



Agency Priority Goal Action Plan

Ending the HIV Epidemic

Goal Leader:

ADM Brett P. Giroir, M.D., Assistant Secretary for Health

Deputy Goal Leader(s):

Harold Phillips, MRP, Chief Operating Officer-EHE Initiative

Overview

Goal Statement

- Ending the HIV Epidemic. End the HIV epidemic by reducing new HIV infections through 1) linking people to HIV medical care as quickly as possible so that treatment can be initiated; and 2) preventing HIV through prescribing pre-exposure prophylaxis (PrEP) to those who have indications for PrEP.
- Starting from the baselines for September 30, 2017, by September 30, 2021:
 1. Reduce by 15 percent new HIV infections among persons aged 13 or older.
 2. Increase by 15 percent linkage to HIV medical care within one month of diagnosis among persons aged 13 or older.
 3. Increase by 15 percent the number of persons with indications for PrEP who are prescribed PrEP.

Overview (continued)

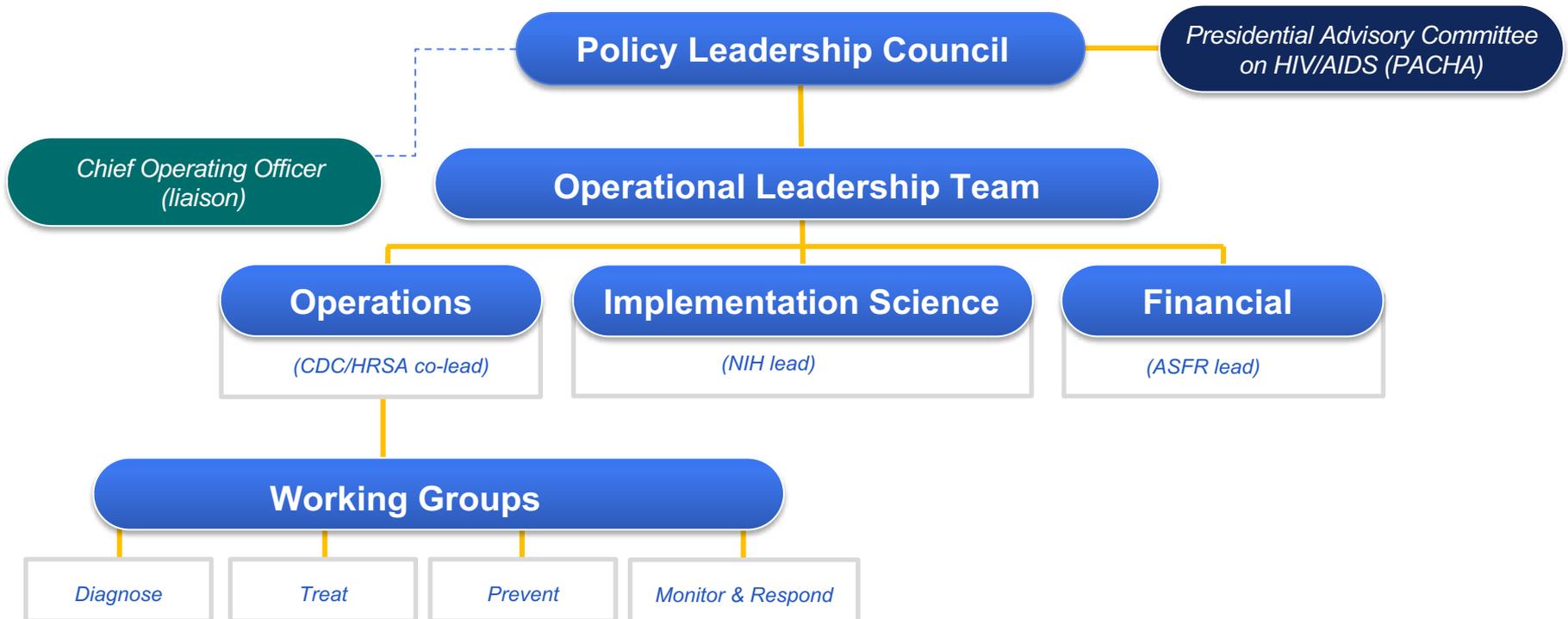
Challenge

- Since 1981, more than 700,000 American lives have been lost to HIV/AIDS. While new HIV infections have declined since the early 2000's, progress has stalled and there are approximately 38,000 new infections per year.
- Annual direct health care expenditures by the U.S. government for HIV prevention and care top \$20 billion dollars annually.

