PACHA Resolution for HIV Cluster Detection and Response (CDR) and Molecular HIV Surveillance (MHS)

Harold J. Phillips, MRP
Director
White House Office of National AIDS Policy
Presentation Outline

1. CDR/MHS Resolution and NHAS
2. Importance of CDR/MHS
3. Current and Future CDR/MHS Efforts
CDR/MHS Resolution and NHAS
CDR/MHS Resolution
Background: Community Engagement

• HHS colleagues (e.g., CDC) held many meetings, webinars, and listening sessions on CDR

• Community engagement on this topic ongoing
Passing the CDR/MHS Resolution

• Passed October 2022
• Developed in response to community concerns, feedback, and lived experience
• Led by the PACHA Stigma and Disparities Subcommittee
• Resolution directed toward CDC, mostly
• Resolution available here
National HIV/AIDS Strategy

Vision

To ensure our country becomes a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the lifespan.
Different Paths to Reach the Same Goal

Sometimes we take different paths to reach this vision and may find ourselves approaching the vision from different perspectives. However, it’s important to keep in mind that we do have a shared vision and the same goals of ending the HIV epidemic.
PACHA’s Work on the Resolution

• Related to the NHAS vision, everyone plays an important role.

• Level of effort the PACHA Stigma and Disparities Subcommittee put into the Resolution is recognized.

• PACHA members provide advice, information, and recommendations for the nation’s HIV strategies.
  o The CDR/MHS resolution is an example of this.
Importance of CDR/MHS
In efforts to meet HIV goals, CDR/MHS are critical components of EHE strategies, especially for response efforts, ensuring that resources are allocated toward communities experiencing rapid HIV transmission.

**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.
How CDR/MHS Are Used

- CDR relates to one of the four EHE pillars (Respond). CDR helps programs identify where they are not currently meeting people’s needs.

- Molecular data help identify HIV service gaps, especially in communities already marginalized (e.g., transgender women of color and MSM of color) and tailor services to meet needs.

- Without molecular data, there would be a lack of clear understanding on where tailored efforts are needed.
Examples of CDR/MHS Increasing Health Equity

**Detroit**
- Network of rapid HIV transmission among transgender women of color identified
- During response, community meetings revealed gaps in efforts to address structural factors for HIV prevention
- Solutions to address these gaps are underway

**Atlanta**
- Molecular data showed rapid HIV transmission among Hispanic and Latino gay and bisexual men
- Response to this cluster provided data needed to prompt expansion and accessibility of Spanish-language materials and services
- Response also enhanced collaborations with CBOs
- CDC developing a new community spotlight to share information about this effort
Community Involvement in CDR/MHS

• Community involvement happens at various levels in CDR, starting with development of jurisdiction-specific plans as required in NOFOs
  o Jurisdictions must engage with community when developing these plans
  o NOFO language describes community engagement in general and have specific requirements that some of the community members must be people with HIV

• People with HIV are also engaged when a response is identified
  o More than key informants, they are often an integral of response implementation
Examples of Community Involvement in CDR/MHS

**Michigan**
- Has included people with HIV in its seminars and workgroups on the use of molecular data
- People with HIV included from initial planning to messaging
- Community is an integral part of MHS/CDR implementation in Detroit

**San Antonio**
- Group comprised of advocates, people with HIV, public health officials, and academic medical center staff convened after cluster was identified.
- This group formed End Stigma, End HIV Alliance and continues to make impact in San Antonio.
- Outcomes:
  - Developed recommendations for stigma-free services
  - Provide calendar of available HIV providers to HIV testing sites, which decreased the wait for an initial appointment from 13 days to just two days
  - Increased number of PrEP sites
The Value of Surveillance to Public Health

• Some activities proposed by the PACHA resolution conflict with the core use of CDR/MHS to support public health.
  
o To stop collecting data needed to identify and interrupt HIV outbreaks would neglect public health.
  
o To give people the option to opt-out of HIV data sharing would result in incomplete surveillance and weaken justification for resources needed to end the epidemic.
Efforts to Address the Resolution (1 of 2)

• We will continue to support efforts nationally to protect molecular HIV data, modernize HIV criminalization laws, and ensure CDR activities benefit communities.

• Although CDC will not fully enact suggestions in the Resolution as written, they are working to incorporate components into practice by:
  o Working to help providers better communicate the surveillance and public health data usage to patients.
  o Continuing to require that individual consent be gained before HIV sequences collected through the National HIV Surveillance System are added to a public repository.
Efforts to Address the Resolution (2 of 2)

• CDC has heard from partners that are implementing CDR/MHS activities that the requirements are too rigid for some areas and would benefit from additional contextualization.

• In response to this feedback, CDC is considering the possibility of an adaptable framework for CDR/MHS activities.
  o The goal is to be responsive to jurisdictional trends, needs, and circumstances.
  o With this type of tailoring, CDR/MHS activities may vary from one jurisdiction to another.
Current and Future CDR/MHS Efforts
Strengthening Data Protections

• For info collected, CDC guidance requires that data:
  1. Are not submitted to a public repository unless individual’s consent is obtained
  2. Should not be used to determine directionality
  3. Is limited to Sanger or consensus sequences

• CDC is updating the National Center for HIV, Viral Hepatitis, STDs, and TB Prevention Data Security and Confidentiality Guidelines.
  o Requires health departments to report relatively less complete data
    ▪ CDC limits data reported to only info that can help advance specific HIV prevention efforts.
HIV Criminalization Laws

- CDC cannot advocate, but they can help states understand where laws go against science.
  - Flagship HIV funding can be used to assess criminalization laws and provide HIV education to prosecutors/law enforcement.

- CDC launched the [HIV Criminalization Legal and Policy tool](#) to assess alignment of laws with science.
  - MHAF supporting this in five to seven states.
Other CDR Efforts Underway

- CDC colleagues have added a new science brief webpage.
  - Compiles evidence for CDR
  - Includes about 100 publications

- CDC also working on provider education about data use for public health as well as building a clearinghouse for CDR info and resources.
Possible Future CDR/MHS Efforts

- CDC is considering other suggestions mentioned in the Resolution.
- CDC is limited in what they can share about possible future efforts before announcements are released.
  - Information received from community engagement and advisory committees will inform the way forward for HIV prevention efforts that use CDR.
- Effective CDR approaches need continual collaboration between federal agencies, health care providers, housing organizations, and other partners involved in providing services to communities affected by HIV.
Federal Collaborations for Local Needs in Boston

Federal agencies

State and local agencies

FQHCs and CBOs
PACHA Federal Updates on Ending the HIV Epidemic

Lee A. Fleisher, M.D.
CMS Chief Medical Officer
Director, Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

Wednesday, March 29, 2023
CMS/Center for Clinical Standards and Quality Authorities & Programs

- National & Local policies
- Mechanisms to support innovation (CED, parallel review, other)

- Quality Improvement Organizations
- Hospital Innovation & Improvement Networks
- Rapid Cycle Evaluation

- Hospital Inpatient Quality
- Hospital Outpatient
- In-patient psychiatric hospitals
- Cancer hospitals
- Nursing homes

- CLIA Program
- Clinical Laboratories
- Target surveys
- Quality Assessment & Performance Improvement

- VBP hospitals, SNF, HHA, ESRD
- Payment adjustments HAC, hospital RRP
- Physician Quality Payment Program (QPP)

- Home Health Agencies
- Long-term Care Acute Hospitals
- In-patient rehabilitation facilities
- Hospices
- Other facilities

- Hospitals, Home Health Agencies, Hospices, ESRD facilities, Nursing Home, Clinician and other Care Compare
Coverage Of Additional Preventive Services

• HIV screening
  • Annual, voluntary screening for people 15 – 65 years old, without regard to perceived risk
  • Annual, voluntary screening for adolescents younger than 15 and adults older than 65 who are at increased risk for HIV infection
  • 3 voluntary HIV screenings during pregnancy
Coverage Of Additional Preventive Services (Cont.)

• Currently conducting National Coverage Determination (NCD) analysis on:
  • PrEP or pre-exposure prophylaxis to prevent HIV infection for individuals at increased risk of HIV acquisition
    • Considering and reviewing evidence for the oral and injectable PrEP drugs
    • Expecting *proposed* NCD to post in July and will begin another 30-day public comment period
    • *Final* decision to be posted within 60 calendar days after this 30-day public comment period closes, completing the NCD analysis in 9 months or less
CMS National Quality Strategy Goals

**Equity**
Advance health equity and whole-person care

**Engagement**
Engage individuals and communities to become partners in their care

**Safety**
Achieve zero preventable harm

**Resiliency**
Enable a responsive and resilient health care system to improve quality

**Equity, Person-Centered Care, and Engagement**

**Improving Quality, Outcomes, and Alignment**

**Outcomes**
Improve quality and health outcomes across the care journey

**Alignment**
Align and coordinate across programs and care settings

**Interoperability**
Accelerate and support the transition to a digital and data-driven health care system

**Scientific Advancement**
Transform health care using science, analytics, and technology

**Safety and Resiliency**

**Engagement**

**Interoperability, Scientific Advancement, and Technology**

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Merit-based Incentive Payment System (MIPS)

MIPS 2023 Performance Categories

- Quality: 30% of MIPS Score
- Cost: 30% of MIPS Score
- Improvement Activities: 15% of MIPS Score
- Promoting Interoperability: 25% of MIPS Score

100% of MIPS Final Score

- Comprised of 4 performance categories.
- The points from each performance category are added together to give you a MIPS final score.
- The MIPS final score is compared to the MIPS performance threshold to determine if you receive a positive, negative, or neutral payment adjustment.
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP Candidate

Measures and Activities

<table>
<thead>
<tr>
<th>Quality Measures in BLUE: Denote duplicated within topics</th>
<th>*MVP Broad measures are applicable to all clinical sub-topics</th>
</tr>
</thead>
</table>

**HIV/AIDS (4)**
- **MIPS 205:** HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis (MIPS CQM)
- **MIPS 338:** HIV Viral Load Suppression (MIPS CQM)
- **MIPS 340:** HIV Medical Visit Frequency (MIPS CQM)
- **MIPS 475:** HIV Screening (eCQM)

**Hepatitis C Virus (HCV) (3)**
- **MIPS 387:** Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (MIPS CQM)
- **MIPS 400:** One-Time Screening for Hepatitis C Virus (HCV) for all Patients (MIPS CQM)
- **MIPS 401:** Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis (MIPS CQM)

**Sexually Transmitted Infections (STI) (2)**
- **MIPS 205:** HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis (MIPS CQM)
- **MIPS 310:** Chlamydia Screening for Women (eCQM)

**MVP Broad**
- **MIPS 130:** Documentation of Current Medications in the Medical Record (eCQM, MIPS CQM)
- **MIPS 134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Medicare Part B Claims, eCQM, MIPS CQM)
- **MIPS 240:** Childhood Immunization Status (eCQM)
- **MIPS 487:** Screening for Social Drivers of Health
- **MIPS 493:** Adult Immunization Status (MIPS CQM)

**Improvement Activities (15)**
- **IA_AHE_1:** Enhance Engagement of Medicaid and Other Underserved Populations (high)
- **IA_AHE_5:** MIPS Eligible Clinician Leadership in Clinical Trials or CBPR (medium)
- **IA_AHE_6:** Provide Education Opportunities for New Clinicians (high)
- **IA_AHE_12:** Practice Improvements that Engage Community Resources to Address Drivers of Health (high)
- **IA_BE_4:** Engagement of patients through implementation of improvements in patient portal (medium)
- **IA_BE_15:** Engagement of patients, family and caregivers in developing a plan of care (medium)
- **IA_EPA_1:** Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient’s Medical Record (high)
- **IA_MVP:** Practice-wide quality improvement in the MIPS Value Pathway Program (MVP)
- **IA_PCMH:** Electronic submission of Patient Centered Medical Home accreditation
- **IA_PM_6:** Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities (medium)
- **IA_PM_11:** Regular review practices in place on targeted patient population needs (medium)
- **IA_PM_14:** Implementation of methodologies for improvements in longitudinal care management for high risk patients (medium)
- **IA_PM_XX:** Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services (medium)
- **IA_PSPA_23:** Completion of CDC Training on Antibiotic Stewardship (high)
- **IA_PSPA_32:** Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support (high)

**Cost Measures (1)**
- **Total Per Capita Cost (TPCC)**

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*MV**P Broad measures are applicable to all clinical sub-topics.
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP Candidate

Recommendation

- Move forward with Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP for 2024 rulemaking.
- Incorporate the following measures and activities from 30-day feedback period:
  - IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations
  - IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
  - IA_AHE_6: Provide Education Opportunities for New Clinicians
- If finalized, incorporate the following measures and activities:
  - IA_MVP: Practice-wide quality improvement in the MIPS Value Pathway Program (MVP)
  - IA_PM_XX: Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services

Outstanding Questions/Comments

- Consideration of 30-day MVP feedback recommending inclusion of measure 065: Appropriate Treatment for Upper Respiratory Infection (URI) and measure 066: Appropriate Testing for Pharyngitis
  - Recommendation: While these measures would apply within the MVP, they would also likely broaden out the participating clinician type (i.e., family practice).
- Consideration of maximum range of 15 – 20 activities in each MVP, seeking to avoid duplication of concepts and too many choices?

See Appendix for all 30-day MVP feedback for Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
Focusing on Patient Safety

Perspective

Health Care Safety during the Pandemic and Beyond — Building a System That Ensures Resilience

Lee A. Fleisher, M.D., Michelle Schreiber, M.D., Denise Cardo, M.D., and Arjun Srinivasan, M.D.

