



Agency Priority Goal Action Plan

Ending the HIV Epidemic

Goal Leader:

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Deputy Goal Leader(s):

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Overview

Goal Statement

- Ending the HIV Epidemic. End the HIV epidemic by reducing new HIV infections through 1) linking people to HIV medical care as quickly as possible so that treatment can be initiated; and 2) preventing HIV through prescribing pre-exposure prophylaxis (PrEP) to those who have indications for PrEP.
- Starting from the baselines for September 30, 2017, by September 30, 2021:
 1. Reduce by 15 percent new HIV infections among persons aged 13 or older.
 2. Increase by 15 percent linkage to HIV medical care within one month of diagnosis among persons aged 13 or older.
 3. Increase by 15 percent the number of persons with indications for PrEP who are prescribed PrEP.

Overview (continued)

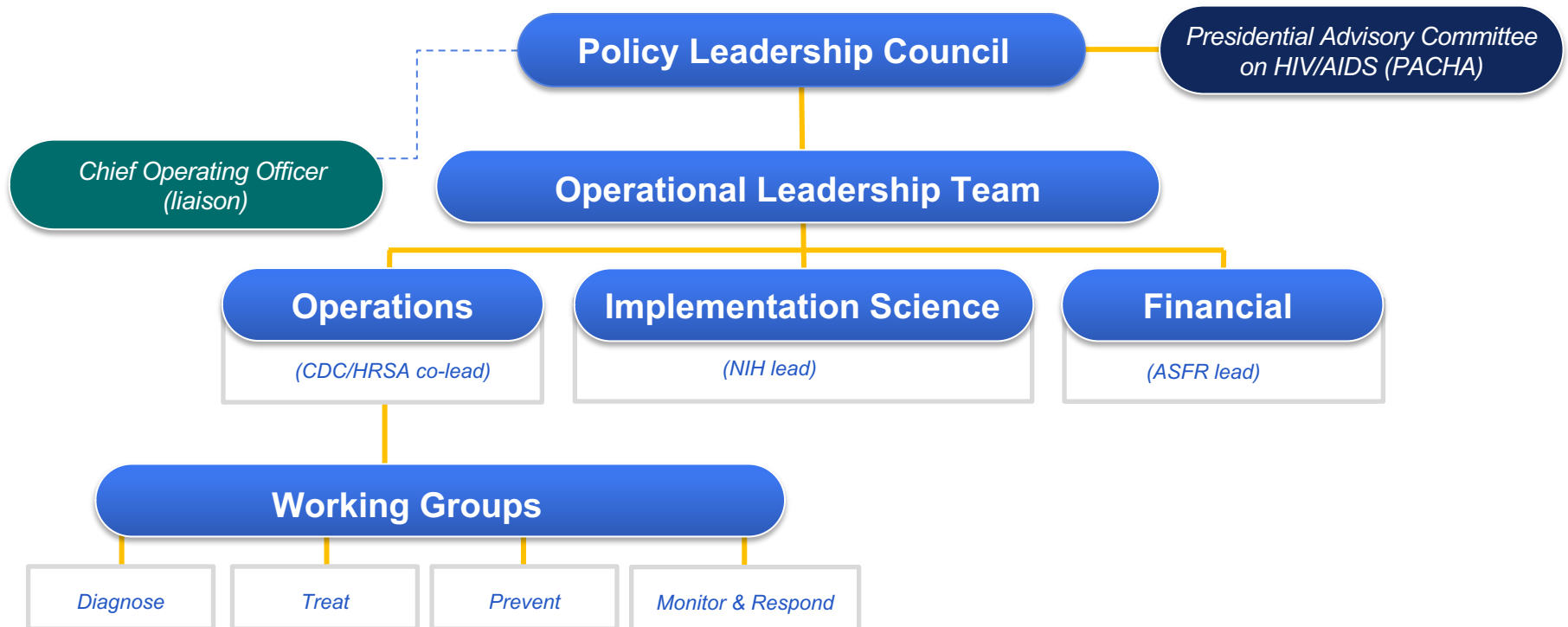
Challenge

- Since 1981, more than 700,000 American lives have been lost to HIV/AIDS. While new HIV infections have declined since the early 2000's, progress has stalled and there are approximately 38,000 new infections per year.
- Annual direct health care expenditures by the U.S. government for HIV prevention and care top \$20 billion dollars annually.

Opportunity

- In the State of the Union address of February 2019, President Donald J. Trump announced the administration's goal to end the HIV epidemic in the United States by 2030. The *Ending the HIV Epidemic: A Plan for America* will utilize up-to-date epidemiological data as well as new biomedical prevention and treatment options to reduce the number of new HIV infections in the United States by 75 percent by 2025 and by 90 percent by 2030. This will prevent an estimated 200,000 new HIV cases over those 10 years, while protecting and preserving the health of people currently living with HIV.

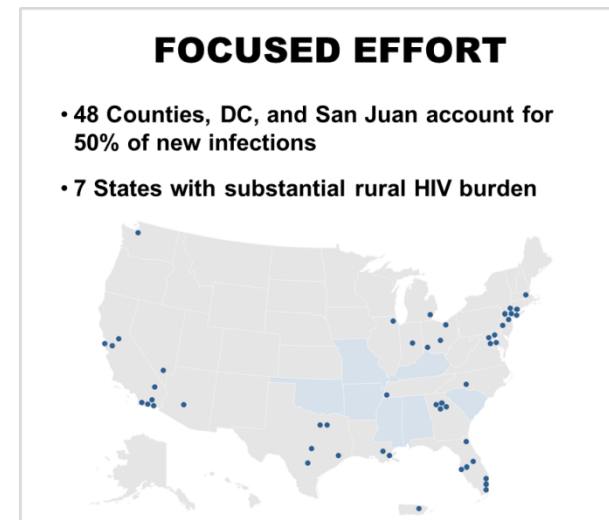
Organizational Structure



Goal Structure & Strategies

Strategic Approach

- The Initiative is founded on evidence-based strategies within four pillars: diagnose, treat, prevent and respond.
 - Diagnose all people with HIV as early as possible after infection
 - 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
 - Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them
- Phase I efforts will be focused on 48 counties, D.C., and San Juan, which accounted for over 50 percent of all new HIV diagnoses in 2016 and 2017, as well as the seven states with substantial burden of HIV in rural areas.



