WELCOME and THANK YOU for joining us

PACHA Breakout Room B:
National HIV/AIDS Strategy (NHAS) and the
Ending the HIV Epidemic (EHE) Initiative
Agenda

• Start with brief presentations (12:45 – 1:00 pm Eastern Time)

• Discussion (1:00 – 1:30)
  • How much have you heard/learned about the NHAS and EHE in your state, city, or territory?
  • How can implementation of NHAS and EHE embrace and engage rural communities?

• Discussion (1:30 – 2:00)
  • How can people with HIV and those at risk for HIV be engaged in implementing the NHAS and EHE?
  • What NHAS and/or EHE issues should PACHA highlight next for PACHA to capture specific recommendations for HHS?
Agenda

• Open Discussion (2:00 – 2:30)

• Summarize Themes (2:30 – 2:45)

• BREAK (2:45 – 3:15)

• Re-Join as a full PACHA community for breakout room reports and council discussion
Your Participation

• You will be able to raise your hand to get in the queue to comment
  ▪ Click on Reactions
  ▪ Click on Raise Hand in the pop up window

• You may also type into the chat (all comments will be recorded and retained)

• If you are able, please turn on our video
National HIV/AIDS Strategy (NHAS) and the Ending the HIV Epidemic (EHE) Initiative

March 14th, 2022
12:45 PM - 2:45 PM

• How much have you heard/learned about the NHAS and EHE in your state, city, or territory?

• How can implementation of NHAS and EHE embrace and engage rural communities?

• How can people with HIV and those at risk for HIV be engaged in implementing the NHAS and EHE?

• What NHAS and/or EHE issues should PACHA highlight next for PACHA to capture specific recommendations for HHS?
GOAL:
75% reduction in new HIV infections by 2025 and at least 90% reduction by 2030.

**The Ending the HIV Epidemic in the U.S. Initiative**

**Key Strategies**

**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 services programs (SSPs).

**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

**Geographic Focus**

- 48 counties, DC, and San Juan accounted for 50% of HIV diagnoses in 2016 and 2017
- 7 states with substantial HIV diagnoses in rural areas
AHEAD is a data-driven effort and the only HIV dashboard to compare progress and official EHE goals.
What Demographics are Available?

At the national level, the following data categories are available:

- **Age**
  - 13-24
  - 25-34
  - 35-44
  - 45-54
  - Over 55

- **Race/Ethnicity**
  - American Indian/Alaska Native
  - Asian
  - Black/African American
  - Hispanic/Latinx
  - Multiple races
  - Native Hawaiian/Other Pacific Islander
  - White

- **Sex at birth**
  - Female
  - Male

- **Transmission Category**
  - Heterosexual contact (female)
  - Heterosexual contact (male)
  - Injection drug use (female)
  - Injection drug use (male)
  - Male-to-male sexual contact
  - Male-to-male sexual contact and injection drug use

- **Gender**
  - Additional gender identity
  - Female (gender)
  - Male (gender)
  - Transgender female-to-male
  - Transgender male-to-female

- **Transmission Category**
  - Heterosexual contact (female)
  - Heterosexual contact (male)
  - Injection drug use (female)
  - Injection drug use (male)
  - Male-to-male sexual contact
  - Male-to-male sexual contact and injection drug use
  - Other (female)
  - Other (male)
Hopeful Signs of Progress

New HIV Infections Fell 8% from 2015 to 2019, After a Period of General Stability

Annual HIV Infections in the U.S. 2015-2019

- Annual HIV Infections
- National HIV/AIDS Strategy Goal
HIV Disparities Persist

New HIV infections by the Most Impacted Populations, United States, 2015 vs. 2019

Figure 2. New HIV infections by most impacted populations, United States, 2015 vs. 2019
HIV Prevention and Treatment Toolkits

**PREVENTION**
- HIV Testing
- Microbicides
- Treatment/Prevention of Drug/Alcohol Addiction
- Education/Behavior Modification
- Blood Supply Screening
- Condoms
- PrEP
- PEP
- Treatment as Prevention
- Clean Syringes and SSPs
- STI Testing and Treatment
- PMTCT

**TREATMENT**
- Treatments for Coinfections/Comorbidities
- Protease Inhibitors (9)
- NRTIs (8) (+ combos)
- Integrase Inhibitors (5)
- NNRTIs (6)
- Single-Tablet Regimens (14)
- Long-acting Regimens (1)
- Fusion/Entry/Attachment/Post-Attachment Inhibitors (4)
- Medical Male Circumcision
Elements of the National HIV/AIDS Strategy

- 1 vision
- 4 goals
  - 21 objectives
    - 78 strategies
- 8 priority populations
- Indicators of progress
  - 9 core indicators
  - 8 disparity indicators
  - 1 developmental indicator

NATIONAL HIV/AIDS STRATEGY

for the United States
2022–2025
National HIV/AIDS Strategy—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.
National HIV/AIDS Strategy—Priority Populations

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, American Indian, and Alaska Native men
- Black women
- Transgender women
- Youth aged 13–24 years
- People who inject drugs

Prioritized based on incidence, diagnoses, and viral suppression data
• Goal 1: Prevent New HIV Infections

• Goal 2: Improve HIV-Related Health Outcomes of People with HIV

• Goal 3: Reduce HIV-Related Disparities and Health Inequities

• Goal 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Interested Parties
Developing the National HIV/AIDS Strategy (2022–25) – Modifications

- Recognizes racism as a serious public health threat and the ways in which it drives disparities and affects HIV outcomes.

- Strengthens emphasis on better integrating responses to the intersection of HIV, viral hepatitis, STIs, and substance use and mental health disorders.

- Emphasizes the important roles of harm reduction and SSPs in our national response to HIV as well as hepatitis C virus infection and substance use disorder.

- Underscores the vital role that the Affordable Care Act plays in our response to HIV.

- Adds a new focus on the needs of the growing population of people with HIV who are aging.

- Enhances a focus on quality of life for people with HIV

- Calls for a focus on populations and geographic areas of the country that are disproportionately impacted.
Developing the National HIV/AIDS Strategy (2022–25) – Modifications

• Calls for expanding engagement of people with lived experience in the research, planning, delivery, assessment, and improvement of HIV prevention, testing, and care services.
• Acknowledges populations living with or experiencing risk for HIV whose unique circumstances warrant specific attention and tailored services such as immigrants, individuals with disabilities, justice-involved individuals, older adults, people experiencing housing instability or homelessness, and sex workers.
• Weaves HIV research activities more broadly across the objectives, with an emphasis on implementation research and moving research findings into practice more swiftly.
• Encourages reform of state HIV criminalization laws.
• Calls for sustaining program innovations implemented during the COVID-19 public health emergency that can continue to support and improve access to and engagement in HIV services.
• Expands the focus on addressing the social determinants of health that influence an individual’s HIV risk or outcomes.
• Adds a new focus on opportunities to engage the private sector in novel and important ways in the nation’s work to end the HIV epidemic.
ONAP has increased engagement of the following Federal Departments/agencies that support work at the state and local levels which influences the social determinants of health as well as the quality of life for people with HIV:

- Department of Agriculture
- Department of Education
- Department of Justice
- Department of Labor
- Department of Health and Human Services
- Department of Housing and Urban Development (programs beyond the Housing Opportunities for Persons With AIDS [HOPWA] program)
- Department of the Interior
- Department of Veterans Affairs (previously engaged and developing a plan to end HIV among U.S. veterans)
- Indian Health Services (previously engaged)
The NHAS Federal Implementation Plan will detail the action steps that Federal Departments and agencies will take to implement the strategies and achieve the goals of the NHAS.