ENDING THE HIV EPIDEMIC:
A PLAN FOR AMERICA

Ending the HIV Epidemic

www.hiv.gov

NIH

CDC Centers for Disease Control and Prevention

HRSA Health Resources & Services Administration

SAMHSA Substance Abuse and Mental Health Services Administration

HIV HAS COST AMERICA TOO MUCH FOR TOO LONG

700,000

American lives lost to HIV since 1981

$20 billion

Annual direct health expenditures by U.S. government for HIV prevention and care

Without intervention and despite substantial progress another

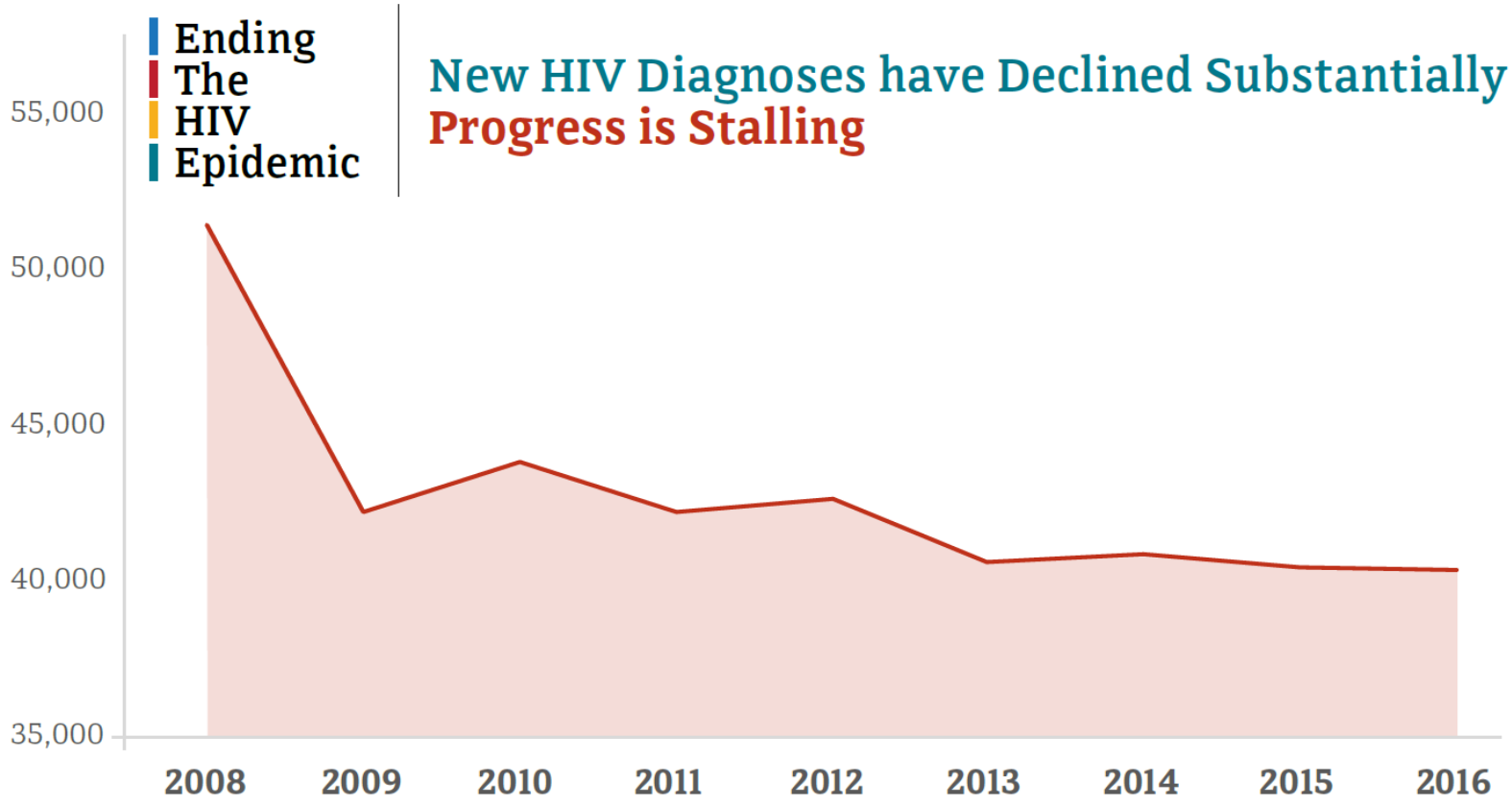
400,000

Americans will be newly diagnosed over 10 years despite the available tools to prevent infection

NEW HIV DIAGNOSES HAVE DECLINED SUBSTANTIALLY BUT PROGRESS IS STALLED

MAJOR PROGRESS

- 1980s
  peak incidence near 130,000 annually
- 1985 - 2012
  interventions have driven infections down to <50,000 annually



www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-23-4.pdf

PRESIDENT TRUMP

2019 STATE OF THE UNION ADDRESS

Ending the HIV Epidemic

We have an unprecedented opportunity to end the HIV epidemic in America. Now is the time.

