Achieving the HIV Testing Goals of the National HIV/AIDS Strategy: An Update from DHHS

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DHHS Office of HIV/AIDS Policy

2011 US Conference on AIDS
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National HIV/AIDS Strategy

• **Reduce new infections** (25%), transmission rate (30%), and increase to 90% awareness of HIV+ serostatus

• **Improve access to and outcomes of care** by linking 80% of PLH to care w/in 3 mo of diagnosis, increasing to 80% RW clients in continuous care, and increasing to 86% RW clients in permanent housing

• **Reduce HIV-related health disparities** by increasing by 20% the number of MSM, Blacks, and Latinos with undetectable viral load

• **Achieve a more coordinated response** across federal government and between federal, state, local, and tribal governments, and improve monitoring, evaluation, and reporting on progress toward NHAS goals
<table>
<thead>
<tr>
<th>ECHPP</th>
<th>12 Cites Project</th>
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<tr>
<td><strong>Lead Entity</strong></td>
<td>CDC/DHAP</td>
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<td><strong>MSAs (“Cities”)</strong></td>
<td>12 highest AIDS cases, 2007</td>
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<td><strong>Primary Partners</strong></td>
<td>State and local health departments, communities</td>
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<td><strong>NHAS Targets</strong></td>
<td>HIV/AIDS infections, Care, Disparities (1, 2, 3)</td>
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<td><strong>Goal</strong></td>
<td>Enhance planning, coordination, implementation</td>
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<td><strong>Key Activities</strong></td>
<td>• Review resource allocations</td>
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<td>• Maximize impact on incidence w/data-driven decision-making</td>
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<td>• Deploy required, recommended, and innovative interventions to scale</td>
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<td>• Conduct monitoring and evaluation</td>
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<td>• Extract lessons from 12 MSAs</td>
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<td>• Map federal resources in MSAs</td>
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<td>• Address gaps in program coverage and scale</td>
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<td>• Coordinate services/funding</td>
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<td>• Develop common indicators</td>
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<td>• Streamline reporting requirements</td>
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<td>• Apply lessons nationally</td>
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2010 HHS Operational Plan: HIV Testing Activities

- Expand Testing Initiative (CDC)
- Assist health providers and tribal leaders to streamline HIV testing in facilities (IHS)
- Conduct a needs assessment of testing capacity and frequency in community health centers (HRSA), and drug treatment and mental health centers (SAMHSA)
- Strengthen connections between public health programs and local research communities (NIH/NIAID)
DHHS NHAS Implementation Working Group Meeting – Sept 2011

- Attended by HHS/OASH, ONAP, and HHS OPPDivs (e.g., CDC, HRSA, NIH) and Staff Offices (e.g., OMH, OWH).
- Goal: To provide updates on progress toward achieving NHAS targets as described in the HHS Operational Plan.
- Cross-cutting issues:
  - Opportunities to better address needs of high priority groups
  - Consideration of RW reauthorization in light of ACA
  - Policy implications of recent scientific developments (HPTN 052)
  - Plans for IAS 2012
HHS Operational Plan:
HIV Testing Highlights – Sept, 2011

HHS OS

• Deployed FY12 Secretary’s Minority AIDS Initiative to fund new HIV testing in racial and minorities (CDC, IHS)
• Facilitated the enhancement of HIV testing in behavioral health clinics (SAMHSA)
• Developed online links to HIV testing locations, federally funded care clinics, housing, and other supports via AIDS.gov
• Hosted WG meetings with Faith Leaders to encourage HIV testing and fight HIV-related stigma
• Will finalize recommendations to HHS/OS on core indicators, data streamlining, and reducing grantee reporting requirements (Dec., 2011)

