



*Ending the HIV Epidemic:
A Plan for America*



www.cdc.gov/EndHIV

Ending
the
HIV
Epidemic



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HIV has Cost America Too Much for Too Long

700,000+

American lives lost to HIV since 1981

\$28 billion

Annual direct health expenditures by
U.S. government
for HIV prevention and care

Without intervention and
despite substantial progress
another

400,000

Americans will get HIV
over 10 years despite
the available prevention tools



<https://www.kff.org/hiv/aids/fact-sheet/u-s-federal-funding-for-hiv-aids-trends-over-time/>

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New HIV Infections have Declined Substantially, but Progress is Stalled

1980s

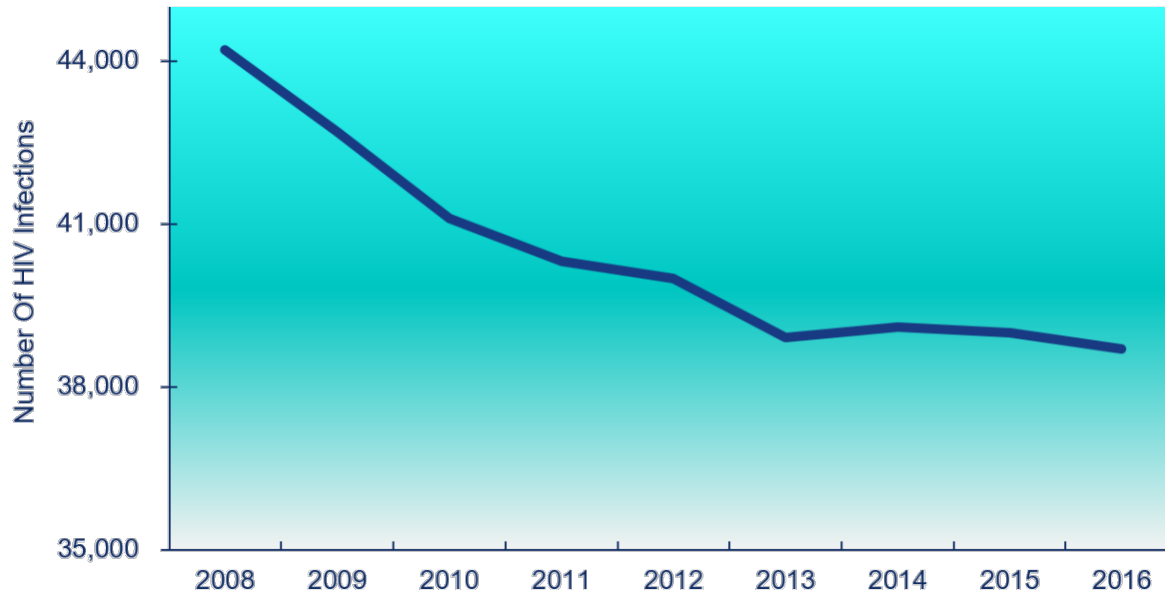
peak incidence
near 130,000 annually

1985 - 2012

interventions have driven
infections down
to <50,000 annually

2013- Present

HIV infections have stabilized
after a period of decline





Now is the Time to End the HIV Epidemic

We have access to the most powerful HIV prevention and treatment tools in history. Cutting-edge prevention technologies and strategies help identify where those services are most urgently needed.

By equipping all communities at risk with these tools, we can end the HIV epidemic in America.



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Ending the HIV Epidemic

- Proposed by U.S. Department of Health and Human Services
- Coordinated by the Office of the Assistant Secretary for Health
 - A bold, 10-year initiative that, if funded, will aim to reduce new HIV infections 90% over 10 years
 - Leverages critical scientific advances in HIV prevention, diagnosis, treatment, and care – and highly successful programs of HHS agencies



Ending the HIV Epidemic

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



Diagnose all people with HIV as early as possible.

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 (SSPs).

