

How COVID-19 has Impacted our HIV Work and Planning for 2022 and Beyond

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NASTAD's RFI

- NASTAD fielded multiple RFIs to our members, focusing on three health department programmatic areas
 - RWHAP Part B/ADAP
 - HIV prevention
 - Hepatitis
- RFIs focused on impact of COVID-19 on programs and clients, anticipated challenges, emerging funding and technical assistance needs, and impact on Ending the HIV Epidemic (EHE) initiative activities
- Conducting follow up RFI in early 2022

COVID-19: Economic Impact

Table 1: Estimated Impact to Health Insurance Coverage due to COVID-19 Economic Downturn

Scenario	Unemployment Rate	US Population (in millions)			
		Medicaid	Marketplace ¹	Employer-Sponsored	Uninsured
Pre-COVID	3%	71	13	163	29
Low	10%	82	12-13	151	30-31
Medium	17.5%	88	13-14	140	34-35
High	25%	94	13-15	128	39-40

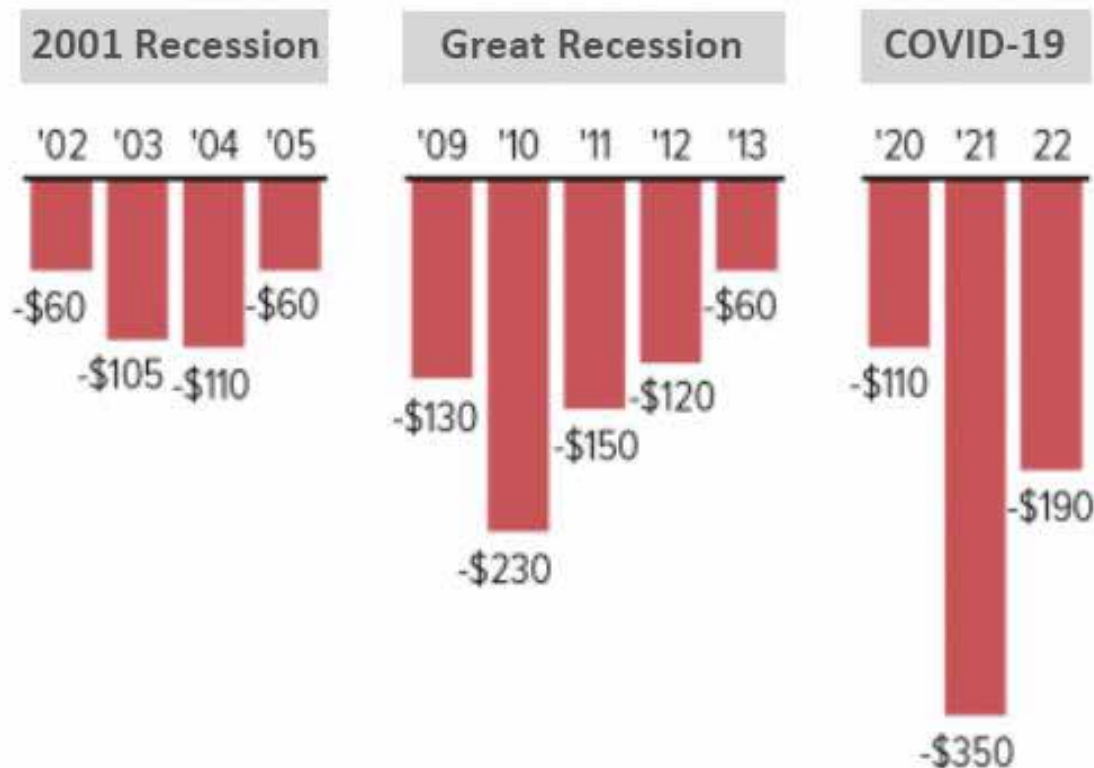
Source: Health Management Associates, May 2020

- States dealt with an influx of uninsured, causing flux across payers and RWHAP
- The Great Resignation impacts enrollment

