

Presidential Advisory Council on HIV/AIDS (PACHA) 63rd Meeting

**Hubert H. Humphrey Building
8th Floor/Penthouse
200 Independence Avenue, SW Washington,
DC**

March 14–15, 2019

Council Members—Present

Carl Schmid, M.B.A., Co-Chair
John Wiesman, Dr.P.H., M.P.H., Co-Chair
Gregg H. Alton, J.D.
Wendy Holman (day 1)
Marc Meachem, M.B.A.
Rafaelé Narváez
Michael Saag, M.D.
John Sapero
Robert A. Schwartz, M.D., M.P.H., D.Sc.
(Hon.) Justin C. Smith, M.P.H.
Ada Stewart, M.D., RPh, FAAP, AAHIVS, HMDC

Council Members—Absent

None

Liaison: Centers for Disease Control and Prevention (CDC)/Health Resources and Services Administration (HRSA) Advisory Committee on HIV, Viral Hepatitis and Sexually Transmitted Disease (STD) Prevention and Treatment

Jennifer Kates, Ph.D., Vice President and Director, Global Health and HIV Policy, Kaiser Family Foundation

Staff

B. Kaye Hayes, M.P.A., PACHA Executive Director
Caroline Talev, M.P.A., Public Health Analyst and PACHA Committee Manager

Federal Ex Officio Members

Laura Cheever, M.D., Sc.M., Associate Administrator, Chief Medical Officer, HIV/AIDS Bureau, HRSA, U.S. Department of Health and Human Services (HHS) (day 1)
Antigone Dempsey, Director, Division of Policy and Data, HRSA, HHS (day 2)

Maureen M. Goodenow, Ph.D., Director, Office of AIDS Research, National Institutes of Health (NIH), HHS
Heather Hauck, M.S.W., LICSW, Deputy Associate Administrator, HIV/AIDS Bureau, HRSA, HHS (day 2)
Rick Haverkate, M.P.H., National HIV/AIDS Program Director, Indian Health Service (IHS), HHS
Rosemary Payne, Senior Nurse, Substance Abuse and Mental Health Services Administration (SAMHSA), HHS
Sara Zeigler, M.P.A., Associate Director for Policy and Planning, National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention, CDC, HHS

Presenters

Tammy R. Beckham, D.V.M., Ph.D., Director, Office of HIV/AIDS and Infectious Disease Policy (OHAIDP), and Acting Director, National Vaccine Program Office, HHS
Anthony Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases (NIAID), NIH, HHS
Brett P. Giroir, M.D., ADM, U.S. Public Health Service (USPHS), Assistant Secretary for Health (ASH), HHS
Timothy P. Harrison, Ph.D., Senior Policy Advisor, OHAIDP, HHS
Eugene McCray, M.D., Director, Division of HIV/AIDS Prevention, CDC, HHS
Rosemary Payne, Senior Nurse (on behalf of Elinore F. McCance-Katz, M.D., Ph.D., Assistant Secretary), SAMHSA, HHS
Robert R. Redfield, M.D., Director, CDC, HHS
George Sigounas, M.S., Ph.D., Administrator, HRSA, HHS
Michael D. Weahkee, RADM, USPHS, Acting Director, IHS, HHS

Day 1

Opening

PACHA Executive Director B. Kaye Hayes, M.P.A., called the meeting to order at 1:05 p.m. and welcomed the participants. She introduced Carl Schmid, M.B.A., and John Wiesman, Dr.P.H., M.P.H., who were sworn in as PACHA Co-Chairs in January 2019.

Welcome and Remarks from the Co-Chairs

Mr. Schmid pointed out that, in addition to providing advice to the HHS Secretary on policy, the Council is a forum for community input and offers a mechanism for holding the government accountable for responsible use of Federal resources and for carrying out policies aimed at ending HIV. The current Council membership is smaller than usual; the Council is soliciting nominations for new members who represent a broad range of perspectives.

Dr. Wiesman appreciated the bold goal put forth by the administration to end the HIV/AIDS epidemic. From his experience at the state level, Dr. Wiesman commented, ending HIV/AIDS

requires not just biomedical intervention, but also attention to the complex factors that affect access to, uptake of, and retention in treatment, such as stigma, discrimination, homelessness, the opioid crisis, unemployment and underemployment, and health literacy. The Council brings together leaders and stakeholders from all sectors. Dr. Wiesman hoped the Council's work would be guided by the concept, *"Nothing for us without us."*

Welcome from the ASH and Charge to PACHA Members

Brett Giroir, M.D., ADM, USPHS, ASH, HHS

Dr. Giroir thanked the PACHA members for volunteering to serve on the Council. HIV has cost America too much for too long, he noted. Since 1981, HIV has caused 700,000 deaths in this country. Under the status quo, another 400,000 people will be infected over the next decade. While it is easy to count lives, it is hard to quantify the suffering of those affected and their families, Dr. Giroir emphasized.

Despite medical advances in treatment and prevention, about 40,000 new HIV infections occur every year in the United States. Dr. Giroir commented that no one has provided the leadership and resources to address the situation. Therefore, leaders within HHS developed a bold but achievable plan to end HIV infections in America. This plan was enthusiastically championed by HHS Secretary Alex M. Azar II, who personally communicated the Plan to President Donald Trump. The President announced the Plan during his February 2019 State of the Union address. In his proposed budget, the President requested an additional \$291 million in fiscal year (FY) 2020 to begin the initiative, known as *Ending the HIV Epidemic: A Plan for America*. The initiative aims to decrease new infections by 75 percent in the next 5 years and 90 percent in the next 10 years by focusing resources on communities with the greatest burden of disease.

Dr. Giroir called on PACHA for input and recommendations on how better to reach those who need prevention and treatment but who are excluded because of stigma, diagnostic complacency, homelessness, substance use disorders, mental illness, or the lack of an accessible entry into the health care system. HHS needs recommendations on how to engage communities as partners and make the Plan a "whole of society" effort that unites Federal, State, and community resources; patient advocacy groups; professional, nonprofit, faith-based, and community-based organizations (CBOs); and pharmaceutical, investment, and other commercial partners. Finally, HHS needs PACHA's input on expanding the membership of the Council so that it represents the finest minds who can provide the diverse input, passion, and drive—and the stubbornness to achieve the goals. Dr. Giroir emphasized that PACHA has his full attention and commitment.