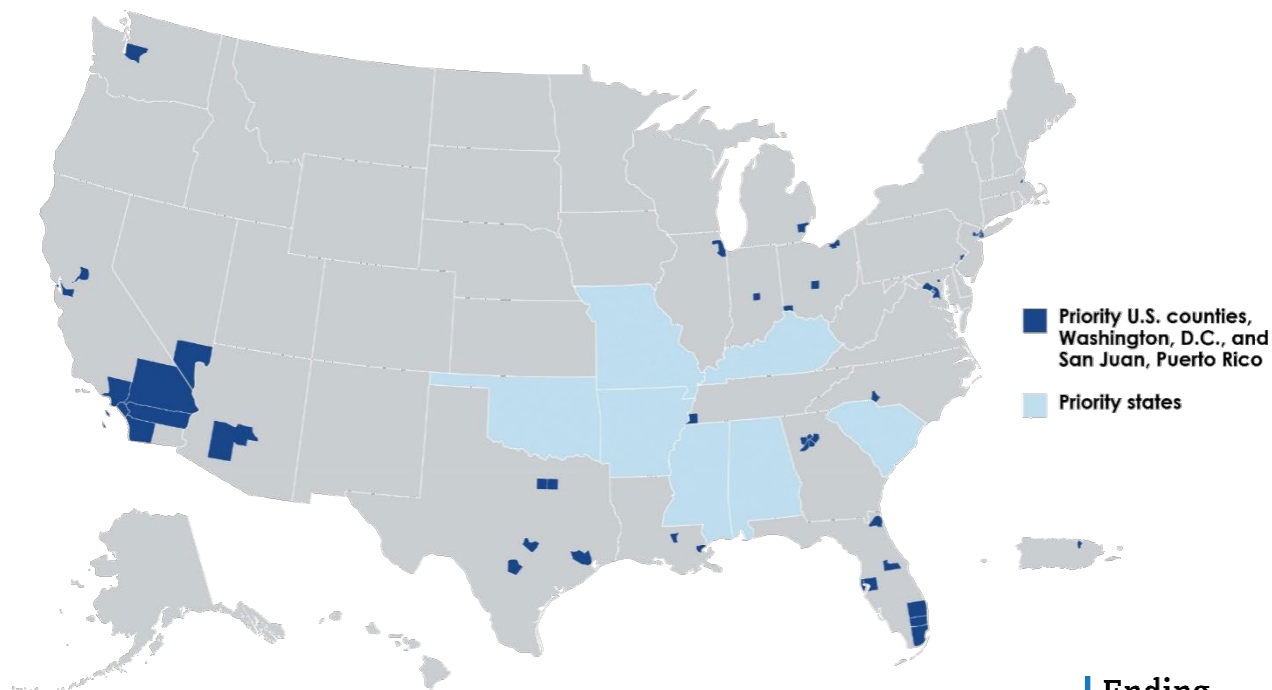
Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



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Targeting Resources for Greatest Impact

- Data on burden of HIV in the U.S. shows areas where transmission occurs more frequently.
- More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico.
- In addition, seven states have a substantial rural burden.
- *Ending the HIV Epidemic* will prioritize populations at greatest risk, including African Americans and Hispanic/Latinos



*2016-2017 data

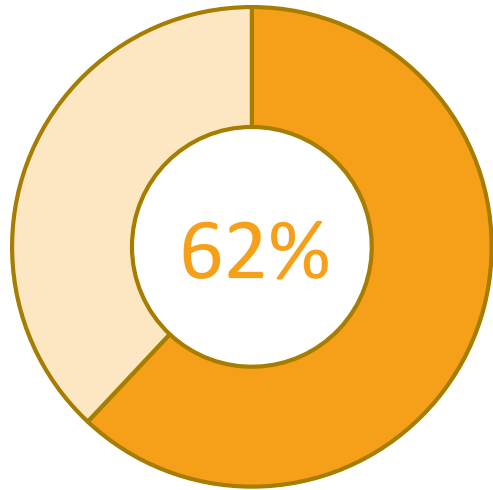
Full list of Locations:

<https://www.cdc.gov/endhiv/priorities.html>

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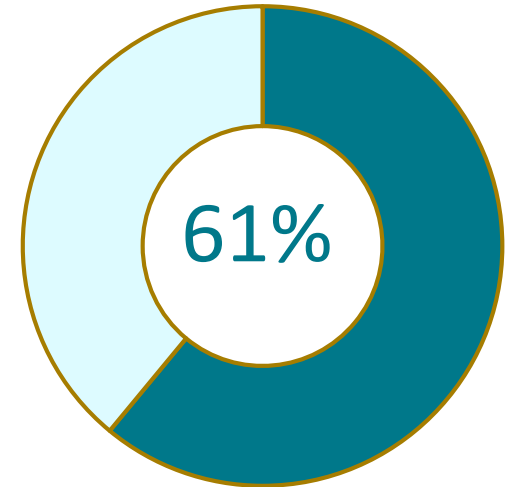


Ending the HIV Epidemic will address disparities



Black/African American

Nearly two-thirds
of new HIV diagnoses in 2017
for both
Black/African Americans &
Hispanic/Latinos
were in the
57 EHE phase 1 jurisdictions



Hispanic/Latino



Diagnoses of HIV Infection in the United States and Dependent Areas, 2017 –
<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>



