

NIH Office of AIDS Research

Working Toward Ending the HIV Epidemic

Tribal Advisory Council Meeting

Bethesda, MD March 21, 2019

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NIH-wide HIV Research Vision

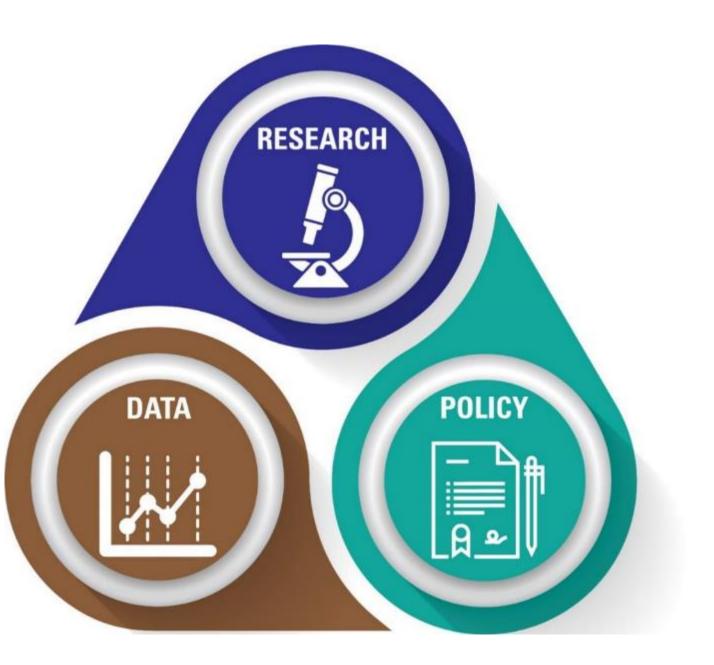
End the HIV/AIDS Pandemic

AND

Improve the health of people with, at risk for, or affected by HIV.









OAR Role in NIH HIV/AIDS Research

- Coordinates the largest public investment in HIV/AIDS research globally.
- Establishes scientific priorities.
- Allocates research funds in line with scientific priorities to nearly every NIH IC.
- Manages HIV/AIDS research across the NIH: scientific, budgetary, legislative, and policy components.







NIH Priorities for HIV and HIV-Related Research



Reduce Incidence

- Vaccines
- PrEP, U=U
- Microbicides & MPTs
- HIV Testing
- Treatment as Prevention
- Monoclonal Antibodies

