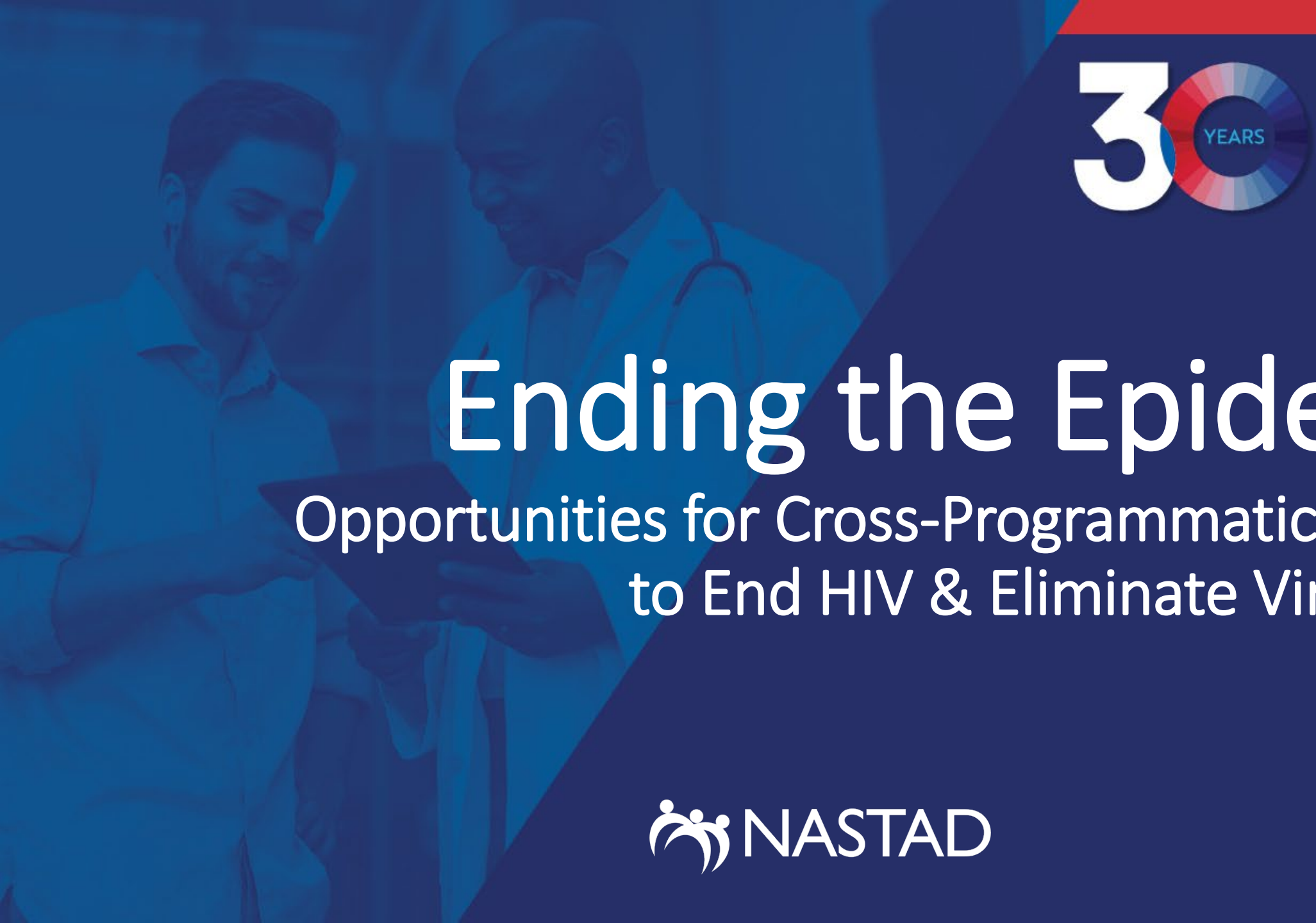

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

30 YEARS

Ending the Epidemics:

Opportunities for Cross-Programmatic Integration to End HIV & Eliminate Viral Hepatitis

NASTAD

Learning Objectives

- Participants will learn about successful programs that have worked within the Ryan White HIV/AIDS Program to address co-occurring infections.
- Through jurisdictional case studies, participants will learn about novel approaches to end the HIV epidemic.
- Participants will learn about the importance of cross-programmatic integration and how health departments have successfully implemented these innovations.

About NASTAD

- **WHO:** A non-profit association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

- **WHERE:** All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the U.S. Pacific Islands. Africa, the Central America region, and the Caribbean region.

- **HOW:** Interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments and ministries of health.

Mission and Vision

- **MISSION:** NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

- **VISION:** NASTAD's vision is a world free of HIV and viral hepatitis.

Presentation Speakers

Angela Johnson
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Emily McCloskey
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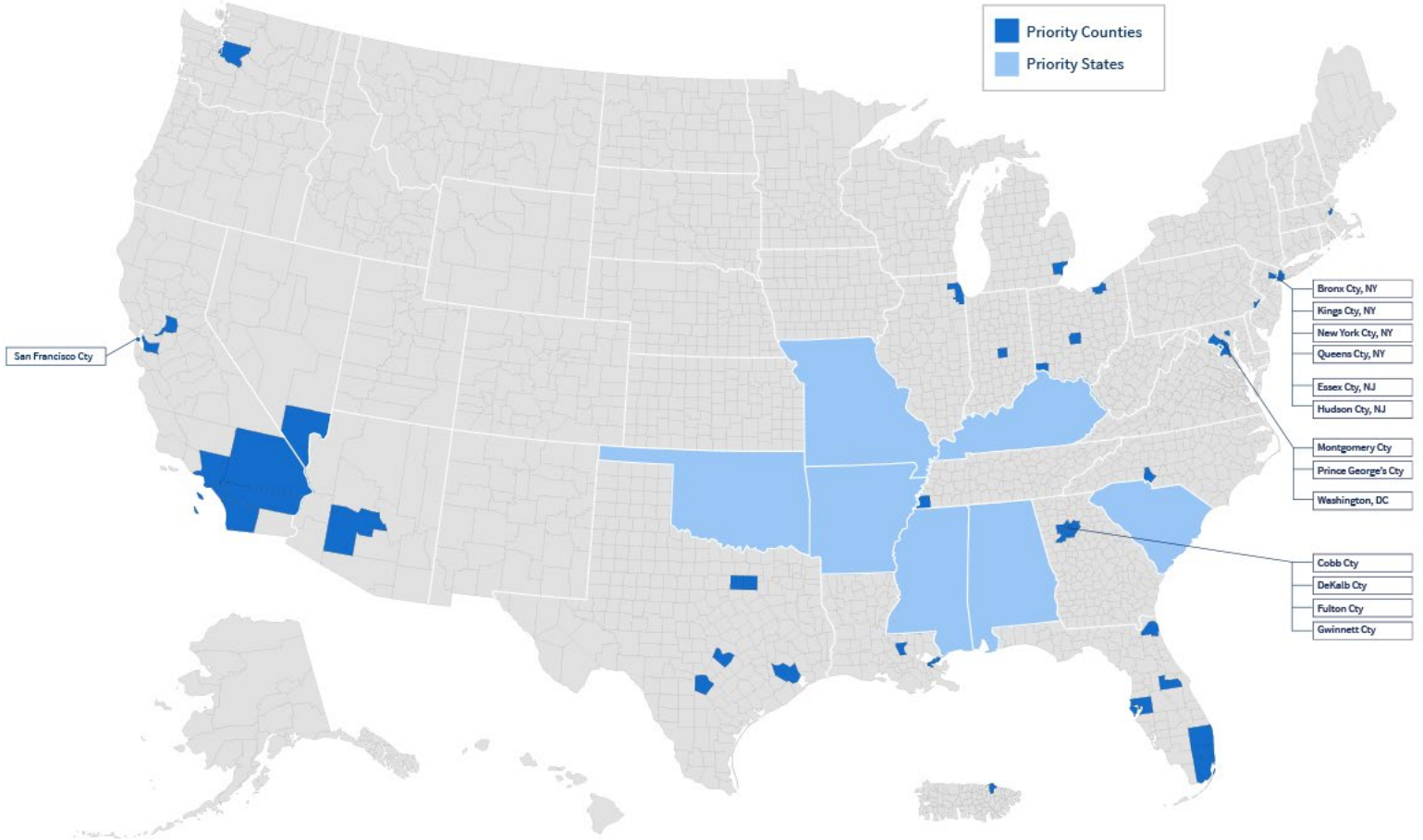
Ending the HIV Epidemic (EHE): A Plan for America

