



HRSA/HAB
ENDING THE HIV EPIDEMIC
FUNDING OPPORTUNITY
HRSA 20-078

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DIRECTOR OF HIV HEALTH SERVICES
San Francisco Department of Public Health
October 28, 2019



SUMMARY



Ending
the
HIV
Epidemic

RYAN WHITE
HIV/AIDS
PROGRAM

This **HRSA HAB** initiative is authorized under **Section 311(c)** of the **Public Health Service Act**, (42 U.S.C. § 243(c)) and title XXVI, (42 U.S.C. § 300ff-11 et seq.), with the funding to be **used in conjunction with the RWHAP**. As such, there is the **opportunity for RWHAP programs** funded under this announcement (**NOFO HRSA 20-078**) to have a **broader approach to addressing HIV in their communities**.

ETHE PLAN FOR HIV CARE



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.




This **10-year initiative** beginning **FY 2020** seeks to achieve the important goal of **reducing new HIV infections** in the United States to **less than 3,000 per year by 2030**.

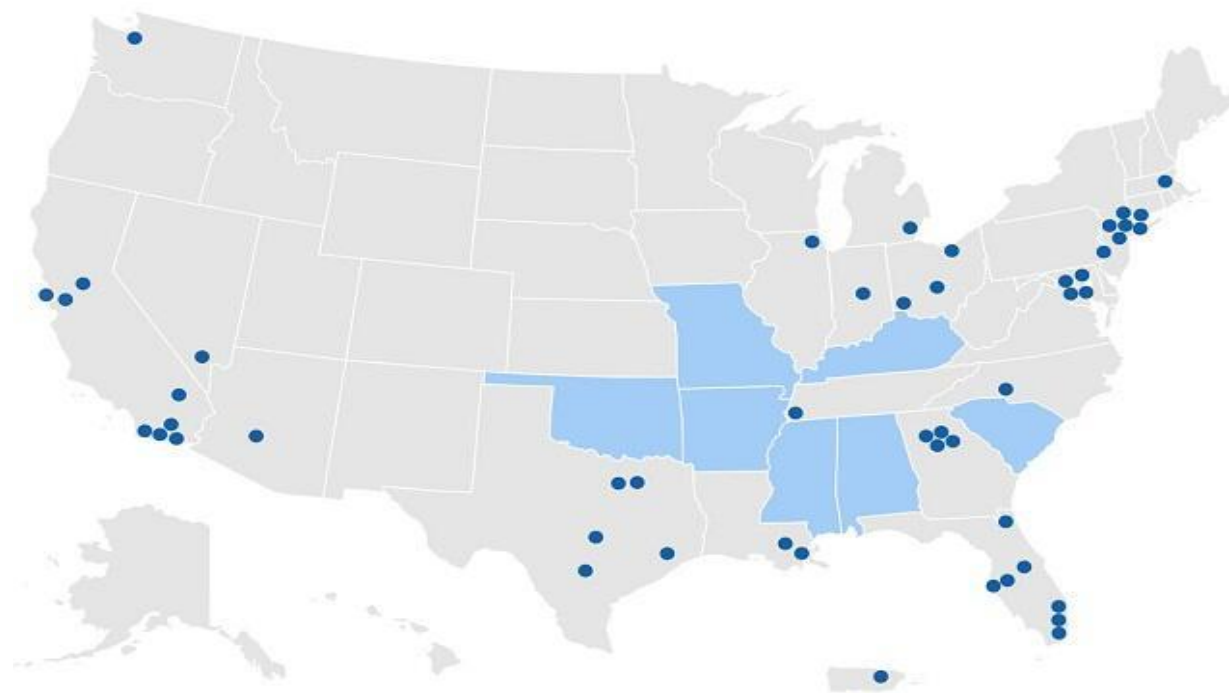
GOAL:

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

ETHE PLAN FOR HIV CARE

\$291M FY-2020 ETHE Funding	\$170M Additional Other HIV Funding beyond ETHE
CDC – \$140M	HRSA MAI - \$54M
HRSA Ryan White - \$70M	SAMHSA MAI - \$116M
HRSA Health Clinics - \$50M	
Indian Health - \$25M	
NIH - \$6M	

The **first phase** of the **initiative** will focus on **48 counties, Washington DC, San Juan, Puerto Rico, and 7 states** with a substantial **rural HIV burden**



APPLICATION BACKGROUND

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a **5-year** plan (with the possibility for an additional 5 years) that details **principles, priorities, and actions** to guide the **national response** to the **HIV epidemic**.