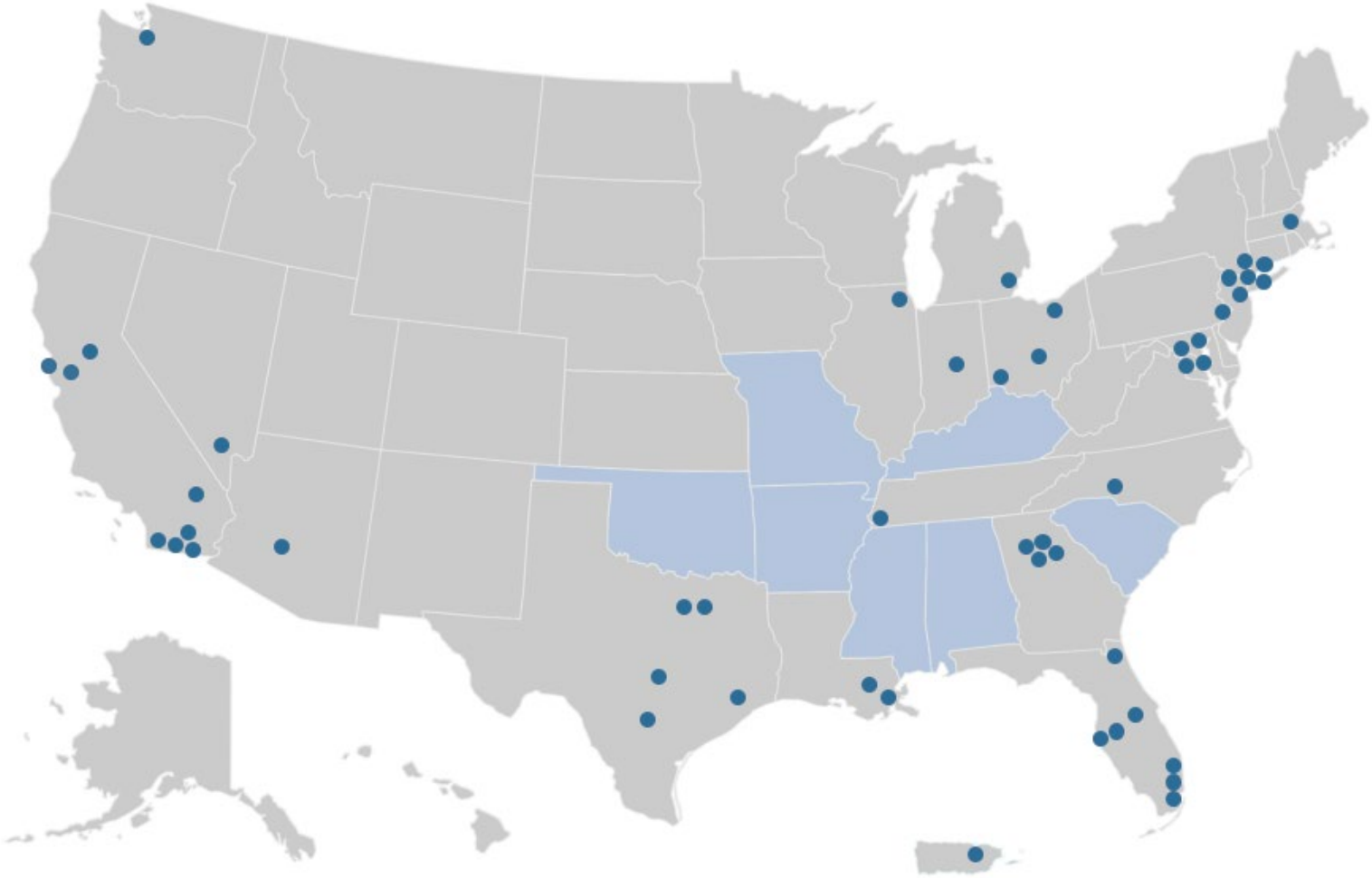
THE TIME IS NOW: RIGHT DATA, RIGHT TOOLS, RIGHT LEADERSHIP

- **Epidemiology**
  - Most new HIV infections are clustered in a limited number of counties and specific demographics
- **Antiretroviral Therapy**
  - Highly effective, saves lives, prevents sexual transmission; increasingly simple and safe
- **Pre-exposure Prophylaxis (PrEP)**
  - FDA-approved and highly effective drug to prevent HIV infections
- **Proven Models of Effective Care and Prevention**
  - 25 years' experience engaging and retaining patients in effective care
- **Detect and Respond Strategy**
  - Extensive surveillance infrastructure in place, rapid detection and response capacity increasing

There is a real risk of HIV exploding again in the U.S.

due to several factors *including injection drug use and diagnostic complacency among healthcare providers*

