

# Break Down Silos and Build Networks: Recommendations from the HHS Global-Domestic HIV Meeting

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## Introduction

The US Department of Health and Human Services (HHS) Global-Domestic HIV Meeting, held in June 2019, brought together representatives from the President's Emergency Plan for AIDS Relief (PEPFAR) and the Ryan White HIV/AIDS Program to exchange knowledge, experience, and expertise between global and domestic HIV programs. The meeting objectives were to share innovations and solutions to common challenges in the HIV response; exchange lessons learned in HIV policy, program, implementation, and research; and create recommendations for further research or action across HHS.



A plenary session featured remarks from CDC Director Dr. Robert Redfield, FDA Acting Commissioner Dr. Ned Sharpless, HRSA Administrator Dr. George Sigounas, IHS Chief Medical Officer RADM Michael Toedt, NIAID Director Dr. Anthony Fauci, and Assistant Secretary for Mental Health and Substance Abuse Dr. Elinore McCance-Katz, moderated by OGA Director Garrett Grigsby.

## Methods

Led by the HHS Offices of Global Affairs and Infectious Disease and HIV/AIDS policy, the meeting planning committee was comprised of subject matter experts from each of the HHS Operating Divisions (OpDivs) that implement HIV programs, including the Centers for Disease Control (CDC), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA). Staff from the Office of the Secretary (OS), and Office of the Assistant Secretary for Health (OASH) helped lead the planning. The committee selected the meeting themes and organized subcommittees for each corresponding breakout session.

Total Registered Participants by HHS Operating/Staff Division

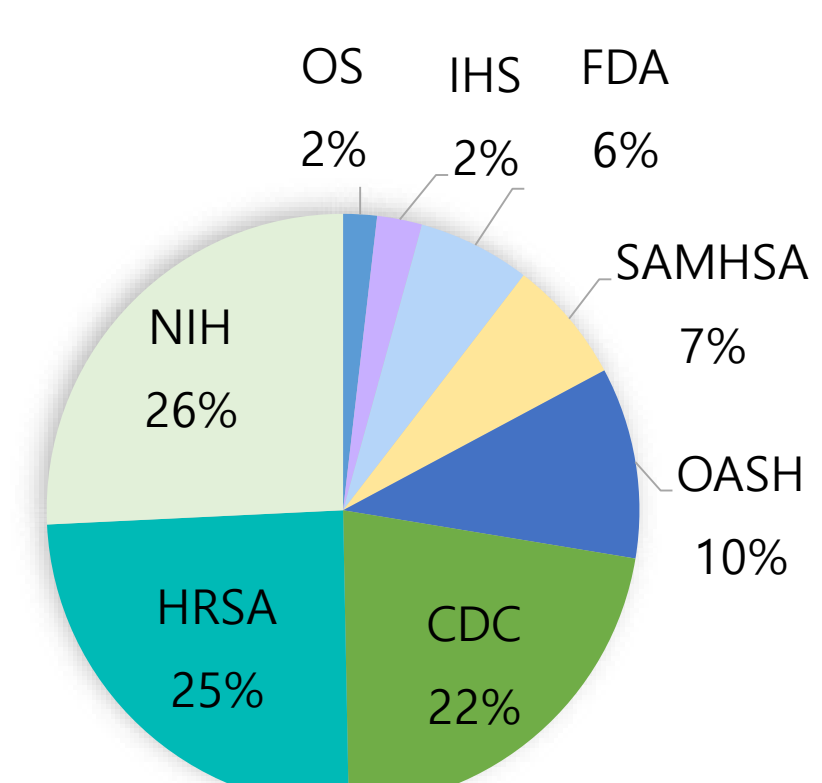


Figure 1: Percent of registrants for the HHS Global-Domestic HIV Meeting by HHS Operating or Staff Division. Total number of registrants was 167.

