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-24-0028, 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 toolkit 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.

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

https://www.cdc.gov/tb/topic/research/tbtc/default.htm
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**
  - 2013: 1,401,906
  - 2022: 1,649,716

- **Gonorrhea Cases**
  - 2013: 333,004
  - 2022: 648,056

- **Syphilis Cases**
  - All Stages
    - 2013: 56,485
    - 2022: 207,255

- **Congenital Syphilis Cases**
  - 2013: 362
  - 2022: 3,755

9 in 10

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

Goals

1. Reduce rates of primary and secondary syphilis and congenital syphilis

2. Reduce syphilis health disparities

Jurisdictions: 14
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
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 |
| □ Prepartedness 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
Increase knowledge of status to 95% by ensuring all people with HIV receive a diagnosis as early as possible.

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

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

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.

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.

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

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

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

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

*These data reflect efforts between Jan 2021 and June 2023
^Information regarding SSPs is current as of 2022
CDC recipients used EHE funding to test over 831,000 persons for HIV infection, and 3,000 people were newly diagnosed.

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

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.

*These data reflect efforts between Jan 2021 and June 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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Details</th>
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<tr>
<td>JAN. 31</td>
<td>CDC Conversations with Community:</td>
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<td>Houston, Texas</td>
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<tr>
<td>FEB. 21</td>
<td>CDC Conversations with Community:</td>
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<td>Baton Rouge, LA</td>
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<tr>
<td>MARCH 27</td>
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<td>Memphis, Tennessee</td>
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<tr>
<td>MAY 22</td>
<td>CDC Conversations with Community:</td>
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<td></td>
<td>Miami, Florida</td>
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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
New data signal progress in reducing acute viral hepatitis

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 ≥90%
(incremental 2025 goal of ≥20% reduction)

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

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
Ongoing efforts to establish national hepatitis C elimination initiative

- **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)
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

Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders

December 2023

Division of Adolescent and School Health (DASH)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Centers for Disease Control and Prevention (CDC)

In the first two months after the release:

- Received nearly **50,000 cumulative page views** on action guide webpages.
- Detailed PDF **downloaded more than 3,000 times**.
- Gave nearly **20 presentations** to partners on action guide.
- 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.

cdc.gov/healthyyouth/profiles
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.
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
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
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

**Recipient Recruitment**
Nov. 2022 – Jan. 2023

**Project Launch**
Mar. 29, 2023

**Action Periods**
July 2023 – Jan. 2024

**Recipient Intake and Needs Assessments**
Feb. 2023

**Learning Sessions**
May 2023 – Feb. 2024

**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!

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

- **SEARCH**
- **SHARE**
- **NOMINATE**
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

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

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)

**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.

75% reduction in new HIV diagnoses in 5 years and a 90% reduction in 10 years.
Viral Suppression among RWHAP Clients by State, 2010 and 2022—United States and 2 Territories

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

**IN 2010**

**VIRALLY SUPPRESSED**

**69.5%**

**IN 2022**

**VIRALLY SUPPRESSED**

89.6%


*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

<table>
<thead>
<tr>
<th>% of People with HIV</th>
<th>Status of Care</th>
<th>Accounted for X% of New Transmissions³</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>Didn’t know they had HIV</td>
<td>38%</td>
</tr>
<tr>
<td>23%</td>
<td>Knew they had HIV but weren’t in care</td>
<td>43%</td>
</tr>
<tr>
<td>11%</td>
<td>In care but not virally suppressed</td>
<td>20%</td>
</tr>
<tr>
<td>51%</td>
<td>Taking HIV medicine and virally suppressed</td>
<td>0%</td>
</tr>
</tbody>
</table>

³ Total does not equal 100% because of rounding. Source: CDC.
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
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
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.

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.

- **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.

- **Internal Focus Groups** with HAB project officers.

- **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.

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

- **OCT 2021**
  - **APR 2023**
  - **MAY - JUN 2023**
  - **AUG 2023**
  - **JAN 2024**
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

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 14, 2023
Modified March 20, 2024, to clarify multiple applications from the same UEB are not allowed. See section III. Multiple Applications

Nora Fitzsimmons
Public Health Advisor
HIV/AIDS Bureau
Call: 301-445-9625
Email: AskPartCCapacity@hrsa.gov

See Section VII for a complete list of agency contacts.
Authority: 42 U.S.C. § 308(b)(1)(B) (Title XXI, § 265(a)(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’s) Ryan White HIV/AIDS Program (RWHP) 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 RWHP Part C Capacity Development Program funding (HRSA-22-055, HRSA-22-056, or HRSA-22-057) 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.