Preparing for *Ending the HIV Epidemic*



Jumpstart
Sites

EHE
Planning

Preparing
for FY 2020

To End the HIV Epidemic,

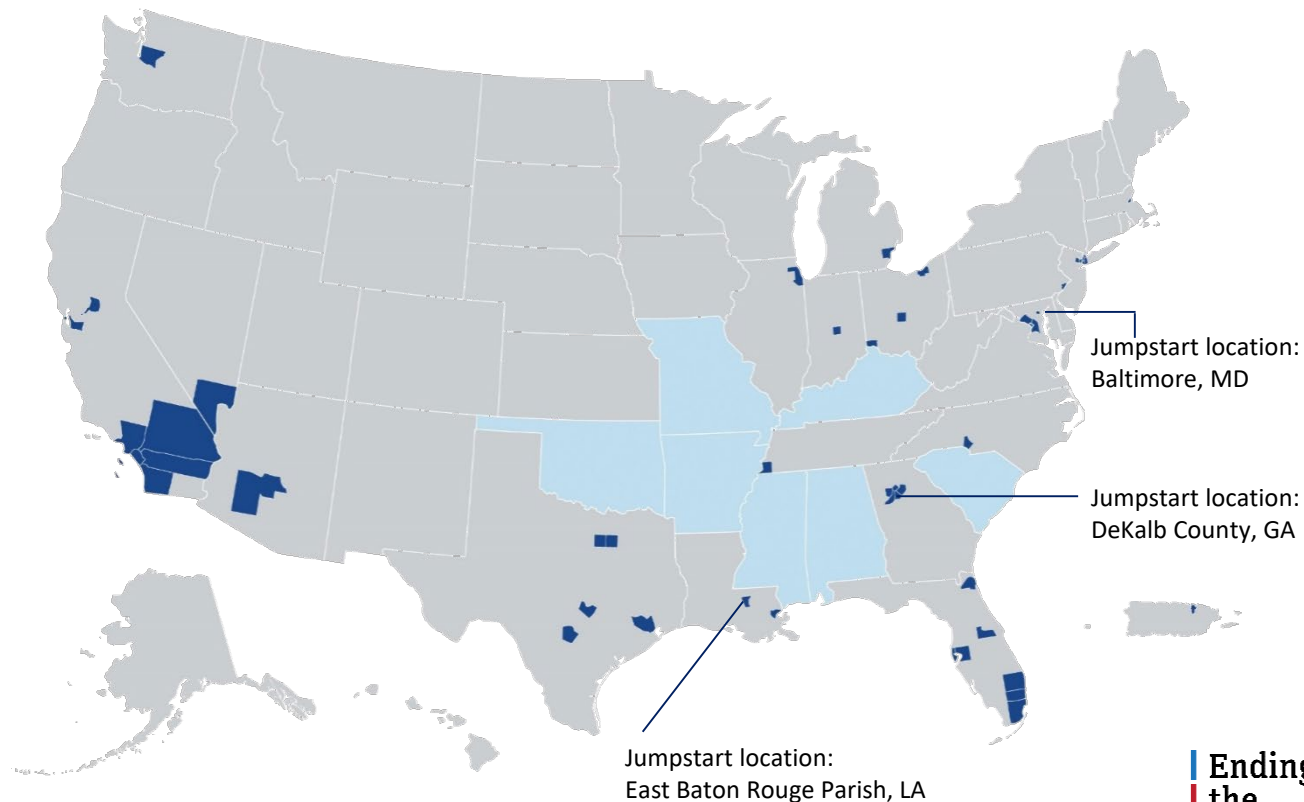
HHS is providing funding in 2019 for -
Jumpstart activities in key locations &
Planning in all phase 1 jurisdictions

HHS agencies are also planning for
implementation in FY 2020



Jumpstart Sites

- **\$4.5 million**
in funding
- **FY 2019**
Minority HIV/AIDS Fund
- **Three Pilot Projects**
via CDC Flagship Health
Department Cooperative
Agreement