Activities funded by RWHAP focus on addressing these **FOUR GOALS**:

- 1) Reduce new HIV infections
- 2) Increase access to care and improve health outcomes for people with HIV
- 3) Reduce HIV-related health disparities and health inequities
- 4) Achieve a more coordinated national response.

NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

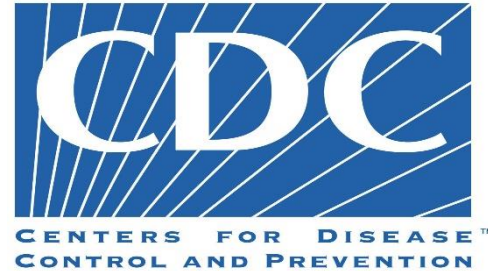
UPDATED TO 2020

INDICATOR SUPPLEMENT

DECEMBER 2016



ETHE KEY STRATEGIES



DIAGNOSE

TREAT

PREVENT

RESPOND

Diagnose all individuals with HIV as early as possible.

Approximately 165,000 Americans are living with HIV but don't know they have it. Early detection is critical and can lead to quicker results in treatment and prevent transmission to others. Using the latest diagnostics and advanced automation systems, ETHE will make HIV testing simple, accessible, routine, and will connect people with HIV immediately to care.

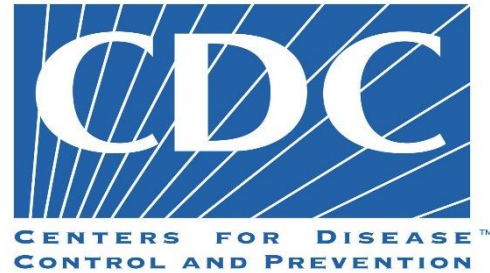
ETHE KEY STRATEGIES



Treat people rapidly and effectively to reach sustained viral suppression.

People with HIV who take medication as prescribed and stay virally suppressed can live long, healthy lives and have effectively no risk of sexually transmitting HIV to a partner. 80% of annual new infections are transmitted by those living with HIV who are not receiving HIV care and treatment. ETHE will establish and expand programs to follow up with people with HIV no longer receiving care—and provide the resources needed to re-engage them in effective HIV care and treatment.

ETHE KEY STRATEGIES



DIAGNOSE

TREAT

PREVENT

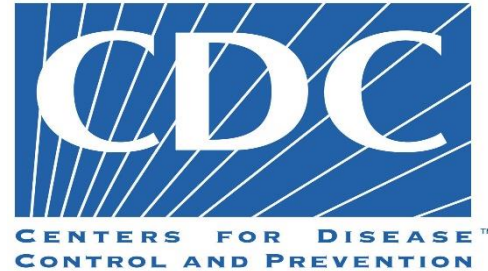
RESPOND

Prevent new HIV transmissions by using proven interventions

- ***PrEP and syringe services programs (SSPs).***

Of the estimated 1 million Americans at substantial risk for HIV and who could benefit from PrEP, less than 1 in 4 are actually using this medication. Nearly 30 years of research has shown that comprehensive SSPs are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections.

ETHE KEY STRATEGIES



DIAGNOSE

TREAT

PREVENT

RESPOND

Respond quickly to potential HIV outbreaks

New laboratory methods and epidemiological techniques allow us to see where HIV may be spreading most rapidly, thereby allowing CDC and other partners to quickly develop and implement strategies to stop ongoing transmission. We will work with impacted communities to ensure they have the technology, personnel, and prevention resources to follow up on all HIV cases and to intervene to stop chains of transmission, and to get those impacted into appropriate care and treatment.

