



THE WHITE HOUSE
WASHINGTON

Integration Access Agencies: A Discussion with Federal Partners

May 24, 2022

Harold J. Phillips, MRP

Director

White House Office of National AIDS Policy

Overview

- Implementation of the National HIV/AIDS Strategy (NHAS)
- Ending the HIV Epidemic in the U.S. Initiative
- ONAP Priorities
- Opportunities





NHAS Implementation

National HIV/AIDS Strategy (2022-2025)

Reflects President Biden's commitment to re-energize and strengthen a whole-of-society response to the epidemic while supporting people with HIV and reducing HIV-associated morbidity and mortality.



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



NHAS Indicators of Progress

Indicator 1: Increase knowledge of status to 95% from a 2017 baseline of 85.8%.

Indicator 2: Reduce new HIV infections by 75% from a 2017 baseline of 37,000.

Indicator 3: Reduce new HIV diagnoses by 75% from a 2017 baseline of 38,351.

Indicator 4: Increase PrEP coverage to 50% from a 2017 baseline of 13.2%.

Indicator 5: Increase linkage to care within 1 month of diagnosis to 95% from a 2017 baseline of 77.8%.

Indicator 6: Increase viral suppression among people with diagnosed HIV to 95% from a 2017 baseline of 63.1%.

+ Stratified by *8 priority populations* to track progress on reducing HIV-related disparities

Indicator 7: Decrease stigma among people with diagnosed HIV by 50% from a 2018 baseline median score of 31.2 on a 10-item questionnaire.

Indicator 8: Reduce homelessness among people with diagnosed HIV by 50% from a 2017 baseline of 9.1%.

Indicator 9: Increase the median percentage of secondary schools that implement at least 4 of 7 LGBTQ supportive policies and practices to 65% from a 2018 baseline of 59.8%.

Developmental indicator: Quality of life for people with HIV



Quality of Life Indicator Work Group

Developmental Indicator:

“[Q]uality of life for people with HIV was designated as the subject for a developmental indicator, meaning that data sources, measures, and targets will be identified and progress monitored thereafter.”

ONAP convened a work group to lead development of the indicator

- Members represent 8 federal agencies: ACL, CDC, HRSA, 3 NIH institutes/offices, SAMHSA, and DOJ
- Develop the NHAS indicator on quality of life (QoL) among people with HIV using existing data sources and with the input from People with HIV from numerous community meetings on the topic over past two years



NHAS Federal Implementation Plan – Agency Action Items to Implement Strategies

The NHAS details 21 objectives and 78 strategies for federal and nonfederal stakeholders to implement to achieve the Strategy's goals.

National HIV/AIDS Strategy	Federal Implementation Plan
Goals: Broad aspirations that enable a plan's vision to be realized	Action Steps: Specific activities that will be performed to implement the strategies and achieve the goals of the plan
Objectives: Changes, outcomes, and impact a plan is trying to achieve	Progress Reports: Reports on progress, successes, and challenges
Strategies: Choices about how best to accomplish objectives	

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.





Additional NHAS Implementation Priorities for ONAP

Other NHAS Implementation Priorities

- Efforts underway with DOJ, HHS, and community stakeholders to discuss federal actions to support repeal or modernization of HIV criminalization laws.
- Series of activities planned throughout 2022 to identify opportunities and best practices for private sector engagement in efforts to end HIV.
- Working with federal agencies to better align U=U language and increase focus on viral suppression.
 - OIDP launching Work of ART Viral Suppression campaign



Other NHAS Implementation Priorities

- Collaborative efforts with Office of National Drug Control Policy to integrate implement harm reduction services throughout communities to address syndemics of substance use, HIV, and hepatitis
- Ongoing work with HHS and ONDCP on methamphetamine as driver of HIV infections among gay and bisexual men
- Engagement with CMS on Medicaid and Medicare Issues





Partnerships & Collaborations

Ending the HIV Epidemic

GOAL:

75%
reduction in new
HIV infections
in 5 years
and at least
90%
reduction
in 10 years.

FOCUSED EFFORT

- 48 counties, DC, and San Juan account for 50% of new HIV diagnoses in 2016.
- 7 states with the most substantial HIV diagnoses in rural areas.



Led by HHS

OASH Office of the
Assistant Secretary
for Health



HRSA
Health Resources & Services Administration

SAMHSA
Substance Abuse and Mental Health
Services Administration



Ending the HIV Epidemic

1. EHE alignment with the new NHAS
 - Acceleration of approaches
 - Increased focus on syndemic and status-neutral approaches
2. CDC Published the Optimization Model
 - Demonstrated need for considerable investment into EHE
 - Need assistance from implementing partners to highlight successes



Health Equity

1. Increasing Access to HIV Testing and PrEP, especially important in states that have not expanded Medicaid
2. Addressing Stigma and Discrimination (laws and policies) that hamper our progress
 - HIV criminalization laws
 - Combating HIV Stigma
3. Increasing Access to ACA marketplace plans, focus on closing the Medicaid coverage gap in Build Back Better Act
4. Work with HUD to identify opportunities outside of HOPWA to increase housing for people vulnerable to and with HIV



Harm Reduction

1. Working with ONDCP on incorporation of HIV/viral hepatitis prevention and linkages into National Drug Control Strategy
2. Collaborations between CDC and SAMHSA on new harm reduction programs from American Rescue Plan
3. Additional opportunities for co-location of services including HIV/HCV testing, linkages, PrEP, medication assisted therapy, behavioral health
4. Review of SAMHSA HIV-set aside in block grant funding, changes included in House legislation
5. Methamphetamines and Stimulants Strategy



FY2023 Budget Proposal

- Budget proposal reinforces Administration's commitment to end HIV as component of addressing health disparities and achieving health equity in the U.S.
- Includes \$824 million for EHE activities (\$377 m increase over FY2022)
 - \$290 m for Ryan White
 - \$310 m for CDC HIV prevention
 - \$172 m for community health centers
 - \$52 m for Indian Health Services



FY2023 Budget Proposal

- Budget includes a proposal for a national PrEP Program
 - advance equitable access to PrEP by providing PrEP for uninsured and under insured
 - lab costs
 - PrEP support services
 - Mandatory program funded at \$9.8 billion over 10 years
 - \$237 million in funding proposed for FY2023



Opportunities for Collaborations and Partnerships

- EHE has invested in building capacity of **community health centers** to provide PrEP services:
 - This model can be shared with other CHCs and supported through other resources
 - FQHCs are also a resource to integrate HIV screening into behavioral health and substance use services
- SAMHSA requiring HIV testing and linkage to PrEP within its SMAIF funded programs
- EHE funding to Indian Health Services (IHS) to increase capacity of system to test, provide care and treatment, and provide PrEP
 - New funding opportunity to address HIV/HCV in Indian Country





THE WHITE HOUSE
WASHINGTON

WH.GOV