



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-Ending the HIV Epidemic 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)

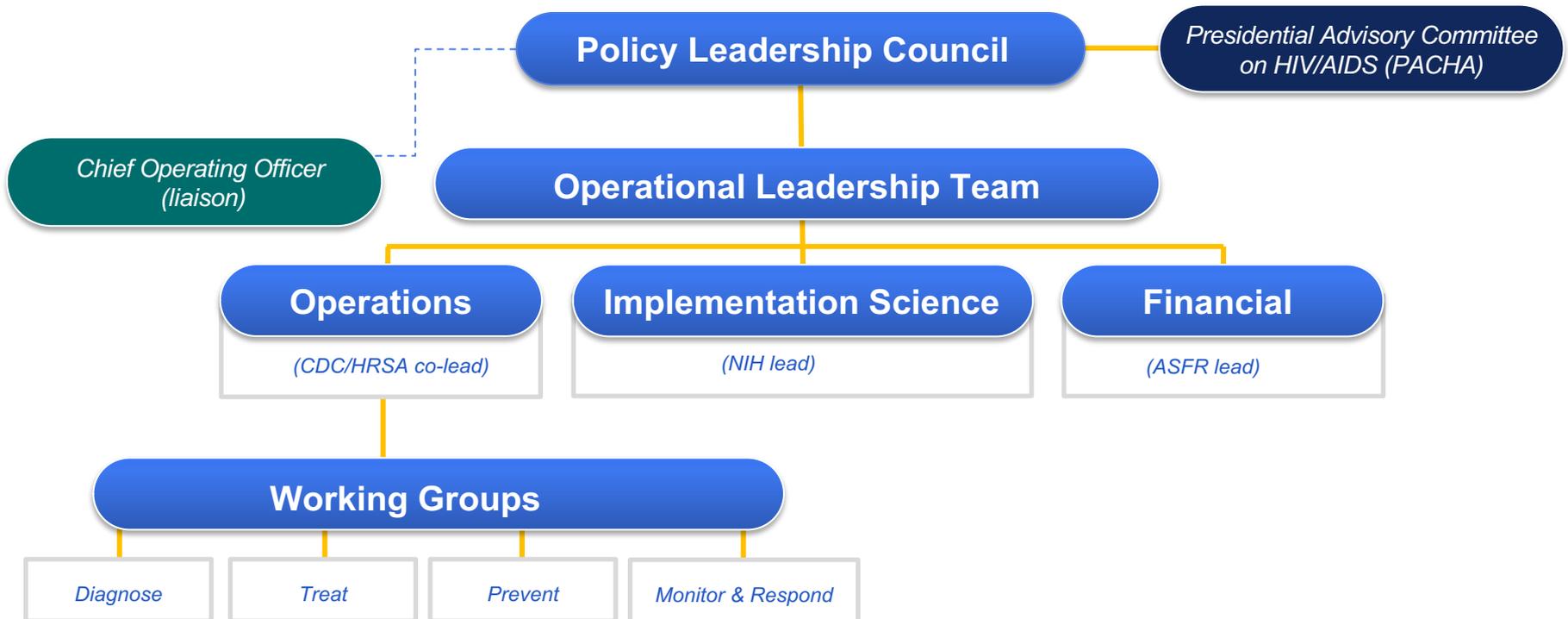
Challenge

- 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 within 10 years. 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 in five years 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.

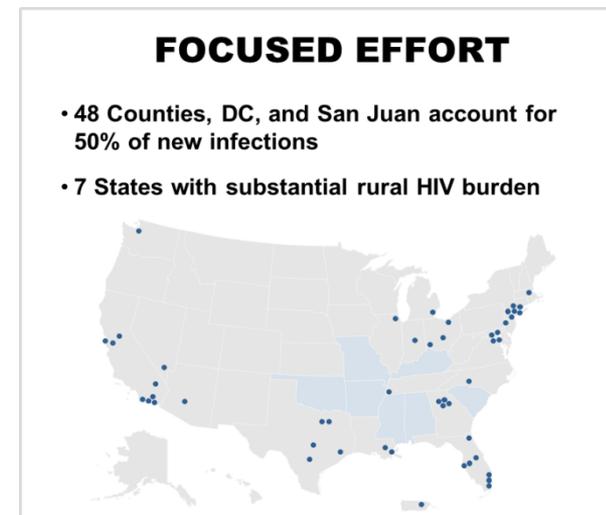
Organizational Structure



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 together account for over 50 percent of all new HIV diagnoses, as well as the 7 states with substantial rural HIV burdens.