48 COUNTIES, 7 STATES WITH SUBSTANTIAL RURAL HIV BURDEN, DC AND SAN JUAN ACCOUNT FOR 50% OF NEW DIAGNOSES



County contributing to 50% new HIV diagnoses in 2016 / 2017

State with disproportionate rural burden in 2016 / 2017

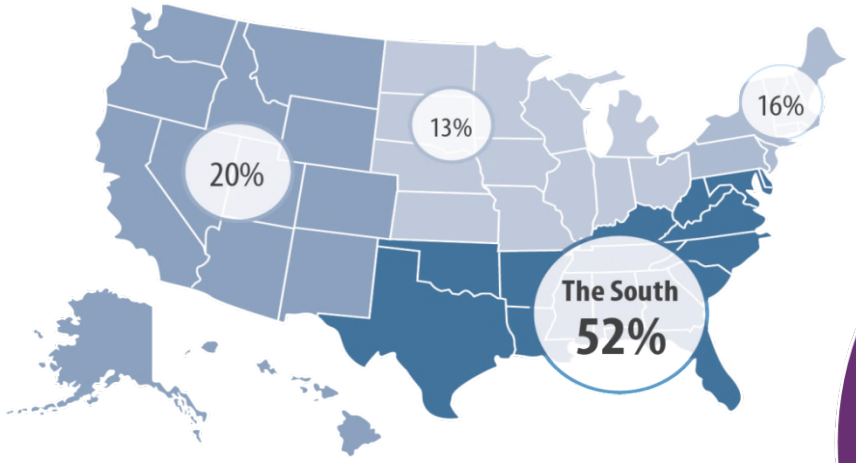
EARLY DIAGNOSIS IS ESSENTIAL TO END THE HIV EPIDEMIC

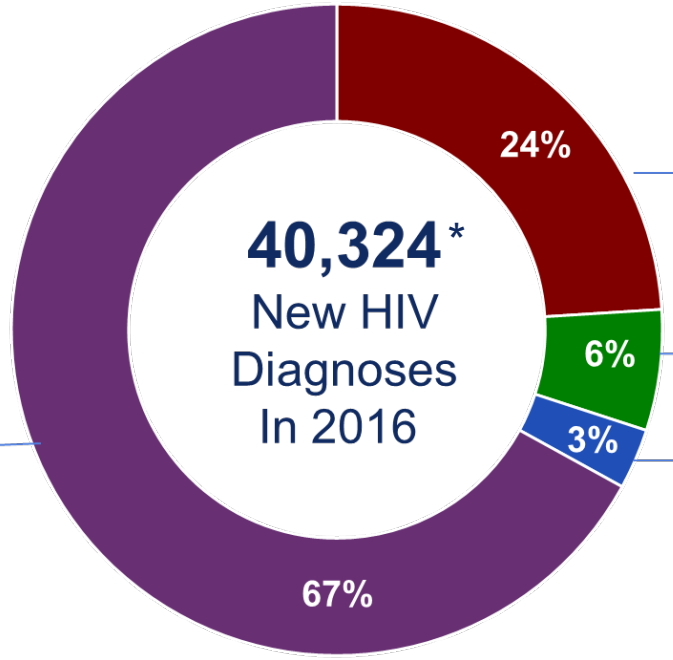
- **1 in 2** people with HIV have the virus at least 3 years before diagnosis
- **1 in 4** people with HIV have the virus at least 7 years before diagnosis
- **1 in 5** people with HIV are diagnosed with advanced disease (AIDS)
- **7 in 10** people with HIV saw a healthcare provider in the 12 months prior to diagnosis and failed to be diagnosed

87% of new HIV infections are transmitted from people who don't know they have HIV or are not retained in treatment

Daily et al., MMWR Weekly Report, 2017; Skarbinski et al., JAMA, 2015; Gopalappa et al., Med Decision Making, 2017

HIV DIAGNOSES ACROSS SPECIFIC GROUPS





Heterosexuals

People who inject drugs

Gay and bisexual men who inject drugs

Gay and bisexual

In 2016, **African Americans** accounted for 44% of HIV diagnoses, but comprised 12% of U.S. population

