Leading America to Healthier Lives

- **Providing trusted data and information** to serve HHS, the federal government, states and localities, and the public in general

- **Convening partners** federal agencies, state and local, professional societies, non-profits, academia, patient advocates

- **Developing novel initiatives** Gaining situational awareness, identifying gaps, building teams, setting a common agenda, and supporting infrastructure
HIV HAS COST AMERICA TOO MUCH FOR TOO LONG

700,000
American lives lost to HIV since 1981

$20 billion
Annual direct health expenditures by U.S. government for HIV prevention and care

Without intervention and despite substantial progress another

400,000
Americans will be newly diagnosed over 10 years despite the available tools to prevent infection
NEW HIV DIAGNOSES HAVE DECLINED SUBSTANTIALLY BUT PROGRESS IS STALLED

MAJOR PROGRESS

• 1980s
  peak incidence near 130,000 annually

• 1985 - 2012
  interventions have driven infections down to <50,000 annually
THE TIME IS NOW: RIGHT DATA, RIGHT TOOLS, RIGHT LEADERSHIP

- Epidemiology
  - Most new HIV infections are clustered in a limited number of counties

- Detect and Respond Strategy
  - Extensive surveillance infrastructure in place, rapid detection and response capacity increasing

- Antiretroviral Therapy
  - Highly effective, saves lives, prevents sexual transmission; increasingly simple and safe

- Proven Models of Effective of Care and Prevention
  - 25 years’ experience engaging and retaining patients in effective care

- Pre-exposure Prophylaxis (PrEP)
  - FDA-approved and highly effective drug to prevent HIV infection

There is a real risk of HIV exploding again in the U.S. due to several factors including injection drug use and diagnostic complacency among healthcare providers.
48 COUNTIES, 7 STATES WITH SUBSTANTIAL RURAL BURDEN, DC AND SAN JUAN ACCOUNT FOR 50% OF NEW DIAGNOSES
EARLY DIAGNOSIS IS ESSENTIAL TO END THE HIV EPIDEMIC

- 1 in 2 people with HIV have the virus at least 3 years before diagnosis
- 1 in 4 people with HIV have the virus at least 7 years before diagnosis
- 1 in 5 people with HIV are diagnosed with advanced disease (AIDS)
- 7 in 10 people with HIV saw a healthcare provider in the 12 months prior to diagnosis and failed to be diagnosed

87% of new HIV infections are transmitted from people who don’t know they have HIV or are not retained in treatment

Daily et al., MMWR Weekly Report, 2017; Skarbinski et al., JAMA, 2015; Gopalappa et al., Med Decision Making, 2017
From 2011-2015, HIV diagnoses among African Americans account for 44% of HIV diagnoses, but comprise only 12% of U.S. population.

From 2011-2015, HIV diagnoses among American Indians/Alaska Natives increased 38%.
HIV MEDICAL THERAPY IS SIMPLE AND EFFECTIVE

- Complex
- Limited potency
- High toxicity

TODAY

- Simplified (one pill per day), many options
- Very potent
- Few side effects

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HIV TREATMENT PREVENTS NEW INFECTIONS

HIV TREATMENT as PREVENTION
A HIGHLY EFFECTIVE STRATEGY TO PREVENT THE SEXUAL TRANSMISSION OF HIV

- People living with HIV who take HIV medication daily as prescribed
- and get and keep an undetectable viral load
- have effectively no risk of sexually transmitting HIV to their HIV-negative partners

LEARN MORE AT HIV.GOV/TASP

JAMA January 10, 2019

VIEWPOINT

HIV Viral Load and Transmissibility of HIV Infection
Undetectable Equals Untransmittable

Robert Eisinger, Carl Dieffenbach, Anthony Fauci

The U=U concept bridges the best of biomedical science with current concepts in behavioral and social science by removing the sense of fear and guilt that a person may be harming someone else, as well as the feeling of self-imposed and external stigma that many people with HIV experience.