COVID-19: Economic Impact

COVID-19 State Budget Shortfalls Could Be Largest on Record

Total shortfall in each fiscal year, in billions of 2020 dollars



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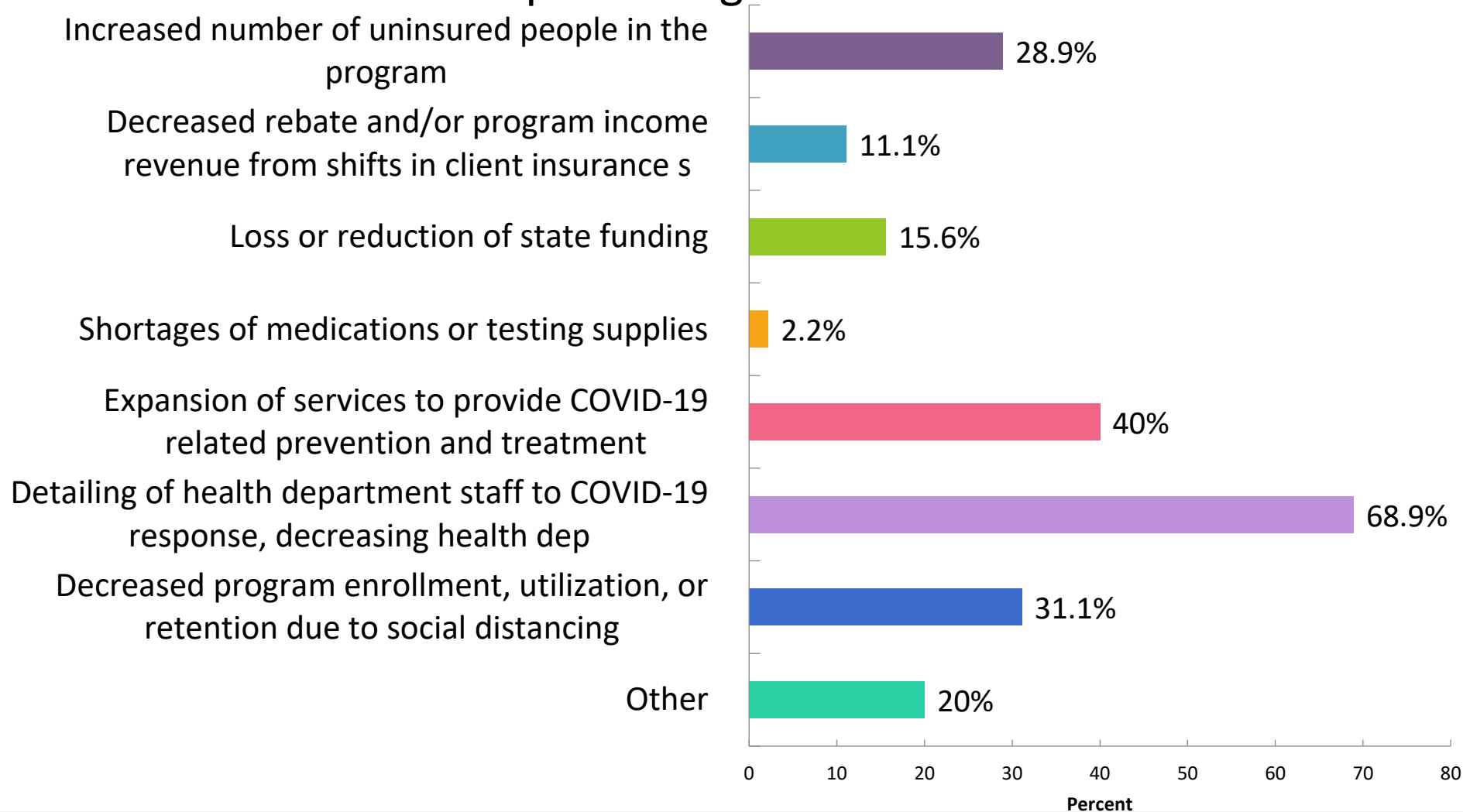
RYAN WHITE PROGRAM

Nearly 70% of RWHAP respondents indicated that health department detailing was a challenge, which is a significant increase from the May RFI.