FOR ABOUT TWO DECADES, the U.S. health care system was making strides in improving patient safety, as demonstrated by the reduction of health care–associated infections and other complications of care.1 Though there was still room for improvement, the trends were certainly in the right direction. Since the Covid-19 pandemic began, however, many indicators make it clear that health care safety has declined. The public health emergency has put enormous stress on the health
### Responding to a New Emergency: Monkeypox

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medicaid/CHIP</th>
<th>Commercial</th>
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</table>
| • Clinical diagnostic testing covered, subject to usual requirements | • In Medicaid  
  • Covered under mandatory lab and x-ray services benefit  
  • In the Children’s Health Insurance Program (CHIP)  
    • Can be covered under the optional laboratory and x-ray services benefit.  
  • Option, but not requirement, to impose cost-sharing  
  • Certain flexibilities (e.g., location of test administration and physician’s order) available to states under HHS PHE declaration | • Commercial individual and small group plans (including QHPs) must cover 10 Essential Health Benefits (EHBs), including laboratory services  
  • Coverage details may vary by state and plan  
  • Otherwise, testing covered at plan’s discretion  
  • Cost-sharing also at plan’s discretion |
| • “General” screening (absent known exposure) not covered | | |
| • Exempt from cost sharing under Original Medicare | | |
| • Medicare Advantage plans can require cost sharing | | |
| • National payment rates for new clinical diagnostic laboratory tests (CDLTs) set during an annual process | | |
| • Until that time, rates are locally determined by Medicare Administrative Contractors (MACs) | | |
## Continued Coordination on HIV Programs

<table>
<thead>
<tr>
<th>Lead Agencies</th>
<th>Activity</th>
<th>Activity Description</th>
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<tbody>
<tr>
<td>CDC, VA, HRSA, SAMHSA, CMS, IHS, and OPA</td>
<td>HIV Testing Report to Congress</td>
<td>This is an annual report that establishes a 5 million person national HIV testing goal for federally supported HIV prevention, treatment, and care programs. The report draws on the HIV testing data from across the government, including CDC, VA, HRSA, SAMHSA, CMS, IHS, and OPA.</td>
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<tr>
<td>CMS and HRSA</td>
<td>Medicaid Waiver and Demonstration Guidance</td>
<td>Throughout FYs 2020-2021 and currently, CMS provides technical assistance to states as they develop Medicaid waivers and demonstration programs that include the HIV at-risk population and people with HIV. HRSA is on the team of federal reviewers for the state waivers and demonstration programs and CMS has coordinated with HRSA regarding issues pertaining to people with HIV.</td>
</tr>
<tr>
<td>NIH, CDC, CMS, and HRSA</td>
<td>AIDSinfo Information Service</td>
<td>AIDSinfo, a service of HHS, offers access to the latest, federally-approved HIV/AIDS treatment guidelines, information about HIV treatment and prevention clinical trials, and other research information for health care providers, researchers, people affected by HIV, and the general public.</td>
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</table>
Thank you!

lee.fleisher@cms.hhs.gov
The HOPWA program received its first direct appropriations on October 28, 1992.

The first appropriation provided formula funding to 38 jurisdictions including 11 states, Puerto Rico, and 27 cities.

Timeline: A look back at 30 years of HOPWA
https://www.hud.gov/program_offices/comm_planning/hopwa/30th_anniversary
New HOPWA Competitive SPNS Grants - HIFA

- On December 1, 2021, HUD awarded 20 new grants under the FY2020 HOPWA Competitive Grant: Housing as an Intervention to Fight AIDS (HIFA) NOFO, FR-6400-N-11.
  - First new HOPWA competitive opportunity in over 5 years.

- The total funding awarded was $40,468,821.

- Provided communities an opportunity to create and implement new projects that align with initiatives aimed at ending the HIV epidemic, promote equity in their housing programs, and elevate housing as an effective structural intervention in ending the epidemic.

- Selected applicants received a one-time, three-year, non-renewable grant to fund housing assistance and supportive services for eligible beneficiaries, coordination and planning activities, and grants management and administration.
Meet the HOPWA HIFA Grantees

<table>
<thead>
<tr>
<th>State</th>
<th>Organizations</th>
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<tbody>
<tr>
<td>California</td>
<td>Volunteers Of America Of Los Angeles</td>
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<td></td>
<td>Foothill AIDS Project</td>
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<tr>
<td>Colorado</td>
<td>Vivent Health</td>
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<tr>
<td>Florida</td>
<td>Community Rightful Center, Inc.</td>
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<td>Broward House, Inc.</td>
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<td>City Of Tampa</td>
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<tr>
<td>Hawaii</td>
<td>Hoomanaolana (Gregory House)</td>
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<tr>
<td>Illinois</td>
<td>AIDS Foundation Of Chicago</td>
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<td>Chicago House And Social Service Agency</td>
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<tr>
<td>Indiana</td>
<td>The Damien Center Inc.</td>
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<tr>
<td>Massachusetts</td>
<td>Fenway Community Health Center, Inc.</td>
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<td>Missouri</td>
<td>Interfaith Residence Inc.</td>
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<td></td>
<td>City Of Kansas City, Missouri</td>
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<tr>
<td>New York</td>
<td>African Services Committee, Inc.</td>
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<tr>
<td>Oklahoma</td>
<td>HIV Resource Consortium Inc.</td>
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<tr>
<td>South Carolina</td>
<td>Palmetto AIDS Life Support Services</td>
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<tr>
<td>Tennessee</td>
<td>Hope House Day Care Center, Inc.</td>
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<td>Texas</td>
<td>AIDS Foundation Houston, Inc.</td>
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<td></td>
<td>Abounding Prosperity Incorporated</td>
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<tr>
<td>Washington</td>
<td>City of Seattle</td>
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Summaries of each HOPWA HIFA project awarded can be found with the award announcement press release here: https://www.hud.gov/press/press_releases_media_advisories/HUD_No_21_196
HOPWA COVID-19 Response

CARES Act Funding
- $65M in supplemental funding for HOPWA

CARES Act Flexibilities:
- Increased Admin Caps
- Short-Term Rent, Mortgage, and Utility (STRMU) assistance up to 24 months
- Lodging at hotels, motels, or other locations for people with HIV as well as non-HIV positive family members
- Formula grantees can designate portion of FY20 allocations for COVID-19 response

Regulatory Waivers:
- HUD issued regulatory waivers to help prevent the spread of COVID-19 and facilitate assistance, including:
  - Self-certification of program eligibility
  - Units above Fair Market Rent (FMR)
  - Virtual Housing inspections
  - Housing time limits
In October 2022, OHH and HUD’s Office of Special Needs Assistance Programs partnered on a joint letter to HIV housing and homeless services grantees, providers, and stakeholders focused on ways HOPWA, ESG, and CoC funds can be used to prevent and mitigate cases of severe Mpox.

The letter:
• highlighted the importance of getting people with HIV who are homeless or unstably housed into housing and protected through Mpox vaccination.
• Encouraged using stable housing as a platform for getting individuals who have disengaged from HIV care reconnected to care and other needed supportive services to improve their health and housing stability.
• Provided links to detailed fact sheets that discuss how HOPWA, ESG, and CoC funds can be used for infectious disease preparedness and response.
• Encouraged local HIV housing and homeless assistance programs to coordinate with health departments and other community partners in their Mpox response efforts to ensure these efforts are coordinated and targeted to meet the needs of the community.

FY23 Funding

FY23 $499,000,000

- Formula 90%
- Competitive 10%

Total:
- $499,100,000

Funding breakdown:
- $49,900,000
- $449,200,000
FY24 Budget

• The Budget provides $505 million for HOPWA, a proposed $6 million increase over FY23.
  – $454.5 million for formula grants
  – $50.5 million for competitive grants

• At $505 million, HUD estimates that communities will be able to provide access to affordable housing for approximately 48,000 individuals living with HIV and their families.

• In addition to affordable housing, an estimated 65,000 households will receive supportive services to ensure housing stability.
• OHH is an active member of the National HIV/AIDS Strategy Federal Implementation Workgroup.

• In 2021-2022, HUD collaborated with CDC and HRSA on response efforts to HIV outbreaks that occurred among people experiencing homelessness or housing instability.

• In May 2022, HUD and CDC partnered on a webinar about available HIV resources for youth who are experiencing housing instability or homelessness.

• In August 2022, HUD, HRSA, and CDC convened a Technical Expert Panel (TEP) to hear from housing providers, advocacy groups, health departments, and people with lived experience about how people living with and vulnerable to HIV can be better served by all of HUD’s programs.

• In November 2022, HUD and SAMHSA presented a joint webinar for stakeholders describing best practices for utilizing HOPWA and SAMHSA program funding to effectively serve clients with HIV in need of behavioral health services.

• HUD is currently collaborating with HRSA HAB on a SPNS initiative to promote the replication of effective housing interventions to decrease health and housing disparities and improve health outcomes along the HIV care continuum.
HOPWA Resources

HOPWA page on HUD.gov:
https://www.hud.gov/program_offices/comm_planning/hopwa

HOPWA page on the HUD Exchange TA Portal:
https://www.hudexchange.info/programs/hopwa/

HOPWA COVID-19 Resources:
https://www.hud.gov/program_offices/comm_planning/hopwa_covid-19

HOPWA FY24 Congressional Justification:
NHAS, EHE, & MHAF

76th PACHA Full Council Meeting

March 29, 2023

Timothy P. Harrison, PhD
Principal Deputy Director
Office of Infectious Disease and HIV/AIDS Policy (OIDP)
The Ending the HIV Epidemic in the U.S.

Key Strategies

- **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.

Geographic Focus

- 48 counties, DC, and San Juan accounted for 50% of HIV diagnoses in 2016 and 2017
- 7 states with substantial HIV diagnoses in rural areas
Ending the HIV Epidemic: FY 24 Request

- Congress provided $573.25 million in discretionary funding for HHS to implement EHE initiative in FY 2023. The budget for the fourth year helped build on both FY 2021 and FY 2022 efforts and ramp up activities within 57 jurisdictions.

- The Administration’s FY 2024 request for the EHE initiative is for $850 million, a $276.75 million increase over the FY 2023 enacted level.

- Budget also proposes a new mandatory PrEP Delivery System that would provide PrEP to uninsured and underinsured people without cost-sharing and include essential wrap-around services.
Ending the HIV Epidemic: OASH/OIDP

- **EHE Coordination**
  - Cross-agency coordination of EHE initiative
  - Facilitate collaborative efforts of EHE funded agencies; and the integration of attributes of non-funded agencies to optimize EHE outcomes
  - Stakeholder Engagement and coordination with NHAS
- **Minority HIV/AIDS Fund, NHAS, and EHE**
  - Support for workforce training, capacity building, technical assistance, status neutral and “syndemic” strategies
  - Addressing social and structural barriers, including stigma
  - AHEAD dashboard to monitor EHE progress
  - I am a “Work of ART” campaign
  - HIV and Aging Challenge
  - Youth
  - PACE Program USPHS Officers in HHS Regions 4, 6, and 9
Syndemic Developments

“clustering and interaction of two or more diseases, as a result of social and structural determinants of health (SDOH), that lead to excess burden of disease in a population”

- Coordinating the federal Syndemic Steering Committee (SSC) on HIV, STIs, VH, Mental Health, and Substance Use.
  - Developing standardized syndemic language
  - Developing guidance on blending, braiding, and flexibility of funding to implement syndemic approaches
  - Hosting syndemic-focused listening sessions and technical consultation
  - Establishing an interagency data working group to identify challenges and best practices and develop guidance to facilitate syndemic approaches
- OIDP is also leading a project to identify and assess programs across the United States that have successfully adopted integrated, syndemic approaches.
  - Best practices, challenges, and lessons learned will inform the development of resources for use by other programs.
Integrated Approach Across National Strategic Plans
Thank You
PACHA Meeting
HRSA HAB Updates on Ending the HIV Epidemic in the U.S.
March 29, 2023

Heather Hauck, MSW, LICSW, Deputy Associate Administrator
HIV/AIDS Bureau (HAB)
Health Resources and Services Administration

Vision: Healthy Communities, Healthy People
For FY 2023, HRSA announced that approximately $147 million will be awarded EHE recipients:

- **39** metropolitan areas and **eight** states awarded **$139 million** (Ryan White HIV/AIDS Program Parts A and B jurisdictions)
- **Two** organizations (Technical Assistance Provider and Systems Coordination Provider) awarded **$8 million**

Additional awards are expected later this summer to continue to enhance and expand the HIV workforce through the Ryan White HIV/AIDS Program AIDS Education and Training Center Program (Part F)
FY 2020 – FY 2023 Ending the HIV Epidemic in the U.S. (EHE) Requested vs. Appropriations
(dollars in thousands)
HAB EHE-Funded Jurisdictions – Overlap with RWHAP Parts A and B Counties & States
47 HAB EHE-Funded Jurisdictions

- Alabama
- Arkansas
- Maricopa County (Phoenix)
- Alameda County (Oakland)
- Los Angeles County
- Orange County (Santa Ana)
- Riverside & San Bernardino Counties
- Sacramento County
- San Diego County
- San Francisco County
- Broward County (Ft. Lauderdale)
- Duval County (Jacksonville)
- Hillsborough & Pinellas Counties (Tampa)
- Miami-Dade County
- Orange County (Orlando)
- Palm Beach County

- Atlanta (Fulton, Cobb, Gwinnett, & DeKalb Counties)
- Cook County (Chicago)
- Marion County
- Kentucky
- East Baton Rouge Parish
- Orleans Parish
- Baltimore City
- Suffolk County (Boston)
- Wayne County (Detroit)
- Mississippi
- Missouri
- Clark County (Las Vegas)
- Essex County (Newark)
- Hudson County (Jersey City)
- Long Island (Bronx, Kings, New York, & Queens)
- Mecklenburg County (Charlotte)

- Oklahoma
- Cuyahoga County (Cleveland)
- Franklin County (Columbus)
- Ohio/Hamilton County
- Philadelphia County
- San Juan
- South Carolina
- Shelby County (Memphis)
- Bexar County (San Antonio)
- Dallas County
- Harris County (Houston)
- Tarrant County (Ft. Worth)
- Travis County (Austin)
- King County (Seattle)
- Washington, DC (Prince George's & Montgomery Counties)

Funded under HRSA 20-078
HAB FY 2020 Ending the HIV Epidemic in the U.S. (EHE) Year 1 Goal: Serve 18,000 New or Re-engaged Clients

New Clients
2020 Total: 11,139
• March – August: 6,262
• September – December: 4,877

Re-engaged Clients
2020 Total: 8,282
• March – August: 3,686
• September – December: 4,596

TOTAL NEW AND RE-ENGAGED CLIENTS, 2020 = 19,421
HAB EHE Qualitative Summary of Progress: Highlights

- EHE recipients delivered expanded RWHAP services and innovative programs, especially to people newly diagnosed and those re-engaged in care.
- EHE recipients expanded access to services through technology and structural changes.
- Due to COVID-19, EHE recipients faced unexpected barriers and challenges to implementing their EHE workplans.
- EHE recipients demonstrated flexibility and resilience in meeting the needs of their clients during the COVID-19 public health emergency.
HAB EHE recipients *expanded access* to services through *technology* and *structural changes*.
Ending the HIV Epidemic in the United States: New and Expanded Partnerships

**Federal**
- HRSA Health Center Program
- U.S. Department of Housing and Urban Development (HUD) - Housing Opportunities for People with AIDS (HOPWA)

**State/Government Agencies**
- Corrections facilities
- Disease intervention specialists
- Health departments

**Community Based**
- Community-based health centers
- Community coalitions
- Community-based organizations (e.g., Health Education Resource Centers, Boys and Girls Club)
- Nonprofit organizations

**Clinical**
- AIDS service organizations (ASOs)
- Ambulatory care services sites (health care centers, health department clinics, and urgent care)
- HIV/STI/STD counseling and testing sites
- Medical provider associations
- Pharmacies
- Family Planning Services
- Clinical quality management committees
- Hospital’s Trauma Response Team
- Wellness clinics

**Technical Assistance**
- Technical assistance providers
- Data and evaluation support
- Telehealth Technical Assistance Provider
- TRAIN Learning Network

**Transportation**
- Mobile Medical Units (MMUs)
- Rideshare services (e.g., Lyft, Uber)

**Referral relationships**
- HIV/STI Hotline
- Labs within local hospitals
- The National Kidney Foundation

**Support Services**
- Food pantries
- Legal services
- Substance abuse rehabilitation facilities

**Priority Population Focused**
- Gender-specific clinics
- LGBTQ+ community centers
- Safehouses/nonprofits for youth
- Networks/collaboratives focused on sexual minority youth
HAB EHE AIDS Education and Training Center (AETC) Program Accomplishments

• Leveraged extensive relationships with state and local health departments to identify the needs of EHE jurisdictions and potential partnerships, resulting in enhanced training programs and increased collaborations.