GOAL:

75%
reduction in new HIV infections by 2025
and at least
90%
reduction by 2030.

www.hiv.gov

Ending the HIV Epidemic: Phase 1 Jurisdictions



HIV.gov/ending-HIV-epidemic

FY2021 Funding

Ending the HIV Epidemic: Funding

	FY2020	FY2021 President	FY2021 House
CDC EHE	$140 m	$371 m (+$231 m)	$150 m (+$10 m)
HRSA EHE	$70 m	$165 m (+$95m)	$95 m (+$25 m)
BPHC EHE	$50 m	$137 m (+$87 m)	$65m (+$15 m)
IHS EHE	$0 m	$27 m	$5 m

CDC Funding

Ending the HIV Epidemic: Strategic Partnerships & Planning to Support EHE in the US (CDC PS19-1906)

Component A: National Level Strategic Partnerships, Communication, Policy Analysis, and Interpretation

- Focus: Providing support for the 57 Phase 1 jurisdictions
- Recipient: NASTAD
- Award: $1.5 million annually
- Duration: Sept. 30, 2019 – Sept. 29, 2024
- Subawards/Consultants: NCSD, CSTE, NACCHO

Component B: Accelerating State and Local HIV Planning

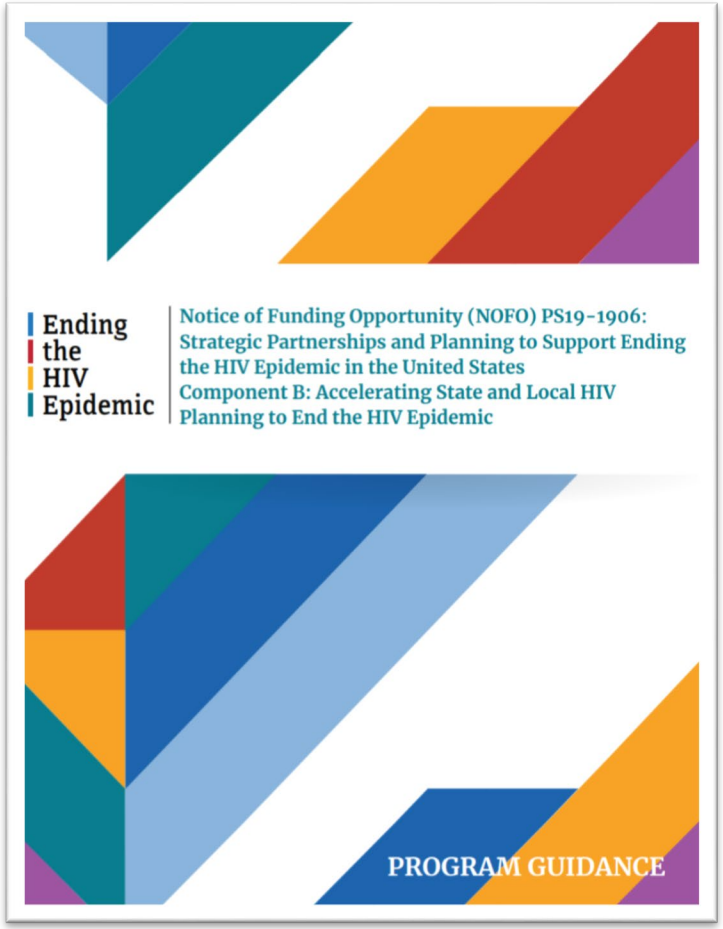
- Focus: Phase 1 health departments to conduct a rapid planning process that engages the community, HIV planning bodies, HIV prevention and care providers, and other partners in aligning resources and activities to develop jurisdictional EHE plans
- Recipients: Phase 1 Jurisdictions (57 jurisdictions within 32 CDC-funded state and local health departments)
- Award: $12,000,000 (ranging $199,738 – $492,370)
- Duration: 1 year (Sept. 30, 2019 – Sept. 29, 2020) ***no-cost extension through Dec. 31, 2020***

Ending the HIV Epidemic: Planning Guidance

- Engagement Process
- Epidemiologic Profile
- Situational Analysis
- EHE Planning

Final plans due:

December 31, 2020



Anticipated Start Date: August 1, 2020 (5-year award)

- Component A: Ending the HIV Epidemic (core)
  - Recipients: Phase 1 jurisdictions
  - Award: Based on funding formula
  - Up to 10% of award may be used for viral hepatitis/STD/TB screening activities performed in conjunction with HIV testing
- *Component B: HIV Incidence Surveillance (tbd)*
- Component C: Scaling Up HIV Prevention Services in STD Clinics (optional)
  - Recipients: 5-8 jurisdictions
  - Award: $400,000 - $800,000

HRSA Funding

Ending the HIV Epidemic:
Ryan White HIV/AIDS Program Parts A and B (HRSA-20-078)

- Focus: RWHAP are encouraged to be innovative and creative in their use of funds in order to expand access to care and treatment and address unmet needs. Funded recipients are not limited to using the RWHAP service categories for this initiative. Recipients are required to collaborate with TAP and SCP recipients for technical assistance.
- Recipients: 39 RWHAP Part A EMAs or TGAs, 8 RWHAP Part B funded States/Territories and RWHAP Part B Programs
- National Award Amount: $55,070,000
- Duration: March 1, 2020 through February 28, 2025

Ending the HIV Epidemic: Technical Assistance Provider (HRSA-20-079)

- **Focus:** TAP provides technical assistance to the recipients of HRSA-20-078 on implementation of work plan activities, innovative approaches, and interventions.