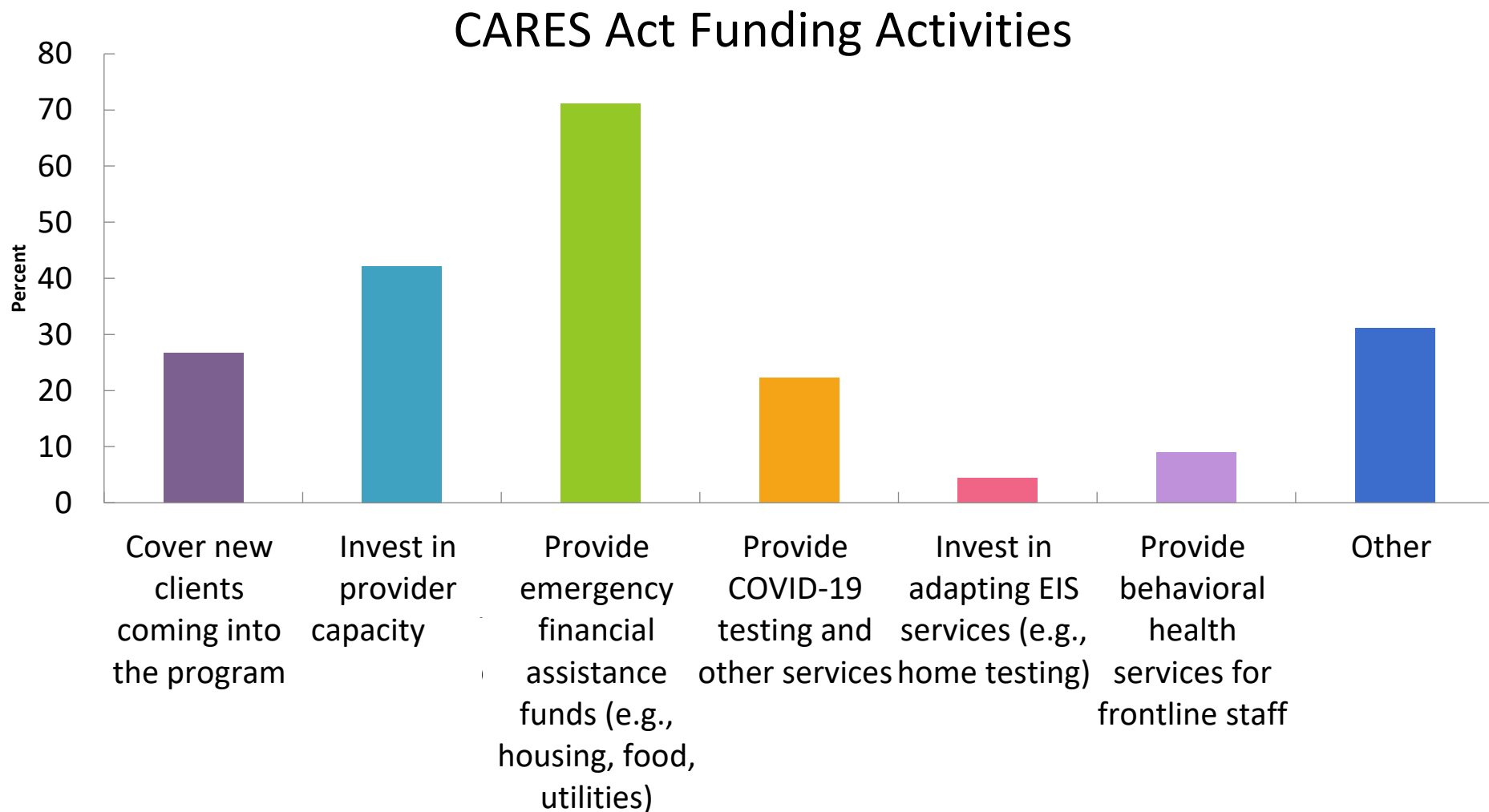
The COVID-19 economic downturn **will have a long term impact** on RWHAP client needs and RWHAP ADAP/Part B budget.

Key Findings: RWHAP Part B/ADAP

Top Challenges Identified



Key Findings: RWHAP Part B/ADAP



HIV prevention programs have a **decreased ability to continue outreach and prevention services**, with an uptick in programs reporting challenges in continuing to provide services from May to August.

Many programs have shifted to at-home testing programs and are seeking innovative ways to do outreach for prevention programs.

HEPATITIS

Hepatitis programs, which have historically been **understaffed and underfunded**, are seriously impacted by this chronic underfunding, with **over 76%** of jurisdictions reporting that staff have been detailed to the COVID-19 response.

In addition, health department staff have been subject to state government furloughs and hiring freezes, which **will have a long-term impact** on the public health infrastructure and the hepatitis response.

Nearly 80%
of Ending the HIV Epidemic
Jurisdiction respondents said that
to properly engage with people
living with or at risk of HIV and
ensure community engagement,
extended timelines
are needed.