Total Registered Participants by Selected Breakout Group

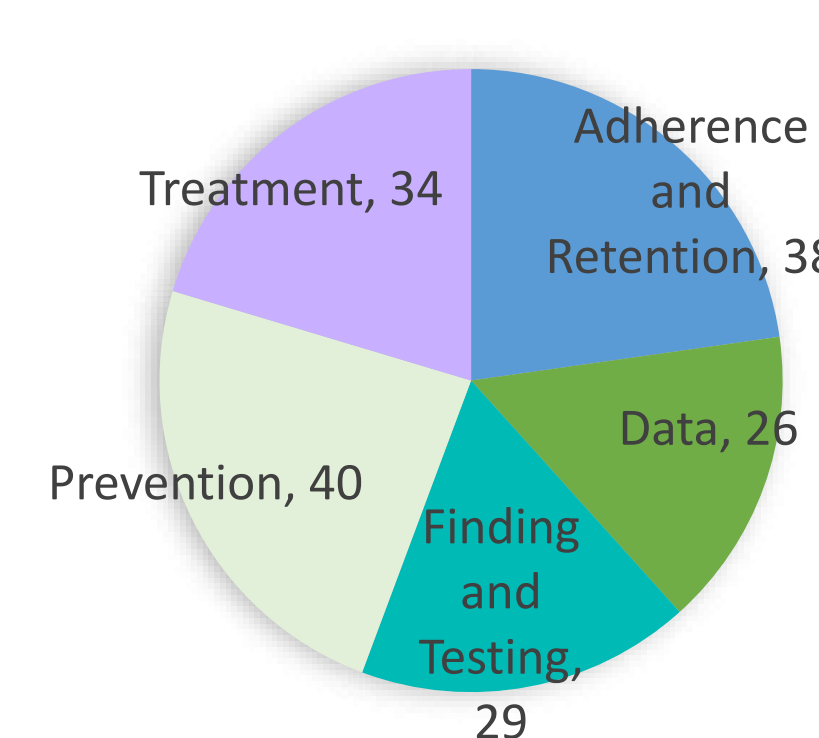


Figure 2: Count of registrants for the HHS Global-Domestic HIV Meeting by selected breakout group. Total number of registrants was 167.

All HHS employees in the DC area were invited to attend the meeting, and approximately 130 HHS employees attended the breakout sessions. During the breakout, participants were led through discussions of challenges, successes, and best practices, and ended with compiling recommendations for exploration in United States HIV programs.

## Recommendations

### Prevention



1. Work with communities to address stigma, inform policy, and move beyond traditional partners.
2. Stress accountability in reaching key populations, learn from actual beneficiaries, and align payers in the US for reimbursement of services and interventions.
3. Establish new non-traditional partnerships to reach people who inject drugs; create overlay maps for more comprehensive analysis; and share best practices on co-located services.

### Finding and Testing



1. Implement integrated services that address the health needs of the targeted communities and address stigma by promoting health screenings and linkages beyond HIV.
2. Explore the role of technology platforms, including social media, to improve the implementation and evaluation of social network strategies.
3. Adopt integrated, non-facility-based approaches that provide comprehensive services, including self-testing distribution strategies and pharmacy-based testing implementation models.

### Treatment



1. Explore best practices from the PEPFAR and Ryan White HIV/AIDS Program approaches to serve vulnerable populations such as youth, young women of color, black MSM, and transgender women.
2. Address the real and perceived financial barriers to treatment.
3. Expand the role of pharmacists as part of the care and treatment team, including the use of pharmacy data to address loss to follow-up, treatment adherence, and health literacy.

### Adherence



1. Move the adherence and retention support paradigm from reactive to proactive.
2. Create an active channel for federal partners to share advances in adherence and retention.
3. Advance implementation science collaborations on adherence and retention across OpDivs.

### Data Use



1. Adopt and exchange technologies, such as privacy protection tools and HIV transmission cluster identification tools, from domestic to global and vice versa.
2. Improve coordination of HIV surveillance data sources and use PEPFAR's model of timely data utilization as a model for the US.
3. Develop unique IDs both globally and domestically.

