

CONCERTED EFFORTS ARE NEEDED TO GET BACK ON TRACK TOWARD ENDING HIV FOLLOWING COVID-19

WHILE COVID-19 IMPACTED VIRTUALLY EVERYONE, in some ways, the disruptions caused by the pandemic have been greater for the HIV community than others. A critical question we must ask now is, **“How do we make up for lost ground and get back on track toward ending the HIV epidemic in the U.S.?”**

COVID-19 HIGHLIGHTS THE NEED FOR INCREASED HIV FUNDING AND OVERCOMING BARRIERS TO SERVICES

Urgent action is needed to:

ANALYZE AND PUBLISH DATA ON HIV TRANSMISSIONS, CLINICAL OUTCOMES, AND OTHER KEY METRICS TO ALLOW FOR TIMELY POLICY RESPONSES AT THE JURISDICTIONAL LEVEL

To accelerate efforts to end the HIV epidemic, jurisdictions need the best data available to make planning decisions. The impact of COVID-19, however, presents new challenges, causing CDC to delay the release of surveillance tables for 2020. To assist with priority setting and resource allocation in the near term, new strategies are needed. Where feasible, provisional federal and state data should be released, and local and state health departments should be encouraged to use their own data when adjusted national data are not available. Caution is warranted, however, in shifting resources based on data from 2020 and 2021 where cascading effects due to the lockdown and COVID-19 waves likely make these data unreliable. Concurrently, the White House Office of National AIDS Policy (ONAP) or an agency within HHS should convene community and governmental experts to develop a short-term action plan for jurisdictional planning.

INCREASE FEDERAL DISCRETIONARY HIV FUNDING TO SUPPORT THE SUCCESSFUL IMPLEMENTATION OF THE ENDING THE HIV EPIDEMIC INITIATIVE (EHE) AND THE NATIONAL HIV/AIDS STRATEGY

One of the biggest challenges facing the HIV response is inadequate and unstable funding. Since COVID-19 has demonstrably harmed efforts to end the HIV epidemic, new federal funding commitments are needed to ameliorate this impact. Even with recent funding increases for the EHE Initiative, funding for the Ryan White HIV/AIDS Program in FY 2022 is only 10.9% higher than it was a decade ago and is effectively lower when considering medical inflation. HIV prevention at the CDC has fared better due to increases in funding for the EHE Initiative, but its base HIV prevention program, which serves the whole nation, only increased by 3% compared to a decade earlier.

BOLSTER SUPPORT FOR THE MINORITY AIDS INITIATIVE (MAI), AND RE-INVEST IN COMMUNITY-BASED ORGANIZATIONS (CBOs)

As we observe disproportionate impacts of COVID-19 that exacerbate longstanding inequities in the HIV response, special attention is needed to support

CBOs with deep roots and established trust in communities. The Minority AIDS Initiative (MAI), established in 1998, represented a concerted effort by Congress to focus more on the racial and ethnic minority communities most heavily impacted by HIV, with a key goal being to build the capacity of trusted, community-based providers to deliver high quality prevention and care services. The program remains essential although reforms should be considered to refocus MAI on its original capacity building purpose and to ensure that the resources

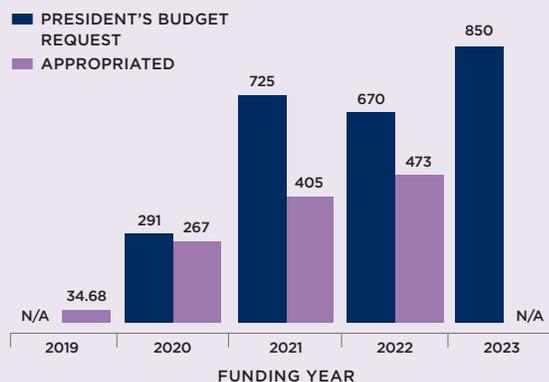
WEAK FEDERAL FUNDING COMMITMENT CAUSES CONCERN

Overall HIV discretionary funding has been flat or has grown very slowly over the last two decades. EHE increases have also never kept pace with projected need or successive Administration requests.

Congress' failure to adequately fund HIV programs results in more transmissions and worse outcomes, driving up public and individual costs.

FALLING FURTHER BEHIND

ENDING THE HIV EPIDEMIC INITIATIVE FUNDING: REQUESTED VERSUS APPROPRIATED (US\$ MILLIONS)



SOURCE: *Ending the HIV Epidemic (EHE) Funding Tracker*, KAISER FAMILY FOUND. tbl.1 (Nov. 12, 2021); *Domestic HIV Funding in the White House FY 2023 Budget Request*, KAISER FAMILY FOUND. tbl.2 (Mar. 30, 2022). Note: FY 2019 funding was re-allocated funds to launch the Initiative, but not appropriated for this purpose. Congress has not yet appropriated funding for FY 2023.

BIG IDEAS IN BRIEF

are directed to activities that will have the greatest impact. Unfortunately, Congress has not invested adequately in the MAI. Additionally, because CBOs are led and staffed by people from the most marginalized and underserved communities, they need ongoing resources, training, and support to remain viable, yet HHS-level compliance requirements create large obstacles to small CBOs applying for and successfully competing for grant funds. Congress should examine HHS funding and reporting requirements and streamline such requirements for CBOs.

EMBRACE THE DISRUPTIVE INNOVATION BROUGHT ABOUT BY COVID-19 TO IMPROVE HIV SERVICES DELIVERY

CDC, HRSA, and other federal agencies should be asked to demonstrate how they will adapt their internal operations and their funding programs to facilitate pandemic innovations, such as the use of telehealth, self-sample collection (e.g., self-testing at home), and public-private partnerships. Given what we have experienced and what we now know is possible, how will agencies utilize their discretion for positive and continuously improving change?

