




Thematic Review of Jurisdictional Ending the HIV Epidemic (EHE) in the U.S. Plans and Next Steps

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 Ending
the
HIV
Epidemic

CDC has awarded \$117 million to state and local health departments to help rebuild and expand HIV prevention and treatment efforts as the United States recovers from COVID-19

- **This funding includes \$11.1 million to scale up HIV services in STI clinics in 19 communities**
- **Overall, CDC plans to distribute approximately \$150 million of FY 2021 EHE funding extramurally. This includes:**
 - Expanding syringe services programs (SSPs) where legally feasible
 - Implementing status neutral approaches to HIV prevention and care in clinics serving transgender persons
 - Improving data, surveillance, monitoring and evaluation activities
 - Expanding the reach of public and clinician communications campaigns
 - Increasing community engagement efforts
 - Investing \$9 million to develop self-testing programs in at least 60 front-line CBOs

Milestones of EHE Jurisdictional Planning

Health departments conducted a rapid planning process and submitted draft EHE plans by December 31, 2019.

Due to the COVID-19 pandemic, CDC extended the deadline for jurisdictions to submit their revised and updated EHE plans to December 31, 2020.

CDC awarded \$2 million in supplemental capacity building assistance funds to four regional technical assistance providers to assist jurisdictions with community engagement.

2019



In September 2019, CDC awarded \$12 million from the HHS Minority HIV/AIDS Fund to 32 state and local health departments to develop comprehensive Ending the HIV Epidemic plans that are tailored by and for each community.



2020



An inter-agency review panel, including staff from CDC, HRSA, and the Office of Infectious Disease and HIV/AIDS Policy, provided feedback to the jurisdictions in the spring of 2020.



2021



In March 2021, CDC analyzed all 32 jurisdictional plans. Results from the analysis will be published and all the plans are available to review at: <https://www.cdc.gov/endhiv/action/local-ehe-plans.html>