Opportunity

- In the State of the Union address of February 2019, President Donald J. Trump announced the administration's goal to end the HIV epidemic in the United States by 2030. The *Ending the HIV Epidemic: A Plan for America* will utilize up-to-date epidemiological data as well as new biomedical prevention and treatment options to reduce the number of new HIV infections in the United States by 75 percent by 2025 and by 90 percent by 2030. This will prevent an estimated 200,000 new HIV cases over those 10 years, while protecting and preserving the health of people currently living with HIV.

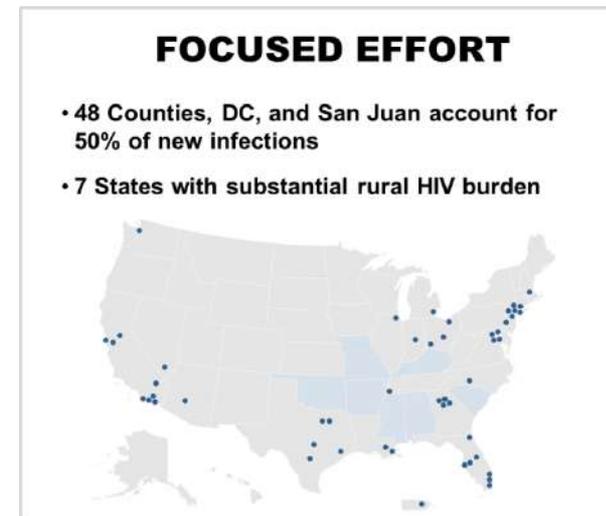
Organizational Structure



Goal Structure & Strategies

Strategic Approach

- The Initiative is founded on evidence-based strategies within four pillars: diagnose, treat, prevent and respond.
 - Diagnose all people with HIV as early as possible after infection
 - Treat people with HIV rapidly and effectively to reach sustained viral suppression
 - Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs
 - Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them
- Phase I efforts will be focused on 48 counties, D.C., and San Juan, which accounted for over 50 percent of all new HIV diagnoses in 2016 and 2017, as well as the seven states with substantial burden of HIV in rural areas.



COVID-19 Impacts – Q3 FY 2020

Supporting activities and programs

- HRSA: Ryan White HIV/AIDS Program Parts A and B (local and state health departments) and Part C (clinics) have had staff deployed to respond to the COVID-19 pandemic which has reduced their ability to focus on Ending the HIV Epidemic (EHE) activities. HRSA's HIV/AIDS Bureau (HAB) anticipates that some EHE activities will be delayed until 2021. There are some important lessons learned from the COVID-19, such as the use of telehealth, that will be relevant for EHE going forward.
- NIH: The COVID-19 pandemic has created some delays in the progress and completion of 2019 EHE Centers for AIDS Research /AIDS Research Centers (CFAR/ARCs) planning projects and the postponement of a few meetings. All other activities are on track.
- CDC: Many AIDS service organizations and Community-Based Organizations have had to close their doors or reduce services. Emergency room visits reduced by 42% resulting in a decline in the number of people receiving HIV and STD screenings. Syringe Services Programs operations reduced by 50%. Most disease intervention specialists (DIS) have been redirected to COVID-19.

Summary of Progress—Prevention through Active Community Engagement Q3 FY 2020

Major Achievements

- Established collaborative working relationships and enhanced partnerships with 15 state health departments and 30 EHE priority counties to develop, implement, and evaluate EHE strategies.
- Conducted needs assessment in the implementation of PrEP and Ready, Set, PrEP and disseminated best practices to improve program outcomes.
- Conducted over 80 Technical Assistance EHE site visits and Ready, Set, PrEP awareness campaigns/webinars (English/Spanish) in 30 jurisdictions and with over 150 PrEP provider organizations.
- Conducted outreach to communities disproportionately impacted with HIV (eg: LGBTQ+, YBMSM, AA, Latinx) to determine common themes and challenges to ensure programs interventions are relevant to communities served.
- Conducted assessment of HIV Telehealth services in the regions and shared best practices across jurisdictions to improve HIV program outcomes.
- Conducted EHE community awareness presentations at National (NIH CFARs), Regional (Southern AIDS Coalition), State (Congressional HIV Round Table) and County levels and participated in over 50 community listening sessions.
- Assessed the impact of COVID-19 on HIV services in the regions and provided resources to support provider organizations to maintain HIV services in the regions.