• Conducted EHE trainings, launched an HIV prevention detailing program, and created a Community Health Worker Advisory Group and new Communities of Practice.

• Developed additional provider resources, created a new HIV Care Tools app, and implemented four national email campaigns targeted to EHE jurisdictions.
The FY 2021 HRSA Virtual Public Health Leader Roundtable and Community Listening Sessions were an opportunity for participants to share candid feedback on challenges, successes, and barriers in achieving the goals of the EHE initiative.

In CY 2023 HRSA and CDC are currently planning joint Community Engagement Listening Sessions.

### Cross-cutting Themes

1. Build Peer Navigators and Community Health Workers (CHW) Capacity
2. Breakdown Federal Funding Stream Silos and Improve Collaboration
3. Feedback on the EHE Initiative
4. Social Determinants of Health
5. Stigma as a Barrier to Accessing Care
Contact Information

Heather Hauck, MSW, LICSW
Deputy Associate Administrator
HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)
Email: hhauck@hrsa.gov
Phone: 301-443-3613
Web: hab.hrsa.gov
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Indian Health Service & Tribal Partners’ Indigi-HAS Review
Building Relationships for Better Health

This strategy is the result of a collaboration between NPAIHB, IHS, and the Indigenous HIV, STI, HCV Strategy Advisory Committee, with support from Cardea.

This project is funded by the Minority HIV/AIDS Fund via the Indian Health Service HIV/HCV/STI Program.
Vision

We envision a world in which all Indigenous people are healthy in mind, body, and spirit; the spread of HIV, STIs, and viral hepatitis is prevented; every person knows their status and lives free from stigma and discrimination; and every person has access to high quality, holistic care that reflects Indigenous values, promoting relationships with each other, the land and all beings.

This vision includes all Indigenous people, regardless of age, sex, gender identity, sexual orientation, religion, disability, geographic location, socioeconomic circumstance, or health status.
This strategy centers the Medicine Wheel as a framework for improving the health and well-being of Indigenous people.
Core Values

Honesty, truth, trustworthiness

Affirming community strength, good work, humor, and courage

Overarching: love, respect, Kuleana (responsibility - born into, have as community member)

Sharing wisdom

Interconnectedness with each other, the land, all beings, and reciprocity

Diversity, equity, justice

Balance, harmony, healing, holistic care

Responsibility to community and family
Strategy Components

Main Messages: 6
- to guide the strategy

Goals: 14
- to specify areas of focus

Objectives: 23
- to reach goals

Strategies: 66
- to meet objectives

Indicators: 14
- to measure progress to achieve goals

HIV, STI, and Viral Hepatitis Connections: 14
- to demonstrate alignment with national plans

Programs & Practices: 14
- to highlight Indigenous work
Strategy Components

Type of Intervention
- Prevention
- Treatment
- Diagnosis
- Response

Level of Intervention
- Individual/Family
- Community
- System

Source for icons: https://www.indiancountryecho.org/sud-resource-hub/
Main Messages and Goals, Objectives & Strategies
Sovereignty
Sovereignty

**Main message:** Center Indigenous sovereignty in the design and delivery of health services, including sexual health services

**Goal 1.** Increase understanding, recognition, and respect related to Indigenous sovereignty

- **Objective 1.1.** Educate public and private partners, including federal, state, and local agencies, about Indigenous sovereignty and how sovereignty should be considered in building relationships with Indigenous communities
  - **Strategy 1.1.1.** Build relationships between Indigenous communities and public and private partners to increase understanding and recognition of Indigenous sovereignty
  - **Strategy 1.1.2.** Increase recognition that body sovereignty is an extension of Indigenous sovereignty
Cultural Responsiveness
Cultural Responsiveness

**Main message:** Deliver culturally and linguistically responsive health services, including sexual health services

**Goal 3.** Enhance cultural and linguistic responsiveness of health services

- **Objective 3.1.** Engage Indigenous people in designing and delivering health programming, including clinical and behavioral health services
  - **Strategy 3.1.1.** Expand Indigenous-driven health programming, both within and beyond the clinic, to meet people where they are in culturally responsive ways
  - **Strategy 3.1.2.** Increase recruitment, retention, and training of Indigenous people in the health and social service workforce to support relationships between health care professionals, practitioners, and Indigenous communities
Partnerships
Partnerships

Main message: Strengthen partnerships to improve systems of care for Indigenous people

Goal 5. Strengthen partnerships within and across Indigenous communities to improve systems of care for Indigenous people

- Objective 5.1. Strengthen partnerships within and across Indigenous communities to continue developing culturally responsive systems of care for Indigenous people
  - Strategy 5.1.1. Increase interprofessional collaboration across administration, health care professionals, and other practitioners within Indigenous communities
Awareness & Stigma
Main message: Reduce sexual health-related stigma

Goal 7. Increase knowledge and awareness of the relationship between sexual health and overall health and well-being

- **Objective 7.1.** Implement strategies to improve knowledge and awareness of connection between sexual health and overall health and well-being
  - **Strategy 7.1.1.** Increase representation of Indigenous people in health programming tailored to specific communities and regions
  - **Strategy 7.1.2.** Collaborate with school districts and other places where youth and elders gather to support culturally relevant sex education, including the needs of people who are Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning or have additional sexual orientations and gender identities (2SLGBTQ+)
Clinical Resources & Services
Clinical Resources & Services

Main message: Develop capacity to support diagnosis, treatment, prevention, and response to HIV/STIs/viral hepatitis

Goal 10. Increase the availability of accessible and sustainable clinical resources and services across IHS, Tribal, and Urban systems

- **Objective 10.1.** Develop and disseminate evidence-based and promising practices that center on Indigenous health and practices
  - **Strategy 10.1.1.** Create centralized repositories of resources that are culturally responsive to Indigenous communities, including standards of care, standardized forms for sexual history taking, and training available on demand
  - **Strategy 10.1.2.** Draw upon existing national and regional networks to support an exchange of knowledge between communities
  - **Strategy 10.1.3.** Develop evidence-based/evidence-informed and practice-based programs that are culturally responsive to Indigenous communities and disseminated widely
Data Systems
Main message: Improve the knowledge, evidence, and practice base related to Indigenous health and well-being

Goal 13. Strengthen data systems and data sharing processes to address information gaps

- **Objective 13.1.** Enhance information sharing within and between communities
  - **Strategy 13.1.1.** Expand public health data support, analysis, and reporting, including an annual syndemic summary
Indicators
Indicators

The strategy includes indicators to measure progress, which align with the goals, objectives, and strategies

• Key measures are included in each section

• An indicators table is included, which provides an extensive list of indicators from a variety of existing data sources on Indigenous health and wellness
Programs and Practices
The strategy includes examples of programs and additional resources that...

- Illustrate current work in Indigenous communities
- Support Indigenous communities in continuing to work towards the outlined goals, objectives, strategies, and indicators
Thank You

For any questions, please contact
Rick Haverkate, IHS National HIV/STI/HCV Consultant
Richard.Haverkate@ihs.gov
Federal Updates on Ending the HIV Epidemic

National Institutes of Health
Office of AIDS Research

Presidential Advisory Council on HIV/AIDS

RDML Timothy H. Holtz, MD, MPH, FACP, FACPM
Deputy Director, Office of AIDS Research
National Institutes of Health

March 29, 2023
Key Functions of OAR

Convene  Catalyze

Communicate  Coordinate

NIH Office of AIDS Research
NIH HIV Research Funding, FY 2018–2023

Dollars in Millions

2018: $2,995
2019: $3,045
2020: $3,076
2021: $3,082
2022: $3,194
2023: $3,294

$299 M increase since FY 2018
Role of NIH in the EHE Initiative

- Coordinates local prevention efforts
- Expand access to HIV-related services
- Supports implementation research

Locally-relevant best practices

- Syringe service programs
- PrEP
- Molecular testing
- Cluster detection & response
- Timely ART
- Rapid tests

Implementation Research

Better understanding of how to best leverage available interventions in different geographic and cultural contexts
Focus on Populations Disproportionately Impacted by HIV

Number of projects addressing key demographic groups

- Black/African American: 99
- Gay/Bisexual/MSM: 75
- Latino/Hispanic: 73
- Transgender/Gender Non Binary: 50
- Adolescent/Young Adult: 35
- Immigrant: 27
- People who inject drugs: 26
- Other drug users: 19
- Sex workers: 13
- Native American: 6

*Note: Projects may address the needs of more than one demographic group*
NIH Projects Cover All Four EHE Pillars

**Diagnose**
- HIV testing at outreach events in community-based venues in Miami, FL
- Developing a self testing program with subsequent linkage to gender-affirming care for trans women in New York

**Treat**
- Pharmacy-based HIV service delivery for Latino MSM in Miami, FL
- Preparing for long-acting injectable treatment in Los Angeles, CA

**Prevent**
- Increasing PrEP awareness and uptake in Black women in New Orleans, LA
- PrEP delivery at a mobile syringe services program in Miami, FL
- Molecular epidemiology to prioritize prevention resources in Clark County, NV

**Respond**
- Educational videos on contact tracing for people involved in HIV cluster investigations in King County, WA

*Note: Projects may cover more than one pillar*
Geographic Reach of NIH Program

Number of NIH projects by EHE jurisdiction

*Note: Projects may cover more than one geographic area
**NIH EHE Projects: Focal Areas**

**FY 2019**
- 65 projects

- Racial/ethnic minority populations

**FY 2020**
- 34 1&2-year projects

- Cisgender heterosexual women

- Data-driven communication strategies

**FY 2021**
- 36 1-year projects

- Social, structural determinants

- HBCUs

- RCMIs

**FY 2022**
- 66 1&2-year projects

- Data science

- Health Equity

- Strategic alliances

- Behavioral economics

- Status neutral

**FY 2023**

- Syndemic approaches

- Leveraging pharmacies

- Linkage to care after incarceration

- Cluster detection

---

HBCUs: Historically Black Colleges and Universities

RCMIs: Research Centers in Minority Institutions
NIH FY 2023 EHE Spend Plan: $26M

• **$6 million** for final year of FY22 projects
  – Equity-focused approach to address health disparities

• **$20 million** for new funding opportunities: continued support for implementation research to bridge gap between research and practice
  – CFARs and ARCs supplements
  – Multi-year collaborative implementation science projects
Footprint of NIH EHE Projects Across the U.S.

Phase I EHE Jurisdictions
NIH research project density: 2019–2022
Expanded Reach Through Community Partners

Most common partners:
- Health departments
- Community-based organizations
- Community health clinics

400+ total community partners
Addressing Stigma

AIDS 2022 Satellite Symposium

Launch of 2022 AJPH Special Issue: Addressing Intersectional Stigma and Discrimination to Improve HIV-Related Outcomes

• Recent Key Efforts to Improve HIV-related Intersectional Stigma and Discrimination Research (Goodenow and Rausch, 2022)

• U.S. Government Health Agencies’ Efforts to Address HIV-Related Intersectional Stigma (Gaist et al., 2022)

Active funding opportunities:

• Notice of Special Interest: Stigma or Other Social Determinants of Health (SDOH) in HIV Prevention and Treatment (NOT-MH-20-020)

• Interventions for Stigma Reduction to Improve HIV/AIDS Prevention, Treatment and Care in Low- and Middle- Income Countries (PAR-21-344)
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HIVinfo.nih.gov
Clinicalinfo.hiv.gov
https://www.OAR.nih.gov
Extra material
Strategic Plan Goals

Advance rigorous and innovative research

Ensure flexibility and responsiveness

Promote dissemination & implementation of discoveries

Build human resource and infrastructure capacity

Strategic planning is informed by:

- Portfolio analysis
- Requests for information
- Internal and external advisors
- Listening sessions
Signature Programs

OAR coordinates NIH-wide initiatives in multidisciplinary focus areas

HIV & Aging

HIV & Women

Technology for HIV Research

Early Career Investigators
Connections Across Federal HIV Advisory Councils
FY 2023 Professional Judgment Budget

Areas of Emphasis:

• Expand basic research in biomedical, behavioral, and social sciences
• Address co-occurring conditions
• Develop and apply transformative technologies, methodologies, and implementation approaches
• Enhance diversity and strengthen capacity in the HIV/AIDS research workforce

https://oar.nih.gov/hiv-policy-and-research/budget
Presidential Advisory Council on HIV/AIDS (PACHA)
Full Council Meeting

Bureau of Primary Health Care Update

March 29, 2022

Ernia Hughes, MBA
Health Resources & Services Administration (HRSA)/Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People
Ending the HIV Epidemic in the U.S. (EHE)
Primary Care HIV Prevention (PCHP) Funding

Purpose & Award History

To expand prevention services that decrease the risk of HIV transmission - including use of PrEP, testing, outreach, and care coordination – to health centers in the 57 EHE geographic jurisdictions.

FY 2020*: $54 million to support 195 health centers
FY 2021: $38 million to support 107 health centers
FY 2022: $20 million to support 64 health centers
FY 2023: $35 million to support ~100 health centers

Funding Objectives

Increase the number of patients counseled and tested for HIV.

Increase the number of patients prescribed PrEP.

Increase the percentage of patients newly diagnosed with HIV who are linked to care and treatment within 30 days of diagnosis.

*A subset of FY20 PCHP awardees requested/received additional $10M to advance their projects, for total of $64M.
*366 PCHP-funded health centers to date
HRSA’s Health Center Program’s Primary Focus in the EHE-PCHP Initiative includes:

- Expanding HIV prevention services, including outreach, care coordination and;
- Access to Pre-Exposure Prophylaxis (PrEP)-related services to people at high risk for HIV transmission through selected health centers in the identified jurisdictions.