Address HIV-Associated and Complication

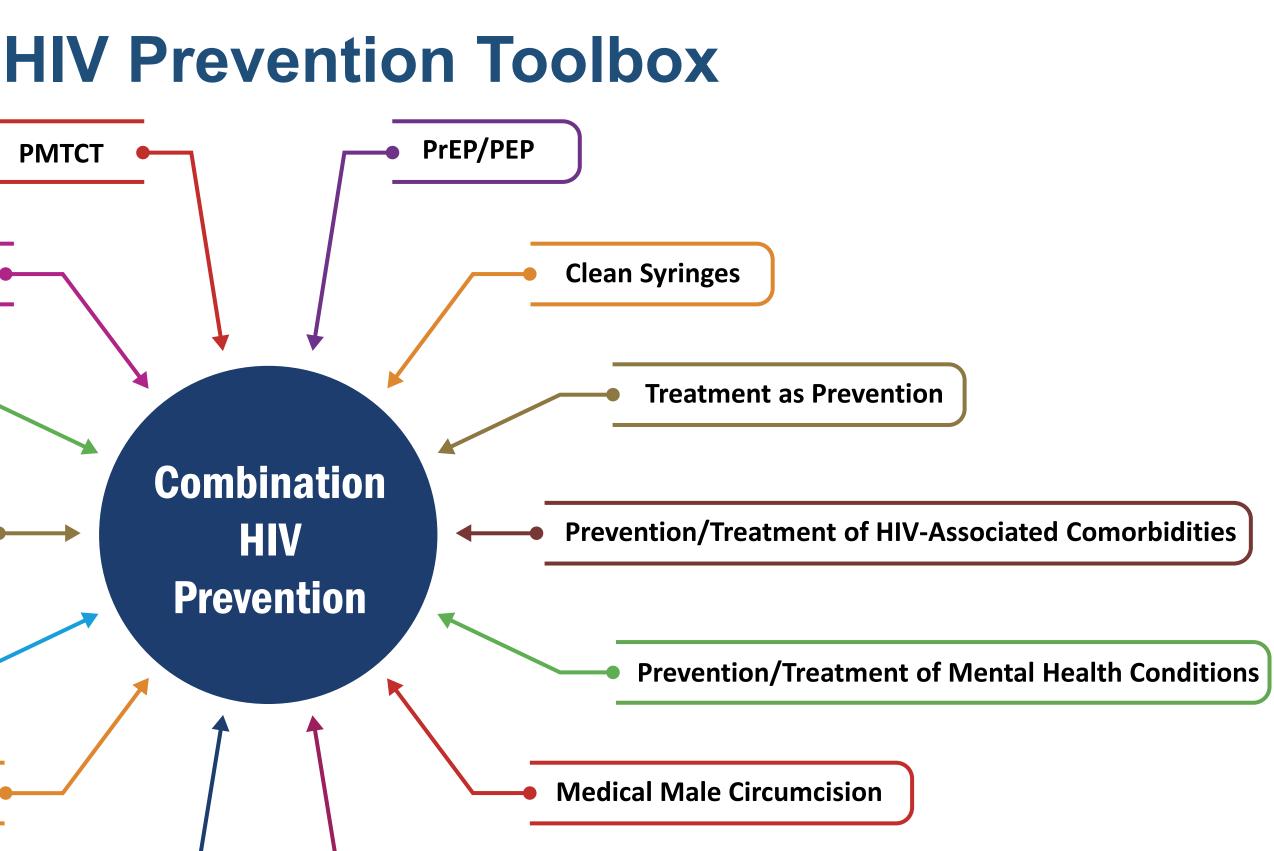
Next-Gen HIV Therapies

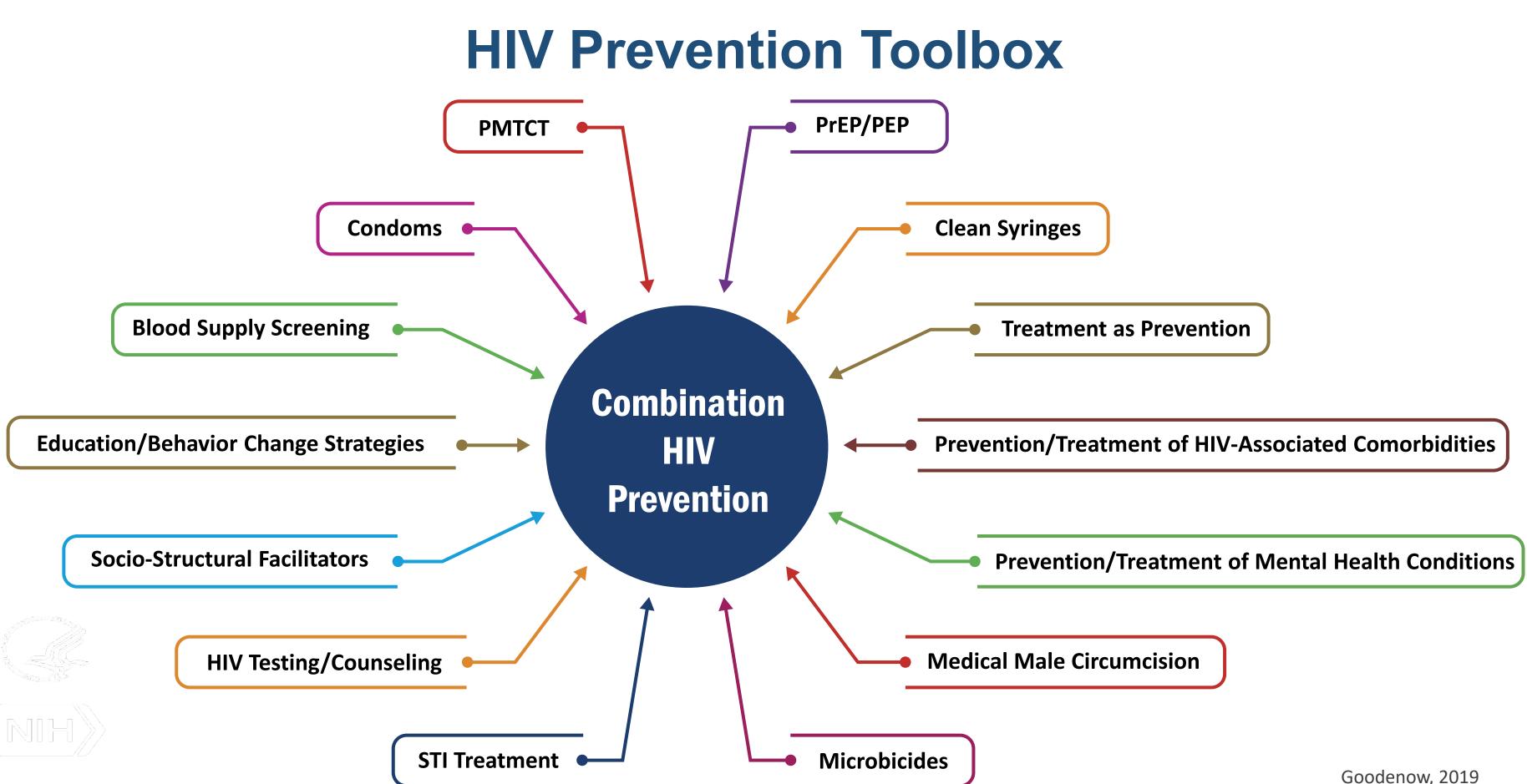
- Less Toxic, Longer Lasting
- Novel HIV Targets & Inhibitors
- Novel Immune-Based
- Therapies
- Adherence & Retention-Care