## Lessons Learned

Following the meeting, the planning committee drafted a report including detailed recommendations to send to all participants. The committee also sent a follow-up evaluation survey to all registered participants, and 42 participants responded, for a response rate of 25%.

Based on these responses, participants valued the opportunity to network across OpDivs and across global and domestic programs. This first-ever meeting of this scale allowed participants to learn about the range of programs and innovations being implemented globally and domestically and think through solutions in a noncompetitive environment. Examples of ways respondents said they would change the way they work due to the meeting include leveraging resources at other agencies and increasing collaboration overall.

"I am interested in collaborating with or continuing conversations with people that I met at the meeting."

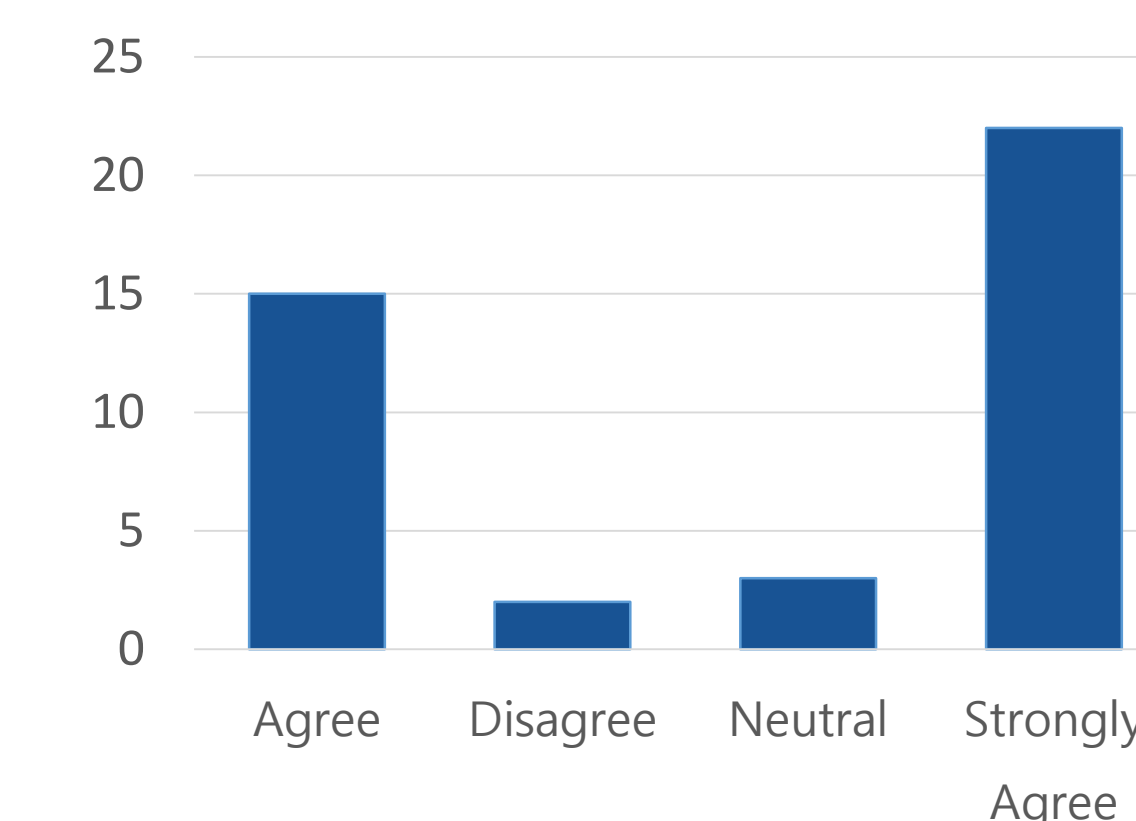


Figure 3: Responded level of agreement with the statement "I am interested in collaborating or continuing conversations with people that I met during the meeting." n=42

"I learned something at the meeting that may change the way that I work."

