

NCHHSTP Update

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment

April 9, 2024

Jonathan Mermin, MD, MPH

Director, National Center for HIV, Viral Hepatitis, STD and TB Prevention



Quick Updates

CDC Leadership Updates

- Dr. Robyn Neblett Fanfair, Director of DHP
- Dr. Laura Hinkle Bachmann, Acting Director of DSTDP

Membership Updates

- Welcome: Ms. Marguerite Beiser, Dr. Jorge Cestou, and Mr. Brigg Reilley
- Farewell to Dr. Jodie Dionne and Mr. Kali Lindsey

Advancing Public Health through Policy and Partnerships

Policy as a Public Health Intervention Cooperative Agreement (PS23-0009)

Multi-pronged and holistic approach to strengthen the ability of leaders who make decisions in public health to identify, assess, and implement evidence-based policy interventions.

Component 1

Legal Epidemiology and
Public Health Policy
Research

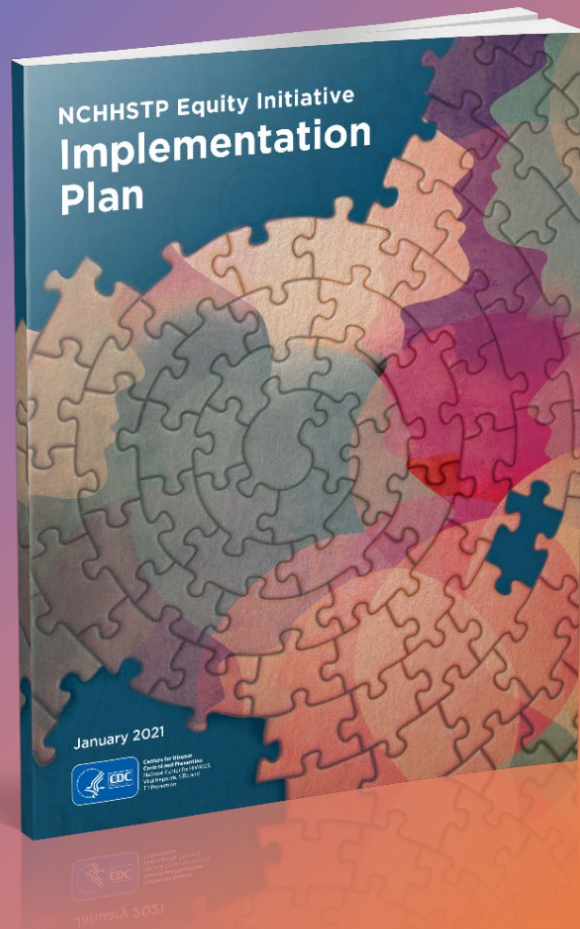


Component 2

Development and
Dissemination of Law
and Policy Technical
Assistance



The NCHHSTP Office of Health Equity



- Celebrated a 20th Anniversary in 2023 with the release of an accomplishments video and internal CDC article
- Completed an extensive literature assessment to identify population-level, evidence-based interventions, policies, and best practices that can reduce disparities in HIV, viral hepatitis, STIs, TB and adolescent health
- Continued to lead the HHS CDC Equity Challenge Taskforce focused on inclusion of persons with lived experience of incarceration in the federal public health workforce
- Updated an Equity Dashboard with indicators and measures to monitor the Center's progress in reducing disparities

Cross-cutting project highlights

New NEEMA NOFO

- On April 8, 2024 applications closed for the new 5 year cycle of the *National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Epidemiologic and Economic Modeling Agreement (NEEMA) CDC-RFA-PS-24-0028¹*, which is set to begin September 30, 2024.

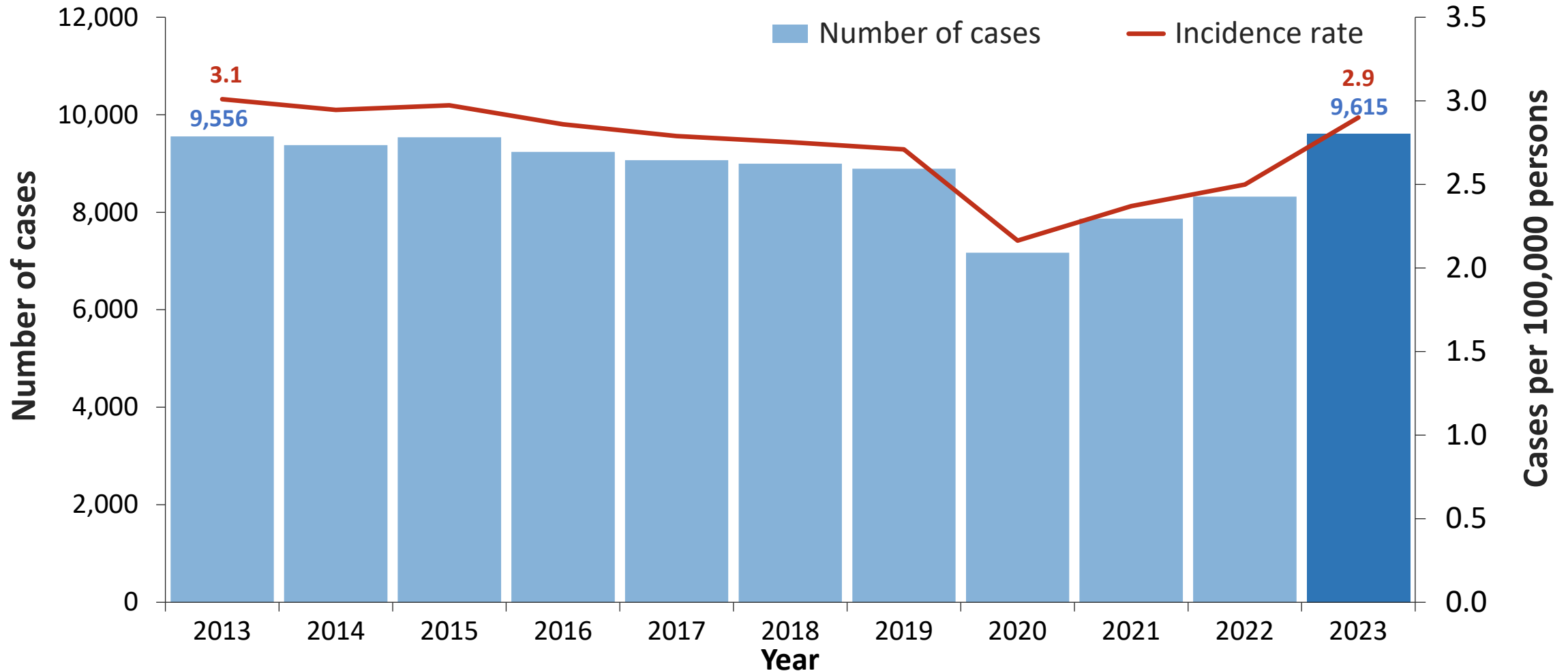
Routine Screening Toolkit

- The Program and Performance Improvement Office, in collaboration with experts across NCHHSTP, has supported the American Medical Association (AMA) to develop release an online toolkit² to help physicians and other health care professionals increase routine screenings for HIV, STIs, viral hepatitis and latent tuberculosis (LTBI).
- The toolkit shares best practices and strategies for screening programs, specific to community health centers and emergency departments.

1. <https://www.cdc.gov/nchhstp/neema/funding-opp-announcement.html>

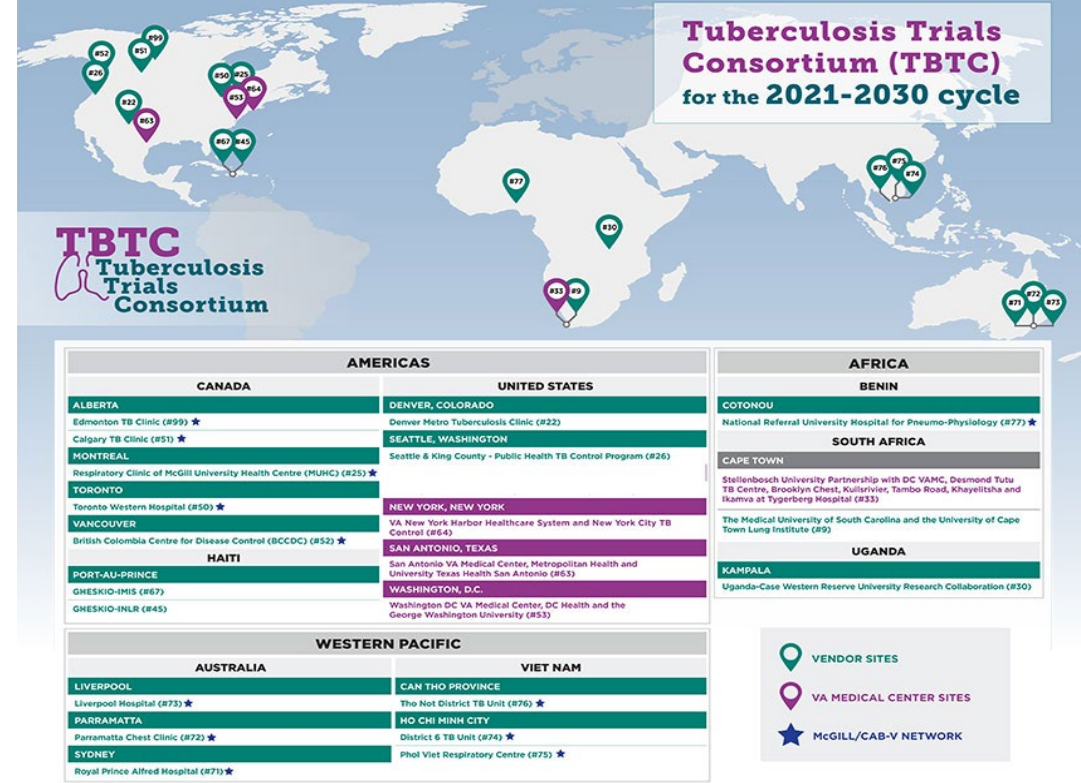
2. <https://www.ama-assn.org/delivering-care/public-health/routinely-screen-hiv-stis-viral-hepatitis-and-latent-tb-infection>

Provisional 2023 TB surveillance data show rebound in TB cases following COVID-19 pandemic



Tuberculosis Trials Consortium

Study 38: Combination Regimens for Shortening TB Treatment (CRUSH-TB)



Purpose: Compare the safety and effectiveness of:

- 4-month bedaquiline (B), moxifloxacin (M) and pyrazinamide (Z) based regimens to
- 6-month standard of care

Population: Adult and adolescent patients with drug-susceptible pulmonary TB

Design: Open label, multi-center, randomized, ≥ 3 -arm adaptive trial

Sample size: 288 participants (96/arm)

Adaptive design: New arms of novel regimens which show promise in pre-clinical and early phase clinical trials can be added with concurrent enrollment of an equal number of controls

