



Resolution on the Impact of Novel Coronavirus on HIV Prevention & Treatment

Whereas, the novel coronavirus (COVID-19) pandemic has greatly interrupted the delivery of healthcare in the United States, including the prevention and treatment of HIV;

Whereas, this interruption has been particularly pronounced because many HIV providers, community-based organizations and state, local, and tribal health departments or programs who have expertise in infectious diseases are directly involved in the COVID-19 response;

Whereas, the Presidential Advisory Council on HIV/AIDS (PACHA) convened on June 1-2, 2020 and heard from a broad array of stakeholders and subject-matter experts to learn of the current and expected impacts of COVID-19 on HIV prevention and treatment. Speakers included providers, people living with and at risk of HIV, state health department personnel, community-based organization leaders, and federal partners;

Whereas, PACHA also sought comments on what is needed now and in the future to ensure HIV prevention and treatment services are delivered to the people who need them and how challenges are being overcome by creatively adapting innovative practices;

Therefore, be it resolved that PACHA urges the Secretary of Health and Human Services (HHS) to take the following actions to address the current and expected impacts of COVID-19 on HIV prevention and treatment, and to improve HIV prevention and treatment activities in the future to ensure the success of the *Ending the HIV Epidemic: A Plan for America (EHE)* initiative:

- 1) **People living with or at risk of HIV** are struggling due to lost income and staying at home. To address emotional and financial needs, including housing, food, and income, PACHA recommends:
 - a. Increased funding for the Ryan White HIV/AIDS Program, the Housing Opportunities for People living with AIDS (HOPWA) program, and the Indian Health Service that is dedicated for program recipients focusing on those areas most impacted by COVID and HIV;
 - b. Continued and expanded funding for *EHE*.

- 2) **Community-based organizations** are facing financial hardship, have had to keep their doors closed and employees away, and are not able to see clients. PACHA recommends:

- a. Increased dedicated funding for organizations that receive funding from the Ryan White Program, CDC Division of HIV Prevention, and HOPWA to be used to adapt activities and practices during the COVID pandemic and maintain their stability;
 - b. Adjust federal and state deliverables so that organizations can continue to receive funding without meeting metrics established pre-COVID.
- 3) **State, local and tribal government** revenue is down, making it difficult to administer public health programs and deliver HIV prevention and treatment services. PACHA recommends:
- a. Increased dedicated funding for state, local, and tribal health departments or programs, including the Indian Health Service, to:
 - i. Ensure people living with HIV have access to health care, including premium and copay support, the AIDS Drug Assistance Program, and other services;
 - ii. Ensure people at risk of HIV have access to prevention programs, such as testing, education, surveillance and PrEP/PEP services.
- 4) **Telehealth** is providing opportunities for people with or at risk of HIV to interact with providers, counselors, and case managers without traveling during this period of social distancing. Telehealth has supported many PLWH to maintain their treatment adherence and continuity of care. However, telehealth is not available to all and not all HIV prevention and treatment activities can be conducted through telehealth. PACHA recommends:
- a. Federal agencies responsible for implementing HIV prevention and treatment programs continue to encourage grantees to utilize telehealth activities during the COVID-19 pandemic, and provide capacity building and technical assistance to do so;
 - b. Federal agencies begin nationwide monitoring and evaluation of how HIV-related telehealth services have been implemented due to COVID-19, to inform how the use of telehealth for HIV programming can be sustained and expanded post COVID-19. Barriers that should be addressed include the lack of accessibility to broadband and technology, including smart phone devices, experienced by some PLWH and providers, federal and state laws and regulations, privacy concerns, reimbursement, licensure, and language access;
 - c. Ensure that in-person services are available when needed. Telehealth cannot replace all in-person visits. Agencies and grantees should incorporate telehealth as appropriate, including hybrid telehealth models and allow audio-only calls for individuals without smart phone devices.