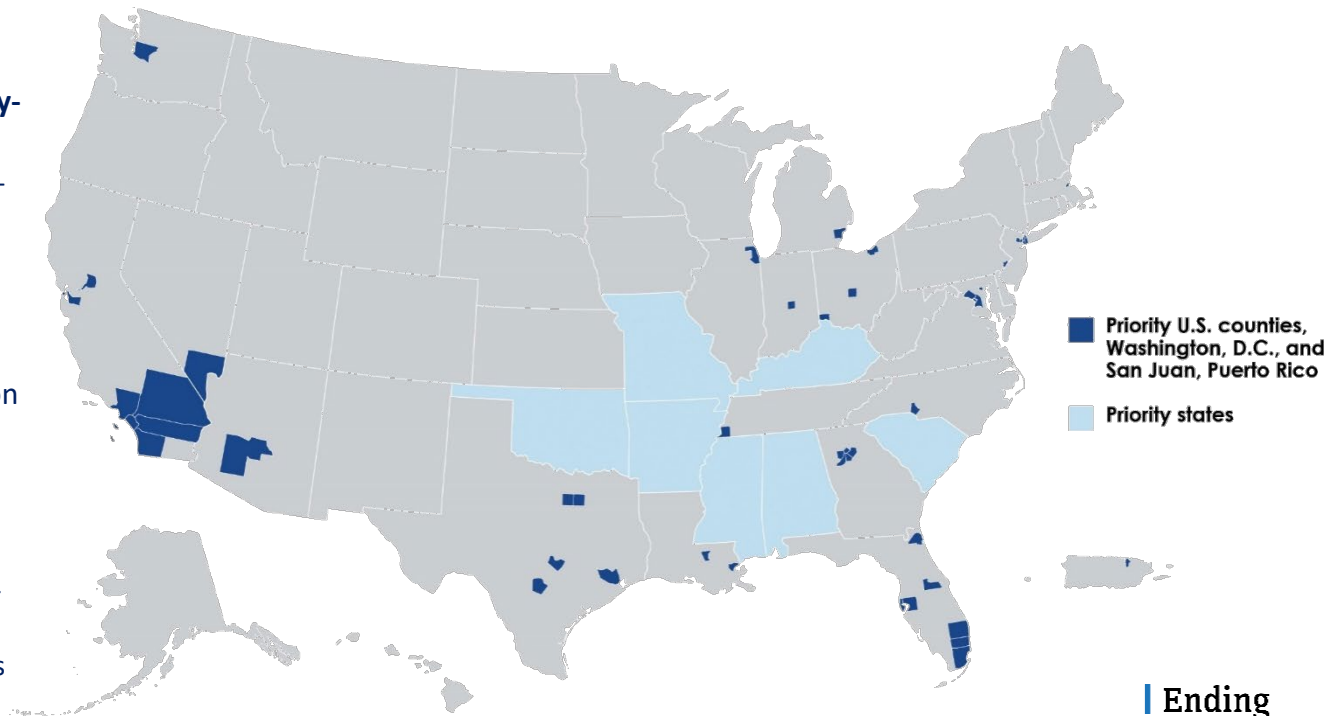
Strategic Planning and Partnerships

Local EHE planning

- Jurisdictions will engage local partners to develop **community-tailored plans**
 - \$12 million to 32 eligible, CDC-funded state and local HDs representing Phase 1 Jurisdictions

One national nonprofit

- Funded the National Association of State and Territorial AIDS Directors (NASTAD) to provide support to jurisdictions
 - Up to \$1.5 million in 2019
 - Up to another \$1.5 million per year from 2020 to 2023 based on the availability of resources



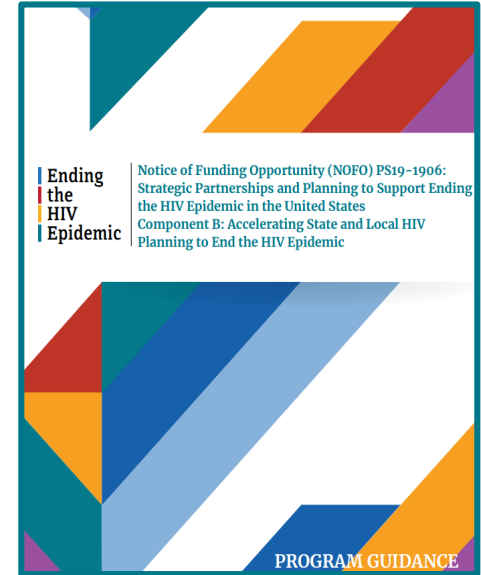
EHE Planning Guidance Highlights

1. Increased and ongoing community engagement
2. Concise and expedited planning documentation
3. EHE planning will add to or enhance - not replace - previous planning efforts

“It is important that all voices are considered in the engagement process and reflected in the Ending the HIV Epidemic Plan.”

