



NASTAD staff had a tremendous amount of success in 2018 on the policy and programmatic front towards furthering our vision of a world free of HIV and viral hepatitis. Read more about our accomplishments in this report.

DRUG USER HEALTH

The drug user health team expanded its reach and impact by providing technical assistance to more than 35 health departments, including training on the issues related to the infectious disease consequences of injection drug use. The team also partnered with AIDS United, NYC-CBA, and the Comer Foundation to coordinate and host two capacity-building summits in the Midwest and the South for health departments and community-based organizations. In addition to providing training and technical assistance, the team entered into a new cooperative agreement to examine and establish standards and best practices for syringe services programs (SSPs) and created an evaluation tool that could be used to support emerging and existing SSPs.

HEPATITIS

The hepatitis program provided technical assistance to health department staff, including hosting webinars such as Models for Implementing HCV Treatment on Site at SSPs which reached 147 people from both health departments and community partners. The team was also selected to lead the official Viral Hepatitis Technical Assistance (TA) Center, which expands the technical assistance already being provided by the team. Through the TA Center, the hepatitis team will launch an online platform that will house resources, webinars, and a discussion board which will provide a space for health departments to share and discuss in between more formal learning opportunities. Finally, the team disseminated best practices and successful strategies from health department hepatitis testing programs around the country and co-planned the Hepatitis Pathway at the 2018 United States Conference on AIDS (USCA) with the AIDS Institute.

TRAUMA-INFORMED APPROACHES

The application of trauma-informed approaches is growing rapidly in health care and social service settings. To this end, NASTAD published the Trauma-Informed Approaches Toolkit to equip

administrators and providers at all levels of service with approaches to realize, recognize, respond to, and resist the impacts of trauma in people affected by HIV. The toolkit covers the basics of trauma, provides an overview of the impact of trauma in people living with HIV (PLWH), describes trauma-informed approaches and strategies, and provides practical steps for RWHAP Part recipients and HIV providers, and organizations to develop and operationalize a plan for delivering trauma-informed prevention and care services to PLWH.

MINORITY LEADERSHIP PROGRAM

The Minority Leadership Program (MLP) relaunched in 2018 with 16 new fellows. The program's vision is to encourage and increase the number of people of color in leadership roles in public health systems who competently promote health equity and reduce stigma. Since participating, five fellows received promotions, while others successfully negotiated salary increases and sought opportunities for project management, speaking engagements, and for coordinating events and mentorship opportunities for other public health professionals of color.

PRE-EXPOSURE PROPHYLAXIS (PREP) ACCESS

To help PrEP navigators and their clients evaluate the cost and coverage for PrEP, the Health Systems Integrated Team re-developed and expanded PrEPcost.org. PrEPcost.org is an online tool that estimates the total monthly and annual cost of PrEP to the client under each plan, including monthly premiums and out-of-pocket costs, taking into account federal premium and cost-sharing assistance and the manufacturer's PrEP co-pay assistance program. The 2019 platform added a number of new features, including the ability to search both on- and off-Marketplace plans, a flag for health plans with known co-pay accumulator policies, and additional consumer assistance and enrollment support. The tool is now available in all 50 states and the District of Columbia.

POLICY

NASTAD's policy team held more than 150 congressional education visits and leadership roles in the Federal AIDS Policy Partnership, AIDS Budget and Appropriations Coalition, Hepatitis Appropriations Partnership, HIV Health Care Access Working Group, HIV Prevention Action Coalition, and the Ryan White Working Group.

The team also provided critical support and guidance to the Partnership to End HIV, STDs, and Hepatitis. The Partnership, which includes NASTAD, AIDS United, the National Coalition of STD Directors, NMAC, and The AIDS Institute, works with policymakers and others to preserve HIV, STD, and hepatitis legislative successes, promote necessary appropriation and funding levels, maintain crucial aspects of existing health care coverage. Due, in part, to the team's tireless efforts, funding for HIV and hepatitis increased for the first time in 10 years.

In addition to working at the national level, the team worked with states and local jurisdictions. With support from the Elton John Foundation, NASTAD launched new interactive tools and other materials designed to monitor changes at the state and local level and help health departments and other HIV and hepatitis stakeholders understand the shifting Medicaid and private insurance landscapes, help clients navigate these changes, and engage state-level decision-makers to inform policies that protect people living with HIV and hepatitis from policies that can jeopardize access to affordable coverage and care.

