

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

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## **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 <u>here</u>



# 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

# HIV/AIDS STRATEGY

for the **United States** 2022–2025



## 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.
  - The CDR/MHS resolution is an example of this.

## Presidential Advisory Council on HIV/AIDS (PACHA)

#### Molecular HIV Surveillance and Cluster Detection and Response Resolution

Molecular HIV surveillance (MHS) uses laboratory data to identify networks of people experiencing HIV transmission. HIV cluster detection and response (CDR) has allowed some public health agencies and communities affected by rapid HIV transmission to increase and, more specifically, prioritize HIV prevention and treatment services and programs. After learning of concerns about MHS and CDR expressed by all networks representing people living with HIV, some advocates and privacy experts, and some public health officials, PACHA gathered input from researchers, public health practitioners, and community advocates who have conducted and been affected by MHS/CDR activities. Some shared important successes resulting from these strategies, while others raised substantial human rights concerns about consent, data protections, accountable community engagement, and potentially dangerous unintended consequences should prosecutors gain access to molecular surveillance data and use MHS/CDR information in criminal cases against people living with HIV. Some public health officials also raised concerns about resource allocation required for implementation of MHS/CDR activities.

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# Importance of CDR/MHS

## CDR, MHS, and EHE

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



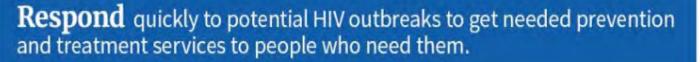
Diagnose all people with HIV as early as possible.

**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).







## 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 Spanishlanguage 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
  - Jurisdictions must engage with community when developing these plans
  - 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
  - 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.
  - To stop collecting data needed to identify and interrupt HIV outbreaks would neglect public health.
  - 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:
  - Working to help providers better communicate the surveillance and public health data usage to patients.
  - 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.
  - The goal is to be responsive to jurisdictional trends, needs, and circumstances.
  - 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 <u>HIV Criminalization Legal</u> and <u>Policy tool</u> 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.
  - o Compiles evidence for CDR
  - o 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.
  - o 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





























# THE WHITE HOUSE WASHINGTON

WH.GOV

# 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

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

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



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

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

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

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



**Technology** 

#### **Outcomes**

Improve quality and health outcomes across the care iourney



### Alignment

Align and coordinate across programs and care settings



### **Interoperability**

Accelerate and support the transition to a digital and datadriven health care system



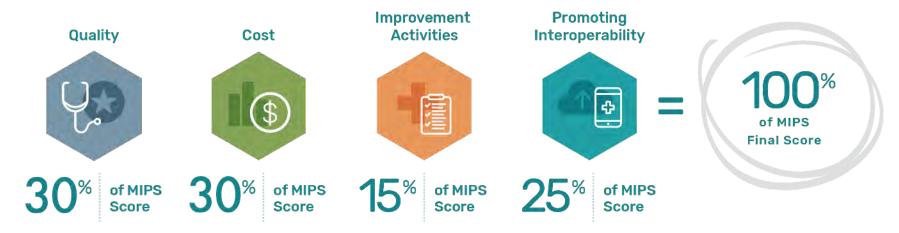
#### **Scientific Advancement**

Transform health care using science, analytics, and technology



## Merit-based Incentive Payment System (MIPS)

## MIPS 2023 Performance Categories



- 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 \*High Priority \*\*Outcome

Quality Measures in BLUE: Denote duplicated within topics AMVP Broad measures are applicable to all clinical sub-topics

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 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<sup>^</sup>

(4)

- \*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)** 



# Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP Candidate

Recommendation

## **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

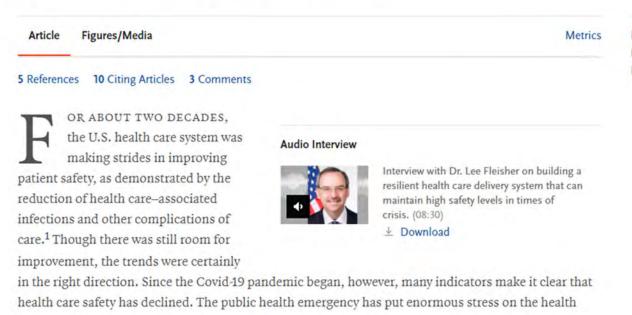
# **Focusing on Patient Safety**

## 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.





February 17, 2022

N Engl J Med 2022; 386:609-617

DOI: 10.1056/NEJMp2118285

## Responding to a New Emergency: Monkeypox

# **Continued Coordination on HIV Programs**

Lead		
Agencies	Activity	Activity Description
CDC, VA,	HIV Testing Report	This is an annual report that establishes a 5 million person national HIV testing goal for
HRSA,	to Congress	federally supported HIV prevention, treatment, and care programs. The report draws on
SAMHSA,		the HIV testing data from across the government, including CDC, VA, HRSA,
CMS,		SAMHSA, CMS, IHS, and OPA.
IHS, and OPA		
CMS and	Medicaid Waiver and	Throughout FYs 2020-2021 and currently, CMS provides technical assistance to states as
HRSA	Demonstration Guidance	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.
NIH, CDC,C	AIDSinfo Information	AIDSinfo, a service of HHS, offers access to the latest, federally-approved HIV/AIDS
MS, and	Service	treatment guidelines, information about HIV treatment and prevention clinical trials, and
HRSA		other research information for health care providers, researchers, people affected by HIV,
		and the general public.

# Thank you!

lee.fleisher@cms.hhs.gov



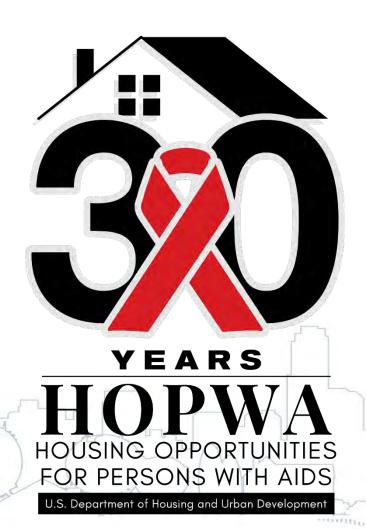




# Office of HIV/AIDS Housing Updates March 29,2023

Rita Harcrow, Director

# **HOPWA 30<sup>th</sup> Anniversary**



- 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
   <a href="https://www.hud.gov/program\_offices/comm\_planning/hopwa/30th\_anniversary">https://www.hud.gov/program\_offices/comm\_planning/hopwa/30th\_anniversary</a>







# 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

California

Volunteers Of America Of Los Angeles

Foothill AIDS Project

Colorado

Vivent Health

**Florida** 

Community Rightful Center, Inc.

Broward House, Inc.

City Of Tampa

Hawaii

Hoomanaolana (Gregory House)

Illinois

AIDS Foundation Of Chicago

Chicago House And Social Service Agency

**Indiana** 

The Damien Center Inc.

Massachusetts

Fenway Community Health Center, Inc.

Missouri

Interfaith Residence Inc.

City Of Kansas City, Missouri

**New York** 

African Services Committee, Inc.

Oklahoma

HIV Resource Consortium Inc.

**South Carolina** 

Palmetto AIDS Life Support Services

Tennessee

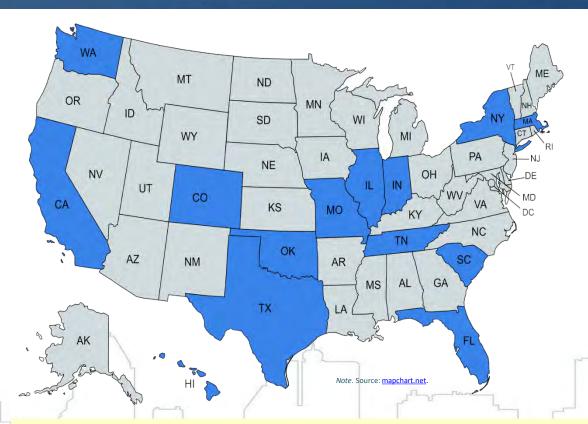
Hope House Day Care Center, Inc.

Texas

AIDS Foundation Houston, Inc.
Abounding Prosperity Incorporated

Washington

City of Seattle



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







# HOPWA Mpox Response

• 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:

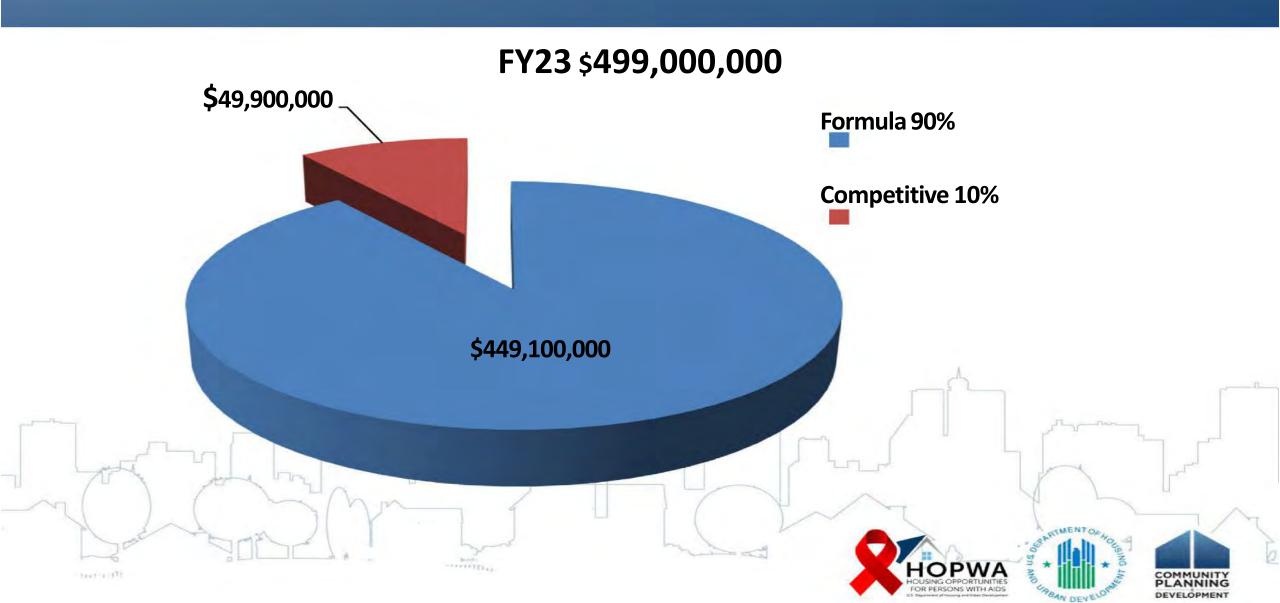
- highlighted the importance of getting people with HIV who are homeless or unstably housed into housing and protected through Mpox vaccination.
- Encouraged using stable housing as a platform for getting individuals who have disengaged from HIV care reconnected to care and other needed supportive services 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.
- Link to the letter: <a href="https://www.hud.gov/sites/dfiles/CPD/documents/HOPWA-Listerv-MMWR-Severe-Monkeypox.pdf">https://www.hud.gov/sites/dfiles/CPD/documents/HOPWA-Listerv-MMWR-Severe-Monkeypox.pdf</a>







# **FY23 Funding**



# **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.







# **Cross-Agency Efforts**

- 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:**

https://www.hud.gov/sites/dfiles/CFO/documents/2024 CJ Program - HOPWA.pdf







# NHAS, EHE, & MHAF

## **76th PACHA Full Council Meeting**

March 29, 2023

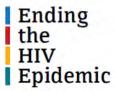
Timothy P. Harrison, PhD

**Principal Deputy Director** 

Office of Infectious Disease and HIV/AIDS Policy (OIDP)







### The Ending the HIV Epidemic in the U.S.

### **GOAL:**

75%

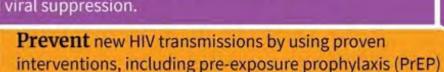
reduction in new **HIV** infections by 2025 and at least 90% reduction

by 2030.

### **Key Strategies**

Diagnose all people with HIV as early as possible.

**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.



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

and syringe services programs (SSPs).



### **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

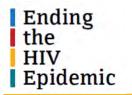












### **Ending the HIV Epidemic: FY 24 Request**

- 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.











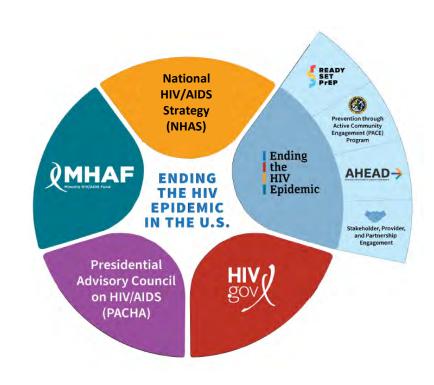
### **Ending the HIV Epidemic: OASH/OIDP**

#### 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



**OASH OIDP HIV Activities** 

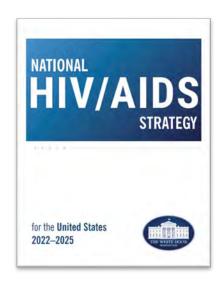
### **Syndemic Developments**

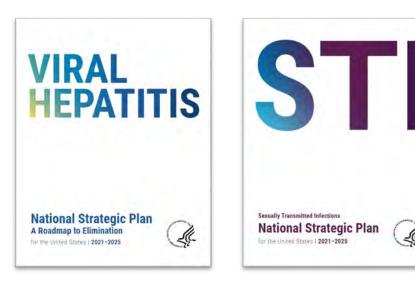
"clustering and interaction of two or more diseases, as a result of social and structural determinants of health (SDOH), that lead to excess burden of disease in a population"

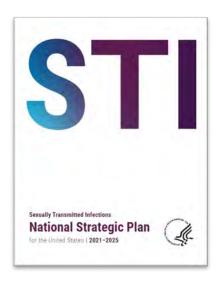
- Coordinating the federal Syndemic Steering Committee (SSC) on HIV, STIs, VH, Mental Health, and Substance Use.
  - Developing standardized syndemic language
  - Developing guidance on blending, braiding, and flexibility of funding to implement syndemic approaches
  - Hosting syndemic-focused listening 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.

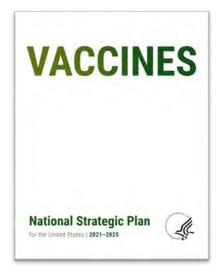


## **Integrated Approach Across National Strategic Plans**











## **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



# HRSA HAB to End the HIV Epidemic in the United States (EHE) Initiative Overview

**JURISDICTIONS** 

**COMMUNITY** 

**ENGAGEMENT** 

**S**YSTEMS

COORDINATION

TA AND CAPACITY
BUILDING

For FY 2023, HRSA announced that approximately \$147 million will be awarded EHE recipients:

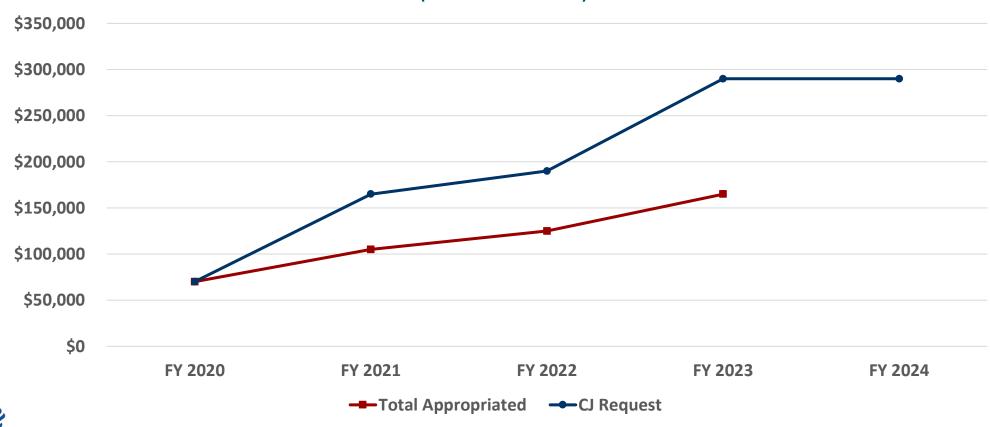
- 39 metropolitan areas and eight states awarded \$139 million (Ryan White HIV/AIDS Program Parts A and B jurisdictions)
- Two organizations (Technical Assistance Provider and Systems Coordination Provider) awarded \$8 million

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)

# HRSA HAB EHE Initiative Requested vs. Appropriations FY 2020 - FY 2024

# FY 2020 – FY 2023 Ending the HIV Epidemic in the U.S.(EHE) Requested vs. Appropriations

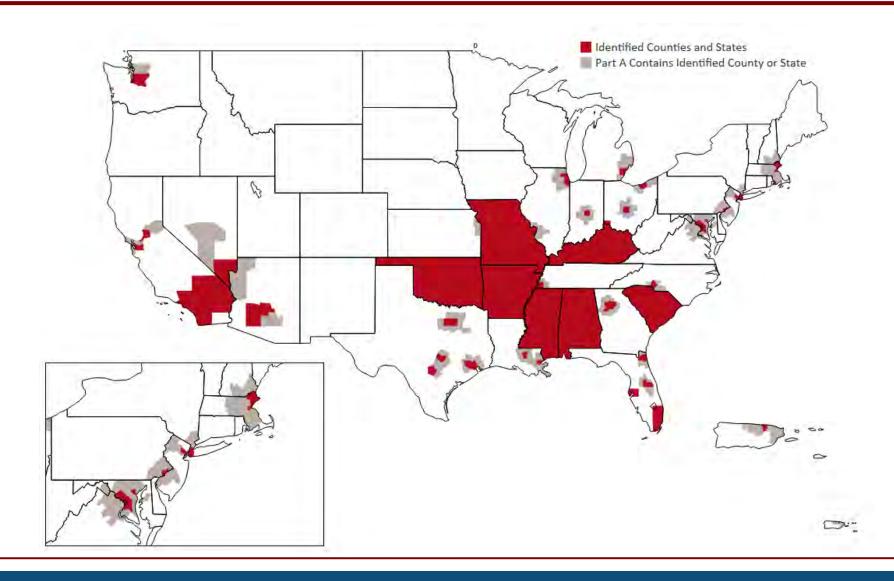
(dollars in thousands)







# 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)





# 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

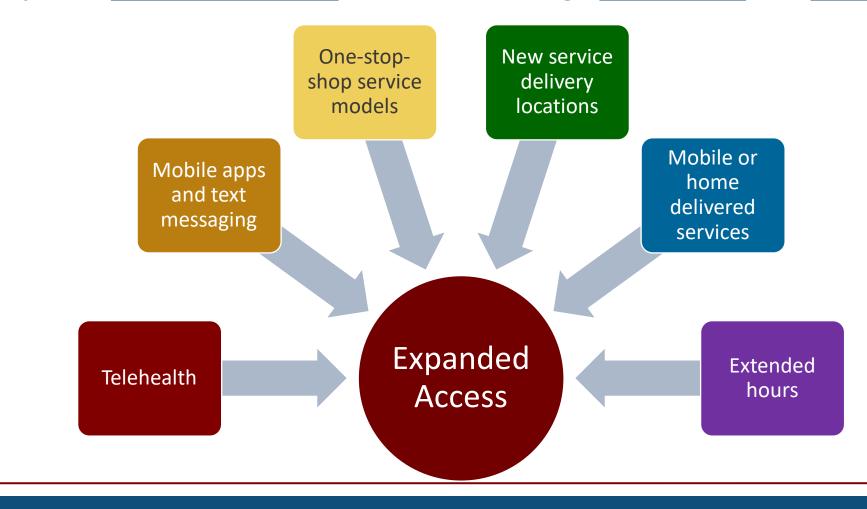


EHE recipients demonstrated flexibility and resilience in meeting the needs of their clients during the COVID-19 public health emergency



# **How HAB EHE Recipients Delivered These Activities**

HAB EHE recipients <u>expanded access</u> to services through <u>technology</u> and <u>structural changes</u>



# **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.





# HRSA FY 2021 Ending the HIV Epidemic in the U.S. (EHE) Virtual Listening Sessions At-A-Glance

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.

16
listening
sessions
between MarchSept. 2021

1,900 total attendees across all sessions

sessions
offered with
Spanish
translation

### **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**

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**Deputy Associate Administrator** 

**HIV/AIDS Bureau (HAB)** 

**Health Resources and Services Administration (HRSA)** 

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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.

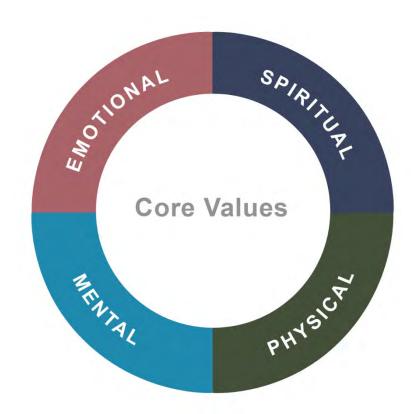
## Vision

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.

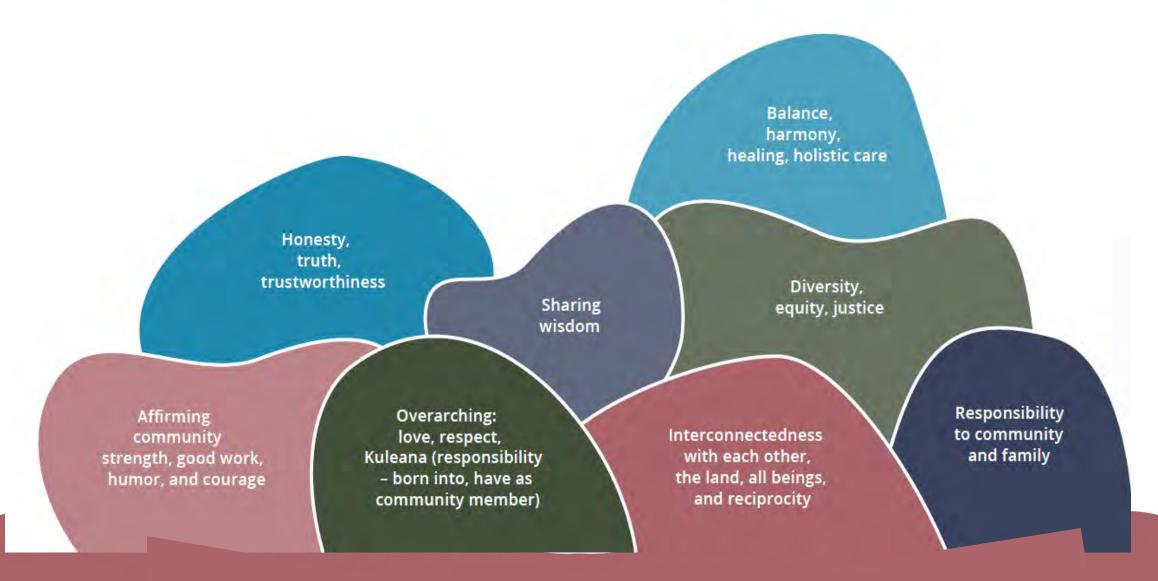
This vision includes all Indigenous people, regardless of age, sex, gender identity, sexual orientation, religion, disability, geographic location, socioeconomic circumstance, or health status.