Comorbidities, Coinfections, & Complications

- Coinfections
- Neurologic Complications
- Malignancies
- Cardiovascular Complications
- Mental Illness/Substance Use
- Metabolic Disorders
- Across the Lifespan



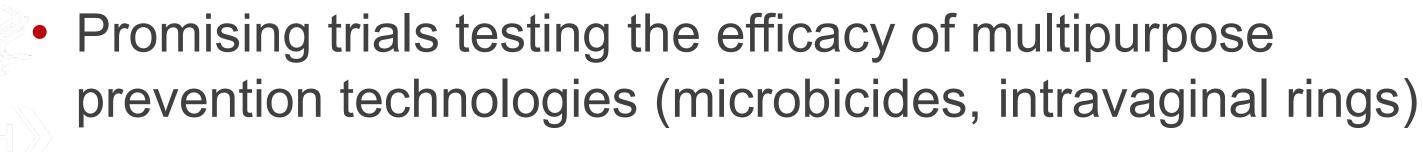






Accomplishments

- In 30+ years, a fatal disease is now a chronic condition with treatment.
- Breakthroughs in non-vaccine biomedical prevention methods Over half of the world's 37 million PWH receive ART ✓ Some take ART to prevent infection (PrEP, PEP)
- Behavioral and social science-based interventions contribute to reduced HIV incidence and improve the lives of PWH.







Breakthroughs Leading to Improved Health Outcomes Undetectable = Untransmittable (U=U)

People with HIV (PWH) who take ART as prescribed

- Can achieve and maintain an undetectable viral load.
- Have <u>effectively no risk</u> of sexually transmitting the virus to an HIV-negative partner.



UNDETECTABLE = UNTRANSMITTABLE



Game changer; reduces stigma



Ending the Epidemic: A Plan for America

Overall goal

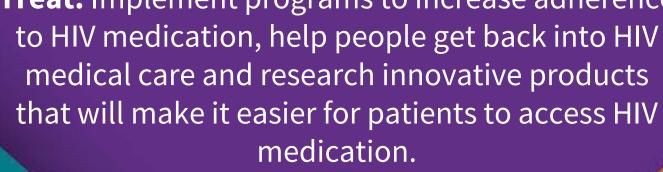
> Reduce new infections by 75% in the next five years and by 90% in the next 10 years.

- Four key strategies
 - Diagnose as early as possible
 - Treat rapidly and effectively
 - Protect people at risk using proven interventions
 - **Respond** rapidly to growing clusters and prevent \checkmark new infections



Ending the





Diagnose: Implement routine testing during key healthcare encounters and increase access to and options for HIV testing.