- **Recipient:** Cicatelli Associates, Inc. Technical Assistance Provider- Innovation Network (TAP-IN)
- **Partners:** UCLA Department of Family Medicine, the Southern AIDS Coalition, Housing Works, the National Association of Community Health Centers, the Black AIDS Institute, the National Council of STD Directors, Mid-Atlantic AETC, University of Mississippi - Center for Telemedicine, Amida Care, Mission Analytics, WRMA and a pool of expert TA providers

- **Proposed Activities:**
  - Provide tools and manuals to aid in implementation of new strategies
  - Strengthen the capacity of all jurisdictions to collect, report and use data to examine progress of EHE implementation
  - Provide opportunities for leadership development
  - Assist jurisdictions to respond to the effects of COVID-19 by adopting as public health strategies various modes of working remotely, such as telehealth
  - Collaborate with the EHE Systems Coordination Provider (NASTAD) to synergize efforts and resources across siloed systems and promote access to resources to respond quickly to HIV outbreaks
- **Duration:** March 1, 2020 through February 28, 2025
- **Award Amount**: $3,750,000

Ending the HIV Epidemic: Systems Coordination Provider (HRSA-20-089)

- **Focus:** SCP is responsible for assisting HRSA-20-078 recipients with coordinating and integrating their plans, funding sources and programs with existing HIV care delivery systems.

- **Recipient:** NASTAD
- **Partners:** JSI Research & Training Insititute , Inc., the Association of State Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Southern AIDS Coalition (SAC). NASTAD will also be working very closely with the Technical Assistance Provider, Cicatelli Associates,

- **Proposed Activities**:
  - Assess EHE plans and identify common systems coordination priorities
  - Engaging key stakeholders across health systems by providing high-intensity TA to ten high EHE jurisdictions during year one
  - Disseminations of promising practices and innovative strategies

- **Duration:** March 1, 2020 through February 28, 2025
- **Award Amount:** $1,250,000

Ending the HIV Epidemic: Primary Care HIV Prevention (HRSA-20-091)

- **Focus:** Engage new and existing patients in services through outreach. Increase HIV testing and provide PrEP to those who test negative and linkage to care for positive.
- **Recipients:** 195 health centers in the geographic locations identified by the Ending the HIV Epidemics initiative.

- Objectives:
  - **Outreach:** Engage new and existing patients in HIV prevention services, identifying those at risk for HIV using validated screening tools.
  - **HIV Testing:** Increase the number of new and existing patients tested for HIV.
    - 2a. **PrEP Prescriptions:** For persons who test negative, provide HIV prevention education, and prescribe and support the use of clinically indicated PrEP.
    - 2b. **Linkage to Treatment:** For persons who test positive, link them to HIV treatment.
  - **Partnerships:** Establish new and/or enhance existing partnerships with health departments, and community and faith-based organizations to support identification of at-risk individuals, testing, linkage to treatment, and other activities that will help achieve the PCHP purpose and objectives.
  - **Personnel:** Within eight months of award, add at least 0.5 FTE personnel who will identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP.
- **National Total Award:** $53,704,716 (base award amount $250,000)
- **Funding Start Date:** April 1, 2020

Ending the HIV Epidemic: Integrating STD & Viral Hepatitis

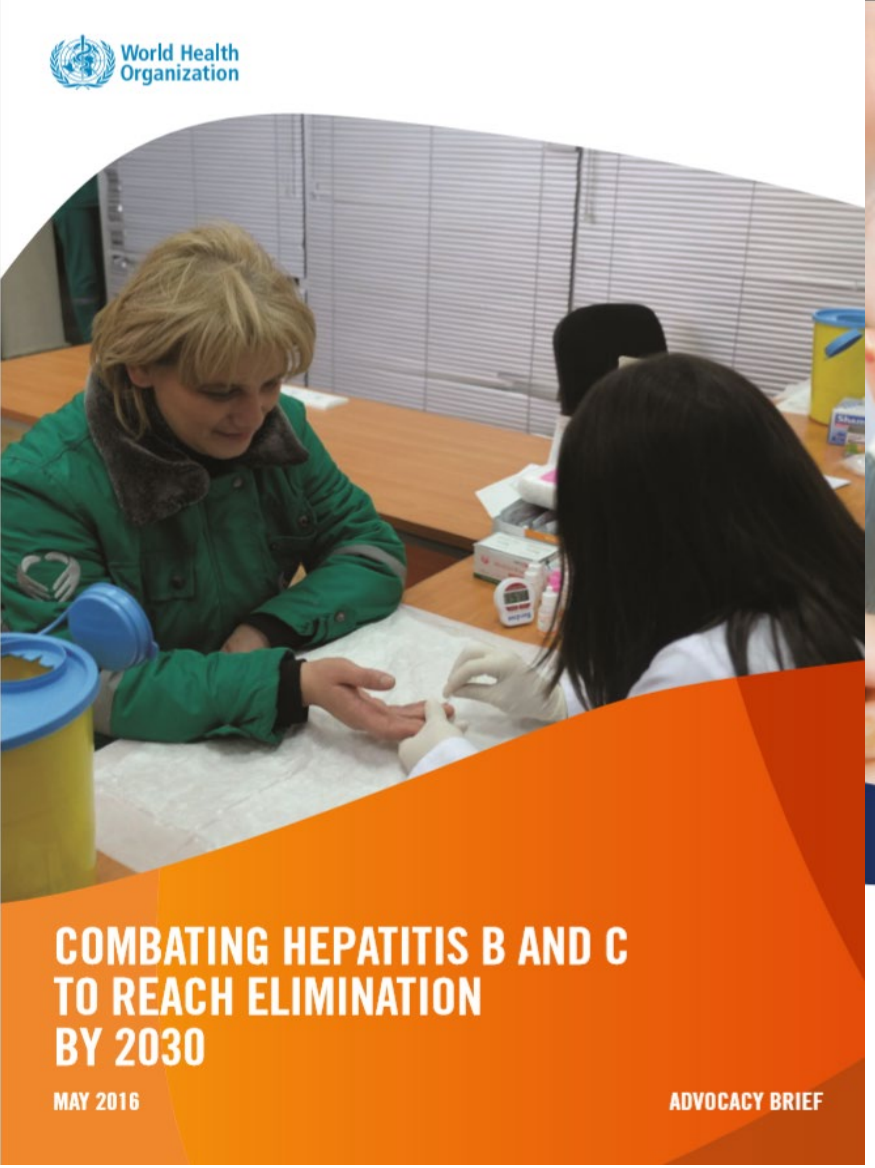
NASTAD encourages health departments to approach EHE planning through a collaborative, integrative service lens.