# Medicine Wheel

This strategy centers the Medicine Wheel as a framework for improving the health and well-being of Indigenous people



# Core Values



# **Strategy Components**











**Goals** to specify areas of focus



**Strategies** to meet objectives

**Programs & Practices** to highlight Indigenous work





to measure progress to achieve goals



HIV, STI, and Viral Hepatitis Connections

to demonstrate alignment with national plans

#### **Strategy Components**

Type of Intervention









**Prevention** 

**Treatment** 

**Diagnosis** 

Response

Level of Intervention







# 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**

**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



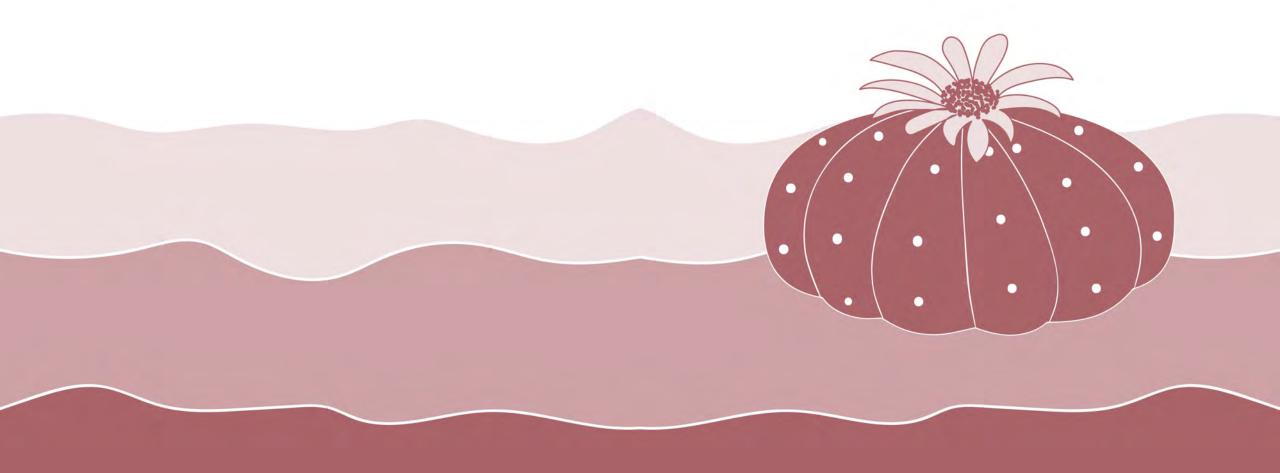
# **Partnerships**

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



#### 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

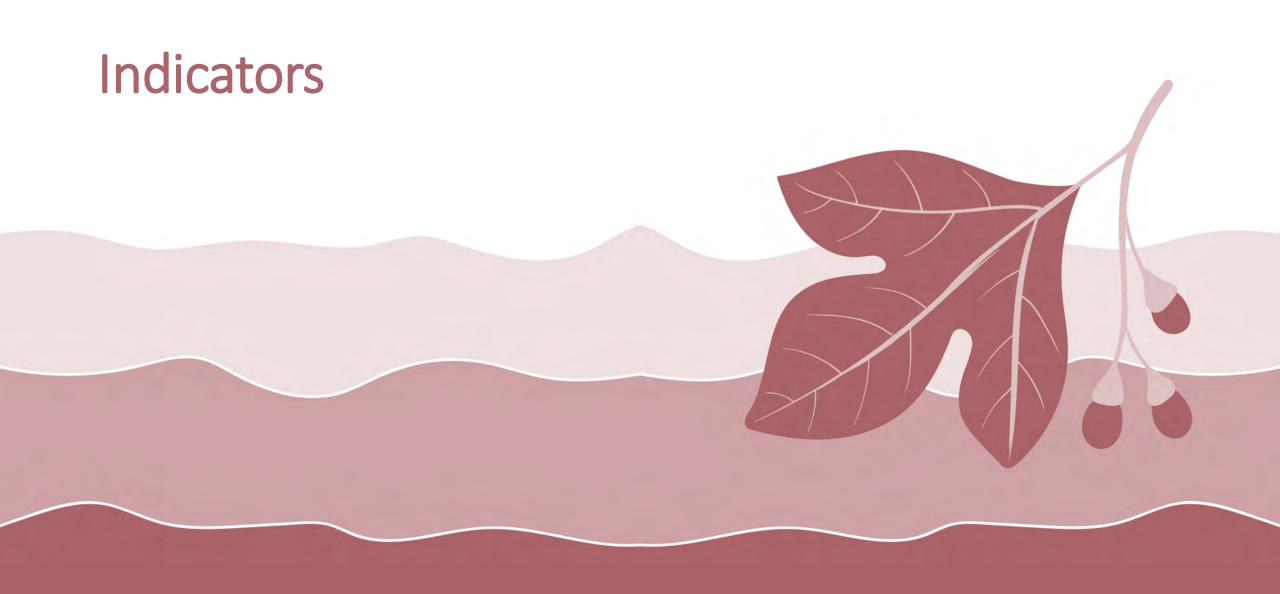


#### **Data Systems**

**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**

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

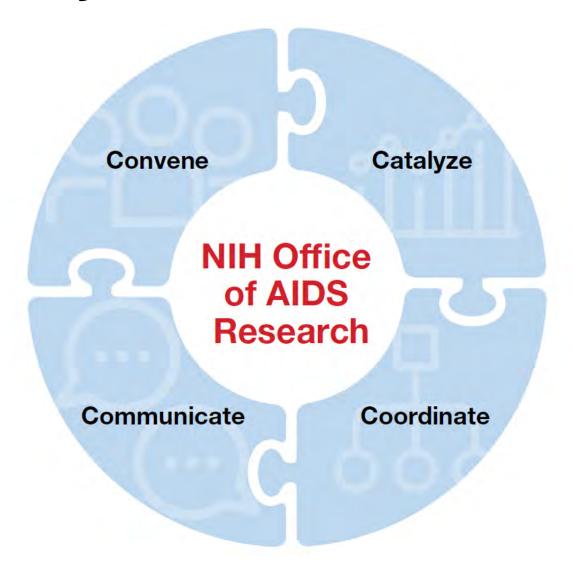
**Presidential Advisory Council on HIV/AIDS** 

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

March 29, 2023

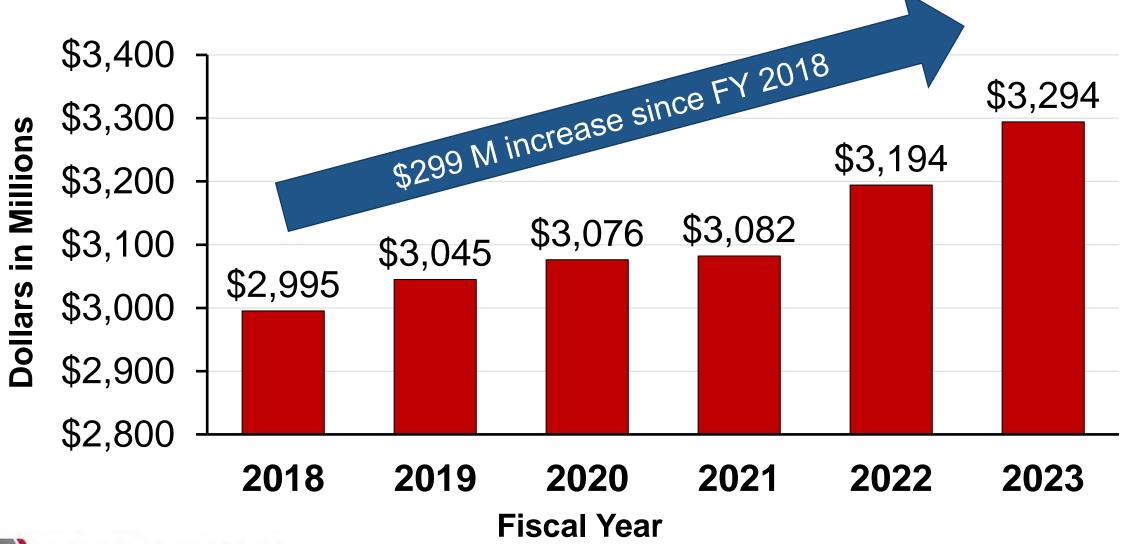


## **Key Functions of OAR**





#### NIH HIV Research Funding, FY 2018–2023



#### Role of NIH in the EHE Initiative



Locally-relevant best practices

Syringe service programs

Molecular testing

**PrEP** 

Cluster detection & response

Timely ART

Rapid tests

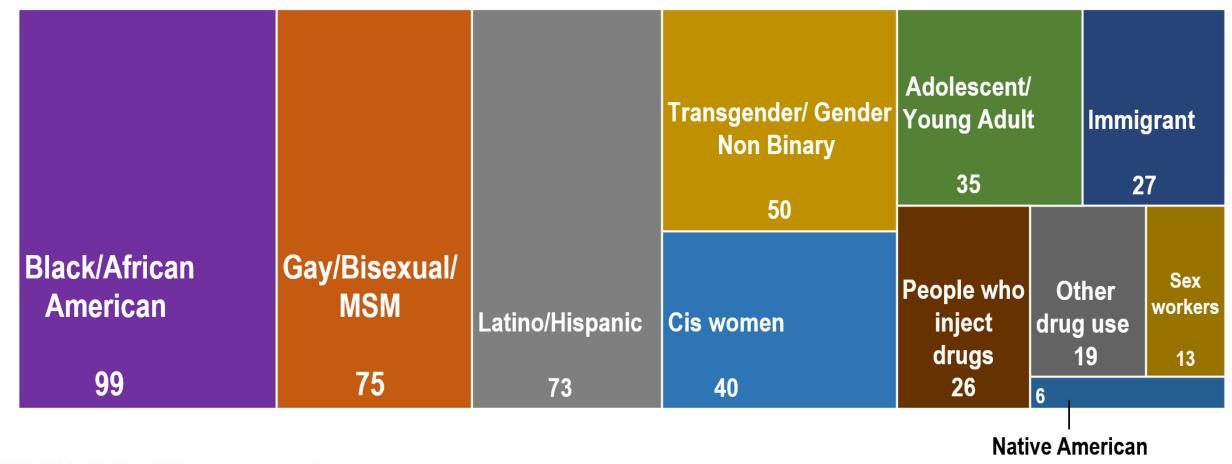
Implementation Research

Better understanding of how to best leverage available interventions in different geographic and cultural contexts



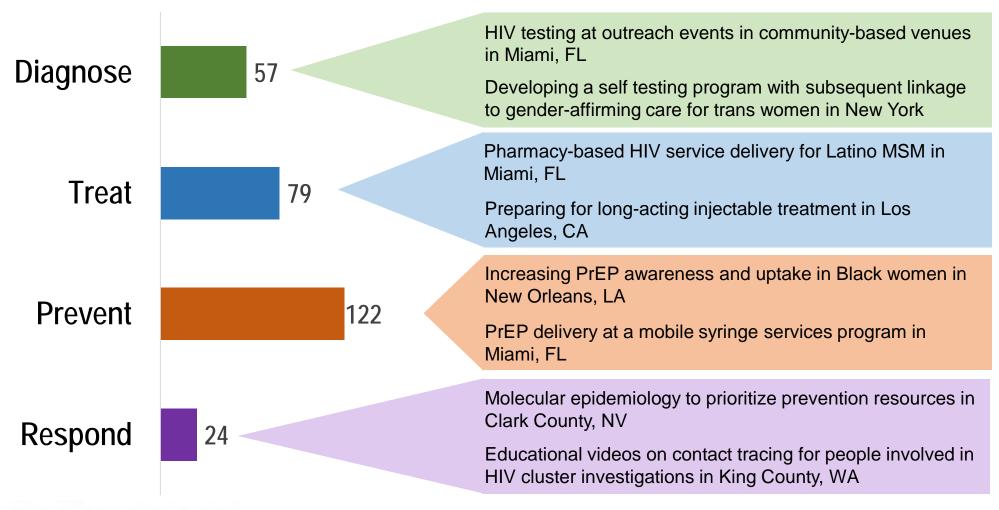
# Focus on Populations Disproportionately Impacted by HIV

Number of projects addressing key demographic groups





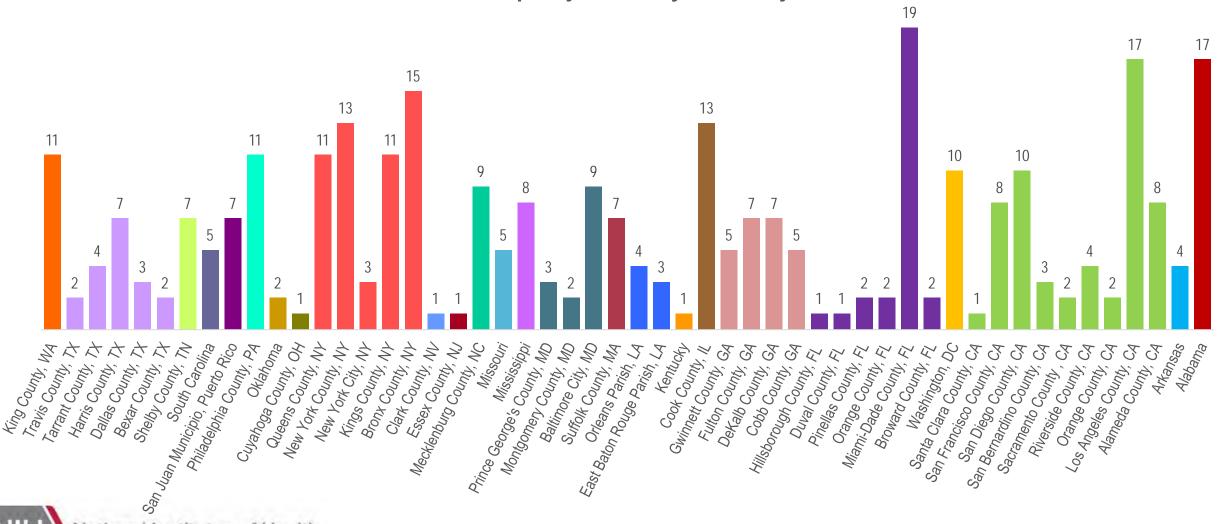
#### NIH Projects Cover All Four EHE Pillars





## Geographic Reach of NIH Program

Number of NIH projects by EHE jurisdiction



Office of AIDS Research

#### **NIH EHE Projects: Focal Areas**

**FY 2019**<u>65</u> 1-year 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

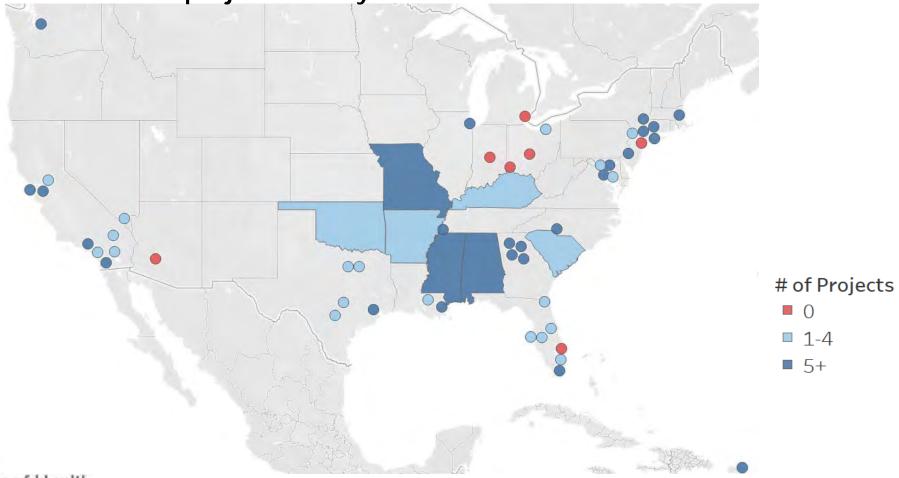
#### NIH FY 2023 EHE Spend Plan: \$26M

- \$6 million for final year of FY22 projects
  - Equity-focused approached 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

#### State & Local Governments

- Public health departments
- Correctional services
- Tribal governments



#### **Health Care Organizations**

- Hospitals
- Community health clinics
- Federally-qualified heath centers
- Pharmacies







#### **Community-Based Organizations**

- Patient advocacy groups
- Community coalitions
- LGBTOIA+ Centers
- Youth and family organizations

#### Academic & Non-traditional Partners

- Other universities (incl. HBCUs)
- Faith-based organizations
- Small businesses (e.g. laundromats; barbershops)



# **Addressing Stigma**

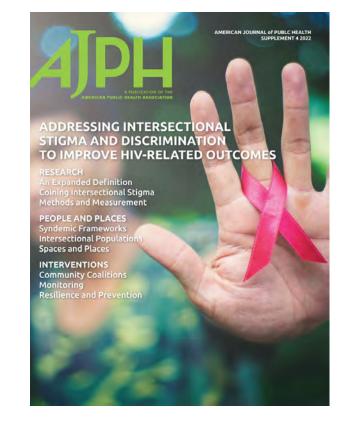
#### **AIDS 2022 Satellite Symposium**

Launch of <u>2022 AJPH Special Issue</u>: *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 (<u>NOT-MH-20-020</u>)
- Interventions for Stigma Reduction to Improve HIV/AIDS Prevention, Treatment and Care in Low- and Middle- Income Countries (PAR-21-344)



# **Stay Connected with OAR**



@NIH\_OAR



OARinfo@nih.gov



HIVinfo.nih.gov



Clinicalinfo.hiv.gov



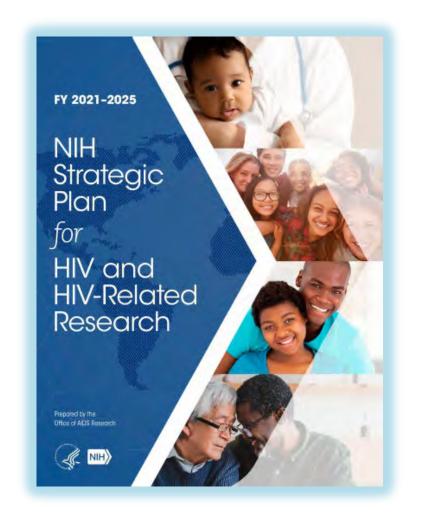
https://www.OAR.nih.gov



#### **Extra material**



#### **Strategic Plan Goals**





Advance rigorous and innovative research



Ensure flexibility and responsiveness



Promote dissemination & implementation of discoveries

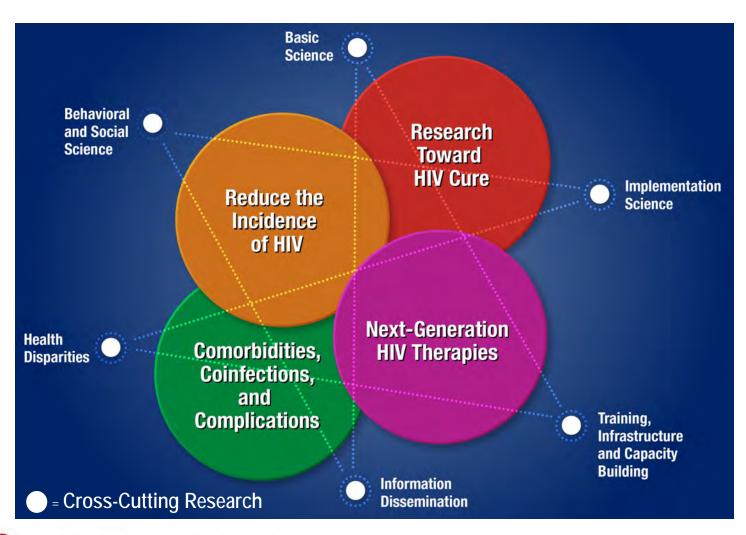


Build human resource and infrastructure capacity

https://www.oar.nih.gov/hiv-policy-and-research/strategic-plan



#### NIH Priorities for HIV and HIV-related Research



#### 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

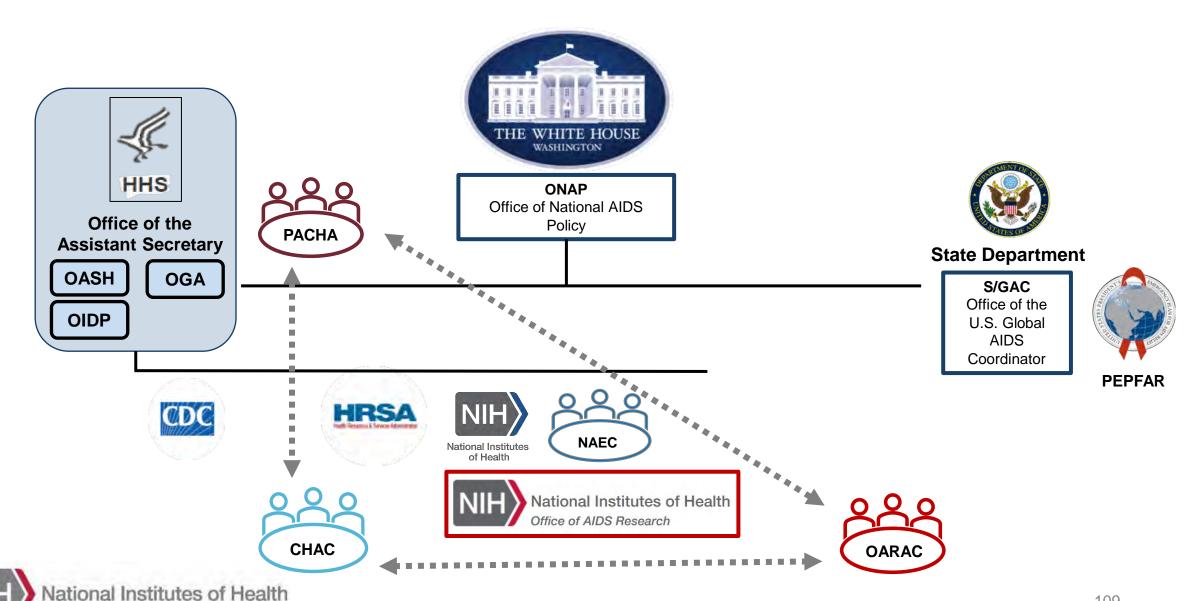


Early Career Investigators





#### **Connections Across Federal HIV Advisory Councils**

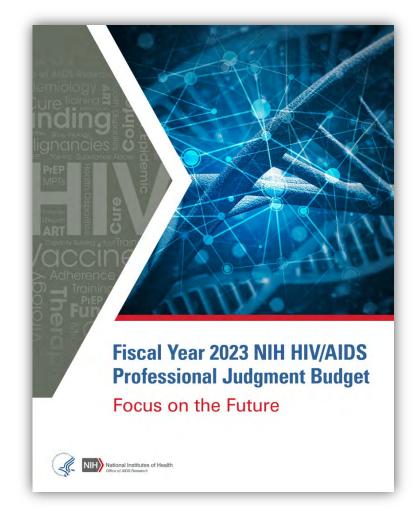


Office of AIDS Research

### 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









## 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.





#### **Health Centers and HIV Prevention**

### 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 Uniformed Data System (UDS)

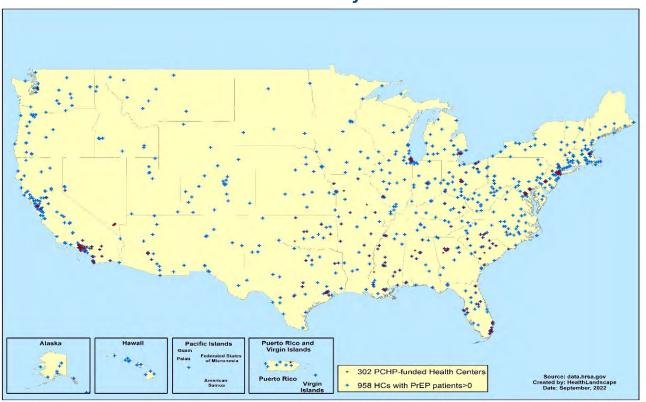


Source: 2021 Uniform Data System (UDS).



#### **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.



#### **EHE-PCHP Partners at Work**













PCHP Investment Team National LGBTQIA+ Health Education Center HITEQ Center Primary Care Associations (PCAs)

AIDS
Education
and
Training
Centers
(AETCs)

National
Association
of
Community
Health
Centers





#### 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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### **CDC HIV Update for PACHA**

March 29, 2023



Robyn Neblett Fanfair, MD, MPH Acting Director Division of HIV Prevention, CDC



#### **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 EHE Results - Test**

CDC grantees used EHE funding to conduct almost **250,000 HIV tests**, identifying over **3,000** individuals with HIV

**Health Departments** 

CDC grantees also distributed over **16,000 self-test kits locally** 

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 EHE Results - Treat**

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

EHE funds supported 108 SSPs



57 fixed locations



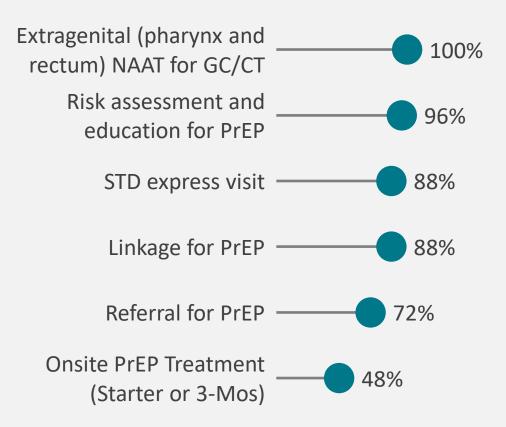
51 mobile/outreach locations



PrEP navigators, injectable PrEP, mobile units, education at events, same-day PrEP

# Scaling Up HIV Prevention Services in 26 STD Specialty Clinics in 16 States

### Percentage of STD Clinics Providing HIV-related Services



**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

# Response Identified Structural Barriers Contributing to Transmission in Atlanta, Georgia

- 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



#### Consulted people:

- With & without HIV,
- Engaged & not engaged in HIV services,
- Born in the US and elsewhere



#### 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

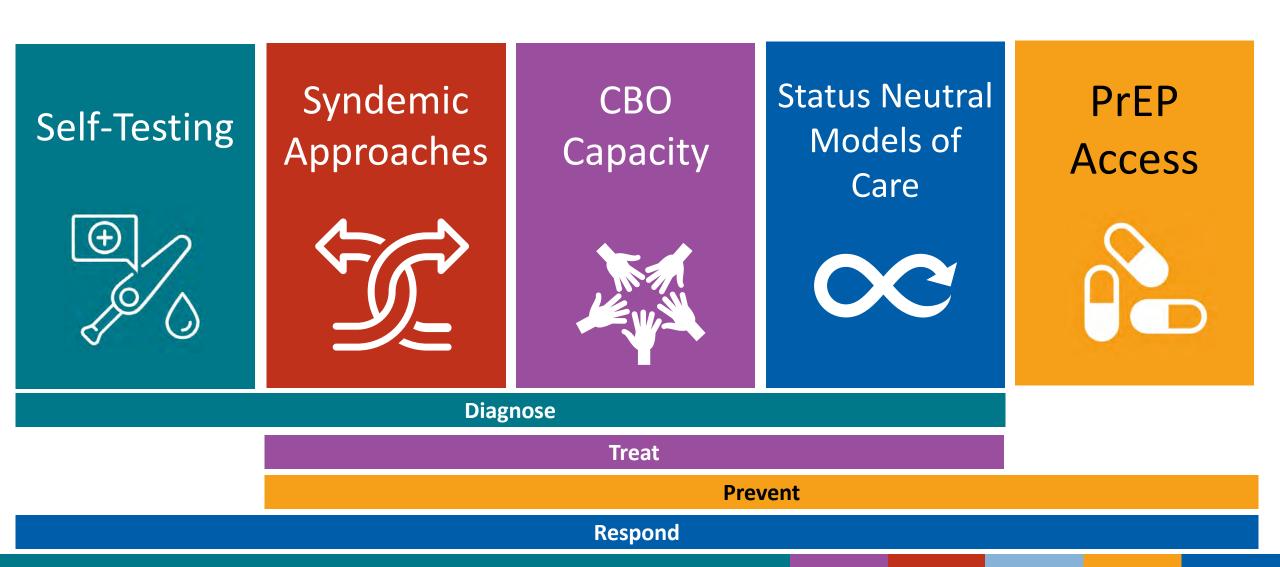


Rapid ART Initiation in the Emergency Department



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:



### 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



#### **Outline**

- 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: <u>Treatment for Individuals Experiencing Homelessness</u>
- FY22 Grant Programs:
  - CSAP: <u>Prevention Navigator</u>
  - CSAP: Harm Reduction Grant Program
  - CMHS: Minority AIDS Initiative Service Integration



## Substance Abuse and Mental Health Services Administration

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



#### 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.



#### Substance Abuse Prevention and Treatment Block Grant

	FY 2020	FY 2021	FY 2022	FY 2023
DC	✓	✓	✓	<b>✓</b>
Florida	✓	✓	✓	
Georgia	✓	✓	✓	✓
Louisiana	✓	✓	✓	
Maryland	✓	Δ	Δ	
Mississippi		✓	Δ	
South Carolina	✓	Δ	Δ	

<sup>✓:</sup> The grantee is a mandatory "designated State" for the indicated SABG FY Award for the SABG HIV 5% Set-Aside Expenditure Requirement.