COVID-19 Impacts – HRSA – Q4 FY 2020

Supporting activities and programs

- HRSA: Ryan White HIV/AIDS Program Parts A and B (local and state health departments) and Part C (clinics) have had staff deployed to respond to the COVID-19 pandemic which has reduced their ability to focus on Ending the HIV Epidemic (EHE) activities. HRSA's HIV/AIDS Bureau (HAB) anticipates that some EHE activities will be delayed until 2021. There are some important lessons learned from the COVID-19, such as the use of telehealth, that will be relevant for EHE going forward.
- HRSA: conducted the [Telehealth for HIV Care: A Follow-Up Discussion](#) on September 29th as part of HRSA's Telehealth Learning Webinar Series to highlight successful projects/best practices as well as resources to promote and further the use of telehealth technologies for health care delivery, education, and health information services, including for participants to understand how telehealth is transforming access to quality care and treatment for people with HIV during COVID-19.
- HRSA HAB: In July and September, HRSA HAB conducted "HAB You Heard" webinars, an update from the HIV/AIDS Bureau featuring RWHAP recipients presenting their COVID-19 response activities, reaching a combined 1,600 participants.

COVID-19 Impacts – NIH & SAMHSA – Q4 FY 2020 (continued)

Supporting activities and programs

- NIH: The COVID-19 pandemic has created some delays in the progress and completion of 2019 EHE Centers for AIDS Research/AIDS Research Centers (CFAR/ARCs) planning projects and the postponement of a few meetings. All other activities are on track.
- SAMHSA: Had an initial drop in enrollment among **almost all behavioral health program** grantees which has now rebounded. During this time SAMHSA has continued flexibilities for telehealth at Opioid Treatment Programs and provided guidance to the states and other stakeholders. SAMHSA has allowed grantees under its HIV portfolio to purchase self test kits for distribution to patients. SAMHSA has distributed millions of dollars of emergency funds to grantees to ensure mental health and substance use disorders continue to be addressed.

COVID-19 Impacts – IHS – Q4 FY 2020 (continued)

Supporting activities and programs

Indian Health Service:

- Three question online survey of clinical leads of major ART programs in IHS/Tribal/Urban system receiving MHAF support.
 - Responses received from seven sites, four in Navajo Nation – identical surveys in May and August.
- Existing Circumstances
 - Many providers switched to telemedicine by August and signaled that the quality of care is suffering and the effects will be manifest in time.
 - Some home visit programs canceled as these resources are needed for COVID-19 response.
 - A lack of in-person visits means some clinical manifestations go undetected as social isolation and substance use disorders are most challenging for patients.
- Lessons Learned
 - HIV medical team is having to work more in silos than before. At least one site has reported new HIV patients since COVID-19, in part due to HIV patients relocating back to the reservation - although it is not clear if this was for economic, health or other reasons.
 - One facility noted that resources going towards COVID-19 had actually improved ART adherence, as a proportion of their HIV patient cohort were homeless, but emergency housing was made available as part of the COVID-19 response to stabilize their housing situation.
 - PrEP services are struggling to adapt. The intake and quarterly laboratory visits require in-person visits that are more complicated, while health facilities adjust to essential in-person visits only. The demands on laboratory resources for COVID-19 support is high. We are in discussions with the field on when and how to best re-approach scaling up our PrEP services.

COVID-19 Impacts – CDC – Q4 FY 2020 (continued)

Supporting activities and programs

- CDC: EHE is still a national priority and CDC is working with grantees to minimize disruptions to HIV surveillance, prevention and care programs.
 - Resources and information available at [CDC HIV and COVID webpage](#)
 - Information for how to protect yourself from COVID-19 if you are immunocompromised
 - A letter to colleagues was sent to share guidance on HIV self-testing considering COVID-19
 - CDC is funding a Self-Testing Demonstration Project
 - A letter to colleagues was sent to share guidance for providing PrEP when facility-based services and in-person patient-clinician contact is limited
 - Interim guidance for Syringe Services Programs (SSPs)
 - CDC also provided an extension of the EHE Implementation NOFO (PS20-2010) application deadline and grantees now have until December 31st, 2020 to submit final EHE plans

COVID-19 Impacts – CDC – Q4 FY 2020 (continued)

Supporting activities and programs

- CDC: Many AIDS service organizations and community-based organizations have had to close their doors or reduce services. Emergency room visits decreased by 42% resulting in a decline in the number of people receiving HIV and STD screenings. Syringe Services Programs operations decreased by 50%. Most disease intervention specialists (DIS) have been redirected to COVID-19
- Many AIDS service organizations and community-based organizations have had to reduce services.
- Many Health Departments have redirected staff to COVID-19 and curtailed some HIV prevention activities.
- CDC: is consistently communicating with grantees and partners as the pandemic unfolds.

Summary of Progress—Prevention through Active Community Engagement Q4 FY 2020

Major Achievements

- PACE has strengthened partnership with regional HHS operating divisions (HRSA, SAMSHA, CDC, NIH & IHS) to facilitate coordinated regional EHE program implementation and break down silos to improve EHE outcomes.
- PACE has established a collaborative partnership with the National Black AIDS Institute National and their regional affiliates to ensure state and county EHE planning includes interventions that are relevant to the real needs and challenges of the black communities disproportionately impacted by HIV in the 30 priority jurisdictions in Region IV, VI & XI.
- PACE has established collaborative partnerships with regional and state academic institutions (universities, CFARs, AETC) to identify community needs, gaps in provider capacity, clinical practice transformation opportunities and to enhance EHE learning collaborative across priority jurisdictions to strengthen cross-collaboration efforts and sharing of best practices.
- PACE has extended outreach to faith-based organizations (FBOs) in the regions IV, VI & XI to increase EHE awareness, leverage FBOs trust and community outreach, and actively partner with FBOs to connect communities to HIV resources. PACE partnership with FBOs in some states have resulted in the first ever EHE FBO network collaborating with the state/county Health department to optimize community engagement to advance the program outcomes of ending the HIV epidemic initiative.
- PACE has been engaging with tribal communities in region IV, VI & XI to enhance EHE awareness and identify ways to advance the EHE initiative in Indian Country.