HIV HealthForce: A boots-onthe-ground workforce of culturally competent and committed public health professionals that will carry out HIV elimination efforts in HIV hot spots.

Respond: Ensure that states and communities have the technological and personnel resources to investigate all related HIV cases to stop chains of transmission.





Treat: Implement programs to increase adherence

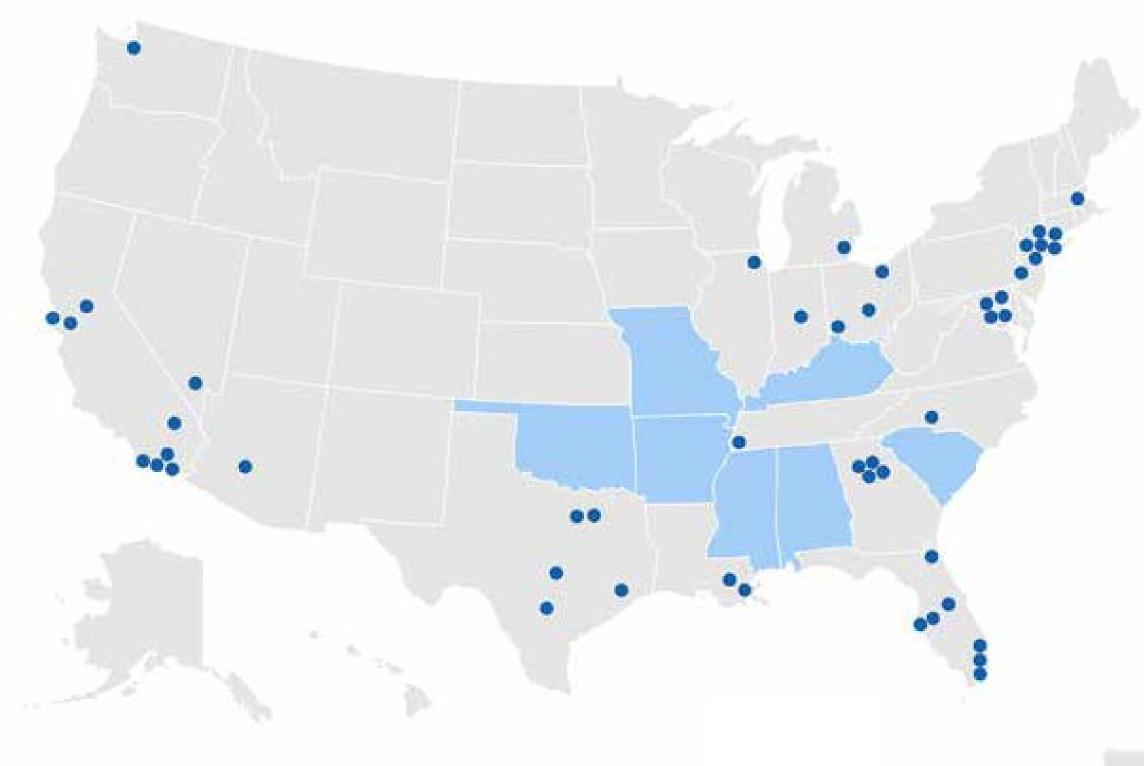




Protect: Implement extensive provider training, patient awareness and efforts to expand access to PrEP



