Ending the HIV Epidemic: Implementation Update

HIV Implementation Science Summit for Ending the HIV Epidemic Supplemental Projects
Chicago, IL
October 28-29, 2019

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Chief Operating Officer, the Ending the HIV Epidemic, Office of Infectious Disease Policy and HIV/AIDS
THE INITIATIVE IS ONGOING

$33M in FY 2019
## FY 2019 ACTIVITIES

### Minority HIV/AIDS Funding

<table>
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<th>Activity</th>
<th>Description</th>
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<tr>
<td>Jurisdictional Plans</td>
<td>CDC, IHS</td>
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<tr>
<td>Implementation Science</td>
<td>NIH</td>
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<td>Data Analysis &amp; Visualization System</td>
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<td>PACE Program</td>
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<td>Jumpstarts</td>
<td>3 Jurisdictions (Baltimore City; East Baton Rouge; DeKalb County)</td>
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<td>Cherokee Nation, Oklahoma</td>
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<td>PrEP</td>
<td>Implementation</td>
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<td>Education &amp; Awareness</td>
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### Listening Tour

ADM Brett P. Giroir, MD  @HHS_ASH · Mar 20
A great way to end the day at #NHPC2019 - engaging with community members about the new Ending the HIV Epidemic initiative with @CDCDirector Dr. Robert Redfield, @HRSgov’s Dr. Laura Cheever, and @IHSgov’s RADM Michael Toedt.

End the HIV Epidemic
www.hiv.gov
EHE Jump-Start Sites

**DeKalb County, GA**
- Implement routine HIV testing in six FQHCs
- Implement emergency department testing in two hospitals
- Initiate opt out testing at DeKalb County jail
- Expand AID Atlanta hotline to triage new diagnoses, link to care and/or re-engage people with HIV
- Promote early ART initiation by same day linkage to care
- Expand current HIV workforce and training for those providing non HIV services in communities to high risk populations

**Baltimore City, MD**
- Implement POC HIV Testing in Emergency Departments of three MedStar Hospitals
- Implement on-site HIV and STD testing services to school based Violence programs
- Implement HIV Provider Hotline
- Implement PrEP Collaborative in two new FQHCs
- Expand public health detailing to integrate HIV testing/PrEP/PEP

**East Baton Rouge, LA**
- Double HIV testing capabilities of five CBOs
- Implement and routinize testing in emergency departments
- Expand SSP Capacity in EBR
- Newly hired CHWs work with linkage to care coordinators to identify and re-engage in care

**Cherokee Nation (IHS)**
- Implement a public education campaign centering on HIV care and HIV prevention
- Educate providers on the need to have discussions about the sexual health of the patients
- Identify and link to care persons who currently access CNHS and are at high risk for HIV
- Establish a robust PrEP program within the CNHS

$1.5M Minority HIV/AIDS Funds awarded to each site to jumpstart initiative in affected jurisdictions (awards made and administered by CDC June 27, July 1 start - December 31 completion date)
PrEP DONATION

Gilead donated Truvada for PrEP to HHS to expand access for uninsured patients in the U.S.

- Provides medication for individuals who are at risk for HIV and who are uninsured
- Donation will deliver medication to up to 200,000 people per year
- HHS bears all other costs: verifying patient eligibility, enrolling eligible patients, building a network of participating pharmacies, distributing the donated medication, and processing claims

- Given the urgent need to reach those at risk for HIV, HHS has awarded Gilead a six-month contract to administer the distribution of donated PrEP medication to eligible recipients
- During that six-month period, HHS will hold a full and open competition to select a longer-term contractor or contractors

Announced May 9, 2019
PrEP DISTRIBUTION

INITIAL ROLLOUT (NATIONWIDE):
4,250 patients in the first six months, and up to 10,000 patients in first year

Announced September 27, 2019

To qualify for the program, patients must:
• Lack health insurance coverage for outpatient prescription drugs;
• Have a valid “on-label” prescription; and
• Have appropriate testing showing that the patient is HIV-negative.