Summary of Progress – HRSA/BPHC - Q4 FY 2020

Major Achievements

- HRSA/BPHC: provided all Primary Care HIV Prevention (PCHP) health center grantees who received the supplemental funding with a [technical assistance supplemental funding webpage](#), pre-recorded webinar, progress report guide, and a live question and answer session.
- HRSA/BPHC: supported Primary Care HIV Prevention (PCHP)-funded health centers with a [crosswalk mapping PCHP tri-annual reporting metrics to Uniform Data System \(UDS\) measures and/or fields](#) – provided by Health Information Technology, Evaluation, and Quality (HITEQ) Center, a HRSA-funded National Training and Technical Assistance Partner (NTTAP) – to assist health centers in leveraging UDS reporting functionality in their electronic health records to inform completion of the tri-annual progress reports to HRSA.
- HRSA/BPHC: conducted a [webinar](#) for health centers to learn about the U.S. Preventive Services Task Force’s (USPSTF’s) Final Pre-Exposure Prophylaxis (PrEP) Recommendations and PrEP implementation guidelines, as well as resources from The National LGBTQIA+ Health Education Center, a HRSA-funded NTTAP. Experts shared the latest guidelines and recommendations for HIV screening and PrEP prescribing practices for HIV-negative patients who may be at risk for contracting HIV.

Summary of Progress –HRSA/HAB - Q4 FY 2020 (continued)

Major Achievements

- HRSA HAB: hosted the virtual 2020 National Ryan White Conference on HIV Care and Treatment from August 11-14, for nearly 7,500 Ryan White HIV/AIDS Program (RWHAP) recipients, sub-recipients, stakeholders, providers, federal staff, and people with HIV.
 - 1,000 presenters convened 290 sessions, 162 poster sessions, and 4 plenary sessions
 - Conducted #RyanWhite2020 social media campaign and posted 4 HIV.gov blog posts
 - Participated in 3 “Live with Leadership” sessions in coordination with the HHS Office of Infectious Disease and HIV/AIDS Policy
 - HRSA: commemorated the 30th anniversary of the Ryan White CARE Act on August 18, which included #30YearsofCare social media campaign, HHS press release, HIV.gov blog post and declaration from HRSA Administrator Tom Engels, and event during the closing plenary session of the 2020 National Ryan White Conference.
 - HRSA conducted a radio media tour for the 30th anniversary with 8 interviews reaching 212 affiliate networks and 406,000+ listeners
- HRSA HAB: launched a Special Collection of manuscripts in PLOS in August 2020, highlighting RWHAP innovative models of care.
- HRSA: leadership highlighted EHE in nearly a dozen presentations and national conference plenary sessions, including AIDS 2020, SYNCronicity 2020, and ACT HIV.
- HRSA: hosted “HAB You Heard” webinars, a monthly update from the HIV/AIDS Bureau, in July and September reaching a combined 1,600 participants.

Summary of Progress – HRSA/HAB – Q4 FY 2020 (continued)

Major Achievements

- HRSA conducted a social media campaign and disseminated resources from HIV.gov to people with HIV and the health care providers and service organizations in support of National HIV/AIDS and Aging Awareness Day and National Gay Men's HIV/AIDS Awareness Day.
- HRSA released Notices of Award (NoAs) for programming within the Ryan White HIV/AIDS Program to be conducted using Minority HIV/AIDS Program funds.
 - Improving Care and Treatment Coordination: Focusing on Black Women with HIV
 - Building Capacity to Implement Rapid Antiretroviral Initiation for Improved Care Engagement
 - Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program
- The HRSA HAB EHE Technical Assistance Provider (TAP) and Systems Coordination Provide (SCP) implemented the methodologies for choosing targeted TA recipients for year 1.
 - The TAP and SCP provided an overview to the EHE recipients of their roles and how the TAP and SCP can support the jurisdictions moving forward.
- The HRSA HAB EHE SCP, National Alliance of State & Territorial AIDS Directors, assessed HIV data across EHE jurisdictions to identify high-need jurisdictions; convened monthly calls with national stakeholders to discuss high-need EHE jurisdictions, community engagement efforts, the impact of social determinants of health; and developed a Jurisdictional Directory which lists the point of contact in each EHE funded jurisdiction to facilitate communication and participation in community engagement activities.

Summary of Progress – CDC – Q4 FY 2020 (continued)

Major Achievements

- On August 1st, CDC awarded \$109M for health departments representing the EHE jurisdictions to accelerate progress in the fight to end the HIV epidemic
 - \$106M to 32 health departments
 - \$3M to seven STD clinics
- [STD EHE Success Stories](#) went live in late August
 - Stories highlight successes seen at the three jumpstart site STD Specialty Clinics (Baltimore, Maryland; East Baton Rouge Parish, Louisiana; and DeKalb County, Georgia), which were funded in September 2019.
- In September, CDC announced the availability of fiscal year 2021 funds for community-based organizations (CBOs) to develop and implement high-impact HIV prevention programs.
 - Although funding isn't from EHE, the comprehensive HIV prevention funded program must align with the pillars of the nation's Ending the HIV Epidemic Initiative (EHE) – Diagnose, Treat, Prevent, and Respond, and employs CDC's High-Impact Prevention approach.
- Supplemental EHE funds for Capacity Building - \$2 million to support four regional technical assistance providers under existing CoAg (PS19-1904) distributed August 2020.

