

# **NATIONAL HIV/AIDS STRATEGY** for the **UNITED STATES:**

UPDATED TO 2020

**FEDERAL ACTION PLAN**

DECEMBER 2015





# VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.



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# INTRODUCTION

The *National HIV/AIDS Strategy: Updated to 2020* (Strategy), released in July 2015, maintains the four primary goals of the 2010 Strategy: reducing the number of people who become infected with HIV, increasing access to care and improving health outcomes for people living with HIV, reducing HIV-related health disparities, and achieving a more coordinated national response to the HIV epidemic. With its release, President Obama issued Executive Order 13703, which called for Federal agencies to develop a Federal Action Plan within 100 days.

This document, the *National HIV/AIDS Strategy Federal Action Plan* (Federal Action Plan), presents immediate actions (those that can be achieved in calendar year 2016) to be taken by Federal agencies\* that will move the Nation toward improving its HIV prevention and care outcomes. The Federal Action Plan also includes some longer-term actions to be achieved within 3 to 5 years. As Federal agencies implement the Strategy and new scientific, policy, and other advances emerge, new activities will be developed and the Federal Action Plan will be revised accordingly.

Implementing the Strategy is not solely a Federal activity. The success of the Strategy will require State, Tribal and local governments; networks of persons living with HIV; community-based organizations (CBOs); local health care and other HIV service organizations; education agencies; professional organizations; and other partners to work together to maximize their efforts and better coordinate their responses for HIV prevention and care. The Strategy and the Federal Action Plan should serve as catalysts for all levels of government and nongovernmental stakeholders to consider their contributions to achieving the goals of the Strategy.

To develop the Federal Action Plan, the White House Office of National AIDS Policy (ONAP) and the Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) in the Office of the Assistant Secretary for Health (OASH), Department of Health and Human Services (HHS), convened the National HIV/AIDS Strategy Federal Interagency Working Group, comprised of representatives of the agencies charged in Executive Order 13703 with lead responsibility for implementing the Strategy.† The Working Group met to develop individual and collaborative actions, both within and across agencies. In addition to these discussions, the Working Group received comments and suggestions from stakeholder groups, such as policy advocacy groups and coalitions of persons living with HIV.

Federal agencies have developed and implemented considerable changes and innovations in HIV prevention and care since the release of the 2010 Strategy. Agencies have reallocated funding, launched innovative partnerships, initiated multiyear research, implemented evidence-based programmatic activities, and

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\* For the purposes of this document, the term “agency” is used to encompass various levels of Federal government, including Departments, Agencies and Offices.

† This includes the Departments of Defense, Justice, Interior, Labor, Health and Human Services, Housing and Urban Development, Education, Veterans Affairs, Homeland Security, the Social Security Administration, and the Equal Employment Opportunity Commission.

provided services that are continually improved by applying best practices. **This Federal Action Plan is not an exhaustive inventory** and does not reflect the entirety of programs, services, research, education, policy development, and information dissemination that will need to be undertaken by Federal agencies in support of the Strategy over the next 5 years. Rather, it is intended to be concise, identifying a set of priorities and strategic actions designed to help achieve the goals and measurable outcomes (as defined by the indicators) of the Strategy. Action items in the Federal Action Plan are ones that are expected to help reach the goals of the Strategy and foster collaboration among Federal agencies to best leverage resources, capacity, and expertise. We sought to identify a small number of actions that will make a big difference.

The suite of Strategy-related documents may be accessed at [www.WhiteHouse.gov/ONAP](http://www.WhiteHouse.gov/ONAP). In addition, infographics, digital and social media tools are available to help promote the Strategy and can be used to connect with State, Tribal and local activities.

The Strategy serves as a roadmap and Executive Order 13703 functions as a blueprint for implementation, which, along with the commitment of Federal and community partners, laid the groundwork for increased focus and novel activities in the Federal Action Plan. Over the next 5 years, a powerful combination of ongoing activities and new projects will serve to guide implementation of the Strategy. In the near term, projects started in response to the 2013 HIV Care Continuum Initiative will come to fruition and provide new models for HIV prevention and care. Similarly, projects initiated by the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities will continue and provide models for addressing these intersecting issues. By articulating a revised set of HIV research priorities, the National Institutes of Health (NIH) will strengthen the focus of its investments. And from the programmatic perspective, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) will support integrated prevention and care planning in jurisdictions to reduce redundancies and provide a stronger foundation across the spectrum of HIV-related services. There is much we can look forward to, yet considerable work to be done in order to achieve the Strategy's goals and meet the indicator targets for 2020.



# IMPLEMENTING THE STRATEGY

## PRIORITY ACTIONS

The Strategy identified the need to focus efforts on four key areas over the next 5 years:

- **Widespread testing and linkage to care**, enabling people living with HIV to access treatment early.
- **Broad support for people living with HIV to remain engaged in comprehensive care**, including support for treatment adherence.
- **Universal viral suppression** among people living with HIV.
- **Full access to comprehensive pre-exposure prophylaxis (PrEP) services** for those for whom it is appropriate and desired, with support for medication adherence for those using PrEP.