The charge to PACHA described in its charter aligns with and complements the Plan's strategies, Dr. Giroir commented. Although global response is not the primary focus of the initiative, the United States can demonstrate global leadership by showing what is possible at home while continuing to work with the international community to decrease the burden of HIV/AIDS around the world. Dr. Giroir is committed to working with the World Health Organization and others globally. He concluded by saying this initiative is a once-in-a-lifetime opportunity to positively affect millions of people, the trajectory of this pandemic disease, and the public health

future of the Nation. *Ending the HIV Epidemic: A Plan for America* provides a realistic opportunity to end HIV in America for every generation to come.

Roll Call and Introductions

Ms. Hayes called the roll. Members introduced themselves, giving some brief biographical information and describing what they bring to PACHA or what they hope PACHA can achieve.

Status of the HIV Epidemic: What Do the Data Say?

Eugene McCray, M.D., Director, Division of HIV/AIDS Prevention, CDC, HHS

The number of people receiving a new diagnosis of HIV has been stalled at about 40,000 per year since 2013, explained Dr. McCray. Some groups are disproportionately affected, including African American and Latino gay and bisexual men, transgender people, women of color, and people living in the southern United States. The initiative will target resources to the areas that together accounted for 50 percent of new diagnoses from 2016 to 2017: the District of Columbia; San Juan, Puerto Rico; 48 counties across the country; and seven southern states with a high burden of disease in rural areas. The incidence of HIV infections—that is, the estimated number of new infections, diagnosed or undiagnosed, within a specified period—also has stalled since 2013, because effective prevention and treatment are not reaching those who need it most.

The 2019 [HIV Prevention Progress Report](#) describes progress toward 21 key national and state HIV indicators, with mixed results. For example, Dr. McCray explained, the Nation already has achieved the 2020 goal of increasing the number of people prescribed pre-exposure prophylaxis (PrEP) by 500 percent. However, although awareness of PrEP has increased dramatically among men who have sex with men, PrEP uptake rates reveal huge disparities. Dr. McCray emphasized that tools are available to prevent and treat HIV, so now is the time to ensure that communities have the financial and human resources to do so.

Overview of *Ending the HIV Epidemic: A Plan for America*

Facilitator: Tammy Beckham, D.V.M., Ph.D., Director, OHAIDP, HHS

Dr. Beckham introduced the panelists—the HHS leaders who set the vision for *Ending the HIV Epidemic: A Plan for America*: NIAID Director Anthony Fauci, M.D.; Dr. Giroir; SAMHSA Senior Nurse Rosemary Payne (on behalf of Assistant Secretary Elinore F. McCance-Katz, M.D., Ph.D.); CDC Director Robert R. Redfield, M.D.; HRSA Administrator George Sigounas, M.S., Ph.D.; and IHS Acting Director Michael D. Weahkee, RADM, USPHS. Dr. Giroir reiterated the rationale for the Plan, and each panelist provided more detail.

Target Jurisdictions

Dr. Redfield noted that *Ending the HIV Epidemic: A Plan for America* will focus resources on the jurisdictions where 50 percent of new HIV infections occurred in 2017, as determined by mapping individual cases. Despite longstanding CDC recommendations for routine screening and diagnosis, many people living with HIV (PLHIV) have been infected for a long time before they are diagnosed, and most saw health care providers who failed to diagnose them.

Approximately 87 percent of new infections are transmitted by people who do not know they are infected or are not retained in care. Dr. Redfield emphasized that this diagnostic complacency embedded in the health care system poses another challenge. The Plan will focus on geographic hot spots of infection and populations hardest hit by HIV. Dr. Redfield pointed out that the Plan will facilitate interventions in some Tribal areas of the seven states targeted, which may ultimately address the rising rates of HIV diagnoses among American Indian/Alaska Native populations.

Ending the HIV Epidemic: A Plan for America in Tribal Communities

RADM Weahkee noted that IHS is requesting an investment of \$25 million and continued cooperation with Indian country to promote HIV testing, treatment, case management, and linkages to care. IHS will engage Native Americans in rural and urban areas in planning, and it will use innovative tools to expand access to care, such as telemedicine (building on Project ECHO [Extension for Community Healthcare Outcomes]). IHS plans to increase education, outreach, and technical assistance to improve adoption and use of HIV preventive care and best practices, taking a holistic approach that gives people the tools to protect themselves. Rick Haverkate, M.P.H., IHS National HIV/AIDS Program Director, will direct training for health care providers on PrEP and ensure PrEP and HIV treatment medications are included in the formularies used by IHS treatment centers.

RADM Weahkee explained that IHS is reaching out across sectors to address stigma, which can be a significant barrier to care on a small reservation and limit opportunities for testing and care. One hotspot of HIV infection lies in Arizona's Maricopa County. The county established an Infectious Diseases Treatment Center of Excellence that provides comprehensive and culturally competent services to Native Americans from the surrounding area. It has demonstrated high rates of retention in care, leading to the best rates of HIV suppression among American Indians/Alaska Natives with HIV.

Evolution of HIV Treatment and Prevention

Dr. Fauci outlined the discovery and evolution of effective treatment, culminating in a simple, effective regimen with few side effects that has saved lives. The next game-changing discovery was evidence that reducing viral loads to undetectable levels renders the infection untransmittable (referred to as U=U). In recent years, researchers determined that treating those at high risk for infection with PrEP decreases the risk of HIV acquisition by 95 percent. Combining these approaches to prevent the spread of HIV ultimately could end the epidemic.

HRSA's Ryan White HIV/AIDS Program and Community Health Centers (CHCs)

Dr. Sigounas explained that more than half of people diagnosed with HIV in the United States have received services through the Ryan White HIV/AIDS Program, and Ryan White clients have a viral suppression rate of 86 percent, well above the national average of 60 percent. HRSA's CHCs serve more than 27 million medically underserved people each year at 12,000 delivery sites. The CHCs are a model of coordinated, patient-centered, comprehensive care and a key source of care for PLHIV, often at sites that are cofunded by the Ryan White Program. In FY 2020, the CHCs will devote \$50 million to expand efforts around HIV outreach, testing, care

coordination, and prevention (including PrEP). Funds will support grants to about 150 dual CHC/Ryan White programs for outreach and “inreach” that lays the foundation for care coordination and linkage.

Dr. Sigounas commented that about 170,000 people are infected with HIV but are unaware. The Ryan White Program will increase efforts to engage and retain newly diagnosed people in care. It will promote evidence-based interventions to engage the estimated 230,000 people who have been diagnosed but are not in care. The CHCs will expand their work through the more than 3,000 delivery sites in the target jurisdictions.