- Conducted over 1.7 million HIV tests
- Provided PrEP to 52,477 patients through more than 123,000 clinic visits
- Linked 86% of newly diagnosed patients to care within 30 days

Source: 2021 Uniform Data System (UDS).
Ending the HIV Epidemic – Health Center Progress

Health centers deliver critical primary care and HIV prevention services. In 2021, 958 of the overall health centers provided PrEP, including 302 that were PCHP-funded.*

The overall 958 Health Centers
- Served over 25 million total patients
- 65% racial or ethnic minorities
- Conducted nearly 3 million HIV tests
- Provided PrEP to 79,163 patients
- Linked 83% of newly diagnosed patients to care within 30 days

302** PCHP-Funded Health Centers
- Served nearly 9 million patients
- 79% racial or ethnic minorities
- Conducted over 1.7 million HIV tests
- Provided PrEP to 52,477 patients
- Linked 86% of newly diagnosed patients to care within 30 days

Source: 2021 Uniform Data System (UDS).
*Pre-exposure prophylaxis (PrEP), Ending the HIV Epidemic - Primary Care HIV-Prevention (PCHP) funding.
**FY 2020-21 PCHP-funded Health Centers (HCs) only (FY 2020 = 195 HCs awarded, FY 2021 = 107 HCs). An additional 64 HCs received PCHP funding in FY 2022.
Thank You!

Ernia Hughes, MBA
Director, Office of Health Center Investment Oversight
Bureau of Primary Health Care
Health Resources and Services Administration (HRSA)
EHughes@hrsa.gov

Health Center Program Support

877-464-4772, 8 a.m. to 8 p.m. ET, Monday - Friday (except federal holidays)

bphc.hrsa.gov

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www.HRSA.gov

Sign up for the HRSA eNews

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Health Department NOFOs

- **PS18-1802** - Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments
  - Extended 17 months
  - Now ends on May 31, 2024

- **PS20-2010** - Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States
  - Ending early
  - Now ends on May 31, 2024

While CDC staff cannot talk about NOFO content before they are published, we can and do take into consideration community priorities from various listening sessions and accept ideas submitted from partners.
CDC EHE Results

- 100,000 free HIV self-test kits
- 250,000 HIV tests & 1,000 people newly diagnosed
- More than 18,000 PrEP prescriptions
- 108 SSPs with ~50% being mobile
- Over 200 clusters detected
CDC grantees used EHE funding to conduct almost 250,000 HIV tests, identifying over 3,000 individuals with HIV.

CDC distributed 100,000 free HIV self-test kits to populations disproportionately affected by HIV, including African American and Hispanic/Latino communities and transgender women.

CDC grantees also distributed over 16,000 self-test kits locally.
CDC grantees used EHE funding to link 84% of persons newly diagnosed with HIV to medical care within 30 days.

And 100% of previously diagnosed persons who were not receiving care were provided or referred to medication adherence support.

3 jurisdictions met the 2025 goal linking 95% of newly diagnosed persons to care.
CDC EHE Results - Prevent

**Testing**
CDC grantees identified more than 140,000 people without HIV through testing efforts in EHE areas.

**Screening**
64% were screened for PrEP.

**PrEP**
Over 18,000 people were prescribed PrEP.

5 jurisdictions met the 2025 goal and were able to link or prescribe PrEP for at least 50% of persons eligible for PrEP.
CDC EHE Results - Prevent

CDC also saw success from our syndemic investments in STI clinics and Syringe Services Programs (SSPs).

EHE funded 26 STD Specialty Clinics in 16 States to meet people where they already receive care.

Innovations include:
- PrEP navigators
- Injectable PrEP
- Mobile units
- Education at events
- Same-day PrEP

EHE funds supported 108 SSPs
- 57 fixed locations
- 51 mobile/outreach locations
Scaling Up HIV Prevention Services in 26 STD Specialty Clinics in 16 States

Percentage of STD Clinics Providing HIV-related Services

- Extragenital (pharynx and rectum) NAAT for GC/CT: 100%
- Risk assessment and education for PrEP: 96%
- STD express visit: 88%
- Linkage for PrEP: 88%
- Referral for PrEP: 72%
- Onsite PrEP Treatment (Starter or 3-Mos): 48%

HIV Pre-Exposure Prophylaxis (PrEP)

- 25,173 Persons screened for PrEP
- 14,832 Persons eligible
- 1,861 Persons prescribed PrEP

Reporting Period: January - June 2022
Analyses found that structural barriers, such as affordability and transportation, contributed to HIV transmission.

Critical to build partnerships and develop services that are trusted, linguistically appropriate, and reach people where they are.
Community Engagement
Principles of CDC’s Community-Centered Engagement

- Ensure community partners are meaningfully engaged in the planning and implementation of EHE;
- Build trust, support, and continued dialogue for the initiative with community partners;
- Provide additional opportunity for CDC to provide technical assistance to partners;
- Allow CDC to report directly to our partners on EHE activities; and
- Identify barriers or unmet needs that exist within communities as well as identify potential solutions and address gaps.

Community Engagement Themes

- Break down silos in collaboration and funding
- Workforce development of the public health workforce
- Expansion of HIV testing in ER’s, primary clinics, pharmacies, and urgent care facilities
- Increase focus on social determinants of health (housing, employment, mental health services etc.)
- Ensure that EHE considers the whole person vs. only supporting a biomedical model
New CDC Funding Opportunities
A focus on improving health equity

- Increasing PrEP Use Among Black Cisgender Women in the United States (HerPrEP)
- Telehealth to Support Retention and Adherence to ART
- Long-Acting Antiretroviral Therapy Preferences among Black Women
- Long-Acting Injectables in Non-Clinic Settings
- Rapid ART Initiation in the Emergency Department
- Medical Mistrust Among Hispanic/Latino MSM
CDC will maintain focus on the four pillars of EHE and amplify these efforts by investing in key strategies to **advance health equity**:

- **Self-Testing**
- **Syndemic Approaches**
- **CBO Capacity**
- **Status Neutral Models of Care**
- **PrEP Access**

**Diagnose**

**Treat**

**Prevent**

**Respond**
Thank you!
Substance Abuse and Mental Health Services Administration (SAMHSA) Update

Kristin Roha, MS, MPH
Public Health Advisor for HIV
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
• Block grant funding
  • Substance Abuse Prevention and Treatment Block Grant

• Geographic focus and EHE

• **NEW!** FY23 Grant Program Updates:
  • CSAT: Minority AIDS Initiative – High Risk Populations
  • CMHS: Treatment for Individuals Experiencing Homelessness

• FY22 Grant Programs:
  • CSAP: Prevention Navigator
  • CSAP: Harm Reduction Grant Program
  • CMHS: Minority AIDS Initiative – Service Integration
SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

– SAMHSA: Who We Are
Substance Abuse Prevention and Treatment Block Grant
The Substance Abuse Prevention and Treatment Block Grant (SABG) program was established by Congress to provide funds to states, jurisdictions and one Indian tribe for the purpose of planning, carrying out and evaluating activities to prevent and treat substance abuse and related public health services, including Early Intervention Services for HIV.

Beginning in federal fiscal year (FY) 1993, states and jurisdictions with an AIDS case rate of 10 or more such cases per 100,000 individuals ("designated states") were required to obligate and expend a percentage of their respective SABG allotments for early intervention services for HIV.
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✓: The grantee is a mandatory “designated State” for the indicated SABG FY Award for the SABG HIV 5% Set-Aside Expenditure Requirement.

Δ: The grantee has voluntarily chosen the status of a “designated State” for the indicated SABG FY Award for the SABG HIV 5% Set-Aside Expenditure Requirement, in accordance with SAMHSA policy.
Geographic Focus
Create Notices of Funding Opportunity that target the syndemic of HIV, viral hepatitis, mental illness, and substance use disorders and provide additional points for applicants in EHE priority jurisdictions. This began with the FY22 grant cohort with five additional points awarded to applicants whose catchment area included EHE jurisdictions, results below.

% of Grant Recipients in EHE Jurisdictions by Cohort:

- **CMHS: MAI-SI Grant Program**
  - 2018 Cohort: 55%
  - 2022 Cohort: 94%

- **CSAT: MAI – High Risk Populations Grant Program**
  - 2019 Cohort: 65%
  - 2022 Cohort: 82%
Minority AIDS Initiative: High Risk Populations
(TI-23-008)
Center for Substance Abuse Treatment

**Substance Use Disorder Treatment for Racial Ethnic/Minority Populations at High Risk for HIV/AIDS:** The purpose of this program is to increase engagement in care for racial and ethnic medically underserved individuals with substance use disorders (SUDs) and/or co-occurring SUDs and mental health conditions (COD) who are at risk for or living with HIV. Award recipients will be expected to take a syndemic approach to SUD, HIV, and viral hepatitis by providing SUD treatment to medically underserved racial and ethnic individuals at risk for or living with HIV.

- Five grant cohorts currently providing services: FY17 (13 grants), FY18 (36 grants), FY19 (27 grants), and FY22 (61 grants).
- FY23 cohort is currently accepting applications until May 22, 2023.
Applicants must demonstrate that they provide the following services either in-house or by referral:

1. HIV treatment and care;
2. Referrals and linkages to follow-up care and treatment for individuals with viral hepatitis (B or C); and
3. Referrals and linkages for PrEP.

Applicants that cannot demonstrate the above are screened out of the application process.
• $20.9 million over 5 years for up to 42 grantees, up to $500,000 per year per award. At least five awards will be made to AI/AN tribes or tribal organizations pending sufficient application volume.

• Posted: Wednesday, March 22, 2023

• Closes: Monday, May 22, 2023

• Eligibility: States, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other public or non-profit private entities.
New Required Activities:

• Provide education, case management, referral/linkage to Post-Exposure Prophylaxis (PEP) services for individuals who have received a probable HIV exposure. Health care providers should evaluate persons rapidly for PEP when care is sought within 72 hours after a potential exposure. Award recipients must establish a Memorandum of Agreement (MOA) with a PEP provider before the project begins offering services to clients.

• Develop a continuous outreach strategy with input from the population of focus to include individuals from medically underserved racial and ethnic communities disproportionately affected by HIV/AIDS and HIV-related disparities.
New Required Activities:

• Implement an ongoing strategy to continually reach and provide substance use disorder treatment services to individuals from medically underserved racial and ethnic communities disproportionately affected by HIV/AIDS and HIV-related disparities.

• Hire staff that represent the population of the community being served (see Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standard 3)).

• Translate tools and resources available to recipients of services (see CLAS Standards 5-8).

• Provide, increase, or enhance access to services for people of all racial/ethnic/marginalized groups in the community.

• Create conflict and grievance resolutions processes that are culturally and linguistically appropriate (CLAS standard 14).
New Allowable Activities: Update to PRRS language

• Provide Peer Recovery Support Services (PRSS) designed and delivered by individuals who have lived experience with SUDs and recovery and the following lived experience as appropriate:
  • Are living with HIV/AIDS and taking antiretroviral therapy and are adherent to their treatment or individuals,
  • Who are HIV-negative but have lived experience with HIV prevention methodologies such as taking or have taken PrEP or other HIV risk reduction behaviors,
  • Who have lived experience with hepatitis C treatment and recovery.

Examples of PRSS would be using funds for peer mentors, peer support specialists, recovery coaches, or recovery support specialists.
New Allowable Activities:

- Provide trauma-informed, non-judgmental, culturally appropriate substance use disorder treatment for long-term survivors and people aging with HIV with a substance use disorder.
- No more than 5 percent of the total award may be spent on harm reduction services and/or supplies, including support for overdose reversal, including the purchase of naloxone kits, substance test kits, including test strips for fentanyl and other synthetic drugs.
- Incorporate Undetectable = Untransmittable (U=U) messaging in communication strategies.
New Allowable Activities:

• Assess the feasibility of implementing a status-neutral approach to HIV service delivery given the goals of the project, population served, and existing funding and resource climate, and if deemed feasible to adopt a status-neutral approach to client care. A status neutral approach meets people where they are by offering a “whole person” approach to care by putting the needs of the person ahead of their HIV status. Status neutral service provision is an example of a syndemic approach to public health, weaving together resources from across public health domains.

• Address the intersection between oral and behavioral health by providing dental kits to promote oral health for individuals with SUD (i.e., dental kits are limited to items such as toothpaste, toothbrush, dental floss, non-alcohol containing mouthwash).
New Allowable Activities:

• No more than 5 percent of the total award may be spent on screening and testing participants for sexually transmitted infections (STI) and referral to treatment services as appropriate.

• Use award resources, including funds or staff, for Monkeypox (Mpox) activities conducted in conjunction with SAMHSA supported work.

• Provide cultural competency and implicit bias reduction training to service providers to increase awareness and acknowledgment of differences in language, age, culture, racial and ethnic disparities, socio-economic status, religious beliefs, sexual orientation and gender identity, and life experiences in order to improve the inclusiveness of the service delivery environment and ultimately improve behavioral health outcomes.
New Allowable Activities:

• Provide language access services (to include interpretation, translation, disability accommodations, and accessibility) to support required activities as applicable.

• Implement efforts aligned to the award that may expand diversity equity, inclusion, and accessibility.

• Implement efforts aligned to the award that may expand diversity equity, inclusion, and accessibility.

• Use data to understand who is served and disproportionately served (e.g., overserved or underserved).

• Develop and implement outreach and referral pathways that engage all demographic groups representative of a community.
Treatment for Individuals Experiencing Homelessness (SM-23-006)

• Center for Mental Health Services

• The purpose of this program is to provide comprehensive, coordinated and evidenced-based services for individuals, youth, and families with a serious mental illness, serious emotional disturbance or co-occurring disorder who are experiencing homelessness or at imminent risk of homelessness (e.g., people exiting jail or prison without a place to live).

• Open for applications until May 5, 2023.

• New FY23 cohort allowable activity: Implement outreach strategies that provide HIV and hepatitis screening and effectively educate target populations on HIV and hepatitis screening, treatment, and prevention services. Refer identified clients to providers of appropriate treatment and prevention services and follow-up on the provision of services.
Grant cohorts that are still active from prior years
Center for Substance Abuse Prevention

The purpose of this grant program is to provide training and education around the risks of substance misuse and HIV/AIDS, as well as the integration of a range of services for individuals with HIV/AIDS. The program uses a navigation approach – working through community health workers, neighborhood navigators, and peer support specialists – to expedite services for these populations.