Any provider with a qualified patient can access the program
**PrEP IMPLEMENTATION**

- Implementation 8 weeks from signing of contract
- Enrollment Form/Informational Materials/System Build
- Patient support measures (call center, online portal)
- Logistics (enrollment, reimbursement for vendors)

- Nationwide rollout, focus on Phase I jurisdictions
- Provider and community education & awareness campaign
PrEP Education & Awareness Campaign

- EHE Implementation: Education and Awareness
  - Award to Brunet-Garcia
  - Phase I
    - Provider and Community Education & Awareness Campaign
    - Branding
    - Creation of Materials
  - Phase II
    - Extended education & awareness campaign
    - Jurisdiction Support
    - Community focus groups

- Campaign will be tailored for maximum impact, e.g. through focus groups and other feedback mechanisms
- Approach will entail an integrated approach:
  - Owned Media - webinars, podcasts, mobile apps, and newsletters
  - Earned Media - press releases, speaking engagements, media outreach
  - Shared Media - Facebook, Twitter, Youtube
  - Paid Media - social media ads, sponsored posts/content, in-app ads
PREVENTION THROUGH ACTIVE COMMUNITY ENGAGEMENT (PACE)  
COMMISSIONED CORPS OFFICERS “ON THE GROUND”

**Region 4 (Atlanta)**  
Three highly trained Public Health Service Commissioned Corps Officers assigned to each region  
- Prepare urban and rural areas to quickly and successfully implement the EHE initiative in FY2020  
- Develop both short and long term action plans to:  
  - Assess the communities’ needs in the regions  
  - Assist HHS Regional Offices in ending the HIV epidemic

**Region 6 (Dallas)**

**Region 9 (Los Angeles)**

Objectives

- Serve as public health educators and coordinators  
- Engage public at public forums and community centers, increasing effectiveness and national reach of evidence based prevention strategies  
- Serve as force multipliers
Data Analysis & Visualization System

• Implementation: Dashboard
  • Serves as decision support tool for the initiative
  • Supports national and jurisdictional monitoring of indicators and progress
• Interagency working group
  • Define requirements
• Planning and development of the dashboard
  • Phase I – a static version is targeted for launch in mid-December, 2019
  • Phase II will be enhanced interactive version that will integrate and analyze disparate data sources
    • Launched in 2020
## LEADING INDICATORS*

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<tr>
<th>Year</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
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<td><strong>New Diagnoses</strong></td>
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<td><strong>Linkage To HIV Medical Care Within 30 Days After HIV Diagnosis</strong></td>
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<td><strong>Viral Suppression Among People With Diagnosed HIV</strong></td>
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<td><strong>Percentage Prescribed Prep With Indications For Prep</strong></td>
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**REDUCTION IN NUMBER OF INFECTIONS**

*Whenever possible will be tracked at jurisdictional level; numbers shown are national targets

**Not a leading indicator (projected data included for comparative purposes)
PREVENTION THROUGH ACTIVE COMMUNITY ENGAGEMENT (PACE)

PACE Program

• Two senior officers hired for each region, with a third forthcoming
• Senior officers will assist the EHE program as follows:
  • Serve as public health educators and coordinators on EHE strategies, interventions, and messaging
  • Engage with the public at public forums and community centers, increasing effectiveness and national reach of evidence-based prevention strategies
  • Serve as force multipliers and partners with federal, state and local stakeholders

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<tr>
<th>Region</th>
<th>PACE Personnel</th>
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<tr>
<td>4</td>
<td>CDR John Oguntomilade; LT Neelam Gazarian</td>
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<td>6</td>
<td>CDR Luz Rivera; LCDR Rodrigo Chavez</td>
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<td>9</td>
<td>CDR Michelle Sandoval-Rosario; LCDR Jose Ortiz</td>
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LISTENING SESSIONS: FEEDBACK

Access: Expand availability of testing, PrEP, and ART by meeting patients within their community

Innovation: Utilize non-traditional delivery systems including telemedicine and means to expand case management

Stigma: High profile effort needed to combat stigma, specifically around HIV testing, prevention, and treatment

Coordination of Care: Encourage providers to integrate HIV diagnosis and treatment into primary care; rapid linkage to care

Communication: Lack of knowledge with regard to treatment and prevention – need for effective and robust education awareness utilizing all forms of media

Social Determinants: Access to stable housing, criminal justice laws, transportation

Workforce: Public health departments need additional resources, empowering communities and people living with HIV to enter the workforce

Community and Faith-based Organizations: Are likely to provide new approaches to address poverty, stigma, discrimination, and provide HIV care and prevention in the context of overall wellness
IMPORTANT FUNDING OPPORTUNITIES

• **CDC PLANNING NOFO – PS19-1906**: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States - Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic. This funding opportunity supports Phase 1 health department jurisdictions to engage their local communities, HIV planning bodies, HIV prevention and care providers, and other partners in an accelerated and collaborative process to develop plans that address the four national Ending the HIV Epidemic (EHE) pillars: Diagnose, Treat, Prevent, and Respond. - due December 31st

• **HRSA Bureau Primary Health Care – HRSA 20-091** Ending the HIV Epidemic – Primary Care HIV Prevention Supplemental Funding (PrEP Expansion in dually funded HAB and BPHC Health Centers) – due December 31st

• **CDC PS20-2010** – EHE Implementation – Not Yet Released