NIAID Centers for AIDS Research (CFARs)

Dr. Fauci explained that 19 CFARs across the United States will support the Plan by focusing on implementation science to determine what works in which settings, through close collaboration with CDC and other Federal agencies, State and local entities, CBOs, faith-based groups, and others. Dr. Fauci pointed to success in Washington, DC, where a local CFAR partnered with the District’s Department of Health to work at the community level. The effort dramatically reduced HIV incidence in an area that previously had the highest incidence rates in the country. Dr. Fauci added that the CFARs are well situated to work with the jurisdictions targeted by the Plan.

Goals of *Ending the HIV Epidemic: A Plan for America*

Dr. Giroir emphasized that the goals are ambitious but based on comprehensive, data-driven, evidence-based modeling. The Plan aims to reduce new infections by 75 percent in 5 years and 90 percent in 10 years. Early diagnosis and treatment are key, combined with PrEP to prevent infection and rapid response to clusters and outbreaks of new infections. Immediate goals include increasing viral suppression from 50 percent to 90 percent and increasing use of PrEP by those at risk from 10 percent to at least 50 percent. Dr. Giroir noted that in setting the goals for the Plan, HHS assumed no dramatic changes in private health insurance coverage, Medicaid or other public health program coverage, or prevention or treatment advances would occur. Building the HIV workforce is critical.

Increasing the HIV Workforce

Dr. Redfield commented that the Plan will build on CDC’s current funding of the U.S. public health infrastructure at the State, local, territorial, and Tribal level by enhancing diagnosis, treatment, retention, comprehensive care, prevention, and response to clusters. Each targeted jurisdiction will develop its own plans to operationalize a response that meets the goals of the initiative, with the ultimate goal of developing an HIV workforce, to be known as the HIV Healthforce. CDC focuses on diagnosing people and linking them to care, and Ryan White Programs and CHCs take over at the local level. Dr. Redfield recognized that additional focus will be needed on comprehensive prevention efforts and on support for jurisdictions to identify and address clusters as they arise. To accomplish this goal, communities will need resources. Dr. Giroir noted that OHAIDP is working with CDC to dedicate approximately \$30 million of FY 2019 funds from the Minority HIV/AIDS Fund (MHAFF) (formerly the Secretary’s Minority AIDS Initiative Fund) to help jurisdictions begin planning now in anticipation of FY 2020 funding for the Plan.

Intersection of HIV, Substance Use Disorders, and Mental Illness

Ms. Payne explained that SAMHSA addresses HIV through discretionary grant programs focusing on HIV prevention, identification, and retention in treatment for people also affected by substance use disorders and mental illness. Effective care for mental illness and substance use disorders among PLHIV is important to increasing their ability to adhere to treatment, maintain viral suppression, and avoid risky behaviors that spread HIV. In addition to testing, treatment, and recovery, SAMHSA supports behavioral health programs and case management that links people to affiliate programs for ongoing HIV services.

SAMHSA trains and educates providers and the public on the intersection of HIV, mental illness, and substance use disorders, focusing on extending evidence-based treatment and knowledge-based skills. Its technical transfer centers fund implementation of medical treatment for opioid use disorder and mental illness, for example, thus expanding capacity to address behavioral issues that affect the spread of HIV.

Whole of Society Strategy

The initiative will catalyze collaboration across all sectors of society, Dr. Giroir commented. Dr. Fauci pointed out that many States and localities have plans, but the Plan represents the first time that multiple HHS agencies are working together as a team to advance planning at the jurisdictional level.

Panel Discussion

Dr. Giroir clarified that calculating the investment needed to reach the goals for increased use of PrEP included the assumption that the drugs would be paid for under the 340B drug discount program through the CHCs and the dual CHC/Ryan White programs. Dr. Redfield added that the Plan aims to ensure PrEP is available to all people at risk, not just those relying on public health programs. Dr. Fauci noted that PrEP is critical to achieving the goals; studies in Africa demonstrated that treatment alone does not decrease the incidence of HIV infection.

Dr. Giroir pointed out that preventing 250,000 new infections over the next 10 years would save \$100 billion in Federal expenditures. He recognized that bringing more people into care will increase expenses in the short term, and budgeting for future years of the Plan will take those costs into account. Dr. Redfield and Dr. Fauci emphasized that increasing outreach and screening will increase diagnoses, which should be viewed as an indicator of the effectiveness of the program. Community-level plans will identify needs, such as specific workforce requirements. Dr. Sigounas commented that additional funding proposed for this initiative will support services under the 150 dual CHC/Ryan White programs.

Dr. Redfield expressed confidence that communities will engage in planning. He emphasized the importance of working with community leaders to address stigma. Dr. Fauci explained that more aggressive local efforts to seek out those in need of care were successful in several cities that used the targeted approach proposed for the Plan. Laura Cheever, M.D., Sc.M., Associate Administrator of HRSA's HIV/AIDS Bureau, noted that Ryan White Programs have effective

structures in place for involving PLHIV in planning. Dr. Giroir emphasized that the Plan will gather data and use metrics to ensure accountability, improving efforts as the programs progress.

Dr. Fauci emphasized that the Plan does not represent a shift away from addressing the global HIV epidemic. Rather, it supports a country-specific approach to eliminating HIV infection in the United States. The strategy of targeting the source of the majority of new infections was pioneered by the President's Emergency Plan for AIDS Relief (PEPFAR).

Council Discussion of *Ending the HIV Epidemic: A Plan for America*

Efforts should address the prison population and people transitioning out of prison. Dr. Cheever suggested that with increased resources, HRSA can focus on these populations. Dr. McCray commented that CDC works to ensure that PLHIV in prison are retained in care when they are released. CDC has little influence on care and policies within prisons, but some State health departments support, for example, providing condoms to prisoners.

CBOs are critical to reaching those at high risk, providing testing, and linking people to care and services. Dr. Cheever suggested that new resources combined with CBO partnerships will identify those in need of services. Dr. McCray added that community planning will identify CBOs that are critical for testing, support, and wraparound services.

CDC expects to maintain its grant funding to assist health departments with cluster detection and response. CDC provides advice and support to jurisdictions as needed for outbreaks.

Addressing the intersection of HIV, hepatitis, and other STDs requires an integrated approach to testing and care. CDC and HRSA support various efforts around all of these conditions. It is hoped that the Plan will provide insights on effective strategies to improve testing and treatment. The intersection might be a topic for future discussion by PACHA.