Summary of Progress – Q3 FY 2020

Major Achievements

- CDC published the “[EHE in Action](#)” web page with first collection of success stories and lessons learned from jump-start programs in Phase I jurisdictions.
- CDC supported National HIV Testing Day June 27, 2020 - theme “Knowing - knowing your HIV status, knowing your risk, knowing your prevention options, and knowing your treatment options.” - with a focus on HIV self-testing.
- CDC communication with grantees and partners regarding COVID-19:
 - [Dear Colleague Letter \(DCL\) on PrEP during COVID-19](#)
 - [DCL on HIV Self Testing Guidance](#)
 - [DCL on Frequently Asked Questions about HIV and COVID-19](#)
 - [Interim Guidance for Syringe Services Programs](#)
 - [Interim CDC Guidance on Handling Non-COVID-19 Public Health Activities that Require Face-to-Face Interaction with Clients in the Clinic and Field in the Current COVID-19 Pandemic](#)

Summary of Progress – Q3 FY 2020 (continued)

Major Achievements

- HRSA released Notices of Funding Opportunity (NOFOs) and pre-application technical assistance webinars for programming within the Ryan White HIV/AIDS Program to be conducted using Minority HIV/AIDS Program funds.
 - Improving Care and Treatment Coordination: Focusing on Black Women with HIV
 - Building Capacity to Implement Rapid Antiretroviral Initiation for Improved Care Engagement
 - Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program
- HRSA released FY 2020 awards to 7 Primary Care Associations (PCAs) to support and expand training and technical assistance for health centers in the seven states identified in EHE: A Plan for America as having a substantial burden of HIV in rural areas.
- HRSA updated and released the [2020 Uniform Data System \(UDS\) Manual](#) which provides health centers with detailed reporting instructions and includes the following new measures: HIV screening measure (CMS349v2) and the addition of prescription for Pre-exposure Prophylaxis (PrEP) International Classification of Diseases (ICD) 10 codes and Current Procedural Terminology (CPT) codes.
- HRSA conducted a radio media tour for National HIV Testing Day with over 2.4 million listeners.

Summary of Progress – Q3 FY 2020 (continued)

Major Achievements

- HRSA disseminated [resources](#) from HIV.gov to people with HIV and the health care providers and service organizations who work with them.
- HRSA shared [NIH's Notice of Special Interest: HIV PrEP Implementation Science](#) to the health center community to support rapid implementation science projects to assist HIV prevention delivery. This includes routine HIV testing and PrEP in relevant HRSA-funded health centers. The item appeared in the May 19 [HRSA Public Health Care Digest](#).
- HRSA provided resources to health centers with the theme of “Knowing that Together We Can End the HIV Epidemic” for National HIV Testing Day.
 - For health centers, that means keeping patients in-the-know about HIV testing, as well as prevention and treatment options.
 - Materials included [resources to help promote National HIV Testing Day](#), a [bulletin about](#) HIV self-testing during the COVID-19 pandemic, and the FDA's [fact sheet about the OraQuick In-Home test](#).

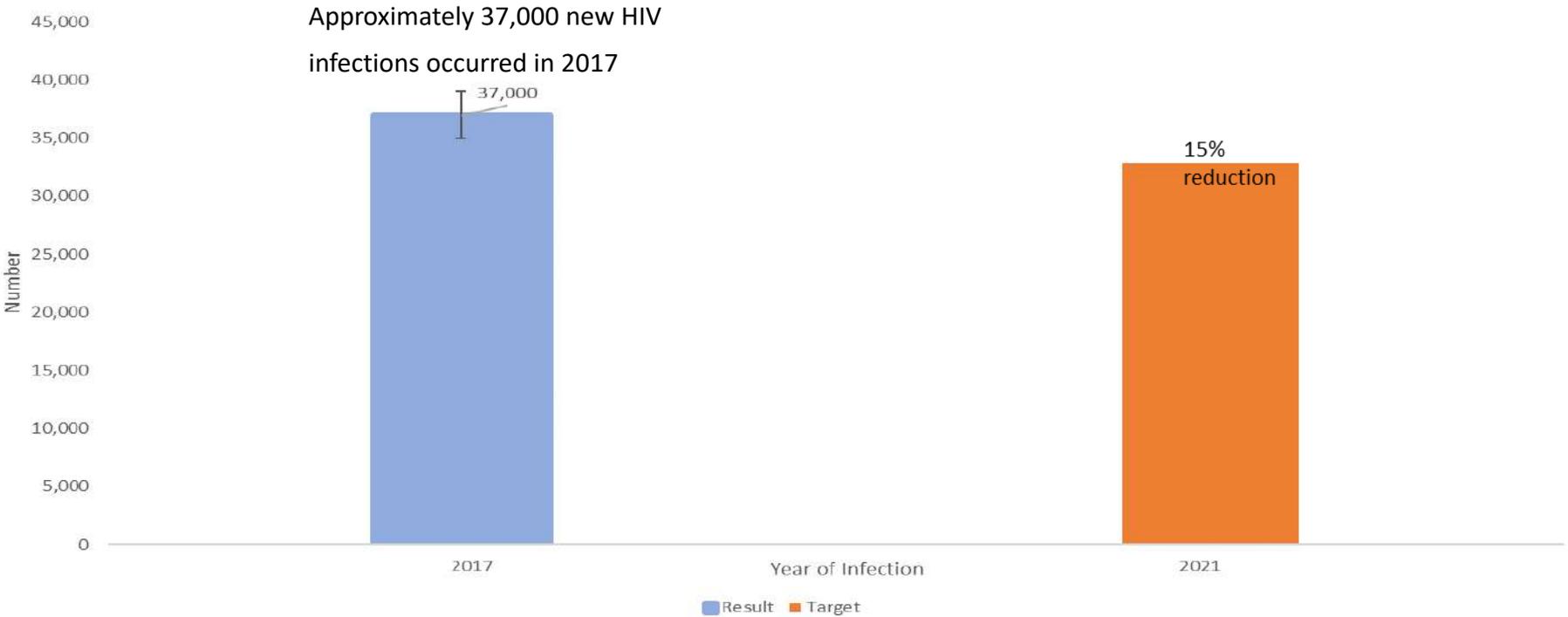
Summary of Progress – Q3 FY 2020 (continued)

