Presidential Advisory Council on HIV/AIDS Meeting
July 9, 2019

Office of Infectious Disease and HIV/AIDS Policy
Dr. Tammy Beckham, Director
OVERVIEW

• HHS Re-Imagine and Office of Infectious Disease and HIV/AIDS Policy
• Ending the HIV Epidemic Initiative (EHE)
• National HIV/AIDS Strategy Update (NHAS)
• National Viral Hepatitis Action Plan Update
• STI Plan Update
REIMAGINE HHS

• In March, 2017, the President issued Executive Order 13781: **Comprehensive Plan for Reorganizing the Executive Branch** – directed the head of each agency to assemble a plan to reorganize its operations with the goal of delivering critical services to the American people in the most efficient and effective manner possible.

• In response, HHS launched ReImagine HHS in April, 2017, in order to evaluate how the agency can better perform our mission.

ReImagine HHS Strategic Shifts

• Leveraging the Power of Data,
• Restoring Market Forces,
• Putting People at the Center of HHS Programs,
• Generating Efficiencies through Streamlined Processes,
• Making HHS a More Innovative and Responsive Organization, and
• Moving to a 21st Century Workforce

https://www.hhs.gov/about/strategic-plan/message/index.html
April 12, 2019 Federal Register Notice (effective June 10, 2019) established the Office of Infectious Disease and HIV/AIDS Policy (OIDP). Administers and implements statutory responsibilities of:

- National Vaccine Program
- Office of HIV/AIDS and Infectious Disease Policy

**Office of Infectious Disease and HIV/AIDS Policy (OIDP)**

**Vision:** A Nation Free of Infectious Diseases

**Mission:** Provide strategic leadership and policy development, through collaboration, coordination, and innovation among federal agencies and stakeholders to reduce the burden of infectious diseases.
OFFICE OF INFECTIOUS DISEASE AND HIV/AIDS POLICY (OIDP)

Leverages activities and expertise within the National Vaccine Program Office (NVPO) and the Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)

- Cross-disciplinary, science based, health-promoting strategic leadership related to infectious disease policy across the spectrum of its charges:
  - HIV/AIDS and STI’s
  - Blood and tissue safety and availability
  - Vaccines
  - Viral hepatitis
  - Tick-borne diseases
  - Emerging infectious diseases
  - Antimicrobial Resistance
  - Management of FACA-governed committees
ENDING THE HIV EPIDEMIC INITIATIVE
HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

- **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 service programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.
### FY 2019 ACTIVITIES

#### Minority HIV/AIDS Funding

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jurisdictional Plans</td>
<td>$15,297,304</td>
</tr>
<tr>
<td>CDC</td>
<td>$12,372,304</td>
</tr>
<tr>
<td>IHS</td>
<td>$2,925,000</td>
</tr>
<tr>
<td>Implementation Science</td>
<td>$1,575,000</td>
</tr>
<tr>
<td>NIH</td>
<td></td>
</tr>
<tr>
<td>Data Analysis &amp; Visualization System</td>
<td>$1,600,000</td>
</tr>
<tr>
<td>PACE Program</td>
<td>$1,200,000</td>
</tr>
<tr>
<td>Pilot Projects</td>
<td>$6,500,000</td>
</tr>
<tr>
<td>3 Jurisdictions (Baltimore City; East Baton Rouge; DeKalb County)</td>
<td></td>
</tr>
<tr>
<td>Cherokee Nation</td>
<td></td>
</tr>
</tbody>
</table>
OASH ACTIVITY

Oversight/Coordination of Initiative Implementation (Ongoing since Feb SOTU announcement; monthly OLT Meetings, PLC Meetings every 3 months or as needed)

Dashboard/Data Analysis & Visualization System Development (Leading Dashboard WG)

Launch Data Analysis & Visualization System

Oversight of Pilot Programs (CDC, IHS)

Manage Minority HIV/AIDS Fund Planning/Execution

Minority HIV/AIDS Funds awarded to Pilots

Minority HIV/AIDS Funds awarded to Jurisdictions for Planning

Jurisdictional guidance and review template developed

DEC 31st; Jurisdictional Plans Accepted

Jurisdictional plans accepted

Minority HIV/AIDS Funds awarded to Jurisdictions for Planning

www.hiv.gov
Ending the HIV Epidemic: A Plan for America - Implementation

• Pilot Program Awards
  - July 1, 2019 – Minority HIV/AIDS Fund Awards made to jumpstart Initiative activities in affected jurisdictions:
    - CDC awarded $1.5M to each jurisdiction for HIV Prevention, Diagnosis and Treatment
      - DeKalb County, GA
      - Baltimore City, MD
      - East Baton Rouge, LA
    - In addition, the Indian Health Service (IHS) awarded $1.5 million in pilot funds to the Cherokee Nation in Oklahoma.