BUILDING ON THE WORK THAT'S ALREADY BEEN DONE



San Francisco
Department of Public Health

BLACK & AFRICAN AMERICAN HEALTH INITIATIVE

SAN FRANCISCO APPLICATION

RWHAP PART A EMA/TGA

HIV HIGH BURDEN COUNTY

San Francisco EMA, CA

San Francisco County, CA

TIER 2

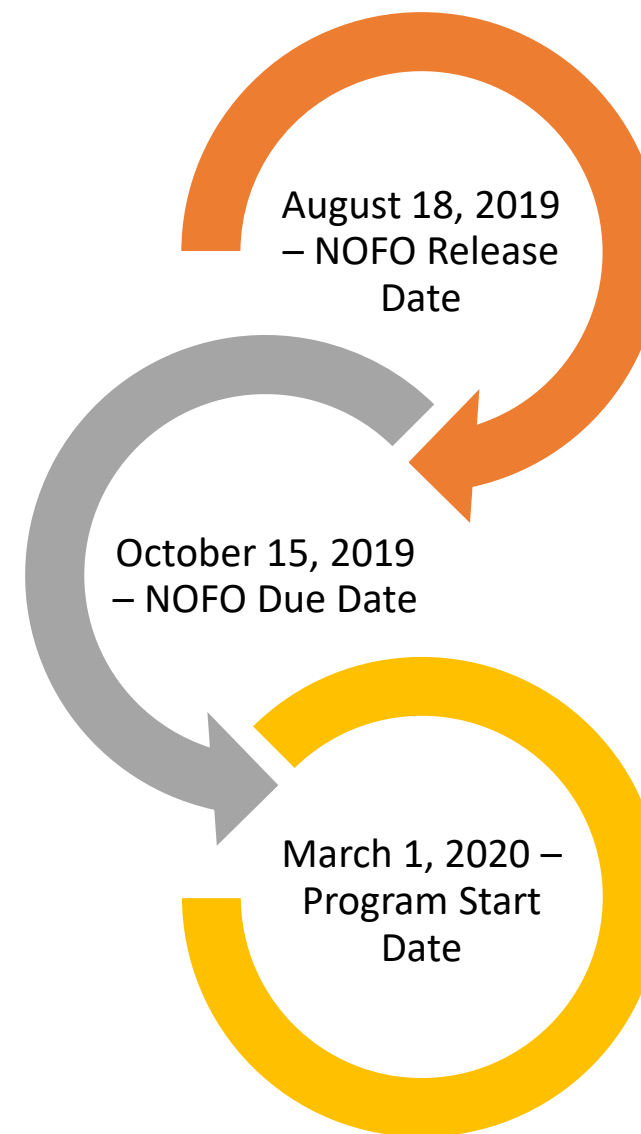
CEILING: \$ 4,000,000 / MINIMUM: \$ 750,000

San Francisco EMA, CA

HHS IS APPLYING FOR \$ 4,000,000

HRSA IS ENCOURAGING INNOVATIVE PROGRAMS THAT ARE LESS RESTRICTIVE THAN PROGRAM IS CURRENTLY DESIGNED

- ***ONLY AN HIV DIAGNOSIS IS REQUIRED***
- ***NO SERVICE CATEGORY LIMITATIONS***
- ***FUNDER OF LAST RESORT REMAINS A REQUIREMENT***
- ***HRSA LOOKING FOR A 75% REDUCTION IN NEW HIV CASES***



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.



SAN FRANCISCO APPLICATION

SERVICES IN THE APPLICATION INCLUDED

Expanded services for people experiencing homelessness	Enhanced psychiatric consultation	Expanded CoE & Non-CoE community-based services
Expanded mental health services	Expanded administrative support for HIV Health Services	Augmented post-incarceration navigation
Enhanced and expanded ICM programs	Expanded housing case management	Innovative status-neutral access points
Innovative Black & African American service delivery programs	Expansion of Primary Medical Care during off hours and weekends	Expanded street based services
Tele-psychiatry support	LINCS	Expansion of peer to peer support
Peer support to HIV-positive Trans Women	Long-term injectable ART	Expanded stabilization rooms

INPUT GAINED FROM MULTIPLE FORUMS AND INTERVIEWS WITH OVER 30 SUBJECT MATTER EXPERTS, INCLUDING CONSUMERS, HCPC CO-CHAIRS, PROVIDERS, SFDPH HIV LEADERSHIP, HIV COMMUNITY PROVIDER ORGANIZATIONS, GTZ LEADERSHIP & HIV RESEARCHERS

COMMENTS & QUESTIONS