- 5) **HIV testing** has been dramatically reduced due to the scaling back of in-person health visits. To improve access to HIV testing during now and in the future, PACHA recommends:
- a. Federal agencies and their grantees increase the use of free or low-cost HIV self-testing to increase awareness of HIV status, initiation of PrEP/PEP, and monitoring of PrEP/PEP users;
 - b. Expand the provision of STD and Hepatitis self-tests to people who are offered HIV self-test kits;
 - c. Expand the availability of self-collection of lab samples for the monitoring and management of HIV;
 - d. Evaluate opportunities for expanding HIV testing in non-traditional settings, including pharmacies, opt-out routine testing in Emergency Rooms and other medical settings;
 - e. Evaluate opportunities for co-locating HIV testing and COVID-19 testing;
 - f. Ensure there is corresponding linkage to care support wherever HIV testing occurs, including the use of telehealth.
- 6) **Health care coverage** for a growing number of people is being reduced due to increased unemployment and there is a greater reliance on the Ryan White Program, state Medicaid programs, the Indian Health Service and Affordable Care Act (ACA) plans. PACHA recommends:
- a. Continued and increased funding for the Ryan White Program , state Medicaid programs, the Indian Health Service, and ensure access to ACA plans;
 - b. Encourage the expansion of Medicaid in states that have not done so in order to increase health coverage for low-income people.
- 7) **Flexibility in the delivery of HIV services** has been granted by the federal government to its grantees during the public health emergency including streamlined recertifications, fewer reporting and documentation requirements, 90-day refills of prescription drugs, and mail-order delivery. PACHA recommends:
- a. HHS agencies undertake a review of the flexibilities offered during the emergency and recommend to the Secretary, after public and community input, those that should be continued into the future;
 - b. Support the amendment of laws and regulations to accomplish these changes.

- 8) **HIV workforce**, including those in the public health, due to their expertise in infectious diseases, are being deployed to address COVID-19 and taking them away from their ongoing HIV work. PACHA recommends:
- a. Increased investment in HIV workforce and those involved in infectious diseases, build up the public health infrastructure;
 - b. Mandate that state and local governments fully staff federally-funded HIV, STD and Hepatitis programs as a requirement of accepting grant funding, and have the ability to rapidly institute hiring and contracting procedures in place, along with training systems;
 - c. Implement student loan forgiveness programs and continue and expand EHE funding.
 - d. Increasing capacity of the more than 3 million nurses in the U.S. to respond to HIV and infectious diseases
 - e. Ensure that health care providers who are at increased susceptibility for severe complications associated with COVID are accommodated so that they can carry out their work, including through telehealth.
- 9) **HIV Prevention** activities and programs have been difficult to carry out during the COVID-19 public health emergency, including the initiation of PrEP, conducting syringe service programs, behavioral interventions to reduce HIV risk, and sex education. PACHA recommends:
- a. Examine pharmacists' and registered nurses' initiation of PrEP, increase use of syringes services through delivery carriers/mobile vans, and condom delivery;
 - b. Analyze ways jurisdictions have been able to adapt the provision of HIV/STD prevention services, and provide 'Best Practices' capacity building and technical assistance to grantees;
 - c. Compile and promote comprehensive sex education curricula that is being delivered via virtual platforms.
- 10) **Health disparities and stigma** exist with COVID-19 as they do with HIV, mainly arising from the social determinants of health. PACHA recommends:
- a. Continue to address racism and other forms of systemic discrimination within HIV care systems;
 - b. Provide HIV/STI/Hepatitis and COVID testing for the most impacted communities and identify ways to integrate these screening efforts, particularly within communities that are even more underserved during this pandemic;
 - c. Implement specific stigma reduction efforts, including education, social marketing campaigns, and normalizing testing by integrating it into other health screenings;

- d. Collect and report data on HIV and COVID coinfection by key demographic categories, including socioeconomic status, race, age, gender identity, and sexual orientation.

11) **Leverage opportunities from COVID**, including programs and infrastructure to address HIV in the future. This includes testing, contact tracing and a workforce that is trained and available to address other infectious diseases, such as HIV and hepatitis. PACHA recommends:

- a. HHS should integrate HIV testing and COVID testing and avail, sustain, and repurpose these resources for ending HIV and hepatitis and cross train staff.

12) **Research impact of COVID-19 on people living with HIV** including direct health impacts. PACHA recommends:

- a. NIH carry-out research on the impact of COVID-19 among people living with HIV, including interactions with antiretroviral (ARVs), with participation by tribal epidemiology centers;
- b. Accurate and timely data on HIV/COVID outcomes;
- c. Leverage opportunities to learn from early hotspots (i.e. New York City) about HIV/COVID connections and if there is greater risk for people living with HIV.
- d. Ensure the inclusion of people living with HIV and viral hepatitis in current and future COVID vaccine trials.