



THE WHITE HOUSE
WASHINGTON

Role of Nurses in Ending the HIV Epidemic

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The U.S. government's *Four for Forty* themes:

Reflect

We honor the more than 32 million people who have died from AIDS-related illness in the U.S. and globally since the start of the HIV epidemic.



Recommit

The U.S. government is fully committed to working with a diversity of partners to help end the HIV epidemic at home and abroad, especially in communities of people living with and at risk for HIV.

Reenergize

We have made remarkable progress in preventing and treating HIV in the U.S. and around the world, but our work is not finished – and the COVID-19 pandemic has slowed and threatened hard-won gains.

Reengage

We need continued contributions and innovation from all sectors of our diverse society in order to end the HIV epidemic. We also must reengage and coordinate with our partners around the world for maximum and enduring impact.



HIV in the United States

1.2 million

people living with HIV

13% (nearly **1 in 8**) have not been diagnosed
(or more than 158,500 people)

~34,800

new infections occur annually

Number is steady in recent years, despite availability of many highly effective prevention tools, including PrEP

*Only **23.4%** of those with an indication for PrEP are using it*

Only **57%**

of people living with HIV
are virally suppressed

despite availability of highly effective care and treatment that can suppress the viral load to protect the health of people living with HIV as well as prevent transmission