Major Achievements

- The Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) developed an HIV/AIDS Resource Guide for the 27 tribal communities in New Mexico and southwestern Colorado. The guide contains data on HIV, Hepatitis C Virus (HCV), and other sexually transmitted infections (STI) in the geographic regions and highlights area resources in the communities that provide HIV testing and PrEP.
- AASTEC developed a factsheet featuring indicators on injection drug use and sexual behaviors in youth that may contribute to the spread of HIV/HCV/STI in New Mexico, and using state-based data from the CDC and data from the New Mexico Department of Health, the team developed a factsheet highlighting data on sexual behaviors and STI prevalence among American Indian/Alaskan Native (AI/AN) adults in New Mexico.
- The Alaska Native Epidemiology Center executed the Global Network of People Living with HIV (GNP+) Stigma Index survey in Alaska Native communities.
- The Urban Indian Health Institute's Tribal Epi Center created a survey on HIV and PrEP knowledge, attitudes, and beliefs for facility staff at 41 urban Indian health organizations. Dissemination is planned for fall 2020.
- The National Indian Health Board created two toolkits; (1) HIV-related social media; and (2) PrEP for AI/AN health care providers and community members.

Key Indicator: Number of New HIV Infections by Year of Infection

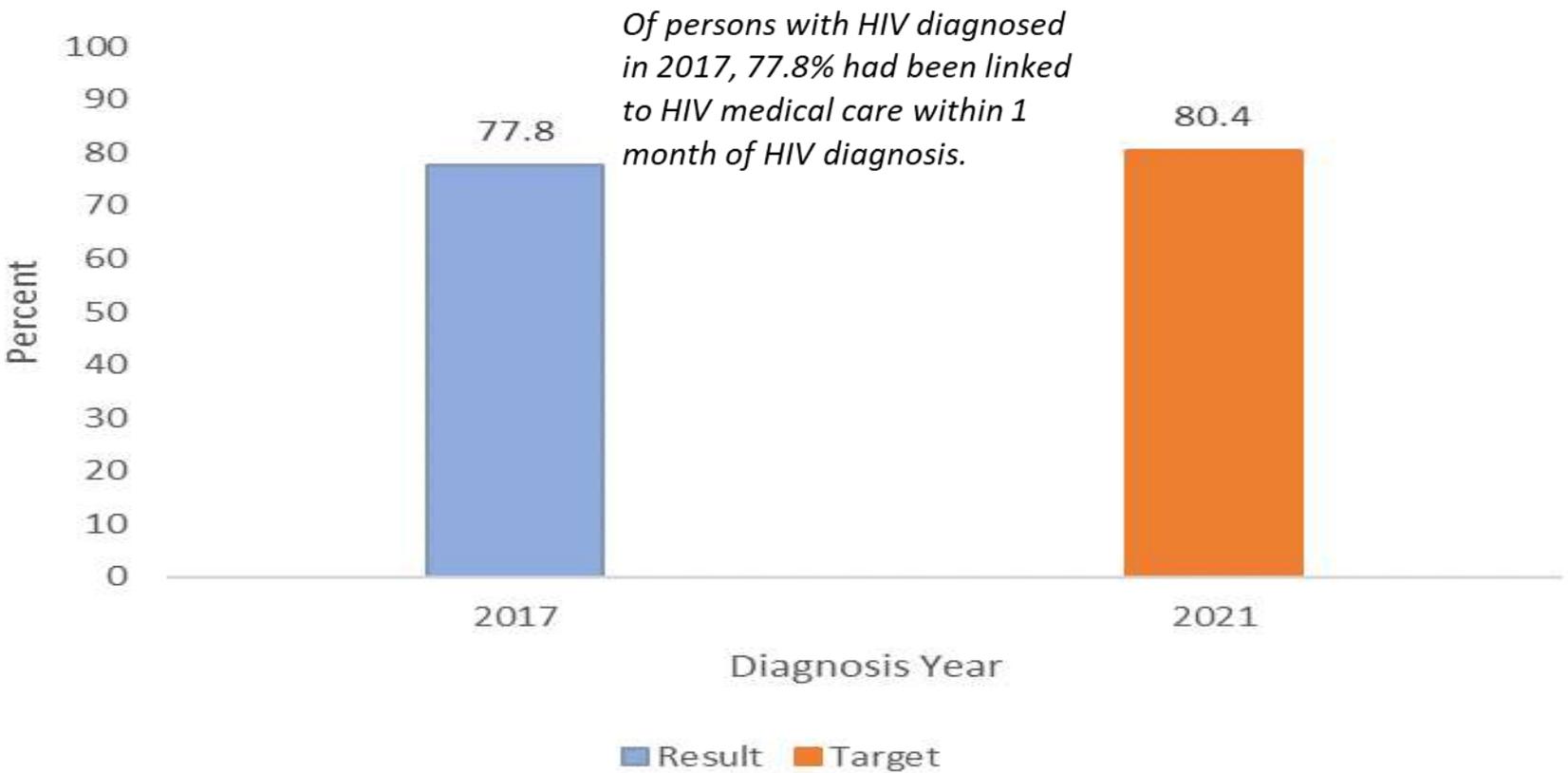
Defined as the estimated number of new HIV infections among persons aged ≥13 years that occurred in the calendar year. The target is to decrease the number of new HIV infections by 15 percent by 2021.