Division of STD Prevention

**Laura Hinkle Bachmann, MD, MPH,
FIDSA, FACP
Acting Director**

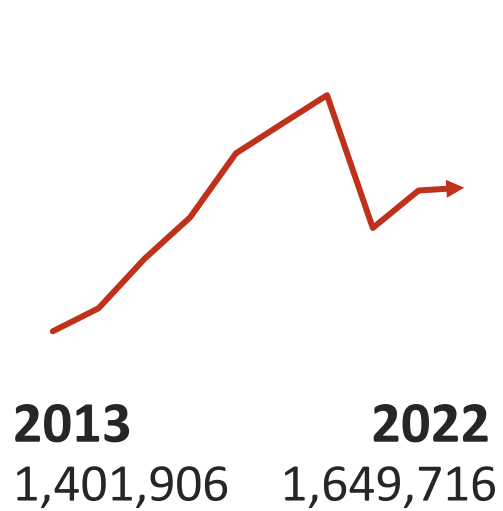


Released Two New Reports on STI Surveillance

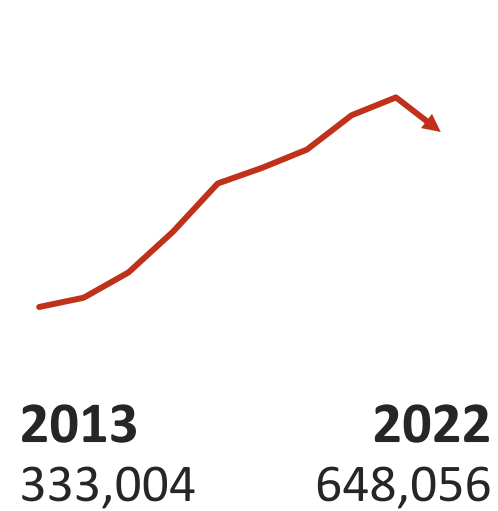


STIs Continued To Climb in 2022

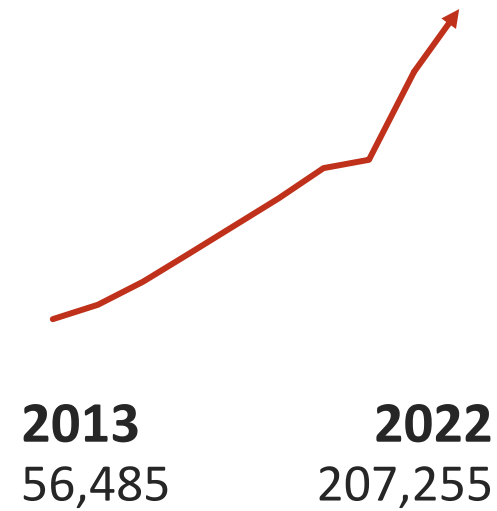
Chlamydia Cases



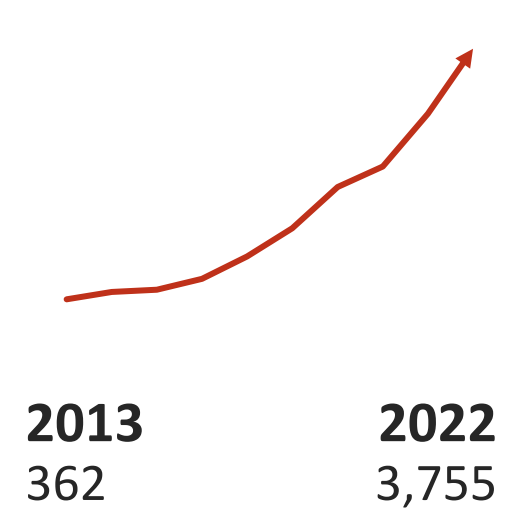
Gonorrhea Cases



Syphilis Cases *All Stages*

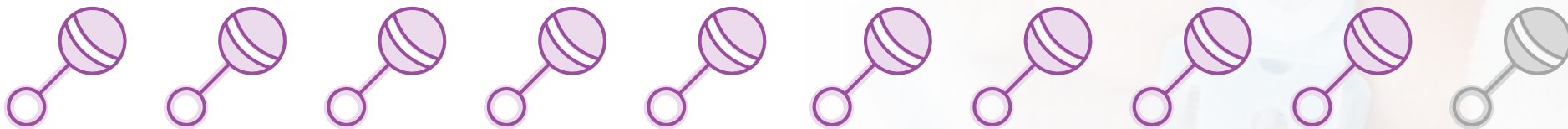


Congenital Syphilis Cases



9 in 10

Cases of Congenital Syphilis Might Have Been Prevented With Timely Testing or Adequate Treatment During Pregnancy in 2022

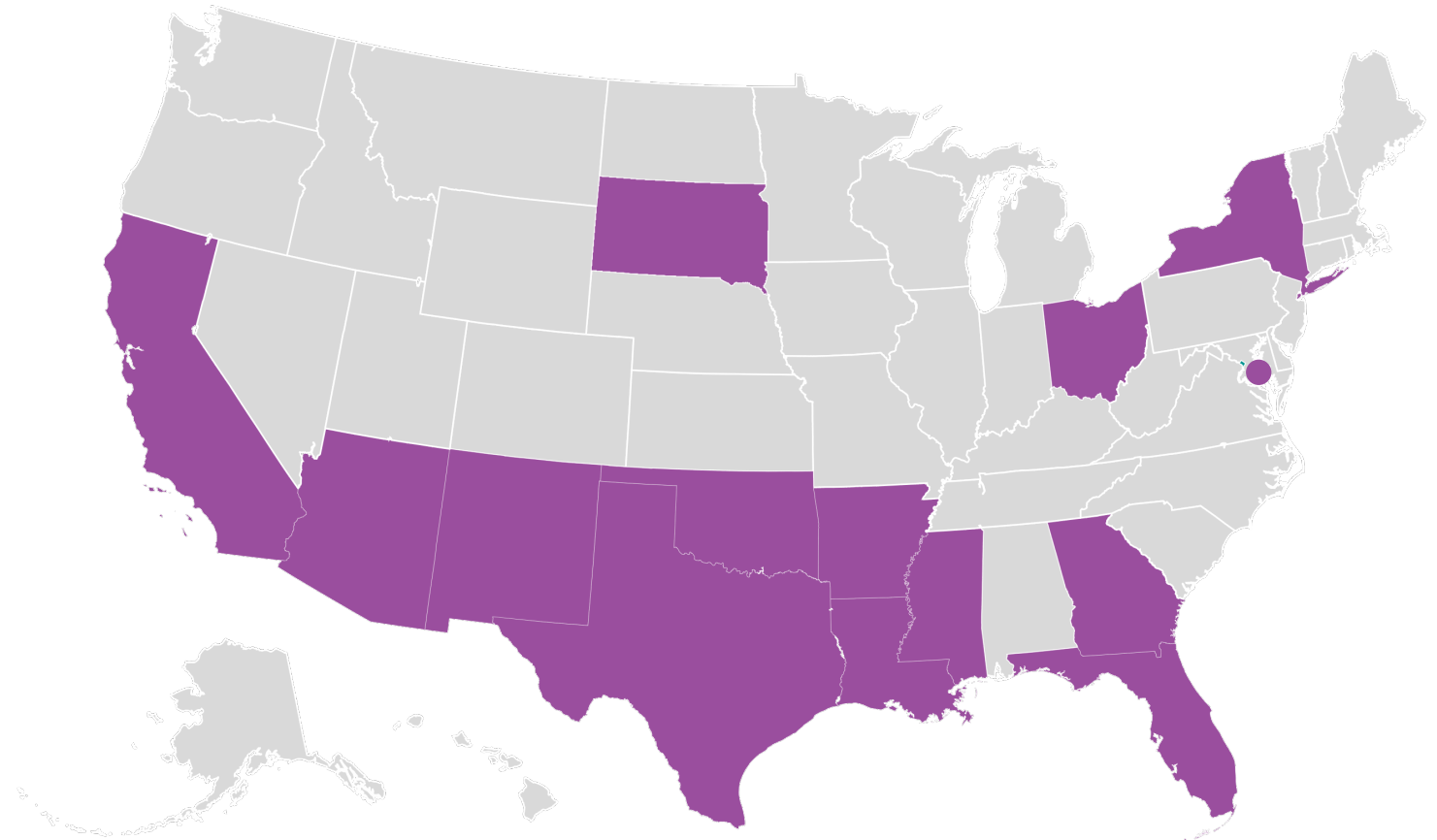


HHS Established a Multi-agency National Syphilis and Congenital Syphilis Syndemic Task Force

Goals

- 1 Reduce rates of primary and secondary syphilis and congenital syphilis
- 2 Reduce syphilis health disparities

Jurisdictions: 14



National Syphilis and Congenital Syphilis Syndemic Task Force

Actions to Date

Conduct briefings with external partners for collaboration opportunities



Support a temporary import of Extencilline to address Bicillin[®] L-A shortage



Convene workshops to address disparities and focus on research strategies



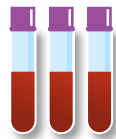
Work with agencies to issue funding flexibility letters to grantees for syphilis care



Newly Released and Upcoming Guidelines on STI Testing and Treatment

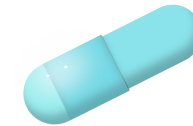
CDC Laboratory Recommendations for Syphilis Testing, United States, 2024

February 8, 2024



Doxycycline Post-Exposure Prophylaxis Guidance

Expected 2024 Release



Continued Investments in STI Prevention and Control

Combatting Antimicrobial Resistant (AR) Gonorrhea and Other STIs (CARGOS)

Formerly GISP/eGISP and SURRG

- ✓ Laboratory testing
- ✓ Preparedness and outbreak response activities
- ✓ Monitoring, detection, and response to AR in STIs
- ✓ Epi-lab-health information technology

Support and Scale-Up of HIV Prevention Services in Sexual Health Clinics (SHIPS)

Formerly Part C of the Ending the HIV Epidemic in the U.S. Initiative



Strengthening clinic infrastructure and improving service delivery



Fostering strategic partnerships in support of EHE

Division of HIV Prevention



Robyn Neblett Fanfair, MD, MPH
Director





New NOFO!

PS24-0020: Capacity Building Assistance (CBA) for HIV Prevention Programs to End the HIV Epidemic in the United States

Supports the network of funded providers under this NOFO, established and referenced as the CBA Provider Network (CPN), to implement the following six inter-related program components:

- Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdiction
- Component B: Instructor-led Training for High-Impact HIV Prevention Programs
- Component C: eLearning Training for High-Impact HIV Prevention Programs
- Component D: Technical Assistance for High-Impact HIV Prevention Programs
- Component E: Organization/Workforce Development and Management for Community-Based Organizations
- Component F: CPN Resource and Coordination Center



New NOFO!

PS24 0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments

- 5-year NOFO covering FY24 – FY29
- 60 Health Departments eligible for funding
- At Level Funding:
 - Approximate yearly investment: \$485M
 - Total 5-year investment: \$2,425,036,270

Core Strategies

Diagnose

Increase knowledge of status to 95% by ensuring all people with HIV receive a diagnosis as early as possible.

Treat

Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly (increase linkage to care up to 95%) and effectively to achieve viral suppression up to 95%.

Prevent

Prevent new HIV transmission by increasing PrEP coverage to 50%, increasing PEP services and supporting HIV prevention, including prevention of perinatal transmission, harm reduction and syringe services program (SSP) efforts.

Respond

Respond quickly to HIV clusters and outbreaks to address gaps and inequities in services for communities who need them.

Surveillance

Conduct HIV surveillance activities as described in the Technical Guidance for HIV surveillance programs to ensure accurate, timely, complete, and actionable data.

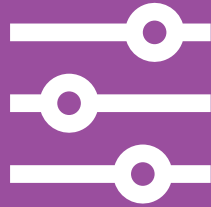
Community Engagement

Support community engagement and HIV planning.

Changes for Improved Impact

Increase Flexibility

Implementing lessons learned from EHE successes and increasing flexibility for HDs to address specific community needs and innovate.

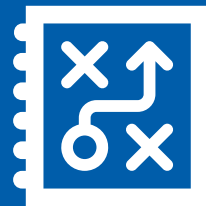


Increase Funding Floor

Funding floor has been increased for all jurisdictions from \$1M to \$1.2M.

Continuity of Services

Added ability for CDC to fund other organizations to ensure continuity of critical programs if HD is unable or unwilling to receive CDC funding.

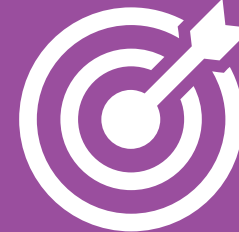


Strategic Alignment

Required activities reflect National, HHS, and CDC strategic priorities – including community engagement, health equity, syndemics, and whole person approaches to HIV prevention.

Reduce Burden

Reduce grantee reporting burden, moving to later in fiscal year to allow fewer funding packages, etc.



Funding Syndemics

Applicants can use to 10% of the requested total funding amount to enhance syndemic efforts

EHE Results from CDC-funded Programs 2021 – 2023

518,000 free HIV self-test kits

831,000 HIV tests & 3,000 people newly diagnosed*

More than 55,000 persons prescribed PrEP*

261 SSPs, more than 60% are mobile^

Over 200 clusters detected

**Ending
the
HIV
Epidemic**

*These data reflect efforts between Jan 2021 and June 2023

^Information regarding SSPs is current as of 2022

CDC EHE Results – Diagnose 2021 – 2023

CDC recipients used EHE funding to test over **831,000** persons for HIV infection, and **3,000** people were newly diagnosed

CDC is distributing free HIV self-test kits to populations disproportionately affected by HIV. After delivering **100,000** self-tests in the pilot, over **367,000** tests were delivered in 2023.