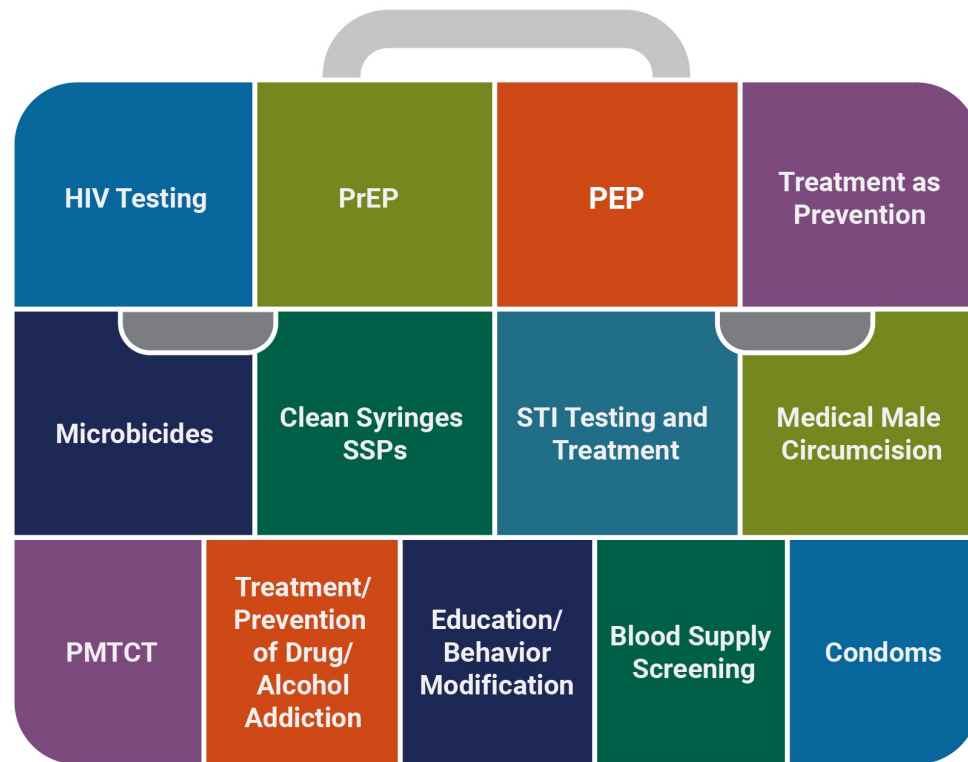
Without intervention another

400,000

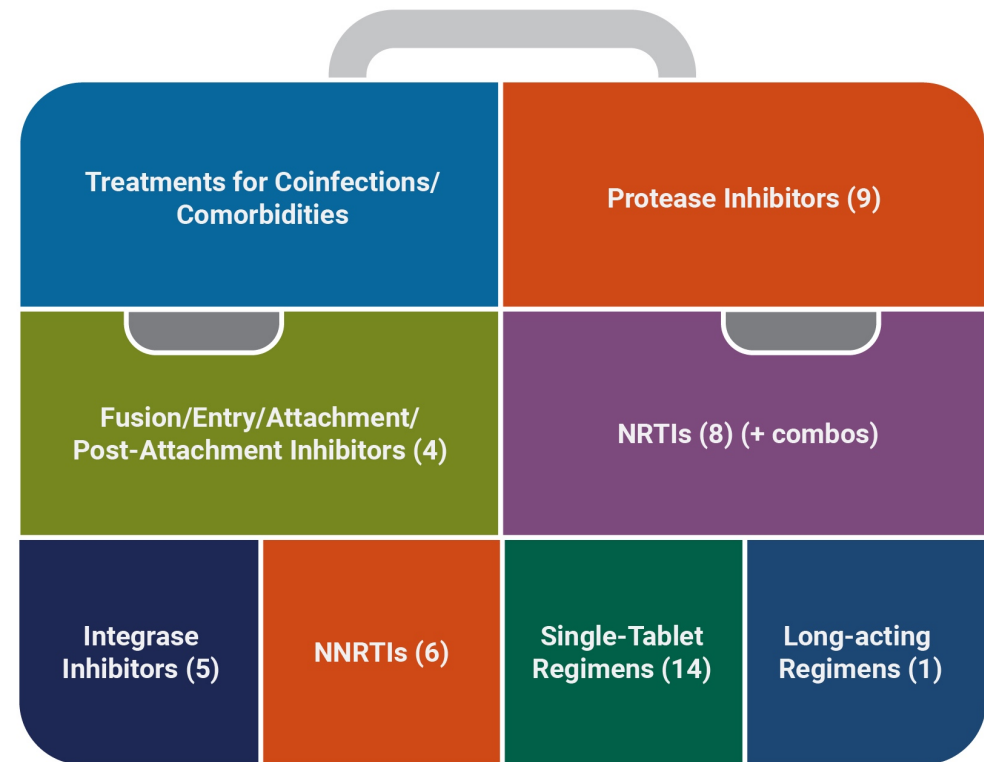
Americans will be newly diagnosed over 10 years
despite the available tools to prevent infection

HIV Prevention and Treatment Toolkits

PREVENTION



TREATMENT



Ending the HIV Epidemic in the U.S.

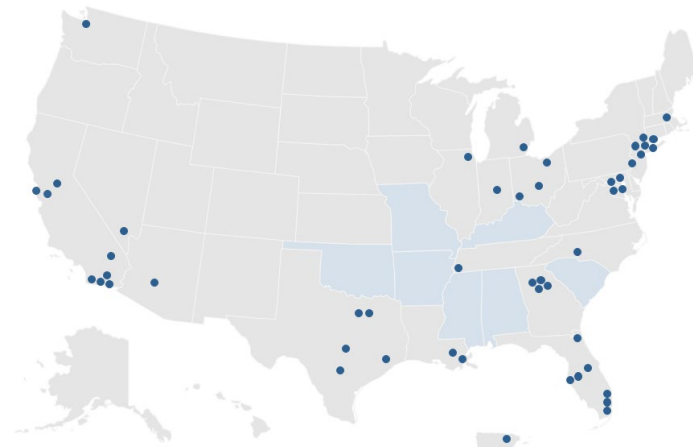
Led by HHS

GOAL:

75%
reduction in new
HIV infections
by 2025
and at least
90%
reduction
by 2030.

FOCUSED EFFORT

- 48 counties, DC, and San Juan account for 50% of new HIV diagnoses in 2016.
- 7 states with the most substantial HIV diagnoses in rural areas.



