## **Ending the HIV Epidemic:** Building Capacity to Expand Viral Suppression Initiatives Lessons learned from Undetectable = Untransmittable rollouts in Region 4

**Office of Infectious Disease and HIV/AIDS Policy** 

CAPT John Oguntomilade, BDS, MPH, PhD LT Christina Waters, MPH September 15, 2022





## White House Office of National AIDS Policy (ONAP)

ONAP is part of the White House Domestic Policy Council

- Tasked with coordinating the continuing efforts of the government to reduce the number of HIV infections across the United States.
- The Office emphasizes prevention through wide-ranging education initiatives and helps to coordinate the care and treatment of citizens with HIV/AIDS.
- Coordinates with the National Security Council and the Office of the Global AIDS Coordinator and works with international bodies to ensure that America's response to the global pandemic is fully integrated with other prevention, care, and treatment efforts around the world.





## **OFFICE OF INFECTIOUS DISEASE AND HIV/AIDS POLICY**

- OIDP provides strategic leadership and management, while encouraging collaboration, coordination, and innovation among federal agencies and stakeholders to reduce the burden of infectious diseases.
- Advisory committees OIDP oversees 5 federal advisory committees that leverage expert advice to prevent infectious diseases in the U.S. HIV/AIDS, vaccines, tick-borne diseases, antibiotic resistance, and blood and tissue safety and availability
- Initiatives

OIDP develops, coordinates, and supports a range of infectious disease initiatives such as the Ending the HIV Epidemic in the U.S., the Minority HIV/AIDS Fund, HIV.gov, and actions to prevent healthcare-associated infections

National strategic plans OIDP coordinates with federal and non-federal stakeholders to develop, implement, and monitor national strategies to prevent infectious diseases: HIV, STIs, viral hepatitis, and vaccines



Office of OASH Infectious Disease and HIV/AIDS Policy VIRAL HEPATITIS VACCINES

National Strategic Plan Readmap to Elimination

National Strategic Plan





# **Ending the HIV Epidemic in the U.S.**

**GOAL:** 

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

reduction in 10 years.

### **FOCUSED EFFORT: Phase 1**

- 48 counties, DC, and San Juan account for 50% of new infections
- 7 states with the most substantial HIV diagnoses in rural areas





### **FOUR PILLARS**

#### Diagnose

All people with HIV as early as possible



PWH rapidly and effectively for sustained viral suppression

### Prevent

Treat

New HIV transmissions using proven interventions



**Respond** Quickly to HIV outbreaks





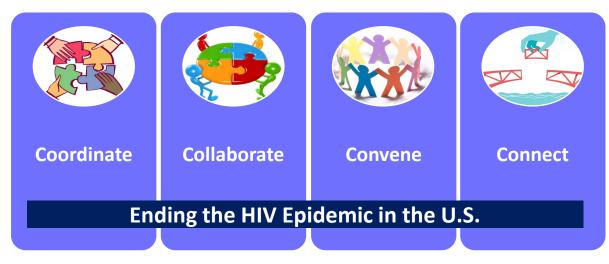
## Prevention Through Active Community Engagement (PACE) Program



 Prioritize the three HHS regions that have a substantial burden of new HIV diagnoses

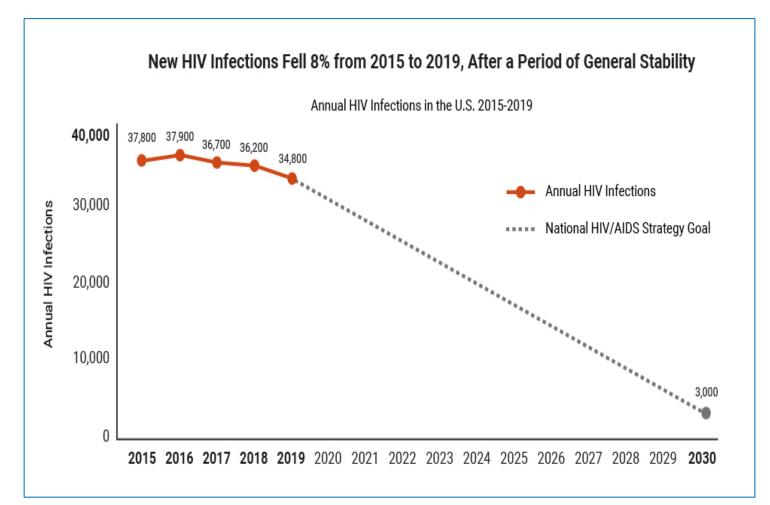
#### PACE

- Serve as OIDP Lead for "Ending the HIV Epidemic" in the regions
- Bridge the gap between community and federal programs





# **HIV EPIDEMIC: PROGRESS TO DATE**



The nation's annual new HIV infections have declined from their **peak in the mid-1980s**.

In 2019, the estimated number of new HIV infections was 34,800 and 1.2 million people were living with HIV in the United States.