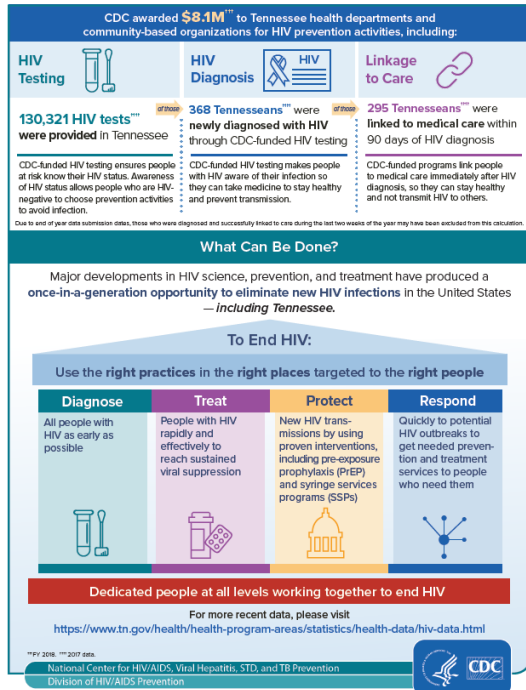
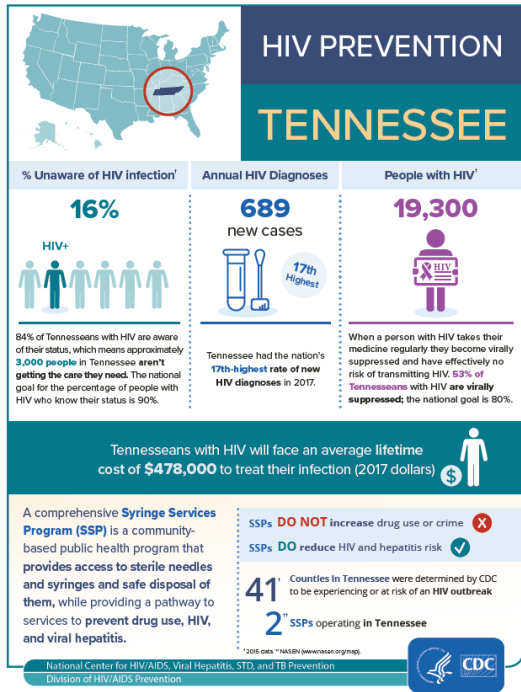


URL: <https://www.cdc.gov/hiv/funding/announcements/ps19-1906/component-b-guidance.html>



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HIV Prevention Profiles



HIV Prevention Profiles are available for all EHE states, Washington D.C. and Puerto Rico



URL: <https://www.cdc.gov/hiv/policies/index.html>

Ending the HIV Epidemic



FY 2020 EHE Implementation Planning at CDC

- Examining innovative prevention programs as well as best practices and interventions for scale-up, by pillar
- Preparing to announce and award FY20 funding to grantees, pending appropriation
- Soliciting input from grantees and partners
- Assessing the most efficient and appropriate means to implement certain programs
- Exploring workforce needs and solutions





CDC's Role

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HIV Work Force

- If funded, CDC will work with each community to establish on-the-ground teams that will include experts from multiple disciplines, including:
 - Epidemiology
 - Health care systems
 - Disease investigation
 - Medical, scientific, and public health
 - Social services
- CDC is planning to increase workforce capacity through current mechanisms and creative solutions.
 - Example – Leveraging CDC’s Public Health Associate Program (PHAP) to place highly motivated, early-career public health professionals in interested jurisdictions



PHAP
PUBLIC HEALTH
ASSOCIATE PROGRAM



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If funded, CDC will work closely with other HHS agencies, local and state governments, communities, and people with HIV to coordinate efforts to expand four key strategies.



Diagnose all people with HIV as early as possible.

Diagnose




Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Treat



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) & syringe services programs (SSPs),

Prevent



Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Respond



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Diagnose all people with HIV as early as possible.



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Early Diagnosis is Essential to End the HIV Epidemic

1 in 2

people with HIV have the virus at least

3 years

before diagnosis

1 in 4

people with HIV have the virus at least

7 years

before diagnosis

Less than 40%
of people in America
have ever been tested for HIV.

About 80%
of annual HIV infections are
transmitted by people who
don't know they have HIV
or are not in HIV care



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Diagnose

- **CDC will work in collaboration with federal, state, and local health agencies to:**

- Increase their capacity to test for HIV according to CDC guidelines
- Diagnose all Americans with HIV in the high-burden areas

- **Key approaches**

- Using the latest systems and technology to make testing simple, accessible, and truly routine in health care facilities
- Increasing more frequent testing in people at substantial risk
- Innovating technologies and programs, such as self-testing





Treat people with HIV rapidly and effectively to reach sustained viral suppression.



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Treat

HIV treatment keeps people healthy and prevents new infections.

People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load (or stay virally suppressed) have

effectively no risk of transmitting HIV

to their HIV-negative sexual partners.



Begin treatment as soon as possible

- CDC will work with partners and providers to quickly link people with newly diagnosed HIV to care

Keep people in care and on treatment

- CDC and HRSA will work with partners to expand local programs that identify and follow up with people who have stopped receiving HIV care and treatment
- Using Data-to-Care tools and approaches, CDC will encourage people to get back in HIV care and treatment

Target for impact

- HRSA will train clinicians and provide them with educational resources on HIV care and treatment in areas where CDC expands HIV testing
- HRSA-supported community health centers and Ryan White/AIDS Program centers will be funded to provide healthcare and support services for people with newly diagnosed HIV



CDC Support for Treatment and Viral Suppression



Linkage

Ensure immediate linkage to HIV clinical care and support services



Retention

Expand innovative activities to retain people in care and encourage adherence



Re-Engagement

Strengthen efforts to re-engage people who have fallen out of care





Prevent new HIV transmissions by using proven interventions including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).