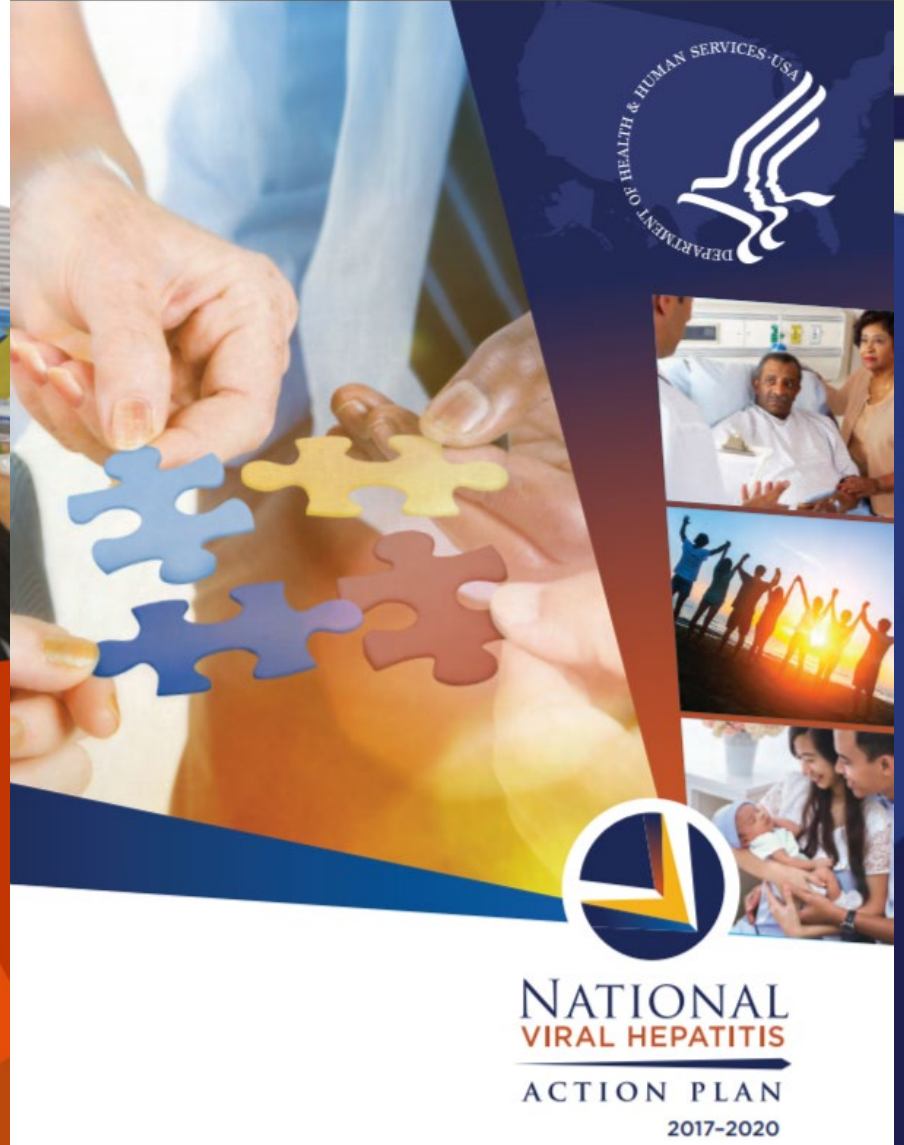
Effective, efficient EHE planning and implementation includes STD prevention and treatment, and viral hepatitis prevention and cure.

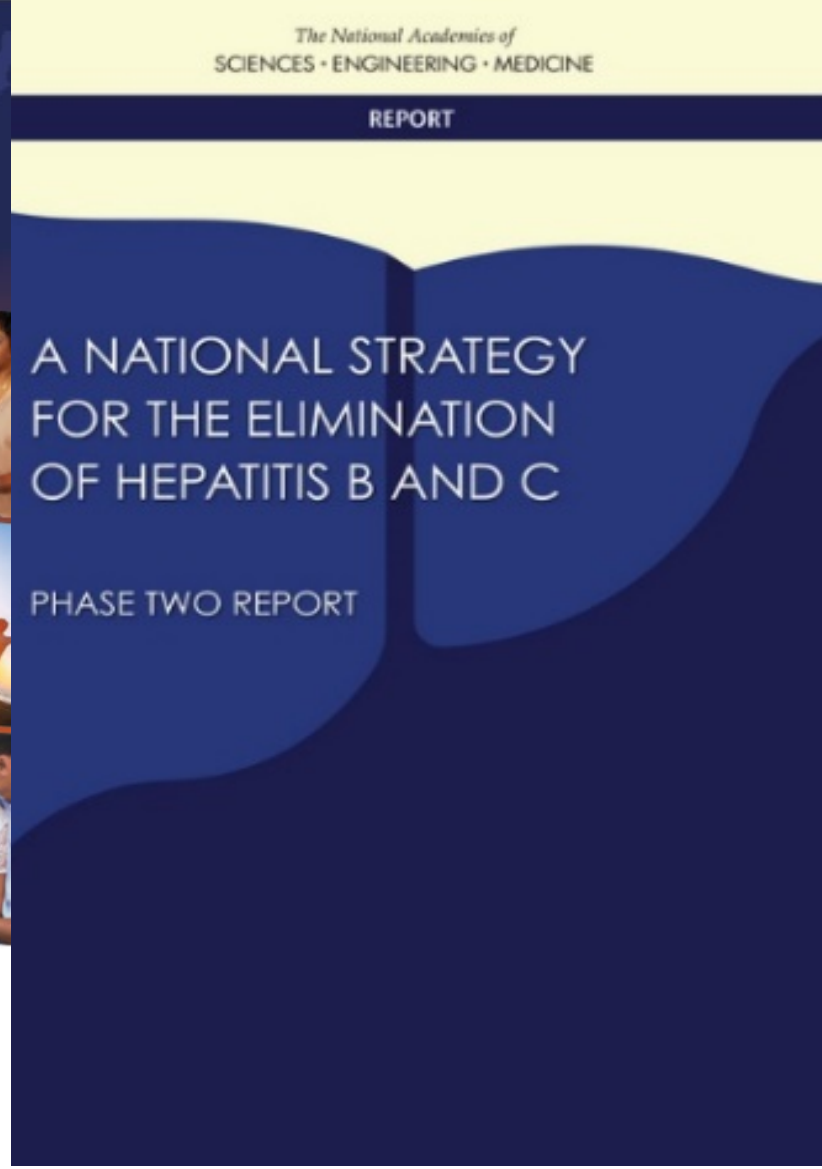
Viral Hepatitis

Fast Facts & Stats: Viral Hepatitis

- **HAV**
  - Global: 1.4 million cases of hepatitis A every year
  - US: 12,474 reported cases in 2018 alone
- **HBV**
  - Global: 257 million people have chronic hepatitis B
  - US: 850,000 people have chronic hepatitis B, but the number may be as high as 2.2 million
- **HCV**
  - Global: 71 million people have chronic hepatitis C infection
  - US: 2.4 million people in the US are living with HCV
- **Co-infection:**
  - In the US, about 1 in 10 people living with HIV are coinfected with HBV, and about 1 in 4 are coinfected with HCV