Several members expressed frustration that health care providers do not routinely screen for HIV or other STDs. CDC develops guidelines and provides tools to encourage providers to follow them, but providers are responsible for their own practices. CDC and many other organizations have developed consumer and provider campaigns to promote HIV and STD testing. CDC reaches out to professional associations, including those focused on racial and ethnic minorities, to increase awareness and education. Dr. McCray and Mr. Haverkate stressed the importance of training more primary care providers in treating PLHIV and prescribing PrEP.

In the long term, ending HIV requires attention to the barriers posed by poverty, sustainability once initial goals are met, and the related conditions of substance use disorders (especially opioid use) and pain control. SAMHSA is expected to receive more money to address the infectious disease consequences of injection drug use and opioid use.

Stable housing remains a critical component to retention in treatment. Dr. Beckham explained that in the process of updating the National HIV/AIDS Strategy (NHAS), HHS engages with other departments at the Federal, State, and local level on such issues as transportation and

housing. Dr. Cheever noted that the Ryan White HIV/AIDS Program has strong partnerships with the Department of Housing and Urban Development (HUD) and its Housing Opportunities for Persons with AIDS (HOPWA) program, among others.

PACHA members recommended exploring new digital solutions to reach patients beyond telemedicine.

HRSA programs will look more closely at mechanisms to begin HIV treatment rapidly following diagnosis. Continuity of care across various transitions remains a concern, and Ryan White Programs are well organized to address the issue. Congress has allowed HRSA some flexibility in its Ryan White funding to target money to certain areas, Dr. Cheever noted.

Mr. Schmid outlined some topics for future PACHA consideration:

- Details of modeling used to inform *Ending the HIV Epidemic: A Plan for America*
- Amount of PrEP funding that will be used to identify people at risk and fund medication
- Distribution of funds across jurisdictions
- Intersection of hepatitis and other STDs
- Role of national-level stakeholders and the private sector
- Engaging housing experts (e.g., representatives from HUD and HOPWA) and proposed cuts to housing programs in the President's FY 2020 budget
- Engaging the Centers for Medicare & Medicaid Services and proposed cuts to Medicare and Medicaid in the President's FY 2020 budget

Welcome from the Secretary

Secretary Azar thanked PACHA members for agreeing to serve at this historic time. The Council has played a key role in developing national strategic plans on HIV and hepatitis and will continue to do so. *Ending the HIV Epidemic: A Plan for America* is an opportunity to end HIV in 10 years, given the convergence of the right data—which show that the United States has the ability to stop HIV—the right tools, and the right leadership. These data also show that HIV infection is concentrated in certain geographic areas and demographic groups. Secretary Azar noted that the diversity of perspectives represented in the PACHA membership is vital to understanding the stigma that tragically and wrongly surrounds HIV. He recognized that HIV is not just a medical condition but also a social challenge, and the epidemic cannot be ended without combating both aspects.

The conversation was different 10–15 years ago, Secretary Azar commented. There was no PrEP, and it was not known that an undetectable viral load prevented transmission of the virus. HHS leaders who developed the Plan, as well as PACHA members and their colleagues, form the right leadership to end HIV. Secretary Azar stressed that HHS leadership, including himself, is committed to listening to PACHA's advice on how to enact the initiative. In addition, President Trump was so encouraged by the proposed plan that he included it in his State of the Union address. Secretary Azar noted that he has spoken repeatedly to the President, and the President is personally and deeply committed to *Ending the HIV Epidemic: A Plan for America*. Secretary

Azar believed that the Plan will be among the most important public health legacies of any President or administration.

Secretary Azar asked that PACHA members continue their work as leaders in the field and take advantage of this historic opportunity to communicate with their communities and bring those perspectives to the table. He expressed confidence that by working together, the epidemic can be ended—possibly even sooner than the target dates.

Closing Remarks

Dr. Wiesman encouraged PACHA members to bring their questions forward and to think about the issues they hope to address in more depth in subcommittees. The Council concluded for the day at 5:03 p.m.

Day 2

Opening Remarks from the Co-Chairs

Dr. Wiesman called the meeting to order at 9:11 a.m. and gave an overview of the agenda. He and Mr. Schmid expressed enthusiasm for the opportunity afforded by *Ending the HIV Epidemic: A Plan for America*.

Roll Call

Ms. Hayes called the roll.

National Strategies: Roadmaps for a Healthier Nation—Updating the National HIV/AIDS Strategy and the National Viral Hepatitis Action Plan

Tammy R. Beckham, D.V.M., Ph.D., Director, OHAIDP, HHS

Dr. Beckham described the framework and goals of both plans, which expire in 2020. HHS is updating the two plans together—taking advantage of joint resources and opportunities to hear from stakeholders—but the strategies remain separate and distinct. Both aim to incorporate new scientific and clinical advances, address emerging crises (such as the opioid crisis), integrate and leverage resources, accelerate progress, conserve resources, and contain health care costs. The plans share key characteristics, such as ambitious goals and a call for more timely data collection and improved accountability.

A Federal steering committee was formed to establish the vision, goals, and strategies of the plans. Subcommittees will identify indicators and best practices, and some subcommittees will cover topics germane to both plans. Federal Implementation Workgroups will staff the subcommittees and support development and implementation of the strategies. HHS will gather input from non-Federal stakeholders through Federal advisory committees, such as PACHA; listening sessions; webinars; and a request for information. HHS expects to publish the updated strategies in spring 2020 and begin developing implementation plans in summer 2020.

Dr. Beckham announced that OHAIDP is leading the development of a Federal action plan to address STDs, and a Federal steering committee has been formed to guide the process. The plan aims to leverage resources, identify duplication of effort, and determine how Federal entities can more efficiently address STDs. The plan is expected to be completed in 2020. Dr. Beckham anticipated opportunities to discuss how the HIV, hepatitis, and STD plans can mesh with *Ending the HIV Epidemic: A Plan for America*.

Discussion

PACHA members appreciated the attention to STDs. Dr. Beckham clarified that PACHA can assist by identifying areas to address in the plans.

MHAF and *Ending the HIV Epidemic: A Plan for America*

Timothy P. Harrison, Ph.D., Senior Policy Advisor, OHAIDP, HHS

Dr. Harrison reiterated that the Office of the ASH will commit about \$30 million from the FY 2019 MHAF to support activities within communities to lay the foundation for the first phase of *Ending the HIV Epidemic: A Plan for America*. OHAIDP is overseeing an internal funding opportunity announcement through which CDC, HRSA, IHS, and NIH will compete for dollars that they will disseminate to address one or more of four domains: community planning, implementation science, infrastructure development, and education and awareness.