A Daily Pill is Highly Effective in Preventing HIV

More than

1 Million

persons who might benefit
from PrEP

Less than

25%

who could benefit from PrEP
are using it

Encouraging Trends
among MSM at high risk

Between 2014 – 2017

Use of PrEP up 6% ↗ 35%
Awareness up 60% ↗ 90%



CDC. Vital Signs November 2015
Centers for Disease Control and Prevention. CDC HIV Prevention Progress Report, 2019.
Accessed 3/15/2019. <https://www.cdc.gov/hiv/pdf/policies/progressreports/cdc-hiv-preventionprogressreport.pdf>
Poster at CROI, 2019 - Changes in HIV PrEP Awareness and Use Among Men Who Have Sex with Men, 2014 vs. 2017
note: source of this data is the NHBS and is non-representative sample

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CDC and Federal Partners will Increase Access to and Use of PrEP

- Train providers*
- Increase availability of PrEP services in community health centers**
- Outreach to people at highest risk***
- Continue to update clinical guidelines
- Continue adding providers to the PrEP Locator
- Education campaigns
- HHS PrEP program



* CDC + HRSA
** HRSA
*** CDC + SAMHSA

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Comprehensive SSPs Reduce HIV Risk Without Increasing Illegal Drug Use or Crime



Providing testing, counseling and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a **50% decline** in the risk of HIV transmission.



New users of SSPs were **five times more likely to enter drug treatment** and three **times more likely** to stop using drugs than people who don't use the programs.



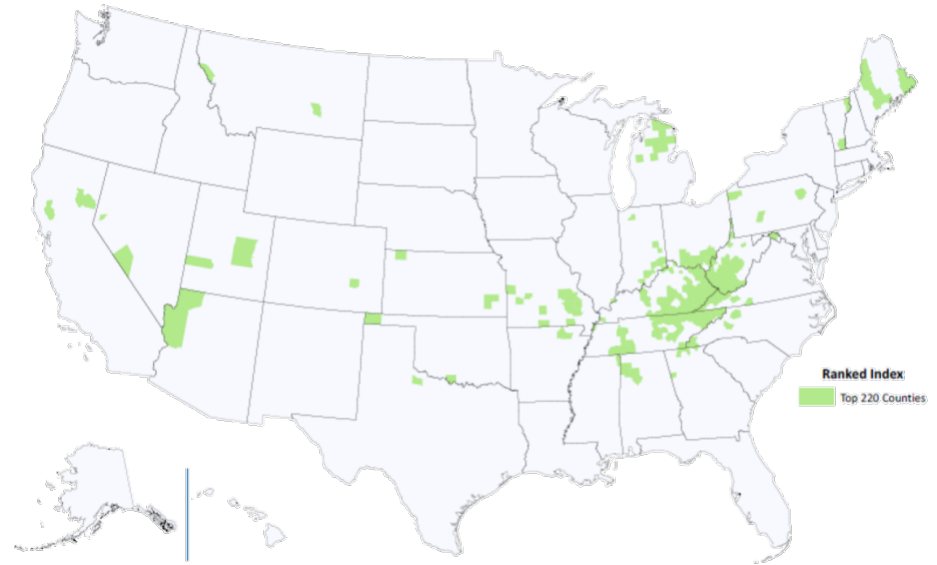
When two similar cities were compared, the one with an SSP had **86% fewer syringes** in places like parks and sidewalks.



<https://www.cdc.gov/ssp/>

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CDC will work with SAMHSA to increase access to and use of comprehensive SSPs, and with local communities to implement SSPs where they are needed and permitted by state law.



CDC identified areas across the U.S. that are potentially at risk for outbreaks of HIV and hepatitis C among people who inject drugs. Yet many communities threatened by the opioid epidemic and increasing injection drug use have not had the resources to establish effective SSPs.



