Ending the HIV Epidemic: A Plan for America

Valerie Gallo, MPH – Deputy Regional Administrator
Office of Regional Operations – San Francisco, CA
Health Resources and Services Administration

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Vision: Healthy Communities, Healthy People
Now is the time to end the HIV epidemic

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

By equipping all communities at risk with these tools, we can end HIV in America.
Four Pillars of Ending the HIV Epidemic

**GOAL:**

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

- **Diagnose** all people with HIV as early as possible.
- **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.
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
### HIV TRANSMISSIONS IN 2016

<table>
<thead>
<tr>
<th>% OF PEOPLE WITH HIV</th>
<th>STATUS OF CARE</th>
<th>ACCOUNTED FOR X% OF NEW TRANSMISSIONS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>didn’t know they had HIV</td>
<td>38%</td>
</tr>
<tr>
<td>23%</td>
<td>knew they had HIV but weren’t in care</td>
<td>43%</td>
</tr>
<tr>
<td>11%</td>
<td>in care but not virally suppressed</td>
<td>20%</td>
</tr>
<tr>
<td>51%</td>
<td>taking HIV medicine and virally suppressed</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Values do not equal 100% because of rounding*
Diagnose: Diagnosing and Linking People with HIV to Effective Care

• 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
  o 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:
  o Conducting expanded outreach with their communities
  o Increasing routine and risk-based HIV testing of health center patients
People with HIV who take HIV medicine daily as prescribed & get and keep an undetectable viral load (or stay virally suppressed) stay healthy and have **effectively no risk** of transmitting HIV to their HIV-negative sexual partners.
Treat: HIV Care and Treatment

• **HRSA lead role:**
  - Encourage initiation of rapid HIV care and treatment to reach 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
Ending the HIV Epidemic – Overlap of RWHAP Parts A and B and Identified Counties and States
Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2018

533,758 clients in 2018

73.7% of clients were racial/ethnic minorities

47.1% of clients identified as Black/African American
23.2% of clients identified as Hispanic/Latino

61.3% of clients were living at or below 100% of the Federal Poverty Level

46.1% of clients were aged 50 years and older

Viral Suppression among RWHAP Clients, by State, 2010 and 2018—United States and 2 Territories

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

* Puerto Rico and the U.S. Virgin Islands.

HRSA RWHAP: Meeting the Challenges Ahead

• 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
What is PrEP and Why Do We Want To Increase Its Use?

• Pre-exposure prophylaxis (PrEP) is taking a medication that can help prevent the transmission of HIV.

• PrEP medications can work to prevent HIV transmission when taken before exposure to HIV through sex or injection drug use.

• PrEP is safe and highly effective for preventing HIV if used daily as prescribed, but much less effective when not taken consistently.
Prevent: PrEP - Underutilized & Effective Prevention Tool

More than 1 Million
Persons who might benefit from PrEP

Only about 10%
Who could benefit from PrEP are using it

Encouraging Trends among MSM at high risk Between 2014 – 2017

Use of PrEP - 6% ↑ 35%
Awareness - 60% ↑ 90%

CDC. Vital Signs November 2015
note: source of this data is the NHBS and is non-representative sample
• Expand access to PrEP for HRSA-funded Health Center Program patients at highest risk of acquiring HIV
  • Referrals from community-based programs
  • Focus on uninsured persons who are at high risk

• HRSA-funded health centers will focus on:
  • Expanding outreach, testing, care coordination, and access to PrEP to those populations at the greatest risk of acquiring HIV

• HRSA HAB will focus on:
  • Supporting workforce capacity training and clinical consultation for providers
Health Center Promising Practices

**Diagnose**

- Community outreach team
- Mobile vans
- Youth peer educators
- Collaboration with community-based organizations
- Routine opt-out HIV testing
- No wrong door testing
- EHR alerts and reminders

**Prevent**

- Same day PrEP starts
- TelePrEP
- PrEP navigators
- PrEP standard order sets
- Easy access follow-up PrEP clinics

*Bring Care to Where People Are*
Respond: HIV Data for Action

- Detect developing clusters and outbreaks
- Help people with HIV and those at risk to stay well
- Focus resources on the people and areas that need them most
**Health Centers: Ending the HIV Epidemic Flowchart**