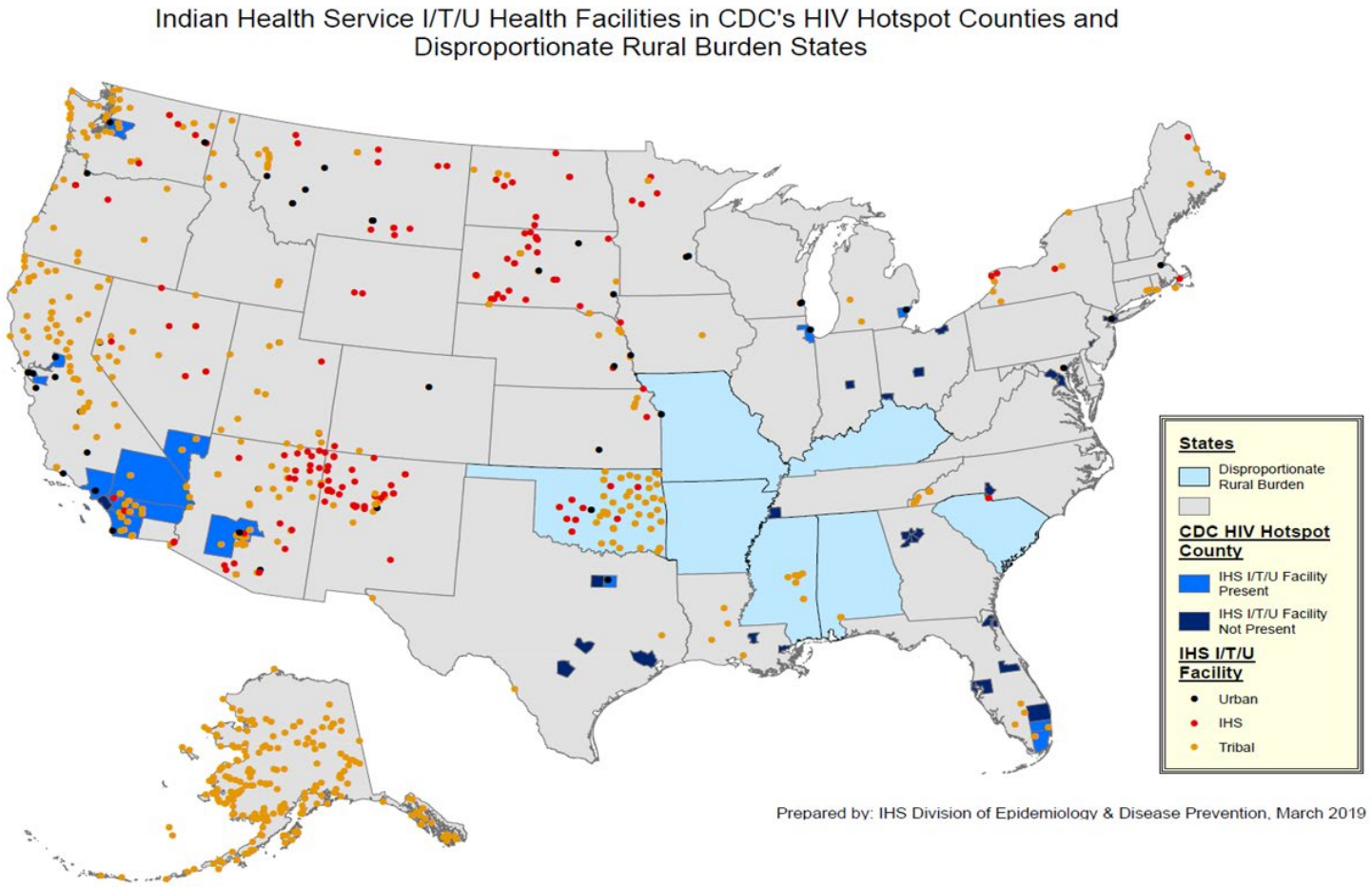
From 2012-2016, HIV diagnoses among **Hispanic/Latino** MSM age 25-34 years increased 22%

From 2012-2016, HIV diagnoses among **American Indian / Alaska Native** MSM increased 58%

* www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-23-4.pdf, all other data from https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf

INDIAN HEALTH SERVICE: UNIQUELY POSITIONED TO END THE HIV EPIDEMIC AMONG AMERICAN INDIANS AND ALASKA NATIVES

- Serves 2.2 million American Indians and Alaska Natives, representing 573 Federally-recognized tribes
- Services provided in nearly 50 hospitals, >300 health centers, >160 Alaska Village clinics, >100 health stations, and 20 school health centers

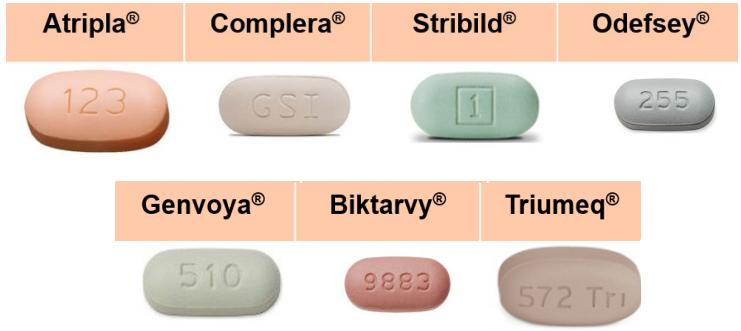


HIV MEDICAL THERAPY IS SIMPLE AND EFFECTIVE

1990s

- Complex
- Limited potency
- High toxicity

TODAY



- Simplified (one pill per day), many options
- Very potent
- Few side effects

HIV TREATMENT PREVENTS NEW INFECTIONS

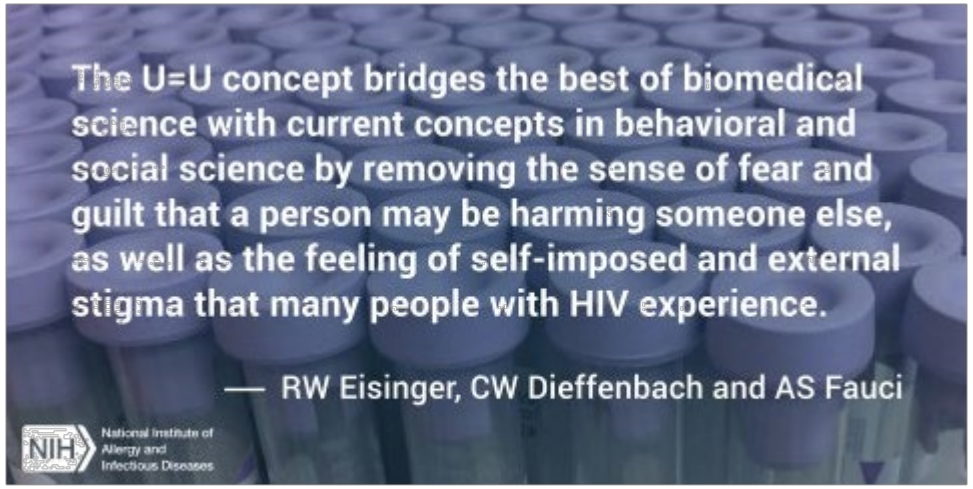
JAMA January 10, 2019

VIEWPOINT

HIV Viral Load and Transmissibility of HIV Infection

Undetectable Equals Untransmittable

Robert Eisinger, Carl Dieffenbach, Anthony Fauci



Credit: NIAID

PRE-EXPOSURE PROPHYLAXIS (PrEP)

PrEP

WHAT IS PrEP?