△: 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



#### National AIDS Strategy and EHE



### BOX 1 THE NATIONAL HIV/AIDS STRATEGY AND THE ENDING THE HIV EPIDEMIC IN THE U.S. INITIATIVE

The Strategy and *Ending the HIV Epidemic in the U.S.* (EHE) initiative are complementary, with EHE serving as a leading component of the work by the U.S. Department of Health and Human Services (HHS), in collaboration with federal, state, tribal, territorial, and local partners, to end the HIV epidemic in the United States by 2030. Both the Strategy and the EHE initiative aim to reduce new HIV transmissions in the United States by 75% by 2025 and by 90% by 2030, which would mean fewer than 3,000 new HIV infections per year.

EHE efforts focus on 57 priority jurisdictions, including 48 counties, Washington, DC, and San Juan, Puerto Rico, where greater than 50% of new HIV diagnoses occurred in 2016 and 2017, as well as 7 states with a disproportionate occurrence of HIV in rural areas. With additional funding appropriated by Congress, HHS is providing the 57 geographic focus areas with an infusion of additional resources, expertise, and technology to develop and implement locally tailored EHE plans. Those plans, developed and being implemented with significant community involvement, focus on four pillars:

- · 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 preexposure prophylaxis (PrEP) and syringe services programs (SSPs).
- Respond quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.

The scope of the Strategy extends to agencies beyond HHS and encompasses the entire nation. The Strategy presents a holistic approach to engaging a broad range of interested parties and organizations across many sectors of society to not only end the HIV epidemic by 2030, but also address other components of the syndemic, stigma, discrimination, and social determinants of health.

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)



#### MAI – High Risk Populations Grant Program

- 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.



#### MAI – High Risk Populations Minimum Program Requirements

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.



#### NEW: MAI – High Risk Populations (TI-23-008)

- \$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 receivd 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.



- 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.



- 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).



- 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.



- 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)



### 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



#### Minority AIDS Initiative Prevention Navigator

- 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

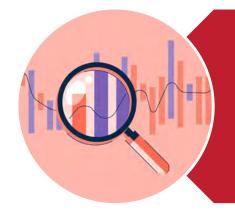
#### Vision

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 <u>innovative ideas to address</u> <u>the needs of people aging with HIV</u> <u>and long-term survivors</u>
- 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

### MPX NYC

#### 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.

Keletso Makofane, MPH, PhD

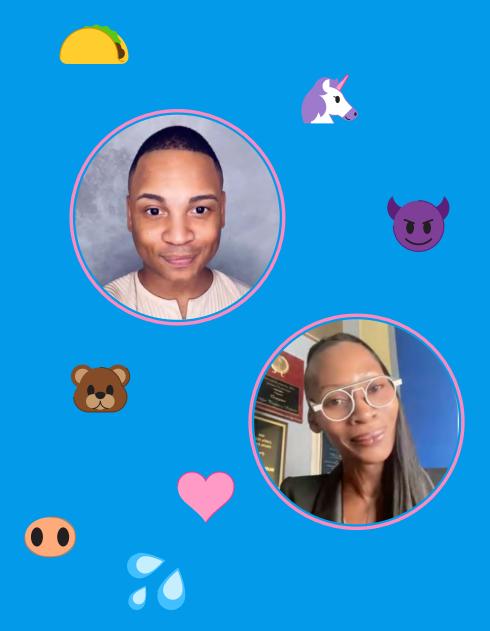
PRINCIPAL INVESTIGATOR, HARVARD UNIVERSITY

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

Jennifer Barnes-Balenciaga	Pedro Botti Carneiro, MPH	Tom Carpino, MPH	Nicholas Diamond, MPH
CO-INVESTIGATOR	CO-INVESTIGATOR	CO-INVESTIGATOR	CO-INVESTIGATOR
Seema Kara, MPH	James Krellenstein	Elle Lett, PhD, MA, MBiostat	Ken Nadolski, MPH
CO-INVESTIGATOR	CO-INVESTIGATOR	CO-INVESTIGATOR	CO-INVESTIGATOR
Cody Nolan, MD	Joseph Osmundson, PhD	Robert Pitts, MD	Grant Roth, MPH
CO-INVESTIGATOR	CO-INVESTIGATOR	CO-INVESTIGATOR	CO-INVESTIGATOR
Sudipta Saha, MS	Martez Smith, MSW	Nguyen Tran, MPH, PhD	Antón Castellanos Usigli, MPH, PhD
CO-INVESTIGATOR	CO-INVESTIGATOR	CO-INVESTIGATOR	CO-INVESTIGATOR
Chris Wyman			
CO-INVESTIGATOR			

**Christian Urrutia** 

PRINCIPAL INVESTIGATOR, PrEP4AII



MPX









### 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





An Open Letter to Drs. Vasan and Bassett







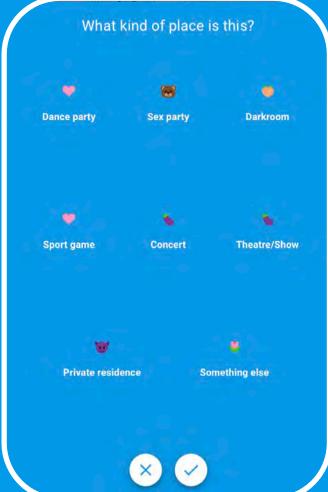
An Open Letter to the Biden Administration on MPOX













#### a community-led response to MPOX:









#### rooted in global health advocacy principles.











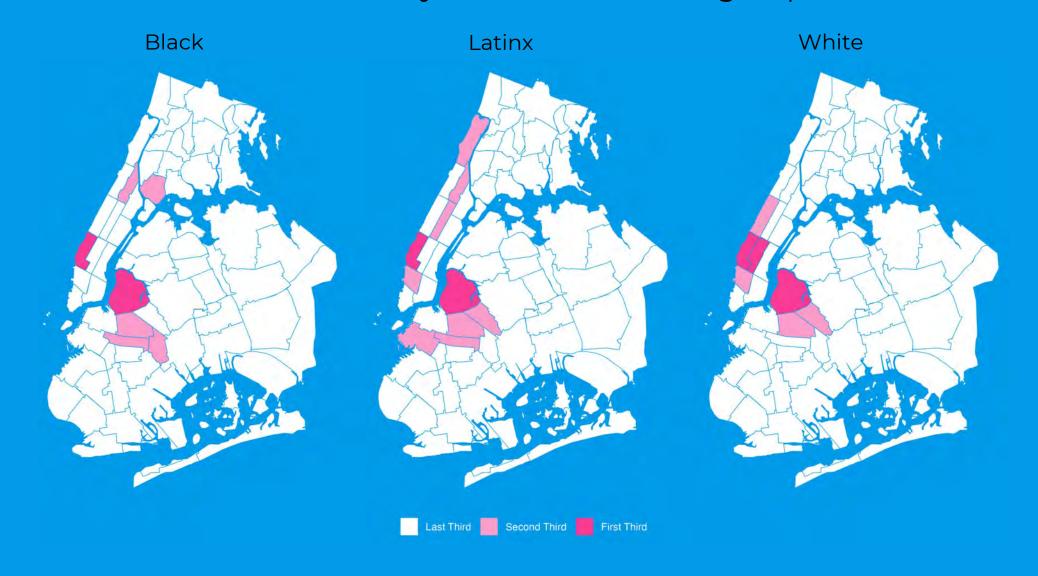




## 5 actionable insights. 1 actionable insight.

(from MPX NYC Data)

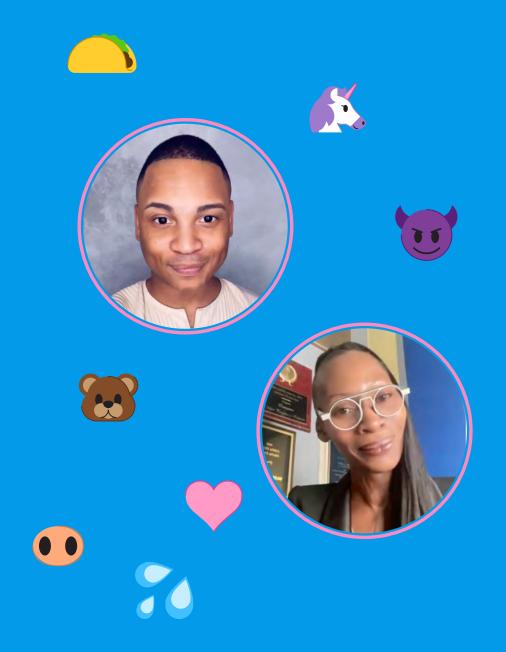
### Some communities are popular destinations across different subgroups and some only within distinct subgroups.

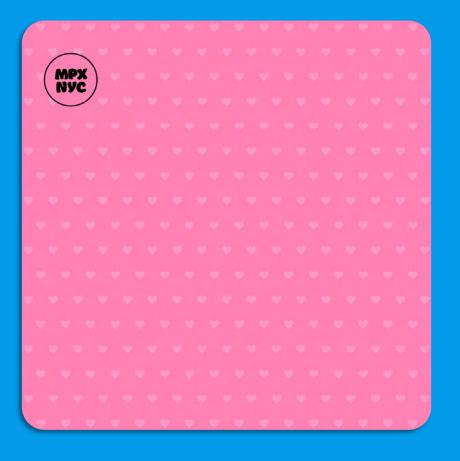


### Thank you!

keletso.makofane@gmail.com https://www.mpxresponse.org







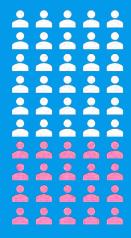


respondents



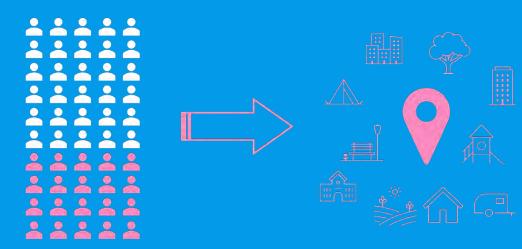


reported group sex or physical contact



## group sex or physical contact happened in





## 5 actionable insights.

(from MPX NYC Data)

1. Most group sex happens in private residences, not public venues...



of <u>places</u>\* were <u>private</u> residences



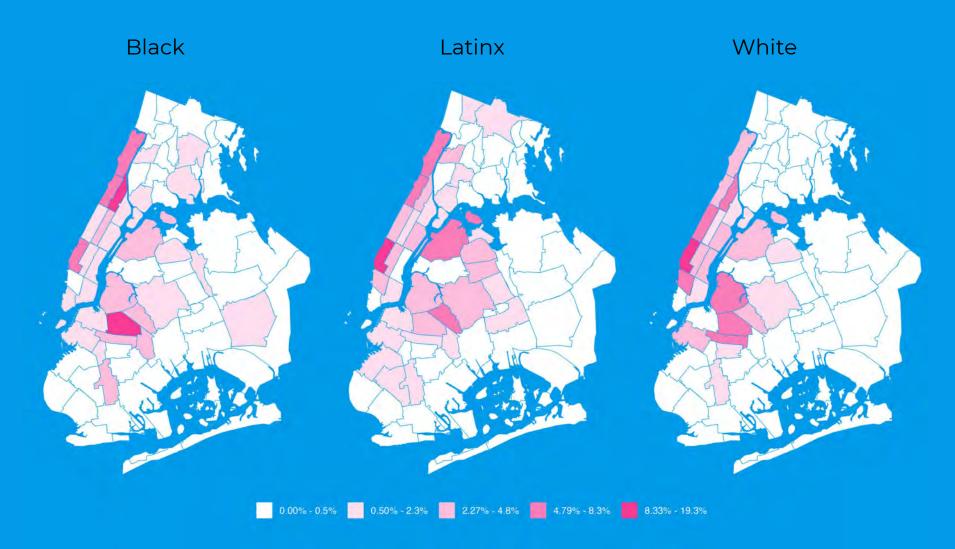


2. queer and trans people's residences cluster in certain parts of the city...



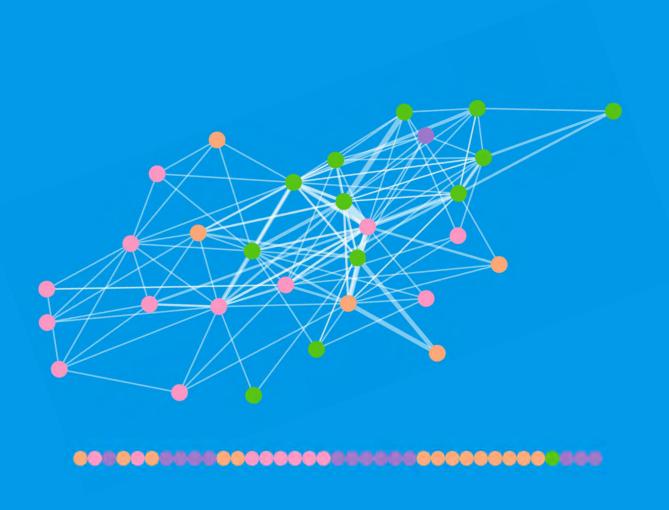


#### ... but subgroups do not all cluster in the same places.





3. communities are connected by individuals who move through them...





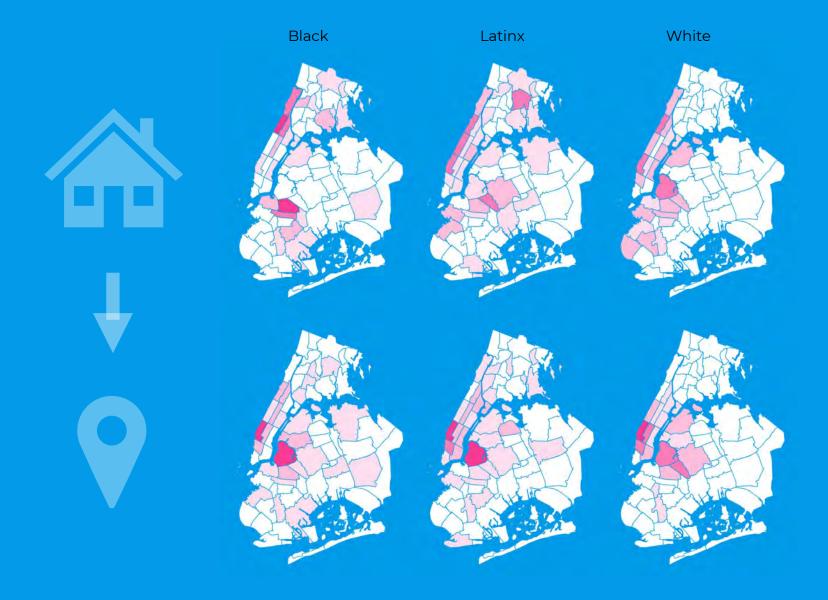


... so we can figure out which groups of communities are more densely connected to each other.



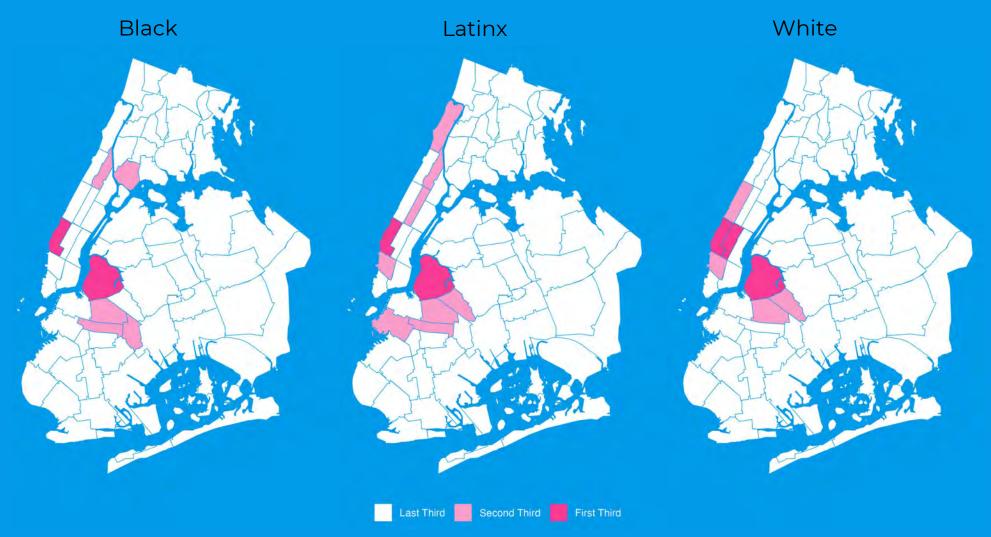


#### 4. Some communities are popular across different subgroups





#### ... but subgroups also have distinct preferences.





5. we can use the subway to make intervention plans by subgroup.

1 2 3 4 5 6 7 A C E B D F M G L J Z N Q R W S



# Thank you!

keletso.makofane@gmail.com https://www.mpxresponse.org

# Backup Slides

#### 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.

#### **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.

burness







**English Survey** 

for

(Cisgender) Gay and Bisexual Men Consultation

 $\Diamond$ 

English + Spanish
Survey

for

Queer and Trans
People

















Time stolen back from employers of RESPND-MI Investigators







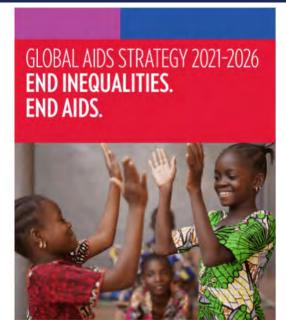
# Addressing Stigma and Discrimination in PEPFAR's Programs

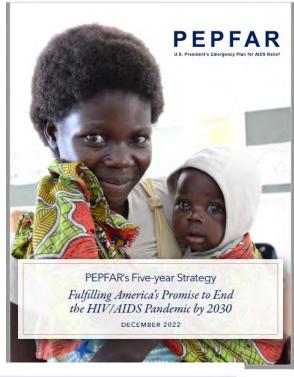
William Miller, Senior Advisor for Key Populations, Office of Global AIDS Coordinator

#### **UNAIDS Global AIDS Strategy, PEPFAR's 5-year Strategy**

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)





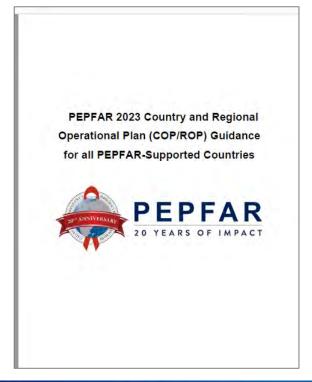


#### FOCUS AREA 6: DISMANTLING STRUCTURAL BARRIERS TO HIV/AIDS CARE

Funding alone will not address the structural barriers that priority populations face in receiving effective care. PEPFAR will play a leadership role in supporting collaborative efforts to reach the 10-10-10<sup>2</sup> goals of the Global UN-AIDS Strategy 2021-2026, including by working with partners to address stigma, punitive laws, and gender-based violence, and promote adoption and implementation of enabling policies for equitable and sustained HIV impact, as articulated in the UNAIDS Global AIDS Strategy. We will also commit to using PEPFAR-supported platforms to stand up against discrimination, violations of human rights, and call out inequities in HIV service access, uptake, and continuity, particularly for children, AGYW, and all KPs (men who have sex with men, people who inject drugs, sex workers, transgender persons, people in prisons)- using local data supporting the 95-95-95 and 10-10-10 global goals.

#### **COP/ROP 2023 Guidance, Executive Order**

- 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.

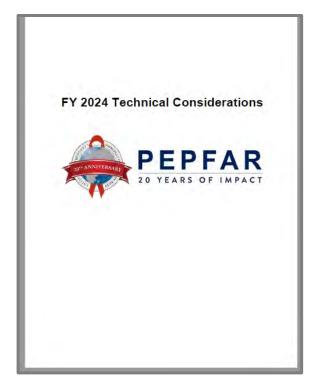


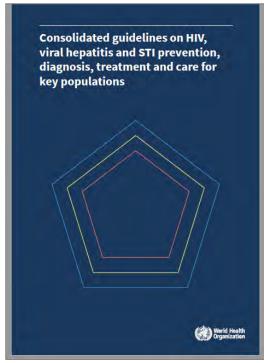




#### PEPFAR's Technical Considerations, WHO and UNAIDS Guidance

- 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



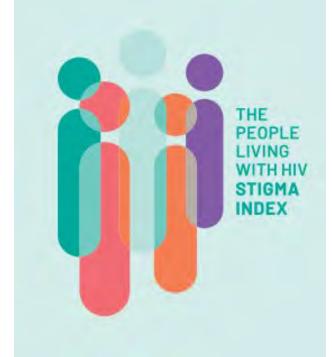


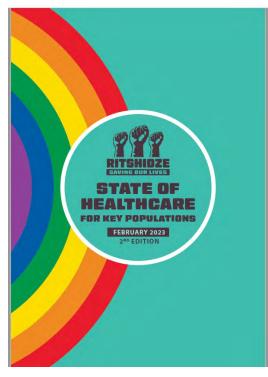
6.9 Technical Considerations for Addressing Barriers to Health Equity: Stigma, Discrimination, and Human Rights



#### **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 inperson trainings
- Key populations sensitization trainings





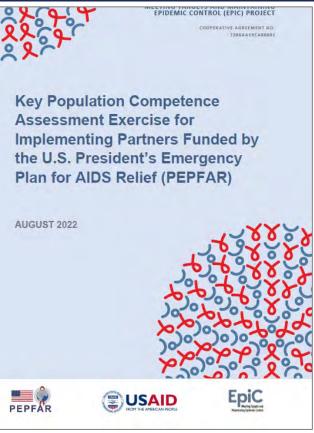




#### **KP Competency Assessments**

- 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

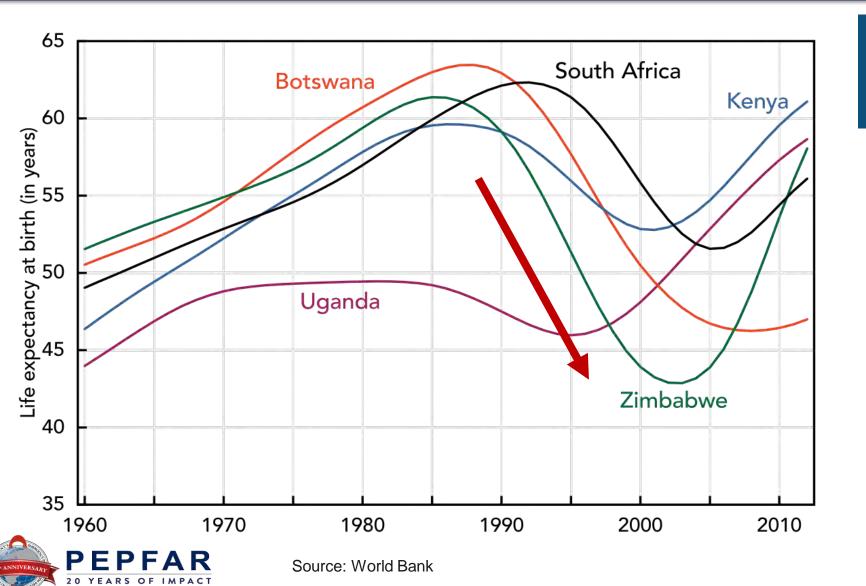
Principal Deputy U.S. Global AIDS Coordinator a.i.

