

# **Ending the HIV (and HCV and STI) Epidemics (EtHE)**

**An opportunity for “disruptive innovation”\***

\*per the Federal Government

# GOAL:



**75%**

reduction in new  
HIV infections  
in 5 years

and at least

**90%**

reduction  
in 10 years.

**CDC**

**\$140M**

**HRSA** (Ryan White)

**\$70M**

**HRSA** (Health Clinics)

**\$50M**

**IHS**

**\$25M**

**NIH**

**\$6M**

**NEW**

# \$375,000 Planning Grant from CDC

- Awarded to SFDPH (CHEP)
- Funding term: 9/30/19 – 9/29/20
- State of California also received a similar award to do this planning in 6 Part A counties:
  - Alameda
  - Sacramento
  - Orange
  - Riverside
  - San Bernardino
  - San Diego







**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.



# SAN FRANCISCO APPLICATION

## SIX POPULATIONS OF FOCUS

People who are Experiencing Homelessness

People who Use Drugs

Individuals who are Incarcerated or have been Recently

Black / African Americans

Latino/x Men who have sex with Men

Trans Women

**HRSA applicants must describe how proposed activities will address Pillar Two (Treat), including:**

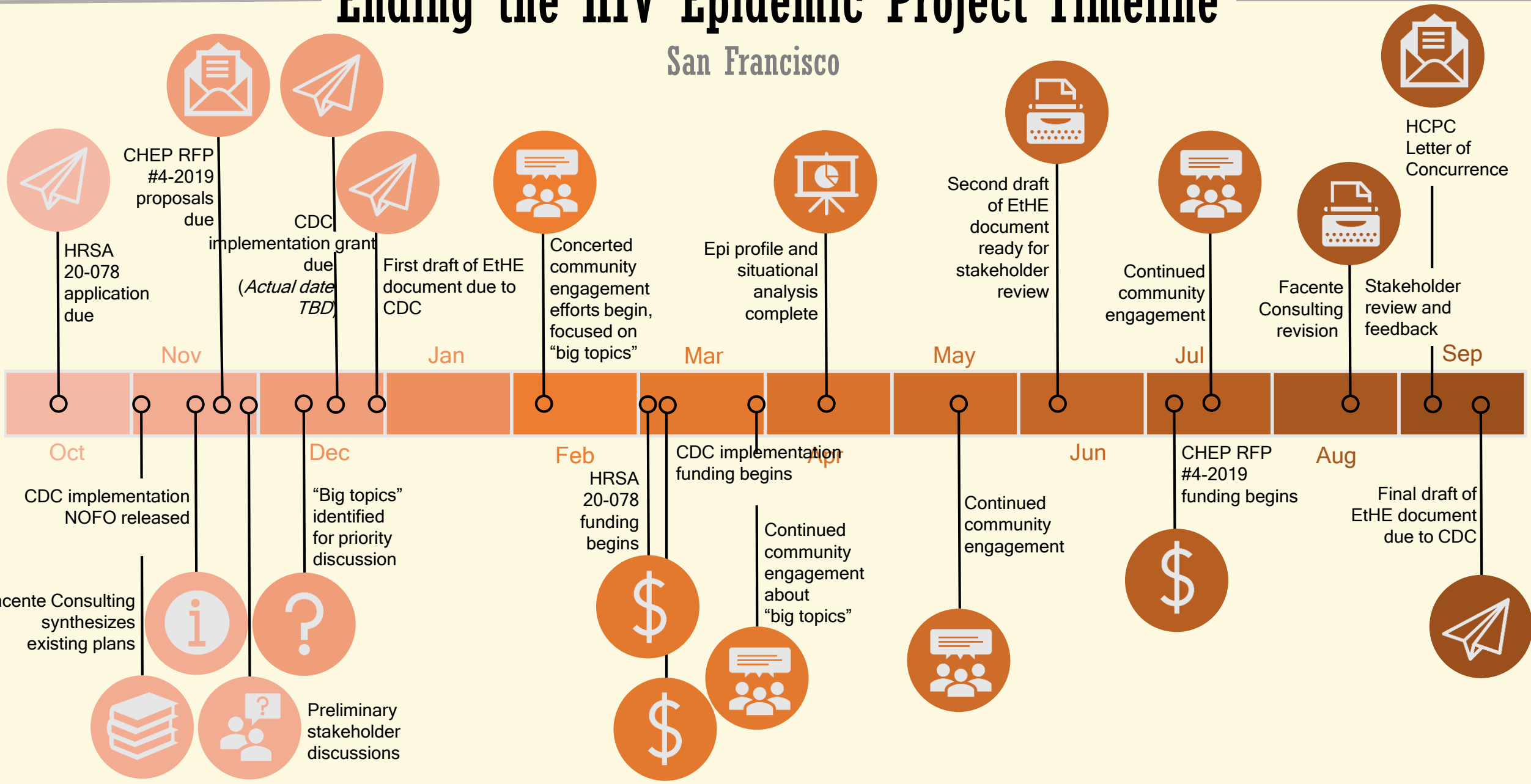
Expanding access to HIV care and treatment in the focus jurisdictions for people with HIV, both those who are newly diagnosed and those who are not engaged in care, and/or not virally suppressed; and