Customized community plans are crucial to the success of the Plan. Improved infrastructure and training are needed in key areas. Implementation science, including through the CFARs, is needed to promote effective strategies, such as novel methods for delivering PrEP and increasing adherence to treatment. Funding will support education of stakeholders about the Plan using traditional and social media.

Within each domain, proposals will focus on the key strategies of the Plan: diagnosing HIV infection as early as possible, beginning treatment rapidly and effectively to achieve sustained viral suppression, protecting people at risk of HIV with proven interventions, and responding rapidly to clusters and outbreaks to prevent new infections. To date, 76 proposals have been submitted, and proposal review is expected to be completed in April 2019.

Discussion

Dr. Harrison clarified that each funded agency is responsible for funding projects within communities in support of planning for the initiative. In reviewing the proposals, HHS will consider the coverage of areas to be served by the Plan. OHAIDP will work with the other agencies to ensure funds reach the intended communities. Federal liaisons from HRSA, CDC, and IHS explained that they have longstanding partnerships and structures in place for funding and working with communities. Dr. Beckham added that stakeholder engagement is key to ensuring that all the jurisdictions targeted by the Plan take advantage of the funding and resources the Plan makes available to them.

Dr. Beckham noted that there have been internal discussions about the overlap between the Plan and the NHAS. HHS hopes to leverage the efforts established by the NHAS and not duplicate

them by ensuring that work on each program informs the other. Dr. Beckham said that social determinants of health, such as housing and disparities, will be addressed in the development of plans. Heather Hauck, M.S.W., LICSW, of HRSA's HIV/AIDS Bureau, noted that the Plan is largely informed by HHS agencies, while the NHAS brings in experts from HUD, the Department of Labor, the Department of Veterans Affairs, and others. Dr. Beckham said she planned to provide specific guidance to PACHA in the near future on how it can best assist HHS in updating the NHAS and the other plans.

PACHA members emphasized the importance of funding coordinators within communities to ensure that the community plans are carried out. They also stressed the need to develop metrics to assess progress (possibly looking to PEPFAR as a model). Maureen M. Goodenow, Ph.D., commented that NIH already has allotted supplemental funding to the CFARs for FY 2019 to jumpstart the planning of evaluation programs for the Plan's efforts. At the same time, Dr. Beckham acknowledged, HHS does not want to overburden organizations with too many demands.

In listening sessions, stakeholders have emphasized the importance of integrating efforts across entities, increasing the focus on STDs, and accelerating the pace of work on the ground, noted OHAIDP's Corinna Dan, RN, M.P.H. Input from the listening sessions will be evaluated and provided to Federal partners for consideration, she added.

PACHA Subcommittees

Mr. Schmid proposed that PACHA establish a subcommittee on development and implementation of *Ending the HIV Epidemic: A Plan for America* and the NHAS and another on stigma and disparities. Robert A. Schwartz, M.D., M.P.H., D.Sc. (Hon.), advocated for maintaining the current PACHA Global Agenda Subcommittee. Justin C. Smith, M.P.H., agreed and suggested that PACHA invite several global experts to present at a future meeting. Mr. Schmid noted that speakers can be invited to present to a subcommittee and that subcommittees can organize portions of the full PACHA agenda, including speakers. Subcommittees also can invite subject matter experts to join their discussions.

Motion: Council members voted unanimously to retain the Global Agenda Subcommittee and to establish two new subcommittees: (1) The Plan and NHAS Development and Implementation and (2) HIV Stigma and Disparities.

Further discussion centered around the mechanisms for nominating, selecting, and swearing in new PACHA members.

Next PACHA Meeting

Dr. Wiesman informed attendees that there is interest in holding a PACHA meeting outside of Washington, DC, and particularly in one of the seven southern states targeted by *Ending the HIV Epidemic: A Plan for America*. The following locations were recommended:

- Jackson, MS

- Baton Rouge, LA • Columbia, SC
- Montgomery, AL
- San Juan, PR
- Miami, FL
- Fort Lauderdale, FL

Dates of the next 2019 meeting are yet to be determined but may occur in early July.

Presentation of Draft Resolution on *Ending the HIV Epidemic: A Plan for America*

Mr. Schmid presented the draft resolution supporting the Plan. It outlines the rationale for the Plan and identifies some areas of concern not fully addressed by the initial plans (e.g., the lack of funding for PrEP for uninsured people and funding beyond the first year). The draft resolution expresses PACHA’s commitment to assist the HHS Secretary and HHS agencies in developing and implementing the Plan, including by focusing on reducing the barriers posed by stigma. It calls on the administration to consider how policies, programs, and budgets across the Federal government affect the ability to implement and achieve the goals of the Plan. Discussion and voting on the resolution occurred later in the day.

Public Comments

Evelyn P. Tomaszewski, M.S.W., of the Professional Association of Social Workers in HIV & AIDS (PASWHA) commented that a strategy that relies primarily on biomedical interventions does not build on the incredible progress thus far, address the inequities that fueled the epidemic, or provide the holistic approach necessary to reach those communities most affected by HIV/AIDS. Mental health and psychosocial wellness are equally critical to the long-term success of the Plan.

PASWHA’s written comments outline the incidence and impact of untreated mental health disorders and the effect of stigma and discrimination on PLHIV. For example, 10–28 percent of PLHIV also have a substance use disorder or mental illness, and about 13 percent receive mental health services from a Ryan White provider. HRSA is tasked with additional work under the Plan, yet gaps remain, and SAMHSA continues to be under-resourced. PASWHA hopes PACHA will address the increasing gap between the need for services and their availability. In addition, more than half of PLHIV in the United States are older than age 50. PASWHA’s 3-year project, HIV Age Positively, is training social workers to take a holistic approach to older PLHIV.

PASWHA urged PACHA to consider the following recommendations:

- Ensure that the HIV health workforce includes mental health providers as equal partners in the strategic implementation of the Plan.
- Expand funding for SAMHSA to scale up evidence-based mental health and behavioral health services and resources, including a skilled mental health workforce, so that all jurisdictions can afford to implement comprehensive models to diagnose, protect, treat, and respond to HIV/AIDS.

- Scale up and fund training and capacity building for social workers and allied mental health providers to ensure full integration of substance use and mental health screening and services across private and public settings.
- Build capacity and resources necessary to support nonprofit networks and community-based resources to meet the needs of all persons living with and affected by HIV/AIDS.
- Expand funding for SAMHSA, to include both the Minority AIDS Initiatives and mental health provider training and education programs.
- Expand current HIV consumer engagement by including persons with mental health diagnoses and/or substance use disorders in all levels of policy, program planning, and implementation.
- Increase HRSA funding to expand comprehensive and accessible mental health and substance use services as part of case management services.