Summary of Progress – Q1 FY 2020

Major Achievements

- Implemented jump-start programs in four Phase I jurisdictions*
- Awarded \$12 million to 32 health departments (representing all 57 jurisdictions targeted in Phase I) to develop comprehensive community plans for EHE
 - Worked with Phase I jurisdictions, developed and received draft community plans for Ending the HIV Epidemic
- HHS Ready, Set, PrEP Program:
 - Developed and implemented distribution of donated PrEP medications to uninsured, at risk individuals
 - Developed and implemented an education and awareness campaign for PrEP

*In July 2019, the U.S. Department of Health and Human Services awarded \$6 million from the Minority HIV AIDS Fund to support innovative efforts to expand HIV diagnosis, treatment, prevention, and response in four U.S. jurisdictions with high concentrations of new HIV diagnoses including East Baton Rouge, Louisiana, DeKalb County, Georgia, and Baltimore Maryland and the Cherokee Nation. Lessons learned from these jump-start areas are providing important insights for all communities beginning this year to scale up efforts to end local HIV transmission.

Summary of Progress – Q1 FY 2020 (continued)

Major Achievements

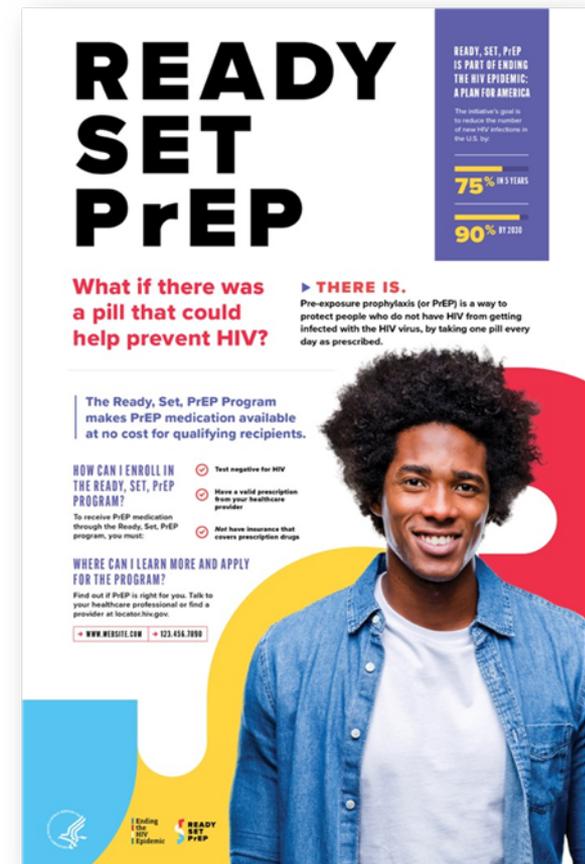
- Established Prevention Through Active Community Engagement (PACE) Program in Regions 4, 6, and 9
 - The PACE Program is currently comprised of six highly qualified U.S. Public Health Service Commissioned Corps (officers working at the regional level in Regions 4 (Atlanta), 6 (Dallas), and 9 (Los Angeles)). The officers serve as force multipliers for the ASH and the Surgeon General by promoting the public health priorities of the Secretary (including the EHE Initiative).*
- Conducted 17 site visits to Regions 4, 6, and 9 on the Ready, Set, PrEP roadshow
- Began working to create a Data Analysis and Visualization System (Dashboard) for the Ending the HIV Epidemic initiative
 - Will serve as a decision support tool to help jurisdictions with resource allocation, and allows HHS to monitor progress against EHE indicators
- HHS held over 300 listening sessions and meetings with communities and other stakeholder group

* PACE Program Officers develop, implement, and evaluate public health interventions through community partnerships and engagement (RSP, SDH, CBOs/FBOs, Pharmacy, etc.). Serve as trusted partners of communities to increase EHE awareness and enhance community participation in the EHE planning process. Serve as connectors of community groups to existing HIV resources towards accomplishing EHE objectives.