Summary of Progress – SAMHSA & IHS– Q4 FY 2020

(continued)

Major Achievements

- SAMHSA: All 82 HIV Prevention Navigator grants were awarded in August of 2020 through SAMHSA's Center for Substance Abuse Prevention.
- Indian Health Service (all projects supported by the Minority HIV/AIDS Fund (MHAF)):
 - In August, IHS leadership approved the new “Indian Health Service HIV Primary Care Treatment Recommendations For Adults.” IHS will post the guidelines to www.ihs.gov in time for WAD.
 - The IHS National HIV/HCV Program continually searches for ways to help the Area Offices and Service Units achieve their HIV and HCV goals. In the summer of 2020, the IHS National HIV/HCV Program created IHS Area-wide and Service Unit-specific report cards for nationally monitored HIV and HCV screening measures. In addition to the PowerPoint slide decks, a Word document with narration designed to guide HIV/HCV screening presentations by Area leadership was included.
 - In August, IHS, in partnership with the Northwest Portland Area Indian Health Board (NPAIHB), and funding from the Minority HIV/AIDS Fund, released the fourth and final course in the learning module called “[PrEP Navigator Training for Community and Public Health Staff](#).” The learning module is available online. Follow the link above or go to www.ihs.gov and search “PrEP Navigator.”

Summary of Progress – IHS – Q4 FY 2020 (continued)

Major Achievements

- Indian Health Service (all projects supported by MHAF):
 - To document and better understand experiences of stigma among Alaska Native People Living with HIV, the Alaska Native Tribal Health Consortium is implementing the People Living with HIV Global Stigma Index. More than 100 countries have implemented the Stigma Index survey to date, but this is the first time it will focus on an Indigenous population.
 - The Urban Indian Health Institute (UIHI) released a short film, [Positively Native](#), in which long-time HIV survivors discuss their lived experiences with HIV stigma, discrimination, and advocacy. Along with the film, UIHI released an accompanying toolkit that includes a facilitator's guide, discussion questions, and a presentation on the basics of HIV.
 - The Oklahoma Area Tribal Epidemiology Center (OKTEC), in coordination with NPAIHB, launched a campaign to train providers and increase access to PrEP prescribers. The PrEP totals 50+ providers and represents 34 different tribes and tribal facilities.

Summary of Progress – IHS – Q4 FY 2020 (continued)

Major Achievements

- Indian Health Service (all projects supported by MHAF):
 - OKTEC and the Cherokee Nation are increasing HIV testing access through a text messaging system already in place and operational. With additional opportunities from federal funders affording sustainability, OKTEC has a goal of a statewide reach by 2021, and a national reaching program by 2022.
 - The Northwest Portland Area Indian Health Board (NPAIHB) [Healthy Native Youth](#) collaborative launched a [Talking is Power](#) campaign to help American Indian and Alaska Native parents and caring adults initiate difficult conversations about sexual health topics with teens and young adults.
 - NPAIHB is using race-corrected HIV data from the Washington Department of Health better to understand the HIV disease burden within NW tribal communities.
 - NPAIHB's Two Spirit and LGBTQ+ health program completed a six-month Trans & Gender-Affirming Care ECHO and trained ten providers. The work at NPAIHB continues with a qualitative assessment of Two Spirit and LGBTQ+ health, connectedness, access to healthcare; ongoing community programming; and the second phase of the Trans & Gender-Affirming Care ECHO (119 clinicians registered to date).

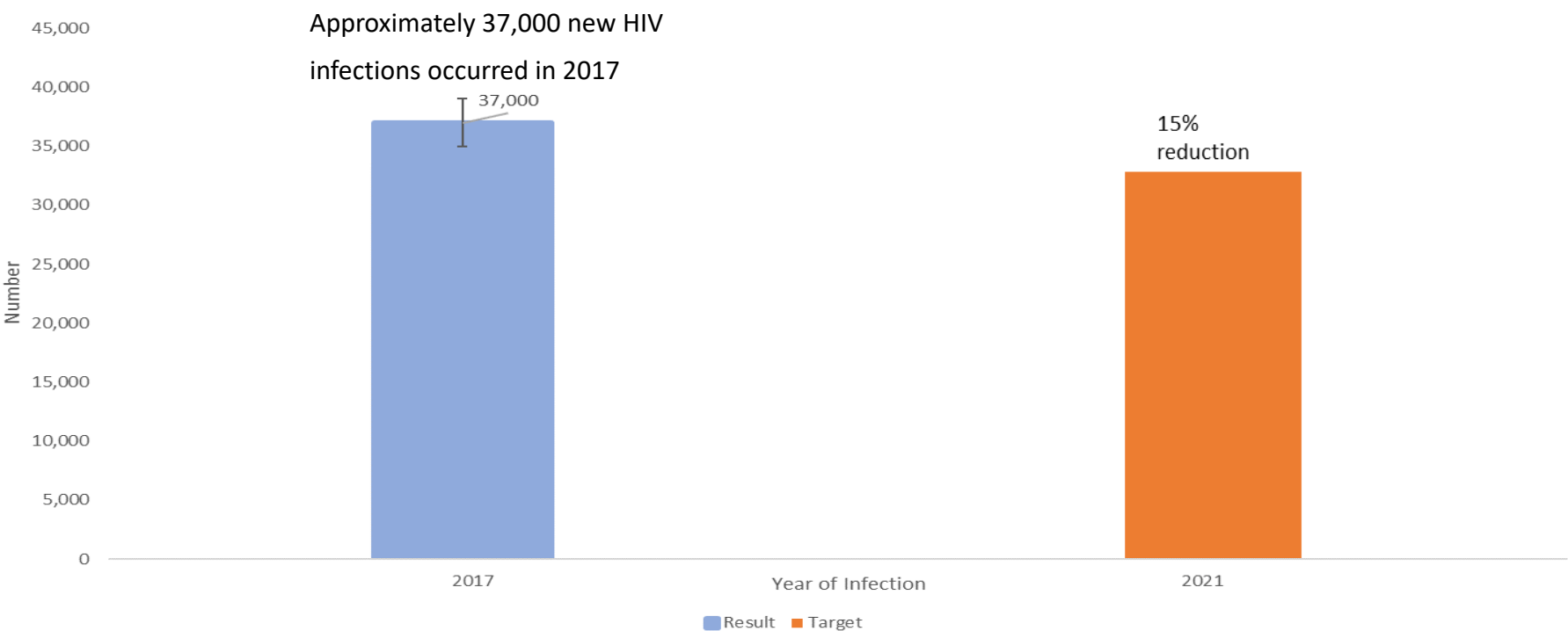
Summary of Progress – NIH – Q4 FY 2020 (continued)