Global & Domestic Elimination of Viral Hepatitis

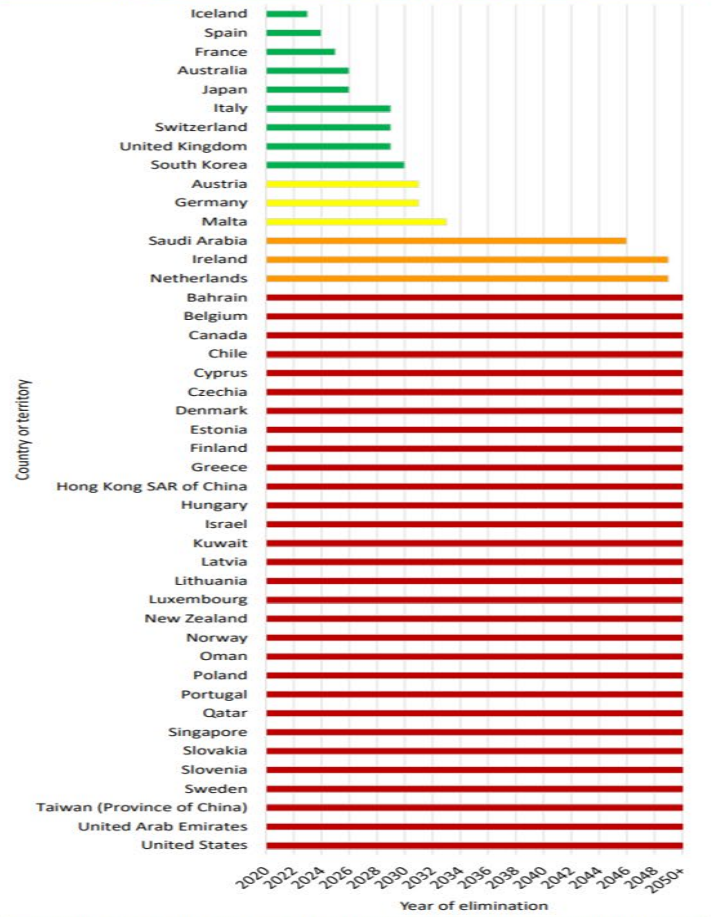
Hepatitis C Elimination: High-Income Countries

Table 1. Year of elimination of HCV by country or territory

Country or territory	Year in which the WHO's 2030 target was met				Annual treatments necessary to achieve WHO's 2030 treatment target	Restrictions on treatment by fibrosis score in 2017	Year of elimination
	Incidence	Mortality	Diagnosis	Treatment			
Australia	2026	2024	2016	2021	5,400	No	2026
Austria	2031	2021	2026	2022	560	No	2031
Bahrain	–	–	–	–	1,100	Yes	–
Belgium	2042	2039	2029	2042	3,900	Yes	–
Canada	2043	2029	2022	2029	10,000	Yes	–
Chile	2050	–	–	–	2,300	Yes	–
Cyprus	2042	–	–	–	200	Yes	–
Czechia	–	–	2046	–	3,100	Yes	–
Denmark	–	–	2030	–	1,100	Yes	–
Estonia	2041	–	–	2048	930	Yes	–
Finland	–	–	2017	2046	1,300	Yes	–
France	2025	2023	2016	2021	4,100	No	2025
Germany	2027	2029	2031	2030	9,600	No	2031
Greece	–	2046	2028	–	6,100	Yes	–
Hong Kong SAR of China	–	–	2045	–	1,100	Yes	–
Hungary	–	–	2042	2044	2,800	Yes	–
Iceland	2023	2019	2016	2017	*	No	2023
Ireland	2046	2049	2028	2035	1,600	No	2049
Israel	2035	–	–	–	6,100	Yes	–
Italy[a]	2028	2023	[a]	2029	40,900	No	2029
Japan[b]	2026	2023	[b]	[b]	[b]	No	2026
Kuwait	–	–	2040	–	1,400	No	–
Latvia	–	2019	2023	2042	2,100	Yes	–
Lithuania	–	–	2040	2048	1,900	Yes	–
Luxembourg	2040	–	2032	2033	260	No	–
Malta	2028	2033	2015	2023	40	No	2033
Netherlands	2045	2049	2033	2028	980	No	2049
New Zealand	2041	2037	2033	2027	2,200	No	–
Norway	–	–	2020	2030	940	Yes	–
Oman	–	2042	2037	2041	860	Yes	–
Poland	–	–	2047	2041	8,100	No	–
Portugal	–	–	–	2048	5,100	No	–
Qatar	2041	–	2026	–	2,000	Yes	–
Saudi Arabia	2042	2046	2034	2030	4,800	No	2046
Singapore	2049	–	2030	–	990	Yes	–
Slovakia	–	–	–	–	2,300	Yes	–
Slovenia	–	–	2029	2040	340	Yes	–
South Korea	2025	2029	2029	2030	11,000	No	2030
Spain	2024	2020	2021	2020	5,300	No	2024
Sweden	–	2022	2016	2030	1,600	Yes	–
Switzerland	2029	2026	2024	2024	1,600	No	2029
Taiwan (Province of China)	–	2031	2041	–	30,300	Yes	–
United Arab Emirates	–	–	2030	–	7,800	No	–
United Kingdom	2029	2028	2025	2023	5,800	No	2029
United States	–	2022	2025	2026	106,000	Yes	–

HCV — hepatitis C virus; WHO — World Health Organization; * — treatment target has already been achieved; "–" — elimination target was not met by 2050; Hong Kong SAR of China — Hong Kong Special Administrative Region of China;
[a] Due to high all-cause and liver-related mortality among the HCV-infected population, caused by an older prevalent population, the diagnosis target was excluded while assessing the year of elimination
[b] Due to high all-cause and liver-related mortality among the HCV-infected population, caused by an older prevalent population, the diagnosis and treatment targets were excluded while assessing the year of elimination

Figure 1. Year of elimination of HCV by country or territory



HCV — hepatitis C virus; Hong Kong SAR of China — Hong Kong Special Administrative Region of China