Summary of Progress – Q2 FY 2020

Major Achievements

- Awarded \$54 million to 195 health centers with service delivery sites in EHE jurisdictions to increase PrEP uptake among those for whom it is indicated
- Awarded \$63 million in additional funding to 60 Ryan White HIV AIDS Program recipients to link the newly diagnosed or those diagnosed but not currently in care to essential HIV care and treatment and support services as well as workforce training and technical assistance
- Reviewed and provided feedback to the 57 jurisdictions targeted in Phase I on their comprehensive community plans for EHE



READY SET PrEP

READY, SET, PrEP IS PART OF ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

This initiative aims to reduce the number of new HIV infections in the U.S. by:

- 75% in 5 years
- 90% by 2020

What if there was a pill that could help prevent HIV? **THERE IS.** Pre-exposure prophylaxis (or PrEP) is a way to protect people who do not have HIV from getting infected with the HIV virus, by taking one pill every day as prescribed.

The Ready, Set, PrEP Program makes PrEP medication available at no cost for qualifying recipients.

HOW CAN I ENROLL IN THE READY, SET, PrEP PROGRAM?

To receive PrEP medication through the Ready, Set, PrEP program, you must:

- Test negative for HIV
- Have a valid prescription from your healthcare provider
- Not have insurance that covers prescription drugs

WHERE CAN I LEARN MORE AND APPLY FOR THE PROGRAM?

Find out if PrEP is right for you. Talk to your healthcare professional or find a provider at locatohiv.gov.

WWW.READYSET.CM | 122.456.7890

Ending the HIV Epidemic | READY SET PrEP

Summary of Progress – Q2 FY 2020 (continued)

Major Achievements

- Began collection of success stories and lessons learned from jump-start programs in four Phase I jurisdictions
- HHS Ready, Set, PrEP (RSP) Program:
 - Initiated activities to raise awareness of the HHS PrEP Program and the donated medications
 - Conducted 40 site visits to 12 EHE jurisdictions to promote the RSP Program
- Continued working to create a Dashboard for the Ending the HIV Epidemic initiative
- Held over 43 in-person meetings, 14 listening sessions, and 40 conference calls/webinars with EHE jurisdictions and key stakeholder groups
- Initiated a “texting tree” for the Cherokee Nation that gives PrEP information, promotes HIV testing, coordinates HIV treatment, and sends daily pill reminders to PrEP users
- Initiated a telemedicine service for all of Cherokee Nation’s patients living with HIV
 - Use telemedicine to retain and/or increase patient engagement in care, provide an alternative way to deliver patient care during the COVID-19 pandemic. Allows medical staff and patients to communicate in real-time.

Summary of Progress – Q2 FY 2020 (continued)