Note: Baseline year is 2017 (95% CI shown). Annual results for estimated number of new HIV infections will be available no later than 18 months *after* the diagnosis year to allow for delays in reporting of case, laboratory, and death information to CDC. For example, 2020 data will be available no later than Q2 2022. The 2025 target for EHE is a 75% reduction in new HIV infections from baseline or an estimated 9,300 new HIV infections. The 2021 target is calculated as follows: (baseline value – ((baseline value – 2025 target)*0.15)). Incidence estimates and targets are rounded to the nearest 100 for estimates of > 1,000 to account for variability around the estimates. Progress in reducing number of new HIV infections will be determined by a statistical test for trends and relative percent reduction calculated only if the statistical trend is significant. Reference: Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2014–2018. HIV Surveillance Supplemental Report 2020;25(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Additionally, all targets are subject to change and dependent on appropriated resources. Approximately 36,400 new HIV infections occurred in 2018 respectively.

Key Indicator: Linkage to HIV Medical Care by Diagnosis Year

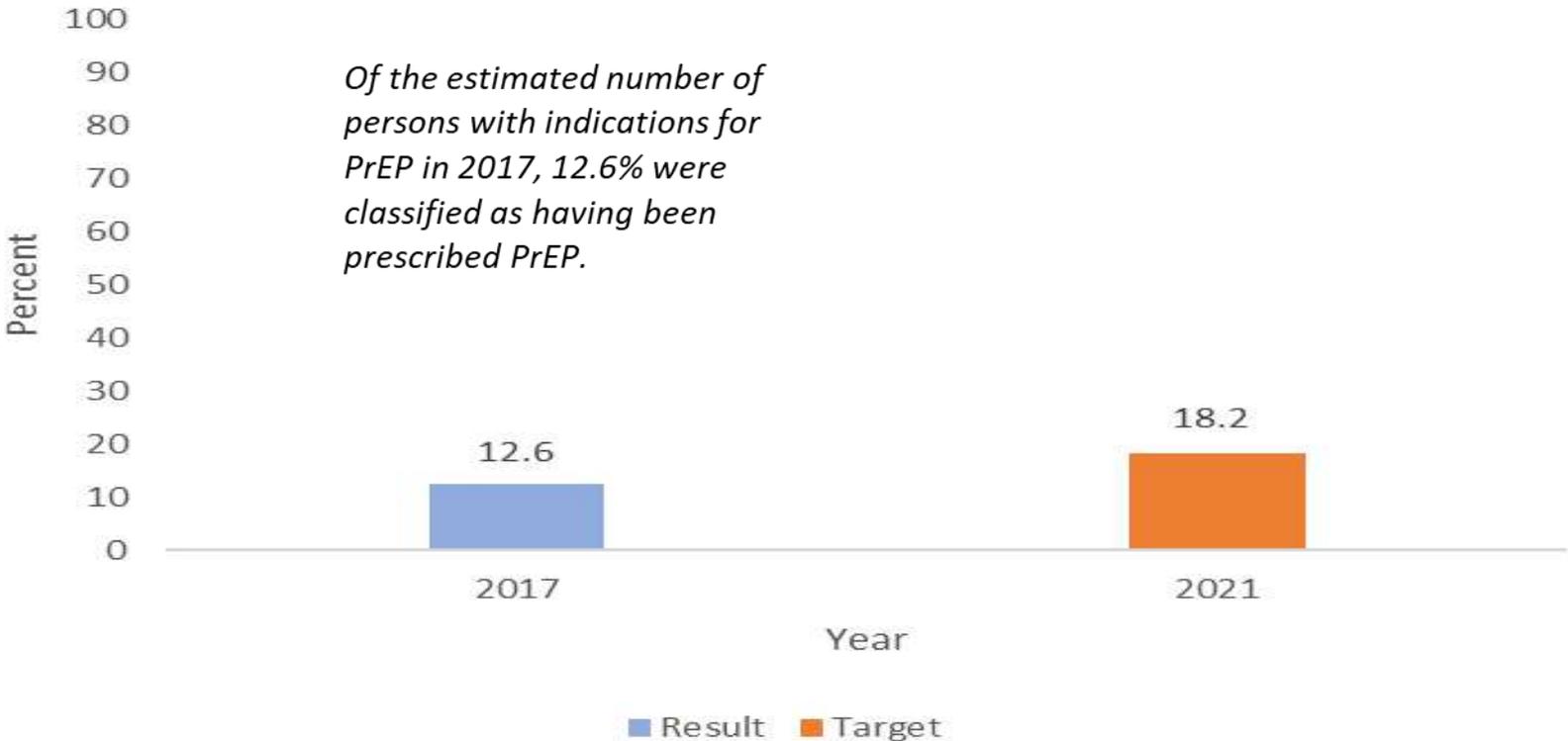
Linkage to HIV medical care is defined as the percentage of persons with diagnosed HIV in a calendar year aged ≥13 years who were linked to HIV medical care within 1 month of HIV diagnosis. The target is to increase 15 percent by 2021.