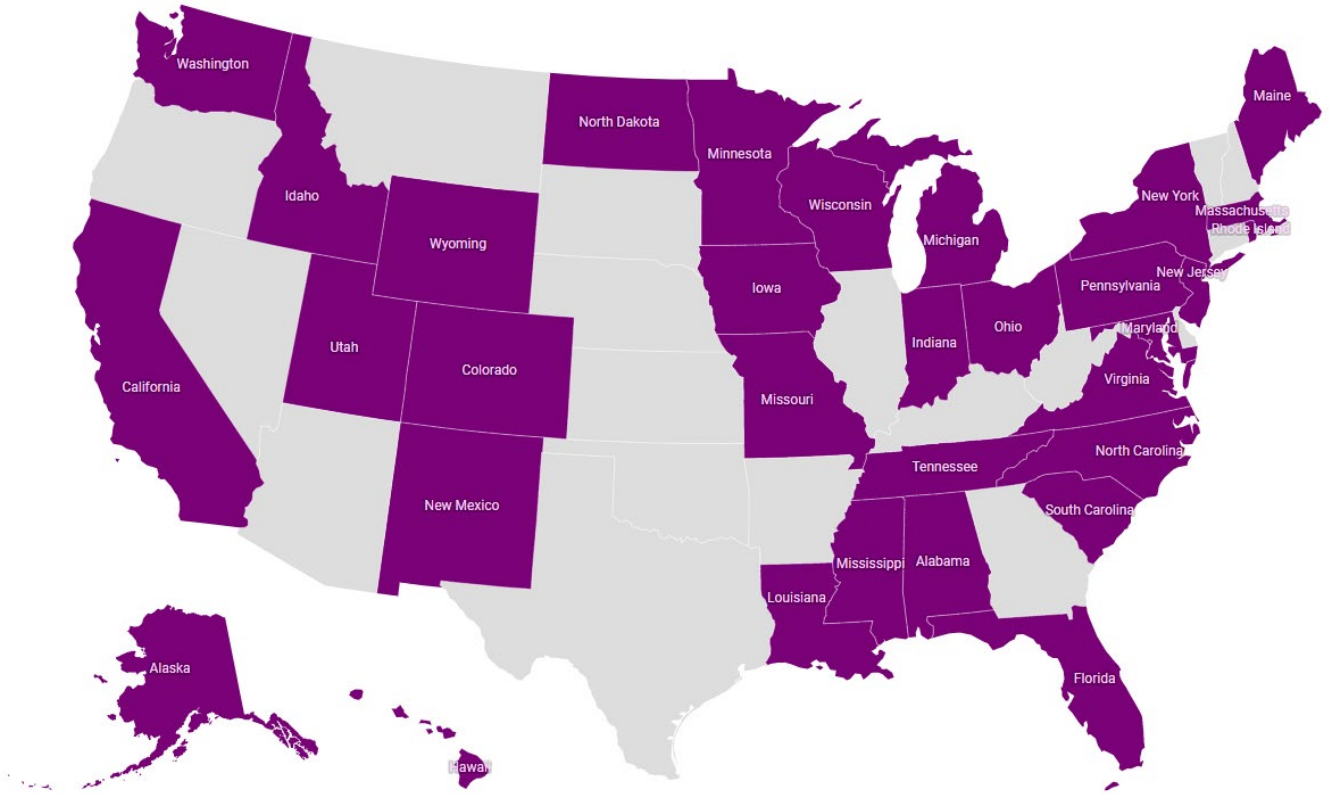
Credit: Razavi H, Gonzalez Y, Pangeri A, Cornberg M (2019). Global timing of hepatitis C virus elimination: estimating the year countries will achieve the WHO elimination targets.

Assessment of Hepatitis Programs

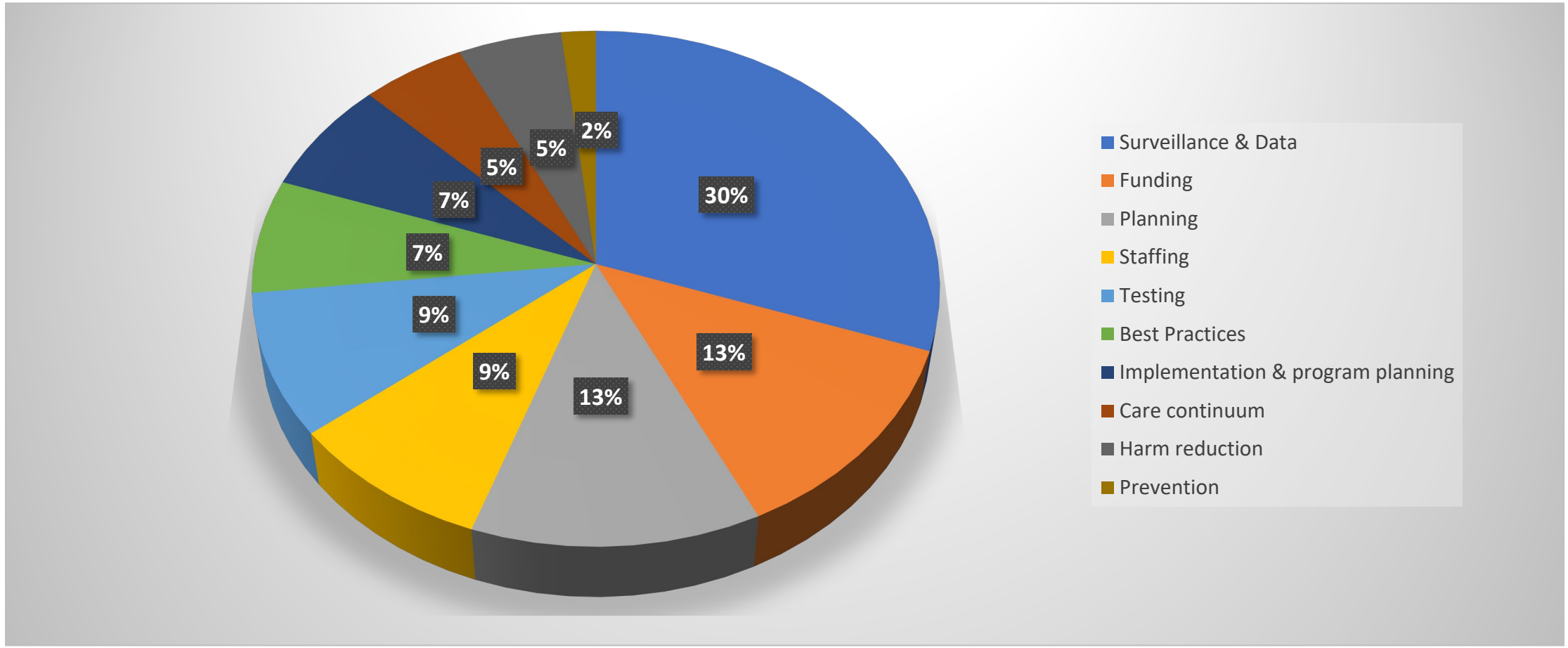
- **Ending the Viral Hepatitis Epidemics: Health Department Infrastructure and Technical Assistance (TA) Needs Assessment**
  - Developed by NASTAD's Hepatitis team to better understand hepatitis programs and services and identify areas of support to help health departments convene and/or participate in jurisdiction-wide elimination and strategic planning efforts
  - Collected to guide the implementation of a national technical assistance center to support viral hepatitis prevention and surveillance personnel in state, territorial, and major city/county health departments

Determining the Needs of Health Departments: Respondent Jurisdictions

- 43 jurisdictions
- Includes US territory and major cities:
  - Guam
  - Baltimore
  - Chicago
  - Philadelphia
  - San Francisco