- **Single tablet**, Truvada® is currently the only FDA-approved drug for PrEP in the U.S.
- At-risk people can reduce their chance of HIV infection by up to **97%**

MORE THAN ONE MILLION AT HIGH RISK FOR HIV, BUT FEWER THAN 10% ARE ON PrEP

BARRIERS TO PrEP

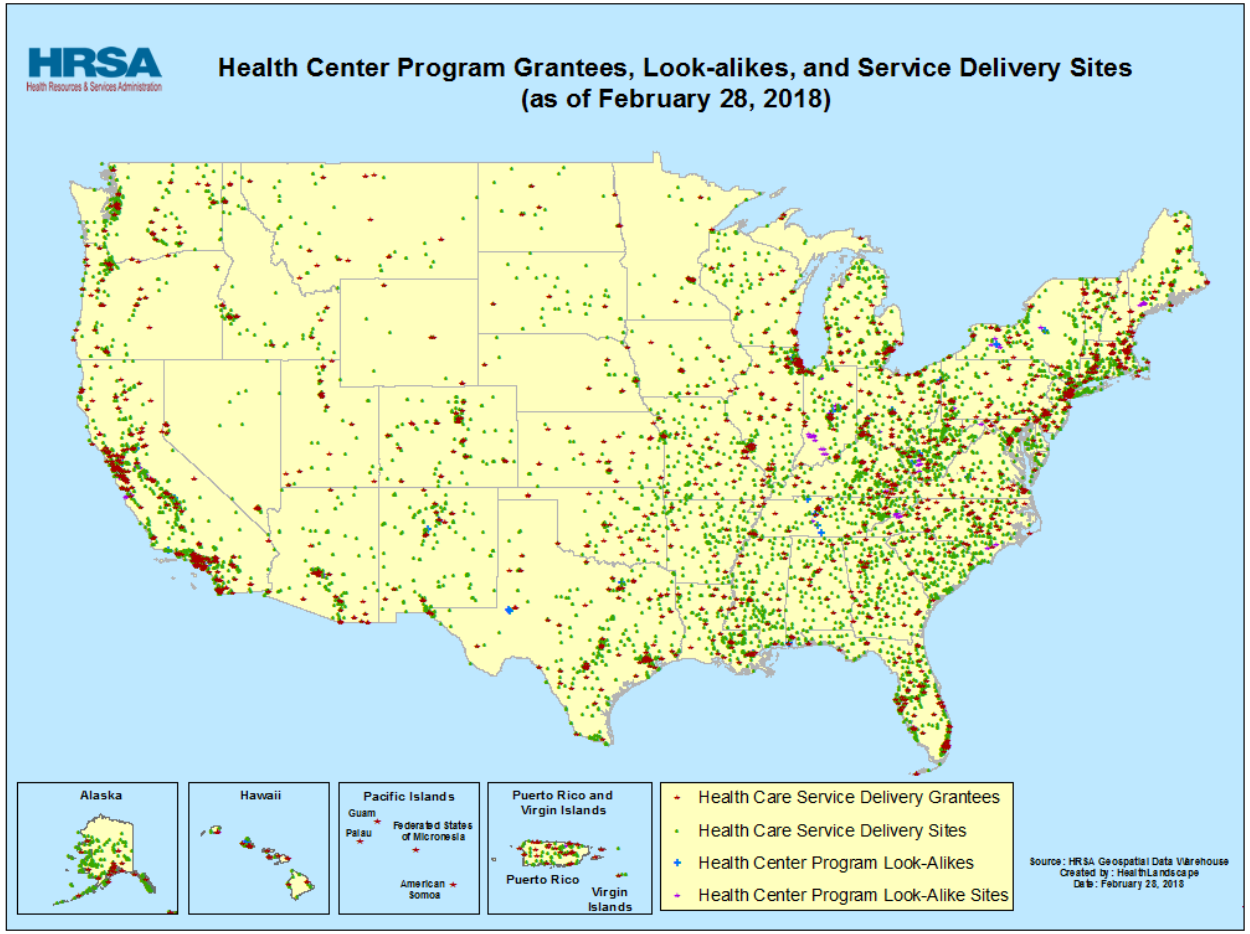
- Attitudes and stigma that prevent testing and initiation of PrEP
- Lack of awareness among individuals at risk and among providers
- Lack of perceived risk among those at risk and among providers
- Barriers to linkage to PrEP care and prescribing PrEP