**Respond** rapidly to detect and respond to growing HIV clusters and prevent HIV infection (CDC)

- **Targeted health centers**
  - Serve the identified counties and states

- **High risk referrals of new patients (CDC, S/LHDs)**

**Diagnose** all people as early as possible after infection

**Test**

- **Link to Prevention and Care**

- **HIV+**
  - **Engage and Treat**
  - **Retain**
  - **Viral suppression**

- **HIV-**
  - **Prevent** HIV using proven prevention interventions, including PrEP
  - **PrEP**

**Treat** the infection rapidly and effectively to achieve viral suppression
Funding and Next Steps
FY 2020 Ryan White HIV/AIDS Program Budget

$70 million additional funding to augment the HIV/AIDS Bureau to support the EHE initiative
Health Center Program Funding Overview

- **Primary Care HIV Prevention (PCHP) Supplemental Funding**
  - $50 million for HRSA-funded health centers in the identified geographic areas
  - Eligible applicants: dually funded (BPHC and RWHAP) health centers or health centers with MOUs with RWHAP sites
  - Released: October 16, 2019
  - Expected Start Date: April 1, 2020

**PCHP Objectives**

- Engage new and existing patients to identify those at risk for HIV
- Increase patients tested for HIV
- Increase patients who receive prevention education and clinically-indicated PrEP
- Increase linkage to HIV treatment
- Enhance/Establish partnerships to support HIV prevention activities
- Within 8 months of award, add staff to support HIV prevention services and PrEP
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:
  o Centers for Disease Control and Prevention (CDC)
  o Indian Health Service (IHS)
  o National Institutes of Health (NIH)
  o Office of the HHS Assistant Secretary for Health (OASH)
  o 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
EHE Listening Sessions – Key Themes

• Addressing mental health, substance use, incarceration, transportation, and homelessness is critical to reach people not in care

• Planning for EHE needs to include community-based organizations, community health centers, people with HIV, and new partners

• Supporting training for clinic staff to ensure that culturally responsive and supportive experiences happen for clients (for testing, care, and PrEP)

• Addressing stigma, health education, and criminalization laws
EHE Listening Sessions – Key Themes

- Addressing **workforce shortages** for medical providers, and mental health and substance use providers
- Leveraging **community strengths** by hiring community health workers, peer navigators, peer specialists, etc.
- Assessing **eligibility** and **intake** processes and forms for testing and care
- Allowing jurisdictions to be **innovative** and to adapt and adjust as they learn
HRSA’s HIV Resources

HRSA’s Ending the HIV Epidemic Webpage

HIV Resources for Health Centers

The resources on this page can be used to support health centers and other safety net providers working to integrate HIV services into their primary care services. HRSA’s Ending the HIV Epidemic Webpage provides additional resources.

Health Center Program Resources


Partnerships for Care Toolkit

**Partnership for Care (P4C)** was a 3-year project (2014-2017) in which health centers partnered with the Center for Primary Care and HIV/AIDS (COA)-funded state health departments in Massachusetts, New York, Maryland, and Florida to boost the density of HIV services.

HIV.gov for additional information

See **HIV.gov** for additional information.

Ending the HIV Epidemic: A Plan for America

**Background**

During the 2019 State of the Union address, the Trump 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. The initiative will focus efforts in 48 counties, Washington, DC, San Juan (PR), and seven states with substantial rural HIV burden.

**Federal Resources**

- **HRSA Ending the HIV Epidemic: A Plan for America Webcast** on March 13, 2019
- **Ryan White HIV/AIDS Program Annual Clinic-Level Data Report 2017** (PDF - 39 MB)
- **Ryan White HIV/AIDS Program HIV and the Health Center Program**
- **Integrating HIV Care, Treatment and Prevention Services in Primary Care: A Toolkit for Health Centers** (PDF - 11.6 MB)
- **HRSA’s Ending the HIV Epidemic**
- **2019 Presidential Advisory Council on HIV/AIDS**