— RW Eisinger, CW Dieffenbach and AS Fauci

Credit: NIAID

Ending the HIV Epidemic

www.hiv.gov
**PRE-EXPOSURE PROPHYLAXIS (PrEP)**

**PrEP**

**WHAT IS PrEP?**

- **Single tablet**, Truvada® is currently the only FDA-approved drug for PrEP in the U.S.

- At-risk people can reduce their chance of HIV infection by up to 97%

**OF THE 1.2 MILLION AT HIGH RISK FOR HIV, 10% ARE ON PrEP**

**BARRIERS TO PrEP**

- Attitudes and stigma that prevent testing and initiation of PrEP

- Lack of awareness among individuals at risk and among providers

- Lack of perceived risk among those at risk and among providers

- Barriers to linkage to PrEP care and prescribing PrEP
## Achieving the Goals

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<td><strong>Diagnose</strong></td>
<td>All people with HIV as early as possible after infection</td>
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<tr>
<td><strong>Treat</strong></td>
<td>The infection rapidly and effectively to achieve sustained viral suppression</td>
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<tr>
<td><strong>Protect</strong></td>
<td>People at highest risk of HIV with potent evidence-based interventions</td>
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<tr>
<td><strong>Respond</strong></td>
<td>Rapidly and effectively to clusters and outbreaks of new HIV infections</td>
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### HIV Healthforce

A boots-on-the-ground team that ensures implementation of HIV elimination plans
PHASES OF THE HIV INITIATIVE

PHASE 1: Focused effort to reduce new diagnoses by 75% in 5 years

PHASE 2: Widely disseminated effort to reduce new diagnoses by 90% in the following 5 years

PHASE 3: Intense case management to maintain the number of new diagnoses at < 3,000 per year
IMPLEMENTATION PLAN

- **Target focus initially on high incidence geographies**
  - Target 48 counties, DC and San Juan that account for 50% of diagnoses
  - Target select states with high rural HIV burdens to establish effectiveness in rural environment

- **Emphasize early diagnosis, immediate treatment, engagement**
  - Treat diagnosed persons rapidly to achieve viral suppression and stop transmission
  - Increase viral suppression from 50% to 90%: **HRSA Ryan White has achieved 85%**

- **Expand pre-exposure prophylaxis (PrEP)**
  - Increase use by at-risk population from 10% to at least 50%

- **Rapid and overwhelming response to HIV outbreak clusters**
  - Monitor for early detection of clusters
  - Treat each new diagnosis as a “sentinel event”
NIH/NIAID: CENTERS FOR AIDS RESEARCH (CFAR)
Supporting multidisciplinary research aimed at reducing the burden of HIV in the U.S.

Expands current activities to inform HHS and partners on

- Evidence-based best practices
- Effectiveness of approaches including regional strategies
FEDERAL INITIATIVE WILL LEVERAGE STATE AND LOCAL EFFORTS
STATUS OF JURISDICTIONAL PLANS TO “END THE HIV EPIDEMIC”

January 2019

https://www.nastad.org/resource/ending-hiv-epidemic-jurisdiction-plans
PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS (PACHA)

Carl Schmid, M.B.A., Co-Chair
Deputy Executive Director
The AIDS Institute

- Convening Group member of the Federal AIDS Policy Partnership and co-chairs its AIDS Budget and Appropriations Coalition
- Expertise in health care financing systems, including Medicaid and Medicare
- PACHA member and chaired Domestic Subcommittee

John Wiesman, DrPH., M.P.H., Co-Chair
Secretary of Health
Washington State Department of Health

- More than 22 years of local public health experience focuses on whole systems approaches to improving health
- Immediate past president of the Association of State and Territorial Health Officials (ASTHO) and chairs the association’s Government Relations Committee
WHOLE-OF-SOCIETY INITIATIVE

Federal Partners

State Health Departments

People Living with or at Risk for HIV

Professional Associations

Academic Institutions

Local Health Departments

HIV Organizations

Patient Advocacy Groups

Faith-based Organizations

Non-profit Organizations

Your Name Here

County Health Departments

Non-profit Organizations
Now is the time.