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





Zimbabwe

Botswana

Lesotho

South Africa

-28

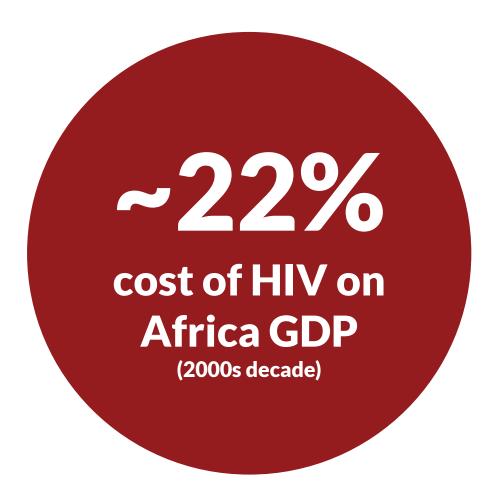
-35

-24



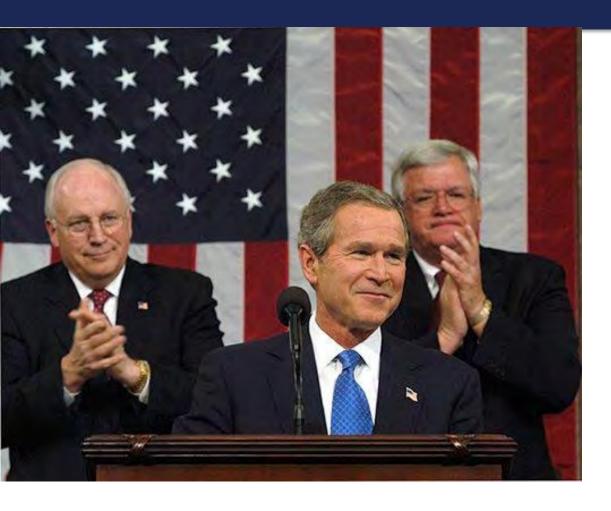
### HIV/AIDS derailed Africa's economic development trajectory

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





### State of the Union – January 29, 2003

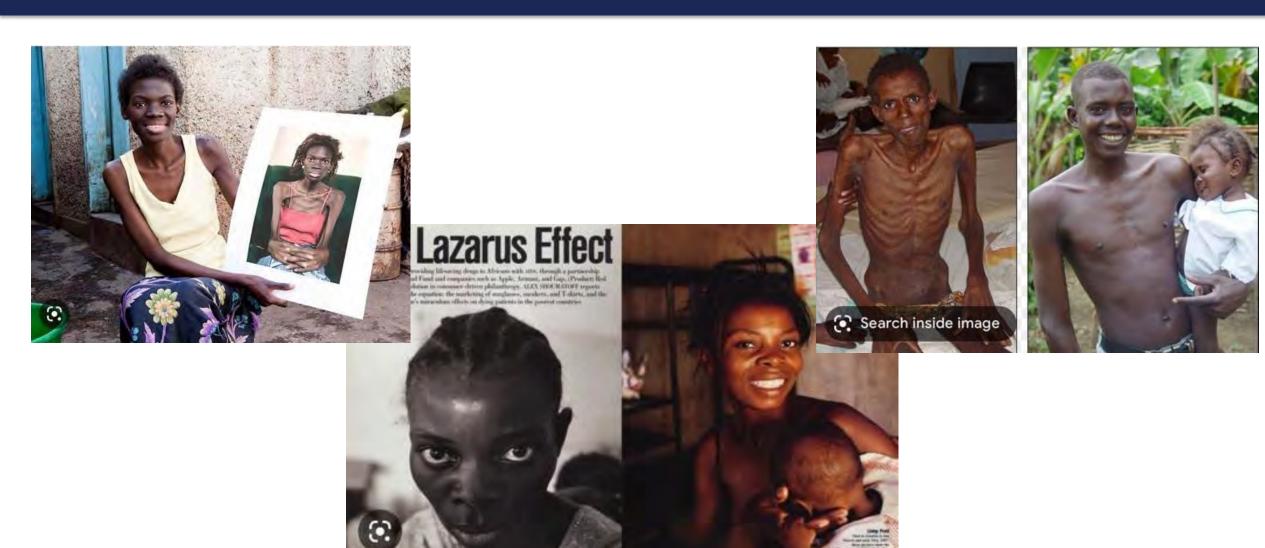


"To meet a severe and urgent crisis abroad, tonight I propose the Emergency Plan for AIDS Relief - a work of mercy beyond all current international efforts to help the people of Africa... seldom has history offered a greater opportunity to do so much for so many."





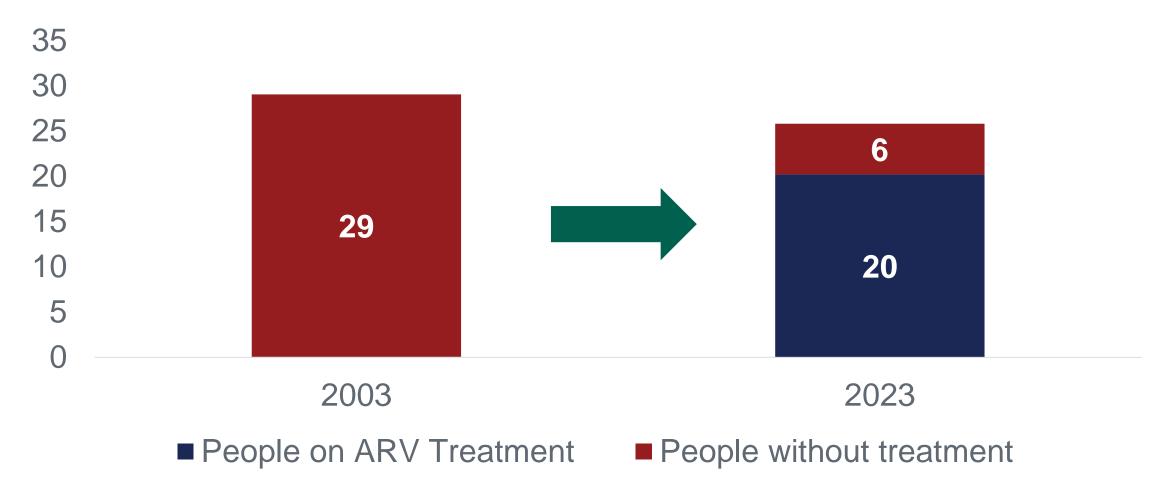
## The power of HIV/AIDS treatment – Lazarus Effect





# Aggressive expansion of treatment coverage has changed the trajectory of HIV/AIDS

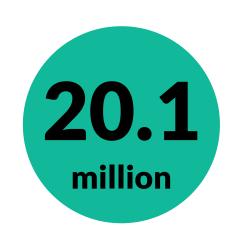
#### Millions of people





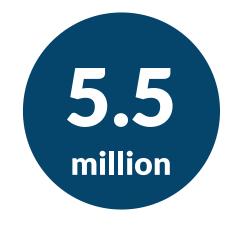
Source: UNAIDS

### PEPFAR supported HIV outcomes



25
million

Lives saved due to PEPFAR investments



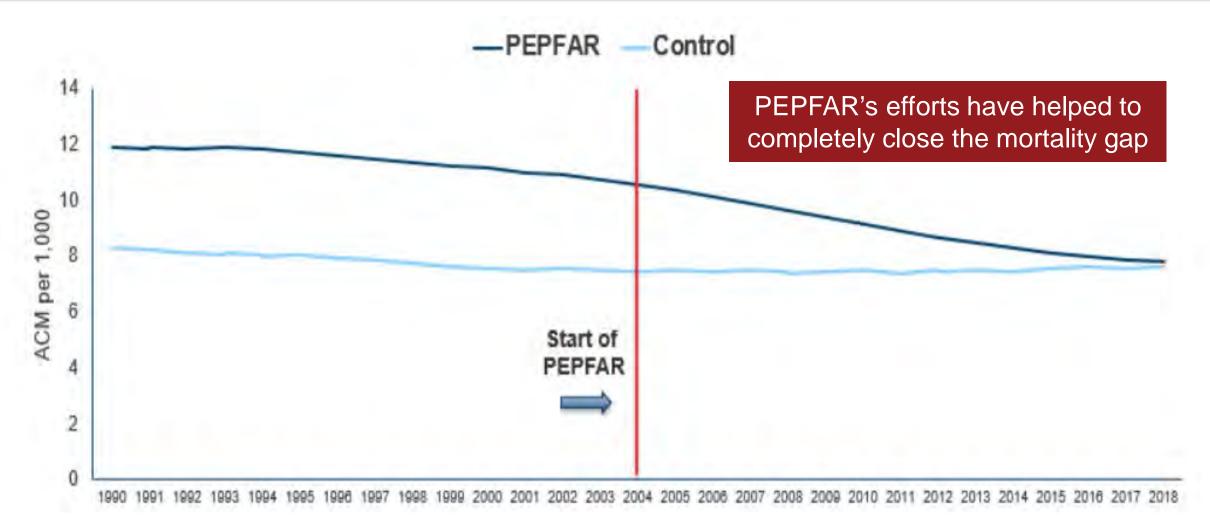
Women, men, and children on life-saving treatment – 19.0M in 2021

Babies born HIV free due to PEPFAR investments



Source: PEPFAR data

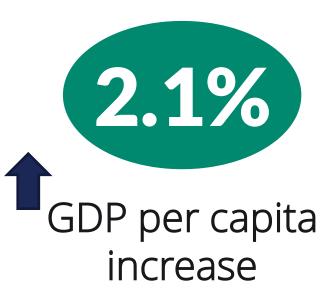
### PEPFAR helped close the gap on life expectancy





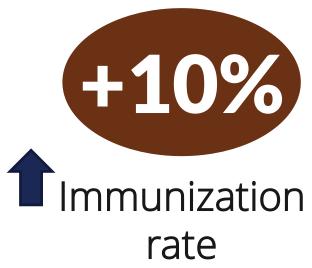
Source: Kaiser Family Foundation

### Impact of PEPFAR on broader development outcomes











Source: Kaiser Family Foundation

### Celebrating 20 years of PEPFAR State of the Union – 2023



Twenty years ago, under the leadership of President Bush and countless advocates and champions, we undertook a bipartisan effort through PEPEAR to transform the global fight against HIV/AIDS. It's been a huge success.

February 2023



## PEPFAR 5-year Strategy



## PEPFAR's Strategy | Purpose Statement



"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

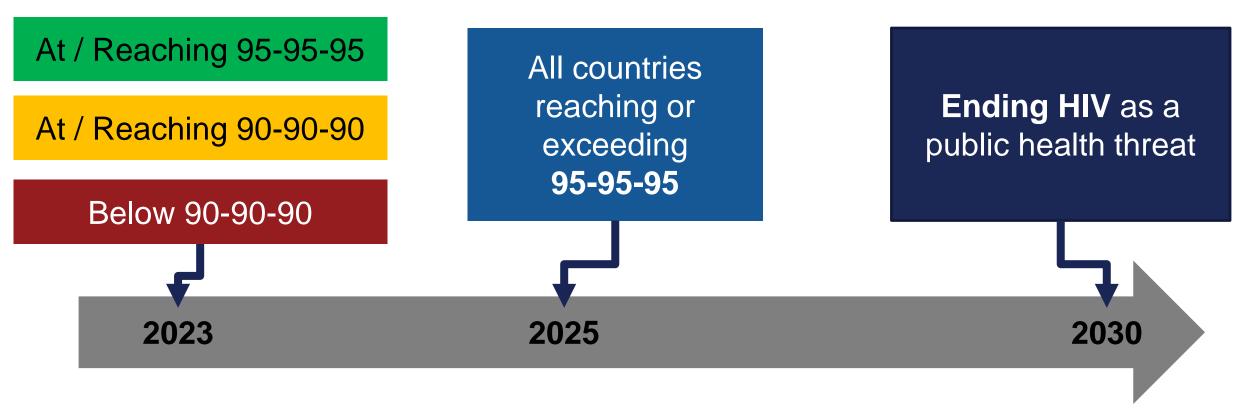


## What the data tells



### Where should we be heading

#### Countries at different levels

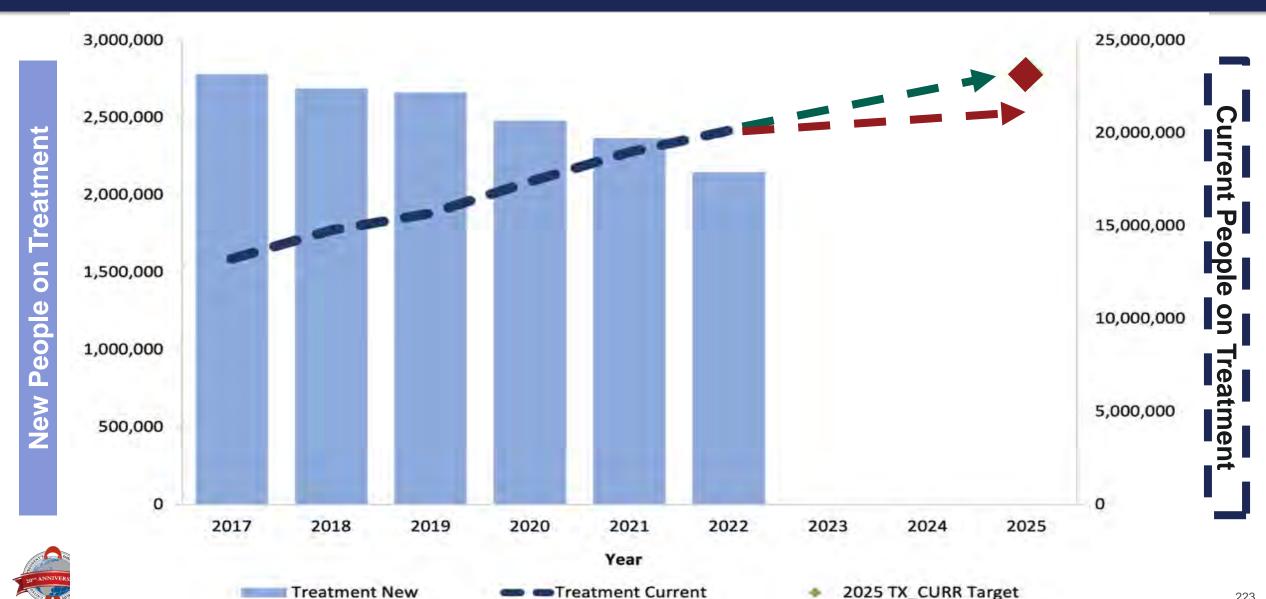


Sooner or later, the person who wins is the person who thinks he can.

— Vince Lombardi



### Progress made and gaps remaining to reach 95-95-95 targets



### Countries have varied progress against the 2025 goal: 95-95-95

#### **Near / reached 95-95-95**

- Botswana
- Burundi
- Eswatini
- Lesotho
- Malawi
- Namibia
- Rwanda
- Zimbabwe

#### **Near / reached 90-90-90**

- Cameroon
- Ethiopia
- Haiti
- Kenya
- Nigeria
- Tanzania
- Uganda
- Vietnam
- Zambia

#### **Below 90-90-90**

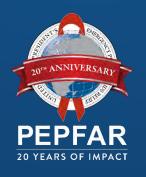
- Angola
- Cote d'Ivoire
- Democratic Republic of Congo
- Mozambique
- South Africa
- South Sudan
- Ukraine

### Countries in each tier will have <u>different</u> programmatic priorities

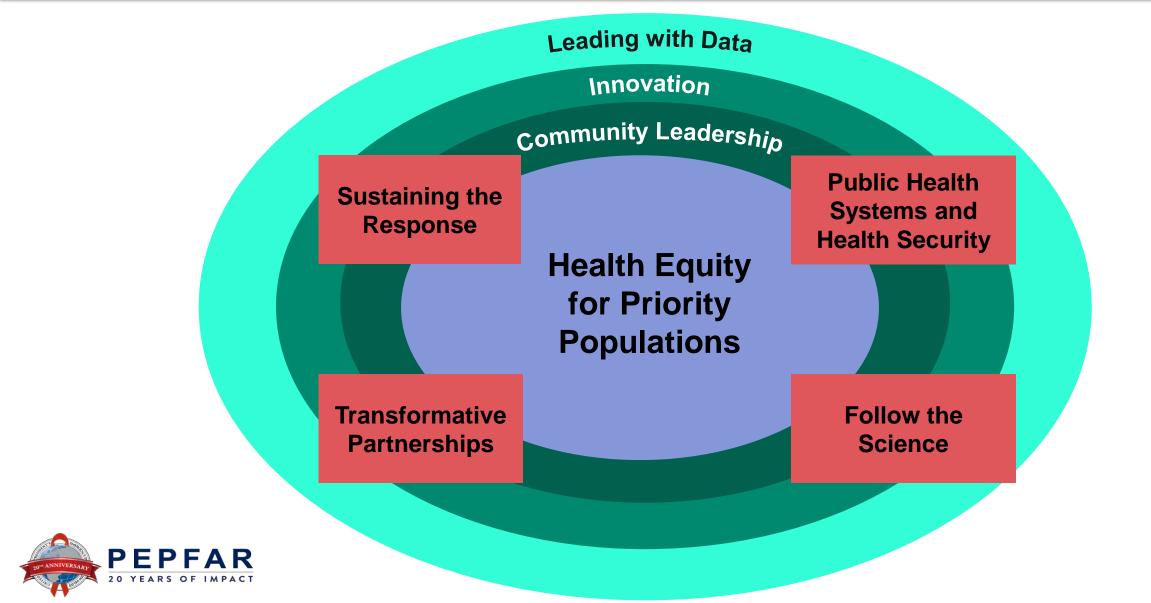


Source: UNAIDS

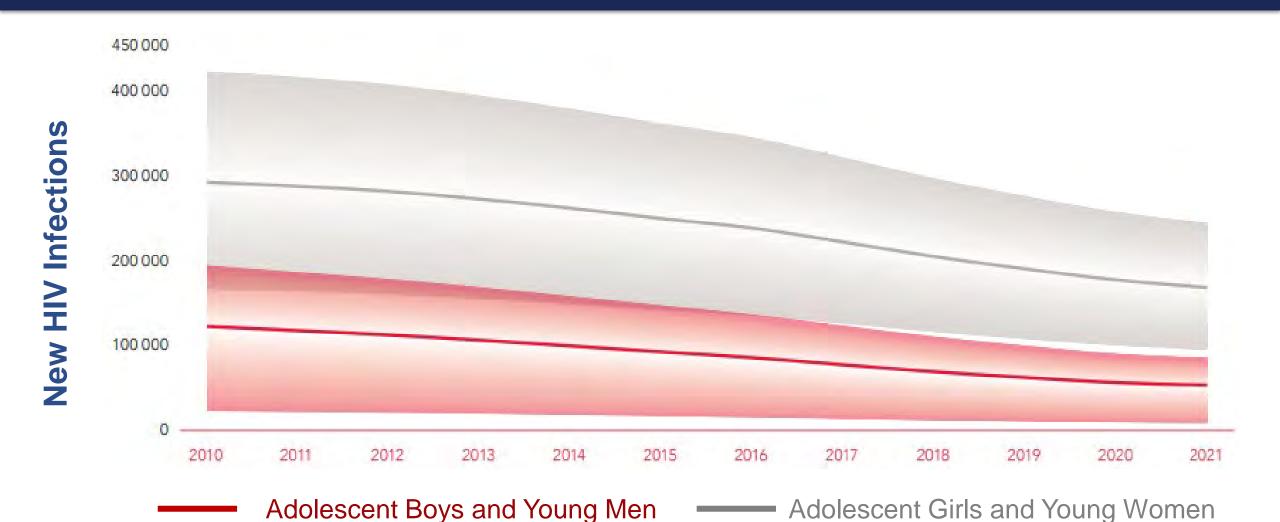
## Focus for Country Operational Planning 2023



## Where are we focusing for COP23

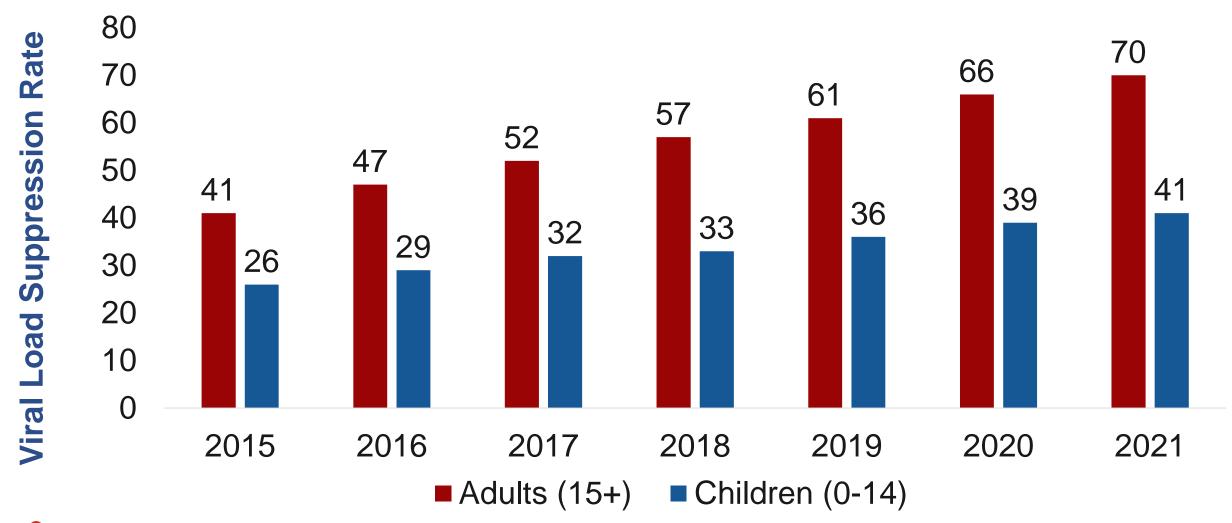


## 3x New Infections among Adolescent Girls than Boys



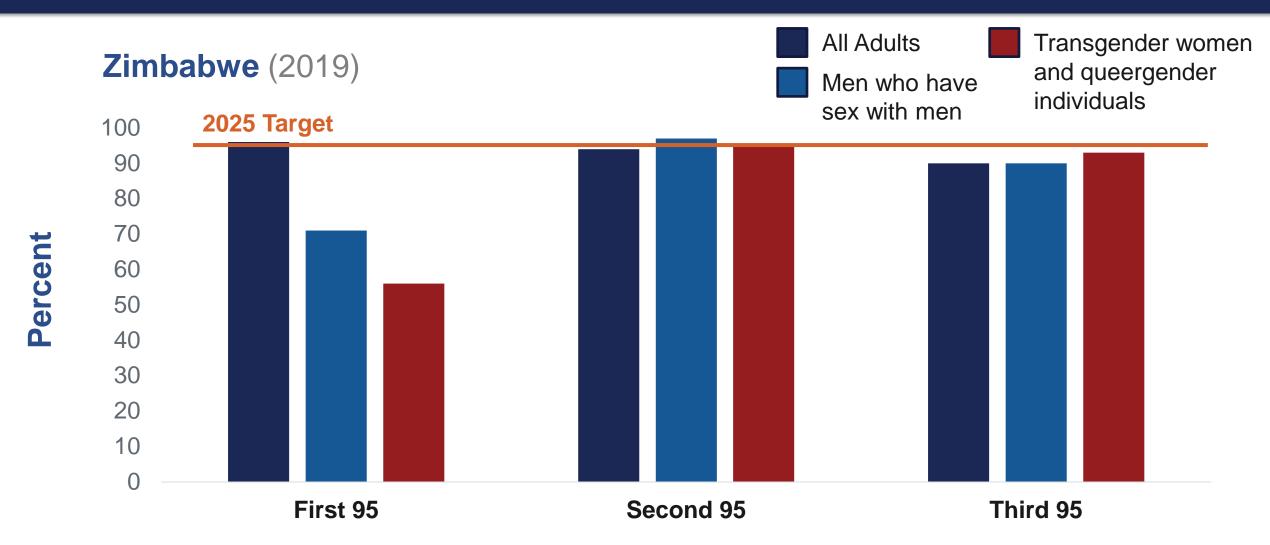


### Major gap in viral suppression between children and adults





## 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

229

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



## **Health Equity in PEPFAR Strategy**



Scale-up evidence-based prevention and treatment programs to identify and close the major gaps in new infections for...

1. Adolescent Girls and Young Women (AGYW)

In SSA, 52% of new infections, despite only representing 24% of the population



2. Children

Only 57% of children living with HIV are receiving ARVs, compared to 80% + of adults

### 3. Key Populations

(i.e., MSM, Female Sex Workers, Transgender People, People who inject drugs, People in prisons)

Often the most challenging population to effectively serve, globally represent 70% of all new infections

And need to address the critical policy, programmatic, social & structural barriers

- 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 though KP-Led Organizations
- Focus Area 5: Doubling down on a holistic combination prevention approach
- Focus Area 6: Dismantling structural barriers to HIV/AIDS care



### Equity Approach in Country/Regional Operational Plan Guidance

PEPFAR 2023 Country and Regional Operational Plan (COP/ROP) Guidance for all PEPFAR-Supported Countries

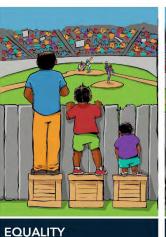


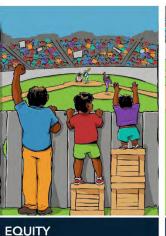
Health equity happens when everyone has a fair and just opportunity to attain their highest level of health. For PEPFAR, health equity reflects our commitment to eliminate unfair, avoidable, or remediable differences in health among groups of people—especially as it relates to the PEPFAR mission.

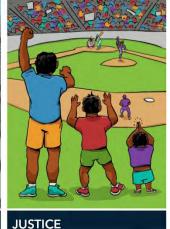
Closing gaps also requires the dismantling of structural barriers that may prevent priority populations from accessing HIV services.

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.