HRSA: RYAN WHITE HIV / AIDS PROGRAM

- More than half of people living with diagnosed HIV in the United States (>500,000) receive services through the Ryan White HIV/AIDS Program
- In 2017, 85.9 percent of Ryan White HIV/AIDS Program clients were virally suppressed, exceeding the national average of 59.8 percent
- The Program is funded at $2.3 billion in fiscal year 2019; administered by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB)

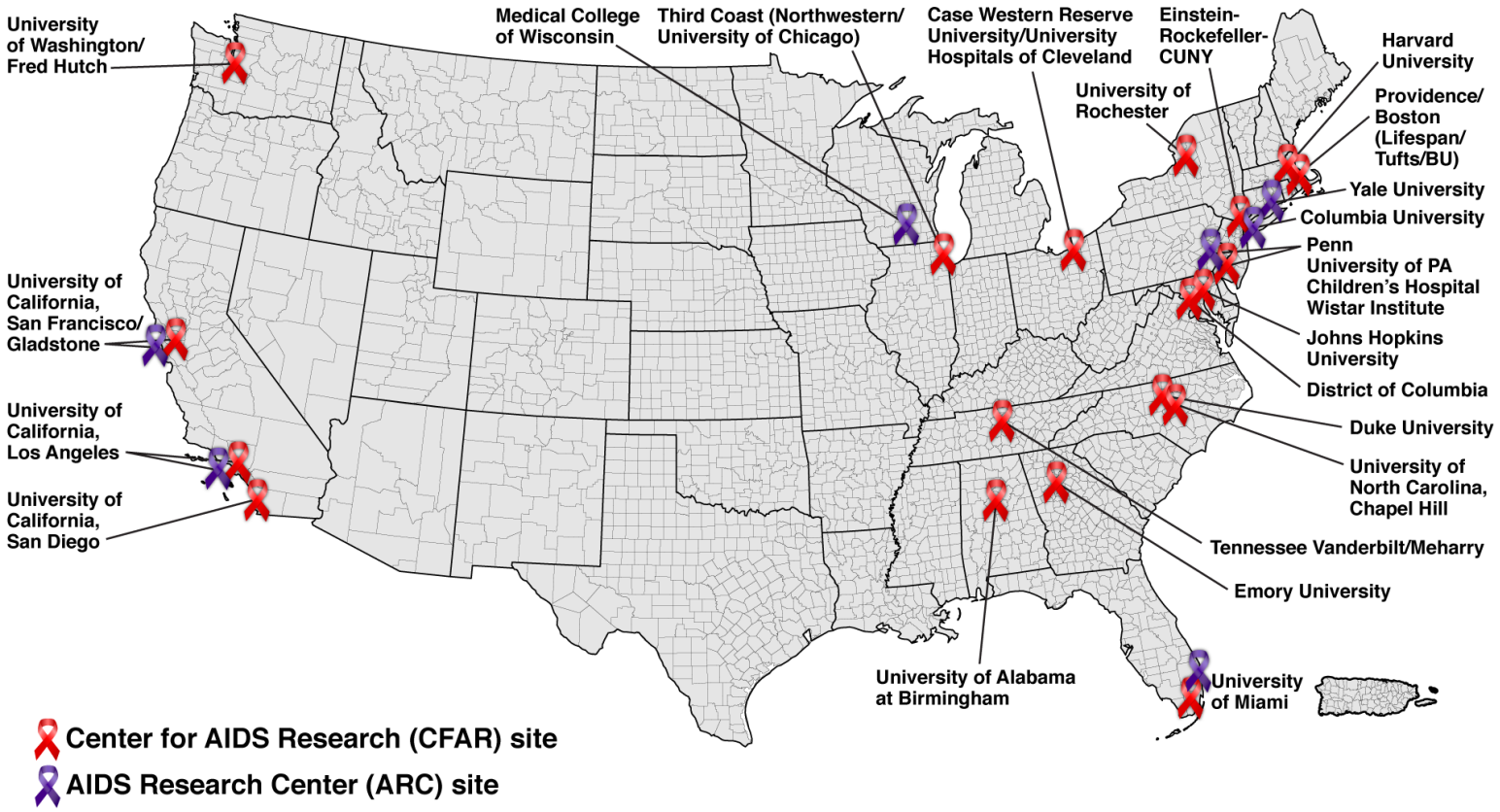
HRSA: COMMUNITY HEALTH CENTERS

- Serve more than 27 million patients through nearly 1,400 health centers operating approximately 12,000 service delivery sites nationwide
- Health centers provide a variety of HIV services:
  - Nearly 2 million HIV tests conducted annually
  - More than 165,000 patients with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program
  - Assure linkage to care and provide HIV prevention services, including Pre-Exposure Prophylaxis (PrEP)



NIH-SPONSORED CENTERS FOR AIDS RESEARCH (CFAR) AND AIDS RESEARCH CENTERS (ARC)

Supporting multidisciplinary research aimed at reducing the burden of HIV in the U.S.



Informs HHS and partners on

- Evidence-based best practices
- Effectiveness of approaches including regional strategies

Ending the HIV Epidemic

www.hiv.gov

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

GOAL:

75%
reduction in new HIV infections in 5 years

and at least
90%
reduction in 10 years.