Addressing unmet needs and improving client-level health outcomes.



# Ending the HIV Epidemic Project Timeline

San Francisco



# What CDC wants

## 1. Documentation of Community Engagement

- Engagement with existing local prevention and care HIV planning
- These local planning bodies should include “new voices” that represent communities who have not previously participated in the planning process
- “Documentation” includes the frequency, locations, anticipated number of attendees, description of who was engaged, time and location of the meeting, and brief summary of what was discussed.

## 2. Current Snapshot Summary of an Epidemiologic Profile

- Maximum 5 pages

## 3. Current Snapshot Summary of a Situational Analysis

- Overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities.
- Maximum 10 pages

## 4. Draft EHE Plan

- Organized by Pillar (Diagnose, Treat, Prevent, Respond)
- HIV workforce needs to be described across all pillars

## 5. Concurrence on final, submitted EHE Plan



# How the EHE Plan is supposed to be structured, according to CDC

## *Pillar One: Diagnose (EXAMPLE)*

**Goal:** To diagnose XX # of PWH in 5 years.

**Key Activities and Strategies:** 1) Increase routine testing in XX ERs, acute care settings, etc. 2) Increase public awareness campaigns focused on getting tested and treated in XX neighborhoods/venue to reach demographic XX

**Key Partners:** Health departments, community-based organizations, FQHCs, correctional facilities, school-based clinics, sexual health clinics, women's health services/prenatal services providers, hospitals, etc.

**Potential Funding Resources:** CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Program (RWHAP), State and/or Local Funding, Medicaid, etc.

**Estimated Funding Allocation:** \$X

**Outcomes (reported annually, locally monitored more frequently):** # newly identified persons with HIV

**Monitoring Data Source:** EMR data, surveillance data

# EtHE Steering Committee

- Representatives from various stakeholder groups, including HCPC
- Meets once a month, to guide the process and review drafts
- Still forming/finding a groove! Especially re community representation

# What San Francisco (maybe?) wants

- Focus on HIV, HCV, and STIs
- “San Francisco Ending the Epidemicsu Plan”

Chapter 1: Collective Strategies for Addressing HIV/HCV/STIs in San Francisco (Description of cross-cutting interventions as well as the philosophies, synergies, and gaps of various efforts)

Chapter 2: Regional strategies for Ending the Epidemics

Attachment 1: End Hep C SF Strategic Plan

Attachment 2: STD Prevention & Control Strategic Framework

Attachment 3: (Name TBD) Joint plan that integrates/updates the current HIV Integrated Plan and GTZ Strategic Plan

Attachment 4: Drug User Health Initiative Strategic Plan

# HCPC Involvement

- Letter of Concurrence before plan is submitted by Sept 30, 2020
- Input and assistance with community engagement overall
- Similar to the experience of the Roadmap
- Overlap with ETE and GTZ Steering Committees to help inform and guide ultimate choices for disruptive innovations