



The COVID-19 Pandemic's Impact of HIV and Hepatitis Programs

OVERVIEW

The COVID-19 pandemic has placed a significant burden on the public health systems across America. As a result, state and local health departments are facing amplified demands on resources and organizational capacity. In order to continue to provide critical public health services, HIV and hepatitis programs have acted quickly to develop innovative service delivery approaches in response to emerging needs of people living with and at risk for HIV and hepatitis. In addition, HIV and hepatitis programs anticipate increased long-term financial and programmatic impacts due to a potential lasting economic downturn.

In May 2020, NASTAD conducted a request for information from HIV prevention programs (49 health departments responded), hepatitis programs (55 health departments responded) and Ryan White ADAP/Part B Programs (45 health departments responded) to detail the impact of COVID-19 on HIV and hepatitis programs

IMPACT ON PUBLIC HEALTH CAPACITY

The COVID-19 pandemic has stretched the nation's public health system to the brink of its capacity. As such, almost every health department has had staff detailed away from their normal activities to respond to COVID-19. Over 80% of hepatitis program, 75% of HIV prevention program, and 57% of Ryan White HIV/AIDS Program (RWHAP) staff at health departments reported detailing to the COVID-19 response, which significantly decreases capacity to address HIV and hepatitis. In particular, HIV and hepatitis surveillance capacity has been significantly reduced.

COVID-19 also underscores the need to invest in human resources of the public health infrastructure.

Nearly **70%** of viral hepatitis programs stated that more funding for viral hepatitis surveillance and **77%** of RWHAP AIDS

Drug Assistance Program (ADAP)/Part B Programs reported that more funding was needed for either ADAP or Part B.

In addition, HIV and hepatitis programs work with Disease Intervention Specialists (DIS) to do contact tracing for new HIV and hepatitis infections. As contact tracing for COVID-19 is implemented on a large-scale, it is critical that health departments still have the capacity to address other infectious diseases.


Across HIV care and treatment, HIV prevention, and hepatitis, the overwhelming majority of respondents indicated that grant administration and reporting flexibility – including extended timelines and streamlined reporting requirements – are necessary from federal partners given additional burdens on programs and reduction in HIV and hepatitis health department staff because of COVID-19 detailing. The need for this type of administrative flexibility was most pronounced when respondents were asked about Ending the HIV Epidemic initiative activities. As the strain on health department capacity increases, it is critical that Ending the HIV Epidemic activities continue, but with increased flexibility and lessened grant administrative requirements.

Nearly **80%** of Ending the HIV Epidemic Jurisdiction respondents said that to properly engage with people living with or at risk of HIV and ensure community engagement, extended timelines are needed.



SERVICE DELIVERY INNOVATION

Programs are working to quickly innovate to provide services in accordance with social distancing recommendations, including investing in telehealth and provider capacity to alter service delivery procedures. Over 50% of RWHAP respondents are using their emergency CARES Act Funding to invest in this type of innovation at the provider level. HIV prevention and hepatitis programs have also confronted challenges in maintaining access to services, reporting significant decreases in testing and other prevention services.



As a result, **over 80%** of **HIV Prevention programs** anticipate a decrease in program participation and retention and **93%** of **hepatitis programs** anticipate a reduction in outreach, education, testing, and linkage services.


To continue these essential services, HIV prevention programs are shifting to begin at-home testing programs to ensure that people are still being tested for HIV and linked to care. Hepatitis programs are similarly seeking innovative ways to continue hepatitis testing, including integrating hepatitis testing with COVID-19 testing. To scale up innovative programs that are able to reach individuals during this time, investments must be made in the public health system to ensure continuity of services during public health emergencies.

It is also critical that as the U.S. moves to a track and trace model for its COVID-19 response, HIV and hepatitis testing are integrated with COVID-19 testing. Not only do HIV and hepatitis prevention programs have important testing expertise to offer to the COVID-19 response, but they also play an important role in addressing racial disparities and stigma through a focus on community-based networks and services.

The related economic downturn is also impacting RWHAP client needs. A majority of RWHAP ADAP/Part B Programs have seen an increased demand for emergency financial assistance for housing and food. A majority of respondents also reported anticipating increased burden to the RWHAP as people lose their health insurance and income due to the economic downturn.

CHANGES IN BUDGET

HIV and hepatitis programs are funded through federal, state and local governments. State and local appropriations complement federal funding streams and are critical to the success of HIV and hepatitis programs.



40% of **hepatitis programs**, **almost 60%** of **HIV prevention programs**, and **approximately 30%** of **AIDS Drug Assistance Programs** receive funding from state general revenue funds.

With anticipated shortfalls in state budgets, HIV care and treatment, HIV prevention, and hepatitis programs are anticipating potential loss of this funding. In addition, over 70% of Ryan White ADAP/Part B Programs anticipate an increase in the uninsured rate in their jurisdiction, bringing new clients into the program.

LOOKING FORWARD

Immediate, ongoing and long-term investments in public health infrastructure are necessary to ensure that HIV and hepatitis programs can continue to provide critical services during the current COVID-19 pandemic and future emergencies. Additional funding is needed now to enable HIV and hepatitis programs to meet COVID-19-related needs of the clients they serve, as well as the foundational HIV and hepatitis prevention and care services that programs provide.

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