HIV Care Innovation
HIV Care Innovation activities support programs 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 HIV+ Eligibility
- Inclusive care for underserved communities with disproportionately high rates of HIV
- Intimate partner violence screening and counseling
- Coordination or integration of HIV primary care with oral health and 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

2. Program Requirements and Exclusions
See Program Requirements and Exclusions for more details.
HRSA-24-062 Part C Capacity

Multiple Applications
We will only review your final 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 Instructions for NoFO.

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 extensions in which we update the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS that may affect the NOFO and your application. You are responsible for reviewing all information that relates to the NOFO.

2. Content and Form of Application Submission
Application Format Requirements
Submit your application 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 Competency 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-424 “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 will make clear in Section IV.2.d. Attachments.

HRSA-24-062 Part C Capacity
Ryan White HIV/AIDS Program Part D - Women, Infants, Children and Youth (WICY) Grant Supplemental Funding

Opportunity number: HRSA-24-061

Basic information
Health Resources and Services Administration
HRSA/AID Bureau
Division of Community HIV/AIDS Programs

Statutory authority
42 USC §§ 300j-71 and 300l-21 (§ 2611 and 2631 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 (RWAP) Part D-WEY grant award.

Summary
Funding under this program supports current RWAP 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: $54,000,000
Expected number of awards: 25
Funding cap per award: Up to $2,160,000 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.

Key facts
Opportunity Name: Ryan White H/AID Program Part D- Women, Infants, Children and Youth (WICY) Grant Supplemental Funding
Opportunity Number: HRSA-24-061
Federal Assistance Listing: HRSA 097

Key dates
Application deadline: May 15, 2023
Expected award date: August 1, 2023
Expected start date: August 1, 2024

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

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 | No, unless otherwise noted in the next section.
Other Supporting Forms | Upload each required form | No.

Required format
You must format your narratives and attachments using our required format for fonts, style, margins, etc. See the formatting guidelines in section 4 of the Application Guide.

Program requirements and expectations
You may submit a proposal for only one of the following two categories:

- 185A Loan Repayment
- 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.
Data Updates
HRSA’s Ryan White HIV/AIDS Program By the Numbers: 2022

**Ryan White HIV/AIDS Program (RWAP)**

- **SERVED**
  - 566,846 clients in 2022

**89.6%** of RWAP 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**

- 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
- 44.5% of clients were Black/African American
- 25.3% of clients were Hispanic/Latino

* 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

### Percentage of all RWHAP clients

<table>
<thead>
<tr>
<th>Client age group</th>
<th>2010</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;13</td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td>13–24</td>
<td>3.2</td>
<td>6.6</td>
</tr>
<tr>
<td>25–34</td>
<td>15.0</td>
<td>18.1</td>
</tr>
<tr>
<td>35–44</td>
<td>25.8</td>
<td>20.5</td>
</tr>
<tr>
<td>45–54</td>
<td>21.0</td>
<td>21.0</td>
</tr>
<tr>
<td>55–64</td>
<td>25.1</td>
<td></td>
</tr>
<tr>
<td>≥65</td>
<td>11.6</td>
<td></td>
</tr>
</tbody>
</table>


48.2% of RWHAP clients are aged 50 years and older.
New Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Data Infographic: 2021

In 2021, ADAPs served 289,289 people with HIV.

46.1% of ADAP clients were aged 50 years and older.

70.0% of ADAP clients were racial and ethnic minorities.

46.9% of ADAP clients lived at or below 100% of the Federal Poverty Level.

https://ryanwhite.hrsa.gov/resources/hivaids-bureau-infographics
New Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Data Infographic: 2021 (cont.)

SERVICES RECEIVED BY ADAP CLIENTS*

- 45.5% of ADAP clients received full-pay medication support
- 17.2% of ADAP clients received medication co-pay/deductible assistance
- 4.6% of ADAP clients received health care coverage premium assistance

32.6% of ADAP clients received more than one ADAP service

https://ryanwhite.hrsa.gov/resources/hivaids-bureau-infographics
• 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](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

<table>
<thead>
<tr>
<th>CLIENTS SERVED IN EHE JURISDICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2021, HAB EHE-funded providers served</td>
</tr>
<tr>
<td>22,413 clients <strong>new to care</strong></td>
</tr>
<tr>
<td>15,318 clients <strong>estimated to be re-engaged in care</strong></td>
</tr>
</tbody>
</table>

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.


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
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**

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

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

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