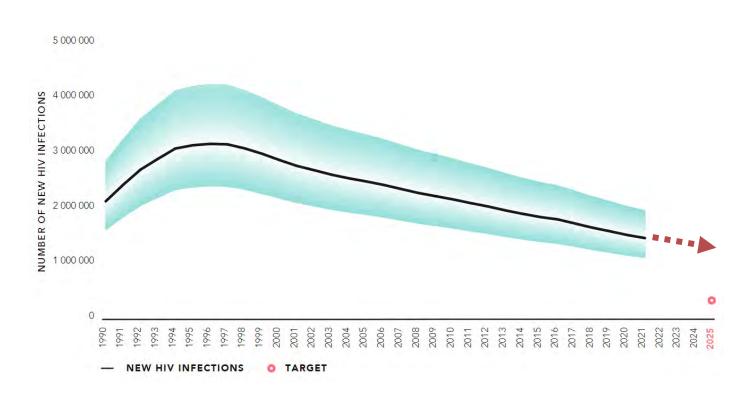






### C. Double down on combination prevention

#### **New HIV infections are not reducing fast enough**



#### **Key priorities**

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

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

nfluence 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 <u>bold</u>, <u>new</u> <u>approaches</u> 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

**Supply Chain Modernization** 



People-centered care for PLHIV

Utilizing NPHIs to manage deployment of the next round of PHIAs

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

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



**Robust Health Workforce** 



Coordination with global health security

Support countries to run integrated, networked diagnostics systems to address multidisease testing

Accelerate alignment with country financing and health system priorities and ensure adequate protection for nurses and CHWs during outbreaks

Align investments with country National Action Plans and gaps through close coordination with health security actors incountry

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

- Shape the market utilize our own market power (and collaborate with other funders) to enable African manufacturers to secure volumes.

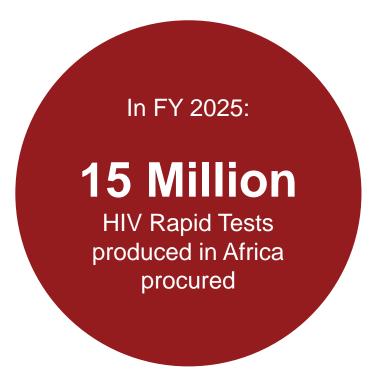
  Countries need to provide flexibility in testing algorithms to enable uptake of quality-assured Africa-made diagnostics
- Advance regulatory mechanisms explore additional regulatory pathways to ensure proper approvals for quality-assured HIV products for purchasing by strengthening regional regulatory mechanisms
- 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 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







BILL & MELINDA
GATES foundation



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\*) \$6,000,000,000 \$5,000,000,000 \$4,000,000,000 \$3,000,000,000 \$2,000,000,000 \$1,000,000,000



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2022

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2023

COP\*

## 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



### **Civil Society**



# Partners (inc. PEPFAR)

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

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

 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

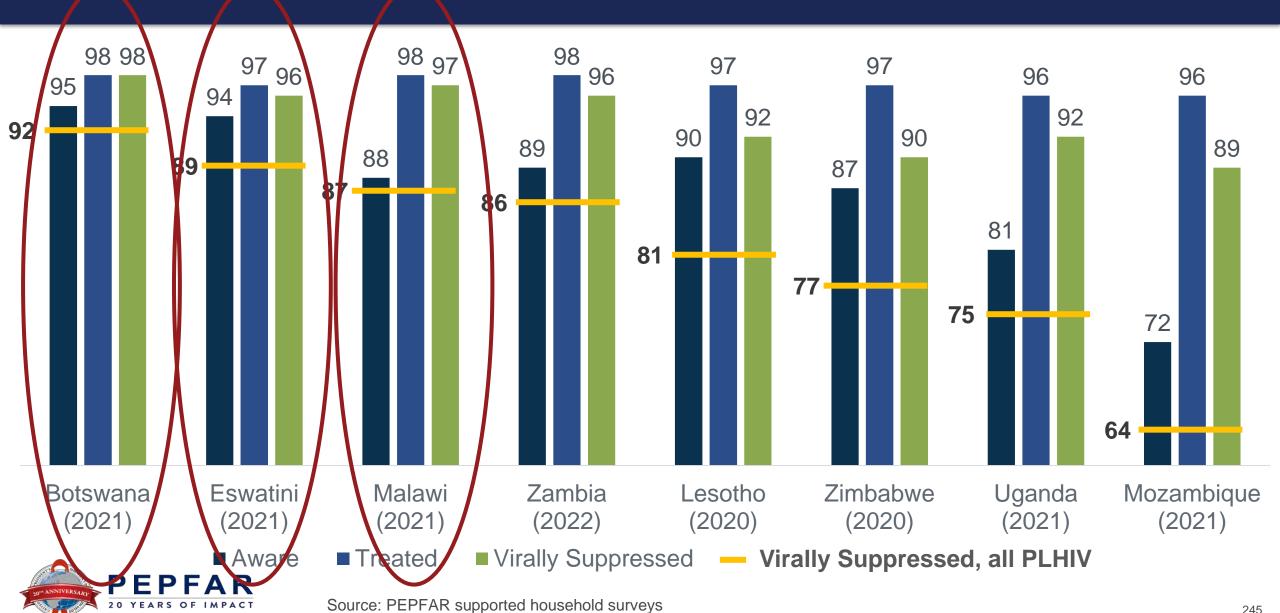




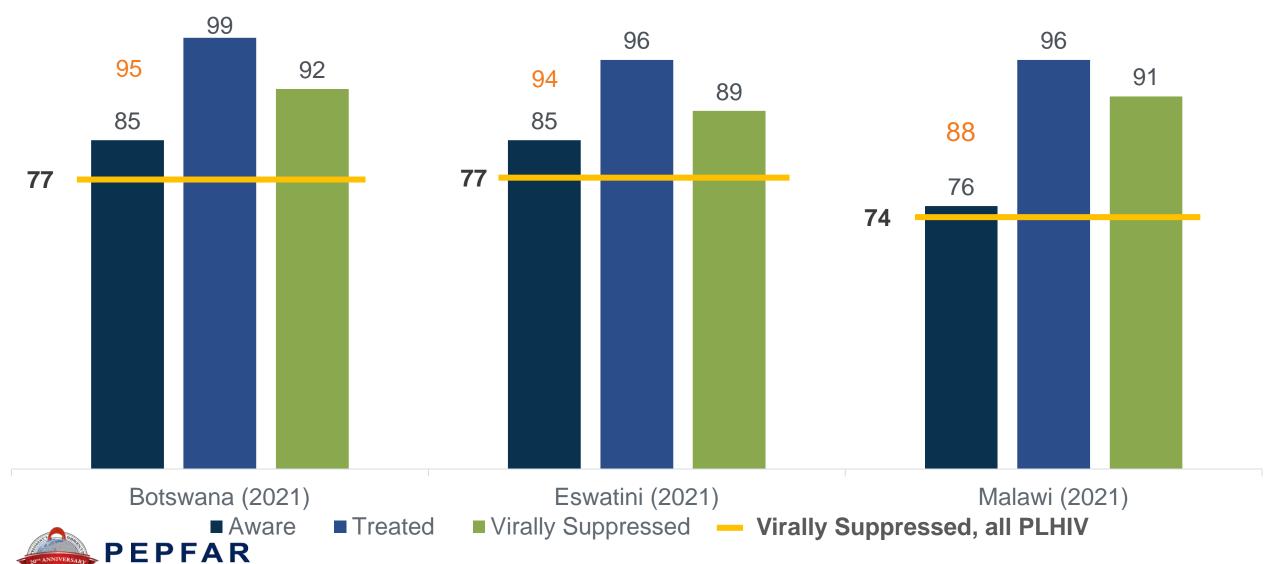
## PEPFAR and Young people



### We've made strong progress towards 95-95-95 in adults



## Young people (15-24) remain disproportionately at-risk



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

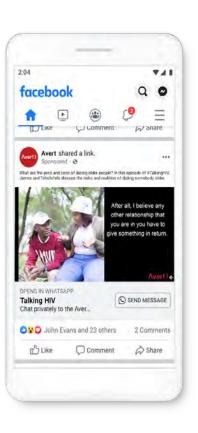
### **Example approach – Young Africa Live**

- Meet youth where they are
- Personalized content by user segmentation and real-time learning
- Changing the narrative normally used (e.g., sex positive content)



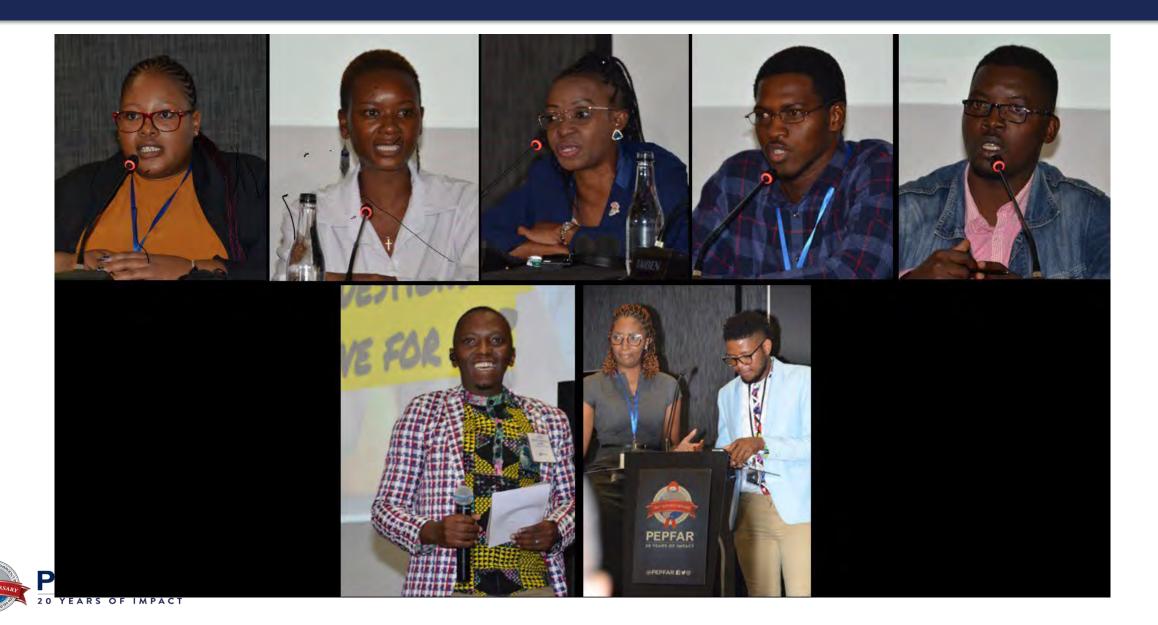








## **Listening to Young People Directly**



## Friends of PEPFAR and the Youth



## **DREAMS Ambassadors**





## Tenants of PEPFAR's approach to young people

- 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)
- 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
- 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)



## Much Work Remains to End HIV/AIDS by 2030

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

- 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



- 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



- 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



- 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



- 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



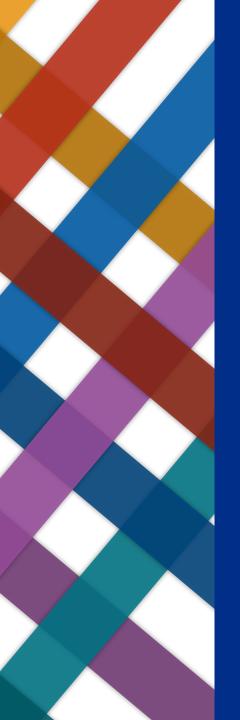
# THE WHITE HOUSE WASHINGTON

WH.GOV

## **PACHA Mpox Update**

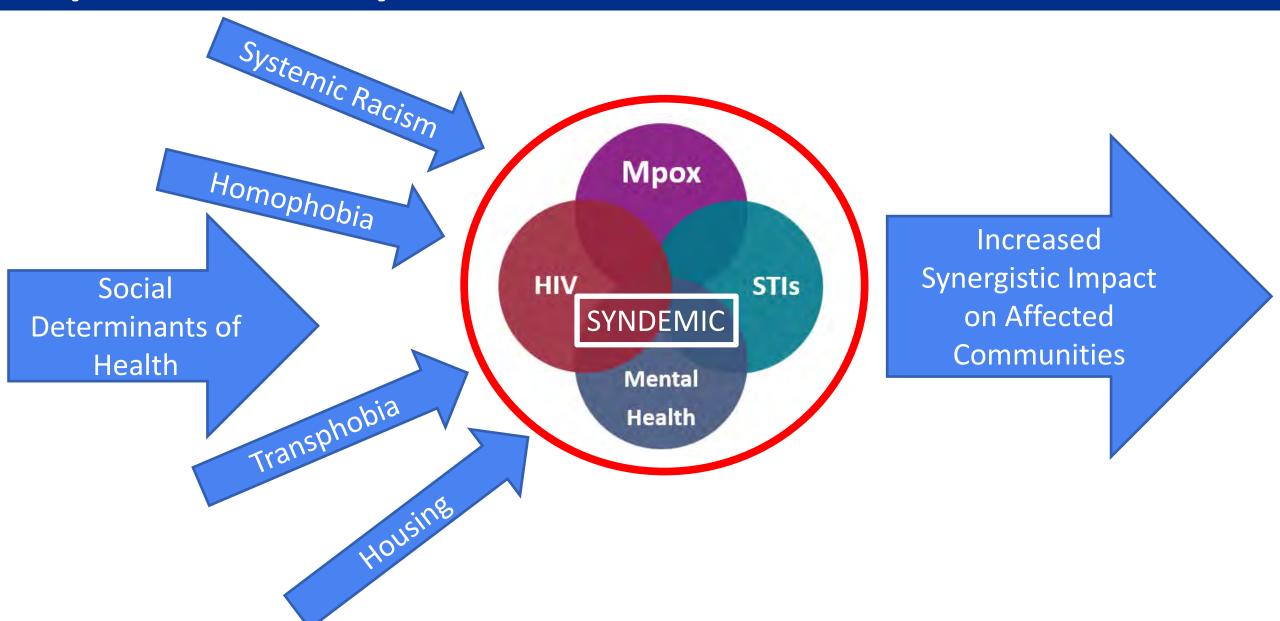
**Demetre C. Daskalakis, MD, MPH**Deputy Coordinator

White House National Mpox Response



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.

## **Mpox Joins the Syndemic**



# In the U.S., HIV or recent sexually transmitted infections (STIs)\* are common among people with monkeypox



#### 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 monkeypos in eight jurisdictions during May 17-1uly 22, 2022.

bit.ly/mm7136a1

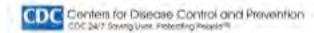


## **Mpox and HIV- Registry Match**

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.

#### Morbidity and Mortality Weekly Report (MMWR)



#### Severe Monkeypox in Hospitalized Patients — United States, August 10– October 10, 2022

Early Release / October 26, 2022 / 71

- 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

Characteristic (no. with information available)	No. (%)	
HIV CD4, cells/mm <sup>3</sup> (43)		
<50	<mark>31 (72.1)</mark>	
50–200	<mark>9 (20.9)</mark>	
>200	3 (7.0)	
HIV Treatment (47)		
On ART at the time of mpox diagnosis	<mark>4 (8.5)</mark>	

#### **International Case Series**

- Severe complications were more common in people with a CD4 cell count of less than 100 cells per mm<sup>3</sup> than in those with more than 300 cells per mm<sup>3</sup>
- 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 mm<sup>3</sup>.
- Among people with CD4 counts of less than 200 cells per mm<sup>3</sup>, more deaths occurred in those with high HIV viral load.

#### Mpox in people with advanced HIV infection: a global case series





Oriol Mitjà\*, Andrea Alemany\*, Michael Marks\*, Jezer I Lezama Mora, Juan Carlos Rodríguez-Aldama, Mayara Secco Torres Silva,
Ever Arturo Corral Herrera, Brenda Crabtree-Ramirez, José Luis Blanco, Nicolo Girometti, Valentina Mazzotta, Aniruddha Hazra, Macarena Silva,
Juan José Montenegro-Idrogo, Kelly Gebo, Jade Ghosn, Maria Fernanda Peña Vázquez, Eduardo Matos Prado, Uche Unigwe, Judit Villar-Garcia,
Noah Wald-Dickler, Jason Zucker, Roger Paredes, Alexandra Calmy, Laura Waters, Cristina Galvan-Casas, Sharon Walmsley, Chloe M Orkin,
on behalf of SHA RE-NET writing group

#### Summary

Background People living with HIV have accounted for 38–50% of those affected in the 2022 multicountry mpox outbreak. Most reported cases were in people who had high CD4 cell counts and similar outcomes to those without HIV. Emerging data suggest worse clinical outcomes and higher mortality in people with more advanced HIV. We describe the clinical characteristics and outcomes of mpox in a cohort of people with HIV and low CD4 cell counts (CD4 <350 cells per mm³).

Methods A network of clinicians from 19 countries provided data of confirmed mpox cases between May 11, 2022, and Jan 18, 2023, in people with HIV infection. Contributing centres completed deidentified structured case report sheets to include variables of interest relevant to people living with HIV and to capture more severe outcomes. We restricted this series to include only adults older than 18 years living with HIV and with a CD4 cell count of less than 350 cells per mm³ or, in settings where a CD4 count was not always routinely available, an HIV infection clinically classified as US Centers for Disease Control and Prevention stage C. We describe their clinical presentation, complications, and causes of death. Analyses were descriptive.

Findings We included data of 382 cases: 367 cisgender men, four cisgender women, and ten transgender women. The median age of individuals included was 35 (IQR 30–43) years. At mpox diagnosis, 349 (91%) individuals were known to be living with HIV; 228 (65%) of 349 adherent to antiretroviral therapy (ART); 32 (8%) of 382 had a concurrent opportunistic illness. The median CD4 cell count was 211 (IQR 117–291) cells per mm³, with 85 (22%) individuals with CD4 cell counts of less than 100 cells per mm³ and 94 (25%) with 100–200 cells per mm³. Overall, 193 (51%) of 382 had undetectable viral load. 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, including necrotising skin lesions (54% vs 7%), lung involvement (29% vs 0%) occasionally with nodules, and secondary infections and sepsis (44% vs 9%). Overall, 107 (28%) of 382 were hospitalised, of whom 27 (25%) died. All deaths occurred in people with CD4 counts of less than 200 cells per mm³, more deaths occurred in those with high HIV viral load. An immune reconstitution inflammatory syndrome to mpox was suspected in 21 (25%) of 85 people initiated or re-initiated on ART, of whom 12 (57%) of 21 died. 62 (16%) of 382 received tecovirimat resistance.

Published Online February 21, 2023 https://doi.org/10.1016/ S0140-6736(23)00273-8 See Online/Comment https://doi.org/10.1016/ S0140-6736(23)00333-1

\*Contributed equally
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and Sexually Transmitted
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Instituto Nacional de

Mitjà O, et al. . Mpox in people with advanced HIV infection: a global case series. Lancet. 2023 Feb 20:S0140-6736(23)00273-8. doi: 10.1016/S0140-6736(23)00273-8. Epub ahead of print. PMID: 36828001.

## **Syndemic Problems Require Syndemic Solutions**



Horist Resolution and Service-Administration

Restrycts, MERSON

Annual Service

Dec Ryan White HIV: AIDS Program Colleagues:

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#### September 26, 2022

SAMHSA grantees may use SAMHSA grant resources, including funds or staff, for munkeypux-related activities conducted in conjunction with SAMHSA supported activities.

Dear Colleague:

At present, thou are more than 24,000 confirmed monkeypox cases in the U.S. and the outbreak continues to special. Currently, moderneys in disperportaneity affering gap, beneuti and other men who have see, with more (MSM). However, suryour east gar trenkeypox. Although institude intensitional has been seen in groups who live in close quaters, like people experiencies, limited demonstration lands born seen in groups who live in close quaters, like people experiencies, humstleaments, measurement of mendespears in needed to quickly identified people experiencies humstleament, measurement of mendespears in contract and provided and of any icetality or gooder Section?

SAMISA embraces a whole-person approach to the prevention, trentment, and recovery of mental health and substance true conditions. Although SaMISA grant recipients are rot permitted to use SAMISA fault for muskeypon treatment, retining, or vaccine administration, SAMISA grantees may use grant resources, including fluids or staff, for mosely-post activities (SAMISA grantees may use grant resources, including fluids or staff, for mosely-post activities which is the staff of the but are not limited to, avaigning people served by SAMISA fluids to storing, treatment, and prevention resources is destrified through collaboration with to albuilt departments and mertal

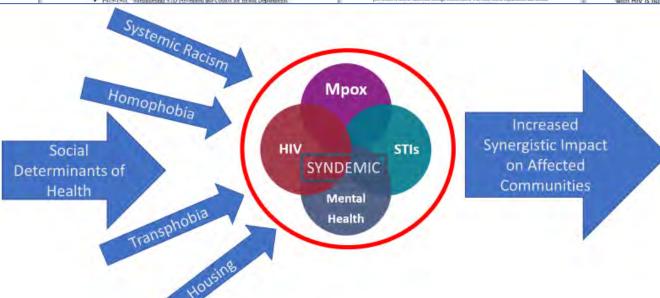
#### In Focus: MMWR Severe Monkeypox (MPX) Study

The first Monkeypox (MPX) case in the United States was confirmed on May 17, 2022, and after a significant rise in cases, MPX was declared a public health emergency in the United States on August 4, 2022. New data is showing that the current MPX outbreak is disproportionately affecting people living with HIV and those experiencing homelessness. This is the same population that meets eligibility requirements for assistance through HUD's Housing Opportunities for Persons With AIDS (HOPWA) and Homeless Assistance programs.

The latest publication of the <u>Morbidity and Mortality Weekly Report (MMWR)</u> by the Centers for Disease Control and Prevention (CDC) on October 26, 2022 provides evidence through a study that people with HIV and people experiencing homelessness are highly impacted with the most severe cases of MPX. Of the sample of people with severe MPX disease, 82% were people with HIV and 23% were people experiencing homelessness. Further, 72% of the severe MPX cases among people with HIV had <50 CD4 cells/mm3. A person with HIV is considered to have progressed to AIDs when their CD4 cells drop below 200 CD4 cells/mm3. A CD4 cell count, of <50 CD4 cells/mm3 indicates a badly damaged immune system and is a likely sign that a person with HIV is not maintaining an HIV medication regimen. In this study, just 9% of these patients

trovirals at the time of their MPX diagnosis. The full study can be accessed

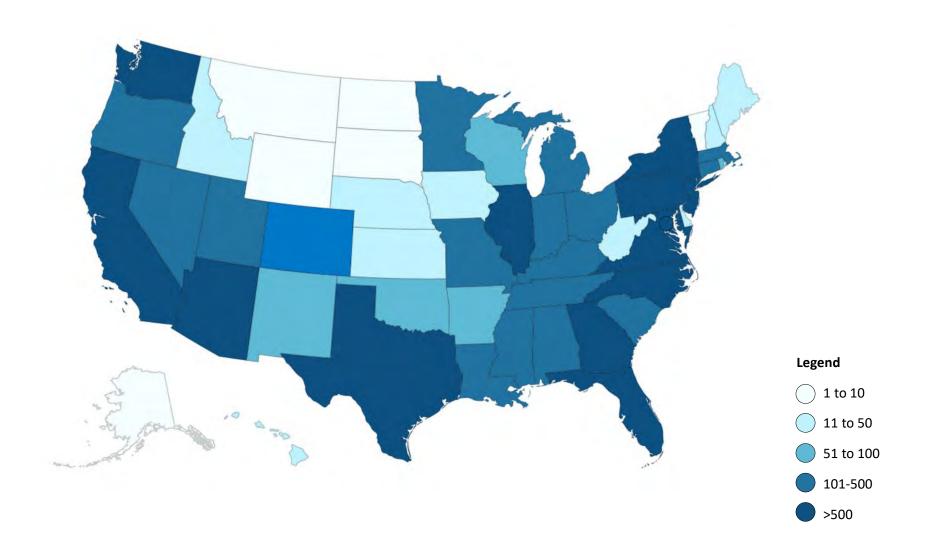
tigate cases of severe MPX, we need to get people housed, linked to HIV care otected through MPX vaccination, and connected to needed supportive mental health and substance use services. Housing can and should be used as individuals who have disengaged from HIV care to reconnect, and to ensure regimen can be maintained. Both HOPWA and the Homeless Assistance the Continuum of Care (CoC) and Emergency Solutions Grants (ESG) is housing and supportive services for individuals most vulnerable to MPX are health outcomes. Individuals and families who have HIV and who essness are eligible for assistance under the CoC and ESG programs. HOPWA do to provide assistance for individuals or families experiencing homelessness slessness with the only eligibility requirements being that the family is low-



# **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

<sup>\*</sup>For recent mpox case numbers see CDC Situation Summary: https://www.cdc.gov/mpox



Consistent detection

1 site (0%)

Intermittent detection

1 site (0%)

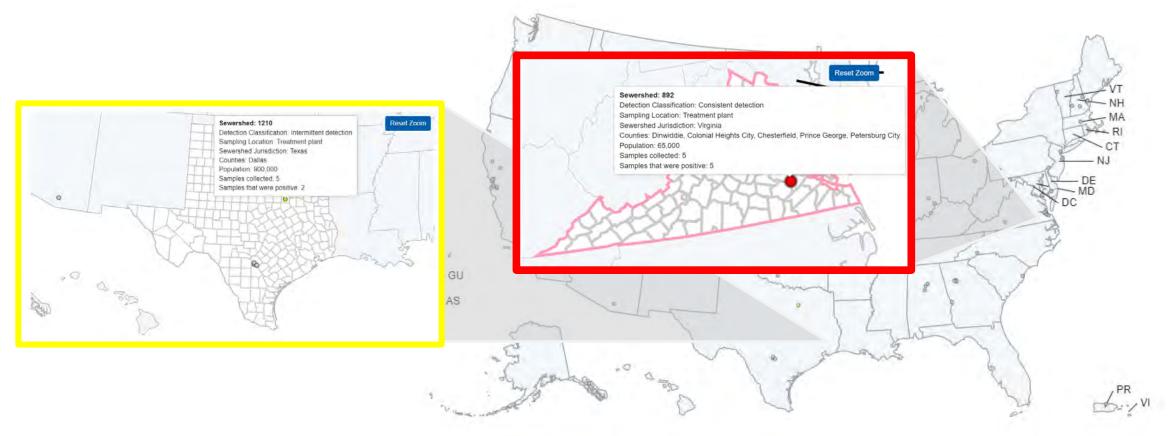
No detection

431 sites (87%)

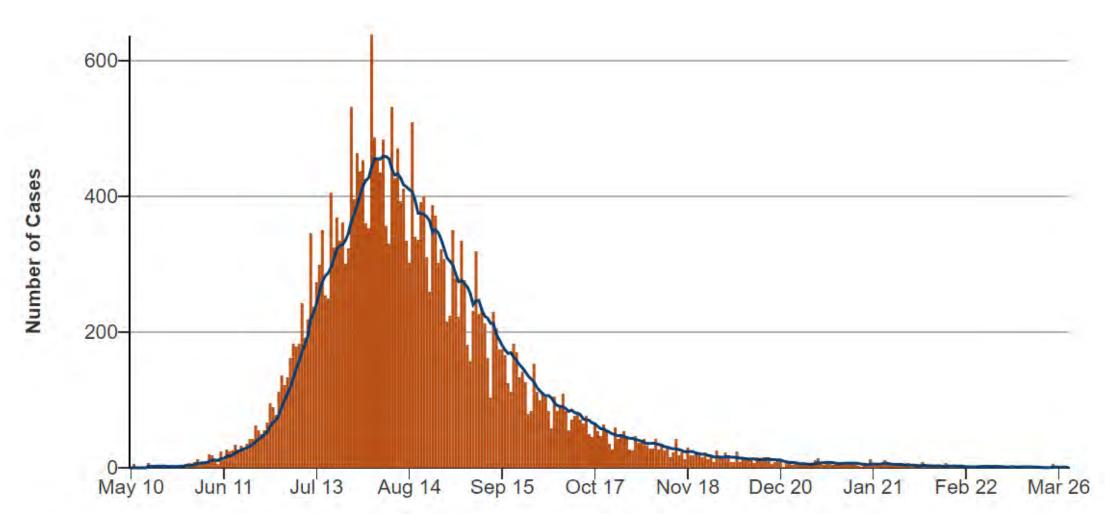
No recent data

64 sites (13%)

Note: Click on a state to zoom in.