• Notice of Funding Opportunity (NOFO)
  - “Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States” (CDC-RFA-PS19-1906)
    - Part A is funds one non-profit to enhance strategic communications, partnerships, policy analysis and interpretation
    - Part B makes funding available for up to 33 local and/or state health departments for local planning toward ending the HIV epidemic.
  - Release: 06/13/2019
  - Application Due Date: 07/12/2019
  - Target Award Date: 09/2019
EHE Stakeholder Events & Listening Sessions

Atlanta, GA

Boston, MA

Miami, FL

Little Rock, AR

Washington, DC

Baltimore, MD

www.hiv.gov
Working to End HIV Epidemic

Posted on June 28th, 2019 by Dr. Francis Collins

On June 26, 2019, NIH hosted the Department of Health and Human Services (HHS) Global-Domestic HIV Meeting at the Natcher Conference Center. It was an honor to be joined by HHS Secretary Alex Azar (right), shown here speaking beforehand with me and Tony Fauci (left), director of NIH’s National Institute of Allergy and Infectious Diseases. The Secretary provided opening remarks on the President’s initiative Ending the HIV Epidemic: A Plan for America. The NIH meeting assembled leaders in the field to discuss the successes and challenges in ending the HIV epidemic in America and abroad. Credit: HHS
NATIONAL STRATEGIES AND FEDERAL ACTION PLAN UPDATE
Overview of National Strategies and Federal Action Plan

• National HIV/AIDS Strategy (NHAS)

• National Viral Hepatitis Strategy (NVHS)

• STI Federal Action Plan
NATIONAL HIV STRATEGY & NATIONAL VIRAL HEPATITIS STRATEGY

• Target date for release: June, 2020 (current iterations expire 2020)
• Two separate strategies being developed in tandem
• National HIV Strategy
  • WIG: Reduce new HIV infections by 90% by 2030
  • WIG, Leading and Lag Indicators for Ending the HIV Epidemic initiative to be adopted
  • Additional indicators will be considered by the indicator subcommittee, as NHAS is broader than the initiative
• National Viral Hepatitis Strategy
  • Proposed WIG: Reduce new viral hepatitis infections by 80% by 2030
  • Indicator subcommittee discussing alignment with WHO indicators for viral hepatitis elimination; will develop Leading and Lag indicators
HIV and Viral Hepatitis: Progress

• Joint Federal Steering Committee meeting since January 2019. Discussions include:
  ▪ Identifying vision and goals;
  ▪ Identifying a small number of high priority populations;

• Three parallel subcommittees for each HIV and VH
  ▪ Charge: Develop/prioritize indicator measures and strategies for each goal, to recommend to the federal steering committee
  ▪ Subcommittees: Indicators; Prevention and Care; and Disparities & Coordination
  ▪ HIV subcommittees aligning with work of Ending the HIV Epidemic initiative

• Robust public comments received (via RFI and listening sessions), and analysis presented to Steering Committee and subcommittees
HIV and VH – Joint Federal Steering Committee Participants

Federal Departments:
• Department of Defense
• Department of Justice
• Equal Employment Opportunity Commission
• Department of Health and Human Services
• Department of Housing and Urban Affairs
• Veterans Administration

HHS agencies/offices:
• ACL
• AHRQ
• CDC
• CMS
• FDA
• HRSA
• IHS
• NIH
• OASH
• OCR
• ONC
• OSG
• SAMHSA
HIV and VH - Community Engagement/ Public Comment Analysis

• Listening Sessions-in person
  ▪ 18 sessions from September 2018 – March 2019
    ✓ 5 National Conferences
    ✓ 2 National Virtual Meetings
    ✓ 7 State/Regional Community Planning/ Stakeholder Meetings
    ✓ 2 Local HIV Prevention Trainings (MT, USVI)
    ✓ 2 Federal Advisory Committees
  ▪ 426 Total Comments (VH 255/HIV 312)