José Zuniga, Ph.D., M.P.H., president and chief executive officer of the International Association of Providers of AIDS Care (IAPAC), explained that his organization is part of a global partnership, Fast-Track Cities, that uses a catalytic model to bring communities together to provide comprehensive HIV/AIDS services. The approach prioritizes key populations and seeks to increase the number of people aware of their HIV status and link those diagnosed with HIV to care and treatment. IAPAC supports President Trump’s pledge to end the HIV epidemic by 2030 and believes that goal is achievable. Fast-Track Cities is aligned with the Plan and focuses on cities and counties together. The initiative is recruiting a critical mass of jurisdictions to impact the HIV epidemic in the United States; it has had a positive effect already in Brazil, the United Kingdom, and countries served by PEPFAR. Dr. Zuniga is committed to supporting the strategy of *Ending the HIV Epidemic: A Plan for America* and urged PACHA to leverage the political will that has been built in Fast-Track Cities. Stigma remains an obstacle to testing and care for many, and public health has a duty to care for those marginalized by race, gender, mental health status, homelessness, and other factors. Promoting the message of U=U is key. HIV infection affects everyone, and by working together, *Ending the HIV Epidemic: A Plan for America* can become a reality. IAPAC stands ready to play its role.

Rachel Klein of the AIDS Institute commented that her organization believes PACHA is an especially critical advisory group given the national focus on updating the NHAS and implementing *Ending the HIV Epidemic: A Plan for America*. The AIDS Institute believes ending the HIV epidemic is possible with proper leadership and a commitment to provide resources, and it is excited that the Federal government agrees. The AIDS Institute commends the administration for demonstrating commitment to achieving the ambitious goal of the Plan and will work with Congress to ensure that the Plan receives the proposed funding of \$291 million. The effort to decrease HIV infection has plateaued because of lack of investment, and the Plan kickstarts new efforts by targeting resources where they are most needed. If the investment is sustained, the goals are attainable.

However, ending the HIV epidemic will take more than the increased resources proposed. The effort will not be successful if the proposed funding cuts and harmful policy changes to programs serving PLHIV are enacted—such as the proposed cuts to HOPWA, which provides essential housing support to PLHIV, or significant changes to Medicare, Medicaid, and the Affordable

Care Act, which are critical to PLHIV. Such proposals are harmful to PLHIV and will obstruct the success of the Plan, and the AIDS Institute will continue to fight them.

The AIDS Institute encourages PACHA to prioritize the epidemic of viral hepatitis. The opioid crisis is driving increases in hepatitis C. Given that a cure for hepatitis C is available, the disease could be eliminated with proper resources and a network of care. The AIDS Institute calls for funding for hepatitis C testing and treatment and for more robust disease surveillance. Finally, the AIDS Institute appreciates the administration's proposed budget for opioid treatment and hopes that attention to related infectious diseases will continue to be part of that effort.

David Harvey of the National Coalition of STD Directors (NCSO), appreciated PACHA's attention to STDs. Despite renewed awareness and knowledge of the intersection between HIV and other STDs, the Plan does not specifically reference STDs. NCSO looks forward to working with PACHA and Congress to push for recognition of other STDs as *Ending the HIV Epidemic: A Plan for America* goes forward. The STD field can contribute by ensuring that State and local STD and public health programs are part of jurisdictions' plans. Mr. Harvey noted that STD clinics have no direct Federal funding stream to pay for PrEP. The Plan is an opportunity to bring them into the fold and to reach people who use STD clinics by providing them with PrEP or linking them to treatment if they are diagnosed with HIV. NCSO submitted nominations for PACHA membership, and Mr. Harvey hoped those nominations would be reconsidered so the Council will have a direct connection with people who bring the perspectives of STD clinics.

Steve Allen asked that PACHA make a specific effort to include at least one bisexual member. The bisexual community feels that it often receives little mention beyond the inclusion of "B" in "LGBTQ" (lesbian, gay, bisexual, transgender, and queer/questioning). Bisexuals make up a substantial portion of the at-risk population. More than half of the LGBTQ community is bisexual, yet bisexuals often are ignored. Discrimination and stigma from both the gay and straight worlds persist, and bisexuals have been singled out as vectors of HIV. Oprah Winfrey claimed that bisexuals do not exist. Lacking representation in many venues, bisexuals stay in the closet. However, they have special needs in preventing the spread of HIV. Numerous media outlets have addressed the topic of bisexual discrimination and erasure. Mr. Allen asked that PACHA keep bisexuals in mind in its outreach to people at high risk for HIV.

George Fistonich, senior advocacy and policy manager for the HIV Medicine Association (HIVMA), presented two recommendations that the organization has submitted many times before, most recently to HHS via its request for information. First, HIVMA encourages broad community engagement. Mr. Fistonich commented that it is heartening to hear from the PACHA co-chairs and the Federal leaders about the commitment to engagement in the new *Ending the HIV Epidemic: A Plan for America*. HIVMA also supports calls for community engagement in the context of PACHA membership and offers its assistance in locating providers who represent the spectrum of people who care for PLHIV, such as infectious disease physicians, primary care physicians, reproductive health providers, registered nurses, nurse practitioners, physician assistants, and pharmacists. HIVMA encourages PACHA to solicit input from and engage such providers.

Regarding the President’s proposed budget, HIVMA supports increasing discretionary funding for all the Federal programs affecting PLHIV. Medicaid is especially important, because it covers 40 percent of PLHIV in medical care. PACHA has an obligation to raise the visibility about the importance of such programs to PLHIV. Medicaid must be robust and should be expanded—for example, in South Carolina, Florida, and Georgia—to reach those who need care; it is the most important change that can be made to help PLHIV. The Centers for Medicare & Medicaid Services has restricted access to HIV care in the past few years, which runs counter to the goals of the Plan. Mr. Fistonich observed that PACHA’s draft resolution does not mention Medicaid or the health care system, and he encouraged PACHA to add language describing the importance of Medicaid to PLHIV. He further noted that although Dr. Giroir stated that the Plan makes no assumptions about expanding Medicaid, Mr. Schmid has rightly pointed out that the Plan’s goals will not be reached without increasing Medicaid coverage.