Health Departments*

CDC Health Department recipients also distributed over **51,000** self-tests locally



Self Testing
Innovation in Action

*These data reflect efforts between Jan 2021 and June 2023

CDC EHE Results – Prevent 2021 – 2023

Between Jan 2021
and June 2023,
CDC EHE-funded
programs
prescribed PrEP for
more than **55,000**
persons

CDC EHE funded
programs have
connected with
over **260 SSPs**
- 60% of which
provide mobile
services



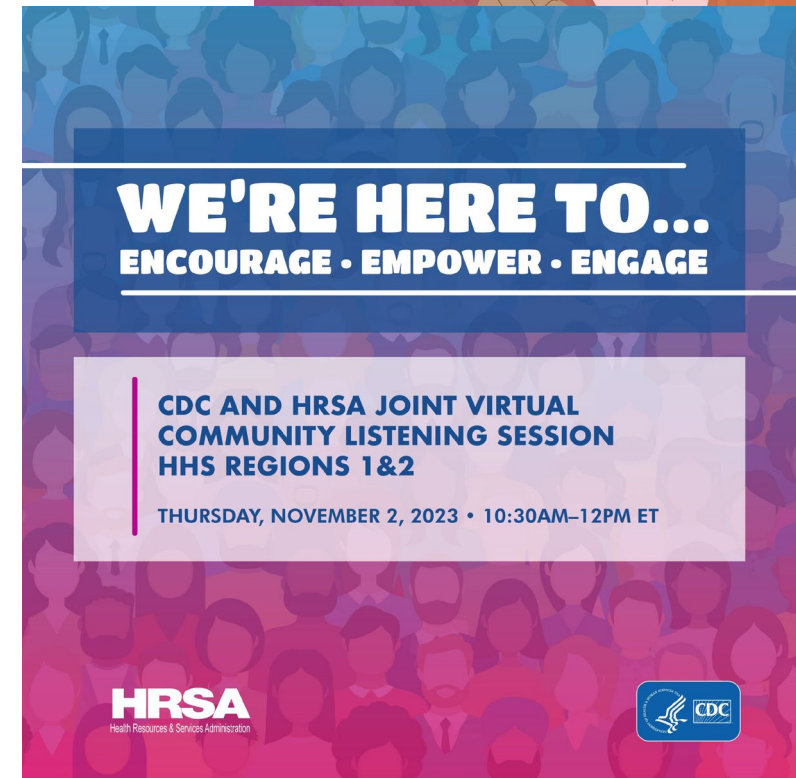
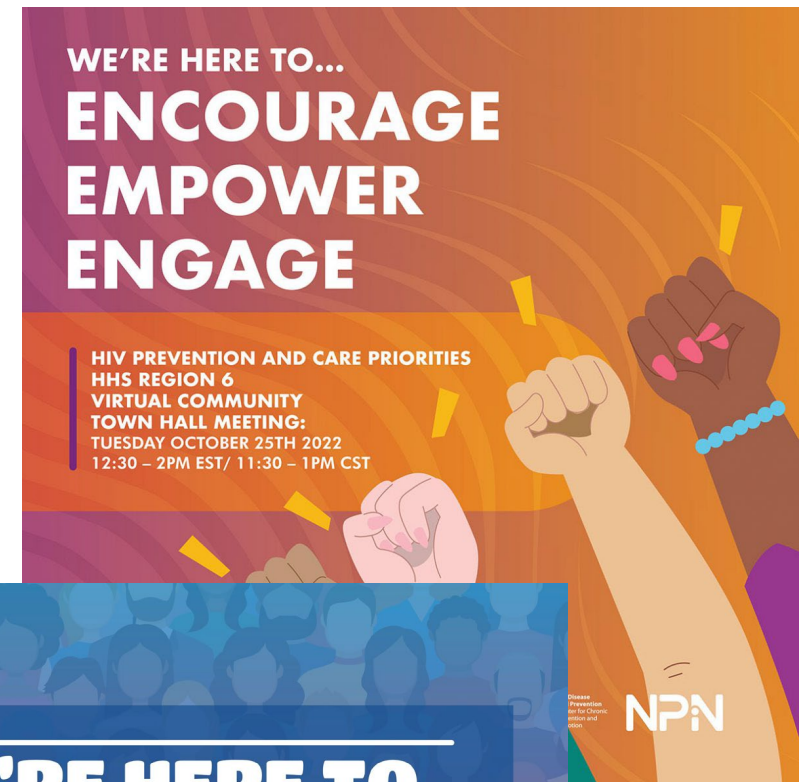
93 fixed
locations



168 mobile or
outreach
locations

CDC Community Engagement Sessions

- Engaged **1,684** people through **16** in-person meetings, including an in-person Spanish language session, across **10** regions



Ongoing Community Engagement



2024 ENGAGEMENT SESSIONS:

JAN. 31

**CDC Conversations with
Community:**

Houston, Texas

FEB. 21

**CDC Conversations with
Community:**

Baton Rouge, LA

MARCH 27

**CDC Conversations with
Community:**

Memphis, Tennessee

MAY 22

**CDC Conversations with
Community:**

Miami, Florida



Division of Viral Hepatitis

Neil Gupta, MD, MPH
Captain, US Public Health Service
Chief, Epidemiology and Surveillance
Branch

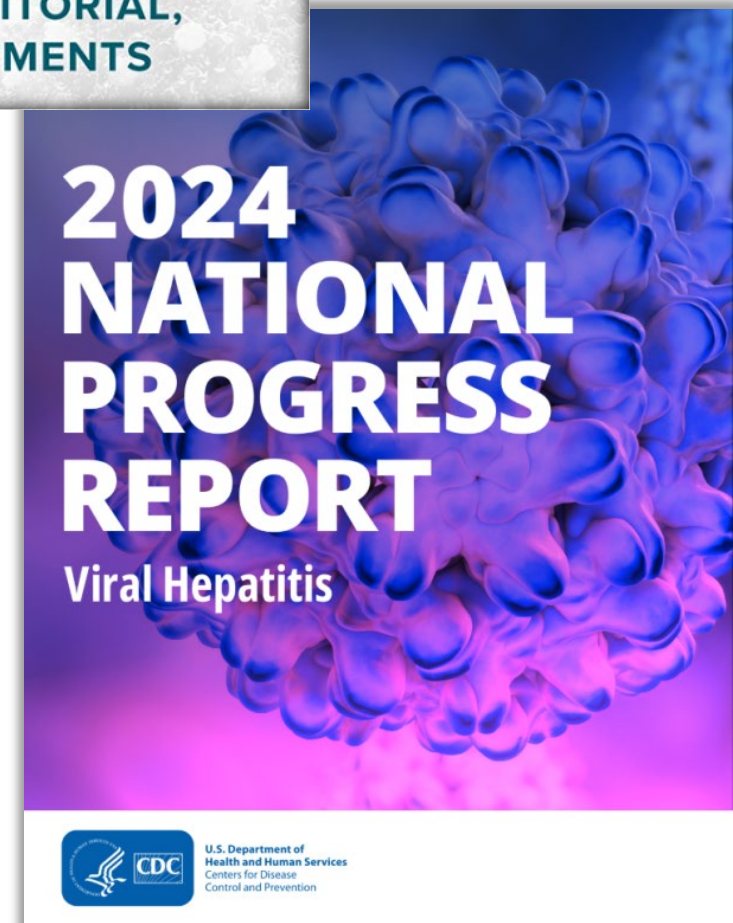


Viral hepatitis surveillance & progress reports released in April 2024



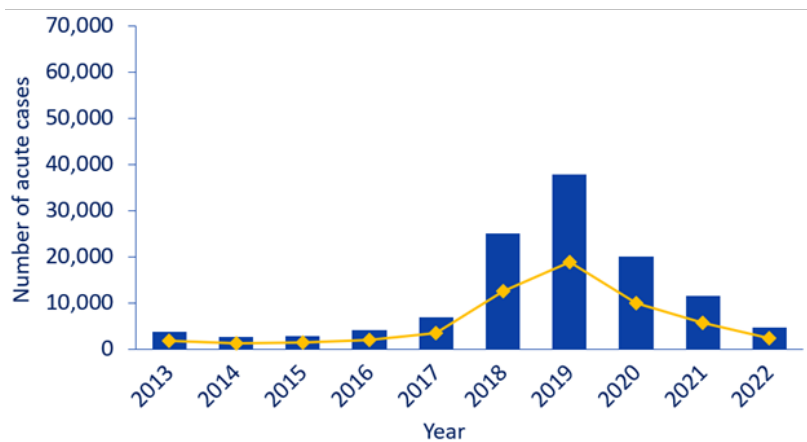
VIRAL HEPATITIS SURVEILLANCE AND CASE MANAGEMENT

GUIDANCE FOR STATE, TERRITORIAL,
AND LOCAL HEALTH DEPARTMENTS

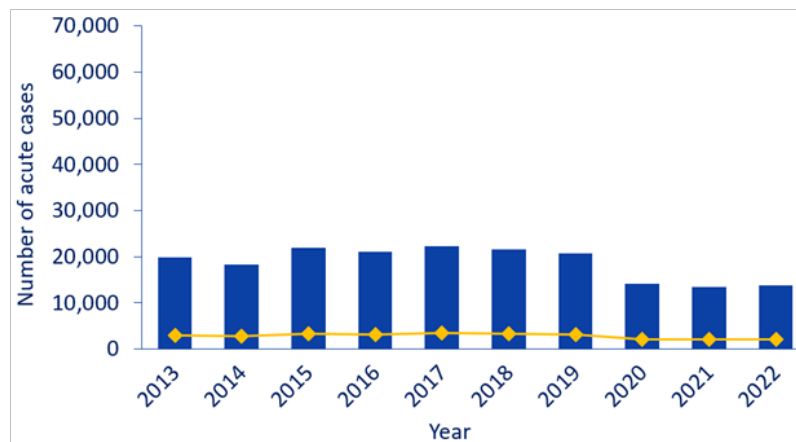


New data signal progress in reducing acute viral hepatitis

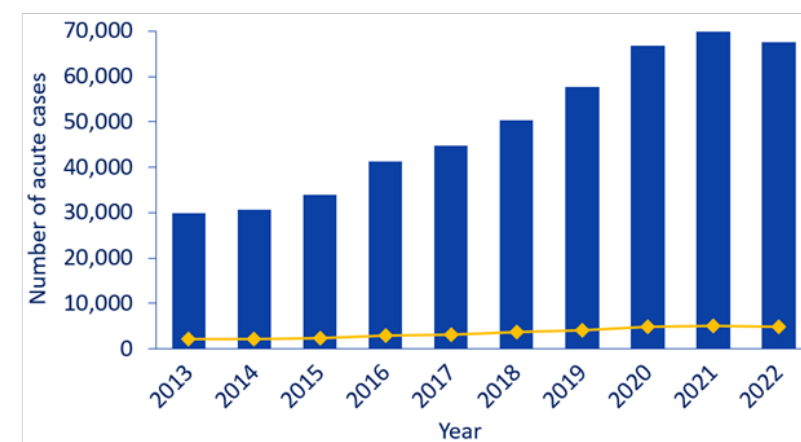
Hepatitis A



Acute Hepatitis B



Acute Hepatitis C



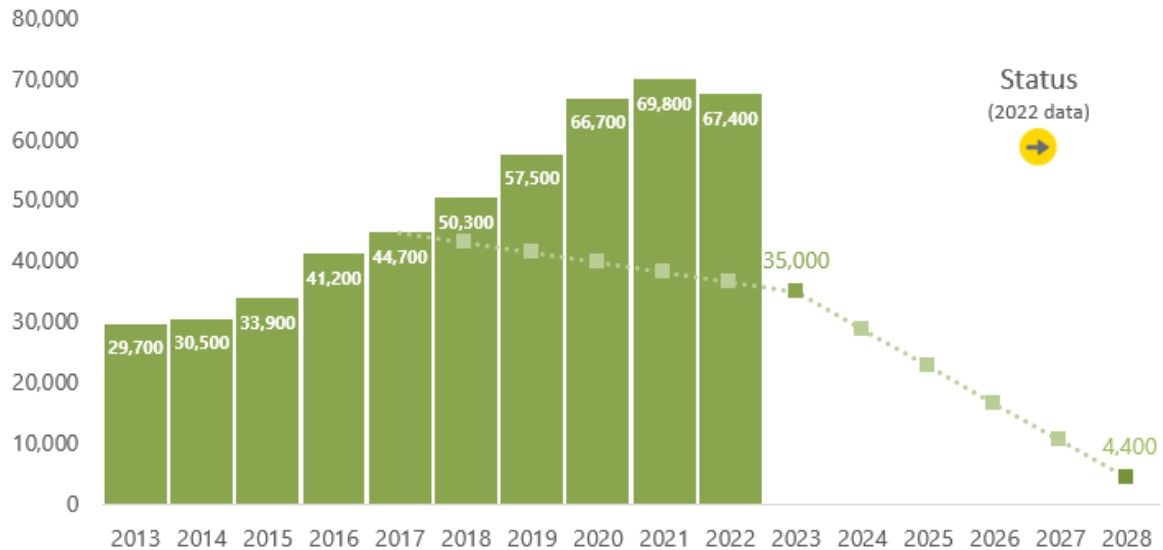
■ Estimated acute infections
◆ Reported acute cases

Source: CDC, National Notifiable Diseases Surveillance System. The number of estimated viral hepatitis cases was determined by multiplying the number of reported cases by a factor that adjusted for under-ascertainment and under-reporting (Klevens, et al).