Major Achievements

- NIH: Funded three applications in response to the [NOT-MH-20-050](#): HIV PrEP Implementation Science in HRSA Primary Care Setting. These applications include:
 - Implementation science to enhance EHE activities at HRSA-funded health centers across five states of the Southeast AIDS Education and Training Centers (AETC)
 - Research focused on expanding PrEP and HIV prevention services at community health centers in Central Mississippi.
 - Large-scale implementation of a client-centered PrEP service model with telehealth through HRSA-funded clinics serving Latinx communities in Miami.
- NIH: Released FY2020 supplemental funding to the Centers for AIDS Research /AIDS Research Centers (CFAR/ARCs) to enhance the implementation science knowledge base needed to meet the goals of the EHE. These include:
 - 9 awards for team-initiated implementation research based on jurisdictional needs
 - 12 awards to expand 2019 ongoing efforts
 - 7 awards to improve PrEP uptake in cisgender heterosexual women
 - 6 awards to develop and implement data-driven and communication strategies
 - 5 awards to support implementation science consultation hubs to provide technical assistance in implementation science to CFAR/ARC EHE projects
 - Expansion of the coordinating and consultation group to support high-quality implementation science EHE projects and create opportunities to develop generalizable knowledge from local knowledge.

Key Indicator: Number of New HIV Infections by Year of Infection

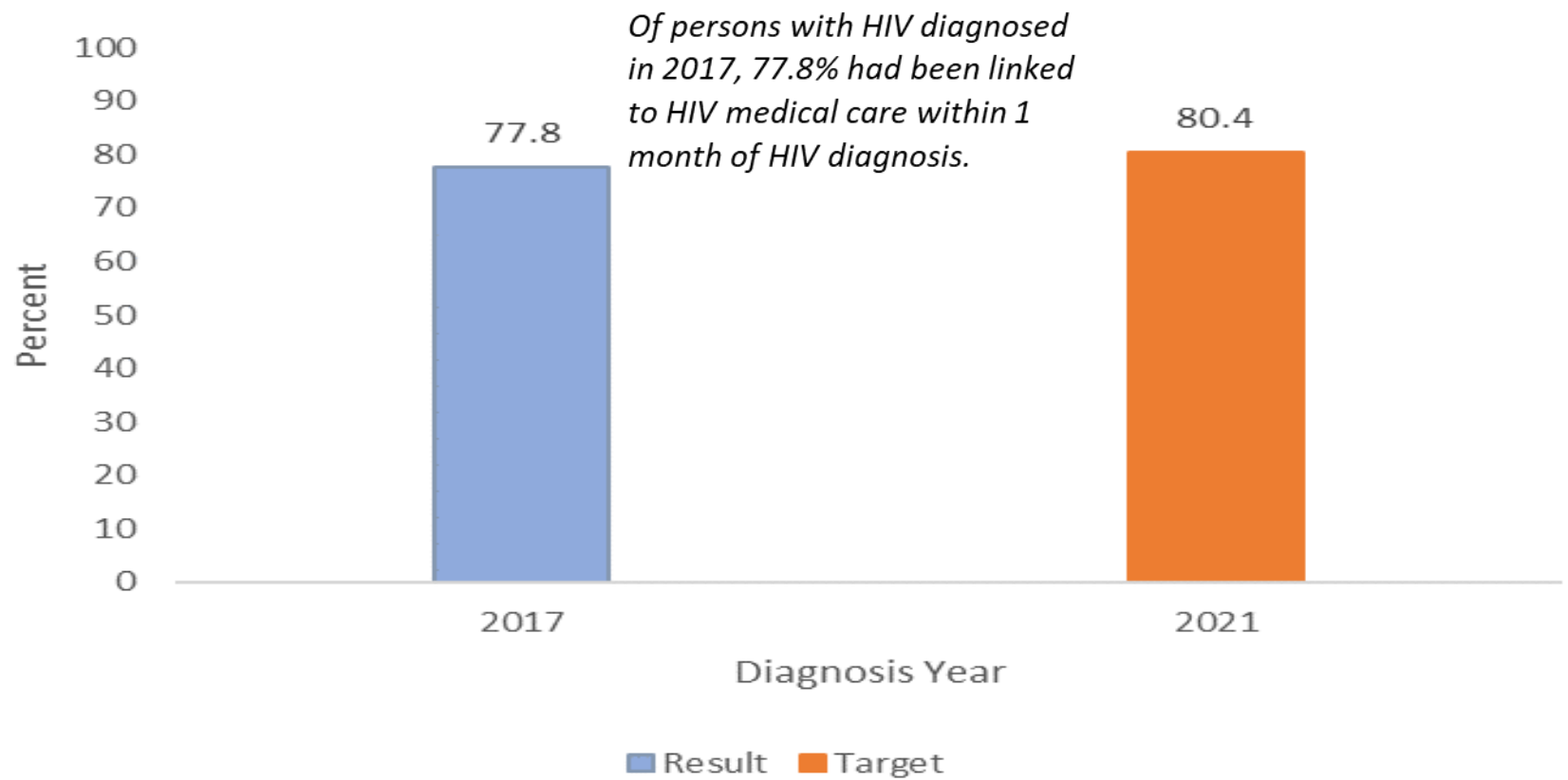
Defined as the estimated number of new HIV infections among persons aged ≥13 years that occurred in the calendar year. The target is to decrease the number of new HIV infections by 15 percent by 2021.



Note: Baseline year is 2017 (95% CI shown). Annual results for estimated number of new HIV infections will be available no later than 18 months *after* the diagnosis year to allow for delays in reporting of case, laboratory, and death information to CDC. For example, 2020 data will be available no later than Q2 2022. The 2025 target for EHE is a 75% reduction in new HIV infections from baseline or an estimated 9,300 new HIV infections. The 2021 target is calculated as follows: $(\text{baseline value} - ((\text{baseline value} - 2025 \text{ target}) * 0.15))$. Incidence estimates and targets are rounded to the nearest 100 for estimates of > 1,000 to account for variability around the estimates. Progress in reducing number of new HIV infections will be determined by a statistical test for trends and relative percent reduction calculated only if the statistical trend is significant. Reference: Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2014–2018. HIV Surveillance Supplemental Report 2020;25(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Additionally, all targets are subject to change and dependent on appropriated resources. Approximately 36,400 new HIV infections occurred in 2018 respectively.