PHASE 1: Focused effort to reduce new infections by 75% in 5 years

PHASE 2: Widely disseminated effort to reduce new infections by 90% in the following 5 years

PHASE 3: Intense case management to maintain the number of new infections at < 3,000 per year

ACHIEVING THE GOALS

DIAGNOSE

All people with HIV as early as possible after infection

TREAT

The infection rapidly and effectively to achieve sustained viral suppression

PROTECT

People at highest risk of HIV with potent evidence-based interventions

RESPOND

Rapidly and effectively to clusters and outbreaks of new HIV infections

HIV WORKFORCE

A boots-on-the-ground team ensures implementation of Ending the HIV Epidemic plans

IMPLEMENTATION PLAN

- **Target focus initially on high incidence geographies**
  - Target 48 counties, DC and San Juan that account for 50% of diagnoses
  - Target select states with high rural HIV burdens to establish effectiveness in rural environment
- **Emphasize early diagnosis, immediate treatment, engagement**
  - Treat diagnosed persons rapidly to achieve viral suppression and stop transmission
  - Increase viral suppression from 50% to 90%: **HRSA Ryan White has achieved 85%**
- **Expand pre-exposure prophylaxis (PrEP)**
  - Increase use by at-risk population from 10% to at least 50%
- **Rapid and overwhelming response to HIV outbreak clusters**
  - Monitor for early detection of clusters
  - Treat each new diagnosis as a “sentinel event”

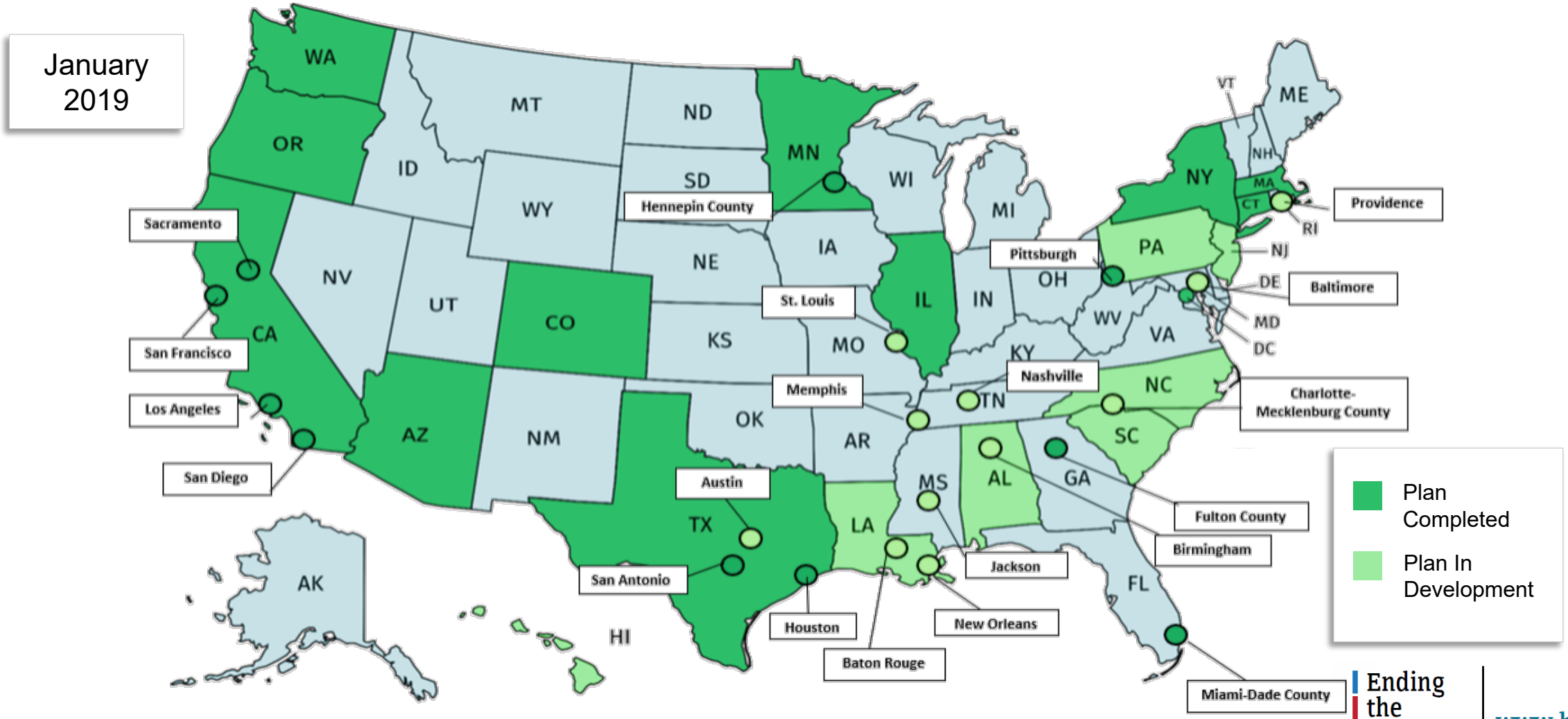
PRESIDENT'S 2020 BUDGET PROPOSAL

DISCRETIONARY INVESTMENTS (+$291 MILLION)