Ending the Epidemic: A Plan for America



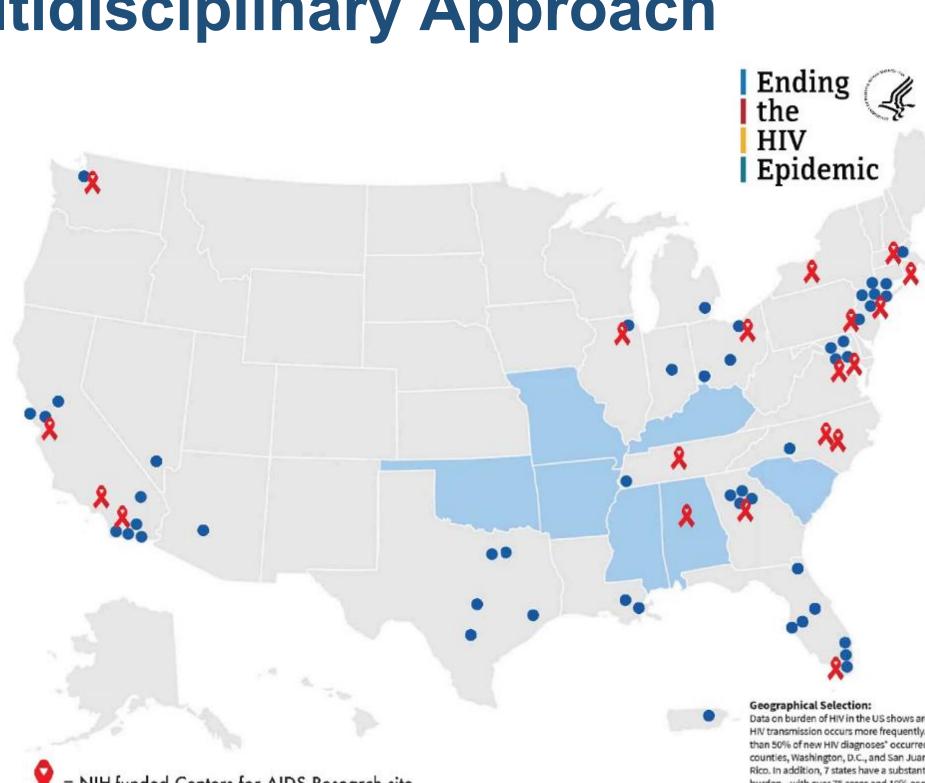
The Initiative will focus resources in the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.

> Ending the HIV Epidemic





Multidisciplinary Approach







🔀 = NIH-funded Centers for AIDS Research site

Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses' occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden - with over 75 cases and 10% or more of their diagnoses in rural areas.



A Collaborative National Response to the HIV Epidemic Basic Research to Public Health