Key Indicator: Linkage to HIV Medical Care by Diagnosis Year

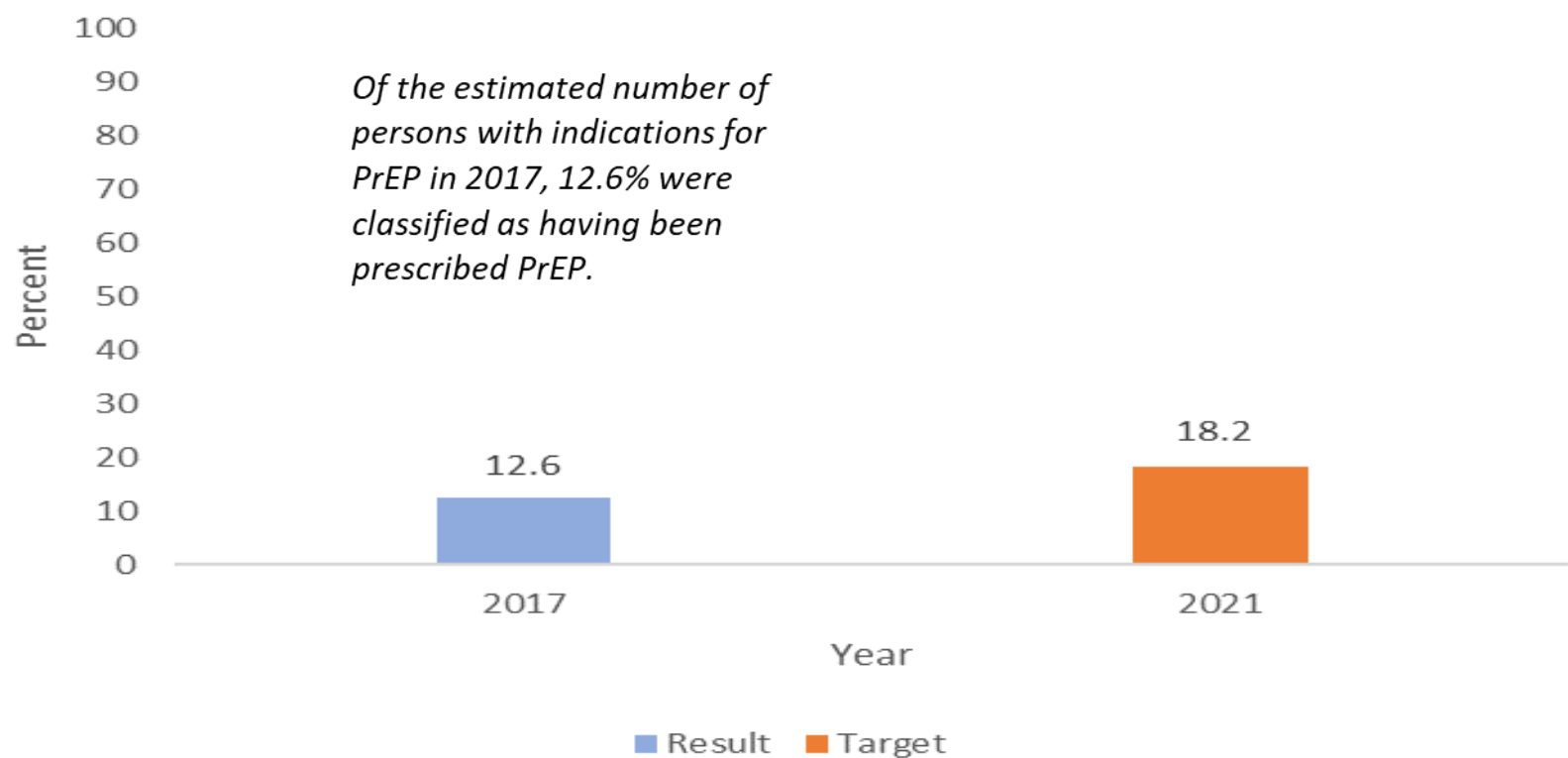
Linkage to HIV medical care is defined as the percentage of persons with diagnosed HIV in a calendar year aged ≥13 years who were linked to HIV medical care within 1 month of HIV diagnosis. The target is to increase by 15 percent by 2021.



Note: Quarterly update to data will be delayed due to reassignments of surveillance staff and program activities due to COVID-19. Baseline year is 2017. Annual results for linkage to HIV medical care will be available no later than 18 months *after* the diagnosis year to allow for delays in reporting of case, laboratory, and death information to CDC. For example, 2020 linkage to HIV medical care will be available Q2 2021. The baseline value is 77.8%. The EHE 2025 target is increase to 95%. The 2021 target is calculated as follows: $((2025 \text{ target} - \text{baseline value}) * 0.15) + \text{baseline value}$. Data are limited to areas with complete reporting of CD4 and viral load test results to CDC. Reference: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2018. HIV Surveillance Supplemental Report 2020;25(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Of persons diagnosed with HIV in 2018, 80.2% had been linked to medical care within 1 month of HIV diagnosis (2018 data published May 2020). Additionally, all targets are subject to change and dependent on appropriated 21 resources.

Key Indicator: PrEP Coverage by Calendar Year

PrEP coverage, expressed as a percentage, is defined as the number of persons ≥16 years classified as having been prescribed PrEP divided by the estimated number of persons with indications for PrEP. The target is to increase PrEP coverage by 15 percent by 2021.