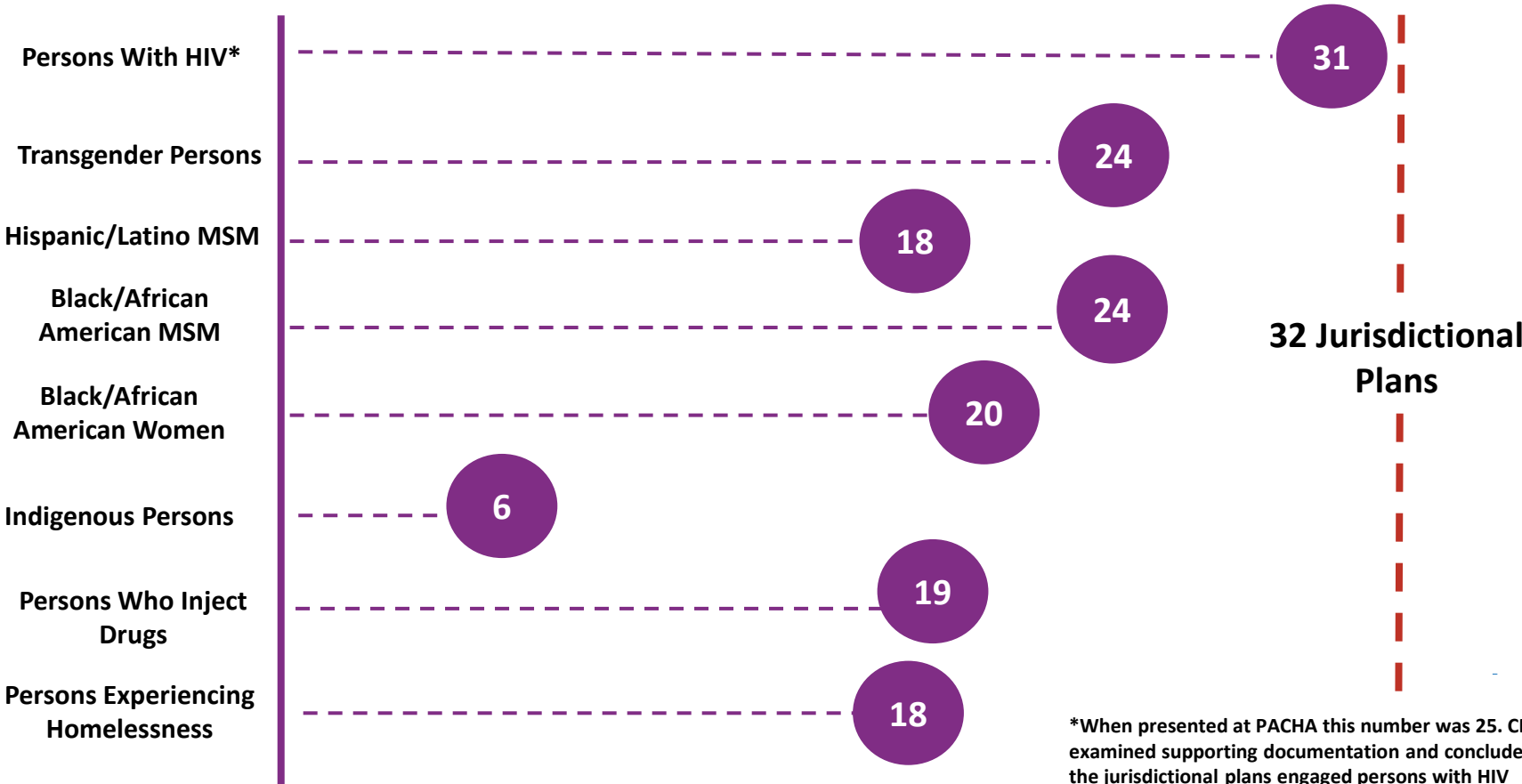
Community Engagement of Local Partners

- 32 jurisdictions engaged local community partners and HIV care providers
- 25 jurisdictions explicitly referenced engaging non-traditional/new partners

Examples of Non-Traditional & New Partners Identified by One or More Jurisdictions

Organizations	Populations	Providers	Institutions
Faith-Based Organizations & Churches	Persons Experiencing Homelessness	Pharmacists	Historically Black Colleges & Universities
Professional Medical Associations	Persons with HIV	Social Workers	Correctional Facilities
Health Insurance Organizations	Transgender Persons	Substance Abuse Providers	Hospital Systems
Youth Based Advocacy Organizations	Sex Workers	Educators from School Sex Education Programs	Domestic Violence Centers
Black Professional & Social Organizations	Formally Incarcerated Persons	Women's Healthcare Providers	Public Housing Authorities