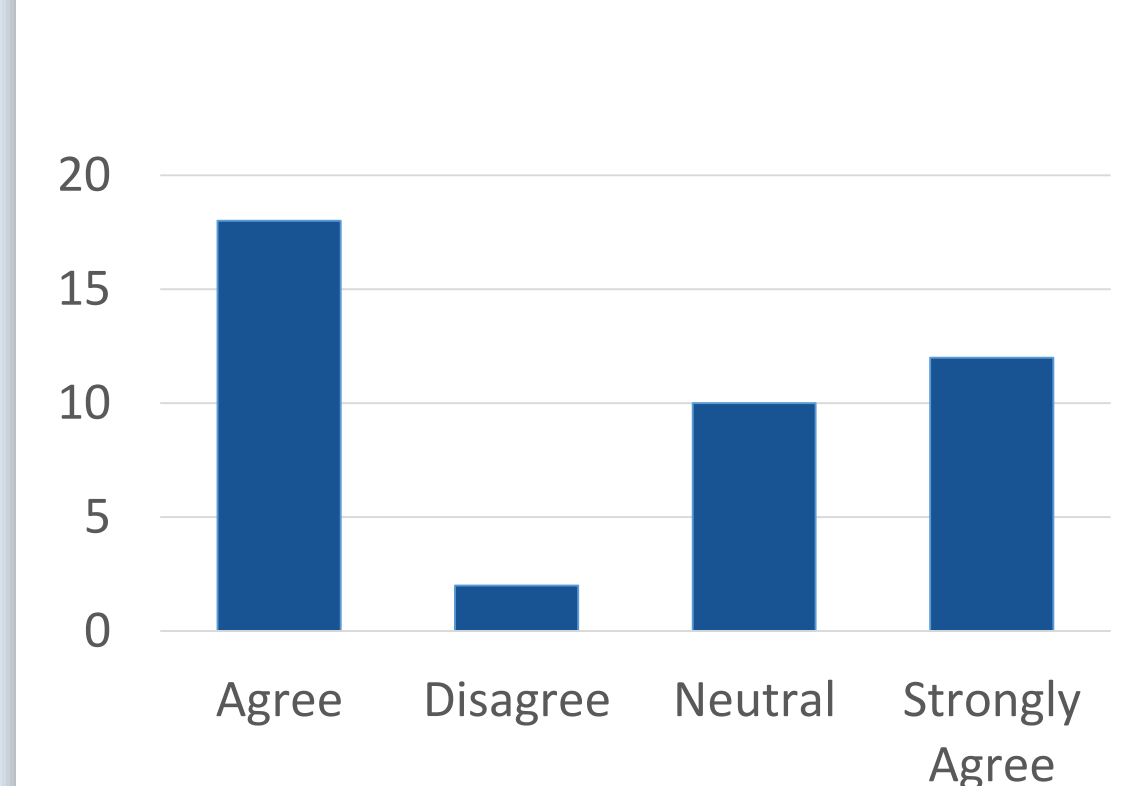


Figure 4: Responded level of agreement with the statement "I learned something at the meeting that may change the way I work." n=42

Areas for improvement included providing more time for breakout sessions. Other respondents stated that they felt the recommendations lacked clear steps for implementation, and others stated they wished they had more information on meeting goals prior to the meeting.

## Challenges/Limitations

According to participants, the meeting met the objectives of sharing innovations and solutions to challenges in HIV response and fostering the exchange of information across the global and domestic spheres. The breakout sessions created recommendations for HHS to explore in the future. However, tracking progress toward their application may be difficult if routine monitoring or further discourse is not implemented amongst the interagency. In order to make more implementable recommendations, more follow up and a dedicated interagency group is needed.

## Acknowledgements

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