5 grant cohorts currently providing community based prevention activities: FY17 (2 grants), FY19 (6 grants), FY20 (83 grants) FY21 (37 grants) and FY22 (22 grants).
MAI – Service Integration

• Center for Mental Health Services

• The purpose of this grant program is to reduce the co-occurring epidemics of HIV, Hepatitis, and mental health challenges through accessible, evidence-based, culturally appropriate treatment that is integrated with HIV primary care and prevention services.

• Two cohorts currently providing services: FY18 (6 grants) and FY22 (19 grants).
Harm Reduction Grant Program

• Center for Substance Abuse Prevention
• The purpose of the program is to support community-based overdose prevention programs, syringe services programs, and other harm reduction services.
• One cohort: FY22 (25 grants).
Thank You

Kristin Roha
Kristin.roha@samhsa.hhs.gov

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)
President’s Advisory Council on HIV/AIDS: Federal updates from the Administration for Community Living (ACL)

Edwin Walker
Deputy Assistant Secretary for Aging
Administration for Community Living

March 29, 2023
ACL Mission and Vision

Mission
Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers

Vision
All people, regardless of age and disability, live with dignity, make their own choices, and participate fully in society
Our Work Implementing the NHAS

Preliminary design for full evaluation of aging network services for people with HIV

Inclusion of people with HIV on this year’s National Survey of Older Americans Act Participants (NSOAAP)
Our Work Implementing the NHAS

Updates to the Self Management Resource Center’s Positive Self Management Program

Minority Resource Centers, including SAGE, supporting the aging network
2021 State Plan Guidance

• New State Plan Guidance issued August 2021

• Encouraged states to take a broad approach to ensuring services are reaching older adults in greatest social need in line with recent EOs by President Biden (e.g., LGBTQ+)

• Requires states to include in future state plans how they are serving older adults living with HIV/AIDS
State Implementation

AZ, IN, ND, OH, OK, TX, VT, WI

Ongoing TA to states

New tranche of state plans due July 1, 2023
HIV and Aging Challenge

- Partnership with OASH Office for Infectious Disease Policy
- $500,000 Challenges: Urban And Rural
- Seeking *innovative ideas to address the needs of people aging with HIV and long-term survivors*
- Two rounds, two prizes: Completing first round judging right now
Intra-agency Collaboration

CMS and national advocates → National Coverage Determination for injectable PrEP

Upcoming webinar on aging and HIV for HOPWA grantees

Education events with HRSA Ryan White SPNS grantees and planned information sharing activities
Thank You

Deputy Assistant Secretary Edwin Walker
Edwin.walker@acl.hhs.gov
Community-Led Response to MPOX in New York City.

Keletso Makofane, MPH, PhD
RESPND-MI Study Group
Harvard FXB Center for Health and Human Rights
keletso.makofane@gmail.com
**RESPND-MI Study Team.**

A collective of 19 queer and trans experts in clinical medicine, epidemiology, biostatistics, virology, activism, policy, marketing, and communications innovating community-based participatory research.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Jennifer Barnes-Balenciaga</td>
<td>CO-INVESTIGATOR</td>
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<tr>
<td>Pedro Botti Carneiro, MPH</td>
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<td>Tom Carpino, MPH</td>
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<td>Nicholas Diamond, MPH</td>
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<td>Seema Kara, MPH</td>
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<tr>
<td>James Krellenstein</td>
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<tr>
<td>Elie Lett, PhD, MA, MBiostat</td>
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<td>Ken Nadolski, MPH</td>
<td>CO-INVESTIGATOR</td>
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<tr>
<td>Cody Nolan, MD</td>
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<td>Joseph Osmundson, PhD</td>
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<td>Chris Wyman</td>
<td>CO-INVESTIGATOR</td>
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<tr>
<td>Keletso Makofane, MPH, PhD</td>
<td>PRINCIPAL INVESTIGATOR, HARVARD UNIVERSITY</td>
</tr>
<tr>
<td>Christian Urrutia</td>
<td>PRINCIPAL INVESTIGATOR, PRP4ALL</td>
</tr>
</tbody>
</table>
MEN who have SEX with men
take our survey

had monkey pox?

Monkeypox is spreading in NYC.

take the survey

take the survey

take the survey
MPOX RESOURCES FOR AND BY QUEER AND TRANS COMMUNITIES.

Click below to access community-led tools for prevention, vaccines, treatment, and policy.

- MPOX Vaccine Locator
- So You Got MPOX
- Six Ways We Can Have Safer Sex in the Time of MPOX
- An Open Letter to Drs. Vasan and Bassett
- An Open Letter to the Biden Administration on MPOX
a community-led response to MPOX:

- Consultation
- Resourcing
- Surveillance
- Coordination
rooted in global health advocacy principles.
5 actionable insights.

1 actionable insight.

(from MPX NYC Data)
Some communities are popular destinations across different subgroups and some only within distinct subgroups.

Black

Latinx

White

Legend:
- Last Third
- Second Third
- First Third
Thank you!

keletso.makofane@gmail.com
https://www.mpxresponse.org
1500 respondents
40% reported group sex or physical contact
group sex or physical contact happened in

700 places
5 actionable insights.
(from MPX NYC Data)
1. Most group sex happens in private residences, not public venues...

60% of places* were private residences

*named by people who reported sexual contact
2. queer and trans people’s residences cluster in certain parts of the city...
... but subgroups do not all cluster in the same places.
3. communities are connected by individuals who move through them...
... so we can figure out which groups of communities are more densely connected to each other.
4. Some communities are popular across different subgroups
... but subgroups also have distinct preferences.
5. We can use the subway to make intervention plans by subgroup.
Thank you!

keletso.makofane@gmail.com
https://www.mpxresponse.org
Backup Slides
By James Krellenstein, Joseph Osmundson and Keletso Makofane
Mr. Krellenstein, Dr. Osmundson and Dr. Makofane are public health experts and advocates focused on infectious disease prevention.
Creative Requirements + Guidelines

Name
- Convey scientific-rigor and expertise of the survey and its team.
- Build trust with queer NYC community.
- Adaptable to changing nature of the situation.

Design
- Appeal to and build trust with queer NYC community.
- Stand out among crowded online space, where we are recruiting survey takers.
- Push the boundaries where the name can't.
The Atlantic

to confuse with those of STLs, and their severity. Some of them, including
Makofane, are also working to scale up diagnostics, and map the networks
that have allowed the poxvirus to spread. That knowledge will hopefully
bolster efforts to root out cases and close contacts, get them into isolation
and quarantine, and vaccinate the (for now) limited number of vulnerable people.

Science

“It’s entirely possible for this epidemic to rage among a subset of people just
because that subset is connected in a network differently than everyone else,”
says Keletso Makofane, a social network epidemiologist at the FHI Center for
Health and Human Rights at Harvard University. Together with colleagues,
Makofane hopes to launch a study in New York City in August to better
understand the spread of the disease. “The idea is to get a sense of how many
people report symptoms that are consistent with monkeypox and how they are
connected,” he says.

The New York Times

By James Krellenstein, Joseph Osmundson and Keletso Makofane

Mr. Krellenstein, Dr. Osmundson and Dr. Makofane are public health experts and advocates
focused on infectious disease prevention.
English Survey
for
(Cisgender) Gay and Bisexual Men

Consultation

English + Spanish Survey
for
Queer and Trans People
Time stolen back from employers of RESPND-MI Investigators
Addressing Stigma and Discrimination in PEPFAR’s Programs

William Miller, Senior Advisor for Key Populations, Office of Global AIDS Coordinator

March 29, 2023
The *Global AIDS Strategy 2021–2026—End Inequalities. End AIDS* cites modeling which indicates that failure to reach the targets for stigma and discrimination, criminalization and gender equality will prevent the world from achieving the other ambitious targets in the Strategy and will lead to an additional 2.5 million new HIV infections and 1.7 million AIDS-related deaths between 2020 and 2030.

“Without intentional focus on and dedicated resources for closing equity gaps, including prevention, addressing structural rights and policies, as well as mitigating stigma, discrimination, and violence, the most vulnerable populations will continue to be disproportionately affected.” (PEPFAR’s Five-year Strategy)
3. Address Structural Barriers to Scaling Effective KP HIV Responses and Advance Progress Toward the 10-10-10 Societal Enabler Targets. At minimum, PEPFAR programs should:

- Advance human rights and decriminalization for lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) communities, in line with the Memorandum on Advancing the Human Rights of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Persons Around the World.

- Plan and budget for health care worker sensitization and training scale up to reduce stigma and expand KP-friendly services.

- Address violence and human rights violations experienced by key populations (discrimination, gender-based violence and other crimes, issues with policing, violations of informed consent, violations of medical confidentiality and denial of health care services) through prevention, response and monitoring, and community leadership.
In addition, UNAIDS has previously identified key program areas to reduce stigma and discrimination in national HIV responses:

- Stigma and discrimination reduction
- Training for health care providers on human rights and medical ethics
- Reducing discrimination against women in the context of HIV
- Legal literacy
Community-led Monitoring (CLM) and COP23

• What program changes are occurring now and in COP23 to responding to CLM findings on barriers including stigma and discrimination to access care and assess the availability of condoms, lube, harm reduction services, STI testing and other ancillary services?

• What are the policy and legal barriers or societal norms that limit the availability, accessibility and acceptability of HIV services for KP? How can the PEPFAR platform support countries to address structural barriers? How can PEPFAR tackle those barriers programmatically and diplomatically?

The most common reasons given for not going to the facility include: a lack of friendly services, lack of privacy, and a lack of safety — as well as a fear people would find out they are someone who uses drugs, a sex worker, or part of the LGBTQIA+ community.
Sensitizations and Trainings

• Gender and sexual diversity online and in-person trainings
• Key populations sensitization trainings
KP Competency Assessments

- EpiC’s “Key Population Competence Assessment Exercise for Implementing Partners Funded by PEPFAR”
- Positive Vibes’ “Towards KP-Competence” (not funded by PEPFAR)
PEPFAR Updates to the 76th Presidential Advisory Council on HIV/AIDS (PACHA)

Dr. Mamadi Yilla

Principal Deputy U.S. Global AIDS Coordinator a.i.
Deputy U.S. Global AIDS Coordinator for Multisector relations
Office of U. S. Global AIDS Coordinator and Health Diplomacy
March, 2023
HIV/AIDS was **dramatically** reducing life expectancy

<table>
<thead>
<tr>
<th>Country</th>
<th>Life Expectancy (lost years)</th>
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<tbody>
<tr>
<td>Zimbabwe</td>
<td>-35</td>
</tr>
<tr>
<td>Botswana</td>
<td>-28</td>
</tr>
<tr>
<td>Lesotho</td>
<td>-24</td>
</tr>
<tr>
<td>South Africa</td>
<td>-12</td>
</tr>
</tbody>
</table>

Source: World Bank
HIV/AIDS derailed Africa’s economic development trajectory

-2.6% yearly GDP decline for HIV-affected countries (early 2000s)

~22% cost of HIV on Africa GDP (2000s decade)

Source: UNAIDS, World Bank
State of the Union – January 29, 2003

"To meet a severe and urgent crisis abroad, tonight I propose the Emergency Plan for AIDS Relief - a work of mercy beyond all current international efforts to help the people of Africa... seldom has history offered a greater opportunity to do so much for so many."
The power of HIV/AIDS treatment – Lazarus Effect
Aggressive expansion of treatment coverage has changed the trajectory of HIV/AIDS

Millions of people

Source: UNAIDS
PEPFAR supported HIV outcomes

- **25 million** Lives saved due to PEPFAR investments
- **20.1 million** Women, men, and children on life-saving treatment – 19.0M in 2021
- **5.5 million** Babies born HIV free due to PEPFAR investments

Source: PEPFAR data
PEPFAR helped close the gap on life expectancy

Source: Kaiser Family Foundation
Impact of PEPFAR on broader development outcomes

2.1% increase in GDP per capita

-9% reduction in girls and boys out of school

-35% decrease in child mortality

+10% increase in immunization rate

Source: Kaiser Family Foundation
Twenty years ago, under the leadership of President Bush and countless advocates and champions, we undertook a bipartisan effort through PEPFAR to transform the global fight against HIV/AIDS. It’s been a huge success.

February 2023
PEPFAR 5-year Strategy
“We will accelerate the response to end the HIV/AIDS pandemic as a public health threat by 2030, while sustainably strengthening public health systems.”
PEPFAR’s Strategy | Guiding Principles

**Respect/Humility**
Deep respect, trust and humility are core values of the PEPFAR program and should live in every interaction we have with our partners and beneficiaries.

**Impact**
Orient our activities to the areas that will lead to the most progress towards ending the HIV/AIDS pandemic using quality data and evidence-based processes and strengthening public health systems.

**Equity**
Strive for equitable treatment and outcomes, both in the way that we and our partners operate, and for the populations we serve.

**Sustained Engagement**
Ensure that we are elevating the leadership of our partners, local communities, and countries to sustain our impact, not just aiming towards reaching targets.

**Accountability/Transparency**
Ensure effective use of resources, and commit to being open and public with all critical information on our intentions and programmatic results.
PEPFAR’s Strategy | Strategic Pillars & Enablers

1. Community Leadership
2. Innovation
3. Leading with Data
What the data tells
Where should we be heading

Countries at different levels

- **At / Reaching 95-95-95**
- **At / Reaching 90-90-90**
- **Below 90-90-90**

All countries reaching or exceeding 95-95-95

Ending HIV as a public health threat

2023 2025 2030

Sooner or later, the person who wins is the person who thinks he can.
— Vince Lombardi
Progress made and gaps remaining to reach 95-95-95 targets
Countries have varied progress against the 2025 goal: **95-95-95**

<table>
<thead>
<tr>
<th>Near / reached 95-95-95</th>
<th>Near / reached 90-90-90</th>
<th>Below 90-90-90</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Botswana</td>
<td>• Cameroon</td>
<td>• Angola</td>
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<td>• Burundi</td>
<td>• Ethiopia</td>
<td>• Cote d’Ivoire</td>
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<td>• Eswatini</td>
<td>• Haiti</td>
<td>• Democratic Republic of Congo</td>
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<td>• Lesotho</td>
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<td>• Zimbabwe</td>
<td>• Vietnam</td>
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<td></td>
<td>• Zambia</td>
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</tbody>
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Countries in each tier will have **different programmatic priorities**

Source: UNAIDS
Focus for Country Operational Planning 2023
Where are we focusing for COP23

Health Equity for Priority Populations

- Sustaining the Response
- Transformative Partnerships
- Public Health Systems and Health Security
- Follow the Science

Leading with Data
Innovation
Community Leadership
3x New Infections among Adolescent Girls than Boys

Source: UNAIDS epidemiological estimates, 2022 (https://aidsinfo.unaids.org/)
Major gap in viral suppression between children and adults

Source: UNAIDS epidemiological estimates, 2022
Inequalities in progress towards 95s in **Key Populations**

The **5 key populations** are sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs, and people in prisons.