EHE Initiative Strategies

The U.S. Department of Health and Human Services will work with each community to establish local teams to tailor and implement strategies to:



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



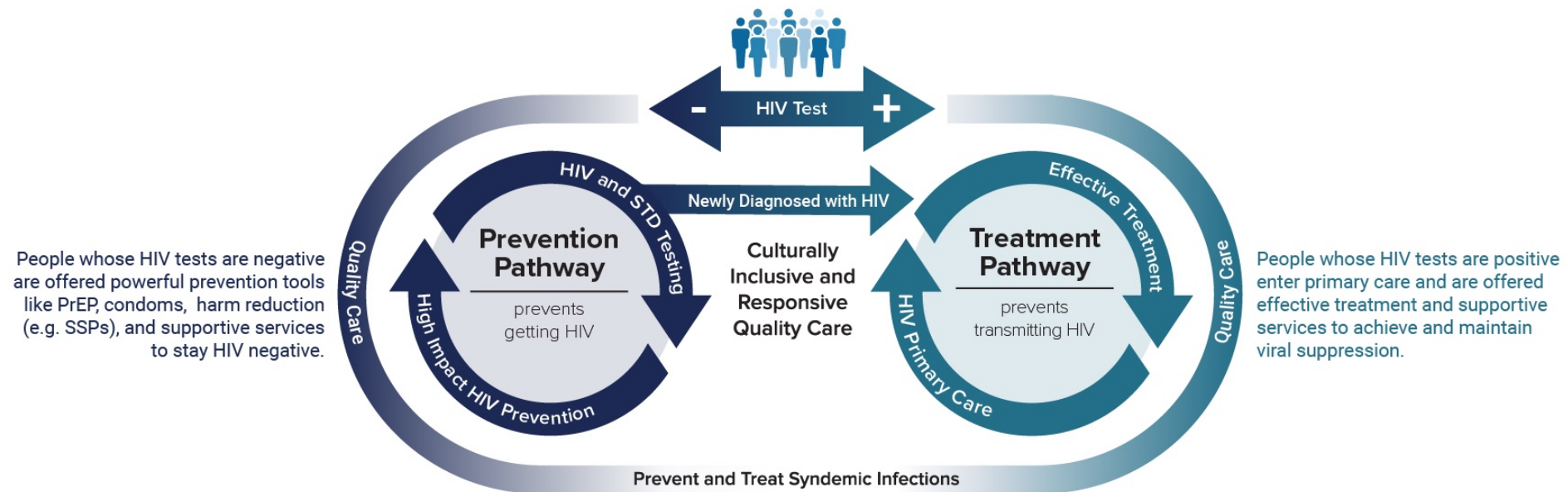
Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Status-Neutral Approach to HIV Prevention and Care Services

Status Neutral HIV Prevention and Care



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.



Biden-Harris Administration HIV Priorities

Administration Priorities to be Included or Strengthened in Updated NHAS & Ongoing Work (1 of 3)

- **Accelerating** our efforts to end the HIV epidemic
- **Equity**—ensuring no populations or geographic regions are left behind as we work to end the HIV epidemic
- **Eliminating HIV-related stigma, discrimination, and HIV criminalization**
- Expanding and improving **access to health coverage** for people with or at risk for HIV – including leveraging ACA provisions
- Addressing **social determinants of health** that affect HIV risk and outcomes, by expanding a whole-of-government approach to address SDOH as a necessary component of the national effort to end the HIV epidemic



Administration HIV Priorities (2 of 3)

- Creating social, physical, and economic environments that promote attainment of good health and well-being for those at risk for or living with HIV
- Maintaining and enhancing a **syndemic approach** in our national responses to HIV, STIs, viral hepatitis, and substance use and mental health disorders
- **Behavioral health**—improving screening, linkage to, and access to substance use and/or mental health services for individuals at risk for or living with HIV, including expanding availability of harm reduction services such as syringe services programs




Administration HIV Priorities (3 of 3)

- **Sustaining program innovations and administrative changes implemented in response to the COVID-19** public health emergency that can continue to support and improve access to and engagement in HIV testing, prevention, care and treatment, and other related services
- Engaging the **private sector** in the HIV response