Key Findings

- Detailing of staff was a challenge across all three programs (particularly acute in HIV prevention)
 - HIV surveillance is very limited right now
- For HIV prevention and hepatitis, the other biggest challenge is decreased ability to continue outreach and prevention services
- HIV Prevention and hepatitis biggest COVID needs: more funding across prevention, surveillance, and harm reduction and grant administration and flexibility
- ELC funding
 - VERY limited ELC funding allocations to HIV prevention and hepatitis

EHE Impact

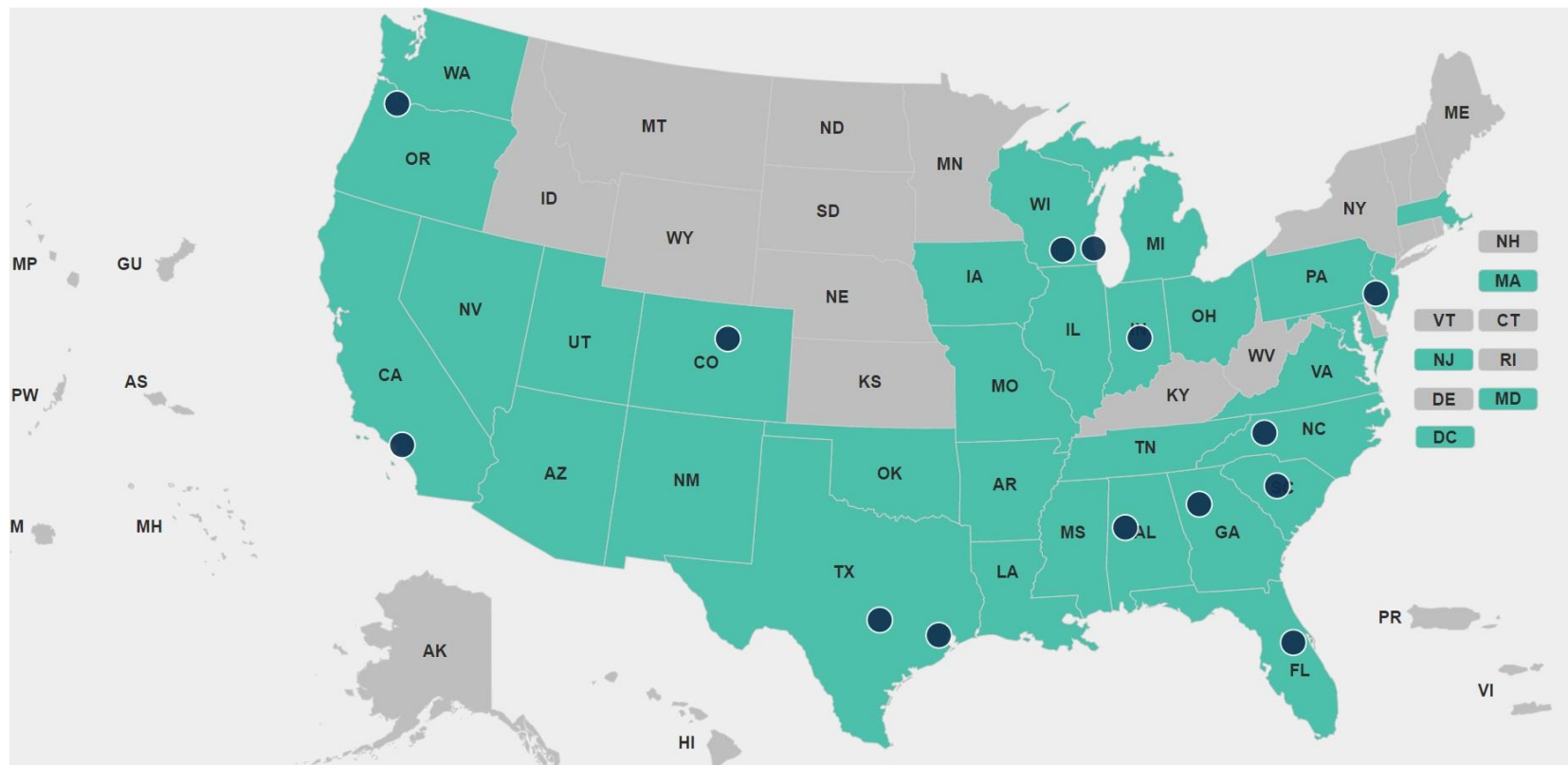
- Majority of respondents indicated they are changing work plans in response to COVID-19
 - Changing timelines
 - Rethinking scope
 - Overhauling community engagement activities
- Majority of respondents indicated that federal flexibility is critical moving forward

At Home Testing



**Twenty-one jurisdictions currently
offer HIV self-testing services**

TelePrEP



Lessons Learned

- Flexibility of telehealth and telemedicine
- Efficacy of education through virtual trainings
- Publicly funded infectious disease testing system
- Increased flexibility
- Promotion and expansion of telehealth services
- COVID-19 pandemic has highlighted the behavioral needs of people

Looking Forward

- New RFI coming early 2022 to reflect on 2021
- Working to implement lessons learned