SOURCE: UNAIDS
How should we be tackling health equity?

A. Know your gaps and close your gaps
B. Tackle structural barriers
C. Double down on combination prevention
D. Launching the LIFT UP Equity Incentive Initiative
Focus Area 1: Advancing Gender-Equitable programming with an emphasis on adolescent girls and young women

Focus Area 2: Launching a Youth-Focused Movement to prevent new infections for the next generation

Focus Area 3: Leading the Global Movement to End AIDS in Children

Focus Area 4: Transforming Key Population Service Delivery through KP-Led Organizations

Focus Area 5: Doubling down on a holistic combination prevention approach

Focus Area 6: Dismantling structural barriers to HIV/AIDS care
Health equity happens when everyone has a fair and just opportunity to attain their highest level of health. For PEPFAR, health equity reflects our commitment to eliminate unfair, avoidable, or remediable differences in health among groups of people—especially as it relates to the PEPFAR mission.

Closing gaps also requires the dismantling of structural barriers that may prevent priority populations from accessing HIV services.

An equity lens or equity approach reflects an intentional practice that takes action to tailor services and to eliminate inequities by prioritizing, engaging, and empowering populations who have had historical, contemporary, or cultural injustices.
C. Double down on combination prevention

New HIV infections are not reducing fast enough

Key priorities

1. **Scale-up PrEP**: Expand access and increase product choice to reach 10M on PrEP by 2025, including introduction of long-acting products (i.e., CAB-LA*)

2. **Generate demand**: Apply evidence-based behavior change and explore alternative delivery models to facilitate increased uptake of testing (inc. self testing) and prevention – especially aimed at closing equity gaps
D. Launching a $40M LIFT Up equity incentive to encourage new and groundbreaking approaches to closing equity gaps

**Objective:** Surfacing innovative ideas to LIFT UP priority populations by helping OUs take equity approaches to new and groundbreaking levels

- **Leverage** new approaches
- **Influence** equitable outcomes
- **Forge** new partnerships
- **Train** staff to cultivate equity

**LIFT UP design principles**

- Must target 1 or more of the 7 priority populations
- OUs each submit 1 unified interagency proposal
- COP23 plans should include sufficient funding for the core equity activities – LIFT Up is about **bold, new approaches** to structural barriers, people-centered delivery, and survey/estimation techniques
- Submit short proposals during first tool checkpoint – do not focus on developing proposals Co-Planning (but note ideas that surface for future discussion)
Priorities for Public Health Systems and Health Security (1/2)

**National Public Health Institutions**

Utilizing NPHIs to manage deployment of the next round of PHIAs

**Supply Chain Modernization**

Embed private sector innovations and best practices to improve central visibility, logistics, and decentralized drug distribution

**People-centered care for PLHIV**

Continue to close gaps in TB, and develop country health system-led models for screening and linking PLHIV with needed hypertension care and better integrate mental health care
Priorities for **Public Health Systems and Health Security (2/2)**

**Integrated Lab, Systems**
- Support countries to run integrated, networked diagnostics systems to address multi-disease testing

**Robust Health Workforce**
- Accelerate alignment with country financing and health system priorities and ensure adequate protection for nurses and CHWs during outbreaks

**Coordination with global health security**
- Align investments with country National Action Plans and gaps through close coordination with health security actors in-country

**Lead with data** by using country data systems as part of an integrated, person-level digital network
PEPFAR’s approach to accelerating regional manufacturing for diagnostics in Africa

1. **Shape the market** – utilize our own market power (and collaborate with other funders) to enable African manufacturers to secure volumes. **Countries need to provide flexibility in testing algorithms** to enable uptake of quality-assured Africa-made diagnostics.

2. **Advance regulatory mechanisms** – explore additional regulatory pathways to ensure proper approvals for quality-assured HIV products for purchasing by strengthening regional regulatory mechanisms.

3. **Mobilize financing** – coordinate with development banks (African Export–Import Bank, DFC, Africa Development Bank, etc.) to support emerging manufacturers.
PEPFAR’s role in accelerating regional manufacturing for diagnostics

On December 16, 2022, during the Africa Leaders Summit, PEPFAR announced **bold** African manufacturing targets

**In FY 2025:**

**15 Million**

HIV Rapid Tests produced in Africa procured

**In FY 2030:**

**2 Million**

clients supported through procurement of African-made first line ARVs
**Transformative Partnerships** – work with the **Private Sector** to strategically drive key programmatic outcomes

What other **health or development focused donors work in your country?** – actively **engage country counterparts** from these orgs during planning and beyond

**Private sector companies** (telecoms, technology, manufacturers, banks, consumer goods etc.) can play a role in **advancing priority programmatic objectives**
High Level Budget Context

Approved COP Budgets and Bilateral Appropriations
(COP 04 - COP 23*)

Total New Funding

*COP 23 – Pending Congressional Approval
Getting on with the work
Spirit of collaboration in Africa, Western Hemisphere, Asia and in-country

The spirit of this partnership: respect, courage, and boldness

Government
• Responsibility to lead the HIV response in your country
• Share priorities aligned with the vision for HIV and broader health system

Civil Society
• Share priorities for community-led and community-centric programming
• Enable robust community-led monitoring to ensure accountability

Partners (inc. PEPFAR)
• Align investments to government and civil society priorities guided by the 5x3 strategy and HIV impact

Centered on saving lives & preventing new infections to enable shared progress to 2025 and 2030
Co-Planning in Person – Johannesburg, 2023
PEPFAR and Young people
We’ve made strong progress towards 95-95-95 in adults

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Aware</th>
<th>Treated</th>
<th>Virally Suppressed</th>
<th>Virally Suppressed, all PLHIV</th>
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<td>2020</td>
<td>90</td>
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<td>Zimbabwe</td>
<td>2020</td>
<td>97</td>
<td>90</td>
<td>90</td>
<td>77</td>
</tr>
<tr>
<td>Uganda</td>
<td>2021</td>
<td>81</td>
<td>90</td>
<td>90</td>
<td>75</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2021</td>
<td>96</td>
<td>92</td>
<td>92</td>
<td>64</td>
</tr>
</tbody>
</table>

Source: PEPFAR supported household surveys
Young people (15-24) remain disproportionately at-risk

Botswana (2021)
- Aware: 77%
- Treated: 99%
- Virally Suppressed: 95%
- Virally Suppressed, all PLHIV: 85%

Eswatini (2021)
- Aware: 77%
- Treated: 94%
- Virally Suppressed: 85%
- Virally Suppressed, all PLHIV: 89%

Malawi (2021)
- Aware: 74%
- Treated: 96%
- Virally Suppressed: 88%
- Virally Suppressed, all PLHIV: 96%

Source: PEPFAR supported household surveys
We must utilize **behavior and social science approaches** to develop innovative programming to engage and mobilize youth.

**Context**

- **70%** of sub-Saharan Africa under the age of 30
- The population is expected to **2x** by 2050
- Young people did **not experience** the acute horrors of AIDS
- They experience **distinct social / structural barriers**, and consume health information through **different channels**

**Example approach – Young Africa Live**

- Meet youth **where** they are
- **Personalized content** by user segmentation and real-time learning
- Changing the **narrative** normally used (e.g., sex positive content)
Listening to Young People Directly
Friends of PEPFAR and the Youth
Tenants of PEPFAR’s approach to young people

1. **Equity** – young people are not a monolith, identify where they are the most pressing gaps within the cohort of young people, and focus your attention disproportionately on those areas (e.g., adolescent girls and young women).

2. **Young people at the center** – bring in new partners and work with existing partners to ensure that young people and young leaders are engaged in all stages of the design and implementation to meet youth where they are.

3. **Youth leadership** – harness the power of young people who are leading in the HIV response and empower them and their organizations to work with their peers (PEPFAR to support the youth advisory council proposed by young people).
The White House and State have asked Congress to reauthorize PEPFAR and continue investing in the impact PEPFAR has demonstrated as the largest global health program in the world. We will

- Ensure that PEPFAR-supported countries are on track to sustainability.
- Continue to strengthen our health systems to increase global health security.
- Accelerate progress to reduce new infections through scaled-up prevention efforts, including increasing access to PrEP
- Close equity gaps among priority populations (adolescent girls and young women, children, key populations)
We Honor all the foot soldiers and our friend and colleague Dana Hyde
Thank You
Recent Activities/Updates
NHAS Implementation Priorities/Updates

• Updated clinical guidelines for infant feeding to support variety of feeding options
  • Also notes the inappropriateness of engaging Child Protective Services
• Updated FDA blood donation individual risk assessment instead of time-based deferrals for MSM
• CMS national coverage analysis for Medicare coverage of PrEP
  • Will inform National Coverage Determination
  • Public comment period closed in February; decision expected this summer
NHAS Implementation Priorities/Updates

• Department of Defense Defense Health Agency rolled out additional information about PrEP on the health.mil website.
  • The article, *PrEP: Learn About the Highly Effective Drug to Prevent HIV*, notes “with low participation throughout the MHS, further information sharing & education is important in raising awareness of the PREP drugs.”
  • Also launched a HIV PrEP toolkit with social media messages and graphics
  • Also has a new factsheet, *Stay HIV Free with PreP*

• Department of Justice released 2021 data report on people with HIV in state & federal correctional facilities
NHAS Implementation Priorities/Updates

• U.S. Business Action to End HIV launched
  • 2023 planning to stimulate activity within private industry partners, actively recruiting additional companies
  • Planning virtual National Employers Summit to End HIV – April 20, 2 – 3pm ET
    • All 6,000 members of the Health Action Alliance will be invited along with 400+ companies in the National LGBT Chamber of Commerce
NHAS Implementation Priorities/Updates

• U.S. Business Action to End HIV (continued):
  • Encouraging internal review of insurance, policies
  • Convening HIV Leadership Advisory Council to ground coalition in latest science & best practices
  • Planning industry action cohorts starting with retail pharmacies
NHAS Implementation Priorities/Updates

• Focus on ensuring best practices in implementation science continue to be disseminated and adopted

• Working with agencies to use data tell the story of NHAS and EHE Initiative
  • Critical to educate larger community about impact of initiative and continued need to focus on priority populations

• Developing specific actions to engage other Departments and programs that could impact the quality of life for people with HIV and the NHAS indicators.
Discussion
Syndemics are epidemics that interact with each other and by that interaction increase their adverse effects on the health of communities that face systematic, structural, and other inequities.
Mpx joins the syndemic: Social determinants of health, including systemic racism, homophobia, transphobia, and housing, contribute to increased synergistic impact on affected communities.
In the U.S., HIV or recent sexually transmitted infections (STIs)* are common among people with monkeypox

Among nearly 2,000 people with monkeypox:

- 38% had HIV
- 41% had an STI in the past year
- 61% had either HIV or an STI

It is important to

Prioritize people with HIV and STIs for monkeypox vaccination

Offer HIV and STI screening for people evaluated for monkeypox

*Diagnosed with an STI other than HIV in the past year

† People diagnosed with monkeypox in eight jurisdictions during May 17–July 22, 2022

bit.ly/mm7136a1

SEPTEMBER 9, 2022
People with mpox and HIV were more likely to report severe symptoms.

People with mpox and HIV were more likely to be hospitalized. (8% vs 3%).

People with a detectable VL experienced more severe symptoms and were more than 3X more likely to be hospitalized than all people with HIV and 9X more likely than people without HIV.

People with T cells <350 were 2X as likely to be hospitalized than all people with HIV and 5X more likely than people without HIV.
57 people with severe disease reported to CDC for consultation
- 82% had HIV, others with non-HIV immunocompromising conditions
- 72 % with CD4 count less than 50
- Less than 9% on HIV medications
- 68% Black
- 23% homeless

12 deaths reported among the 57
- 5 confirmed related to mpox

<table>
<thead>
<tr>
<th>Characteristic (no. with information available)</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV CD4, cells/mm³ (43)</td>
<td></td>
</tr>
<tr>
<td>&lt;50</td>
<td>31 (72.1)</td>
</tr>
<tr>
<td>50–200</td>
<td>9 (20.9)</td>
</tr>
<tr>
<td>&gt;200</td>
<td>3 (7.0)</td>
</tr>
<tr>
<td>HIV Treatment (47)</td>
<td></td>
</tr>
<tr>
<td>On ART at the time of mpox diagnosis</td>
<td>4 (8.5)</td>
</tr>
</tbody>
</table>
Severe complications were more common in people with a CD4 cell count of less than 100 cells per mm³ than in those with more than 300 cells per mm³. 107 (28%) of 382 were hospitalized, of whom 27 (25%) died. All deaths occurred in people with CD4 counts of less than 200 cells per mm³. Among people with CD4 counts of less than 200 cells per mm³, more deaths occurred in those with high HIV viral load.
Syndemic Problems Require Syndemic Solutions
Update on Mpox
Epidemiology of Cases and Wastewater
U.S. Situation Update – March 29, 2023

30,286
Total confirmed mpox / orthopoxvirus cases

38
Total deaths

Legend
- 1 to 10
- 11 to 50
- 51 to 100
- 101-500
- >500

*For recent mpox case numbers see CDC Situation Summary: [https://www.cdc.gov/mpox](https://www.cdc.gov/mpox)
Data as of March 29, 2023

- Consistent detection: 1 site (0%)
- Intermittent detection: 1 site (0%)
- No detection: 431 sites (87%)
- No recent data: 64 sites (13%)

Note: Click on a state to zoom in.
Daily Mpxox Cases and 7 Day Daily Average Reported in U.S.

Data as of March 29, 2023

*For recent mpxox case numbers see CDC Situation Summary: https://www.cdc.gov/mpox
Mpxo Cases Reported to CDC: Age and Gender

<table>
<thead>
<tr>
<th>Sex/Gender</th>
<th>Num</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisgender Men</td>
<td>28,441</td>
<td>95.1%</td>
</tr>
<tr>
<td>Cisgender Women</td>
<td>879</td>
<td>2.9%</td>
</tr>
<tr>
<td>Transgender Men</td>
<td>67</td>
<td>0.2%</td>
</tr>
<tr>
<td>Transgender Women</td>
<td>272</td>
<td>0.9%</td>
</tr>
<tr>
<td>Another Sex/Gender</td>
<td>235</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Data as of March 15, 2023
Vaccination
Mpox Vaccine Administration in the U.S.