Note: Quarterly update to data will be delayed due to reassignments of surveillance staff and program activities due to COVID-19. Baseline year is 2017. Annual results for linkage to HIV medical care will be available no later than 18 months *after* the diagnosis year to allow for delays in reporting of case, laboratory, and death information to CDC. For example, 2020 linkage to HIV medical care will be available Q2 2021. The baseline value is 77.8%. The EHE 2025 target is increase to 95%. The 2021 target is calculated as follows: $((2025 \text{ target} - \text{baseline value}) * 0.15) + \text{baseline value}$. Data are limited to areas with complete reporting of CD4 and viral load test results to CDC. Reference: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2018. HIV Surveillance Supplemental Report 2020;25(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Of persons diagnosed with HIV in 2018, 80.2% had been linked to medical care within 1 month of HIV diagnosis published May 2020. Additionally, all targets are subject to change and dependent on appropriated resources.

Key Indicator: PrEP Coverage by Calendar Year

PrEP coverage, expressed as a percentage, is defined as the number of persons ≥16 years classified as having been prescribed PrEP divided by the estimated number of persons with indications for PrEP. The target is to increase PrEP coverage by 15 percent by 2021.



Note: Quarterly update to data will be available late 2020 due to start of new data contract. Baseline year is 2017. PrEP coverage, calculated as the number of persons classified as having been prescribed PrEP (n = 152,401 in 2017) divided by estimated number of persons with indications for PrEP (n = 1,211,777 in 2017). Different data sources are used in the numerator and denominator to calculate PrEP coverage and it is unknown whether persons in the numerator are included in the denominator. The baseline value is 12.6%. The EHE 2025 target is increase to 50%. The target for 2021 is calculated as follows: $((2025 \text{ target} - \text{baseline value}) * 0.15) + \text{baseline value}$. References: Huang A MMWR 2018; Smith DK CDC Vital Signs 2015; Smith DK Ann Epidemiol 2018; Harris N CDC Vital Signs MMWR 2019. of the estimated number of persons with indications for PrEP in 2018, 18.1% were classified as having been prescribed PrEP. Additionally, all targets are subject to change and dependent on appropriated resources.