Hepatitis C virus infections and related deaths decline; accelerated progress required to meet 2030 goals

National Progress Report 2030 Goal Reduce estimated* new hepatitis C virus infections by $\geq 90\%$ (incremental 2025 goal of $\geq 20\%$ reduction)

Estimated* new hepatitis C virus infections and annual targets for the United States by year



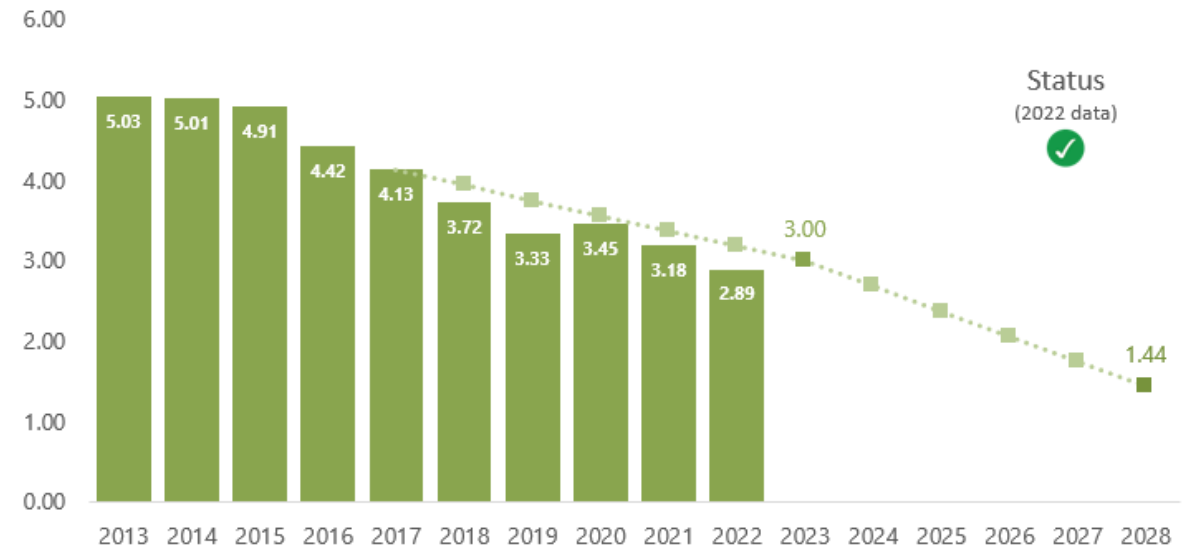
Status
(2022 data)
→



Status: Moving *toward* annual target, but annual target was not fully met

National Progress Report 2030 Goal Reduce reported rate* of hepatitis C-related deaths by $\geq 65\%$ (incremental 2025 goal of $\geq 20\%$ reduction)

Age-adjusted rate* of hepatitis C-related deaths† and annual targets for the United States by year



Status
(2022 data)
✓



Status: Met or exceeded current annual target

Jurisdictional support for viral hepatitis improving; great needs remain

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

- Completing 3rd year of 5-year funding cycle
- Hosting national meeting with jurisdictional partners April 16-17, 2024
- Sharing successes through rapid feedback reports and jurisdictional profiles

Recipient Feedback Report
YEAR 2

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103)

Project Year 2: 10/1/21-9/30/22

Report date: 5/30/23

New York City CDC-funded Integrated Viral Hepatitis Surveillance and Prevention Year 3

New York City Dept. of Health & Mental Hygiene is a funded recipient of CDC's Integrated Viral Hepatitis Surveillance and Prevention (IVHSP) project (2021-2026). This investment supports 59 state, city, county, and territorial health departments to enhance their viral hepatitis surveillance and prevention activities, laboratory testing, and public health reporting (\$23.6M total annual funding).

2021 VIRAL HEPATITIS INCIDENCE*				
	NEW CASE RATE PER 100K PPL	NEW CASE COUNT		
	NJCC	U.S.	NJCC	U.S.
Hep A	1.1	1.7	90	5,728
Acute hep B	0.5	0.6	43	2,045
Acute hep C	1.5	1.6	130	5,023

YEAR 3 NEW YORK CITY IVHSP AWARD*		
	AWARD AMOUNT	NUMBER OF FTEs
Viral hepatitis surveillance	\$200,000	1.13
Viral hepatitis prevention	\$115,000	0.92
Special projects	\$286,228	1.00
Total	\$601,228	

JURISDICTION POLICIES*

- HEPATITIS C TREATMENT:** No Medicaid restrictions for disease severity, substance use, prescribers; no prior authorizations; retreatment restrictions in place
- ESPs:** Explicitly authorized by law; a 1 SSPs in operation; registration required; local jurisdiction approval not required
- PERINATAL:** Hepatitis B and hepatitis C cases are reportable

KEY PARTNERS*

- New York State Department of Health
- Hep Free NYC
- Harm Reduction Coalition
- Charles B Wang Community Health Center
- ACI Chemical Dependency Treatment Center

VIRAL HEPATITIS SURVEILLANCE*

Year 3 Highlights:

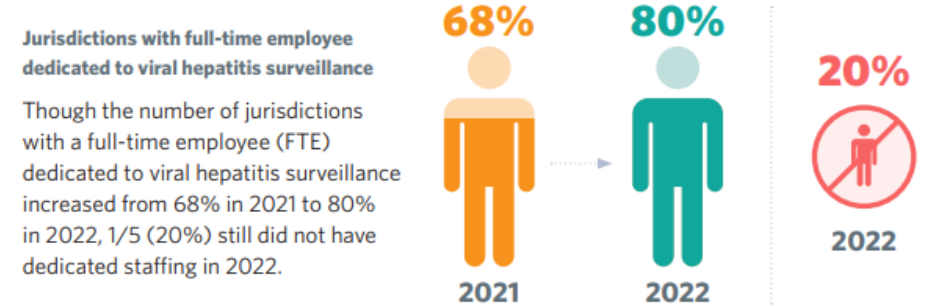
- Improved cluster detection, case disposition, and assisted other jurisdictions in their investigations by sending serum from all hepatitis A cases to New York State Wadsworth Center Laboratory for molecular testing
- Published hepatitis A, B, and C in New York City 2022 Annual Report

ESTABLISH OUTBREAK DETECTION AND RESPONSE FRAMEWORK	IMPROVE MONITORING OF DISEASE BURDEN, TRENDS, AND OUTCOMES
Status of hepatitis A, hepatitis B, and hepatitis C outbreak plans	Enter 85%+ of all test results received into surveillance systems ≤ 60 days
Completed	Yes
# of viral hepatitis outbreaks reported to CDC in Year 3	% of case reports in chronic hepatitis C surveillance registry
0	100%
	Develop hepatitis C clearance cascade
	Completed

2022 Viral Hepatitis Surveillance Status Report

HepVu NASTAD

An assessment of the status of viral hepatitis surveillance practices across U.S. jurisdictions in 2022.



Jurisdictions believe they need 3-5 FTEs to conduct viral hepatitis surveillance

To conduct viral hepatitis surveillance activities specified under CDC IVHSP, jurisdictions report that on average, they believe 3-5 full-time employees (FTE) are necessary.



Jurisdictions reported major challenges with hiring and retaining surveillance staff. Staff turnover was a significant impediment to conducting basic viral hepatitis surveillance activities in 2022.

Ongoing efforts to establish national hepatitis C elimination initiative

VIEWPOINT

A National Hepatitis C Elimination Program in the United States

A Historic Opportunity

(Fleurence, RL, Collins FS, JAMA, 2023)

It is rare to have the opportunity, using a simple and safe oral medication, to eliminate a lethal disease. But that is the situation facing the United States with hepatitis C.

- **Diagnosis**

- Implementation of universal screening recommendations
- Accelerate availability of viral point-of-care testing (supporting test-and-treat)

- **Treatment**

- Federal drug procurement (under- / un-insured)
- Integrate testing and treatment in primary care and other settings where people with hepatitis C receive care

- **Comprehensive public health implementation**

- Awareness campaigns, healthcare provider trainings
- Service integration (universal screening and treatment using innovative delivery systems tailored to settings where people with hepatitis C receive prevention and treatment services)
- Prevention activities (discovery, implementation)

DASH Update for CHAC



Dr. Kathleen Ethier, Director

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adolescent and School Health



Updated Mission and Vision for DASH 2.0

Vision: We envision a future where young people are empowered with the knowledge, skills, and resources to support health and well-being.

Mission: To work with and through schools to understand and improve the health and well-being of all students. We do this by strengthening school-based education, health services, healthy school environments, and community connections.



Key Program Activities for 2024

- Full stand-up of Health Schools Program (DP23-0002) to improve physical activity, nutrition, and management of chronic conditions
- Fund next NOFO to implement the What Works in Schools program
- Continue creating a more cohesive approach to school health

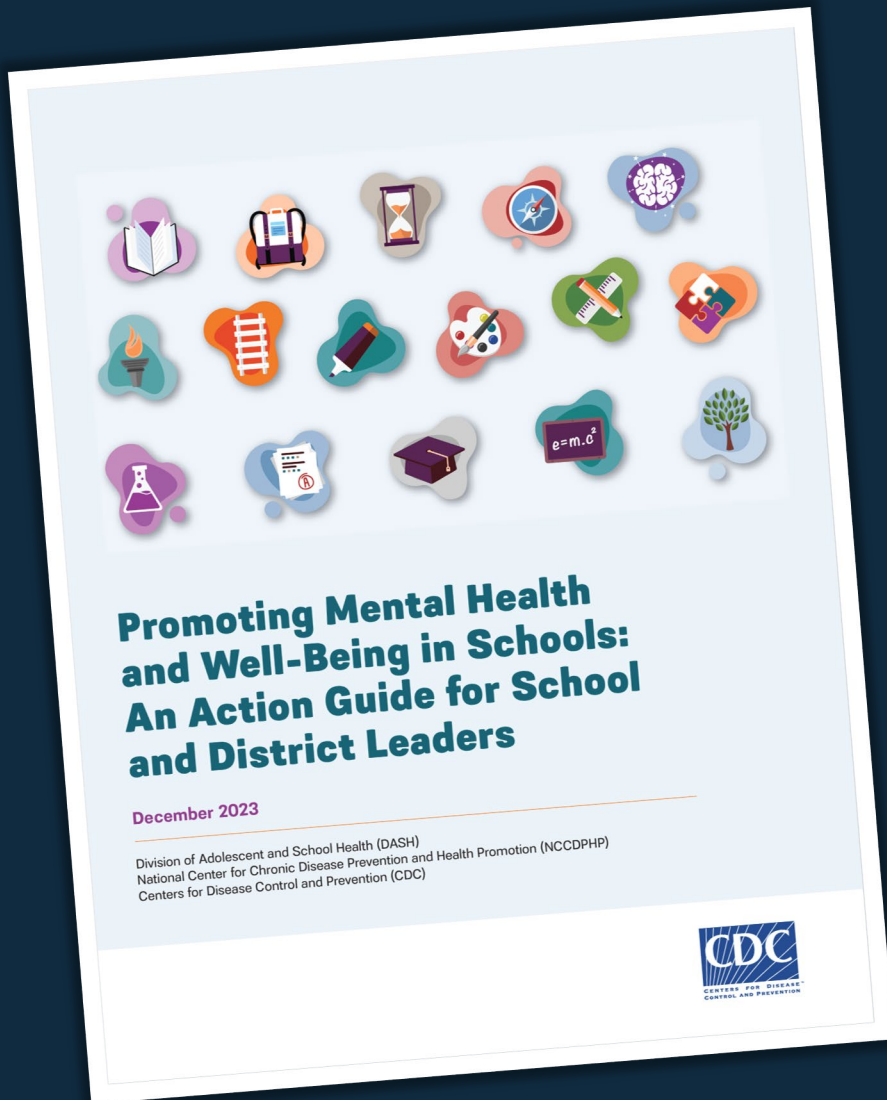


Key Surveillance and Research Activities for 2024

- Release 2023 Youth Risk Behavior Survey (YRBS) Data Summary & Trends Report and YRBS data
- Improve interoperability of YRBS, Profiles and other datasets
- Launch research NOFO to examine What Works in Schools program expansion for schools serving rural and American Indian or Alaska Native youth
- Translate recent research findings to inform implementation of innovative school-based strategies



New Resource: Mental Health Action Guide for School and District Leaders



In the **first two months** after the release:



Received nearly **50,000 cumulative page views** on action guide webpages.



Gave nearly **20 presentations** to partners on action guide.