Ace Robinson, senior director of Fast-Track Cities, suggested that PACHA hold counties and other jurisdictions accountable for ensuring that the communities of highest need receive HIV services. For example, the Fast-Track Cities initiative, Getting to Zero, and other programs work to ensure that all people seeking services in their communities get the care they deserve from the time they walk in the door. The goals of *Ending the HIV Epidemic: A Plan for America* will not be achieved without applying a racial/ethnic lens to the approach. Mr. Robinson is counting on PACHA to work hard to ensure that the Council reflects the communities most affected. Regarding the global epidemic, Mr. Robinson noted that 70 percent of HIV infections occur in sub-Saharan Africa, and efforts are needed to create systems that address them, whether through PEPFAR, IAPAC, or other organizations. Such efforts should be clear about who the focus populations are and what they need. There is no such thing as a hard-to-reach population, added Mr. Robinson, just people who do not know how to reach those in need. He urged PACHA to consider working with PEPFAR and others to learn how to get the work done.

Council Discussion of Draft Resolution

Council members discussed and revised the draft resolution, adding statements on the following:

- The need for interventions that address social determinants of health
- Recognition of the many stakeholders who contribute to efforts to address HIV
- The importance of access to high-quality, affordable health care through Medicare, Medicaid, and other programs
- The need for metrics to assess progress
- The need for continued funding of the Plan beyond 2020
- The need to increase the medical workforce to achieve the goals

Motion: Council members voted unanimously in favor of the resolution as amended. (See Appendix A for the final resolution.)

PACHA Subcommittee Discussion Topics

Dr. Schwartz proposed the following charge for the Global Agenda Subcommittee, and Council members agreed: Whereas America is part of a global AIDS epidemic, consideration of an integrated, international approach should be evaluated.

Council members discussed at length various topics that could be addressed by the two new subcommittees (see Appendix B). The following resources were identified:

- [PACHA HIV Stigma Reduction Summit Recommendations](#) (2017)
- [PACHA Letter to the HHS Secretary on Stigma Reduction Recommendations](#) (2017)
- [Joint PACHA/CHAC HIV Disclosure Summit Summary](#) (2012)
- [PACHA Resolution on Ending Federal and State HIV-Specific Criminal Laws, Prosecutions, and Civil Commitments](#) (2013)

Action Item: Staff will contact PACHA members to populate the subcommittees and propose dates for monthly subcommittee teleconferences.

Closing Remarks

Dr. Wiesman and Mr. Schmid thanked the members, staff, HHS leadership, and audience for participating in the meeting. Ms. Hayes extended special thanks to Dr. Giroir and Dr. Beckham for bringing together HHS leadership. She thanked the staff of the Office of the General Counsel for their help in standing up PACHA and Federal partners for their contributions. Finally, Ms. Hayes expressed appreciation for the audiovisual team and the writer, Dana Trevas, who support PACHA's public meetings. She adjourned the meeting at 2:18 p.m.

Appendix A: PACHA Resolution in Support of *Ending the HIV Epidemic: A Plan for America*

Presidential Advisory Council on AIDS (PACHA) Resolution in Support of “Ending the HIV Epidemic: A Plan for America”

Whereas, HIV is an infectious disease, posing a public health threat that since 1981 has claimed over 700,000 lives in the United States;

Whereas, there are currently over 1.1 million people living with HIV in the U.S., with nearly 40,000 new diagnoses each year, an amount that has remained steady for the past several years and is expected to increase in future years, in part due to the opioid epidemic, unless significant action is taken;

Whereas, while there is no cure or vaccine, if people are screened for HIV and linked promptly to HIV treatment and adhere to a lifetime of treatment, they can live a long and reasonably healthy life, achieve durable viral suppression, and become untransmittable;

Whereas, we know how to prevent HIV, including through HIV education, the use of condoms and syringe service programs, HIV treatment, and the utilization of Pre-exposure prophylaxis (PrEP);

Whereas, if linkage to care and adherence to HIV treatment for people living with HIV is increased, while at the same time access to prevention services including PrEP is enhanced, the number of new transmissions will decrease over time;

Whereas, the root drivers of HIV are structural in nature and ending the HIV epidemic will require interventions that address the social determinants of health;

Whereas, HIV in the U.S. is concentrated in certain geographic areas, including certain cities, states and counties, with the South the home of 46 percent of all people living with HIV;

Whereas, HIV also disproportionately impacts certain populations including gay and bisexual men, in particular among those who are black, Latino, and young; black women; transgender women; and those who inject drugs;

Whereas, the response to the HIV epidemic in the U.S. has been greatly impacted by stigma, which has hampered the nation’s response efforts;

Whereas, currently in the U.S. 86 percent of people living with HIV know their status; 63 percent are engaged in care but only 51 percent are virally suppressed, with different populations and communities having worse outcomes, demonstrating the need for improvement throughout the HIV care continuum;

Whereas, there continues to be significant contributions to ending the HIV epidemic from people living with HIV, those affected by HIV, national and community-based organizations, the medical community, scientific and pharmaceutical entities, and state, local, territorial, and tribal government entities, among others;

Whereas, the U.S. has in place high-performing HIV prevention programs in place, primarily funded by the Centers for Disease Control and Prevention (CDC), which carries out prevention efforts mostly through its local grantees that conduct HIV testing, surveillance, prevention and linkage to care programs;

Whereas, the U.S. also has the Ryan White HIV/AIDS Program that acts as a payer of last resort that provides some level of care, treatment or support services to over 551,000 people living with HIV, and has a viral suppression rate of 86 percent;

Whereas, in order to obtain care, treatment and preventive services, people living with and at risk of HIV require coverage and access to quality and affordable health care through Medicaid, Medicare, private insurance, and other payers;

Whereas, the U.S. government currently does not have a payer program for PrEP for the uninsured and underinsured;

Whereas, with additional leadership, financial resources, increased testing, linkage to care, adherence services and access to medication, including PrEP, the U.S. can decrease new HIV transmissions and eliminate HIV over time;

Whereas, eliminating HIV will save people's lives, while also saving local, state, and federal governments and the healthcare system money in the long run;

Whereas, during the State of the Union address in February 2019, President Donald Trump announced a bold initiative to end HIV in the U.S. within 10 years and asked Democrats and Republicans to join together in supporting the initiative;