Ending the HIV Epidemic in the U.S. Initiative

- Continuing EHE is an Administration priority
- President Biden has requested \$670 million from Congress in FY22 for continued implementation of the EHE initiative
- Committed to “help accelerate and strengthen efforts to end the HIV/AIDS epidemic in the United States.”
- Continuing geographic focus for initiative
- Working with federal partners and jurisdictions to address threats to progress, including impact of COVID
- Incorporate Administration’s priorities
- Strengthen community engagement
- Relate the initiative to other ongoing HIV programs and NHAS

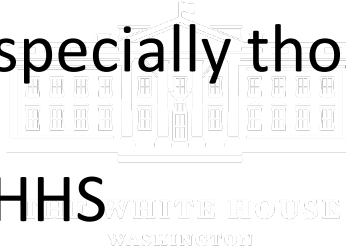


Ending
the
HIV
Epidemic



New and Enhanced Partnerships: Public and Private Sectors

- Federal Agencies and Programs, especially those outside of HHS
- Other agencies and offices inside HHS
- Faith and community-based organizations
- Academic institutions
- Programs serving older adults, individuals who are justice involved, and immigrants
- Pharmacists, Oral Health Providers, Nurses, STI specialty clinics



Other Administration Initiatives

Several non-HIV specific initiatives can help end the HIV epidemic

- Affordable Care Act – expanding health care coverage and access
- American Rescue Plan – strengthens public health infrastructure, harm reduction
- American Jobs Plan – addressing a key social determinant of health
- Executive Orders on equity, stigma, discrimination, climate
- Infrastructure Plan – potential to improve transportation, another SDOH
- New National Drug Control Strategy – substance use, drug user health, harm reduction including SSPs, treatment for SUD





NHAS and Quality of Life

Developing the 3rd National HIV/AIDS Strategy (NHAS)

- Building on *HIV National Strategic Plan* (Jan. 2021)
- Returning to NHAS title
- Will span 2022-2025
- Revisions to include
 - Modifications to address Biden-Harris administration priorities
 - Most recent data and research findings
 - Engagement of additional Federal Departments and programs
 - Agriculture, Education, Labor, HUD programs beyond HOPWA

■ Process involves

- Revisions and additions from 6 Federal Departments and 12 agencies and offices that co-developed the HIV Plan
- Input from additional Federal Departments and programs
- Recommendations received from many community stakeholders

Moving quickly: aiming for Dec. 1 release

Developing the 3rd National HIV/AIDS Strategy (NHAS)

- **Modifications to strategy likely to include**

- Increased focus on substance use, behavioral health, and harm reduction approaches consistent with syndemic approach
- Greater emphasis on the strategies focusing on people aging with HIV
- Quality of life for people with HIV
- Strengthened focus on research needed to inform our efforts and moving research findings into practice more quickly

- **Implementation will begin in early 2022**

- ONAP to work with federal partners on federal implementation plan
 - Will align with implementation plans for National Strategic Plans for Viral Hepatitis and STIs which are already underway
- Success requires engagement of nonfederal partners across the nation
 - Federal partners to work to engage grantees, HCPs, other stakeholders
 - ONAP to work with PACHA on new ways to engage private sector in key areas for impact

National HIV/AIDS Strategy—Priority Populations

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men;
 - Black women;
 - Transgender women;
 - Youth aged 13–24 years; and
 - People who inject drugs.
-
- Based on incidence, diagnoses, and viral suppression data



Other federal departments with work at the state and local level that influences quality of life for PWH

- Department of Labor
- Department of Education
- Department of Agriculture
- Department of Housing (non-HOPWA programs)
- *Department of Veteran's Affairs (previously engaged, a plan to end HIV among U.S. Veterans)*