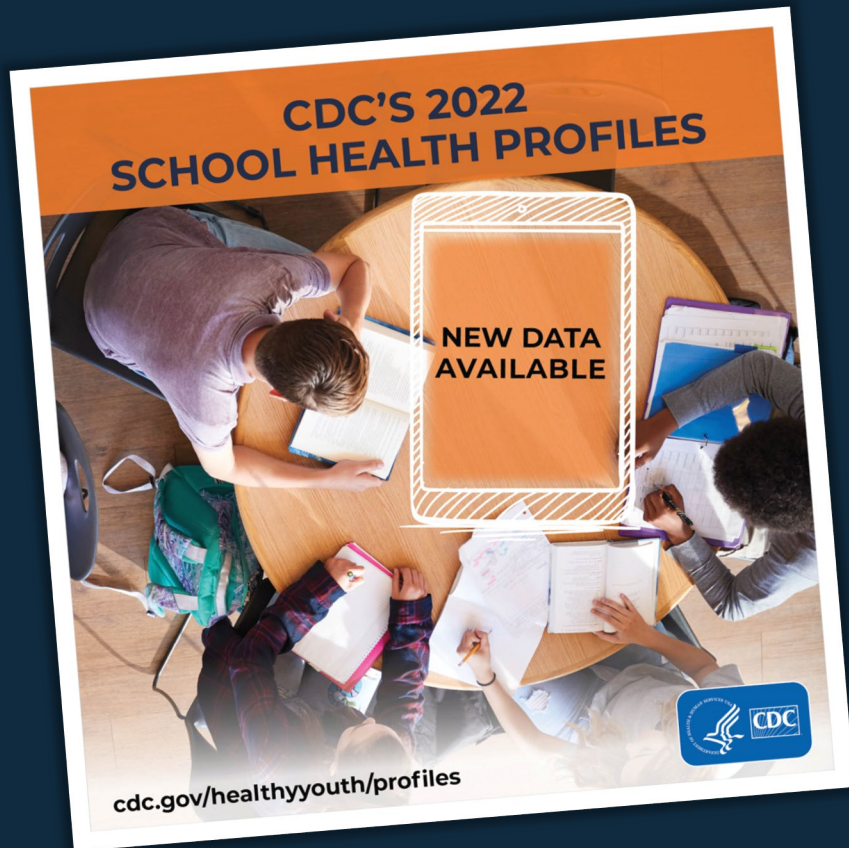
Detailed PDF **downloaded more than 3,000 times**.



27 federal and **5 partner** accounts posted social media content on action guide, generating over **17.4 million impressions**.



New Data Release: 2022 Profiles and Profiles Explorer



- 2022 Profiles data highlights policies and practices schools are implementing to support adolescent health, including mental health
- Profiles Explorer allows users to explore nationwide, state, and district data in pre-created tables and maps.



Thank you!

**For more information, contact:
Advisory Committee Management Team
nchhstppolicy@cdc.gov**

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





CDC/HRSA Advisory Committee on HIV, STI, and Viral Hepatitis

HIV/AIDS Bureau Updates

April 9, 2024

Laura Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



HRSA HAB Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



Presentation Agenda

HRSA HAB Program Updates

Public Health and Policy Updates

Ryan White Program 2030

Recent HRSA HAB Funding Opportunities

Data Updates



HRSA HAB Program Updates



2024 National Ryan White Conference (NRWC) Updates



- HAB is planning a hybrid conference that will take place on August 20-23, 2024, at the Marriott Marquis in Washington, DC
- Registration opened on February 14th. Register at: <https://ryanwhiteconference.hrsa.gov/>
- If you have any questions or problems registering, please contact Registration@ryanwhiteconference.org

2024 National Ryan White Conference Updates (cont.)

- Exhibitor registration is now open through June 14th. Register at: <https://ryanwhiteconference.hrsa.gov/>
- If you have any questions or problems registering as an exhibitor, please contact Registration@ryanwhiteconference.org

NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

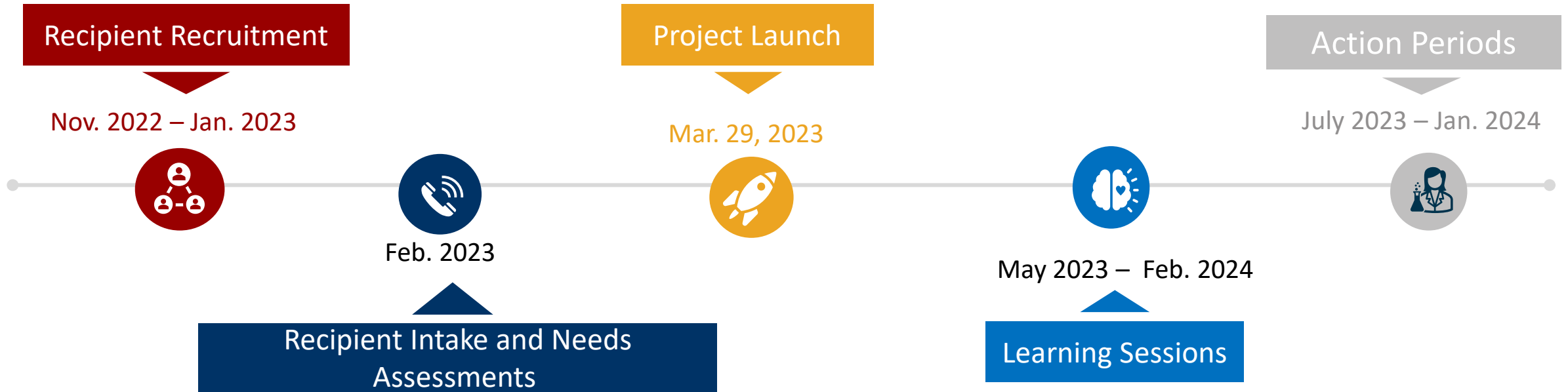


2024 NRWC Abstract Updates

- All 2024 NRWC abstracts are currently under review.
- Submitters will be notified if their abstract was accepted in mid-April.



Part D Communities of Practice (CoP) #1 Program Highlights



Part D CoP #2: Trauma-Informed Care and Behavioral Health community of practice launched in March 2024 and runs through February 2025



Check Out the Newly Updated HIV/AIDS Bureau Library

Repository of peer-reviewed journal articles that demonstrate the impact of the RWHAP

- Includes articles authored by HRSA, HAB contractors and recipients, and academic researchers
- Can filter by
 - Keyword, topic, or journal
 - HRSA authored or HRSA funded
- Updated regularly
- Access abstracts and articles via NIH PubMed

Read about new research, advancements, and innovations relevant to the RWHAP!

HIV/AIDS Bureau Library

HRSA's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medication, and essential support services to more than half a million people with diagnosed HIV in the U.S. The RWHAP funds and coordinates with cities, counties, states, and local community-based organizations to deliver efficient and effective HIV care, treatment, and support services for low-income people with HIV.

This page has been created to centralize peer-reviewed journal articles that demonstrate the impact of the RWHAP. Articles are organized by category and some articles may be listed under multiple categories. Articles are also organized by HRSA authorship and/or sponsorship and publication year.

Search Articles:

Keywords Topic Journal

Advanced Filter

Show only

- HRSA-Authored articles
- HRSA-Funded articles

1-10 of 340 Articles

Sort by

Featured

HRSA Funded HRSA Authored

The Black women first initiative: using implementation science to examine bundled interventions to improve care and treatment coordination for Black women with HIV

Rajabiun S, Heath C, Wangari Walter A, Scott JC, Downes A, Jennings E, Cabral HJ, Flores-Rodriguez C, Sprague Martinez L

<https://ryanwhite.hrsa.gov/resources/elibrary>



RWHAP Best Practices Compilation Reaches 100 Interventions!



The RWHAP Best Practices Compilation gathers and disseminates interventions that improve outcomes along the HIV care continuum.

Search and share today!
targethiv.org/bestpractices/search

What Kinds of Interventions are Included?



Effective approaches actively being used in RWHAP and other HIV-service delivery settings

- Also known as intervention strategies or interventions
- Include either direct medical or support services, or both
- Enough information to support replication

Demonstrated effectiveness at improving client outcomes along and beyond the HIV care continuum

- Some have published evidence, others have shown impact at the local level

Compilation Functions



HRSA Ryan White HIV/AIDS Program (RWHAP) Center for Quality Improvement and Innovation (CQII)



The 18-month learning collaborative aims to improve health outcomes and advance local quality improvement capacities.

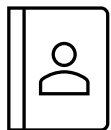
CQII's Impact Now collaborative is a national quality improvement initiative that:

- Maximizes the viral suppression rates
- Focuses on RWHAP recipients and subrecipients that have the highest potential for a measurable national impact
- Enrolls up to 30 RWHAP providers to raise their viral suppression rates to the national viral suppression mean and beyond

Public Health and Policy Updates



Reminder: Strategies to Minimize Coverage Loss During the Medicaid Continuous Enrollment Unwinding



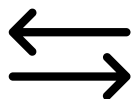
- Updating member contact information



- Conducting outreach and education



- Engaging the community and other key partners



- Promoting seamless coverage transitions



Access the toolkit: <https://www.medicaid.gov/sites/default/files/2023-11/patient-centered-messaging-clinical-offices-hlth-care-sett.pdf>

National Syphilis and Congenital Syphilis Syndemic Federal Task Force

- Department of Health and Human Services multi-agency task force.
- Goal to reduce rates of primary and secondary syphilis and congenital syphilis
- Aligns with the STI National Strategic Plan
- Action Steps
 - Optimize syphilis screening
 - Expand access to testing and treatment
 - ✓ Importation Extencilline – Bicillin equivalent – available for order
 - ✓ Extencilline, Injection, 1,200,000 units
 - ✓ Extencilline, Injection, 2,400,000 units
 - Increase awareness and education among provider groups
 - ✓ Letters from agencies to grant recipients
 - Engage communities and health departments
 - ✓ Equity Workshops



HRSA's HIV/AIDS Bureau's Syphilis Response

- **Program Letters**
 - Syphilis and Congenital Syphilis in Indian Country - July 6, 2023
 - Role of Ryan White HIV/AIDS Program in Addressing STIs and Mpox - April 26, 2023
 - HRSA and CDC Status Neutral Approach Framework - January 17, 2023
- **Clinical Conference**
 - Plenary and workshop sessions
- **Ryan White HIV/AIDS Program AIDS Education and Training Center (AETC) Program**
 - Identify provider training opportunities



Ryan White Program 2030



Four Pillars of Ending the HIV Epidemic in the U.S. (EHE)

75%
reduction
in new
HIV
diagnoses
in 5 years
and a
90%
reduction
in 10
years.



Diagnose

All people with HIV as early as possible.



Treat

People with HIV rapidly and effectively to reach sustained viral suppression.



Prevent

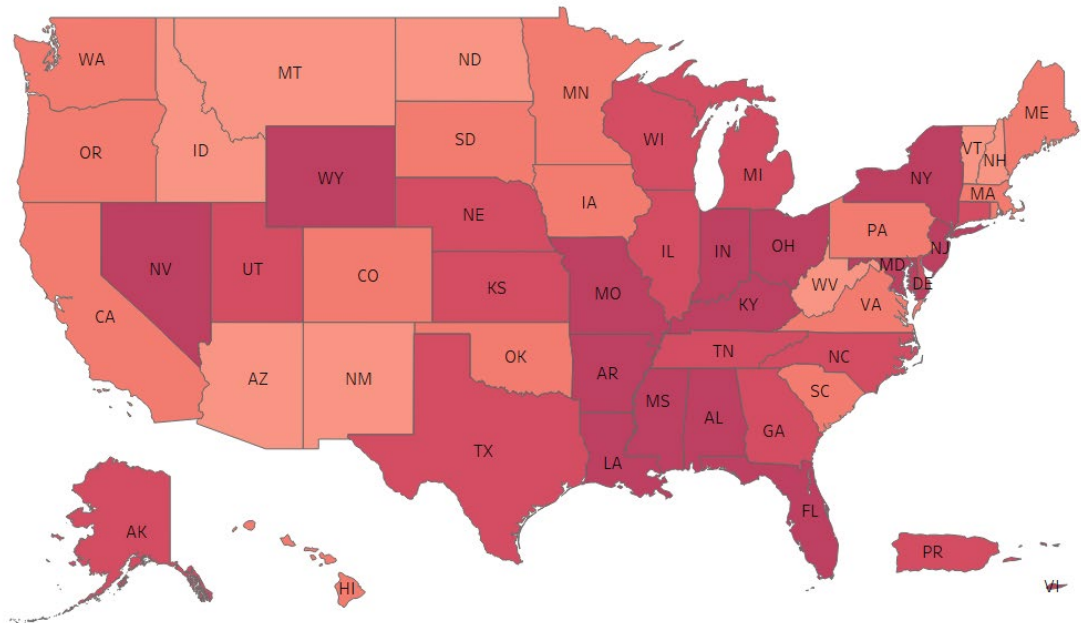
New HIV transmissions by using using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).