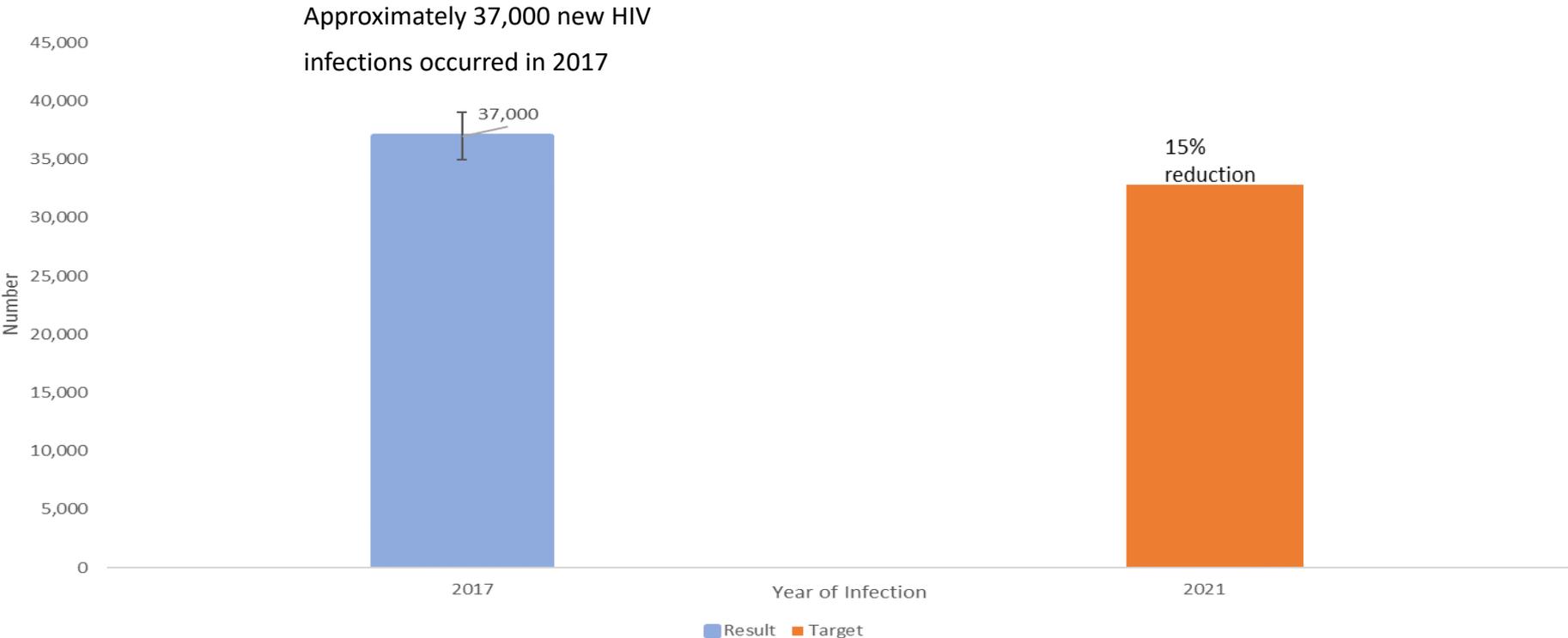
Major Achievements

- Developed a database for the Cherokee Nation that includes demographics, risk factors, and clinical monitoring parameters for all HIV patients
- Expanded the Cherokee Nation's system-wide electronic health record data collection for HIV screening data retrieval
- Released the first 2 (of 4) online PrEP Navigator training courses designed for AI/AN community health workers
- Recorded the first episode in a planned HIV prevention, care, and treatment podcast series for AI/AN Two Spirit¹ individuals
- Commemorated National Native HIV/AIDS Awareness Day in conjunction with ODP with a formal roll-out of Ready, Set, PrEP for Indian Country

1. The unifying term 'Two-Spirit' is first preserved for Indigenous people, and describes an individual who has both a male and female essence; whether the person was assigned male or female at birth does not matter. Many Two-Spirit individuals feel that the term embodies all aspects of identity including sexuality, culture, gender, and spirituality, and highlights how each part of identity is interrelated (K. Walters et al., 2011). Beyond the term 'Two-Spirit,' there are many more identities and concepts that language (and literal translations) cannot explain (Jacobs et al., 1997) (Pruden, 2014).

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

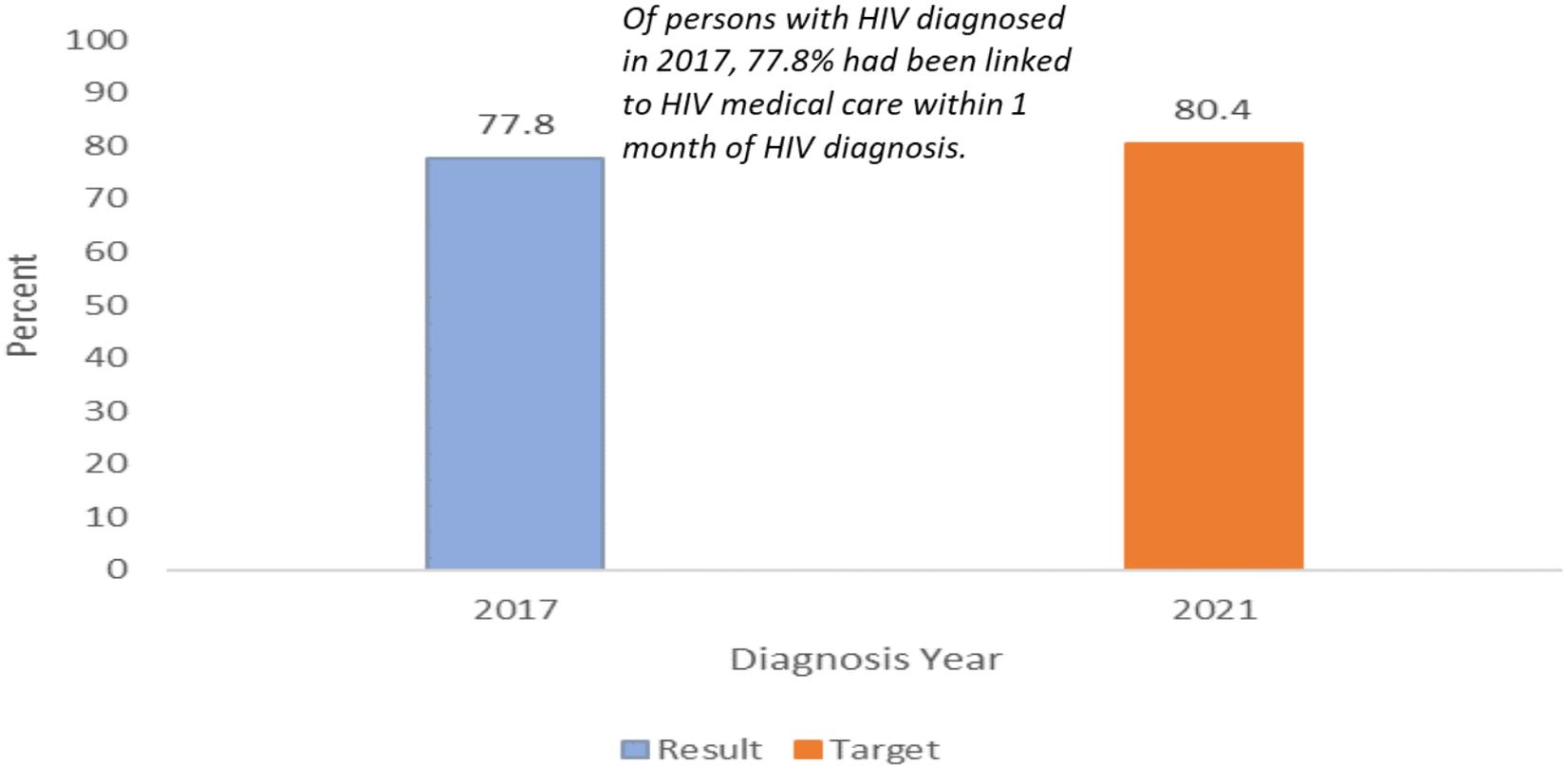
Defined as the estimated number of new HIV infections among persons aged ≥13 years that occurred in the calendar year. The target is to decrease the number of new HIV infections by 15 percent by 2021.



