Ending the HIV Epidemic (EHE) Initiative and the National HIV/AIDS Strategy (NHAS)

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Outline

1. EHE Initiative
2. NHAS
3. NHAS Federal Implementation Plan
4. New Quality of Life Indicators
5. Call to Action for Non-federal Partners
Ending the HIV Epidemic in the U.S. Initiative
Ending the HIV Epidemic in the U.S. Initiative

**GOAL:**
- 75% reduction in new HIV infections by 2025
- 90% reduction by 2030.

**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
EHE Updates

- EHE alignment with the new NHAS
  - Acceleration of approaches
  - Increased focus on syndemic & status-neutral approaches
- Despite COVID-19, EHE jurisdictions have shown tremendous progress
  - Ryan White Program served 11,139 new clients and re-engaged and additional 8,282 clients in 1st year
  - Initiative assisted community health centers in scaling-up PrEP access to 389,000 people
- Continuation of the Administration’s Support for the Initiative in FY 2023 Budget funding and policies
CFARs’ Role in EHE

- Provides a part of research base for EHE
- Addresses EHE gaps and opportunities
  - Emphasis on implementation science and social determinants of health
- Promotes research among priority populations
- Implementation of research findings necessary to end the epidemic
The National HIV/AIDS Strategy
Elements of the National HIV/AIDS Strategy

- 1 vision
- 4 goals
  - 21 objectives
    - 78 strategies
- 8 priority populations
- Indicators of progress
  - core indicators
  - disparity reduction indicators
  - developmental indicator on quality of life
National HIV/AIDS Strategy

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.
• 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
Supporting its 4 goals, the NHAS details:
• 21 objectives
• 78 strategies

The goals, objectives, and strategies are intended to guide actions by both federal and nonfederal stakeholders.
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
Recognizes racism as a serious public health threat

Adds a new focus on people who are aging with HIV

Highlights increased emphasis on syndemic approach to HIV, viral hepatitis, STIs, and substance use and mental health disorders

Places greater emphasis on harm reduction and Syringe Service Programs

Expands focus on addressing social determinants of health
NHAS Federal Implementation Plan
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

| Goals: Broad aspirations that enable a plan’s vision to be realized |
| Objectives: Changes, outcomes, and impact a plan is trying to achieve |
| Strategies: Choices about how best to accomplish objectives |

### Federal Implementation Plan

| Action Steps: Specific activities that will be performed to implement the strategies and achieve the goals of the plan |
| Progress Reports: Reports on progress, successes, and challenges |

**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.
Overview

• Details actions to be taken by 10 federal departments to implement the NHAS between 2022-2025
  • Department of Agriculture
  • Department of Defense
  • Department of Education
  • Department of Health and Human Services
  • Department of Housing and Urban Development
  • Department of the Interior
  • Department of Justice
  • Department of Labor
  • Department of Veterans Affairs
  • Equal Employment Opportunity Commission

• >380 action items span programs, policies, research, and other activities

• Many involve multiple agencies
New Quality of Life Indicators
NEW QUALITY OF LIFE INDICATORS

Quality of Life Indicator Development

• NHAS committed to developing new indicator on quality of life among people with HIV

  “Quality 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 tasked workgroup of federal subject matter experts to listen to community input and identify options for possible measures, data sources, and targets

• Ultimately adopted 5 new indicators, rather than just a single one, to better assess the multiple dimensions of quality of life
5 New Quality of Life Indicators

**Indicator 9:** Increase the proportion of people with diagnosed HIV who report **good or better health** to 95% from a 2018 baseline of 71.5%.

**Indicator 10:** Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.

**Indicator 11:** Decrease by 50% the proportion of people with diagnosed HIV who report ever being **hungry** and not eating because there wasn’t enough money for food from a 2017 baseline of 21.1%.

**Indicator 12:** Decrease by 50% the proportion of people with diagnosed HIV who report being **out of work** from a 2017 baseline of 14.9%.

**Indicator 13:** Decrease by 50% the proportion of people with diagnosed HIV who report being **unstably housed or homeless** from a 2018 baseline of 21.0%.
Call to Action for Non-federal Partners
Call to Action

Federal activity alone can’t end the HIV epidemic. That is why the Strategy is a national one, not just a federal one.

The NHAS is a call to action for stakeholders from ALL sectors of society to engage in a more coordinated, re-energized national response to HIV.

The National HIV/AIDS Strategy and the NHAS Federal Implementation Plan can provide inspiration to all nonfederal stakeholders, supporting their own efforts to identify and implement complementary actions that accelerate our efforts to end the HIV epidemic in the United States.