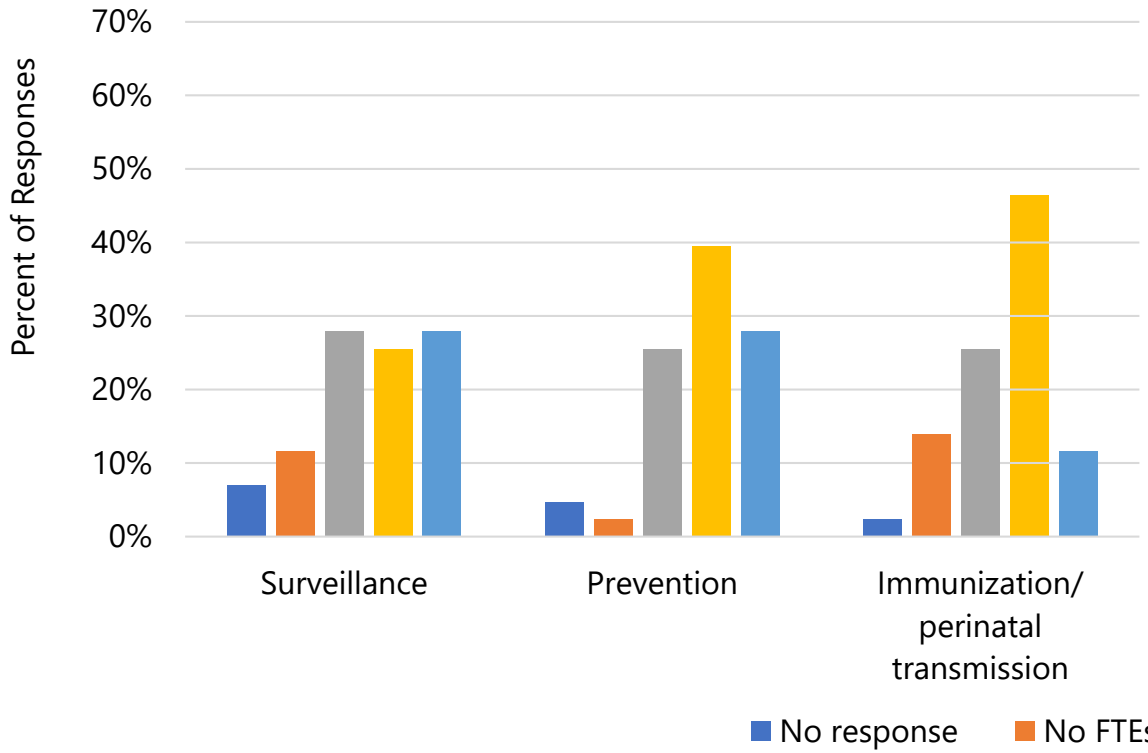
Determining the Needs of Health Departments: Priority Technical Assistance Needs



Hepatitis Program Infrastructure: Actual v. Needed FTEs

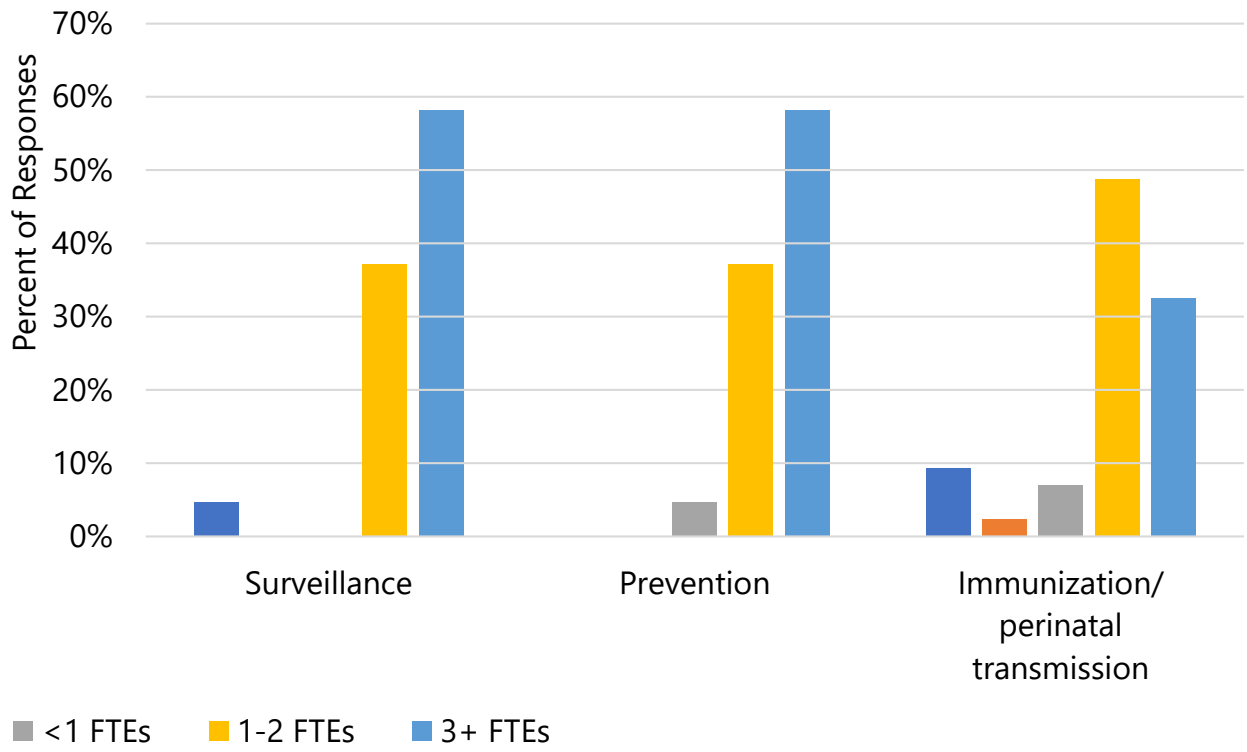
#1 Responses: Number of reported FTEs by program area