Note: Baseline year is 2017. 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 Ending the HIV Epidemic 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. Additionally, all targets are subject to change and dependent on appropriated resources.

Key Indicator: Linkage to HIV Medical Care by Diagnosis Year

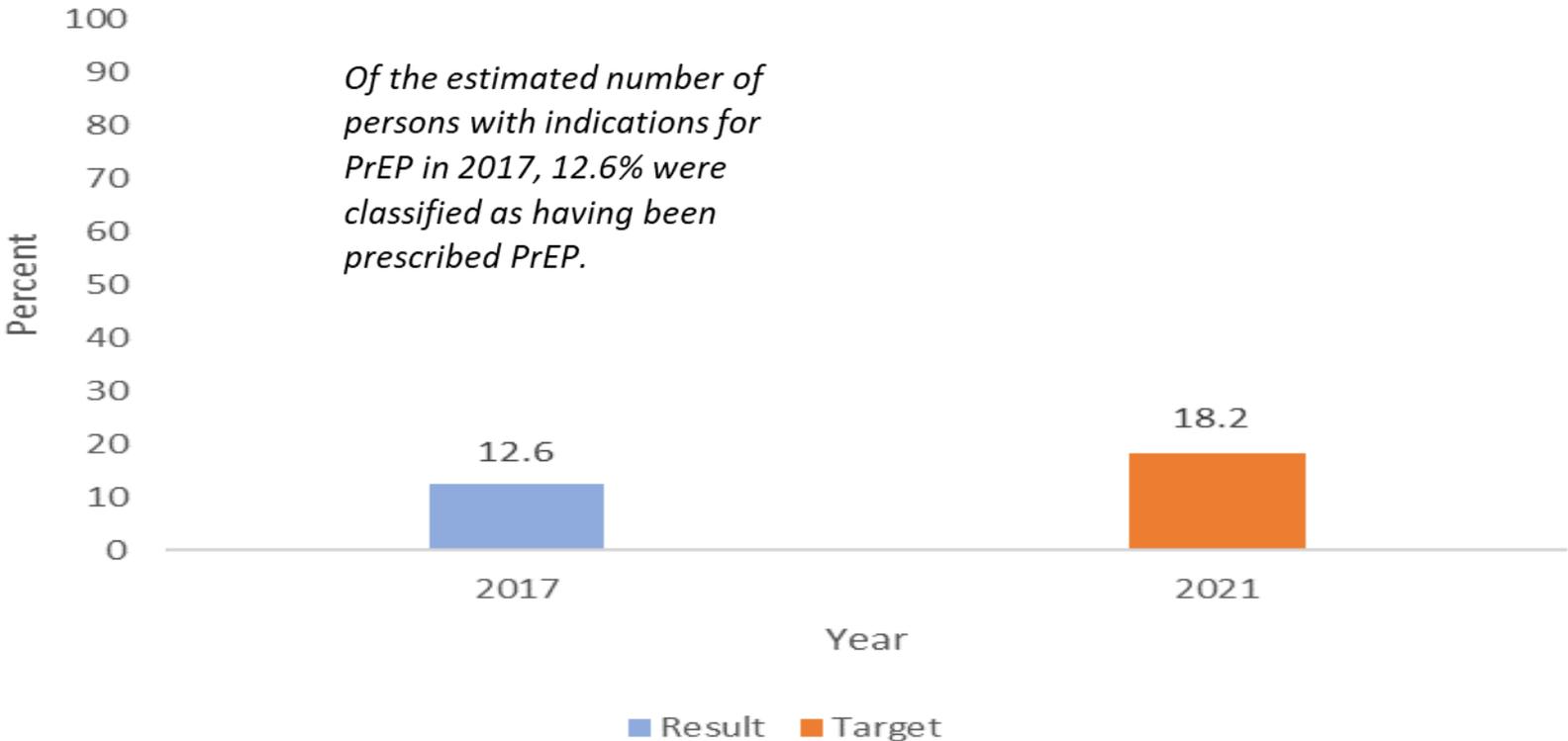
Linkage to HIV medical care is defined as the percentage of persons with diagnosed HIV in a calendar year aged ≥13 years who were linked to HIV medical care within 1 month of HIV diagnosis. The target is to increase 15 percent by 2021.