1,208,260 doses administered in the 57 U.S. jurisdictions

Data as of March 28, 2023
Figure 3: JYNNEOS vaccine administration by dose, and mpox case load, by race/ethnicity as reported to the CDC through February 1, 2023
CDC’s Monkeypox State of Vaccine Confidence Insights Report

October 5, 2022  Date Range: May 21 - September 26, 2022

Summary
Major themes identified from social media, news, and other sources that may impact vaccine confidence:

- Consumers have concerns and questions about the emergency response to monkeypox, including the availability, safety, and effectiveness of the vaccine.
- Consumers have foundational questions about monkeypox, including its origin, symptoms, how it spreads, and if there is a vaccine for it.
- Consumers are concerned about the spread of monkeypox in the LGBTQ+ community and especially the impact the spread might have on this community, including increased stigma.

Ways public health partners and patients can take action to improve vaccine confidence:
- Work with community partners and advocacy groups with a focus on sexual health, HIV, and sexually transmitted infections (STIs), and with members of the LGBTQ+ community to identify ways to reduce the stigma around monkeypox virus infection and discrimination directed at the LGBTQ+ community.
- Engage with government and advocacy groups that have expertise working on sexual health, HIV, and STIs to identify best practices for engaging and communicating with the LGBTQ+ community and reducing the stigma associated with monkeypox.
- Collaborate with healthcare workers and community leaders to cut back messaging about who is at risk for monkeypox.
- Clinical partners might consider requesting technical assistance from the CDC-funded National Network of STD Clinical Prevention Training Centers (NNPTC) to create a more inclusive client environment.

Available resources to help address the themes identified in this report:

- Data: https://www.cdc.gov/healthconsumer/monkeypox/impressions2023/trends.html
- Fact Sheet: https://www.cdc.gov/healthconsumer/monkeypox/impressions2023/factsheet.html
- Graphic: https://www.cdc.gov/healthconsumer/monkeypox/impressions2023/graphic.html
- Social Media: https://www.cdc.gov/healthconsumer/monkeypox/impressions2023/socialmedia.html
- Video: https://www.cdc.gov/healthconsumer/monkeypox/impressions2023/video.html
- LHS, Vaccine Information: https://www.cdc.gov/healthconsumer/monkeypox/impressions2023/vaccine.html
- Stress and anxiety about Monkeypox: CDC.gov: Tips to Reduce Stress and Anxiety
- Vaccine Safety Questions from VACCINE: New questions are now available at https://covid.cdc.gov/vaccines/main/questionnaire.html
- AAPP: Monkeypox Vaccine Safety: Questions & Answers: as of October 11, 2022
- FDA: Monkeypox Vaccine: Updated Advisory Committee Recommendations (March 10, 2023)
- FDA: Monkeypox Vaccine: Updated Advisory Committee Recommendations (June 11, 2023)

Aims and Methods
By rapidly reviewing and analyzing numerous sources and inputs (see Appendix), the “State of Vaccine Confidence Insights Report” synthesizes major themes influencing vaccine hesitancy and uptake. These are characterized by the level and type of impact on vaccine confidence, degree of spread, and directionality. In addition, by examining how consumer thinking and feel, social processes, and the practical issues around vaccination, the Insights Report seeks to identify emerging issues of misinformation, disinformation, and places where intervention efforts can improve vaccine confidence across the United States.

The information in this report is only a snapshot, and certain populations may be underrepresented. Images and quotes are illustrative examples and are not meant to comprehensively cover all content related to the highlighted themes.

How has this theme/idea changed over time (since last report or over the course of multiple reports)?

How do you classify this theme/information?

- High risk
- Moderate risk
- Low risk
- Positive sentiment

- May lead to vaccine refusal and decreased uptake
- Wide reach, pervasive
- High risk to vaccine confidence
- Limited reach, limited dissemination
- Could increase vaccine confidence, intent, or motivation
- Variable reach and dissemination

Information is not getting further traction and there has been no indication of additional activity
Community Responsiveness to Stimulate Confidence
Finish the Job!

- Jynneos Vaccine is safe and effective in preventing Mpox infections, hospitalization, and some of the symptoms of the disease
- The vaccine mission is NOT DONE. Summer is coming!
- We need to finish the job
  - Get more first doses to people who could benefit
  - Get second doses done!
- Force Field at Level 10!
Other Updates
Mvox Research Gathering

Content From: HIV.gov  Updated: March 28, 2023  ⏰ 2 min read

Topics: mvox  People with HIV

When: Friday, March 31, 2023, at 9:30 AM Eastern Time (ET)

In close collaboration with members of the research and ad
will convene an open, virtual gathering to discuss mvox res
during the gathering, pre-recorded presentations will be po
videos will present the current landscape of USG supported
community input on current efforts and the way forward gi

HealthData.gov

U.S. Government
Monkeypox Research
Summary

The U.S. Government, in partnership with State, local, and expert stakeholders have identified critical areas of research that will advance our understanding of the U.S. and global monkeypox outbreak and enable us to effectively respond to the current outbreak as well as prevent future outbreaks.
Get Healthy and Ready for Summer 2023

The warmer months are full of events that celebrate the LGBTQ+ community. Preparing for this season is a great opportunity to make sure that you stay healthy before, during, and after these celebrations.

https://www.cdc.gov/lgbthealth/summer/index.html#print
Coming Soon- Vaccine Rates and What They May Mean

CDC: Vaccine modeling to inform public health activities

- Future outbreak probability scales linearly with population level immunity (left panel)
  - There is no critical value to achieve in this range of immunity levels: higher vaccine coverage will continue to decrease outbreak probability.

- Future outbreak magnitude greatly increases when population level immunity is below ~30% of all MSM (right panel)
  - There may be a critical immunity level to achieve to avoid larger outbreaks.
Thank You

Demetre.C.Daskalakis@who.eop.gov
Testing

Total Specimens Tested

142,793

Cumulative Positivity Rate

25.5%

Capacity Available

99.9%

Data as of March 02, 2023
Investigational Treatments
Cumulative Number of TPOXX-Prescribed Patients Reported to CDC

6,832 patients prescribed or treated with TPOXX

Sex/Gender
- Cisgender Men
- Cisgender Women
- Transgender Men
- Transgender Women
- Another Sex/Gender

Reported through January 25, 2023
Cumulative Number of TPOXX-Prescribed Patients Reported to CDC: Race/Ethnicity by Week

Reported through January 25, 2023
U.S. clinical trial evaluating antiviral for monkeypox begins

NIH trial to gather data on tecovirimat (TPOXX).

Interested volunteers can visit the ACTG website for information on clinical trial A3418f. Please do not call or email the News and Science Writing Branch to inquire about enrolling in this trial.

A Phase 3 clinical trial evaluating the antiviral tecovirimat, also known as TPOXX, is now enrolling adults and children with monkeypox infection in the United States. Study investigators aim to enroll more than 500 people from clinical research sites nationwide. Interested volunteers can visit the ACTG website (clinical trial A3418f) for more information. The trial is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. The NIAID-funded AIDS Clinical Trials Group (ACTG) is conducting this trial.
Assessing Donor Variability And New Concepts in Eligibility Study (ADVANCE)

Purpose: To provide FDA with evidence by which to consider potential changes in MSM deferral policy while maintaining the safety of the blood supply.

Key Objective:

• Conduct an initial assessment in about 2000 active MSM age 18 to 39 of the discriminant function of relatively simple revised donor history questions for predicting recent infection with HIV in MSM who wish to donate blood.
COVID-19 Notice:
To protect you and the research staff during study visits, we will use all mandated health protection procedures, including wearing face masks and social distancing if required.
Partner Organizations with FDA

• Vitalant Research Institute
  – Friends for Life
  – Out Memphis
  – The Corner
  – Project More
  – PFLAG
  – Crescent Care
  – Baton Rouge Pride

• American Red Cross
  – Whitman Walker
  – City of Hope
  – Pride in the City
  – Los Angeles LGBT Center

• OneBlood
  – The Center
  – Pridelines
  – SunServe
  – The Pride Center of Equality Park
Study Procedures

• Eligibility assessment using computer to complete survey
• Consent to participate and enrollment in main study
  – Blood sample collection
  – Completion of possible blood donor screening questions on tablet
• Testing of blood sample (HIV and PrEP) at a central laboratory and reporting results back to participants
• Results notification and follow-up interview by computer approximately 3 weeks later for more detailed assessment of health history
Final Enrollment

- 1,788 eligibility visits
- 1,593 eligible
- 1,588 consented
- 1,566 blood draws (78% of 2,000 goal)
- 1,200 consented to an extended follow up interview
Next Steps

• Quantitative data from the ADVANCE study provided important information for the development of the FDA draft guidance on reducing the risk of HIV infection through the blood supply

• Public presentation of the study and publication of the data and analyses are expected soon (more from Dr. Brian Custer)
Recommendations for Evaluating Donor Eligibility Using Individual Risk-Based Questions to Reduce the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products; Draft Guidance for Industry
Proposed Deferral Algorithm

• Defer permanently an individual who has ever had a confirmed positive test result for HIV infection.

• Defer permanently an individual who has ever taken any medication to treat HIV infection (i.e., ART).
Proposed Deferral Algorithm

• Defer for 3 months from the most recent dose, an individual who has taken any medication by mouth (oral) to prevent HIV infection (i.e., short-acting antiviral PrEP or PEP).

• Defer for two years from the most recent injection, an individual who has received any medication by injection to prevent HIV infection (i.e., long-acting antiviral PrEP).
Proposed Deferral Algorithm

• Defer for 3 months from the most recent sexual contact, an individual who has had a new sexual partner in the past 3 months and who has had anal sex in the past 3 months.

• Defer for 3 months from the most recent sexual contact, an individual who has had more than one sexual partner in the past 3 months and who has had anal sex in the past 3 months.
Next Steps

• Draft guidance open for comment

• Comment period on guidance ends at the end of March

• Goal is to issue final version of guidance prior to the end of the public health emergency
Latest CDC Data:
What they tell us and what does this mean for prevention strategies and approaches

Grant T. Baldwin, PhD, MPH
Director, Division of Overdose Prevention

March 30, 2023

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Current State of the U.S. Drug Overdose Crisis

- Continued increase in burden caused by illicitly manufactured fentanyl
- Challenges posed by COVID-19 pandemic
- Increasing co-involvement of substances in overdose deaths

A growing proportion of ALL drug overdose deaths in the U.S. involve synthetic opioids from 2013-2019

106,699
Overdose Deaths in 2021

The Drug Overdose Epidemic Worsened During COVID-19 Pandemic
Overdoses Involving – All Drugs and Synthetic Opioids Excluding Methadone

12 Months Ending - October 2019 to September 2022 – BY MONTH

All Drug Overdoses

- All drug overdoses have INCREASED 33 Percent since pandemic began

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Deaths during 12-month period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-COVID</td>
<td>October 2019 to February 2020</td>
</tr>
<tr>
<td></td>
<td>October 2020</td>
</tr>
<tr>
<td></td>
<td>October 2021</td>
</tr>
<tr>
<td></td>
<td>October 2022</td>
</tr>
<tr>
<td>During-COVID</td>
<td>March 2020 to August 2022</td>
</tr>
</tbody>
</table>

- Synthetic opioid-involved overdoses have INCREASED 70 Percent since pandemic began

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Deaths during 12-month period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-COVID</td>
<td>October 2019 to February 2020</td>
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<td></td>
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<td></td>
<td>October 2022</td>
</tr>
<tr>
<td>During-COVID</td>
<td>March 2020 to August 2022</td>
</tr>
</tbody>
</table>

Historical Trends in U.S. Drug Overdose Deaths
1999-2021

Percent of deaths involving any opioid increased from 48 to 75 percent

Drug overdose deaths increased 6-fold
Opioid overdose deaths increased 10-fold
Rx opioid overdose deaths increased 4.9-fold
Heroin overdose deaths increased 4.7-fold
Synthetic opioids excluding methadone overdose deaths increased 97-fold
Psychostimulant w/ Abuse Potential overdose deaths increased 59-fold
Cocaine overdose deaths increased 6.4-fold

SOURCE: National Vital Statistics System Mortality File
Over 1 million people have died from a drug overdose in the U.S. since 1999.

Wave 1 – Rise in Prescription Opioid Overdose Deaths
1999-2009
2,016 Deaths

Wave 2 – Rise in Heroin Overdose Deaths
2010-2012
1,499 Deaths

Wave 3 – Rise in Synthetic Opioid Overdose Deaths
2013-2019 (Pre-Pandemic) 4,161 Deaths
2020-2021 (During Pandemic) 18,035 Deaths

Source: National Vital Statistics System Mortality File
Almost 645,000 people have died from an opioid-involved drug overdose death since 1999 – including over 80K in 2021 alone.

Historical Trends in U.S. Opioid-Involved Drug Overdose Deaths
1999-2021

| SOURCE: National Vital Statistics System Mortality File |

Provisional data on opioid-involved overdose deaths from September 2020 to September 2021 indicate 90 percent now involve synthetic opioids excluding methadone.

(Data Not Shown)

Percent of RX-involved opioid deaths peaked at 69 in 2010 and have dropped since then. 21 percent in 2021.

Percent of heroin-involved opioid deaths peaked at 39 in 2015 and have dropped since then. 11 percent in 2021.

Percent of synthetic opioid excluding methadone-involved deaths peaked in 2021 at 88 percent.
Changes in State-Level Drug Overdose Death Rates
2019 to 2021

- All 50 states had increases in their drug overdose death rate.
- West Virginia had the highest rates in 2019 and 2021.
- Rates in Alaska, Mississippi, and Louisiana doubled.
- Twelve states had an over 75 percent increase in their death rate; 40 states increased over 25 percent.
- 5 states had death rates over 35 per 100,000 in 2019. 21 states had death rates over 35 per 100,000 in 2021.
- In 1999, the US drug overdose death rate was 6.1 per 100,000 population. The overall US drug overdose death rate in 2021 was 32.4 per 100,000 population.

SOURCE: CDC Wonder.
Cocaine-involved deaths with opioids increased from 57 percent in 2013 to 79 percent in 2021.

Cocaine-involved deaths with synthetic opioids increased from 5 percent in 2013 to 74 percent in 2021.

Cocaine-involved overdose deaths with synthetic opioids increased over 7,300 percent.

Cocaine-involved overdose deaths w/ synthetic opioids increased from approximately 250 to over 18,150.
Psychostimulant with Abuse Potential-Involved Overdose Deaths With and Without Opioids

Since 2013

Psychostimulant-involved deaths w/o opioids increased almost 400 percent

Psychostimulant-involved deaths w/ synthetic opioids increased over 13,200 percent

Psychostimulant-involved deaths w/ synthetic opioids increased from approximately 140 to almost 19,000

Psychostimulant-involved deaths with opioids increased from 37 percent in 2013 to 66 percent in 2021

Psychostimulant-involved deaths with synthetic opioids increased from 4 percent in 2013 to 58 percent in 2021

Number of Deaths

Percent with ANY Opioid
Percent with Synthetic Opioids Excluding Methadone
Drug Overdose Death Rates BY Year Vary by Race and Ethnicity

2019 - 2021

Rate per 100,000 population

SOURCE: CDC Wonder.
68 percent of all drug overdose deaths & 90 percent of opioid-involved overdose deaths involved synthetic opioids excluding methadone

Source: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

September 2021 – September 2022 – Provisional Drug Overdose Deaths

Fentanyl
Between 2021 and 2022, the percentage of counterfeit pills seized that contained a potentially lethal dose increased from 40 percent to 60 percent.