Total = 43 Responses

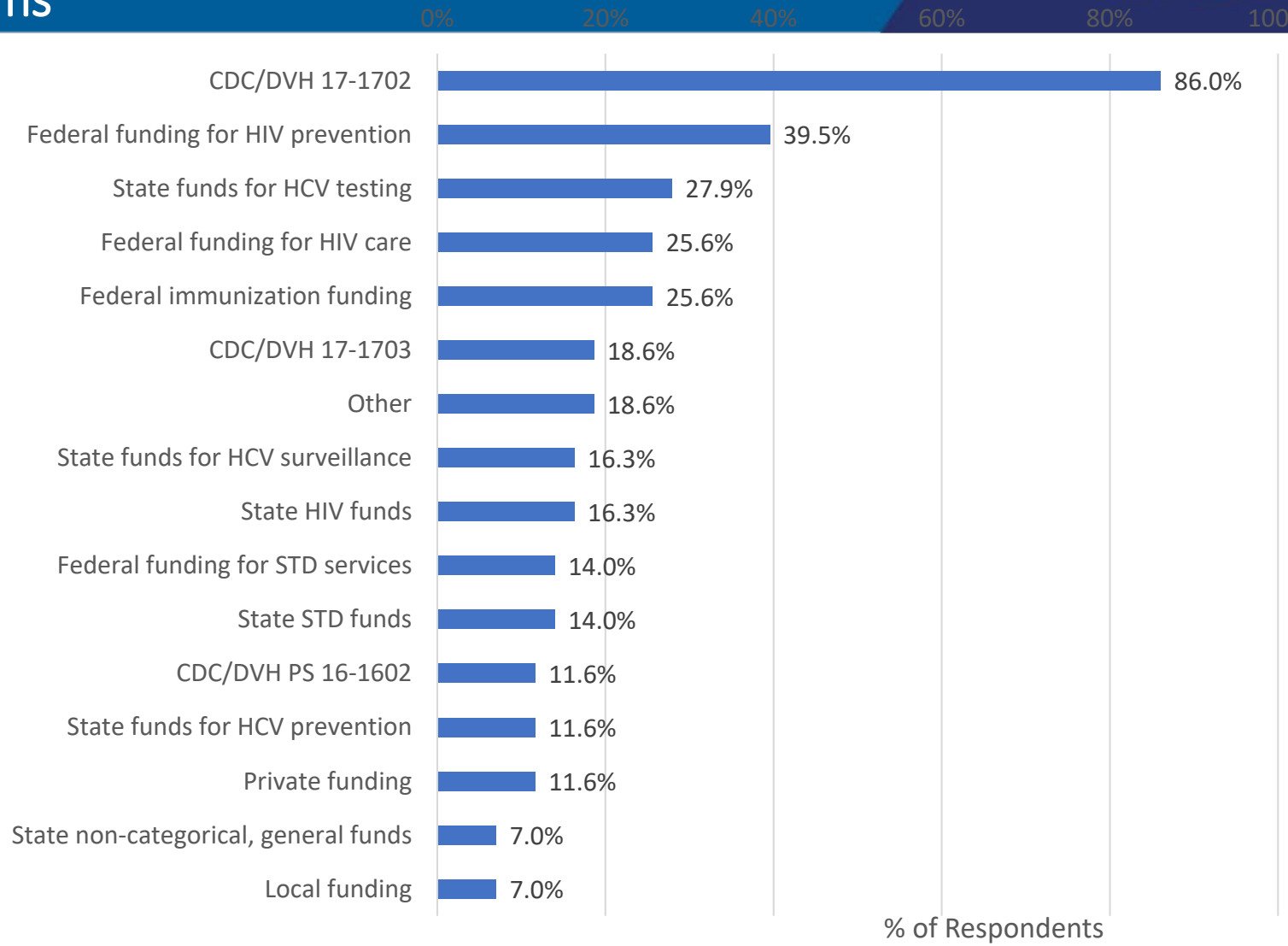


#2 Responses: Number of reported FTEs needed by program area

Total = 43 Responses



Hepatitis Program Infrastructure: Reported Funding for Health Department Viral Hepatitis Programs



Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-PS21-2103) - Forecasted

- **Focus:** Support integrated viral hepatitis surveillance and prevention programs in states and large cities in the United States.
- **Eligible Applicants:** 58 special district, city or township, state, and county governments
- **Key Strategies:**
  - Viral hepatitis outbreak planning and response
  - Surveillance for acute hepatitis A, B and C, and chronic hepatitis C. Recipients should
  - Develop jurisdictional viral hepatitis elimination plans
  - Increase comprehensive hepatitis B and C reporting
  - Improve HBV and HCV testing
  - Increase healthcare providers trained to treat hepatitis B and C.
- **Estimated National Total Award:** $341,020,000
- **Anticipated Funding Start Date:** May 1, 2021
- **Estimated Post Date:** September 1, 2020

Jurisdictional Elimination Planning

- Nearly 40% of jurisdictions have a strategic or elimination plan
- 51% of jurisdictions without plans will draft within a year

- Over 20 jurisdictions working on elimination, including:
  - Indiana
  - Iowa
  - Louisiana
  - New York State
  - Pennsylvania
  - Rhode Island
  - San Francisco
  - Virginia
  - Washington State

Case Study: Arizona

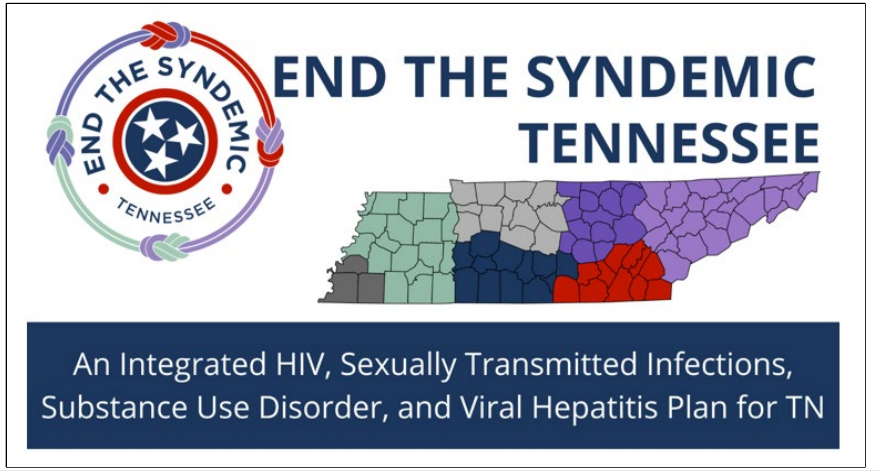
Arizona ADAP HCV Micro-Elimination Project Relaunch

- In 2017 an estimates 8% of PLWHA in Arizona were co-infected with HCV. This was a 37.4% increase since 2013 mainly due to opioid-related infections. Since 2013, Arizona's AIDS Drug Assistance Program (ADAP) has added almost all HCV direct acting antiretrovirals (DAA) to their formulary, with no restrictions or prior authorization required.
- Arizona micro-elimination plan focus:
  - Discovery: Analysis of CAREWare/eHARS data to develop a better understanding of the HIV/HCV co-infection rate of RW clients.
  - Support: Communications materials to make the community aware of the availability of HCV DAAs through ADAP along with HCV/HIV Resource Guide and provider education
  - Collaboration: Create and disseminate marketing materials to providers. Formation of a micro-elimination committee

Case Study: Tennessee

Tennessee In-State Vulnerability Assessment for HIV/HCV Outbreak

- Rate of deaths from injection drug use-related overdose increased significantly over 5 years
- 41 of 220 vulnerable counties at-risk of or experiencing HIV/HCV outbreak in Tennessee
- Tennessee Department of Health expanded on the CDC HIV/HCV outbreak vulnerability study to include more granular, local data, including data on opiate prescribing.
- Findings:
  - Additional indicators changed the rank and order of vulnerable counties
  - 16 counties, unranked in CDC analysis, were identified as vulnerable
  - Counties with high overall vulnerability scores tended to also score highly on individual indicators associated with vulnerability
  - TDH could quantify the role of the opioid epidemic and prescribing patterns in increasing risk.

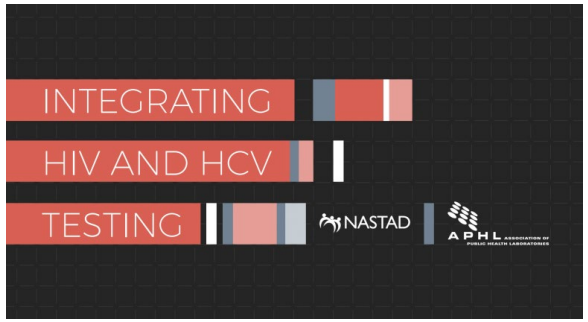


Resources

Issue Briefs:

- Strategies to Increase Access to Hepatitis C (HCV) Treatment within ADAPs: Provider Decision Tree
- The Intersection of Hepatitis, HIV, and the Opioid Crisis: The Need for a Comprehensive Response

Toolkit:



TA Resource Center:

HepTAC

**Additional resources available at www.NASTAD.org*

Q & A