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. Additionally, all targets are subject to change and dependent on appropriated resources. 12

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. 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	
Ending the HIV Epidemic Dashboard				
Launch of Static Dashboard with Indicators	1/25/2020	In Process	OIDP	Working collaboratively with OPDIVs* (Tentative launch 6/2020)
Launch of Interactive Dashboard	7/1/2020	In Process	OIDP	Working collaboratively with OPDIVs*
Ending the HIV Epidemic 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	12/31/2019	Completed	CDC	
Review and accept jurisdictions Community Plans (PS19-1906)	3/30/2020	In Process	CDC	Feedback on initial draft plans provided to each jurisdiction, revised plans due 12/31*
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	In Process	CDC	Applications due 5/1; Award date 8/1/2020*
Award FY20 Administrative Supplements to Centers for AIDS Research (CFARs) and AIDS Research Centers (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	
Ending the HIV Epidemic 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 "Ending the HIV Epidemic" Goals NOFO (RFA-MH-20-520 and RFA-MH-20-521)	11/2019	Started	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	With new staff, established and maintained CDC partnerships to enhance IHS data access and analysis capabilities around HIV

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	Started	NIH	This meeting was originally scheduled for May 2019 but has been postponed due to COVID 19. Save the date notices have gone out; Working collaboratively with Community, CBOs to select new date
Hold HIV in the South Working Group Meeting	TBD	Started	NIH	
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
Ending the HIV Epidemic Monitoring Progress				
Compile lessons from Jumpstart Sites	1/30/2020	In Process	OIDP/CDC	
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 Progress	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	The Cherokee progress report will be completed by April 30.
Develop progress report on Nation Native HIV Network	3/2020	Complete	IHS	NNHN progress report will be completed by April 30.
Develop progress report on Tribal Epidemiology Centers	3/2020	Complete	IHS	TEC progress report will be completed by April 30.
Develop progress report on activities of headquarters-based HIV epidemiologist	3/2020	Complete	IHS	Progress report will be completed by April 30.

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** | Deputy Director, Office of HIV/AIDS and Infectious Disease Policy (OIDP), OASH
- **Harold J. Phillips, MRP** | Chief Operating Officer, Ending the HIV Epidemic: 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 / Congressional Consultations

- Congressional Contacts (19 of 541 members; 3.5 percent)
 - Senate Members 6/100, 6 percent
 - House Members 13/441, 2.9 percent
- Contacted Congress Members Representing EHE Sites 15/255, 2.9 percent
- Congressional Committee Contacts
 - Senate Appropriations 3/31, 9.7 percent
 - House Appropriations 1/53, 1.9 percent
 - Senate Committee on Health, Education, Labor and Pensions (HELP) 2/23, 8.7 percent
 - House Energy & Commerce Committee 4/55, 7.3 percent