**HRSA’s Ending the HIV Epidemic Webpage**
Ending the HIV Epidemic: Prevention Through Active Community Engagement

CDR Michelle Sandoval-Rosario, DrPH, MPH – Region 9 Director

Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
## HHS Agency Activities

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>ACTIVITY</th>
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<tbody>
<tr>
<td>CDC</td>
<td>• Test and link persons to treatment; state and local support; surveillance&lt;br&gt;• Augmentation of public health staff in local jurisdictions</td>
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<tr>
<td>HRSA</td>
<td>• Ryan White care centers for treatment&lt;br&gt;• Community health centers for prevention, emphasizing PrEP</td>
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<tr>
<td>IHS</td>
<td>• Enhanced support for prevention, diagnosis, and links to treatment</td>
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<tr>
<td>NIH-CFARs</td>
<td>• Inform HHS and partners on evidence-based practices and effectiveness</td>
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<tr>
<td>OASH</td>
<td>• Project coordination, communication, management, and accountability; Leadership of the Minority AIDS Initiative</td>
</tr>
<tr>
<td>SAMHSA</td>
<td>• Minority AIDS Program and Substance Abuse Prevention and Treatment Block Grants for HIV/AIDS prevention for those with Substance Abuse or Mental Illness</td>
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Office of the Assistant Secretary for Health (OASH) Initiative
Prevention through Active Community Engagement (PACE) Program

OASH Operation Change the Map

• Prioritize the three HHS regions that have a substantial burden of new HIV diagnoses
• Prepare urban and rural areas to quickly and successfully implement the EHE initiative in FY2020
  - Developing both short and long term action plans to:
    o Assess the communities’ needs in the regions
    o Assist HHS Partners in Eliminating HIV

Objectives

• Serve as public health coordinators
• Engage public at public forums and community centers, increasing effectiveness and national reach of evidence based prevention strategies
PACE Regional Offices & Region 9 Focus

PACE Program Regions
Region 4 (Atlanta, GA)
Region 6 (Dallas, Texas)
Region 9 (Los Angeles, CA)

Region 9 PACE Program

California
- Alameda County
- Los Angeles County
- Orange County
- Riverside County
- Sacramento County
- San Bernardino County
- San Diego County
- San Francisco County

Arizona
- Maricopa County

Nevada
- Clark County

County contributing to 50% new HIV diagnoses in 2016 / 2017
State with disproportionate rural burden in 2016 / 2017
Goals for PACE Program

• Develop, implement, and evaluate public health interventions through **community partnerships and engagement** to reduce new HIV infections in disproportionately impacted communities in Region 4, 6 and 9.

• Establish and enhance partnerships to identify ongoing challenges and needs to achieve the final goal of Ending the HIV Epidemic.

• Identify resources and Subject Matter Experts at the federal level to increase the initiative.

• Collaborate with the HHS interagency leadership spearheading the Ending the HIV Epidemic effort.
PACE Ongoing Program Activities

- Visit Ending the HIV Epidemic counties and states to engage recipients and HIV community members.

- Actively engaged with the communities, state, county/local health officials, community health centers, and other partners to provide technical support for ongoing HIV activities; and the development of innovative EHE plans.

- Establish collaborative working relationships and partnerships with EHE funding agencies (CDC, HRSA, SAMSHA, IHS and NIH) to enhance HIV program implementation in affected communities.

- Coordinate efforts with the five other principal agencies for a one HHS approach to support partners.
Pillar 3: Prevent
PrEP: Underutilized & Effective Prevention Tool

More than
1 Million
Persons who might benefit from PrEP

Only about
10%
Who could benefit from PrEP are using it

CDC. Vital Signs November 2015
Poster at CROI, 2019 - Changes in HIV PrEP Awareness and Use Among Men Who Have Sex with Men, 2014 vs. 2017 note: source of this data is the NHBS and is non-representative sample
Gilead donated Truvada™ for PrEP to HHS to expand access for uninsured patients in the U.S.

