MEGATRENDS IN HCV, STD, & HIV PREVENTION AND TREATMENT

Bill Blum, HIV Health Services
Tracey Packer and Thomas Knoble,
Community Health Equity & Promotion

July 22, 2019
National Trends

- HIV rates dropping in many urban settings
- Merging councils
- Working closer with surveillance
- Partner Services is harder (sex apps)
- Molecular HIV Surveillance requirements
- STD rates going up
- Increased access to HCV treatment
- Increased overdose mortality
National: Funding Levels

- CDC Base Funding (18-1802 Component A)
- CDC Demonstration Project: OPT-IN (18-1802 Component B)
- Application in for 19-1906: Planning process for Ending the HIV Epidemic (EtHE)
- Expected September 2019: Notice of Funding Opportunity (NOFO) for Implementation of EtHE
- Expected (no known timeline): Hepatitis C Prevention and Surveillance Funding
- Ryan White Programs Funding Parts A, B, C, D, F
Ending the HIV Epidemic: A Plan for America

Our goal is ambitious and the pathway is clear – employ strategic practices in the places focused on the right people to:

- **Diagnose** all people with HIV as early as possible after infection.
- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- **Protect** people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.
- **Respond** rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.

**HIV HealthForce** will establish local teams committed to the success of the Initiative in each jurisdiction.
Ending the HIV Epidemic
The President’s budget includes $291 m for the EtHE Plan

- CDC HIV Prevention: $140 million
- Ryan White Program: $70 million
- Community Health Centers: $50 million
- Indian Health Centers: $25 million
- Centers for AIDS Research: $6 million
U.S. Senator Kamala D. Harris (D-CA) introduced the **PrEP Access and Coverage Act**, legislation to dramatically expand Americans’ access to pre-exposure prophylaxis (PrEP) medication.

“PrEP is a critical advancement in the fight against HIV that can finally provide peace of mind to Americans who live in the shadow of the HIV epidemic. But for too many in our country, lack of insurance coverage and steep costs have put PrEP out of reach—and that needs to change”
Gilead Sciences, Inc. is being sued over accusations of collusion with pharmaceutical firms over withholding a generic drug formulation and conspiring with other firms in drug price fixing.

The suit alleges the drug-makers agreed to not make fixed-dose combination treatments with generic versions of the components. By doing this, the companies have been able to keep prices high.
California Initiatives

HIV Prevention Funding: $5 million

Hepatitis C funding: $4.5 million

August CDC collaboration
LEGISLATION FOR PREP PRESCRIPTION COVERAGE

**Senate Bill 159** authorizes pharmacists to furnish PrEP, or pre-exposure prophylaxis, and post-exposure prophylaxis, or PEP, to patients **without a physician prescription**.

"Too many people continue to become HIV-positive, and we must do everything in our power to increase access to PrEP and PEP and thus, end new HIV infection. By allowing pharmacists to furnish these revolutionary medicines without a prescription, we will help more people — especially low-income people and people of color — stay negative."
Authorizes the City and County of San Francisco (SF) to approve entities within their jurisdiction to establish and operate overdose prevention programs (OPP) for persons 18 years of age or older who satisfy specific requirements.

- Hygienic space supervised by health care professionals where people who use drugs can consume pre-obtained drugs;
- Provide sterile consumption supplies, collect used hypodermic needles and syringes, and provide secure hypodermic needle and syringe disposal services;
- Administer first aid, if needed, monitor participants for potential overdose, and provide treatment as necessary to prevent fatal overdose;
- Provide access or referrals to substance use disorder treatment services, medical services, mental health services, and social services;
- Educate participants on the risks of contracting human immunodeficiency virus (HIV) and viral hepatitis;
- Provide overdose prevention education and access to or referrals to obtain naloxone, proper disposal of hypodermic needles and syringes.
California’s nine-county Bay Area — from Sonoma in the north to Santa Clara in the south — has roughly 28,200 people experiencing homelessness, ranking it third nationally after New York and Los Angeles.

Democratic Governor Gavin Newsom has proposed $500 million in his 2019-20 state budget to encourage local governments to build emergency shelters and support facilities for people facing homelessness. He also is seeking $25 million to assist homeless disabled individuals in applying for disability payments.
LOCAL: SANCTUARY CITY STATUS

Immigration Status and Interaction with Immigration and Customs Enforcement Agents

DPH staff must:
• Provide services to patients and clients regardless of immigration or documentation status,
• Comply with San Francisco’s Sanctuary City Ordinance, and
• Review the procedures outlined below on interaction with federal immigration authorities.

ICE must have a judicial warrant to gain entry. Without a judicial warrant (signed by a judge) you must not give ICE agents access to any non-public area.

San Francisco also operates 24-hour Rapid Response hotline at 415-200-1548 to report any ICE activity.
HHS CENTERS OF EXCELLENCE SOLICITATION

Keep clients in care with an emphasis on viral suppression

Focus is on specific target populations & geographic areas

Services Include:
- Primary Medical Care
- Medical Case Management
- Mental Health (Assessment, Short Term Care, Referral)
- Outreach/Peer Advocacy

CENTERS OF EXCELLENCE PROGRAMS

Black Health CoE  Women’s CoE

Tenderloin CoE  Mission CoE

Chronic Care HIV/AIDS Multidisciplinary Program CoE

HIV Integrated Services CoE

HIV CARE CONTINUUM:
Local: Implementation of Roadmap

- **Feb – Sept 2018**: Stakeholder Input
- **Aug – Sept 2018**: DPH Analyzes Input, Develops Strategy
- **Sept – Oct 2018**: Stakeholder Feedback on Strategy
- **Oct – May 2019**: DPH Develops Operational Details
- **Late Summer 2019**: RFP 2019
- **New services 2020**: Implementation

CHEP RFP Work Group: HIV, HCV, and STD prevention staff
Upcoming CHEP Solicitation

“Health Access Points”
Goal: Reduce disparities by addressing vulnerabilities through focused community investment.

- Safer Injection equipment, condoms & naloxone
- Support with food, housing, employment
- An HIV, HCV and/or STD test
- Treatment for substance use & mental health conditions
- Counseling & support
- Navigation
- Clinic
- Outreach
- CBO
- PrEP
- Prevention information & education
- Health care
Upcoming CHEP Solicitation (contd.)

“Health Access Point” Attributes

- Stigma-free, welcoming, culturally appropriate environment
- “Status neutral”
- Population-specific
- Baseline standard of care, for all populations
- Low barrier access:
  - Mobile and field-based work
  - Consistent services offered at the same time, same place, same teams
  - Frequent recurring contacts
- Interdisciplinary
  - Clinical and community-based elements
  - Single location, multi-location network, or other approach
  - Shared data, risk assessment, & care plans

Essential for sustainability:
- Accountability
- Workforce development
- Organizational capacity-building
Long-acting injectable antiretroviral (ARV) treatment will likely finally become a reality for people living with HIV/AIDS by the end of the year. ViiV Healthcare has applied to the Food and Drug Administration (FDA) for approval of a long-acting injectable formulation of Janssen’s rilpivirine (currently sold in daily oral pill form as Edurant) and ViiV’s cabotegravir, which is dosed every four weeks through an intramuscular injection (into the muscle, as opposed to under the skin) that requires a clinic visit.
SF is Setting Trends

Merging efforts: HIV, HCV, STDs & overdose prevention

Social Determinants of Health: Racism, sexism, housing, homophobia, transphobia, mental health

Looking at regional approaches
Thank you!
Questions and Discussion