Centers for Disease Control and Prevention data show that new HIV infections fell 8% from 2015 to 2019, after a period of general stability in new infections in the United States.



# **Disproportionate Impact in 2019**

Race/Ethnicity	% with HIV in 2019	% of US population 2019
Black/African American	40.3%	13.4%
White	28.5%	60.1%
Hispanic/Latino	24.7%	18.5%
Asian	1.5%	5.9%
American Indian/Alaska Native	0.3%	1.3%
Native Hawaiian and Other Pacific Islander	0.09%	0.2%

Gay and bisexual men are the most disproportionately affected group

Account for about 66% of new HIV infections each year, with the highest burden among Black and Latino gay and bisexual men and young men.

- 26% of new HIV infections were among Black gay and bisexual men,
- 23% among Latino gay and bisexual men
- 45% among gay and bisexual men under the age of 35.

Disparities persist among women. Black women are disproportionately affected compared to women of other races/ ethnicities.

- Annual HIV infections remained stable among Black women from 2015 to 2019,
- The rate of new HIV infections among Black women was 11 times that of White women and 4 times that of Latina women.

**Youth aged 13–24 years composed 21% of** new HIV diagnoses in the U.S.

7% of new HIV infections in the U.S. were among people who inject drugs.

## PACE Findings: Common Themes in States with Rural HIV Burden

#### **Community level challenges**

- Stigma, confidentiality
- Medical mistrust
- Access to health care, mental health, substance abuse
- Access to telehealth
- SDoH- transportation, housing, etc.
- Limited case management support
- Limited demand generation

#### Provider level – Training/Capacity building

- Awareness of HIV prevention services and programs
- Skills development:
- Taking sexual history to determine eligibility for PrEP
- Facilitating HIV opt out testing
- Addressing Stigma and patient confidentiality concerns
- Cultural humility and respectful engagement
- Optimizing HIV telehealth services



#### System level challenges

- Integration of HIV Prevention (PrEP) in primary care setting
- Creating an enabling environment for implementing HIV programs
- Integrating models that address SDoH and wrap around services
- Strengthening support for HIV telehealth services
- Support providers in addressing stigma and confidentiality
- Limited connectivity to facilitate telehealth services
- Criminalization laws
- Policies SSPs



## National HIV/AIDS Strategy (2022-2025) update

# NATIONAL HIV/AIDS STRATEGY

for the United States 2022–2025

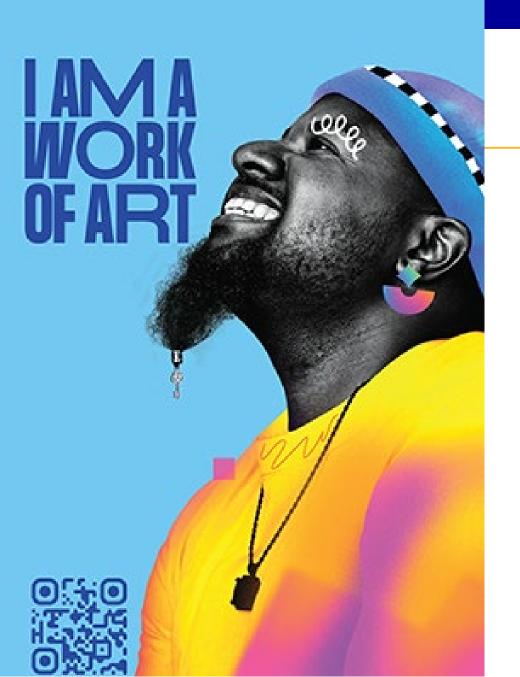


# VISION \* \* \* \* \* ----

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the lifespan.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.





# Viral Suppression Campaign: "I AM A WORK OF ART"

- The U.S. Department of Health and Human Services (HHS), developed the "I am a Work of ART" national viral suppression campaign as part of the *Ending the HIV Epidemic in the U.S.* (EHE) Initiative.
- This campaign supports the EHE key pillar: "Treat people with HIV rapidly and effectively to reach sustained viral suppression."
- Using a co-creation approach, HHS engaged traditional and nontraditional HIV stakeholders and people with HIV in eight EHE priority jurisdictions across the U.S. to develop "I am a Work of ART." Campaign materials feature a diverse group of people with HIV, who share personal stories about getting into care and using antiretroviral therapy (ART) to achieve viral suppression.
- The campaign name is a play on the dual meaning of "art"—the expression of creative skill and imagination and the acronym for antiretroviral therapy, the medications that make it possible for people with HIV to achieve viral suppression.

#### **Campaign Goal**

• Encourage people with HIV who are not in care to seek care, remain in care, and achieve viral suppression.



"I AM A WORK OF ART" **Downloadable Resources include:** 

Posters, Flyers, Rack Cards, Business Cards, Social Media Posts (Facebook, Instagram & Twitter) and videos.

https://www.hiv.gov/federal-response/campaigns/work-of-art/materials





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