- Announced May 9, 2019

- Provides medication for individuals who are at risk for HIV and who are uninsured
- Medications for up to 200,000 people per year
- HHS bears all other costs: verifying patient eligibility, enrolling eligible patients, building a network of participating pharmacies, distributing the donated medication, and processing claims
  - Given the urgent need to reach those at risk for HIV, HHS awarded Gilead a six-month contract to administer the distribution of donated PrEP medication to eligible recipients
  - During that six-month period, HHS will hold a full and open competition to select a longer-term contractor or contractors
Ready, Set, PrEP – Launch December 3\textsuperscript{rd}, 2019

- “Go Live” of HHS PrEP Program: Ready, Set, PrEP!
- Call-In Center: (855) 447-8410
- Online Portal: GetYourPrEP.com
Who is Eligible for PrEP through Ready, Set, PrEP?

• The Ready, Set, PrEP program provides access to PrEP medications at no cost to people who qualify.

• To receive PrEP medication through the program, you must:
  ✓ Test negative for HIV;
  ✓ Have a valid prescription from your healthcare provider; and
  ✓ Not have health insurance coverage for outpatient prescription drugs.

• If you receive PrEP medication through the Ready, Set, PrEP program, you will not have to pay for the medicine.

• The costs of clinic visits and lab test costs may vary depending on your income.
Ready, Set, PrEP – Nationwide

• Ready, Set, PrEP can be accessed at thousands of pharmacies across the U.S. (50 states, the District of Columbia, and Puerto Rico), including national chains and independent operators.

• HRSA will support the program by working closely with healthcare professionals at service sites and health centers nationwide.
PrEP Distribution

Initial Rollout (Nationwide):
4,250 patients in the first six months, and up to 10,000 patients in the first year
- Announced September 27, 2019

To qualify for the program, a patient must:
• Lack health insurance coverage for outpatient prescription drugs;
• Have a valid “on-label” prescription; and
• Have appropriate testing showing that the patient is HIV-negative.

Any provider with a qualified patient can access the program.
Ready, Set, PrEP Online

- **HIV.gov**: Basic information about the program, eligibility and enrollment instructions
- **Enrollment Page**: Portal for patients and providers for eligibility determination and enrollment
  - Call center also available at 855.447.8410
Communication Materials

- Fact Sheets (Bilingual)
- Consumer
- Healthcare Provider
- Indian Health Service

- Posters
- Information Card
- Social Media Toolkit
- Sharable Graphics
Ongoing Barriers to Pre-Exposure Prophylaxis (PrEP)

• Attitudes and stigma that prevent testing and initiation of PrEP

• Lack of awareness among individuals at risk and among providers

• Barriers to linkage to PrEP care and prescribing PrEP
PrEP Delivery Models: Collaborative Model

Health departments, CBOs, and healthcare providers partner to provide PrEP care system services.
Health Center Participation

- Enroll eligible patients into the new Ready, Set, PrEP program

- Report experiences/issues with the Program/System:
  - Through the Call Center
    - If you experience issues with the Call Center and/or online portal, report problems directly to the Call Center
  - To HHS and/or the Health Resources and Services Administration’s Bureau of Primary Health Care (HRSA BPHC)
Community Engagement

HHS, CDC, IHS and HRSA leadership are visiting EHE jurisdictions to:

1. Raise awareness of this opportunity
2. Build **trust and support** within local communities for the initiative
3. Ensure partners within each jurisdiction are **meaningfully engaged** with the initiative
4. Create a group of stakeholders and **champions who stand ready to mobilize** their communities when resources become available
PACE Next Steps

- Visit Ending the HIV Epidemic counties and states to engage recipients and HIV community members.
- Increase PrEP awareness and education.
- Engage in community and listening sessions to understand challenges/barriers across communities.
- Coordinate and facilitate discussions between jurisdictions and partners to establish working relationships, usage and awareness of PrEP.
- Link community partners to resources.
More Information and Support

Learn More about the Ending the HIV Epidemic initiative:

www.HIV.gov

Sign Up for the Ending the HIV Epidemic Listserv:

Region 9 Contacts:

HRSA/Office of Regional Operations - San Francisco, CA
Valerie Gallo, MPH - Deputy Regional Administrator
vgallo@hrsa.gov

HHS/Office of the Assistant Secretary for Health
Prevention through Active Community Engagement (PACE) Program
CDR Michelle Sandoval-Rosario, DrPH, MPH - Regional Director
Michelle.Sandoval-Rosario@hhs.gov

For more information on the Ending the HIV Epidemic initiative, please visit www.HIV.gov