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Respond early to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



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Detect potential
HIV outbreaks



Focus HIV prevention
and treatment resources
on the people and areas
that need them most



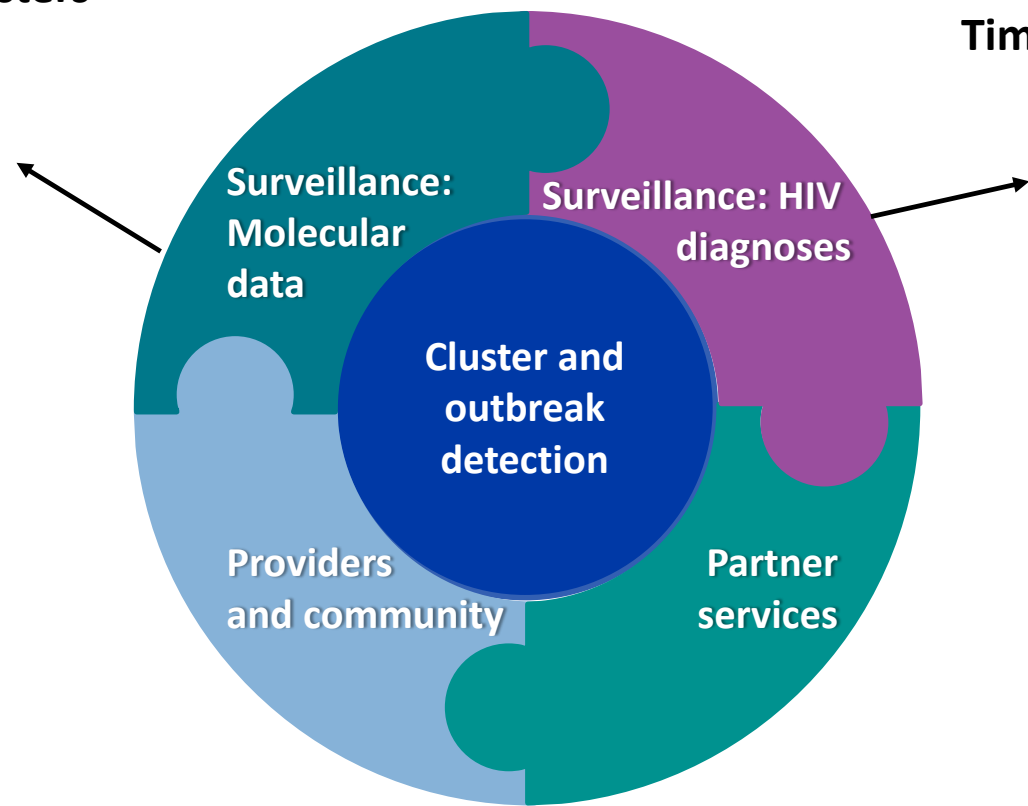
Help people with HIV
and people at risk to stay well



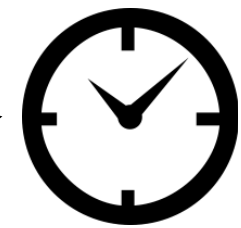
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Molecular clusters



Time-space clusters



HIV Data for Action



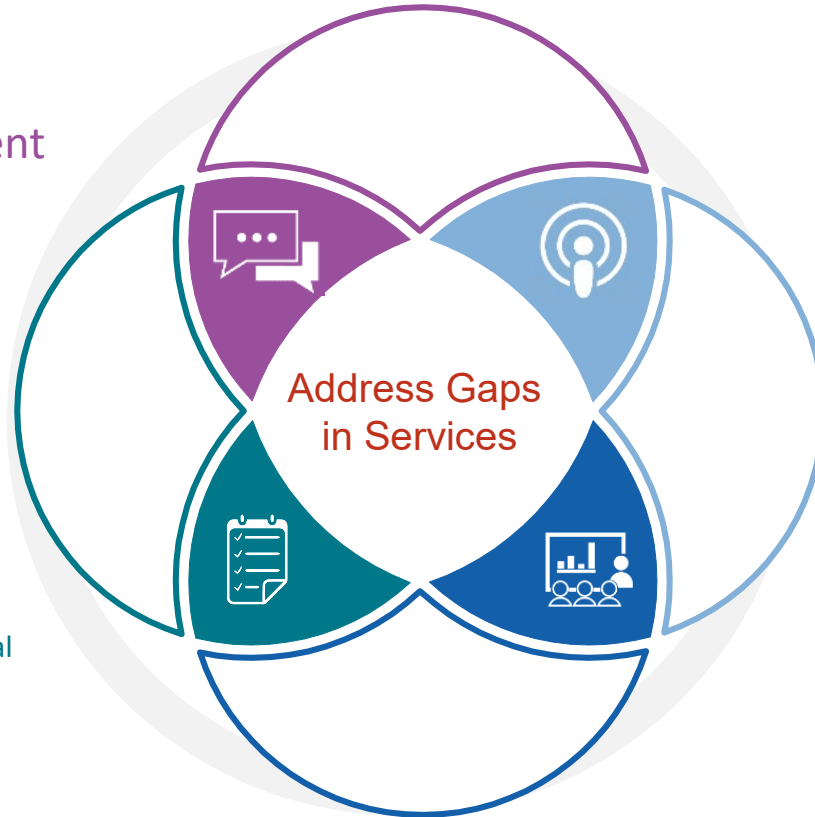
Community Involvement

Involve members of local communities in planning, implementation and evaluation



Flexibility

Develop flexibility in prevention and care programs, to allow for quick response when potential outbreaks are detected



Real-time Information

Develop approaches to provide real-time information on potential outbreak detection and response



Community Resources

Leverage community resources and expertise



CDC has been working to increase response capacity nationwide.