CDC

- Implemented Expanded Testing Initiative
- Launched ECHPP in 12 MSAs with greatest AIDS burden, and revolutionized program planning and implementation
- Launched new Health Department FOA, emphasizing high impact prevention in areas of greatest need.
- Developed new HIV testing and linkage initiatives for MSM, young MSM and Transgender persons of Color
- Will finalize HIV testing guidelines in non-clinical settings (with HRSA/SAMSHA)
- Will launch a new social marketing campaign and test combination prevention targeted to Latino communities

IHS
• Doubled new sites for Expanded Testing Initiative, including Tribal and Tribal organizations
• Increased HIV tests ~20% between 2009-2010

SAMHSA
• Issued new FY12 Block Grant focuses on HIV testing
• Issued an FOA to expand integrated behavioral health and HIV care for racial/ethnic minorities in 12 Cities
• Will finalize a needs assessment on HIV testing capacity in substance use and mental health clinics
• Will issue guidance on improving linkage to substance use treatment and mental health services for PLH

HRSA

• Released a Program Assistance Letter to ensure medical providers at its 1,100 health centers comply with routine HIV testing recommendations
• Hosted web-based training to National Health Service Corps clinicians on HIV testing
• Will work with Federal partners to use SPNS data to improve linkage to care following an HIV diagnosis

FDA

• Approved ARCHITECT Ag/Ab Combo assay, a 4th generation diagnostic test that can detect both antigen and antibodies for HIV
• Approved INSTI™ HIV-1 Antibody test, yields results in 60 seconds

CMS

• Expanded Medicare to cover HIV screening tests (2009)
• Enhanced the Women’s Preventive Service to include HIV testing (Aug, 2011)

NIH

• Funded new grants on peer-driven or network-based testing (Gwadz DA34083; Latkin DA32217), increasing screening for acute HIV infection (Remien MH92187), and molecular epidemiology of HIV transmission (Chan AI96923)
• Fielded HPTN 065/TLC+, a feasibility study of community-level test, linkage, and treatment strategy in the U.S.
National HIV Testing Goal

- 5M HIV tests annually in federally-supported programs
- Annual reporting to Congress (January 1st):
  - Has testing goal been met?
  - Total number of individuals tested?
  - Numbers who were unaware, diagnosed, and referred to care?
  - Structural and other barriers?
  - Funding requirements?
  - Recommendations for cost-effective strategies for identifying and diagnosing new infections?
- First annual report submitted July, 2011 (2009 data)
- Second annual report pending (2010 data)
“Contributing federal organizations reported four common challenges and barriers in achieving the annual national HIV/AIDS testing goal: 1) limited state, local, and federal financial resources for HIV testing and prevention; 2) discordant federal HIV testing guidelines; 3) lack of standardized data collection systems and limitations associated with existing systems; and 4) limited staff and time in clinical and non-clinical settings.”

Thomas R. Frieden, MD, MPH
Director, Centers for Disease Control and Prevention
July, 2011
Streamlining Indicators and Data Collection

• Catalogued HHS HIV-related indicators for ECHPP/12 Cities (Feb-May 2011)
• Reviewed indicators deployed by other Federal and non-Federal partners (e.g., VA, Kaiser Permanente; June 2011)
• Proposed strategy for 12 Cities SC (July 2011)
• Established a cross-agency WG (Aug 2011)
• Hosted an Indicators Consultation (Sep 2011)
• Will provide recommendations to OS (Dec 2011)
Progress Implementing the NHAS

- Strategy is at work throughout Federal agencies (Ops Plans)
- New strategic investments made (ECHPP, ADAP, MAI)
- Necessary policy changes (funding formulas, HD FOA)

Next steps

- Strengthen new state, city, local, and tribal partnerships
- Empower communities to implement NHAS
- Deploy common metrics to measure progress
- Streamline administrative burden while maintaining accountability

National HIV/AIDS Strategy
Vision Statement

“The United States will become a place where new infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life extending care, free from stigma and discrimination.”
For more information about NHAS Implementation, please visit:

AIDS.gov

Send questions or comments to:
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