Key Milestones - Planning

Milestone Summary				
Key Milestone	Milestone Due Date	Milestone Status	Owner	Comments
HHS PrEP Distribution Program				
Launch the HHS PrEP Distribution Program	11/25/2019	In Process	OIDP/HRSA	
EHE Dashboard				
Launch of Static Dashboard with Indicators	1/25/2020	Completed	OIDP	Working collaboratively with OPDIVs* (Public Launch 8/17/2020)
Launch of Interactive Dashboard	2021	In Process	OIDP	Working collaboratively with OPDIVs*
EHE Community Plans and Funding				
Award Administrative Supplements to Centers for AIDS Research (CFARs) and Aids Research Centers (ARCs)	9/30/2019	Awarded	NIH	Working collaboratively with Community, Community-Based Organizations (CBOs), and OPDIVs
Receive Community Plans for 57 Jurisdictions (PS19-1906)	12/31/2019	Completed	CDC	
Review and accept jurisdictions Community Plans (PS19-1906)	3/30/2020	Completed	CDC	Revised plans due 12/31/20*
Award Ryan White HIV/AIDS Program Parts A&B Notices of Funding Opportunity (NOFO) to jurisdictions (HRSA-20-078)	3/1/2020	Completed	HRSA HAB	Awarded 2/26/2020
Award Technical Assistance and Service Center Provider NOFOs (HRSA-20-079/HRSA-20-89)	3/1/2020	Completed	HRSA HAB	Awarded 2/26/2020
Award Primary Care NOFOs to jurisdictions (HRSA-20-091)	4/1/2020	Completed	HRSA BPHC	Awarded 2/26/2020
Award FY20 EHE NOFO to jurisdictions (PS20-2010)	3/1/2020	Completed	CDC	Applications received 5/1; Award date 8/1/2020*
Award FY20 Administrative Supplements to CFARs and ARCs	9/30/2020	In Process	NIH	Applications are due 5/28/2020

* Delayed due to ongoing COV-19 response

Key Milestones – Planning (continued)

Key Milestone	Milestone Summary			Comments
	Milestone Due Date	Milestone Status	Owner	
EHE Community Plans (cont.)				
Award cooperative agreement for the National Native HIV Network	9/2019	Awarded	IHS	To provide tribally-focused EHE advice to IHS
Award cooperative agreement to the National Indian Health Board for EHE tribal consultation and listening sessions	9/2019	Awarded	IHS	Formal tribal consultation to commence in early winter 2020
Award cooperative agreement to the National Council of Urban Indian Health for EHE	9/2019	Awarded	IHS	Formal urban Indian confer session to commence in December 2019
Award EHE Tribal Epidemiology Center (TEC) cooperative agreements	9/2019	Awarded	IHS	Nine awards (Three TECs didn't apply)
Award Cherokee Nation EHE pilot project	8/2019	Awarded	IHS	
Publish Getting to Zero NOFO (PAR-20-036)	10/2019	In Process	NIH	Applications were received but unfortunately none made the pay line. PAR is open until September 2021
Implementation Research in HRSA Ryan White Sites: Screening and Treatment for Mental and Substance Use Disorders to Further the National "EHE" Goals NOFO (RFA-MH-20-520 and RFA-MH-20-521)	11/2019	In Process	NIH	Applications received and reviews completed. Awards to be made in 2020 On Schedule
Digital, Limited Interaction Trials and Epidemiology (D-LITE): Targeting HIV Incidence in the United States NOFO (RFA-AI-10-067)	1/2020	In Process	NIH	12 applications have been received and are awaiting peer review. Awards to be made in 2021
EHE Hire Key Personnel				
Hire full-time headquarters-based HIV epidemiologist	11/2019	Complete	IHS	

Key Milestones – Implementation

Milestone Summary				
Key Milestone	Milestone Due Date	Milestone Status	Owner	Comments
Collaborative and Community Working Group Meetings				
Hold HIV Implementation Science Summit for EHE Supplement Projects	10/2019	Complete	NIH	
Hold CFAR Faith and Spirituality Research Collaborative Meeting	TBD	In Process	NIH	This meeting was originally scheduled for May 2020 but has been postponed due to COVID 19.
Hold HIV in the South Working Group Meeting	TBD	In Process	NIH	Save the date notices have gone out; Working collaboratively with Community, CBOs to select new date
Hold CFAR/ARC Conference for FY19 EHE Projects	January 2021	Not Started	NIH	The DC CFAR will submit an application to bring together all awardees and their implementing partners to discuss progress and outcomes
EHE Monitoring Progress				
Compile lessons from Jumpstart Sites	1/30/2020	In Process	OIDP/CDC	CDC webpage ' Jumpstarting Success ' published. EHE in Action Story from Louisiana posted. Other stories in process;
				Jumpstart Sites presented on Panel at PACHA in February, 2020.
Compile Lessons from CFAR/ARC supplements	03/31/2021	Started	NIH	Estimated milestone due date postponed because of COVID-19
Develop Report on formal EHE tribal consultation, tribal listening session, and urban Indian confer sessions	6/2020	In Process	IHS	Final report is under way, with some delays due to COVID-19 response.
Develop progress report on Cherokee Nation EHE pilot project	1/2020	Complete	IHS	
Develop progress report on Nation Native HIV Network	3/2020	Complete	IHS	
Develop progress report on Tribal Epidemiology Centers	3/2020	Complete	IHS	
Develop progress report on activities of headquarters-based	3/2020	Complete	IHS	