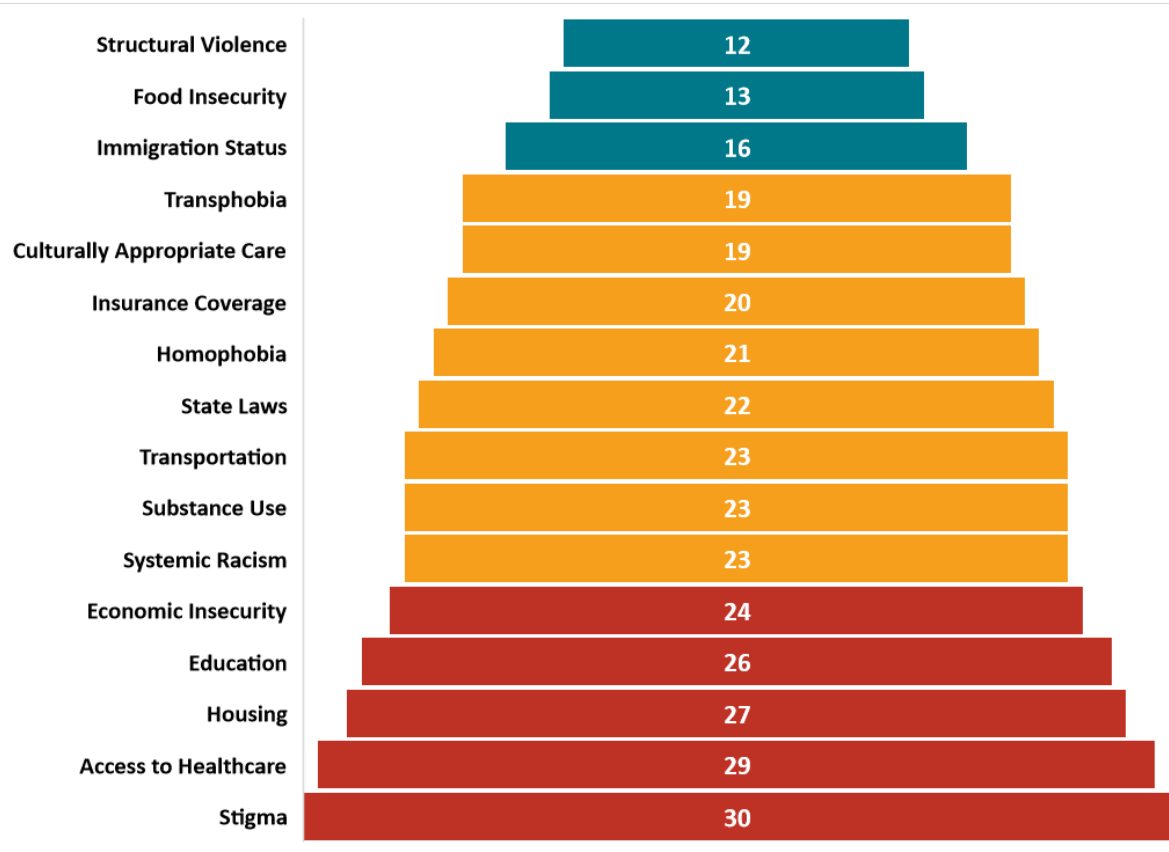
Engagement of Priority Populations



32 Jurisdictional Plans

*When presented at PACHA this number was 25. CDC re-examined supporting documentation and concluded that 31 of the jurisdictional plans engaged persons with HIV

Identified Systemic Challenges & Structural Barriers



≤ 50% of
Jurisdictions

Between 50% and
75% of Jurisdictions

≥ 75% of
Jurisdictions

Common Activities Across EHE Pillars

Diagnose

Over 80% of EHE jurisdictions plan to:

1. Increase access to and use of HIV self-tests.
2. Conduct targeted testing in non-healthcare settings (e.g., mobile testing).

80%

Treat

Over 60% of EHE jurisdictions plan to:

1. Expand telemedicine services, especially in rural areas.
2. Rapidly link persons to care and start treatment ≤ 7 days of diagnosis.

60%

Prevent

Over 70% of EHE jurisdictions plan to:

1. Start or expand PrEP linkage programs.
2. Establish or expand SSPs (where legally allowed) using innovative delivery options (e.g., mobile SSPs).