LIMITED DATA ON THE IMPACT OF COVID-19 ON HIV HINDERS EFFECTIVE JURISDICTIONAL PLANNING

There is a critical need to use data to understand the impact of COVID-19 on HIV services and outcomes, but data gaps often make it difficult to make informed resource allocation decisions. This is some of what we know:

A Dual Burden of HIV and COVID-19 Exists: Counties hit hardest early in the pandemic also have high HIV incidence/prevalence.[1] In NYC, fewer people with HIV were fully vaccinated compared to the general population.[2]

In 2020, 50% of jurisdictions reported to CDC that they had scaled back or paused essential HIV services.[3] CBOs and other public health organizations reported COVID-19 limiting their operations.[4] This may have had a disparate impact on jurisdictions and communities.[5]

45% fewer CDC-funded HIV tests were performed in 2020 compared to 2019. HIV testing remained reduced 11-54% after states moved out of initial pandemic shutdowns.[6]

After COVID-19 stay-at-home orders, weekly STI cases dropped. At the end of 2020, STI cases surged.[7]

There was a 22% decrease in the total number of PrEP prescriptions and a 25% decrease in the total number of new PrEP users between March 2020 and March 2021. Declines in PrEP prescriptions were associated with having commercial insurance and younger age; distribution of vaccines was associated with rebounds in PrEP prescriptions.[8]

Viral suppression among people with HIV receiving outpatient ambulatory care services through the Ryan White HIV/AIDS Program (RWHAP) increased by 1.3% from 2019 to 2020, however, various municipalities/jurisdictions reported declines.[9] In San Francisco, the odds of viral non-suppression are now 31% higher than before the pandemic. Black individuals had persistent, unchanged disparities in viral suppression compared with white individuals.[10]

CDC data show a 31% increase in drug overdose deaths from 2019 to 2020. The rise in overdoses demonstrates that conditions contributing to the syndemics of substance use disorder, mental health, and HIV may have worsened during the pandemic.[11]

Emergency rooms reported increases in the number of people with acute HIV who came to ERs believing that they were symptomatic for COVID-19. Emergency rooms are a site where we often miss the opportunity to diagnose HIV early. The pandemic may have facilitated earlier diagnoses and engagement in care for some populations.[12]

GAPS IN TIMELY DATA CALL FOR URGENT SOLUTIONS

Surveillance data and other core datasets do not provide information that is sufficiently timely to guide policy

More work is needed to help translate data for use by policymakers and the public to shape federal and jurisdictional policy

Evidence suggests that there may be large variations in the impact of COVID-19 on HIV services and outcomes by population and geographic area, but we lack a systemic analysis

Sources: [1] Gregorio A. Millett, *New pathogen, same disparities: why COVID-19 and HIV remain prevalent in US communities of colour and implications for ending the HIV epidemic*, 23 JOURNAL OF THE INT'L AIDS SOCIETY (Nov. 2020). [2] James M. Tesoriero et al., *Notes from the Field: COVID-19 Vaccination Among Persons Living with Diagnosed HIV Infection — New York*, 71 CTRS. FOR DISEASE CONTROL AND PREVENTION MORBIDITY AND MORTALITY WEEKLY REPORT, 182-84 (Feb. 4, 2022). [3] Jonathan Mermin, Centers for Disease Control and Prevention, PRESENTATION FROM THE O'NEILL INSTITUTE'S "GETTING BACK ON TRACK TOWARD ENDING THE HIV EPIDEMIC" CONVENING 1, 2 (Dec. 7, 2021). [4] Susan S. Reif et al., *The Effects of the COVID-19 Pandemic on Organizations Providing Services for People Living with HIV and Gender and Sexual Minorities in the Deep South*, CTR. FOR HEALTH POLICY AND INEQUALITIES RESEARCH AT DUKE UNIVERSITY AND SOUTHERN AIDS COALITION (Jan. 2022). [5] Shan Qiao et al., *Disparity in HIV service interruption in the outbreak of COVID-19 in South Carolina*, 25 AIDS BEHAVIOR 49-57 (Aug. 27, 2020). [6] Ethan Moitra et al., *Impact of the COVID-19 pandemic on HIV testing rates across four geographically diverse urban centres in the United States: An observational study*, 7 THE LANCET REG'L HEALTH — AMS. (2022). [7] Melissa Pagaoa et al., *Trends in Nationally Notifiable Sexually Transmitted Disease Case Reports During the US COVID-19 Pandemic, January to December 2020*, 48 SEXUALLY TRANSMITTED DISEASES (Oct. 2021). [8] Ya-Lin A. Huang et al., *Impact of COVID-19 on HIV PrEP Prescriptions in the United States—A Time Series Analysis*, CLINICAL INFECTIOUS DISEASES (Jan. 18, 2022). [9] Laura Cheever, *HRSA's Ryan White HIV/AIDS Program: Data During 2020, the Beginning of the COVID Pandemic*, PRESENTATION FROM THE O'NEILL INSTITUTE'S "GETTING BACK ON TRACK TOWARD ENDING THE HIV EPIDEMIC" CONVENING 1, 5 (Dec. 7, 2021). [10] *Loss of viral suppression by 31% in SF is deleterious to the individual and hinders treatment-as-prevention: the COVID-19 pandemic is threatening the goals of the US EHE initiative*, NAT'L AIDS TREATMENT ADVOCACY PROJECT (2020). [11] *Drug Overdose Deaths in the United States, 1999-2020*, CTRS. FOR DISEASE CONTROL AND PREVENTION — NAT'L CTR. FOR HEALTH STATISTICS (Dec. 2021). [12] Greg Laub, *Acute HIV Cases Have Doubled During COVID-19*, MEDPAGE TODAY (Nov. 12, 2020).