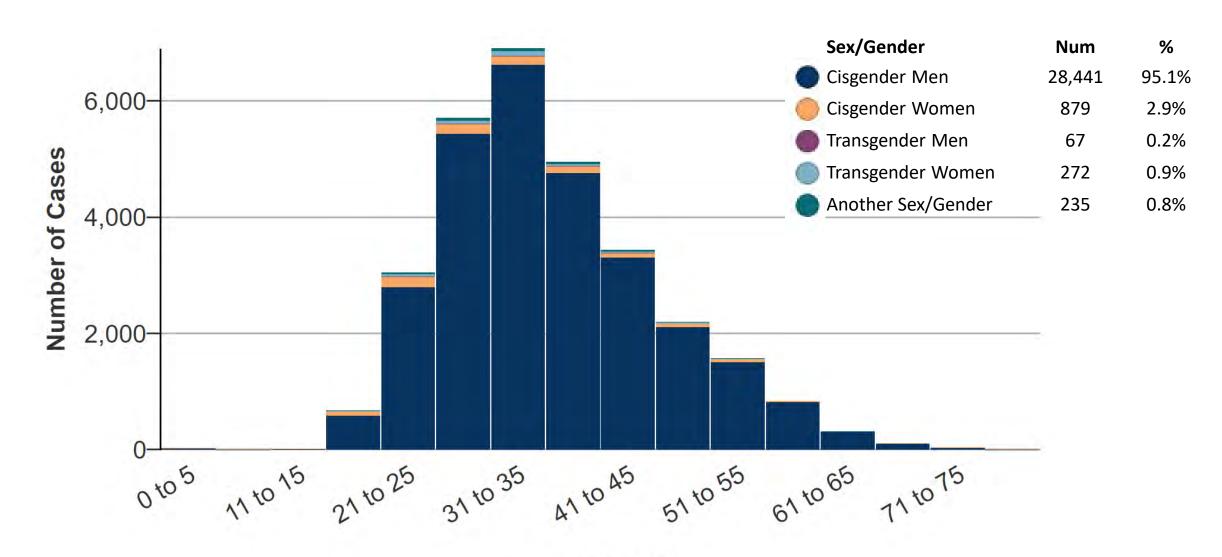
## Daily Mpox Cases and 7 Day Daily Average Reported in U.S.



#### Data as of March 29, 2023

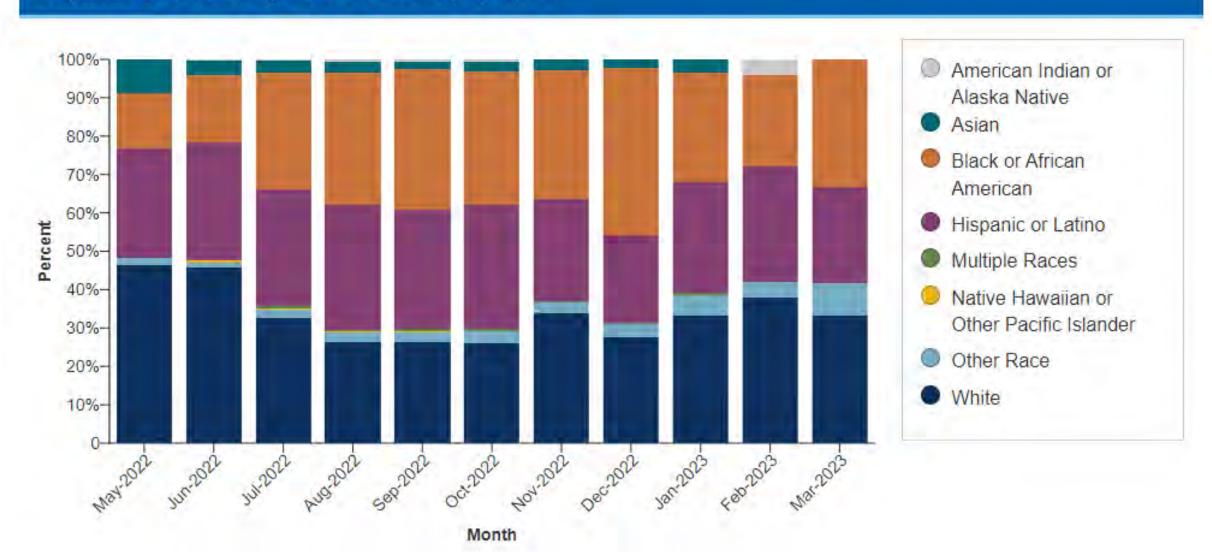
\*For recent mpox case numbers see CDC Situation Summary: https://www.cdc.gov/mpox

## Mpox Cases Reported to CDC: Age and Gender



Age in Years

#### Proportion of All Cases by Race and Ethnicity by Month

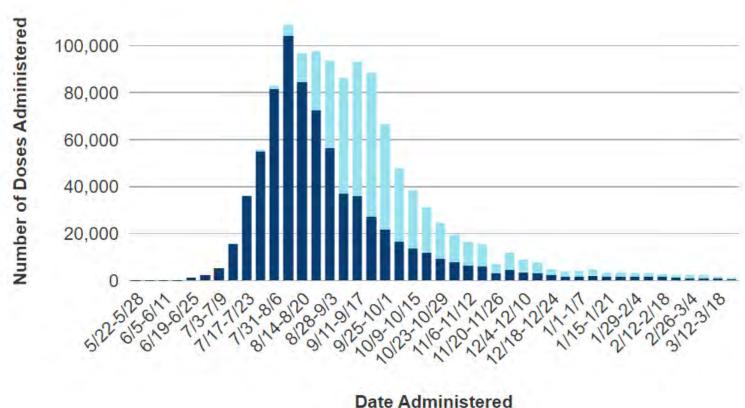


## Vaccination

### Mpox Vaccine Administration in the U.S.

1,208,260

doses administered in the 57 U.S. jurisdictions

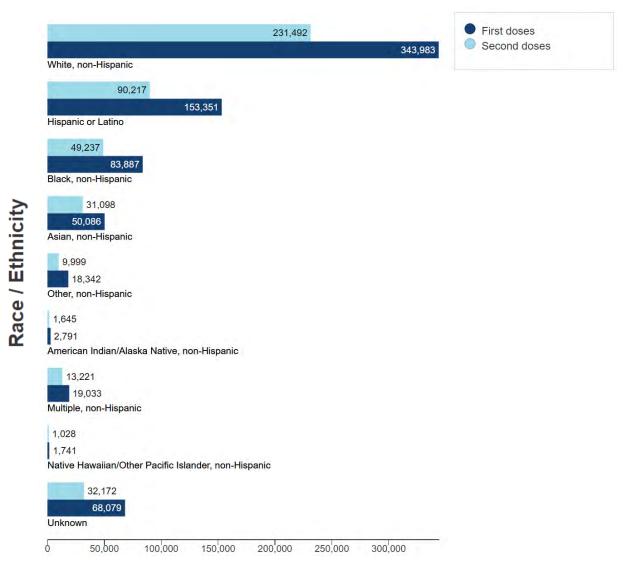


Second doses

 administered

 First doses administered

## JYNNEOS Vaccine Doses Administered, by Race/Ethnicity



**Number of Doses Administered** 

Reported through March 14, 2023

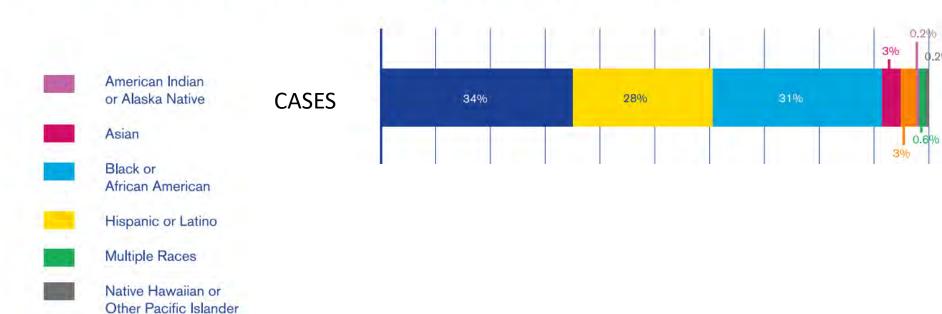


# HUMAN RIGHTS CAMPAIGN FOUNDATION

Other Race

White

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 20, 2022



SPECIAL UPDATE CIX partners

can now report various related.

report a rumor, go to; www.cot.

gos/report-tamors and start

the subject line with "Ramors"

and in the quottion box, give

rumer as you can, including a

you heard it, and how many

times you have heard if

description of the rumor, where

rumum directly to CDC. To

#### Summary

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

- Consumen have concern and questions about the emergency response to monitoyors, including the availability, safety and
  effectiveness of the monitoyors vectors
- . Consumers have foundational questions about monkeypox, including its origin, symptoms, how it sorough and if there is a vecine for it.
- Consumers are concerned about the spread of mankeypox in the LGBTO+ community and
  especially the impact the spread might have on this community, including increased storms.

#### Ways public health and partners can take action to improve vaccine confidence.

- What with community partners and whitcory groups with a focus on sexual health, H.V. and assembly transmitted infections (STIG), and with members of the LGSTQ+ community to identify way to reduce the diginal around membryopes virus infection and discontent directed at the LGBTQ+ communities.
- Partner with government and nongovernment groups that have experience working on sensal health. INV and STI to identify best practices for angaining and communicating with the LOSTQP community and reducing the signary associated with monthospics.
- Collaborate with healthcare workers and community leaders to coall talland messaging about who is at risk for menseypox.
- Clinical partners might consider requesting technical assistance from the CVC funded <u>Material</u> <u>Network of CVD. Clinical Prevention. Training Centers.</u> INNPTC to create a more inclusive clinical environment.

#### Publicly available resources to help address the themes identified in this report:

- + Your Realth (Consumer Basics) https://www.ck.gov/peods.g/monicyacs/past-hadth.index.hard
- Data https://www.cdc.gox/pasvirus/mgrkes-poo/response/2012/index/html
- \* Part Resources https://www.cdc.gov/powmo/monkeypou/resources/print.html
- Graphics https://www.colc.gov/possins/mankespas/resources/graphics/html
- Sectal Media https://www.edc.gov/prochus/monteypoa.nscourres/spca-media.htm.
- Wdess https://www.cdc.gov/poor/ess/menkeycos/resources/educa/ess
- · Reducing Diigna https://www.cdc.gov/psevirus/therlog-pos/tessuress/seducing-etigns.html
- + CDC faccine Performance: The Rates of Monfespox Cases by Yaccination Status
- . Stree and anxiety about monkeypox: SAMSIM Trus to Reduce Stress and Anxiety
- \* Vernise Locator Weigete First Vernise Novembergons arraine locator and BHDC Vernise Instator for the montespos secures
- ASPR Markeypox Vaccine Supply Strategy U.S. MPV Vaccine Supply Strategy as of October 11, 2022 this speci.
- . FDA Munkeypox One Pager: Introduces In WISCOS Mankeypox Vacator: Fact Facts (Magazi
- \* FDA Monkeypoo Vaccine BUA Menkeypox Emmorancy Live Authorizations for Medical Davices | FDA

#### Contents

- 2 Ams and Methods
- \$ Major Theorem
- Decree I. Commerce have concern, and quantions about the emergancy cusposes to memogans, including the avoid Bity, saling, and effective rescal more responsive const.
- There > Consumers have francistional questions about the manketype strug, or College to respect, symptoms, betted spreads, and about the LYNNECS vaccine.
- Thems 3. Consumers are connected about the spread of the menogons about in the CRTOs commonly and expecially the
  traces the spread might have no this connectedly, are lating introduced stigme.

#### Aims and Methods

By rapidly reviewing and analyzing numerous sources and inputs (see <u>Appendix</u>), the "State of Vaccine Confidence Insights Report" emphasizes 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 consumers think 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 centent related to the highlighted themes.

How do you classify this theme/information?				
High risk	Moderate risk	Low risk	Positive sentiment	
May lead to vaccine refusals and decreased uptake     Wide reach, pervasive	Potential to trigger hesitancy to vaccination     Moderate reach, modest dissemination	Concerning, but low risk to vaccine confidence     Limited reach, limited dissemination	Could increase vaccine confidence, intent, or motivation     Variable reach and dissemination	

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



#### Increasing

Information spreading rapidly



#### Stable

information remaining constant at prior level



#### Decreasing

Information is not gaining further traction and there has been no indication of additional activity

## **Community Responsiveness to Stimulate Confidence**

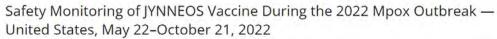




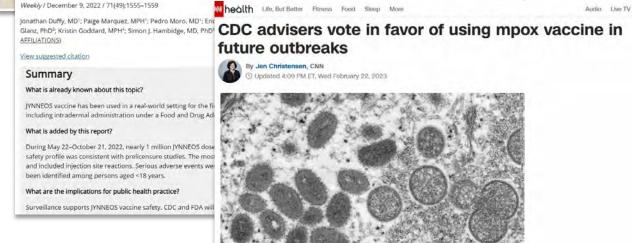




#### It's important to get both doses for best protection







#### **New Videos Answering Your Questions**

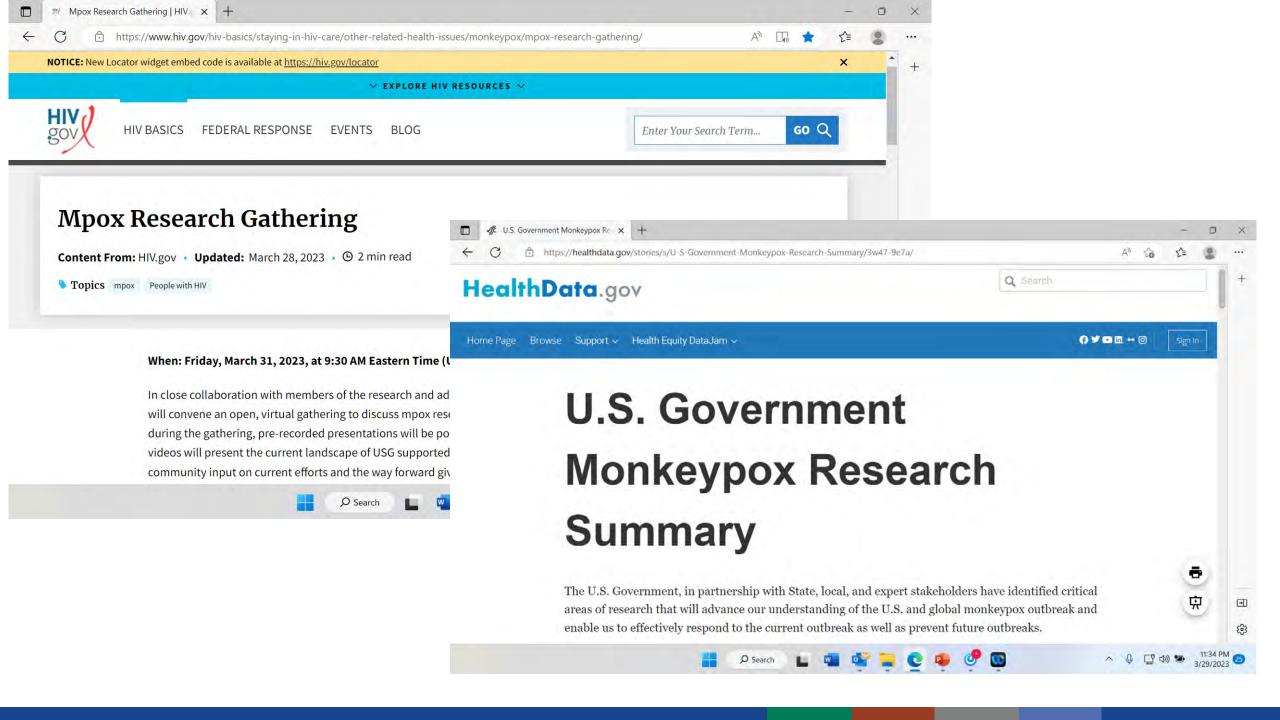


#### Finish the Job!

- 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





## Get Healthy and Ready for Summer 2023

Print



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.

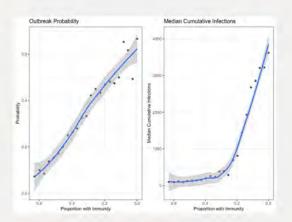
https://www.cdc.gov/lgbthealth/summer/index.html#print

## **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

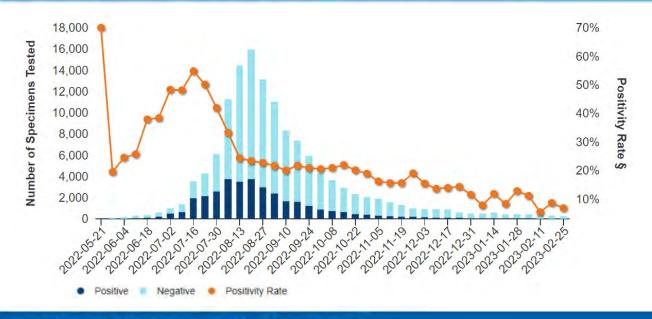
**Cumulative Positivity Rate** 

25.5%

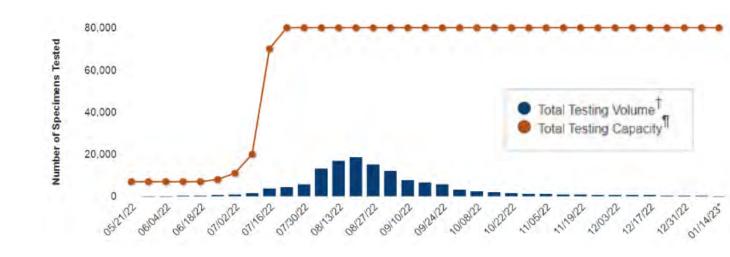
Capacity Available

99.9%





#### Non-variola orthopox/Monkeypox testing; Volume<sup>†</sup> versus Capacity<sup>¶</sup>



# **Investigational Treatments**

#### **Cumulative Number of TPOXX-Prescribed Patients Reported to CDC**

6,832

or treated with TPOXX

#### Sex/Gender

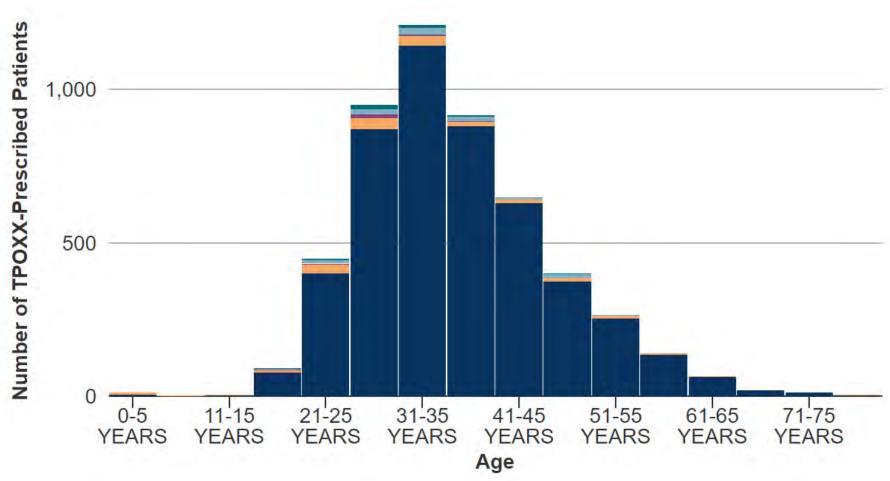
Cisgender Men

Cisgender Women

Transgender Men

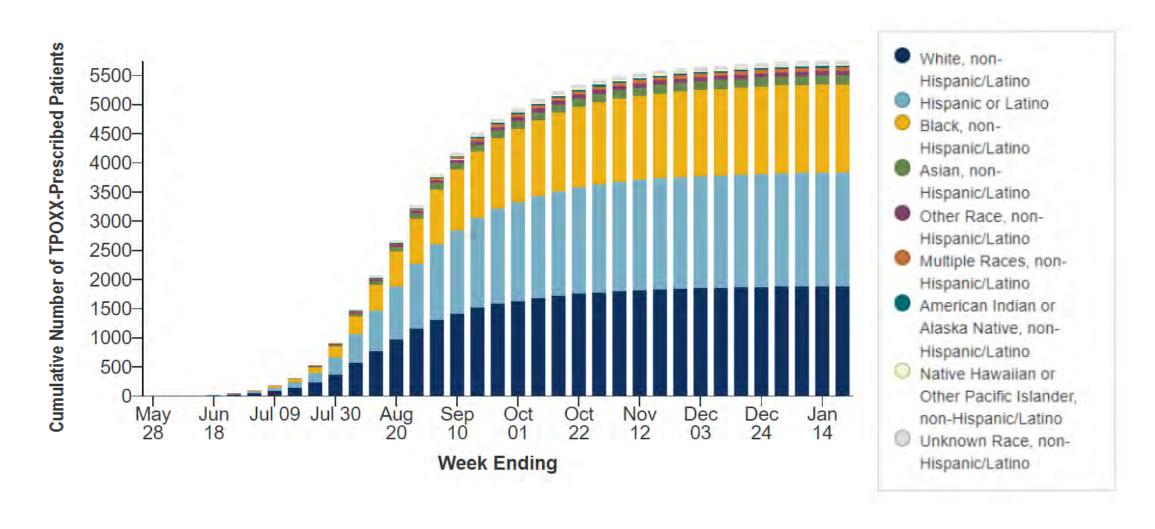
Transgender Women

Another Sex/Gender



Reported through January 25, 2023

# **Cumulative Number of TPOXX-Prescribed Patients Reported to CDC: Race/Ethnicity by Week**



### **STOMP Study Progressing**





Friday, September 9, 2022

U.S. clinical trial evaluating antiviral for monkeypox begins

NIH trial to gather data on tecovirimat (TPOXX).