Respond

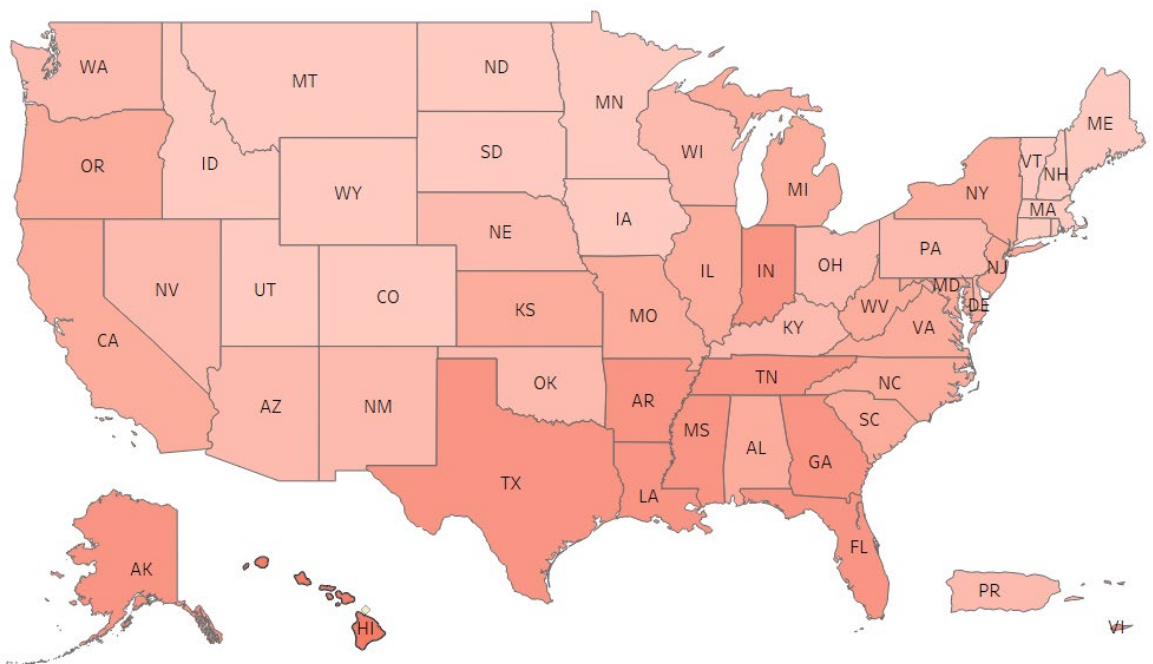
Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Viral Suppression among RWHAP Clients by State, 2010 and 2022—United States and 2 Territories^a



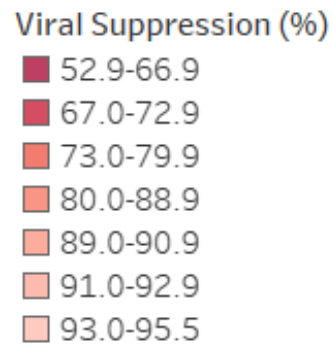
IN 2022

89.6%
VIRALLY SUPPRESSED



IN 2010

69.5%
VIRALLY SUPPRESSED



Viral suppression: ≥ 1 OAHS visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Diagnosing and Linking People with HIV to Effective Care is Critical for Preventing New Transmissions

HIV Transmissions in the United States, 2016

% of People with HIV	Status of Care	Accounted for X% of New Transmissions ^a
15%	Didn't know they had HIV	38%
23%	Knew they had HIV but weren't in care	43%
11%	In care but not virally suppressed	20%
51%	Taking HIV medicine and virally suppressed	0%

8 in 10
NEW INFECTIONS COME FROM
PEOPLE WHO ARE NOT IN HIV CARE.

^a Total does not equal 100% because of rounding. Source: CDC.²⁹

Achieving the Ending the HIV Epidemic in the U.S. Goals

People with HIV in care

- Improve viral suppression rates
- Decrease disparities

People newly diagnosed with HIV

- Enhance linkage to care
- Enhance engagement in care

People with HIV out of care

- Expand re-engagement in care
- Improve retention in care

RYAN WHITE 2030: VISION

HRSA HAB's vision of optimal HIV care and treatment for all to end the HIV epidemic in the U.S. calls us to focus on:

REACHING PEOPLE WITH HIV WHO ARE OUT OF CARE



HRSA's HIV/AIDS Bureau (HAB) Ending the HIV Epidemic in the U.S. (EHE) Initiative Year Two Data: 2021



CLIENTS SERVED IN EHE JURISDICTIONS

In 2021, HAB EHE-funded providers served

22,413

clients new to care

15,318

clients estimated to be re-engaged in care**

In the first two years of the EHE initiative, **more than 20%** of people in EHE jurisdictions who were undiagnosed or not in care were brought into care and served by HAB EHE-funded providers.***

** Estimated based on reported numbers of total clients served, new clients, and existing clients reported by outpatient ambulatory health services, medical case management, non-medical case management, and EHE initiative service providers.

*** Centers for Disease Control and Prevention. *HIV Surveillance Supplemental Report, 2023; 28* (No. 3 and No. 4). <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2023.



Source: Custom data analysis from the HIV/AIDS Bureau Ryan White HIV/AIDS Program Services Report, January through December 2021, and the HIV/AIDS Bureau AIDS Education and Training Center Data System, July 2020 through June 2021.



Recent HRSA HAB Funding Opportunities



Supporting People with HIV as Leaders in HIV Systems of Care

Project Period: Sept. 1, 2024 – Aug. 31, 2028

Goal:

Support leadership development and enhance meaningful engagement for people with HIV in health care planning and programs

Program activities are to:

- Conduct training of trainers (ToT) for people with HIV on leadership in RWHAP activities
- Provide supports to ToT trainees to help them accomplish goals related to the ToT
- Develop and disseminate relevant tools and lessons learned

Objectives:

- Increase leadership capacity, representation, and engagement of people with HIV in RWHAP planning, development, implementation, evaluation, and clinical quality management
- Develop skills and knowledge transfer through peer learning
- Support the readiness of people with HIV to impact HIV systems of care and operations.



HRSA HAB Commitment to Streamlining Eligibility

Policy Clarification
Notice 21-02 release to promote continuity of care, avoid unnecessary disruptions in coverage, and reduce administrative burden

OCT 2021

Internal Focus Groups with HAB project officers

MAY - JUN 2023

Notice of Funding Opportunity to award one cooperative agreement (\$2 million annually) for a two-year SPNS initiative project period

JAN 2024

Request for Information with the AIDS Drug Assistance Programs (ADAPs) to better understand current ADAP eligibility processes and challenges, including those regarding collaboration, data sharing and data systems

Technical Expert Panels with a cross-section of RWHAP recipients across several states to represent different RWHAP models and experiences for Parts A-D, including the ADAP



Linking Eligibility Across RWHAP – Dissemination Assistance Provider

Project Period: August 1, 2024 – July 31, 2026

Goal:

Increase access to care for people with HIV by promoting efficiencies in RWHAP eligibility and confirmation across all RWHAP Parts.

One cooperative agreement to:

- Examine current eligibility determination and confirmation processes and identify administrative, technical, and legal barriers
- Identify best practices that improve navigation for clients who seek services from multiple RWHAP recipients and subrecipients
- Develop and disseminate materials about eligibility determination and confirmation processes
- Facilitate peer-to-peer information exchange and dissemination of information.

Objectives:

- Promote efficiencies
- Improve the customer experience
- Reduce administrative burden
- Increase the availability of tools for adoption



Two New FY 2024 Funding Opportunities for the RWHAP AIDS Education and Training Center (AETC) Program

- **FY 2024 Ryan White HIV/AIDS Program Part F Regional AETC Program Notice of Funding Opportunity (NOFO)**
 - Funding under this announcement will support eight regional AETCs
- **FY 2024 Ryan White HIV/AIDS Program Part F AETC Program: National AETC Support Center (NASC) NOFO has been released.**
 - The NASC will support AETC Program recipients and their local partners to deliver highly effective HIV training and workforce development programs and improve program coordination and outcomes
 - HRSA will fund one entity under this announcement



RWHAP Implementation for HIV Clinical Quality Improvement

Goal:

Provide RWHAP Part A through D recipients with training and technical assistance (T/TA) to implement quality improvement methodologies

One cooperative agreement to:

- Provide T/TA that addresses the development, implementation, and sustainability of quality improvement activities

Objectives:

- Strengthen Part A through D recipients' skills of quality improvement
- Develop and disseminate quality improvement resources
- Promote sustainable adoption of quality improvement methodologies, and techniques
- Implement activities in alignment with RWHAP statute, Policy Clarification Notice 15-02, and other HRSA HAB policy notices and program letters



Old HIV/AIDS Bureau NOFO

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part C Capacity Development Program

Funding Opportunity Number: HRSA-24-062

Funding Opportunity Type(s): New

Assistance Listing Number: 93.918

Application Due Date: April 16, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
We will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: February 16, 2024

Modified March 20, 2024 to clarify multiple applications from the same UEI are not allowed.

See section III. Multiple Applications

Brian Fitzsimmons
Public Health Advisor
HIV/AIDS Bureau
Call: 301-845-9820
Email: AskPartCCapacity@hrsa.gov

See [Section VII](#) for a complete list of agency contacts.

Authority: 42 USC § 300ff-54(c)(1)(B) (Title XXVI, § 2654(c)(1)(B) of the Public Health Service Act)

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program.

The purpose of this program is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low-income and underserved people with HIV.

Funding will support one short-term activity that can be completed by the end of the one-year period of performance. You may propose an expansion of an activity previously supported under FY 2022 or FY 2023 RWHAP Part C Capacity Development Program funding ([HRSA-22-019](#); [HRSA-23-052](#)) or RWHAP Part D Supplemental Program funding ([HRSA-22-037](#); [HRSA-22-156](#); [HRSA-23-050](#)) for either an HIV Care Innovation or Infrastructure Development activity; however, HRSA will not fund the same activity in FY 2024 as HRSA funded previously in FY 2022 or FY 2023. If the proposed project is an expansion of a previously funded activity, you must provide a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded HIV Care Innovation or Infrastructure Development activity. You may select only one (1) activity under the selected category.

HIV Care Innovation¹

HIV Care Innovation activities support progress along the [HIV care continuum](#) to improve the health and increase the life spans of people with HIV and prevent new infections. If applying under this category, select only one of the four activities listed:

- Streamlining RWHAP eligibility
- Inclusive care for underrepresented communities with disproportionately high rates of HIV
- Intimate partner violence screening and counseling
- Coordination or integration of HIV primary care with oral health and/or behavioral health care

Infrastructure Development

Infrastructure Development activities support organizational development and will increase the capacity of organizations to respond to changes in the health care environment. If applying under this category, select only one of the three activities listed:

- Emergency preparedness

¹ See [Program Requirements and Expectations](#) for more details.

HRSA-24-062 Part C Capacity 1

Multiple Applications

We will only review your last validated application before the Grants.gov application due date of April 16, 2024.

IV. Application and Submission Information

1. Address to Request Application Package

We *require* you to apply online through [Grants.gov](#). Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: [How to Apply for Grants](#). If you choose to submit using an alternative online method, see [Applicant System-to-System](#).

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-062 to receive emails about changes, clarifications, or instances in which we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. Do so in **English** and **express budget figures in U.S. dollars**. There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **30 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III, Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard Office of Management and Budget (OMB)-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status ([Attachment 1](#))


If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi [Attachments](#).

HRSA-24-062 Part C Capacity 7



New HIV/AIDS Bureau NOFO


Notice of Funding Opportunity
Application due May 13, 2024



HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part D - Women, Infants, Children and Youth (WICY) Grant Supplemental Funding

Opportunity number: HRSA-24-061



1. Review 2. Get ready 3. Prepare 4. Learn 5. Submit 6. Award Contacts

Basic information

Health Resources and Services Administration
HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Have questions?
See [Contacts and Support](#).

Statutory authority

42 USC §§ 300ff-71 and 300ff-121 (§§ 2671 and 2693 of the Public Health Service Act).

This Notice of Funding Opportunity (NOFO) supplements the work of organizations that currently receive a fiscal year 2024 Ryan White HIV/AIDS Program (RWHAP) Part D WICY grant award.

Summary

Funding under this program supports current RWHAP Part D recipients to carry out one short-term activity that can be completed by the end of 1 year.

Funding details

Type: Competing supplement
Expected total available funding: \$4,500,000
Expected number of awards: 25
Funding range per award: Up to \$200,000 per organization
We plan to fund awards for one year, known as a 12-month budget period, specifically from August 1, 2024, to July 31, 2025.

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing **Alt + Left Arrow** (Windows) or **Command + Left Arrow** (Mac).

Key facts
Opportunity Name: Ryan White HIV/AIDS Program Part D - Women, Infants, Children and Youth (WICY) Grant Supplemental Funding
Opportunity Number: HRSA-24-061
Federal Assistance Listing: 93.153

Key dates
Application deadline: May 13, 2024
Expected award date: August 1, 2024
Expected start date: August 1, 2024

Step 1: Review the Opportunity 5

1. Review 2. Get ready 3. Prepare 4. Learn 5. Submit 6. Award Contacts

Application contents and format

Applications include five main components. This section includes guidance on each. There is a 25-page limit for the overall application.

Submit your information in English and express budget figures using U.S. dollars.