Whereas, the U.S. Department of Health and Human Services (HHS), under the leadership of Secretary Alex Azar, with Assistant Secretary of Health ADM Brett Giroir, CDC Director Dr. Robert Redfield, Health Research and Services Administration (HRSA) Administrator George Sigounas, National Institutes of Health National Institute of Allergy and Infectious Diseases (NIAID) Director Dr. Anthony Fauci and Indian Health Service Acting Director RADM Michael Weahkee released the “**Ending the HIV Epidemic: A Plan for America**” that calls for a 75 percent reduction of HIV in the U.S. in 5 years, and a 90 percent reduction in 10 years by scaling up the diagnosis of HIV, HIV treatment, HIV prevention, including the use of PrEP, and the creation of a HIV HealthForce to assist local jurisdictions on the ground;

Whereas, “**Ending the HIV Epidemic: A Plan for America**” originally focuses these heightened efforts to the areas of the country where more than 50 percent of new diagnosis occur, which includes 48 counties, Washington DC, San Juan, Puerto Rico and 7 states in the South where HIV is dispersed in rural areas;

Whereas, HHS is utilizing \$29 million of current funding from the Secretary’s Minority AIDS Initiative to assist communities in developing local plans, that include people living with HIV, and infrastructure to support “**Ending the HIV Epidemic: A Plan for America**” while improving health outcomes for racial and ethnic minority communities and reducing health disparities;

Whereas, the President included \$291 million as part of his budget request for Fiscal Year 2020 to support the first year of the “**Ending the HIV Epidemic: A Plan for America**”. This includes \$140 million in new funding for CDC HIV prevention programs, \$70 million in new funding for the Ryan White HIV/AIDS Program, \$50 million to the Bureau of Primary Care for an unprecedented program to provide PrEP to those at risk of HIV; \$25 million in new funding to the Indian Health Service for HIV and hepatitis C testing; and \$6 million for the NIH Centers for AIDS Research;

Whereas, achieving the goals of the “**Ending the HIV Epidemic: A Plan for America**” will require a massive undertaking by our country and must include not only the leadership of the federal government, but state and local governments and all communities impacted, including most importantly, people living with and at high risk for HIV;

Whereas, in order for “**Ending the HIV Epidemic: A Plan for America**” to become a reality, there must be resources for each year until the goal of ending HIV has been achieved;

Whereas, in order to ensure that “**Ending the HIV Epidemic: A Plan for America**” is being implemented in such a way to ensure it is achieving its goals, all parties must be held accountable for their programming and activities;

Whereas, progress towards achieving the goals of “**Ending the HIV Epidemic: A Plan for America**” can be greatly affected by policies, programs, and budgets that impact health care access and the people and communities who are most affected by HIV.

Therefore, be it resolved that PACHA commends President Trump, Secretary Azar, and the entire leadership of the U.S. Department of Health and Human Services for their vision and bold initiative by developing “**Ending the HIV Epidemic: A Plan for America**”;

Be it further resolved that we will dedicate the resources of PACHA to assist the Secretary and the agencies involved in developing and implementing “**Ending the HIV Epidemic: A Plan for America**”, and ensure that proper accountability and metrics are in place so that the goals of the Plan are met, and that all key stakeholders, including people living with HIV, are included in the Plan’s development and implementation;

Be it further resolved, as part of this assistance PACHA will focus on reducing the stigma often associated with HIV, as well as the numerous disparities and social determinants of health that impact HIV in the U.S.;

Be it further resolved that PACHA recognizes the need to increase the medical workforce to achieve and sustain the goals of “**Ending the HIV Epidemic: A Plan for America**”;

Be it further resolved that we call on the Secretary to continue to work with the Congress to ensure that funding for the Plan is sufficient not only for the first year, but in future years until the goal of ending HIV is achieved, and that funding is distributed to those areas in greatest need;

Be it further resolved that we call on the President, the Secretary and the entire Administration to consider the impact of all their policies, programs and budgets on the successful implementation of “**Ending the HIV Epidemic: A Plan for America**”, and move to rescind those that will harm efforts to achieve the goal of ending HIV.

April 2, 2019 (rev)

Appendix B: Potential Subcommittee Discussion Topics

Workforce Issues

- Training and expertise in mental health/substance use disorders
- Adequate number of trained providers on the frontlines
- Adequate funding to sustain the workforce
- Hiring from within the community to raise awareness, ensure cultural competency (ensure that End the HIV Epidemic funds reach small community-based organizations)
- Institutional distrust
- Adequate Federal, State, and local government and community-based workforce/HIV Healthforce
- Metrics (translation of standards of care into practice)
- Support for training opportunities and advancement
- Peer support (including sex workers, injection drug users)
- Engage professional organizations that provide capacity building and training to HIV medical providers, social workers, and others

Stigma

- General HIV awareness and sex education (including use of unconventional approaches to education and awareness, e.g., through the arts)
- Special populations (e.g., drug users, older people with HIV, bisexuals)
- Provider stigma
- Awareness and education that undetectable equals untransmittable (U=U)
- Theoretical frameworks/dimensions of stigma—internal and external
- Interplay between different manifestations of stigma (e.g., homophobia, racism)
- Implicit bias
- Use of peers to address stigma
- Isolation (e.g., rural residents)
- Cultural work to combat stigma, leveraging partnerships with media and others
- Routine testing, destigmatizing pre-exposure prophylaxis (PrEP) and HIV care, especially at the State and local levels
- Government policies (e.g., HIV criminalization, blood donation restrictions) and insurance policies (e.g., life insurance denials)
- Previous PACHA recommendations on reducing stigma

Equity/Disparities

- Economic inequity
 - Consistent, equitable access to health care throughout the United States
- Health inequity, including youth/adolescents, transgender people, racial and ethnic minorities
- Structural inequity, including use of telehealth/telemedicine
- PrEP, e.g., racial/ethnic disparities in uptake
- Social determinants of health: housing, poverty, transportation, race/ethnicity, employment, etc.

- Working with existing systems (e.g., Ryan White HIV/AIDS Program, community health centers, Centers for Disease Control and Prevention programs, and local programs)
- Community engagement, local and global
- Policy/resources
 - Synergy/alignment
 - Crossing disease states
- Syndemics: Sexually transmitted diseases, tuberculosis, opioids, substance use
- Health care coverage
 - Financing and cost
 - Continuity of care ○ Models of care
 - Care transitions: health insurance plans, referrals
- Essential partnerships
 - Across Federal departments
 - Local community and nonprofit organizations ○ Business/industry

Metrics/Accountability

- Overall accountability for the entire system, across the continuum of care
- Outcomes accountability
- Data, accountability, metrics, and modeling
 - Faster, more complete, integrated data
 - Feeding data back to communities in meaningful ways
 - Collecting and analyzing data in partnership with communities