Increased Federal Engagement

Focus on Aging Population



- HHS Administration on Community Living's Administration on Aging released new guidance on State Aging Plans
 - Older adults identified as in greatest social need include LGBTQ+
 - AoA supports technical assistance via [National Resource Center on LGBT Aging](#)
 - State plans to include plans and measures the state will use to demonstrate its progress towards serving older adults living with HIV/AIDS (new element of guidance)
- HRSA, Veterans Affairs, and NIH all working on focused projects to identify policy, programmatic, clinical, and research opportunities to expand and improve care for aging people with HIV



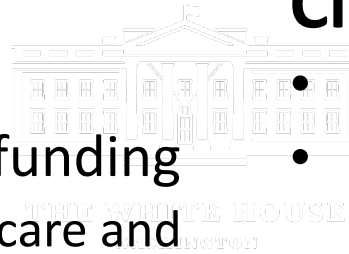


Challenges and Opportunities Ahead

Challenges – Things That Could Slow Progress

Big Picture Issues

- COVID – 19
- Funding priorities/Lack of adequate funding
 - Funding for our base HIV prevention, care and treatment programs
 - The Ending the HIV Epidemic Initiative
- Lack of focus on
 - Geographic areas where disparities exist
 - Populations disproportionately impacted
- Lack of political will at local level
- Opioid epidemic, ↑ methamphetamine use
- Mistrust and misinformation regarding public health and government



Clinical Issues

- Missed opportunities for HIV diagnosis
- Sub-optimal uptake of PrEP and support to continue medication
- Availability HCPs with HIV knowledge and skill where they are most needed
 - Incl. knowledge and skill in serving populations most affected
- Slow uptake of evidence-based practices in clinical care, public health
- Unrecognized/unaddressed biases in systems and individual HCPs

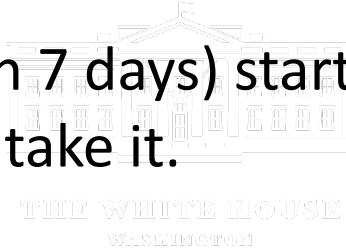


Nurses & Nursing Schools Can Help Accelerate HIV Response By

- Engaging clinics, hospitals, health systems, and community in the swift implementation of novel HIV prevention, and treatment tools as they are approved for use, including subcutaneous, intravenous, topical, implantable, and long-acting oral formulations.
- Adapting to ensure that people aging with HIV can receive whole-person care that addresses their HIV- and aging-related health needs, along with support services such as mental health, transportation, housing, food and nutrition.
- Increasing inclusion of paraprofessionals on teams by advancing training, certification, supervision, reimbursement, and team functioning to assist with screening/management of HIV, STIs, viral hepatitis, and substance use disorder and other behavioral health conditions.
- Expanding uptake of data-to-care models using data sharing agreements, integration and use of surveillance, clinical services, pharmacy, and social/support services data to identify and engage people not in care or not virally suppressed and implementing clinic-level practices that welcome individuals back to care and help meet their needs to remain in care.



Nurses & Nursing Schools Can Help Accelerate HIV Response By



- Providing same-day or rapid (within 7 days) start of antiretroviral therapy for newly diagnosed persons who are able to take it.
- Increasing linkage to HIV healthcare within 30 days for all persons that test positive for HIV.
- Expanding the number, variety, diversity, and distribution of health care providers who routinely provide HIV testing, prevention counseling, and linkage to specialty care.
- Training to understand the roles of trauma-informed care, cultural competency, stigma and discrimination, and unrecognized bias in delivering high quality HIV care.



Nurses & Nursing Schools Can Help Accelerate HIV Response By

- Embedding HIV prevention and care into routine care, this approach advances health equity by integrating HIV prevention and care, expanding access to these services.
- Reducing stigma and discomfort about sexual health and making it a routine part of healthcare.
- Scaling up access to PEP, PrEP and SSPs, especially for disproportionately affected Black, Latinx/Hispanic MSM, Black Women, Transgender Women, and Youth.
- Engaging directly in the HIV response at the community level by working a community health center, public health department, STI/sexual health clinic, Ryan White HIV/AIDS clinic, Indian Health Service clinic or other setting serving disproportionately affected populations.





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THANK YOU!

