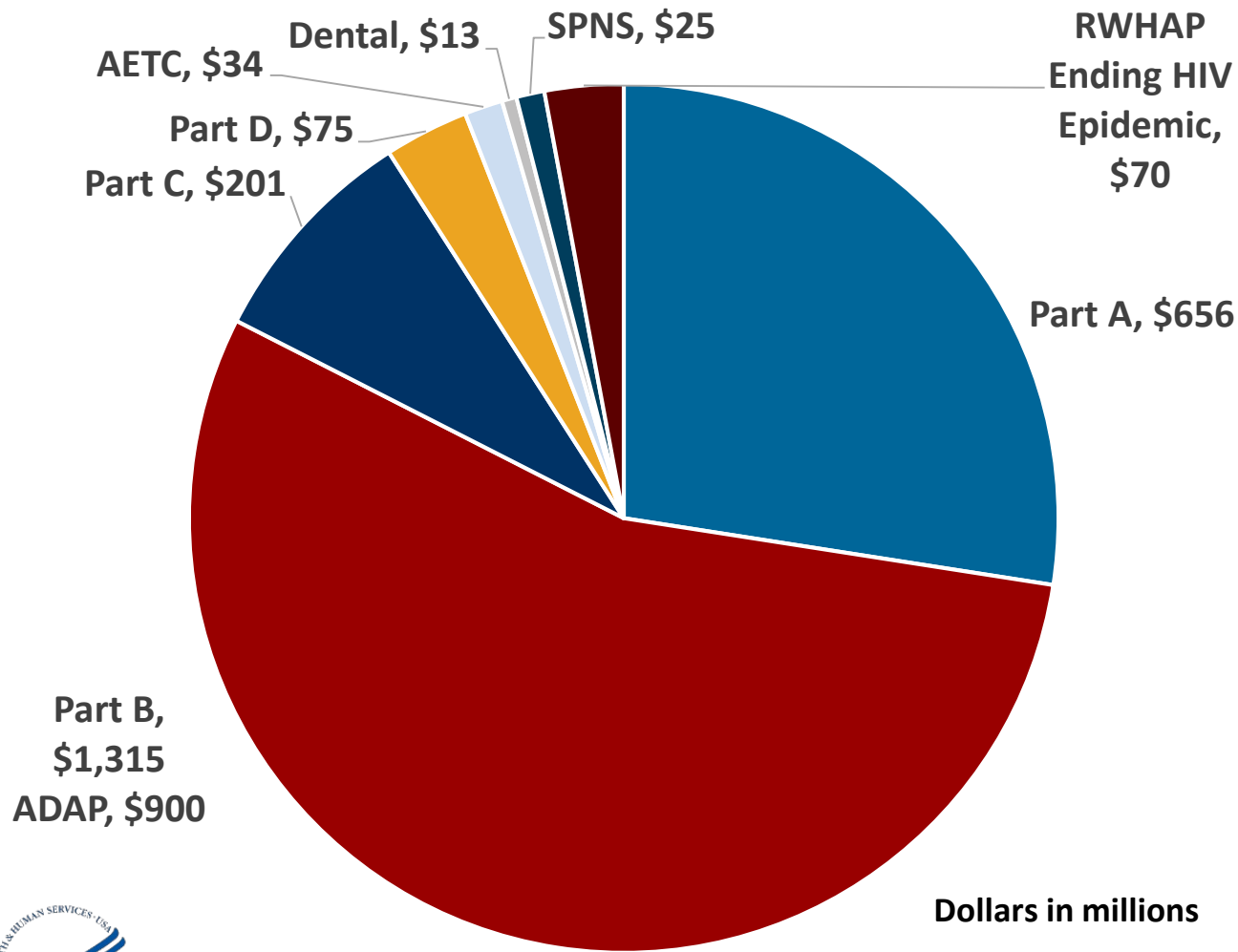
# Pillar Four: Respond

- **New laboratory methods and disease control techniques allow health departments to see where HIV may be spreading most rapidly.**
  - Cluster detection – this technique will allow community partners to quickly develop and implement strategies to stop ongoing transmission.
- **HRSA's Ryan White HIV/AIDS Program and Health Center Program will support these efforts by providing HIV care and treatment (RWHAP) and PrEP (CHC) to those identified through cluster detection activities.**

# Next Steps



# FY 2020 Ryan White HIV/AIDS Program Budget Request



- **\$120 million requested for HRSA to support Ending the HIV Epidemic initiative**

- \$70 million for HRSA's Ryan White HIV/AIDS Program (RWHAP)
- \$50 million for HRSA-funded Health Center Program



# HRSA's Next Steps

- **Continue leveraging critical scientific advances in HIV prevention, treatment, and care, coordinating the Ending the HIV Epidemic initiative, and working with the five other principal agencies:**
  - Centers for Disease Control and Prevention (CDC)
  - Indian Health Service (IHS)
  - National Institutes of Health (NIH)
  - Office of the HHS Assistant Secretary for Health (OASH)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
- **Work closely with CDC on Ending the HIV Epidemic planning grants**
- **Visit Ending the HIV Epidemic counties and states to engage recipients and HIV community members during summer 2019**





# HRSA's Next Steps (cont.)

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- **HRSA's HIV/AIDS Bureau's plan is to release several Notice of Funding Opportunities (NOFOs), including for:**
  - Ryan White HIV/AIDS Program Parts A and B
  - Technical Assistance and Systems Coordination
- **HRSA's Bureau of Primary Health Care's plan is to release a supplemental NOFO for the Health Center Program**



# Additional Next Steps (cont.)

- **CDC has released a Notice of Funding Opportunity PS19-1906 Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the U.S.**
  - Purpose is to support community engagement and the development of Ending the HIV Epidemic plans
  - Due July 12, 2019
- **With Minority HIV/AIDS Funds from the Office of the Secretary, CDC supplemented three PS18-1802 recipients to pilot Ending the HIV Epidemic activities:**
  - State of Louisiana for East Baton Rouge Parish
  - Baltimore City
  - State for Georgia for DeKalb County
- **HHS received a donation of Truvada for PrEP from Gilead**
  - Plans pending for implementation



# Additional Next Steps (cont.)

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- **HHS has developed a parsimonious set of indicators for Ending the HIV Epidemic:**
  - Diagnose, Treat, and Prevent Pillars
  - Will be displayed on a public facing dashboard
  - Are able to be calculated at national, state, and county levels (unless the state does not yet have complete lab reporting)
- **HAB will have programmatic reporting for monitoring Ending the HIV Epidemic**

# HRSA RWHAP: Meeting the Challenges Ahead

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- **Improve viral suppression and decrease disparities among patients who are in care**
- **Enhance linkage to and engagement in HIV care of the newly diagnosed**
- **Expand re-engagement and retention for those diagnosed but out of HIV care**

# Thank You!

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Email Erin at [erin@anacnet.org](mailto:erin@anacnet.org)**

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