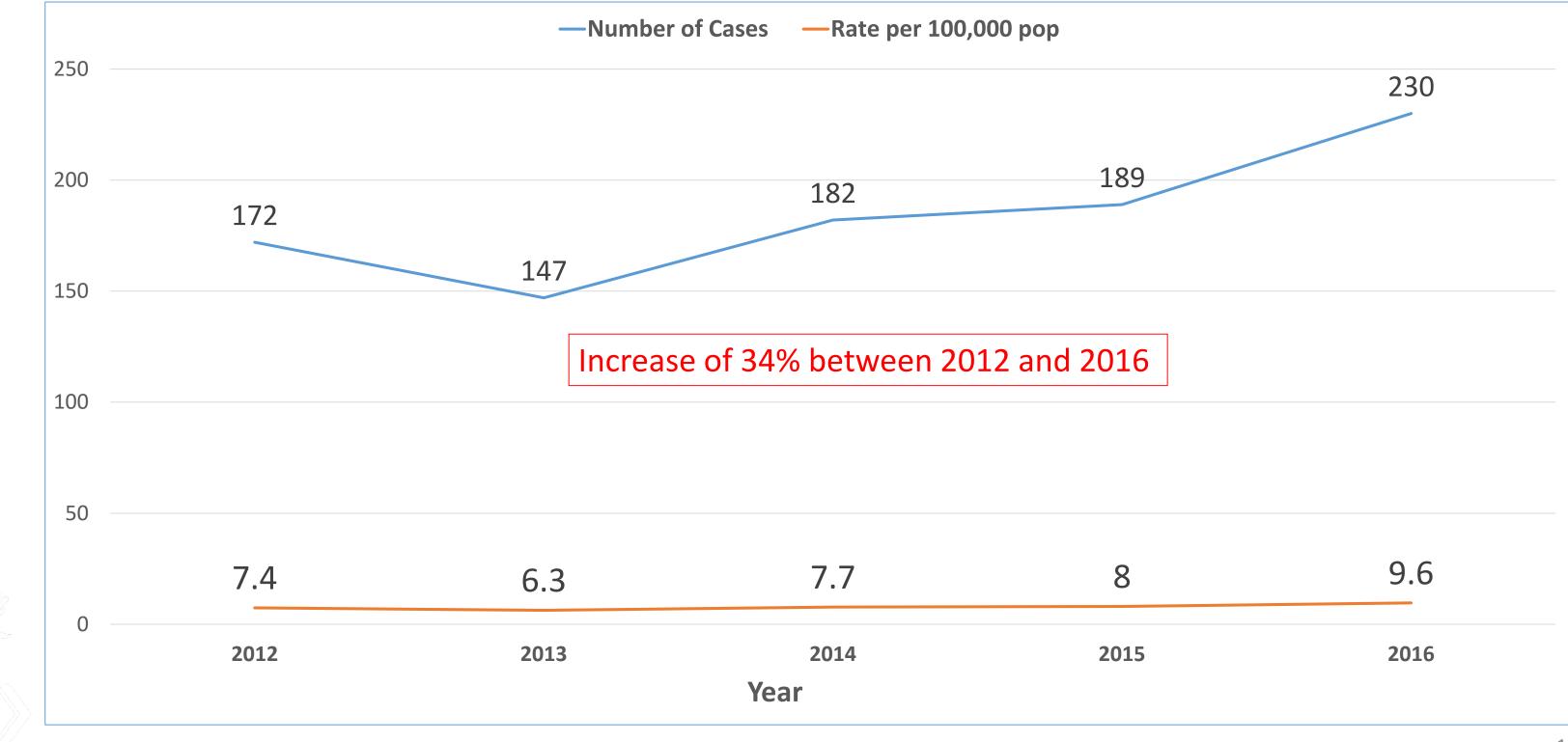








Estimated New HIV Diagnoses Among AI/AN in the US

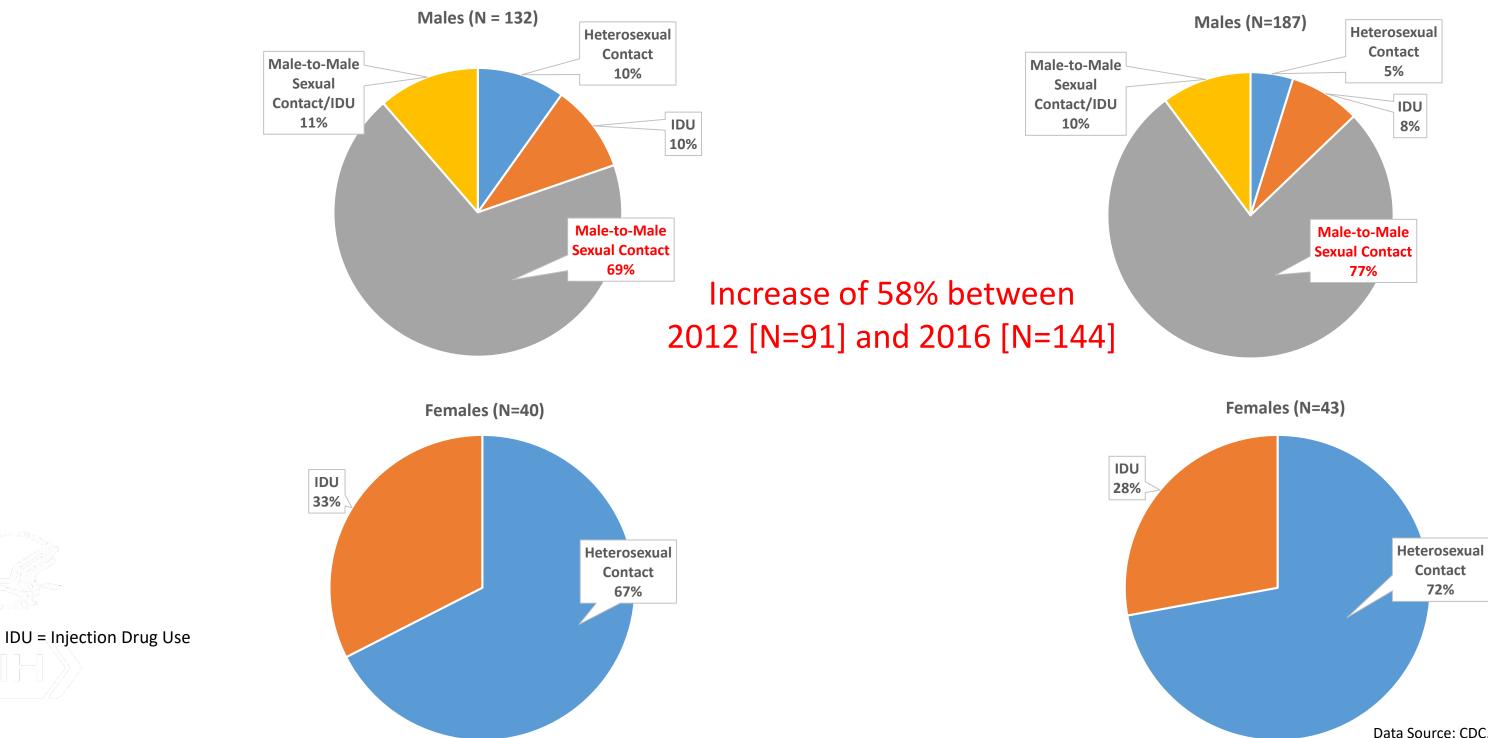


Data Source: CDC, HIV Surveillance Report, 2017; Vol. 29. Published November 2018



Estimated New HIV Diagnoses Among Adult and Adolescent AI/AN in the US by Transmission Category and Sex

2012

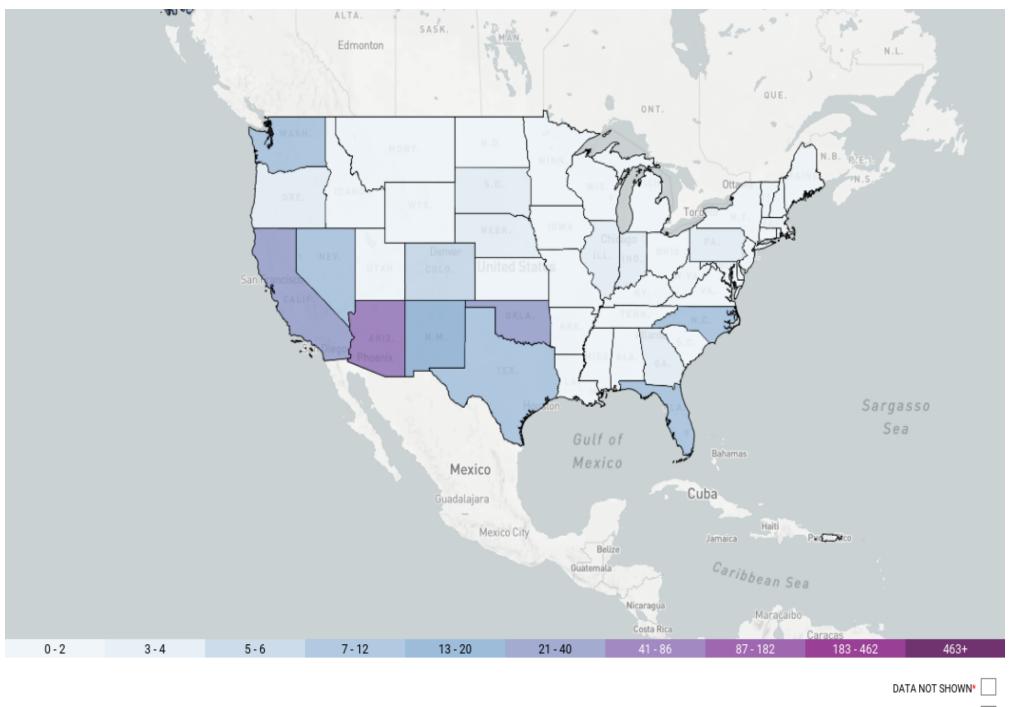


2016

Data Source: CDC, https://www.cdc.gov/nchhstp/atlas/index.htm



Estimated Number of New Diagnoses Among AI/AN in the US, 2016



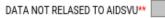


NIH

*Data not shown to protect privacy because of a small number of cases and/or a small population.

** State health department, per its HIV data re-release agreement with CDC, requested not to release data to AIDSVu. See Data Methods for more information.