Make sure you include each of these:

Component	Submission format	Included in the page limit?
Project Abstract	Use the Project Abstract Summary form	No
Project Narrative	Use the Project Narrative form	Yes
Budget Narrative	Use the Budget Narrative form	Yes
Attachments	Insert each in the Other Attachments form	Yes, unless otherwise marked in the next section.
Other Required Forms	Upload using each required form.	No

Required format
You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in section 4.2 of the [Application Guide](#).

Program requirements and expectations

You may submit a proposal for only one of the following two categories:

- [HIV Care Innovation](#)
- [Infrastructure Development](#)

You must then select only one activity under your selected category. Note that if you choose the Infrastructure Development category, there is only one available activity. A description of the activities by category is provided here.

Step 3: Prepare Your Application 17



Data Updates



HRSA's Ryan White HIV/AIDS Program By the Numbers: 2022

Ryan White HIV/AIDS Program (RWHAP)

SERVED
566,846
CLIENTS IN 2022

more than **50%**
of people with **diagnosed HIV** in the United States

89.6% of RWHAP clients receiving HIV medical care **reached viral suppression***

in 2022 compared to 69.5% in 2010, which means they cannot sexually transmit HIV to their partner and can live longer and healthier lives.

74.2% of clients were from racial and ethnic minority groups**

44.5% of clients were **Black/African American**

25.3% of clients were **Hispanic/Latino**

6.9% of clients had **TEMPORARY HOUSING**



5.2% of clients had **UNSTABLE HOUSING**



48.2% of clients were **aged 50 years and older**

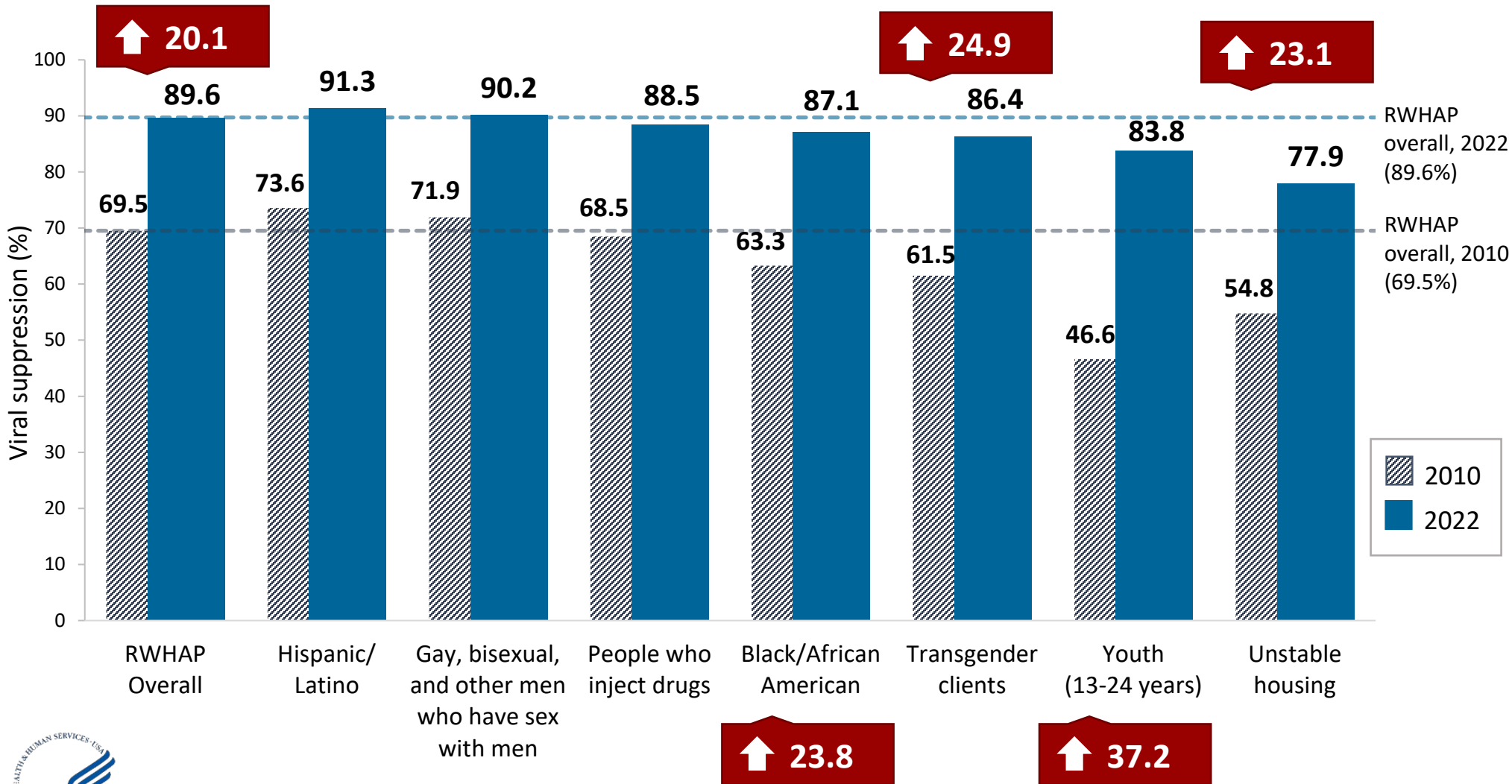
58.6% of clients lived **at or below 100% of the Federal Poverty Level**



* Viral suppression is based on data for people with HIV who had at least one outpatient ambulatory health services visit and at least one viral load test during the measurement year and whose most recent viral load test result was less than 200 copies/mL.
 ** Clients self-identified as 25.8% White and less than 2% each American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and persons of multiple races. Hispanics/Latinos can be of any race.
 Data sourced from 2022 Ryan White HIV/AIDS Program Annual Data Report.



Significant progress has been made in viral suppression among priority populations, 2010 and 2022



Inequities remain among priority populations:

- Blacks/African Americans
- Transgender people
- Youth (13–24 years)
- People with unstable housing

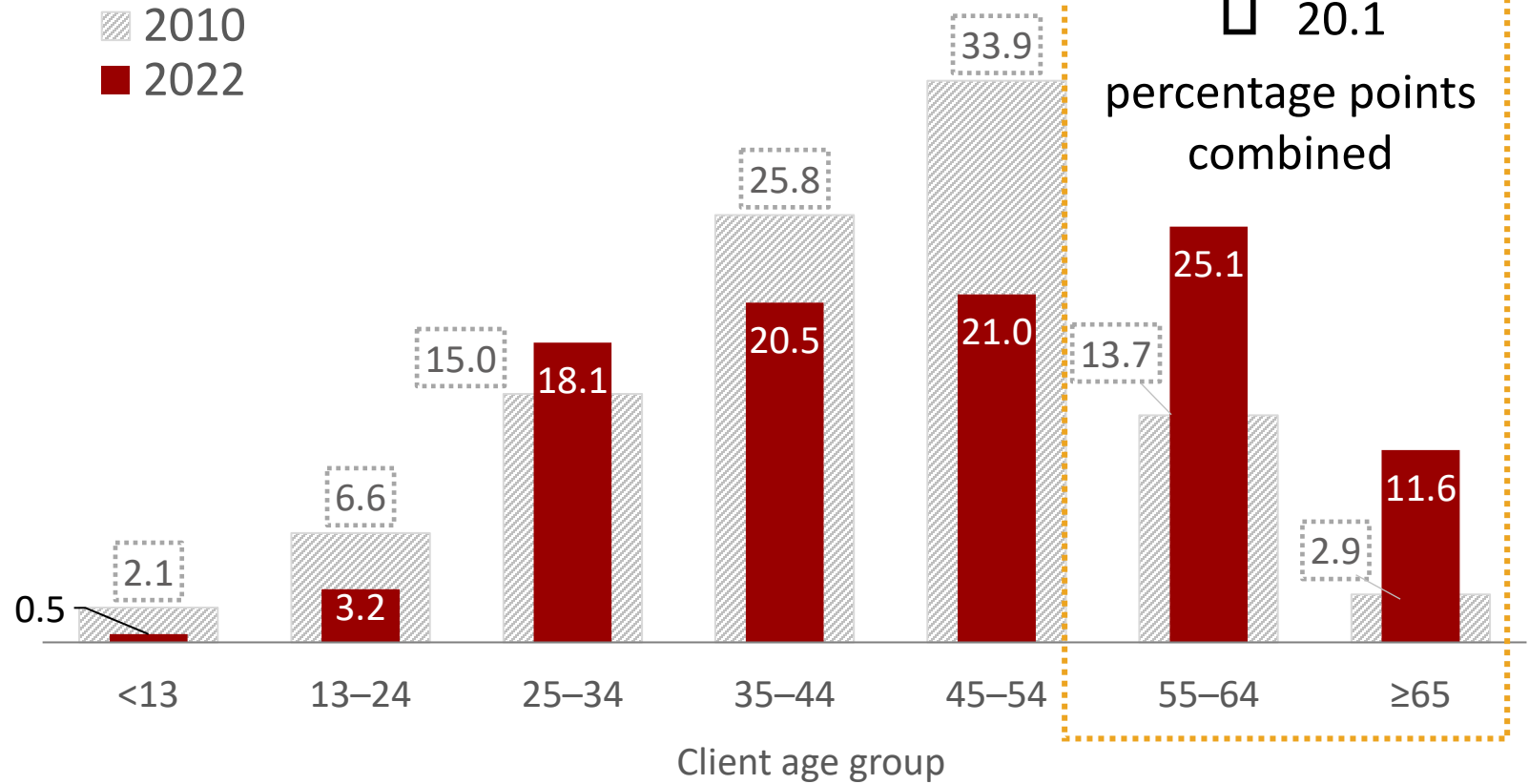


The RWHAP client population is aging: the percentage of clients aged 55 years and older grew by 20 percentage points from 2010 through 2022

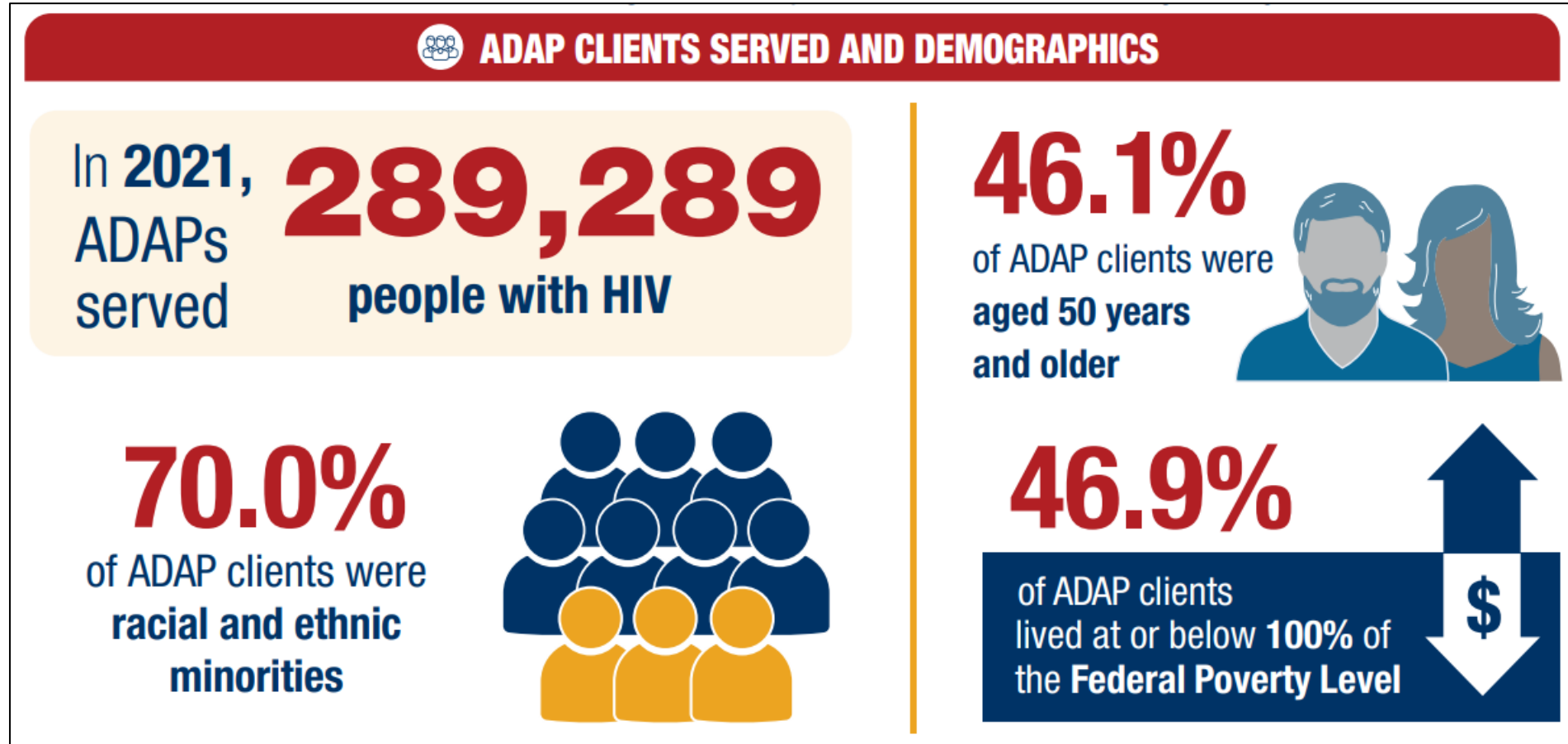


48.2% of RWHAP clients are aged 50 years and older.

