

Looking to the Future in HIV Prevention: A Health Department Perspective

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ABOUT NASTAD

WHO: A non-profit association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Islands. Africa, the Central America region, and the Caribbean region. The local jurisdictions are Baltimore, Chicago, Los Angeles County, Houston, New York City, Philadelphia, and San Francisco. The U.S. Pacific Island jurisdictions are American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, Northern Mariana Islands, and Palau. NASTAD also supports partner governments in Africa, the Central America region, and the Caribbean region.

HOW: Interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments and ministries of health.

OUR MISSION AND VISION

MISSION: NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.

Integrated HIV Surveillance and Prevention
Programs for Health Departments
Notice of Funding Opportunity
PS18-1802

Goals of PS18-1802

Ensure that all people living with HIV (PLWH) are **aware** of their infection and **successfully linked** to medical care and treatment to achieve **viral suppression**

Expand access to pre-exposure prophylaxis (PrEP), condoms, and other proven strategies for people at high risk of becoming infected

Allocate about **\$400 million** to health departments in all 50 states, Washington, DC, Puerto Rico, US Virgin Islands, and local health departments serving Baltimore City, Chicago, Fulton County, Houston, Los Angeles County, Philadelphia, New York City, and San Francisco

PS18-1802 Highlights

Purpose:

- Prevent new HIV infections
- Increase individual knowledge of HIV status
- Achieve and sustain viral suppression among PLWH
- Reduce health-related disparities by using surveillance and program data
- Build interventional surveillance to enhance response capacity and intensive data-to-care activities to support sustained viral suppression

PS18-1802 Highlights, continued

Benefits of Surveillance and Prevention Integration:

- Maximize impact of federal HIV prevention funding
- Strengthens implementation of High Impact Prevention (HIP)
- Aligns resources to better match geographic burden of HIV infections within jurisdictions
- Improves data collection and use

Component A: Core Strategies & Activities *(Required)*

1. Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response
2. Identify persons with HIV infection and uninfected persons at risk for HIV infection
3. Develop, maintain, and implement plans to respond to HIV transmission clusters and outbreaks
4. Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)
5. Provide comprehensive HIV prevention services to reduce risk for acquiring HIV infection
6. Conduct perinatal HIV prevention and surveillance
7. Conduct community-level HIV prevention activities
8. Develop partnerships to conduct integrated HIV prevention and care planning
9. Implement structural strategies to support and facilitate HIV surveillance and prevention
10. Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV programs
11. Build capacity for conducting effective HIV program activities, epidemiological science, and geocoding

Component B: Demonstration Project *(Optional)*

Purpose:

To expand high-impact HIV prevention and surveillance interventions and strategies

Utility:

Support implementation/evaluation of **innovative** programs or activities that would not normally be a part of implementing the required strategies and activities of the FOA

Major Changes from PS12-1201

Integrates the funding of PS12-1201 and PS13-1302

Funding allocations now based on most recent known address for PLWH (instead of residence at the time of first diagnosis), accounting for geographic mobility

Incorporates the funding from PS12-1201 expanded testing (Category B) and PS13-1302 incidence (Component B) into the PS18-1802 Core Programs funding (resulting in shifts to base funding)

Overall increase to the funding floor level

- Prevention: minimum \$850,000 (up from \$750,000)
- Surveillance: minimum \$150,000 (up from \$120,000)
- Supports a national response to the epidemic

Major Changes from PS12-1201, cont'd

PS18-1802 requires jurisdictions with eligible state and local health departments:

- Propose program approaches being implemented by the local health department
- Collaborate between state and local health department, ensuring appropriate provision of services within metropolitan area

Great opportunity for state and local health departments to collaborate and share resources in ways which are congruent, tailored to their geographic and programmatic needs, and ensures that resources get to the areas bearing the greatest burden of the epidemic.

Health department HIV/AIDS programs have an opportunity to fully utilize resources across the entire HIV Care Continuum

References

Centers for Disease Control and Prevention. Integrated HIV Surveillance and Prevention Funding for Health Departments Fact Sheet.
<https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/cdc-hiv-ps18-1802-factsheet.pdf>. June. 2017.

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