70%

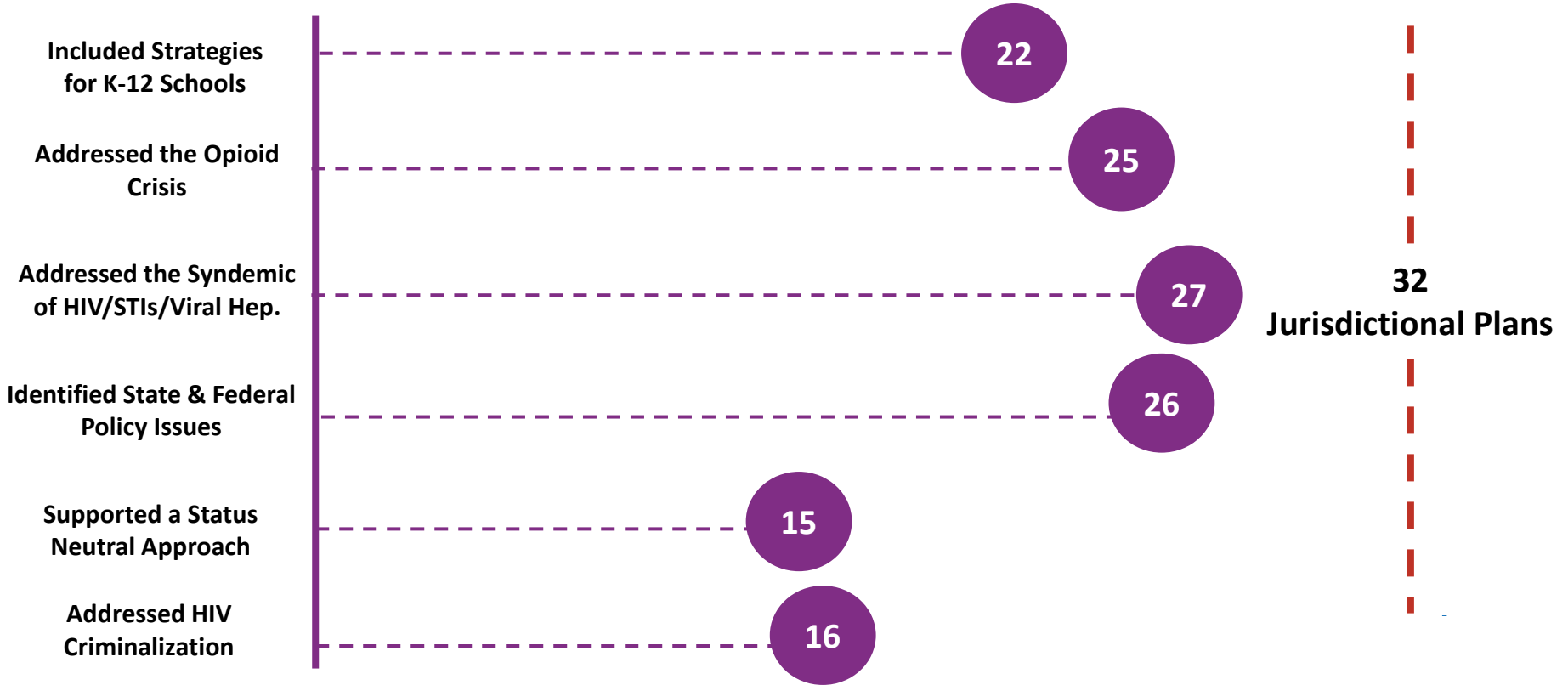
Respond

50% or more of EHE jurisdictions plan to:

1. Establish a dedicated response workforce.
2. Improve the use of real-time information to direct resources to the communities most in need.

50%

Cross-Cutting Issues



Strategies to Address Cross-Cutting Issues

Opioid & Substance Use

(25 Jurisdictions)

- Expand **harm reduction** services
- Integrate **mental health and substance use** treatment into HIV care
- Increase the number of HIV prevention/treatment venues and prescribers that offer **medication-assisted treatment** for opioid use disorder
- Establish or **expand SSPs**, where legally permissible

State & Federal Policy Barriers

(26 Jurisdictions)

- Federal **Immigration Policies**
- **Medicaid** Expansion
- Policies Related to **SSPs**
- **Minors' Access** to HIV/STI Screening
- **Sex Education** in K-12 Schools
- HIV **Criminalization** Laws

The Syndemic of HIV/STIs/Viral Hep.

(27 Jurisdictions)

- Integrate **screening tests** for HIV, STIs, and viral hep.
- Expand trainings for primary care providers to **routinely screen** for HIV, STIs, and viral hepatitis as a regular part of health care
- Conduct **community awareness** campaigns about the syndemic
- Increase the use of **HIV/STI self-tests**

Status Neutral

(15 Jurisdictions)

- Conduct **marketing campaigns** with status neutral messaging
- Conduct a status neutral **needs assessment**
- **Educate providers** and patients on status neutral approaches

Federal Partners

- **Nearly all 32 jurisdictional plans included specific mention of Federal Agencies**
 - HUD/HOPWA was in nearly all EHE plans, most typically as a funding source and needed partner for EHE activities
 - SAMHSA – 9 mentioned SAMHSA as a partner or a potential funding source for activities related to substance abuse or mental health
 - NIH – 7 mentioned NIH supplemental grants to support EHE activities
 - CMS – 5 mentioned CMS related work
 - IHS – 4 mentioned IHS
 - VHA – Not mentioned in any plans (though not in EHE planning guidance)



Next Steps for EHE Planning

- EHE plans are “living documents” and each jurisdiction is expected to modify and update their plan to meet evolving HIV prevention needs and service challenges.
- Updated EHE plans are expected to be posted to the jurisdiction’s website.
- Federal agencies will continue to provide guidance, best practices, technical assistance, and share creative community-based solutions with jurisdictions to help them address new and evolving challenges.



Considerations for Effective EHE Implementation

Federal Actions

- **Coordination of inter-agency resources to maximize the impact of funding** and programmatic activities, including capacity building and technical assistance efforts.
- Evaluation efforts to **hold jurisdictions accountable for implementing their EHE plans** and expanding meaningful community engagement.
- **Funding grassroots and community-based organizations to address systemic challenges** to HIV prevention and care, such as housing insecurity, food insecurity, and access to mental health services.

Jurisdictional Actions

- Continue **community engagement efforts** to ensure persons with HIV and those disproportionately affected by HIV are “at the table” for EHE implementation activities and during revisions to the jurisdiction’s EHE plan.
- **Coordinate across all available public and private funding sources** including, federal grants/NOFOs (e.g., the Public Health Associate Program), state funds, and charitable/foundation resources (e.g., CDC Foundation).
- Leverage the **lessons learned and the public health infrastructure** built (e.g., data modernization, telemedicine, etc.) from COVID-19 for EHE.

Questions?

To view individual jurisdiction EHE plans, visit:

<https://www.cdc.gov/endliv/action/local-ehe-plans.html>

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