On the global front, NASTAD Country Directors from Ethiopia and South Africa met with the staff of members of the Congressional HIV/AIDS Caucus and shared the NASTAD global policy agenda that is aimed at ending HIV and hepatitis, and the co-occurring issues of psychosocial determinants, worldwide. Attendees engaged in a robust discussion of the prevalence of HIV, especially among young women and girls and gay men, and the impact of continued PEPFAR support for effective, targeted interventions have had in both countries.

GAY MEN'S HEALTH EQUITY

The Gay Men's Health Equity workgroup continued its focus on bridging the gap for quality health services for gay, bisexual, and men who have sex with men (MSM) of all races with the release of a Call to Action to re-focus efforts in preventing new infections and ensuring all people living with HIV have access to respectful, competent care and treatment.

IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV

NASTAD was awarded a three-year grant under the HRSA Special Projects of National Significance (SPNS) Program which supports the development of innovative models of HIV care and treatment in order to quickly respond to the emerging needs of clients served by Ryan White HIV/AIDS Programs. The project, Evidence Informed Approaches to Improving Health Outcomes for People Living with HIV, marked an opportunity for NASTAD to coordinate a research project of this size for the first time in our organization's history. The award from HRSA (\$4.9 million for three years) allowed NASTAD to reinstate the Health Equity team, hire a Director and Research Fellow, and strategically streamline and further support existing health equity portfolio projects. NASTAD also worked in collaboration with the Association of Public Health Laboratories to publish the Integrating HIV/HCV Testing Toolkit to support health departments in their efforts to strengthen HIV and HCV testing and linkage programs by integrating services and enhancing collaboration between programs and public health laboratories. The toolkit provides current information about HIV and HCV testing technologies, describes factors health departments should consider in determining when integration of testing is beneficial, and discusses how various testing technologies and strategies for using these technologies can facilitate integration.

DATA PRIVACY AND CONFIDENTIALITY PROJECTS

The health systems integration team released HIV Data Privacy and Confidentiality: Legal & Ethical Considerations for Health Department Data Sharing, a comprehensive research paper that summarizes findings from a ten-state legal and regulatory research project NASTAD conducted. The project focused on the legal authorities and limitations for HIV data sharing and considerations for health departments to balance patient privacy protections with emerging data-sharing activities. The paper explores state variations in data-to-care activities, Medicaid data sharing, law enforcement data sharing, and research data sharing. Through this project, NASTAD is committed to supporting health departments as they navigate emerging policy and legal considerations associated with technological advances in data use, data integration, and data sharing, and ensure laws and policies are evidence-based, promote public health priorities, and recognize the dignity and privacy of individuals.

AIDS DRUG ASSISTANCE PROGRAM (ADAP)

The 2018 National RWHAP Part B and ADAP Monitoring Project Annual Report (The Report) was renamed and reimagined to include the program under which ADAP falls – the Ryan White HIV/AIDS Program (RWHAP) Part B program. Building on the 22-year history of reporting on ADAP, The Report now includes narrative and findings that span the totality of the RWHAP Part B program and reflect the reality that the achievements of ADAPs and other elements of the RWHAP Part B programs are inextricably linked.

GLOBAL PROGRAM

In 2018, the Global Program focused on strengthening HIV surveillance systems in Central America by conducting workshops on case based-surveillance and improving data quality in El Salvador, Guatemala, Honduras, Nicaragua, Panama, and Guyana. The team also supported the scale-up of partner services in Haiti and supported

by the Centers for Disease Control and Prevention–Haiti and Haiti’s Ministry of Health (MSPP). NASTAD was ultimately charged with expanding Partner Services to all 89 CDC-funded facilities in Haiti and trained 43 health facilities over the course of five three-day sessions. Finally, the team, through a HRSA-funded partnership with American International Health Alliance (AIHA), traveled to Nigeria, Ethiopia, and Uganda to deliver a series of assessments, trainings, and workshops to improve PEPFAR country teams’ engagement with civil society in their annual country operational planning (COP) process.

FINANCES

Revenue	Audit Final
Grants and Contributions	\$ 12,800,413.00
Membership Dues	\$ 950,677.00
Registration Fees	\$ 42,431.00
Other	\$ 9,079.00
Interest	\$ 3,387.00
Total Revenue	\$ 13,805,987.00
Expenses	
Program Services	\$ 11,651,611.00
General and Admin	\$ 2,456,312.00
Fundraising	\$ 158,115.00
Total Expenses	\$ 14,266,038.00