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.
<table>
<thead>
<tr>
<th>Agency</th>
<th>Amount</th>
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<tbody>
<tr>
<td>CDC</td>
<td>$140M</td>
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<tr>
<td>HRSA (Ryan White)</td>
<td>$70M</td>
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<tr>
<td>HRSA (Health Clinics)</td>
<td>$50M</td>
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<tr>
<td>IHS</td>
<td>$25M</td>
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<tr>
<td>NIH</td>
<td>$6M</td>
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$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.
### SIX POPULATIONS OF FOCUS

<table>
<thead>
<tr>
<th>Population</th>
<th>HRSA applicants must describe how proposed activities will address Pillar Two (Treat), including:</th>
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<tbody>
<tr>
<td>People who are Experiencing Homelessness</td>
<td>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</td>
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<tr>
<td>People who Use Drugs</td>
<td>Addressing unmet needs and improving client-level health outcomes.</td>
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<tr>
<td>Individuals who are Incarcerated or have been Recently</td>
<td></td>
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<tr>
<td>Black / African Americans</td>
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<tr>
<td>Latino/x Men who have sex with Men</td>
<td></td>
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<tr>
<td>Trans Women</td>
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Ending the HIV Epidemic Project Timeline
San Francisco

- **Oct**: CDC implementation NOFO released
- **Dec**: Facente Consulting synthesizes existing plans
- **Jan**: CDC implementation grant due (Actual date TBD)
  - First draft of EtHE document due to CDC
  - Concerted community engagement efforts begin, focused on “big topics”
- **Feb**: Preliminary stakeholder discussions
- **Mar**: CDC implementation funding begins
  - Epi profile and situational analysis complete
- **Apr**: HRSA 20-078 funding begins
- **May**: Continued community engagement
  - Second draft of EtHE document ready for stakeholder review
- **Jun**: Continued community engagement
- **Jul**: Facente Consulting revision
  - Stakeholder review and feedback
- **Aug**: Final draft of EtHE document due to CDC
- **Sep**: CDC implementation grant due to CDC
  - Final draft of EtHE document due to CDC
  - HCPC Letter of Concurrence
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
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 Epidemics 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