Interested volunteers can use the ACTG website for information on chilical trial A5418 s. Phose do not cut or small 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 TPCXXC 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 A5410)al 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 Grounds

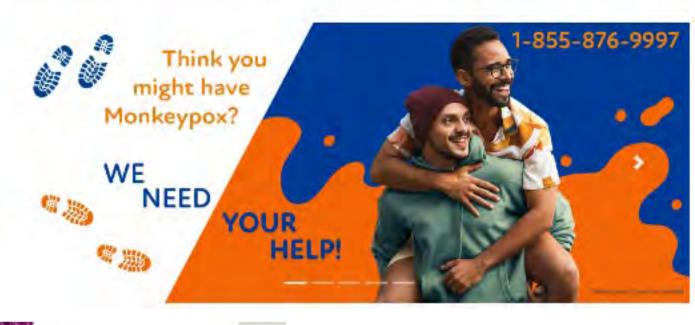




Call Center: 1-855-876-9997 (U.S. only)



STOMP About the Study Participating Research Sites





# Update from the FDA

Peter Marks, MD, PhD
PACHA Meeting
March 30, 2023

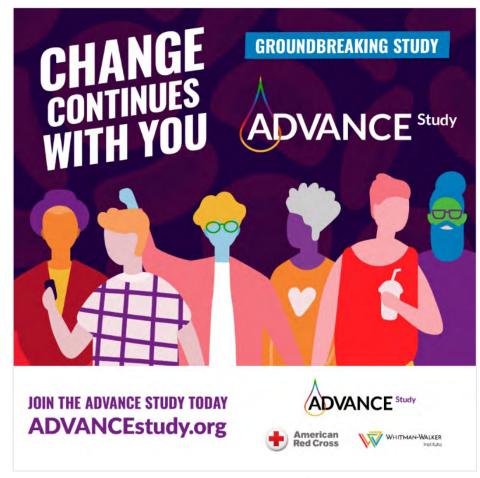
#### **ADVANCE** Study

# 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:

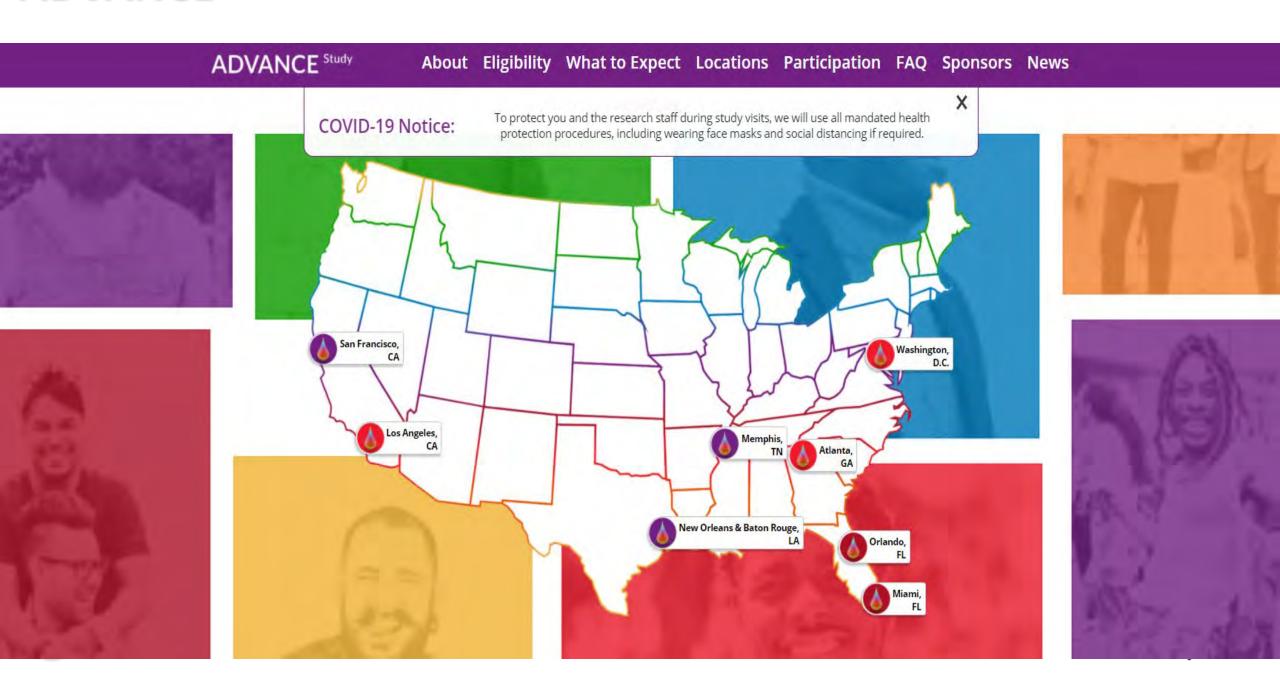
 Conduct an initial assessment in about 2000 active MSM age 18 to 39 of the discriminant function of relatively simple revised donor history questions for predicting recent infection with HIV in MSM who wish to donate blood.







### **ADVANCE** Study





## 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)





# Guidance Issued January 2023

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
  - https://www.regulations.gov/docket/FDA-2015-D-1211
- 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





### Current State of the U.S. Drug Overdose Crisis

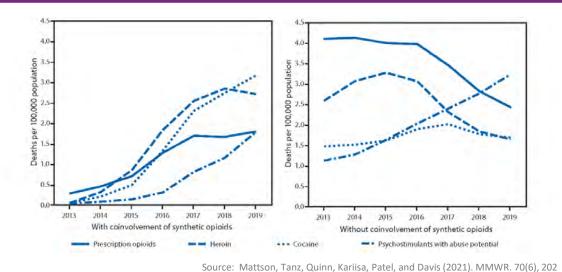
# 106,699

**Overdose Deaths in 2021** 

#### **DRIVERS**

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

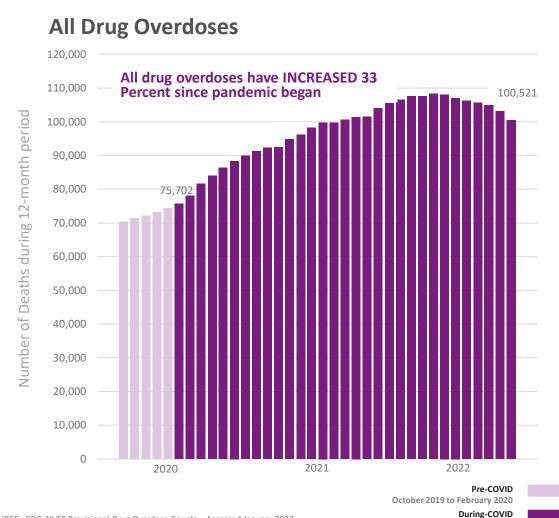
A growing proportion of ALL drug overdose deaths in the U.S. involve synthetic opioids from 2013-2019





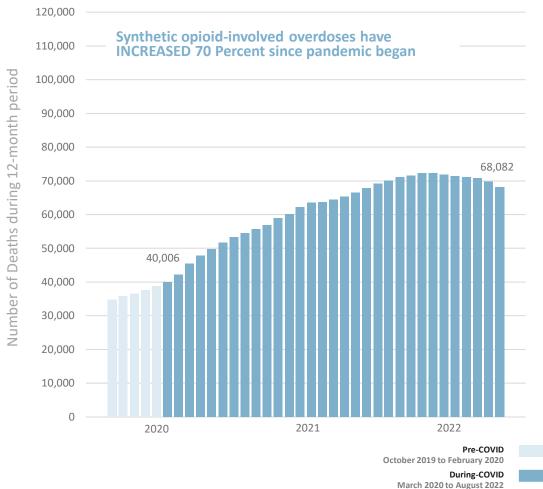
#### The Drug Overdose Epidemic Worsened During COVID-19 Pandemic Overdoses Involving - All Drugs and Synthetic Opioids Excluding Methadone

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

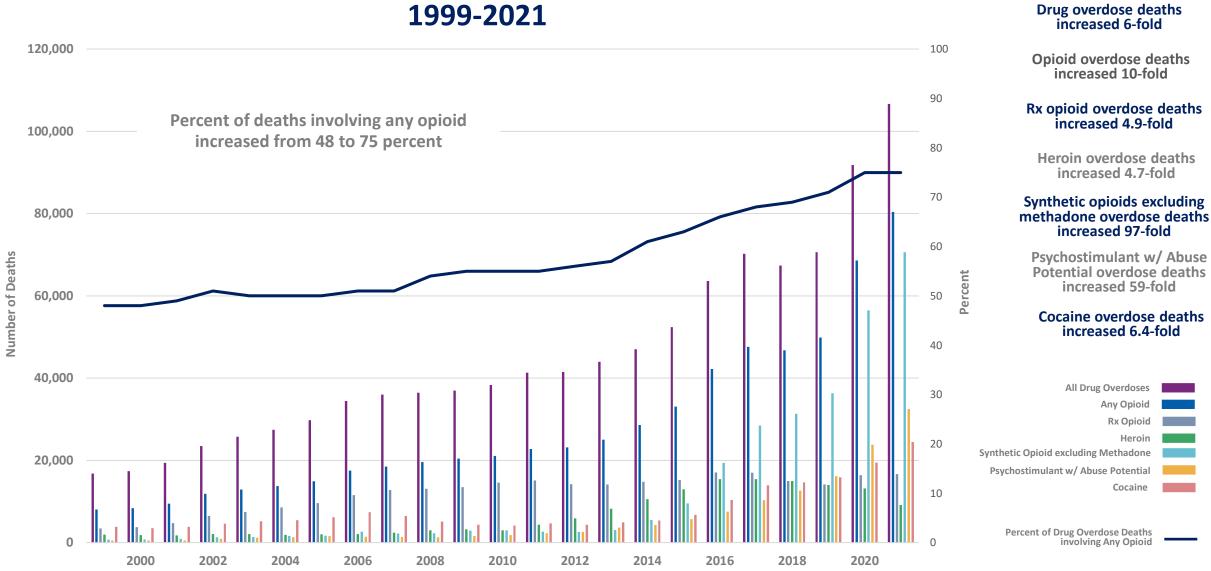


March 2020 to August 2022

#### **Synthetic Opioids Excluding Methadone**

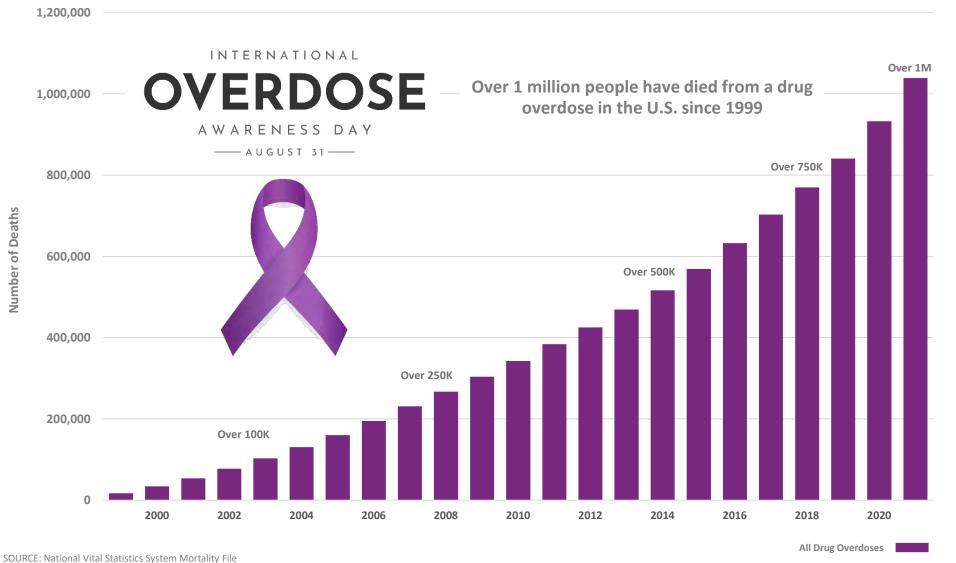


# Historical Trends in U.S. Drug Overdose Deaths 1999-2021



**SINCE 1999** 

#### **Cumulative Number of U.S. Drug Overdose Deaths** 1999-2021



#### **Average Annual** Increase

Wave 1 – Rise in **Prescription Opioid Overdose Deaths** 

1999-2009

2,016 Deaths

Wave 2 - Rise in Heroin **Overdose Deaths** 

2010-2012

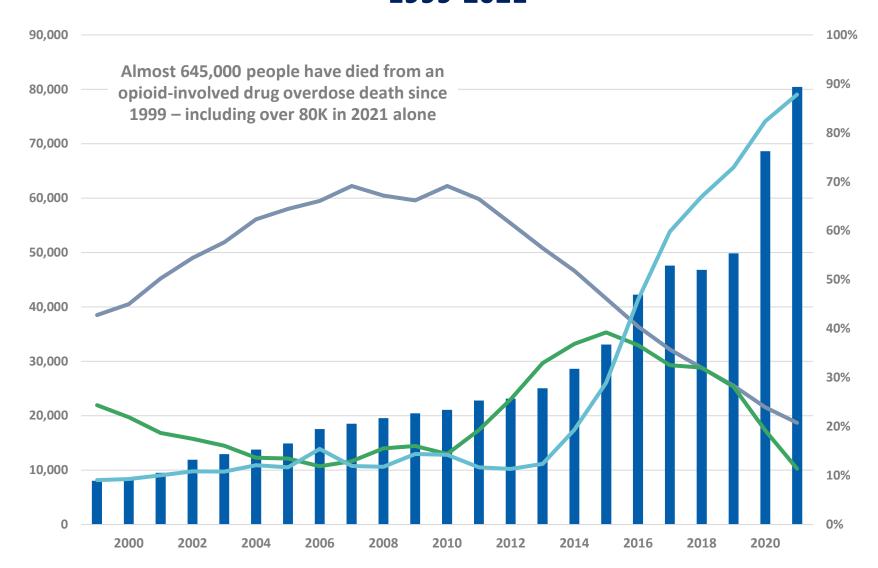
**1,499 Deaths** 

Wave 3 – Rise in Synthetic **Opioid Overdose Deaths** 

**2013-2019 (Pre-Pandemic)** 4.161 Deaths

2020-2021 (During Pandemic) 18,035 Deaths

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



#### **SINCE 1999**

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

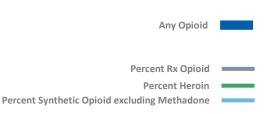
Percent of heroin-involved opioid deaths peaked at 39 in 2015 and have dropped since then. 11 percent in 2021

Percent of synthetic opioid excluding methadone-involved deaths peaked in 2021 at 88 percent.

Percent

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)

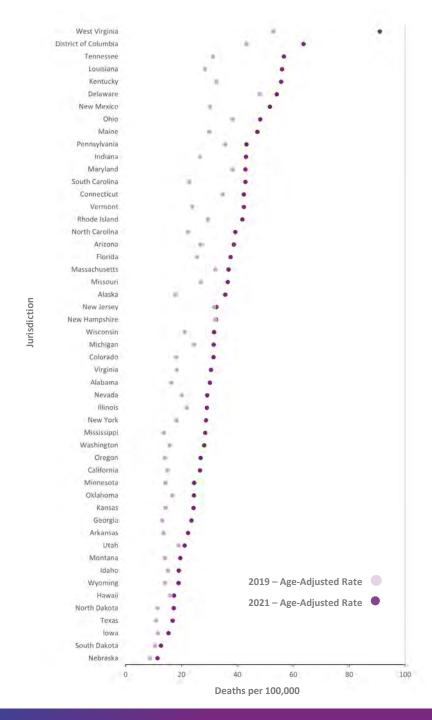


Number of Deaths



# 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.

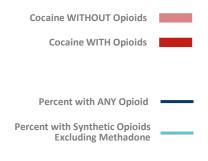


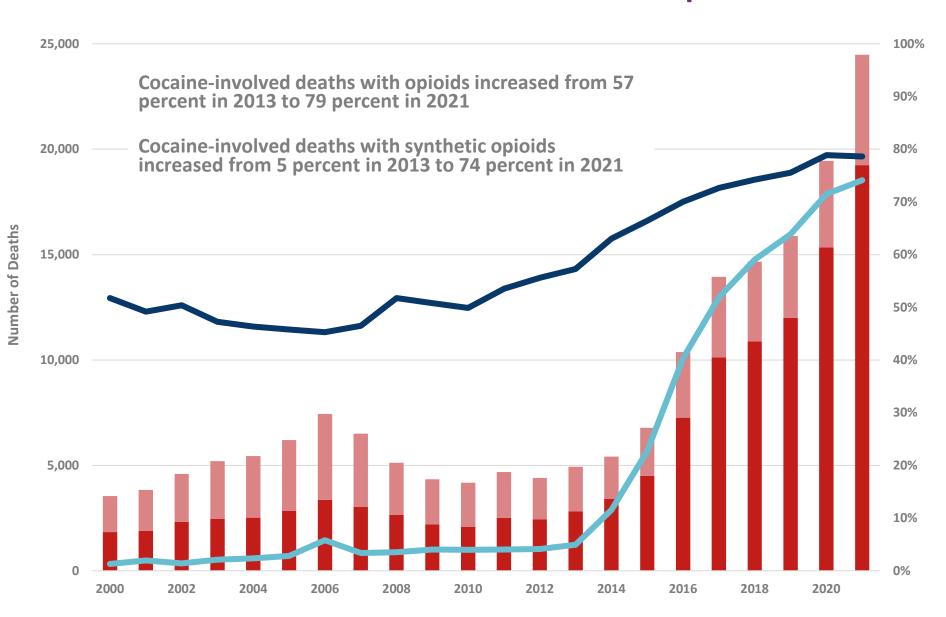
#### **Cocaine-Involved Overdose Deaths With and Without Opioids**

#### **SINCE 2013**

Cocaine-involved overdose deaths w/ 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



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

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

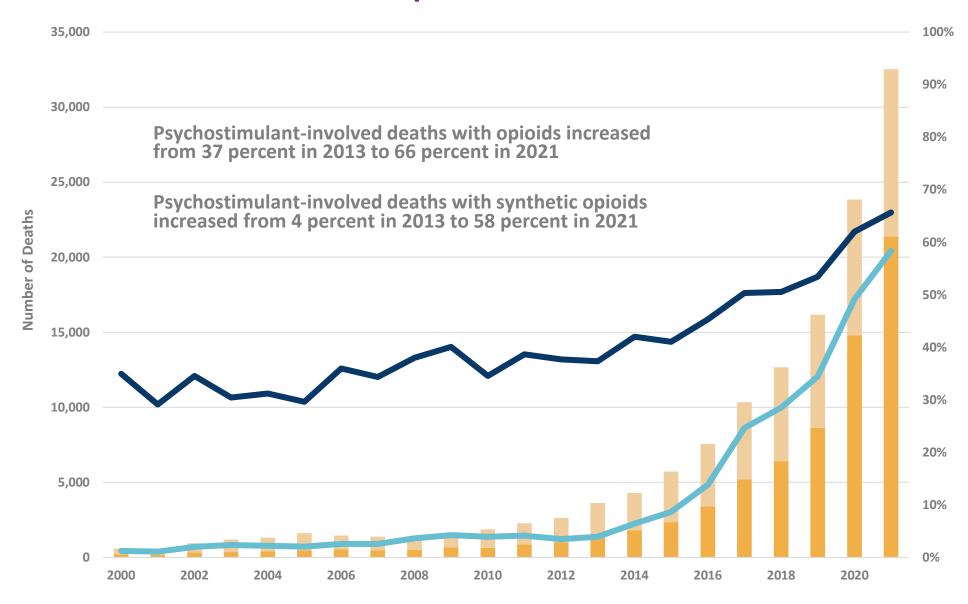
Psychostimulant-involved deaths w/ synthetic opioids increased from approximately 140 to almost 19,000

Psychostimulant WITHOUT Opioids

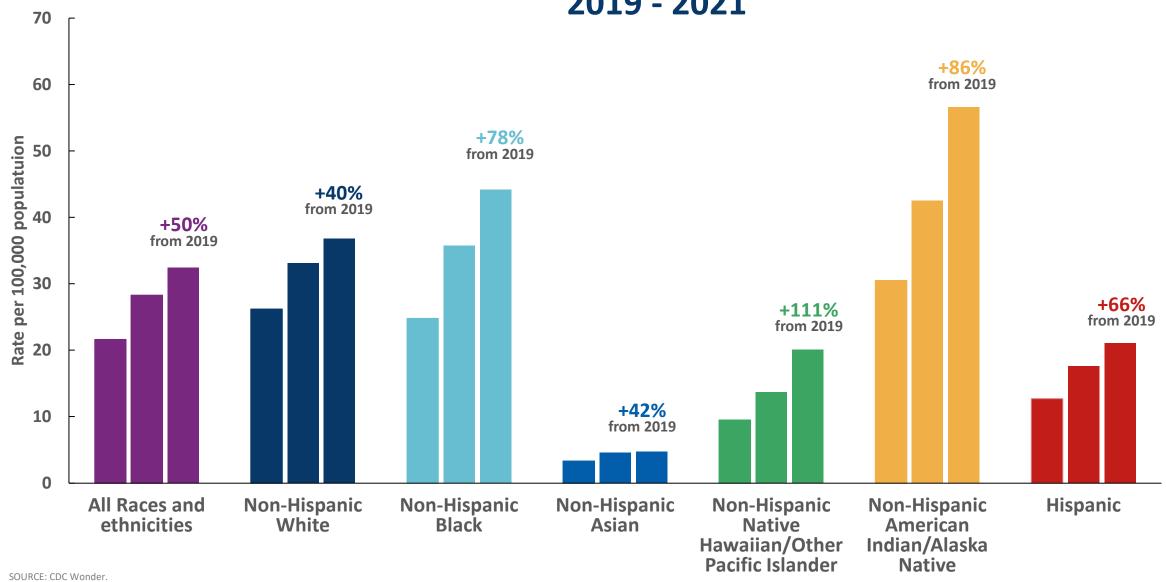
Psychostimulant WITH Opioids

Percent with ANY Opioid

Percent with Synthetic Opioids Excluding Methadone



# Drug Overdose Death Rates BY Year Vary by Race and Ethnicity 2019 - 2021

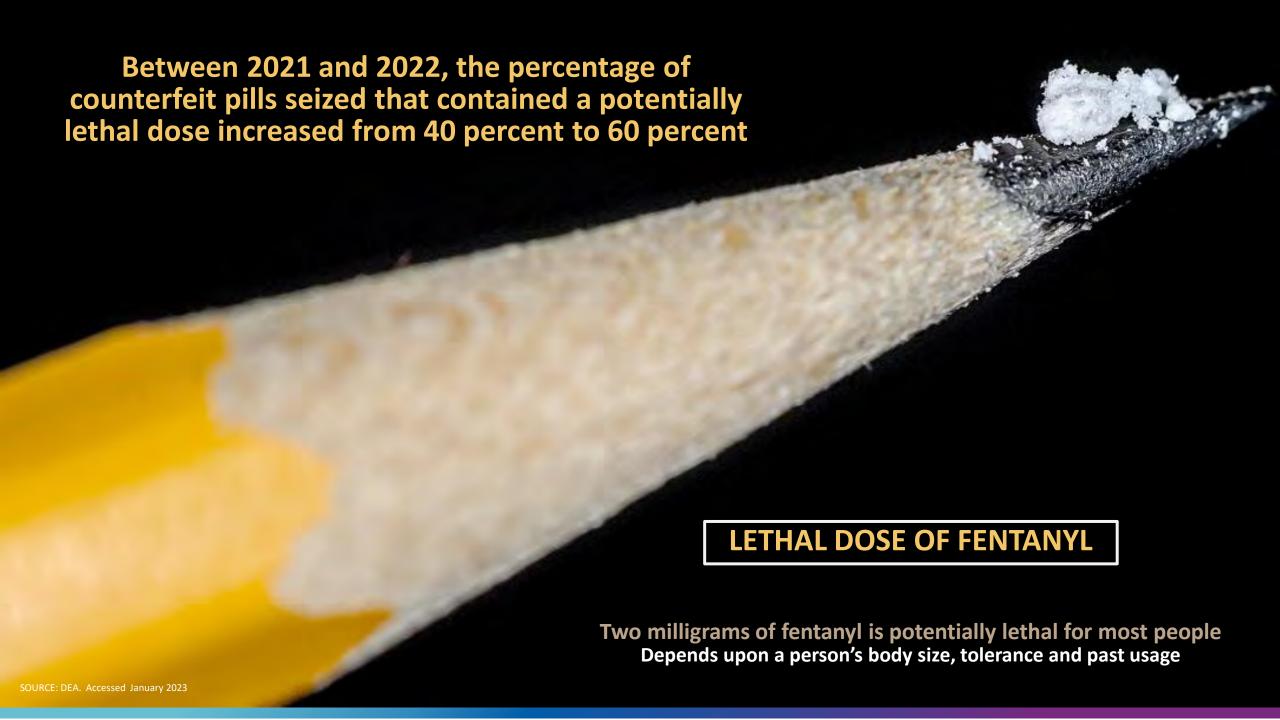


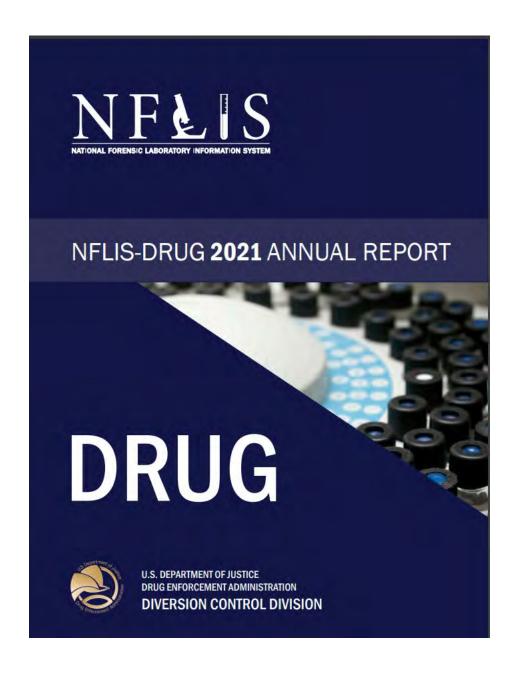


**September 2021 – September 2022 – Provisional Drug Overdose Deaths** 

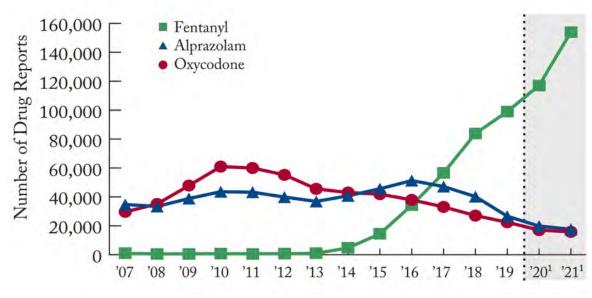
Source: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

# Fentanyl





### Drug Seizures for Fentanyl Increased from 2014 to 2021 and Accelerated During the COVID Pandemic



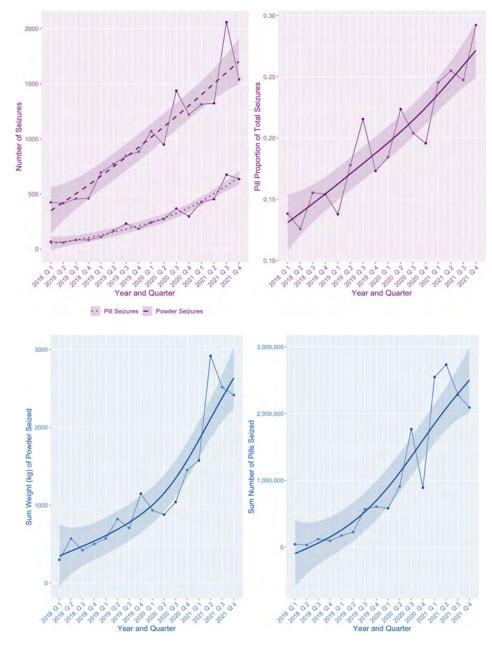
1: Total Number of Drug Cases in 2020 and 2021 is lower due to the COVID Pandemic. Use caution when comparing trends over time.