AGENCY	ACTIVITY	NEW $$
CDC	• **Test and link persons to treatment; state and local support; surveillance** • **Augmentation of public health staff in local jurisdictions**	**$140 M**
HRSA	• **Ryan White care centers for treatment** • **Community health centers for prevention, emphasizing PrEP**	**$70 M** **$50 M**
IHS	• **Enhanced support for prevention, diagnosis, and links to treatment**	**$25 M**
NIH-CFARs	• **Inform HHS and partners on evidence-based practices and effectiveness**	**$6 M**
OASH	• Project coordination, communication, management, and accountability; Leadership of the Minority AIDS Initiative	Maintains current $
SAMHSA	• Minority AIDS Program and Substance Abuse Prevention and Treatment Block Grants for HIV/AIDS prevention for those with Substance Abuse or Mental Illness	Maintains current $

FEDERAL INITIATIVE WILL LEVERAGE STATE AND LOCAL EFFORTS

STATUS OF JURISDICTIONAL PLANS TO "END THE HIV EPIDEMIC"



https://www.nastad.org/resource/ending-hiv-epidemic-jurisdiction-plans

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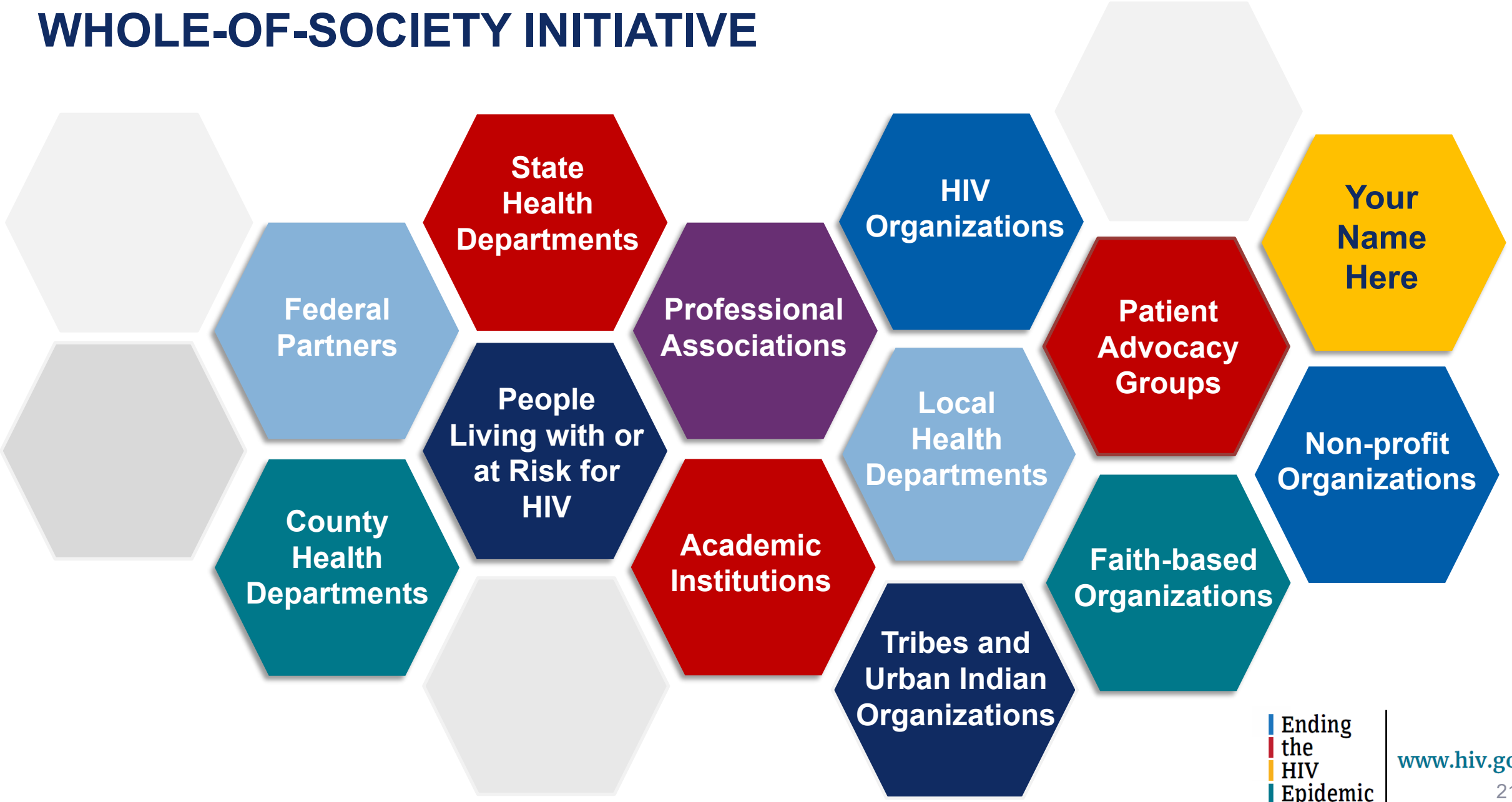
WHOLE-OF-SOCIETY INITIATIVE



Now is the time.

Our goal is ambitious.
Our pathway is clear.

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