Percentage of all RWHAP clients



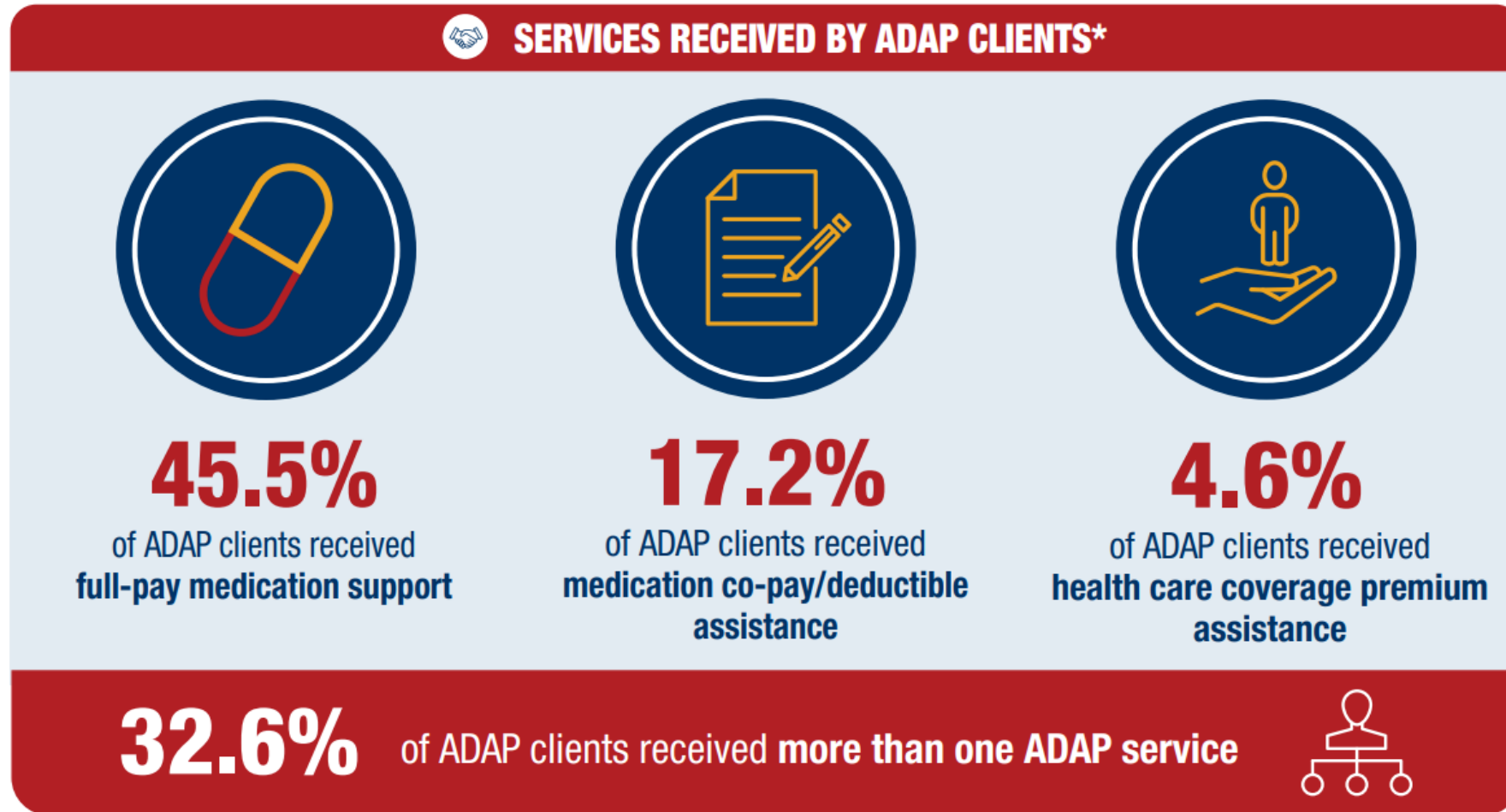
New Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Data Infographic: 2021



<https://ryanwhite.hrsa.gov/resources/hivaids-bureau-infographics>



New Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Data Infographic: 2021 (cont.)



<https://ryanwhite.hrsa.gov/resources/hivaids-bureau-infographics>




Ryan White HIV/AIDS Program Highlights Biennial Report: 2023

Harnessing the Power of Community Engagement and Innovation to End the HIV Epidemic

2023 Ryan White HIV/AIDS Program Highlights

September 2023



U.S. Department of Health and Human Services Health Resources and Services Administration HIV/AIDS Bureau

HRSA
Ryan White HIV/AIDS Program

- HRSA released *Harnessing the Power of Community Engagement and Innovation to End the HIV Epidemic, 2023 Ryan White HIV/AIDS Program Highlights in October 2023*
- Access the report: <https://ryanwhite.hrsa.gov/data/biennial-reports>

HRSA's HIV/AIDS Bureau (HAB) Ending the HIV Epidemic in the U.S. (EHE) Initiative Year Two Data: 2021



CLIENTS SERVED IN EHE JURISDICTIONS

In 2021, HAB EHE-funded providers served

22,413

clients new to care

15,318

clients estimated to be re-engaged in care**

In the first two years of the EHE initiative, **more than 20%** of people in EHE jurisdictions who were undiagnosed or not in care were brought into care and served by HAB EHE-funded providers.***

** Estimated based on reported numbers of total clients served, new clients, and existing clients reported by outpatient ambulatory health services, medical case management, non-medical case management, and EHE initiative service providers.

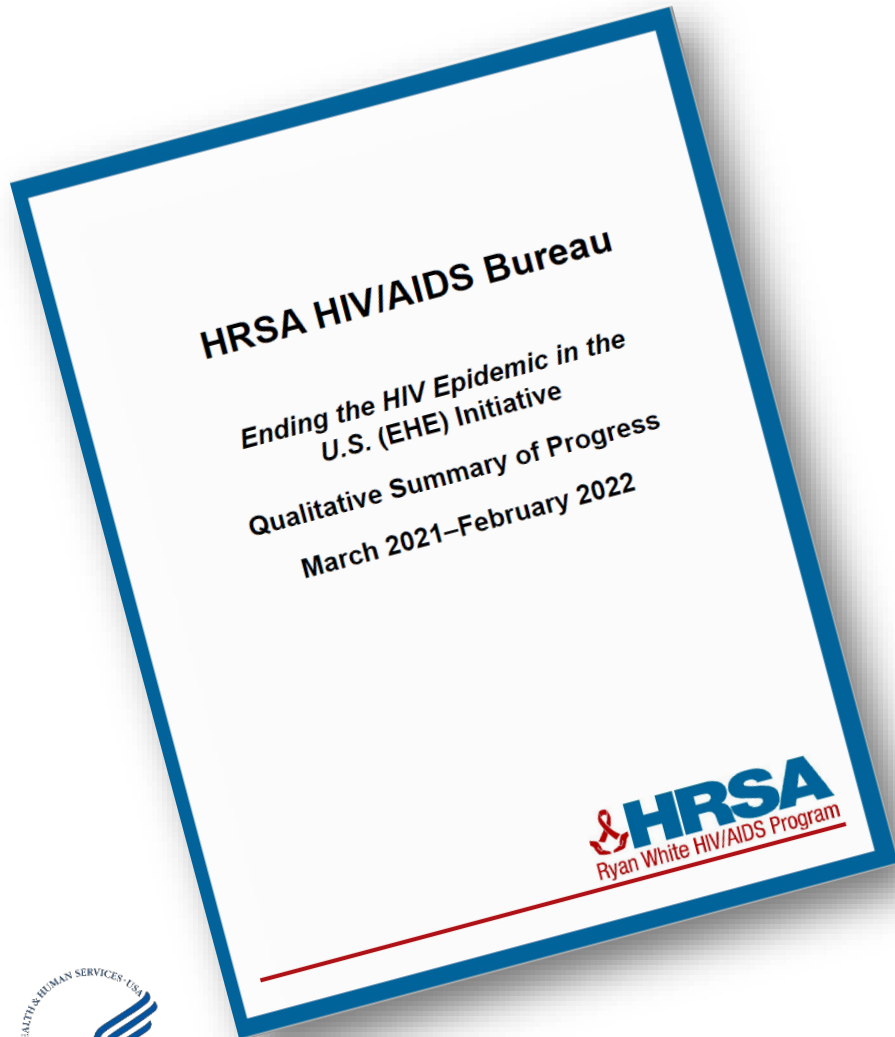
*** Centers for Disease Control and Prevention. *HIV Surveillance Supplemental Report, 2023*; 28 (No. 3 and No. 4). <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2023.



Source: Custom data analysis from the HIV/AIDS Bureau Ryan White HIV/AIDS Program Services Report, January through December 2021, and the HIV/AIDS Bureau AIDS Education and Training Center Data System, July 2020 through June 2021.



EHE Initiative Qualitative Summary of Progress: March 2021-February 2022

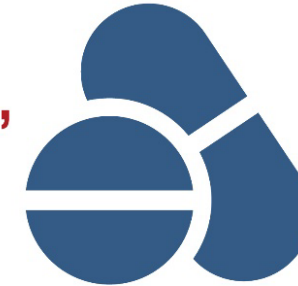


- HRSA HAB’s Year 2 publication of qualitative data regarding the EHE initiative.
- Uses narrative information and anonymized quotes from EHE progress reports submitted by HAB EHE recipients to describe and summarize:
 - EHE activities and accomplishments;
 - barriers and challenges faced during EHE implementation; and
 - EHE impact and innovations.
- Facilitates the dissemination of EHE strategies and activities
- Learn more: <https://ryanwhite.hrsa.gov/data/reports>

HRSA's HIV/AIDS Bureau (HAB) Ending the HIV Epidemic in the U.S. (EHE) Initiative Year Two Data: 2021

Among Clients New to Care in 2021

By the end of 2021, **78.6%** of clients who were new to care and were receiving HIV treatment **reached viral suppression**, which means they cannot sexually transmit HIV to their partner and can live longer and healthier lives.



21.7%
are temporarily
or unstably housed



66.9%
live at or below 100% of
the **Federal Poverty Level**



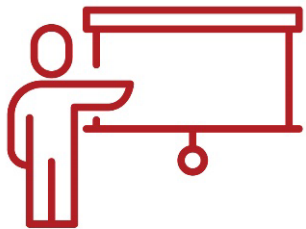
Source: Custom data analysis from the HIV/AIDS Bureau Ryan White HIV/AIDS Program Services Report, January through December 2021, and the HIV/AIDS Bureau AIDS Education and Training Center Data System, July 2020 through June 2021.

HRSA's HIV/AIDS Bureau (HAB) Ending the HIV Epidemic in the U.S. (EHE) Initiative Year Two Data: 2021

HIV WORKFORCE TRAININGS

RWHAP Part F **AIDS Education and Training Centers (AETCs)** expand the capacity of the HIV health care workforce by **training** and **supporting** health care team members and students in support of EHE goals.

From **July 2020** through **June 2021**, RWHAP Part F AETC Program Recipients



conducted **335**
EHE-funded trainings



trained **3,286**
HIV care professionals

Source: Custom data analysis from the HIV/AIDS Bureau Ryan White HIV/AIDS Program Services Report, January through December 2021, and the HIV/AIDS Bureau AIDS Education and Training Center Data System, July 2020 through June 2021.

HRSA HAB Hosted Series of Ending the HIV Epidemic in the U.S. (EHE) Intensive TA Workshops

- **EHE Intensive Technical Assistance Workshops**
 - September and October 2023 Workshops: 13 States and Jurisdictions attended
 - January 24-25, 2024: Atlanta, GA (Jurisdictions in FL, GA, LA, NC, TN, and TX)
 - February 28-29, 2024: Los Angeles, CA (Jurisdictions in AZ, CA, TX, NV, and WA)
 - March 20-21, 2024: Washington, DC (Jurisdictions in FL, IL, MD, MI, NC, NJ, and NY)



Contact Information

Laura Cheever

Associate Administrator

HIV/AIDS Bureau (HAB)

**Health Resources and Services
Administration (HRSA)**

Email: Lcheever@hrsa.gov

Phone: 301.443.1993

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www.HRSA.gov



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