But not all areas have the resources to identify, investigate, and respond to potential HIV outbreaks.

CDC will assess and address gaps that prevent states and local areas from being able to fully investigate and respond to increases in HIV transmission and outbreaks

- Staffing
- Expertise
- Data management systems



* CDC + HRSA
** HRSA
*** CDC + SAMHSA

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FY 2020 – HRSA's Role in the Plan

Diagnose

- HRSA's Health Center Program will increase HIV testing in high impacted areas by conducting expanded outreach within their communities and increasing routine and risk-based HIV testing of health center patients.

HIV Care and Treatment

- If HRSA's Ryan White HIV/AIDS Program receives funding and flexibility to direct the funding to the identified jurisdictions for the Ending the HIV Epidemic initiative, HRSA will focus on linking people living with HIV who are either newly diagnosed, or are diagnosed but currently not in care, to the essential HIV care and treatment and support services needed to help them achieve an undetectable viral load.



<https://www.hrsa.gov/ending-hiv-epidemic>

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FY 2020 – HRSA's Role in the Plan

Prevent

- HRSA plans to focus on key geographic areas and expand access to PrEP for health center patients who are at highest risk of acquiring HIV infection. This will include receiving referrals from community-based programs and providing PrEP for those who are at high risk.

Respond

- New laboratory methods and disease control techniques allow health departments to see where HIV may be spreading most rapidly. HRSA's Ryan White HIV/AIDS Program and Health Center Program will support these transmission-ending strategies by providing HIV care and treatment (RWHAP) and PrEP (CHC) to those identified through cluster detection activities.



<https://www.hrsa.gov/ending-hiv-epidemic>

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FY 2020 – HRSA's Role in the Plan

Through the Health Resources and Services Administration's (HRSA) [Ryan White HIV/AIDS Program](#) and the HRSA-funded [Health Center Program](#), the agency will play a leading role in helping diagnose, treat, prevent, and respond.

HRSA HAB NOFOs

- HRSA-20-078: Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- HRSA-20-079: Ending the HIV Epidemic: A Plan for America – Technical Assistance Provider
- HRSA-20-089: Ending the HIV Epidemic: A Plan for America – Systems Coordination Provider

HRSA BPHC NOFO

- HRSA-20-091: Ending the HIV Epidemic-Primary Care HIV Prevention Supplemental Funding Technical Assistance <https://bphc.hrsa.gov/program-opportunities/funding-opportunities/primary-care-hiv-prevention>



<https://www.hrsa.gov/ending-hiv-epidemic>

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FY 2020 and Beyond

Ending
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We have an **unprecedented opportunity**
to **end the HIV epidemic** in America.

If funded, *Ending the HIV Epidemic*
will **significantly increase**
resources, technology, and expertise
where they are **needed the most.**



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President's 2020 Budget Request

Agency	New Funding Proposed	Activities
CDC	\$140M	<ul style="list-style-type: none"> • Test and diagnose new cases • Rapidly link newly infected individuals to treatment • Connect at-risk individuals to pre-exposure prophylaxis (PrEP) • Expand HIV surveillance • Directly support states and localities in the fight against HIV
HRSA	\$120M	<ul style="list-style-type: none"> • Increase direct health care and support services, further increasing viral suppression among patients in the target areas • Expanded PrEP services, outreach, and care coordination in community health centers
IHS	\$25M	<ul style="list-style-type: none"> • Screen for HIV and prevent and treat Hepatitis C
NIH-CFARs	\$6M	<ul style="list-style-type: none"> • Refine implementation strategies to assure effectiveness of prevention and treatment interventions
OASH	Maintains current \$	<ul style="list-style-type: none"> • Project coordination, communication, management, and accountability • Leadership of the Minority AIDS Initiative
SAMHSA	Maintains current \$	<ul style="list-style-type: none"> • Minority HIV / AIDS Program





With an estimated lifetime health care cost of ~\$500,000
per person with HIV,
achieving program goals will reduce medical expenditures by
>\$100 billion over the next decade



Now is the time.

Our goal is ambitious.
Our pathway is clear.

[CDC.gov/EndHIV](https://www.cdc.gov/EndHIV)

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