Key Milestones – Implementation (continued)

Milestone Summary				
Key Milestone	Milestone Due Date	Milestone Status	Owner	Comments
Distribute FY 2020 MHAF funding to IHS Area Offices and tribal/urban programs	7/31/2020	In process	IHS	Funding memos sent from IHS HQ to Area Offices who transfer funds for tribal/urban program use.
Award funding to enhance T/TA activities to support health centers' HIV prevention efforts to PCAs serving seven states with a high rural HIV burden	June 2020	Complete	HRSA/BPHC	
Supplemental EHE funds for Capacity Building	8/1/2020	In Process	CDC	\$2 million EHE support
Scaling up HIV Prevention Services in STD Specialty Clinics through Training and Technical Assistance-	9/30/2020	In Process	CDC	MHAF funded project (\$4,265,00)
Mass Mailing HIV Self-Tests to Transgender Women and to Racial/Ethnic Minority Communities	9/30/2020	In Process	CDC	MHAF funded project (\$2,000,000)

Data Accuracy and Reliability

- National HIV Surveillance System (NHSS) is the primary source for monitoring trends in HIV in the United States and is the data source used for HIV prevention indicators.
 - Data from NHSS are over 80 percent complete allowing for 12 month reporting delay from year of diagnosis.
 - Data standards and quality assurance processes are used to ensure the quality of NHSS data.
 - Challenges include:
 - Lag in reporting of case, laboratory, and death data used in defining the indicators used for monitoring HIV prevention indicators which result in indicator results being available no later than 18 months after the diagnosis year. National deduplication process is time and resource intensive.
 - Quarterly update to data will be delayed due to reassignments of surveillance staff and program activities due to COVID-19.
- PrEP coverage indicator uses different data sources for the numerator and the denominator.
 - IQVIA Real World Data – Longitudinal Prescriptions database, a proprietary commercial dataset procured by CDC, is used to generate the numerator for the PrEP coverage metric and includes over 92 percent of retail prescriptions in the United States. PrEP coverage data are reported at the person-level.
 - Three data sources are used to estimate the number of persons with indications for PrEP: American Community Survey (ACS), National Health and Nutrition Examination Survey (NHANES), and National HIV Surveillance System (NHSS).
 - Data are not included from closed health care organizations (e.g. health maintenance organizations or military health organizations) so a minimum estimate of PrEP coverage is generated.
 - Although reported as a percentage, due to the use of different data sources used, it is unknown if persons in the numerator are contained in the denominator.

Additional Information

POLICY LEADERSHIP COUNCIL

- **ADM Brett Giroir, M.D.** | Assistant Secretary for Health; Senior Advisor to the Secretary for Opioid Policy
- **RADM Sylvia Trent-Adams, Ph.D., R.N., FAAN** | Principal Deputy Assistant Secretary for Health
- **Robert Redfield, M.D.** | Director, Centers for Disease Control and Prevention
- **Anthony Fauci, M.D.** | Director, National Institute of Allergy and Infectious Diseases, National Institutes of Health
- **Thomas J. Engels** | Administrator, Health Resources and Services Administration
- **RADM Michael Weahkee, MBA, MHSA** | Director, Indian Health Service
- **Elinore F. McCance-Katz, M.D., Ph.D.** | Assistant Secretary for Mental Health and Substance Use



Additional Information

OPERATIONAL LEADERSHIP TEAM

- **Kaye Hayes, MPA** | Acting Director, Office of Infectious Disease and HIV/AIDS Policy (OIDP), OASH
- **Harold J. Phillips, MRP** | Chief Operating Officer, EHE: A Plan for America, (OIDP) OASH
- **RADM Jonathan Mermin, M.D., MPH** | Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC
- **Laura Cheever, M.D., ScM** | Associate Administrator for HIV/AIDS Bureau, HRSA
- **James Macrae, M.A., MPP** | Associate Administrator for Bureau of Primary Health Care, HRSA
- **Carl Dieffenbach, Ph.D.** | Director, Division of AIDS, NIAID, NIH
- **Maureen Goodenow, Ph.D.** | Associate Director for AIDS Research and Director of the Office of AIDS Research, NIH
- **RADM Michael Toedt, M.D., FAAFP** | Chief Medical Officer, IHS
- **Neeraj (Jim) Gandotra, M.D** | Chief Medical Officer, Substance Abuse and Mental Health Services Agency



Additional Information

Contributing Programs

Organizations:

- OASH
- CDC
- HRSA
- SAMHSA
- NIH
- IHS
- ASFR
- ASPE

Stakeholder Engagement

- Expanding capacity to reach target audiences such as faith-based communities and educational institutions, professional societies, sororities and fraternities to further promote the EHE initiative.