- 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.

### 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



# 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.



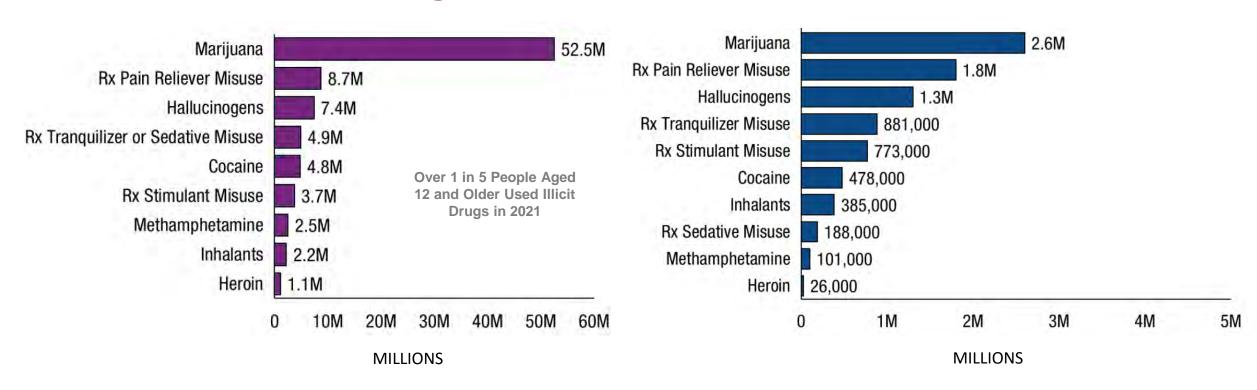
### Other Facts about Fentanyl Driving Trends

- 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**

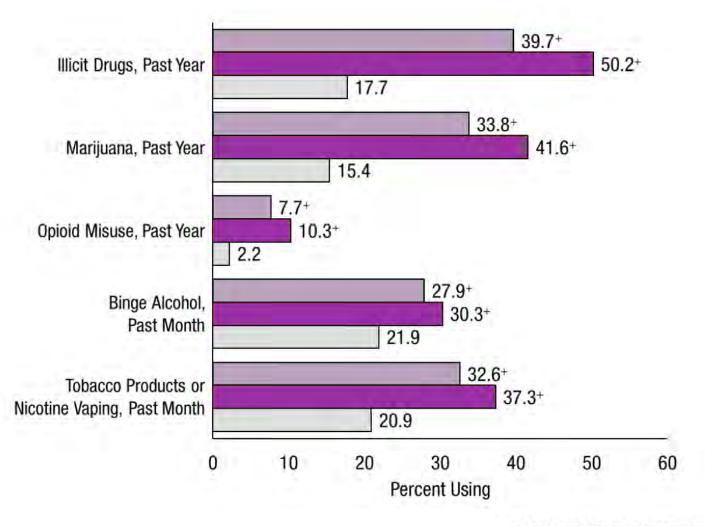
#### **Past Year Illicit Drug Use**

#### **Past Year Initiates**





# Substance use among adults aged 18 and older is greater with any mental illness and greater still with a serious mental illness





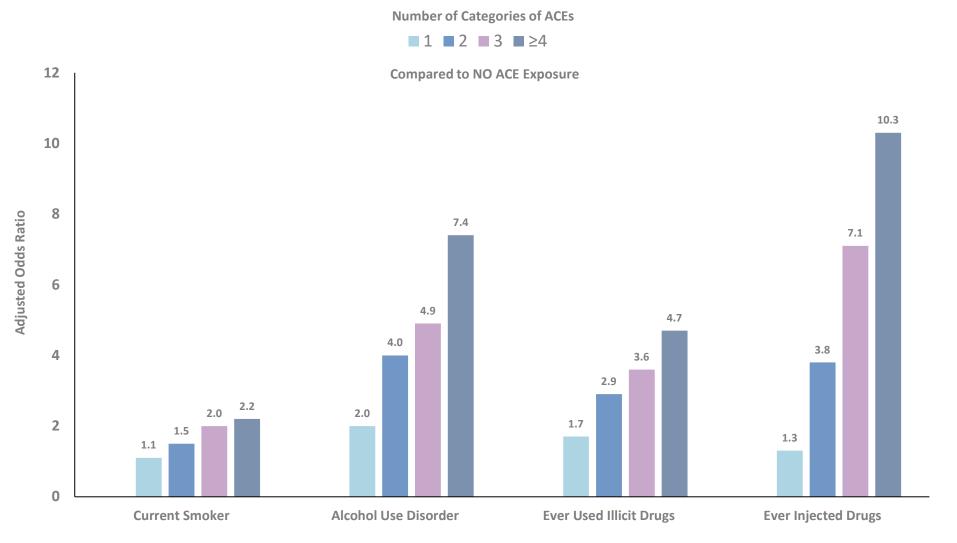


■ Any Mental Illness (with or without Serious Mental Illness)

■ Serious Mental Illness

■ No Mental Illness

#### **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





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

# **HHS Overdose Prevention Strategy 2021 Alignment of Key CDC Investments**

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



# 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

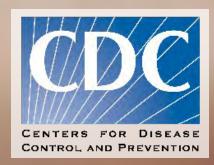


Raise Public Awareness and Reduce Stigma









For more information, please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348 Web: www.cdc.gov

E-mail: cdcinfo@cdc.gov

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.

# Addressing HIV and the Overdose Crisis

Redonna K. Chandler, PhD

Director HIV Research Program and HEALing Communities Study





## Overview

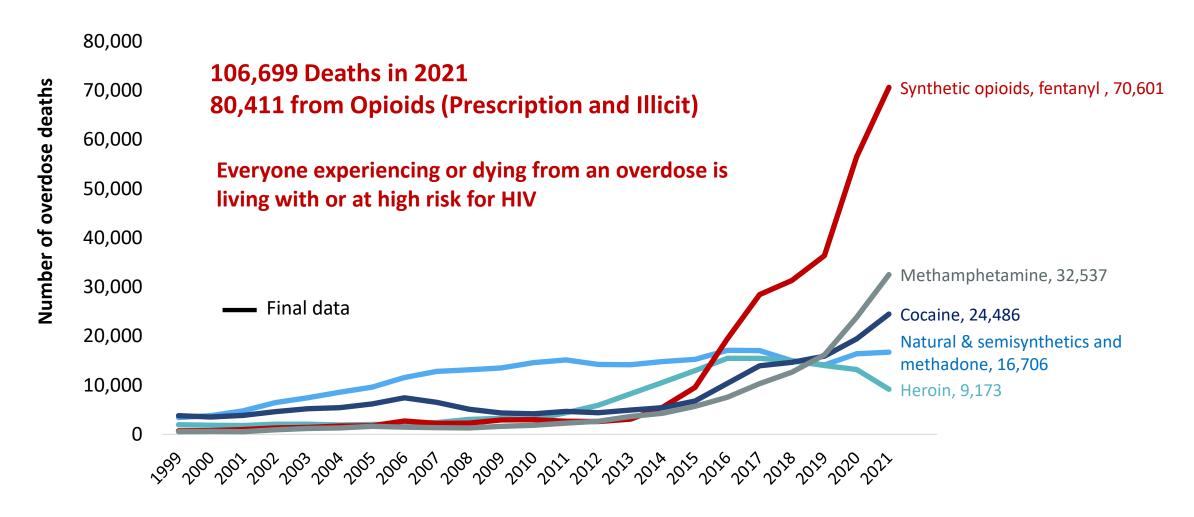
Intersection of Overdose and HIV

Evidence Based Practices to Address Overdose and HIV

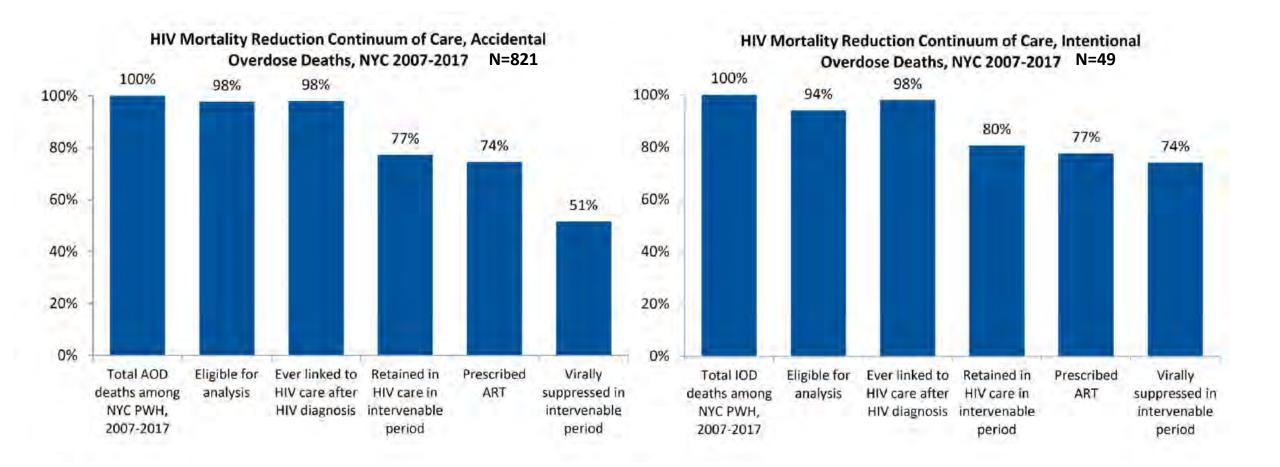
Integrating Care for Overdose and HIV

# Evolution of Drivers of Overdose Deaths, All Ages

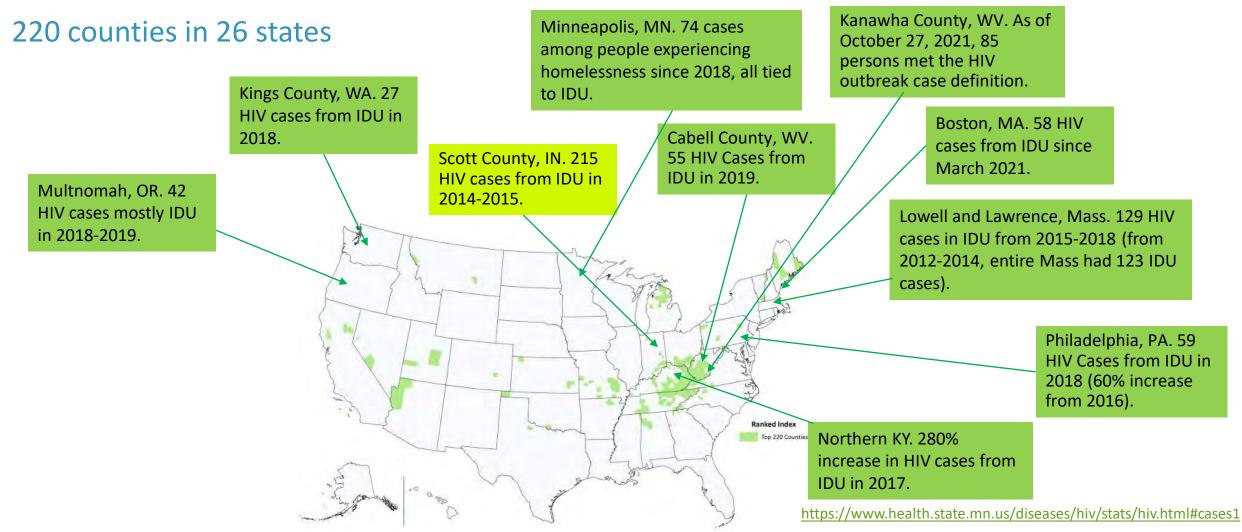
Analgesics 
Heroin 
Fentanyl 
Stimulants



# Drug Overdose and HIV Continuum of Care



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



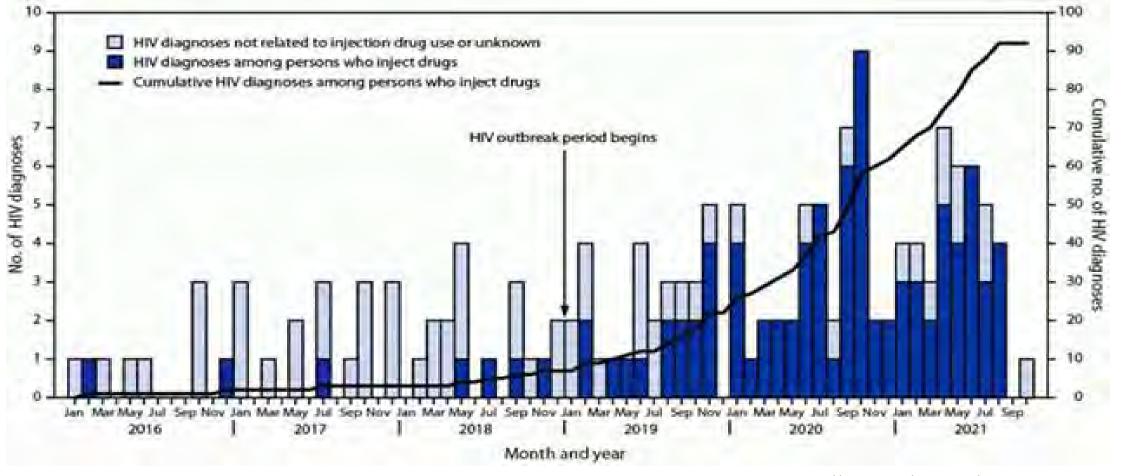
Van Handel et al., J Acquir Immune Defic Syndr. 2016

https://www.bostonglobe.com/2022/03/17/metro/hiv-outbreak-among-drug-users-accelerates-boston/

# Diagnoses of HIV infection, by injection drug use category — Kanawha County, West Virginia, January 2016–October 2021

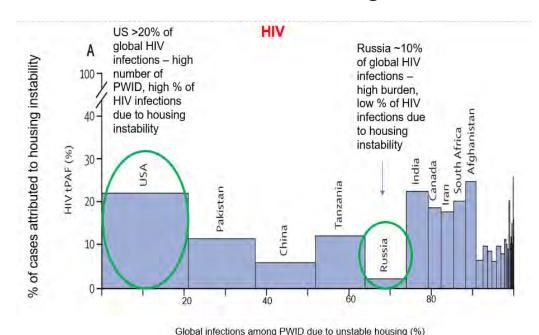
Age-adjusted rates of overdose death 81.4 per 100,000(2020)

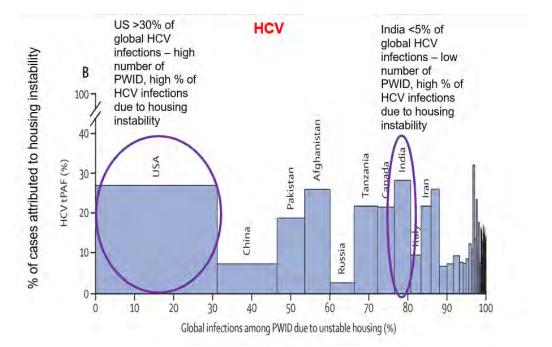
(https://www.cdc.gov/drugoverdose/deaths/2020.html)



# 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

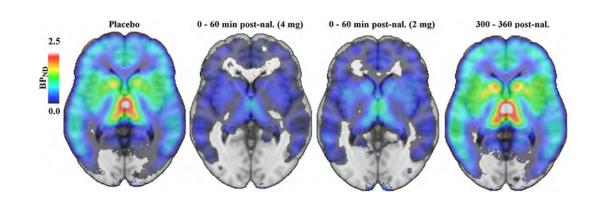




# Naloxone: Reducing Overdose Fatalities

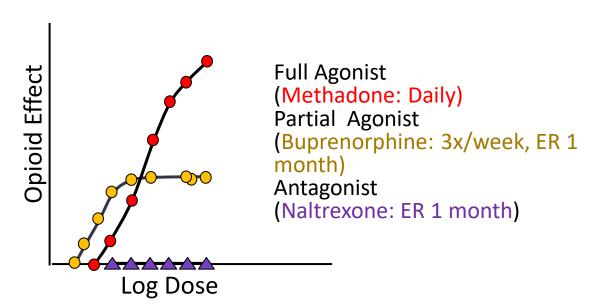
- Naloxone decreases opioid-related overdose fatalities (Moustaquim et al., 2021)
- Deaths from fentanyl are increasing despite naloxone (<u>Torralva</u> and <u>Janowsky</u>, 2019).
- OD from fentanyl require multiple naloxone doses (<u>Schumann et al., 2007</u>, <u>Somerville et al., 2017</u>)
- Modeling 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)

## Naloxone rapidly occupies muopioid receptors in human brain



# Medications for Opioid Use Disorder: Addressing Addiction, Overdose Risk, and HIV

# Medications for Opioid Use Disorders (MOUD or MAT, OST)



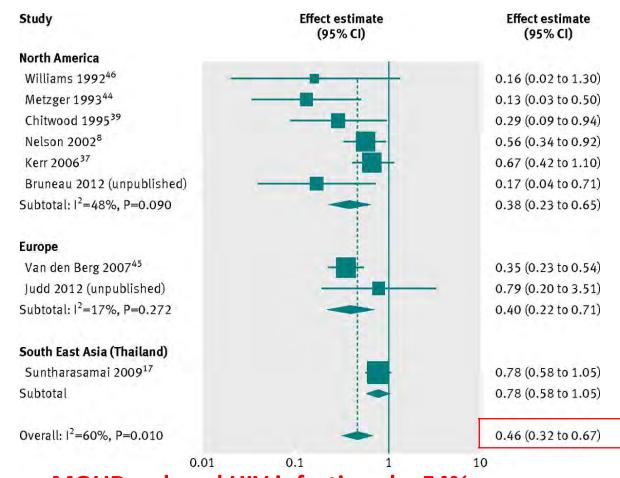
#### **DECREASES:**

- Opioid use
- Opioid overdose deaths
- Criminal activity
- HIV and HCV transmission

#### **INCREASES:**

- Social functioning
- Retention in HIV treatment
- Improves HIV Outcomes

#### Impact of MOUD on HIV Transmission



- MOUD reduced HIV infections by 54%
- MOUD reduces overdose risk by 73% (Wakeman, 2020)

Source: MacArthur GJ et al. BMJ 2012

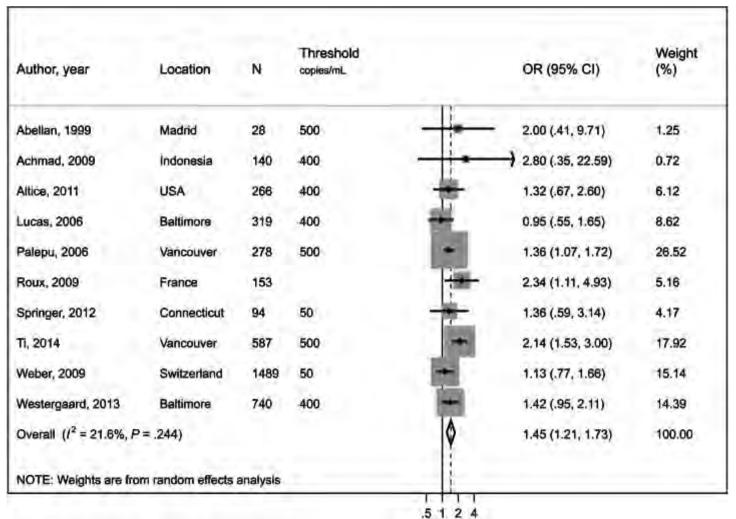
#### **Challenges:**

- Treatment and retention in MOUD
- Treatment and retention in ART

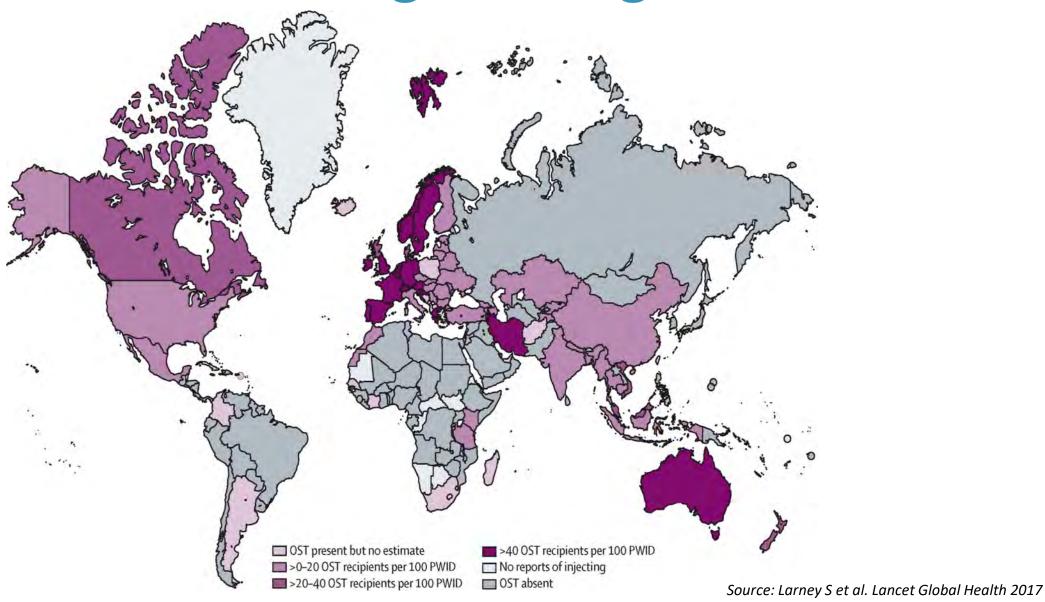
#### **MOUD Improves uptake/retention in ART**

- 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)

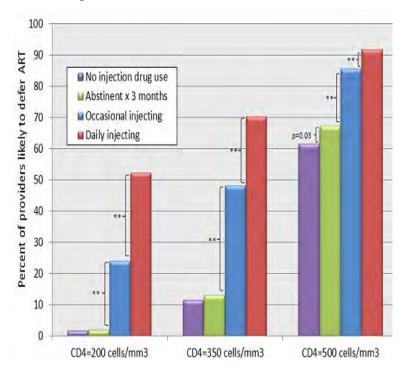
#### Odds of Viral Suppression for HIV+ on MOUD



# MOUD Coverage among PWID

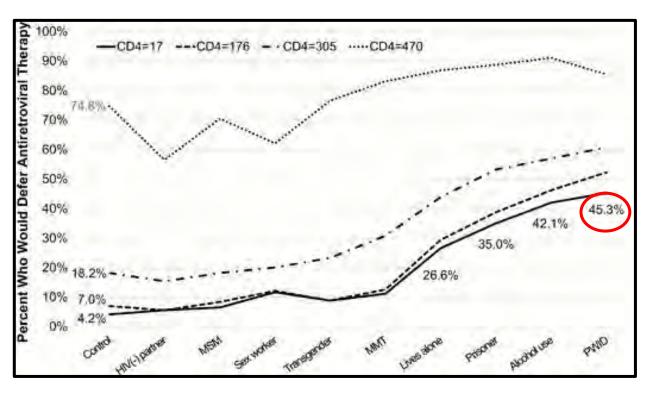


# % Providers Who Would Defer ART By CD4+ Count and IDU status



Source: Westergaard RP et al. J Int AIDS Soc 2012

#### **ART Delayed for PWID with Advanced HIV**



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

#### **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: 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)



## **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



## 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



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To learn more about NIDA's HIV Research Program, visit:

https://nida.nih.gov/about-nida/organization/offices/hiv-research-program-hrp







# Community Education Group

A. Toni Young, MBA

**Executive Director** 



# The Appalachian Syndemic