Note: Quarterly update to data will be available late 2020 due to start of new data contract. Baseline year is 2017. PrEP coverage, calculated as the number of persons classified as having been prescribed PrEP (n = 152,401 in 2017) divided by estimated number of persons with indications for PrEP (n = 1,211,777 in 2017). Different data sources are used in the numerator and denominator to calculate PrEP coverage and it is unknown whether persons in the numerator are included in the denominator. The baseline value is 12.6%. The EHE 2025 target is increase to 50%. The target for 2021 is calculated as follows: $((2025 \text{ target} - \text{baseline value}) \times 0.15) + \text{baseline value}$. References: Huang A MMWR 2018; Smith DK CDC Vital Signs 2015; Smith DK Ann Epidemiol 2018. Of the estimated number of persons with indications for PrEP in 2018, 18.2% were classified as having been prescribed PrEP (Centers for Disease Control and Prevention. HIV Surveillance Data Tables (early release): Core indicators for monitoring the Ending the HIV Epidemic initiative (preliminary data): HIV diagnoses and linkage to HIV medical care, 2019 (reported through December 2019); and preexposure prophylaxis (PrEP)—2018, updated. HIV Surveillance Data Tables 2020;1(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published August 2020. Additionally, all targets are subject to change and dependent on appropriated resources.

Key Milestones - Planning				
Milestone Summary				
Key Milestone	Milestone Due Date	Milestone Status	Owner	Comments
HHS PrEP Distribution Program				
Launch the HHS PrEP Distribution Program	11/25/2019	Complete	OIDP/HRSA	OIDP continues to implement and refine the program
EHE Dashboard				
Launch of Static Dashboard with Indicators	1/25/2020	Complete	OIDP	Working collaboratively with OPDIVs* (Public Launch 8/17/2020)
Launch of Interactive Dashboard	Q2 FY2021	In Process	OIDP	Working collaboratively with OPDIVs*
EHE Community Plans and Funding				
Award Administrative Supplements to Centers for AIDS Research (CFARs) and Aids Research Centers (ARCs)	9/30/2019	Complete	NIH	Working collaboratively with Community, Community-Based Organizations (CBOs), and OPDIVs
Receive Community Plans for 57 Jurisdictions (PS19-1906)	12/31/2019	Complete	CDC	
Review and accept jurisdictions Community Plans (PS19-1906)	3/30/2020	Complete	CDC	Revised plans due 12/31/20*
Award Ryan White HIV/AIDS Program Parts A&B Notices of Funding Opportunity (NOFO) to jurisdictions (HRSA-20-078)	3/1/2020	Complete	HRSA HAB	Awarded 2/26/2020
Award Technical Assistance and Service Center Provider NOFOs (HRSA-20-079/HRSA-20-89)	3/1/2020	Complete	HRSA HAB	Awarded 2/26/2020
Award Primary Care NOFOs to jurisdictions (HRSA-20-091)	4/1/2020	Complete	HRSA BPHC	Awarded 2/26/2020
Award FY20 EHE NOFO to jurisdictions (PS20-2010)	3/1/2020	Complete	CDC	Awarded 07/31/2020
Award FY20 Administrative Supplements to CFARs and ARCs	9/30/2020	Complete	NIH	Applications received 5/28/2020
* Delayed due to ongoing COV-19 response				

Key Milestones – Planning (continued)

Milestone Summary				
Key Milestone	Milestone Due Date	Milestone Status	Owner	Comments
EHE Community Plans (cont.)				
Award cooperative agreement for the National Native HIV Network	9/2019	Awarded	IHS	To provide tribally-focused EHE advice to IHS
Award cooperative agreement to the National Indian Health Board for EHE tribal consultation and listening sessions	9/2019	Awarded	IHS	Formal tribal consultation to commence early winter 2020
Award cooperative agreement to the National Council of Urban Indian Health for EHE	9/2019	Awarded	IHS	Formal urban Indian confer session to commence in December 2019
Award EHE Tribal Epidemiology Center (TEC) cooperative agreements	9/2019	Awarded	IHS	Nine awards (Three TECs didn't apply)
Award Cherokee Nation EHE pilot project	8/2019	Awarded	IHS	
Publish Getting to Zero NOFO (PAR-20-036)	10/2019	Complete	NIH	Applications were received but unfortunately none made the pay line. PA is open until September 2021
Implementation Research in HRSA Ryan White Sites: Screening and Treatment for Mental and Substance Use Disorders to Further the National "EHE" Goals NOFO (RFA-MH-20-520 and RFA-MH-20-521)	11/2019	Complete	NIH	Three awards made in 2020
Digital, Limited Interaction Trials and Epidemiology (D-LITE): Targeting HIV Incidence in the United States NOFO (RFA-AI-20-067)	1/2020	Complete	NIH	12 applications have been received and are awaiting peer review. Awards to be made in 2021
FY21 Ending the HIV Epidemic - Primary Care HIV Prevention (PCHP) Competitive NOFO (HRSA-21-092) released	11/2020	Complete	BPHC	Approximately \$83 M in supplemental funding to expand HIV prevention services that decrease the risk of HIV transmission focusing on supporting access to and use of PrEP. NOFO released on 12/7/20; applications due 2/2/21. Awards to be made for 8/1/21 start.

Key Milestones – Implementation

Milestone Summary				
Key Milestone	Milestone Due Date	Milestone Status	Owner	Comments
Collaborative and Community Working Group Meetings				
Hold HIV Implementation Science Summit for EHE Supplement Projects	10/2019	Complete	NIH	
Hold CFAR Faith and Spirituality Research Collaborative Meeting	TBD	In Process	NIH	This meeting was originally scheduled for May 2020 but has been postponed due to COVID 19.
Hold HIV in the South Working Group Meeting	TBD	In Process	NIH	Save the date notices have gone out; Working collaboratively with Community, CBOs to select new date
Hold CFAR/ARC Conference for FY19 EHE Projects	April 14-15, 2021	In Process	NIH	The DC CFAR will host the CFAR/ARC EHE Conference. Save-the-date notices will be shared in October 2020.
EHE Monitoring Progress				
Compile lessons from Jumpstart Sites	1/30/2020	Complete	OIDP/CDC	<p>CDC webpage 'Jumpstarting Success' published. EHE in Action Story from Louisiana posted. Other stories in process; Story from DeKalb County to be posted Oct 2020.</p> <p>Success story about EHE funds in STD Clinics posted https://www.cdc.gov/std/products/success/Success-Story-EHE-2020-cleared.pdf</p> <p>NACCHO profiled: Stories From the Field: Collaboration is Key for HIV Self-Testing in Baltimore https://www.naccho.org/blog/articles/stories-from-the-field-collaboration-is-key-for-hiv-self-testing-in-baltimore</p>
Compile Lessons from CFAR/ARC supplements	03/31/2021	Started	NIH	Estimated milestone due date postponed because of COVID-19
Develop Report on formal EHE tribal consultation, tribal listening session, and urban Indian confer sessions	6/2020	Complete	IHS	Final report has been received.

