

Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS (ECHPP)

Overview of CDC-funded Initiative
Office of AIDS Programs and Policy

HIV Prevention Planning Committee
January 6, 2011



What is ECHPP?

- The funding announcement is in response to the National HIV/AIDS Strategy
- The goal is for the 12 MSA Health Departments to develop a plan that addresses gaps and prevention strategies that have the biggest impact on reducing HIV incidence
- The ECHPP plan is a way for Health Departments to align their prevention strategies with the National HIV/AIDS Strategy



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ECHPP Prevention Plan

- ECHPP plan **does not** replace the community prevention planning process
- The ECHPP plan must address:
 - Biomedical, community and structural interventions to better ensure they are reaching communities at highest risk
 - A list of required and recommended evidence based strategies that jurisdictions must support through various existing funding resources



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ECHPP Required Strategies

1. Routine, opt-out screening for HIV in clinical settings
2. HIV testing in non-clinical settings to identify undiagnosed HIV infection
3. Condom distribution prioritized to target HIV-positive persons and persons at highest risk of acquiring HIV infection
4. Provision of Post-Exposure Prophylaxis (PEP) to populations at greatest risk
5. Efforts to change existing structures, policies, and regulations that are barriers to creating an environment for optimal HIV prevention, care, and treatment
6. Implement linkage to HIV care, treatment, and prevention services for those testing HIV positive and not currently in care
7. Implement interventions or strategies promoting retention in or re-engagement in care for HIV-positive persons



ECHPP Required Strategies Continued

8. Implement policies and procedures that will lead to the provision of antiretroviral treatment in accordance with current treatment guidelines for HIV-positive persons
9. Implement interventions or strategies promoting adherence to antiretroviral medications for HIV-positive persons
10. Implement STD screening according to current guidelines for HIV-positive persons
11. Implement prevention of perinatal transmission for HIV-positive persons
12. Implement ongoing partner services for HIV-positive persons
13. Behavioral risk screening followed by risk reduction interventions for HIV-positive persons (including those for HIV-discordant couples) at risk of transmitting HIV
14. Implement linkage to other medical and social services for HIV-positive persons



ECHPP Recommended Strategies

1. Condom distribution for the general population
2. HIV and sexual health communication or social marketing campaigns targeted to relevant audiences
3. Clinic-wide or provider-delivered evidence-based HIV prevention interventions for HIV-positive patients and patients at highest risk of acquiring HIV
4. Community interventions that reduce HIV risk
5. Behavioral risk screening followed by individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV; particularly those in an HIV-serodiscordant relationship
6. Integrated hepatitis, TB, and STD testing, partner services, vaccination, and treatment for HIV infected persons, HIV-negative persons at highest risk of acquiring HIV, and injection drug users according to existing guidelines



ECHPP Recommended Strategies Continued

7. Targeted use of HIV and STD surveillance data to prioritize risk reduction counseling and partner services for persons with previously diagnosed HIV infection with a new STD diagnosis and persons with a previous STD diagnosis who receive a new STD diagnosis
8. For HIV-negative persons at highest risk of acquiring HIV, broadened linkages to and provision of services for social factors impacting HIV incidence such as mental health, substance abuse, housing, safety/domestic violence, corrections, legal protections, income generation, and others
9. Brief alcohol screening and interventions for HIV-positive persons and HIV-negative persons at highest risk of acquiring HIV
10. Community mobilization to create environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma, and encouraging HIV risk reduction among their family, friends, and neighbors



ECHPP Funding

- Funding is to support:
 - Mainly the ECHPP planning process
 - Implementation of gaps in prevention strategy e.g. Post exposure prophylaxis (PEP)
- Strategies implemented through ECHPP will be selected with close consultation with CDC



CDC ECHPP Time Line

October, 2010 – January, 2011 MSA prevention strategy assessment and planning

February 15, 2011 – Draft ECHPP Plan submitted to CDC

March 15, 2011 – Final ECHPP Plan submitted to CDC

Implementation of ECHPP Plan



Los Angeles County's ECHPP Planning Process



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LAC's ECHPP Planning

- Developed 2 work groups:
 - Internal Public Health Department workgroup
 - consisting of Office of AIDS Programs and Policy, Sexually Transmitted Diseases Program, HIV Epidemiology Program, Health Assessment, and PPC Co-Chairs
 - ECHPP Advisory Committee – consisting of Public Health Department, HIV/AIDS researchers, PPC Co-Chairs



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LAC's ECHPP Planning

- ECHPP Planning Process:
 - Re-assess how we address “hot zones” – clusters vs. zip codes, vs. census tracts?
 - Integration of STD and HIV services
- Use ECHPP funding to provide PEP services identified in the LAC Prevention Plan
- Internal and external work group meetings set up for January



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Questions?



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**For Additional Information
Contact:**

Jacqueline Rurangirwa, MPH
Epidemiologist
Office of AIDS Programs and Policy
LA County Department of Public Health
jrurangirwa@ph.lacounty.gov
Office: 213-351-1174
Fax: 213-381-8023



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