Two milligrams of fentanyl is potentially lethal for most people. Depends upon a person’s body size, tolerance and past usage.

SOURCE: DEA. Accessed January 2023
Drug Seizures for Fentanyl Increased from 2014 to 2021 and Accelerated During the COVID Pandemic

- The National Forensic Laboratory Information System (NFLIS) systematically collects drug identification results and associated information from drug cases submitted to and analyzed by federal, state, and local forensic laboratories.

- NFLIS includes 50 state systems and 110 local or municipal laboratories/laboratory systems, representing a total of 286 individual laboratories.

- Over 1.3 million drug reports in 2021 – including almost 154K that involved fentanyl.

1. Total Number of Drug Cases in 2020 and 2021 is lower due to the COVID Pandemic. Use caution when comparing trends over time.

Source: NFLIS Annual Report – September 2022
Trends in Fentanyl Pills and Powder Seizures by Quarter
Q1 2018 to Q4 2021

- Fentanyl-containing powder seizures increased 262 percent. N= 424 to 1539
- Fentanyl-containing pill seizures increased 834 percent. N= 68 to 635
- Over 25 percent of illicit fentanyl seizures were in pill form.
- Weight of powder fentanyl seizures increased 711 percent. N= 298 kg to 2416 kg
- The number of fentanyl containing pills seized increased 4,850 percent. N= 42,202 to 2,089,186

National seizure data from 33 High Intensity Drug Trafficking Areas in 50 States and the District of Columbia

Source: Palamar, Ciccarone, Rutherford, Keyes, Carr, and Cottler – May 2022
The changing calculus of risk of drug use in an illicit marketplace with fentanyl

Continuum of Use

- The risk of drug overdose is elevated with any use of illicitly manufactured fentanyl, given its potency, lethality, and the variability in the illicit supply.

- Historically, risk for a non-fatal or fatal overdose grew as frequency of use grew.

- In an environment rife with fentanyl the calculus changes. Risk of death is elevated upon initiation and at every point on the continuum.

- The increases in deaths among youth and young adults as well as the increase in polydrug deaths involving fentanyl in all age groups are two markers of this elevated risk.

Other Facts about Fentanyl Driving Trends

- It is easier and cheaper to produce. It can be made in a lab without the need for plant derived ingredients such as the poppy plant.

- Precursor chemicals such as N-phenethyl-4-piperidone (NPP) and 4-anilino-N-phenethyl-4-piperidine (ANPP) are widely available in China and India.

- It is sought after because of its potency and more available across the United States beyond its initial footprint in the Northeast and Midwest.

- Its compactness makes it easier and less detectable to transport in small batches via the mail and package delivery companies.

- It generates astronomical profits for drug traffickers – up to 20 times the profit from heroin.

- 1 kilogram of fentanyl is cut into 16 to 24 kilograms of street product extending the supply.
Drug Use Patterns in the United States - 2021

Past Year Illicit Drug Use

- Marijuana: 52.5M
- Rx Pain Reliever Misuse: 8.7M
- Hallucinogens: 7.4M
- Rx Tranquilizer or Sedative Misuse: 4.9M
- Cocaine: 4.8M
- Rx Stimulant Misuse: 3.7M
- Methamphetamine: 2.5M
- Inhalants: 2.2M
- Heroin: 1.1M

Over 1 in 5 People Aged 12 and Older Used Illicit Drugs in 2021

Past Year Initiates

- Marijuana: 2.6M
- Rx Pain Reliever Misuse: 1.8M
- Hallucinogens: 1.3M
- Rx Tranquilizer Misuse: 881,000
- Rx Stimulant Misuse: 773,000
- Cocaine: 478,000
- Inhalants: 385,000
- Rx Sedative Misuse: 188,000
- Methamphetamine: 101,000
- Heroin: 26,000

SOURCE: National Survey on Drug Use and Health (NSDUH) – December 2022
Substance use among adults aged 18 and older is greater with any mental illness and greater still with a serious mental illness.

SOURCE: National Survey on Drug Use and Health (NSDUH) – December 2022
ACEs and Increased Risk for Substance Use

Research shows ACEs increase risk for:

- Rx opioid misuse, illicit opioid use, opioid use disorder, opioid injection
- Cocaine and amphetamine use and use disorder
- Earlier age of initiation of substances

We don’t need to find common ground. We need to find higher ground that addresses common interests.

Adapted from Leana Wen
Lifeline - 2021
Strengthen upstream prevention with a focus on addressing adverse childhood experiences (ACES)

Support harm reduction and expand the provision and use of naloxone, and overdose prevention education

Expand access to and provision of treatment for substance use disorders – including wrap around services and supports

Intervene early with individuals at the highest risk for overdose

Improve detection of overdose outbreaks due to fentanyl, fentanyl analogs, and other drugs to facilitate an effective response

Where do we go from here?

HHS Overdose Prevention Strategy 2021
Alignment of Key CDC Investments

- **Primary Prevention**
- **Recovery Support**
- **Evidence-Based Treatment**
- **Harm Reduction**
- **Equity**
  - Data & Evidence
  - Coordination, Collaboration & Integration
  - Reducing Stigma

ASPE
(Office of Planning and Evaluation)
CDC Approach to Prevent Overdoses and Substance Use-Related Harms

GUIDING PRINCIPLES

- Promote Health Equity
- Address Underlying Factors
- Partner Broadly
- Take Evidence-Based Action
- Advance Science
- Drive Innovation

STRATEGIC PRIORITIES

- Monitor, Analyze, and Communicate Trends
- Build State, Tribal, Local, and Territorial Capacity
- Support Providers, Health Systems, Payors, and Employers
- Partner with Public Safety and Community Organizations
- Raise Public Awareness and Reduce Stigma
Addressing HIV and the Overdose Crisis

Redonna K. Chandler, PhD
Director HIV Research Program and HEALing Communities Study
Overview

• Intersection of Overdose and HIV

• Evidence Based Practices to Address Overdose and HIV

• Integrating Care for Overdose and HIV
Evolution of Drivers of Overdose Deaths, All Ages

Analgesics ➔ Heroin ➔ Fentanyl ➔ Stimulants

106,699 Deaths in 2021
80,411 from Opioids (Prescription and Illicit)

Everyone experiencing or dying from an overdose is living with or at high risk for HIV

Source: The Multiple Cause of Death data are produced by the Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (US DHHS).
Drug Overdose and HIV Continuum of Care

HIV Mortality Reduction Continuum of Care, Accidental Overdose Deaths, NYC 2007-2017
N=821

- Total AOD deaths among NYC PWH, 2007-2017: 100%
- Eligible for analysis: 98%
- Ever linked to HIV care after HIV diagnosis: 98%
- Retained in HIV care in intervenable period: 77%
- Prescribed ART: 74%
- Virally suppressed in intervenable period: 51%

HIV Mortality Reduction Continuum of Care, Intentional Overdose Deaths, NYC 2007-2017
N=49

- Total IOD deaths among NYC PWH, 2007-2017: 100%
- Eligible for analysis: 94%
- Ever linked to HIV care after HIV diagnosis: 98%
- Retained in HIV care in intervenable period: 80%
- Prescribed ART: 77%
- Virally suppressed in intervenable period: 74%
HIV Can Spread Rapidly Among People Who Inject Drugs

U.S. counties vulnerable to rapid spread of IDU-associated HIV

220 counties in 26 states

Kings County, WA. 27 HIV cases from IDU in 2018.

Scott County, IN. 215 HIV cases from IDU in 2014-2015.

Cabell County, WV. 55 HIV Cases from IDU in 2019.

Minneapolis, MN. 74 cases among people experiencing homelessness since 2018, all tied to IDU.

Boston, MA. 58 HIV Cases from IDU in 2018 (60% increase from 2016).

Kanawha County, WV. As of October 27, 2021, 85 persons met the HIV outbreak case definition.

Lowell and Lawrence, Mass. 129 HIV cases in IDU from 2015-2018 (from 2012-2014, entire Mass had 123 IDU cases).


Northern KY. 280% increase in HIV cases from IDU in 2018 (60% increase from 2016).

Scott County, IN. 215 HIV cases from IDU in 2014-2015.

Kanawha County, WV. As of October 27, 2021, 85 persons met the HIV outbreak case definition.

Lowell and Lawrence, Mass. 129 HIV cases in IDU from 2015-2018 (from 2012-2014, entire Mass had 123 IDU cases).


Northern KY. 280% increase in HIV cases from IDU in 2018 (60% increase from 2016).

Kanawha County, WV. As of October 27, 2021, 85 persons met the HIV outbreak case definition.
Diagnoses of HIV infection, by injection drug use category — Kanawha County, West Virginia, January 2016–October 2021

Age-adjusted rates of overdose death 81.4 per 100,000(2020) (https://www.cdc.gov/drugoverdose/deaths/2020.html)
Social Determinants of Health: Housing

• HIV (18%) HCV (>50%), 22% unstable housing

• Models predict unstable housing will contribute 7.9% to new HIV infections and 11.2% to new HCV infections worldwide among PWID in the 2020s

• Across regions, the median transmission population attributable fraction (tPAFs)
  • HIV ranged from 2.2% in eastern Europe to 21.6% in North America
  • HCV ranged from 2.8% in eastern Europe to 26.2% in North America

• tPAFs for both HIV and HCV in high-income countries were over double those in LMICs
Naloxone: Reducing Overdose Fatalities

• Naloxone decreases opioid-related overdose fatalities (Moustaquim et al., 2021)

• Deaths from fentanyl are increasing despite naloxone (Torralva and Janowsky, 2019).

• OD from fentanyl require multiple naloxone doses (Schumann et al., 2007, Somerville et al., 2017)

• Modeling data show most states do not have sufficient access to naloxone – rural areas and racial/ethnic groups (Irvine et al., 2022; Guy, 2019; Faul et al., 2015)
Medications for Opioid Use Disorder (MOUD or MAT, OST)

- **Full Agonist**
  - Methadone: Daily
- **Partial Agonist**
  - Buprenorphine: 3x/week, ER 1 month
- **Antagonist**
  - Naltrexone: ER 1 month

**Impact of MOUD on HIV Transmission**

- MOUD reduced HIV infections by 54%
- MOUD reduces overdose risk by 73%

*Source: MacArthur GJ et al. BMJ 2012*
Challenges:
• Treatment and retention in MOUD
• Treatment and retention in ART

MOUD Improves uptake/retention in ART
• 69% increased initiation on ART
• Two-fold increase in ART adherence
• 23% decrease in odds of attrition
• 45% increase in odds of plasma viral suppression (VS)

MOUD Coverage among PWID

Source: Larney S et al. Lancet Global Health 2017
% Providers Who Would Defer ART By CD4+ Count and IDU status

ART Delayed for PWID with Advanced HIV

New Study
- 32% Primary Care Providers reported explicit bias toward PWID regarding PrEP
- 88% found to have strong implicit bias toward PWID regarding PrEP
- 9% no bias toward PWID regarding PrEP


Source: Ferro EG et al. Open Forum Infect Dis. 2017

Source: Dubov et al., 2023
Reducing Overdose Risk and Treating Chronic Pain: *Responsible Prescribing*

- Prevalence estimates for chronic pain in PLWH: 25-90%
- 21-53% PLWH prescribed prescription opioids to manage chronic pain

Source: Cunningham, 2018; Cernasev et al., 2020)

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**Opioid Prescribing Guidelines** March 2016

- Intended for primary care providers
- Applies to patients >18 years old in chronic pain outside of end-of-life care
- **Focuses on:**
  - Determining when to initiate or continue opioids for chronic pain
  - Opioid selection, dosage, duration, follow-up and discontinuation
  - Assessing risk and addressing harms of opioid use

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**JAMA**

Patient-Centered Reduction or Discontinuation of Long-term Opioid Analgesics:

**Focuses on:**
(1) Criteria for reducing or discontinuing opioid therapy
(2) Considerations prior to deciding to taper opioids
(3) Ensuring patient safety prior to initiating taper
(4) Shared decision-making with patients
(5) Rate of opioid taper
(6) Opioid withdrawal management
(7) Behavioral health support
(8) Challenges to tapering

*Dosage changes, particularly rapid reductions in dose, can harm patients or put them at risk if not made in a thoughtful, deliberative, collaborative, and measured manner.*

Harm Reduction Integrated into HIV Care: Goals

- Reduce overdose deaths
- Address HIV/other healthcare needs
- Reduce transmission risk
- Provide array of services meet people where they are
- Reduce stigma to increase access to health and recovery services
- Address SDOH barriers to access and retention in care
Harm Reduction Integrated into HIV Care: Activities

- Syringe services
- Fentanyl test strips
- Naloxone and overdose education
- Non abstinent outcomes
- HIV/HCV/STI testing and treatment
- Wound care
- PrEP
- Low threshold MOUD
- Peer/professional support specialists
- Support individuals in obtaining identification, housing, transportation, food, etc.
Key Takeaways

• Overdose fatalities are preventable

• PLWH are at high risk of an overdose death

• People at high risk of an overdose death are at high risk for HIV

• Evidence-based approaches exist to reduce:
  • Overdose fatalities
  • Risk for HIV and other infections disease
  • Loss to HIV care

• Harm reduction can be integrated into HIV care
How can PACHA help?

• Target stigma by:
  • Call out examples of stigma against people who use or inject drugs
  • Demand high quality healthcare to address substance use, HIV, other healthcare needs
  • Include people with living experience for substance use, including people using substances, on PACHA, community advisory groups, positions of leadership to ensure their voice is heard and included in action

• Promote integrated care to address full healthcare needs:
  • One patient may have many healthcare needs
  • Integrated single point of care best opportunity deliver high quality comprehensive care less burdensome to the individual
  • Need for ongoing research to aid communities and organizations in developing and delivering tailored response to address overdose risk, substance use, HIV, and other needs
Discussion

Redonna K. Chandler, PhD
Director HIV Research Program and HEALing Communities Study
Email: redonna.chandler@nih.gov

To learn more about NIDA’s HIV Research Program, visit: https://nida.nih.gov/about-nida/organization/offices/hiv-research-program-hrp
The Appalachian Syndemic