

Imagine

Ending HIV. It's Possible.



FAQ: Ending the HIV Epidemic

What is this document?

This document includes key messages to be used in Ending the HIV Epidemic in the U.S. (EHE) and Imagine: Ending HIV. It's Possible. Campaign presentations you give to colleagues, stakeholders, and partners in your community. These talking points also explain the role of data in informing EHE activities. (Note: These points can be used verbatim without having to cite as a reference.)



What is EHE and its goals?

- The Ending the HIV Epidemic in the U.S. initiative, also known as EHE, aims to achieve a 90% reduction in new HIV infections in the U.S. by 2030.
- EHE seeks to examine which populations have been excluded from services and to take immediate steps to incorporate novel approaches to meet the needs and preferences of these disproportionately affected populations.



What are the key strategies of EHE?

EHE consists of four key strategies:

1. Diagnose all people with HIV as early as possible.
2. Treat people with HIV rapidly and effectively to reach sustained viral suppression.
3. Prevent new HIV transmissions by using proven interventions, including treatment with pre-exposure prophylaxis (PrEP) and access to syringe services programs.
4. Respond quickly to potential HIV outbreaks to get prevention, care, and treatment services to people who need them.



How is EHE different than the Ryan White HIV/AIDS Program?

- EHE funding is different from other Ryan White HIV/AIDS Program funding. The Ryan White HIV/AIDS Program serves over half of all people with diagnosed HIV in the United States and focuses primarily on treating people with known HIV. EHE, however, aims to bring new clients and services into the Ryan White HIV/AIDS Program and supports the full spectrum of services from prevention, testing, treatment, and outbreak-related activities.
- EHE goes beyond the traditional Ryan White HIV/AIDS Program focus on category-based models.
- The EHE plan focuses on people with the most needs (known as priority populations) and provides jurisdictions with resources, expertise, and technology to scale up key strategies that will end the HIV epidemic in their communities.
- EHE encourages and resources new ways of working together to communicate, coordinate, and collaborate more efficiently with partners.
- EHE allows us the freedom to innovate, to optimize outcomes and break barriers so we can rapidly link people with HIV to treatment, improve retention in care, adherence to treatment, and achievement of viral suppression in very flexible new ways.
- Many jurisdictions are using EHE funds to strategically address the unmet needs of specific populations for whom we have not yet been able to design a system of treatment, care, and support that meets their needs so that they can fully benefit from antiretroviral therapy (ART) and achieve viral suppression.
- To get next-level outcomes, jurisdictions have:
 - Engaged and funded new partners – organizations who have authentic and trusted relationships with identified priority populations
 - Engaged and resourced new healthcare provider systems
 - Built the capacity of the current network of subrecipients to expand the number of people with HIV receiving treatment services



What is TAP-in?

- The Technical Assistance Provider-innovation network, or TAP-in, project is run by CAI and funded by HRSA to provide technical assistance to support the 47 EHE jurisdictions to implement their work plans.
- To design the Imagine: Ending HIV. It's Possible. campaign, CAI engaged with jurisdiction leaders, their partners, and people with HIV. To learn more about the campaign, visit <https://targethiv.org/imagine>.



How is data being used to inform EHE activities?

- The use of data is crucial for EHE. Jurisdictions and their partners need data for both planning and measuring progress.
- America's HIV Epidemic Analysis Dashboard ([AHEAD](#)) supports this effort by tracking data on six HIV indicators. These indicators will have the greatest impact on ending the epidemic in local communities and across the U.S.
- The Six Indicators include: (1) Incidence, (2) Knowledge of status, (3) Diagnoses, (4) Linkage to HIV medical care, (5) Viral suppression, and (6) PrEP coverage.
 - o **Incidence** is the estimated number of new HIV infections each year.
 - o **Knowledge of status** is the estimated percentage of people with HIV who have received an HIV diagnosis.
 - o **Diagnoses** is the number of people with HIV infection diagnosed each year confirmed by laboratory or clinical evidence.
 - o **Linkage to HIV medical care** is the percentage of people with HIV diagnosed each year who have received medical care for their HIV infection within one month of diagnosis.
 - o **Viral suppression** is the percentage of people living with diagnosed HIV infection each year who have an amount of HIV that is less than 200 copies per milliliter of blood.
 - o **PrEP coverage** is the estimated percentage of individuals having been prescribed PrEP.
- TAP-in leverages data in many ways to support EHE efforts and bolster jurisdictional capacity. TAP-in offers a multi-sectoral partnership of national, regional, and local TA experts that can teach jurisdictions how to improve data collection, better utilize data systems, initiate and enhance data sharing, create data dashboards, and track progress towards EHE goals and impact on key outcomes and populations, and much more.
 - o See also the Campaign fact sheet on data at <https://targethiv.org/imagine>



To learn more about the Campaign, visit <https://targethiv.org/imagine>.