• RFI Comments
  ▪ RFI open February - March 2019
  ▪ 80 Sets of Comments Received (VH 28, HIV 49)
# HIV Public Comments - Dominant Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of Comments (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Populations</td>
<td>156 (45.36%)</td>
</tr>
<tr>
<td>Coordination</td>
<td>113 (32.8%)</td>
</tr>
<tr>
<td>Social Determinants of Health</td>
<td>110 (32.0%)</td>
</tr>
<tr>
<td>Prevention</td>
<td>92 (26.7%)</td>
</tr>
<tr>
<td>Healthcare Financing</td>
<td>77 (22.4%)</td>
</tr>
<tr>
<td>Funding</td>
<td>67 (19.5%)</td>
</tr>
<tr>
<td>Care</td>
<td>63 (18.3%)</td>
</tr>
<tr>
<td>Substance Use</td>
<td>41 (11.9%)</td>
</tr>
<tr>
<td>STIs</td>
<td>38 (11.0%)</td>
</tr>
<tr>
<td>Screening and Diagnostics</td>
<td>27 (7.8%)</td>
</tr>
<tr>
<td>Research</td>
<td>17 (4.9%)</td>
</tr>
<tr>
<td>Viral Hepatitis</td>
<td>16 (4.7%)</td>
</tr>
</tbody>
</table>
## Viral Hepatitis Public Comments - Dominant Themes

<table>
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<tr>
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<tbody>
<tr>
<td>Coordination</td>
<td>61 (22.3%)</td>
</tr>
<tr>
<td>Priority Populations</td>
<td>48 (17.6%)</td>
</tr>
<tr>
<td>Funding (no subthemes)</td>
<td>45 (16.5%)</td>
</tr>
<tr>
<td>Care</td>
<td>44 (16.1%)</td>
</tr>
<tr>
<td>Screening and Diagnostics</td>
<td>30 (11.0%)</td>
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<tr>
<td>Healthcare Financing</td>
<td>27 (9.9%)</td>
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<tr>
<td>Substance Use</td>
<td>23 (8.4%)</td>
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<tr>
<td>Social Determinants of Health</td>
<td>21 (7.7%)</td>
</tr>
<tr>
<td>Prevention</td>
<td>17 (6.2%)</td>
</tr>
<tr>
<td>Research</td>
<td>11 (4.0%)</td>
</tr>
<tr>
<td>Hepatitis A Outbreak</td>
<td>8 (2.9%)</td>
</tr>
</tbody>
</table>
STDs – Steep Increases and On the Rise

From 2013 – 2017 (and number of cases in 2017), in the U.S.:

- **Chlamydia**  22% increase (1.7 million cases)
- **Gonorrhea**  67% increase (555,608 cases)
- **Syphilis**  76% increase (30,644 cases)
  - **Congenital Syphilis**  *more than doubled since 2013* (918 cases)
STDs Disproportionately Affect Vulnerable Populations

- Observed impacts of STDs upon special populations, including youth/adolescents, pregnant women, MSM and racial and ethnic minorities, are severe.
- For example, youths aged 15-24 account for half of the 20 million new STDs in the U.S. each year.
- Prevalence rates of many STD’s are highest among adolescents and young adults.
  - Rates of chlamydia and gonorrhea are highest among females during adolescent and young adult years.
STI Federal Action Plan: Progress and Timeline

- Target date for release: 2020
- Federal Steering Committee meeting monthly since April 2019
  - Developing vision, goals, indicator measures, and strategies
- Subcommittees – subcommittees will develop/recommend strategies for each goal
  - 1) Primary Prevention; 2) Secondary and Tertiary Prevention/Care; 3) Indicators; 4) Disparities & Coordination; and 5) Education & Communication
- Public comments received
- hhs.gov/STI website for the STI Plan – launched June 19
STI Plan – Federal Steering Committee Participants

Federal Departments:
• Defense
• Education
• Health and Human Services
• Housing and Urban Affairs
• Veterans Administration

HHS agencies/offices:
• ACF
• ACL
• CDC
• CMS
• FDA
• HRSA
• IHS
• NIH
• OASH
  ▪ OIDP
  ▪ OMH
  ▪ OPA
  ▪ OSG
  ▪ OWH
• SAMHSA
STI Plan – Community Engagement/Public Comment

• Two virtual listening sessions
  ▪ Over 1,000 participants
  ▪ Participants from 45 states, DC, 3 territories and Canada
• Four in-person listening sessions
• RFI in Federal Register – closed 06/03/19
  ▪ 114 sets of comments received