Key Milestones – Implementation (continued)

Milestone Summary				
Key Milestone	Milestone Due Date	Milestone Status	Owner	Comments
Distribute FY 2020 MHAF funding to IHS Area Offices and tribal/urban programs	7/31/2020	Complete	IHS	Funding memos sent from IHS HQ to Area Offices who transfer funds for tribal/urban program use.
Award funding to enhance T/TA activities to support health centers' HIV prevention efforts to PCAs serving seven states with a high rural HIV burden	June 2020	Complete	HRSA/BPHC	
Implement PCHP award tri-annual progress reporting	8/1/2020	Complete	HRSA/BPHC	Progress reporting period was 8/1-8/17/2020-100% of PCHP awardees submitted their progress report, with 126 health centers (65%) reported meeting the 0.5 FTE requirement to date. Future progress reporting due December 2020 and March 2021.
Implement RWHAP Part A and B Tri-annual data and progress reporting	11/16/2020 and 12/01/2020 respectively	In Process	HRSA/HAB	All RWHAP Part A and B EHE recipients will report
Supplemental EHE funds for Capacity Building - \$2 million EHE support to four regional Technical Assistance providers under existing CoAg (PS19-1904)	8/1/2020	Complete	CDC	Awarded 8/1/2020
Scaling up HIV Prevention Services in STD Specialty Clinics through Training and Technical Assistance-Make Award for this MHAF funded project (\$4,265,00)	9/30/2020	Complete	CDC	Awarded Sept 2020
Mass Mailing HIV Self-Tests to Transgender Women and to Racial/Ethnic Minority Communities-Make Award for this MHAF funded project (\$2,000,000)	9/30/2020	Complete	CDC	Awarded September 2020
PS21-2102 CBO NOFO - Comprehensive High-Impact HIV Prevention Programs for Community Based Organizations – Release NOFO	9/14/2020	Complete	CDC	NOFO Released

Data Accuracy and Reliability

- National HIV Surveillance System (NHSS) is the primary source for monitoring trends in HIV in the United States and is the data source used for HIV prevention indicators.
 - Data from NHSS are over 80 percent complete allowing for 12 month reporting delay from year of diagnosis.
 - Data standards and quality assurance processes are used to ensure the quality of NHSS data.
 - Challenges include:
 - Lag in reporting of case, laboratory, and death data used in defining the indicators used for monitoring HIV prevention indicators which result in indicator results being available no later than 18 months after the diagnosis year. National deduplication process is time and resource intensive.
 - Quarterly update to data will be delayed due to reassignments of surveillance staff and program activities due to COVID-19.
- PrEP coverage indicator uses different data sources for the numerator and the denominator.
 - IQVIA Real World Data – Longitudinal Prescriptions database, a proprietary commercial dataset procured by CDC, is used to generate the numerator for the PrEP coverage metric and includes over 92 percent of retail prescriptions in the United States. PrEP coverage data are reported at the person-level.
 - Three data sources are used to estimate the number of persons with indications for PrEP: American Community Survey (ACS), National Health and Nutrition Examination Survey (NHANES), and National HIV Surveillance System (NHSS).
 - Data are not included from closed health care organizations (e.g. health maintenance organizations or military health organizations) so a minimum estimate of PrEP coverage is generated.
 - Although reported as a percentage, due to the use of different data sources used, it is unknown if persons in the numerator are contained in the denominator.

Additional Information

POLICY LEADERSHIP COUNCIL

- **ADM Brett Giroir, M.D.** | Assistant Secretary for Health; Senior Advisor to the Secretary for Opioid Policy
- **Diane Foley, M.D., FAAP** | Acting Principal Deputy Assistant Secretary for Health
- **Robert Redfield, M.D.** | Director, Centers for Disease Control and Prevention
- **Anthony Fauci, M.D.** | Director, National Institute of Allergy and Infectious Diseases, National Institutes of Health
- **Thomas J. Engels** | Administrator, Health Resources and Services Administration
- **RADM Michael Weahkee, MBA, MHSA** | Director, Indian Health Service
- **Elinore F. McCance-Katz, M.D., Ph.D.** | Assistant Secretary for Mental Health and Substance Use



Additional Information

OPERATIONAL LEADERSHIP TEAM

- **Kaye Hayes, MPA** | Acting Director, Office of Infectious Disease and HIV/AIDS Policy (OIDP), OASH
- **Harold J. Phillips, MRP** | Chief Operating Officer, EHE: A Plan for America, (OIDP) OASH
- **RADM Jonathan Mermin, M.D., MPH** | Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC
- **Laura Cheever, M.D., ScM** | Associate Administrator for HIV/AIDS Bureau, HRSA
- **James Macrae, M.A., MPP** | Associate Administrator for Bureau of Primary Health Care, HRSA
- **Carl Dieffenbach, Ph.D.** | Director, Division of AIDS, NIAID, NIH
- **Maureen Goodenow, Ph.D.** | Associate Director for AIDS Research and Director of the Office of AIDS Research, NIH
- **RADM Michael Toedt, M.D., FAAFP** | Chief Medical Officer, IHS
- **Neeraj (Jim) Gandotra, M.D** | Chief Medical Officer, Substance Abuse and Mental Health Services Agency



Additional Information

Contributing Programs

Organizations:

- OASH
- CDC
- HRSA
- SAMHSA
- NIH
- IHS
- ASFR
- ASPE

Stakeholder Engagement

- Expanding capacity to reach target audiences such as faith-based communities and educational institutions, professional societies, sororities and fraternities to further promote the EHE initiative.