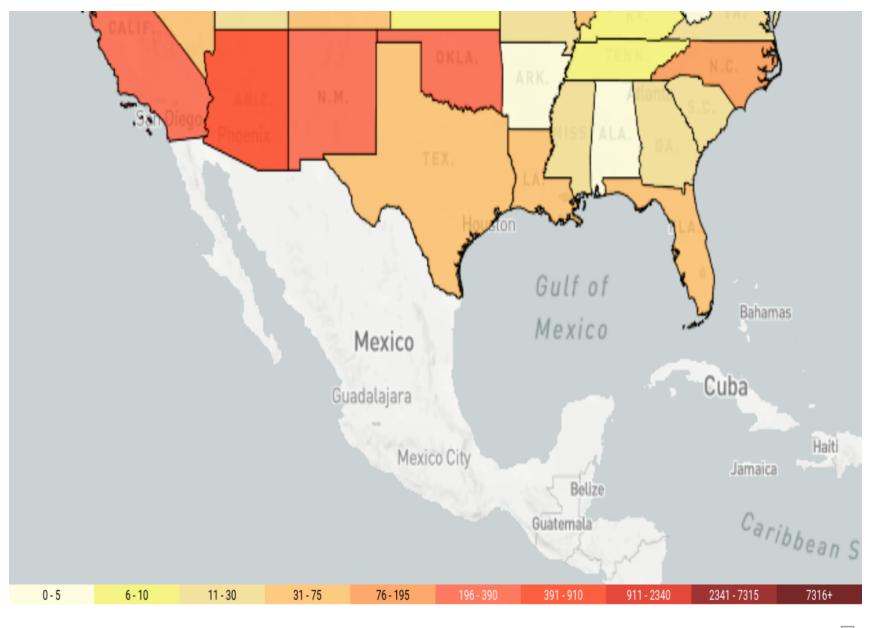
NOTE: There are no country-level maps for Alaska. District of Columbia, and Puerto Rico because there are no countries in these states.







Estimated Number of AI/AN Persons with HIV in the US (Prevalence), 2016







*Data not shown to protect privacy because of a small number of cases and/or a small population.

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NOTE: There are no country-level maps for Alaska. District of Columbia, and Puerto Rico because there are no countries in these states

DATA NOT SHOWN*

AIDSVu 💟



Linkage and Retention in HIV Medical Care

- There was a 26% increase in linkage to care following an HIV diagnosis in AI/AN since 2010.
- Substantial improvements in retention in care (34% increase) between 2010-2015).
- Increase in viral suppression (63% between 2010 -2015).





Source: HIV Prevention Progress Report, 2019, CDC



Recent Developments

- Initial discussion between THRO, OAR, IHS to explore opportunities for collaboration within the framework of the *Ending the HIV Epidemic Initiative (EtHE).*
- Administrative Supplements to support planning activities at existing NIH HIV/AIDS Centers (CFARs, ARCs) to address the *EtHE*.
 - NIH Centers for AIDS Research (CFAR) and IHS program staff to coordinate efforts and collaborative activities.
 - AI/AN Collaborative efforts across CFARs include; CAB representation, several ongoing and past research projects, such as a collaborative research project with the Indian Health Council in North Country (UCSD), inclusion in patient cohorts, and community events
- President's proposed budget for FY2020 includes \$25 M in new investments to establish the *Eliminating Hepatitis C and HIV/AIDS in Indian Country Initiative*
 - Will expand partnerships between IHS and Native communities to end the HIV epidemic in Indian Country.



Recent Developments

- March 4: Indigenous Wellness Research Institute (IWRI) at University of Washington, Seattle, hosted an OAR Constituency Engagement Meeting with participation by OAR Director.
- Presentation on the work of IWRI community-based research and the Urban Indian Health Initiative.
- Concerns raised during discussion:
 - Significant health disparities among AI/AN population.
 - Surveillance and reporting systems lack of standardization.
 - Racial misrepresentation hinders designing better interventions.
 - Stigma, access to care affect testing, loss to follow-up.
 - Need for initiatives to specifically target AI/AN, particularly linking HIV with comorbidities such as STIs and IDU.

OAR encouraged IRWI to work with UW-CFAR to focus project under EtHE on AI/AN.



The Challenges Moving Forward

- Flat research funding, rising research costs.
- Need for effective vaccine and cure.
- Increasing comorbidities, coinfections, and complications in PWH.
- Stigma, scale-up, adherence, and lack of fully integrated approaches.
- Virus drug resistance.
- In alignment with Ending the HIV Epidemic: A Plan for America, eradicating HIV will require a significant infusion of resources and strategic practices in the right places targeted to the right people.







Questions?









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