In addition to efforts in these four areas, the Federal Action Plan identifies efforts of several Federal agencies that play a key role in addressing discrimination related to HIV infection and other Federal civil rights protections. Addressing discrimination is a critical factor in achieving health equity and ensuring the focused efforts—on HIV testing, retention and viral suppression, and access to PrEP—are achieved across groups with the highest burden of HIV infection.



### Widespread HIV testing and linkage to care

HIV testing is an essential and ongoing activity, supported by many Federal agencies, including within HHS: CDC, HRSA, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Indian Health Service (IHS), the Centers for Medicare & Medicaid Services (CMS), and the Office of Population Affairs (OPA), as well as the Departments of Defense (DOD), Housing and Urban Development (HUD), and Veterans Affairs (VA). To further implement the Strategy, and achieve its 2020 target of 90% serostatus awareness among persons living with HIV in the United States, the following are examples of additional activities related to HIV testing and linkage to care that Federal Agencies will complete during 2016:

- CMS will provide information to State Medicaid Directors on the latest treatment guidelines, scientific advances in prevention, and program flexibility available for increased access to testing and improved care coordination.

- To align with the Strategy indicators, CDC will establish new standards for linkage to care (within 1 month of diagnosis) for all new programmatic funding opportunity announcements (FOAs) and demonstration projects.
- SAMHSA will develop and provide guidance to award recipients on HIV testing practices to focus on communities where HIV is most heavily concentrated, including among populations at highest risk for HIV infection and persons with and at risk for substance use and mental disorders.
- CDC will collaborate with HRSA to assess ways to increase HIV testing among patients in health centers who are diagnosed with acute sexually transmitted infections (STI), an important indicator of risk for HIV infection.
- OPA, in collaboration with HRSA and CDC, will continue to support Title X clinics offering HIV counseling, testing, and referral as a core family planning service, as well as testing for sexually transmitted diseases (STDs) in accordance with CDC guidelines, screening for substance use disorders, and screening for intimate partner violence (IPV) among females. These agencies will also work together to develop an online clinic mapping tool, accessible to the public, which will locate Title X family planning providers and Ryan White HIV/AIDS Program (RWHAP) providers to help strengthen linkage to care systems, increase access to care, and improve health outcomes for people living with HIV.



### **Broad support for people living with HIV to remain engaged in comprehensive care**



### **Universal viral suppression among people living with HIV infection**

After the critical steps of testing and immediate linkage to care, persons living with HIV must be supported to stay in care over time, including efforts to re-engage people diagnosed with HIV who have fallen out of care. In 2012, about 54% of all persons with diagnosed HIV infection were engaged in care. To achieve the Strategy's 2020 target of 90% of persons with diagnosed HIV infection retained in care requires both innovation and scale-up of retention in care strategies.

The science directly points to the benefit of getting all people living with HIV on treatment as soon as possible. The key goal of treatment is to achieve and maintain durable viral suppression. Decreases in viral load following initiation of treatment are associated with reduced risk of progression to AIDS or death. Retention in care is critical for achieving and sustaining viral suppression. Ensuring that 80% of persons with diagnosed HIV infection are virally suppressed requires that testing programs ensure immediate linkage to care, that health care providers initiate treatment for all persons living with HIV regardless of CD4 count, and that people are retained in care.

Several Federal agency actions that seek to improve retention in care and viral suppression will be implemented during 2016. They include the following:

- CDC will scale up use of the Data to Care public health strategy, which uses surveillance data to identify those not in care, by including it as an activity in all relevant HIV program FOAs to be published through 2020.

- HRSA, in consultation with CDC, will disseminate models and provide technical assistance on the Data to Care public health strategy by developing a learning collaborative across RWHAP jurisdictions to share effective models for addressing gaps along the HIV care continuum.
- SAMHSA will continue to support ongoing projects that implement models for timely linkage to HIV and behavioral health care and support services through co-located and integrated behavioral health and supportive services, and identify lessons learned from these models of care.
- HRSA will support the use of data-driven strategies within the Health Center Program to guide quality improvement and the integration of HIV care and treatment into primary care.
- HUD will work to improve the ability of HUD-funded "Continuums of Care" to identify homeless persons living with HIV and link them to housing assistance, medical care, and other services.



### **Full access to comprehensive PrEP services for those whom it is appropriate and desired**

Based on evidence from multiple clinical trials, the Food and Drug Administration (FDA) approved PrEP in 2012 and in 2014 the U.S. Public Health Service issued clinical practice guidelines for PrEP. The use of PrEP is an effective prevention choice for people at substantial risk of HIV infection and can be combined with other prevention methods to provide even greater protection than when used alone. PrEP has the potential to significantly reduce the number of people acquiring HIV infection and thus is an important part of implementing the Strategy. The following actions will be completed during 2016 and are expected to lead to broader access to PrEP:

- CDC will increase awareness and uptake of PrEP by rapidly disseminating lessons learned from demonstration projects and implementation research as they are identified.
- Agencies including HRSA, the HHS Office of Minority Health (OMH), SAMHSA, IHS, and VA will disseminate information and provide education about PrEP to their award recipients and service providers in order to improve access and increase uptake.
- OHAIDP will develop an inventory of current, federally-funded PrEP programs, policies, research, and technical assistance activities, and then work with other HHS agencies to conduct a gap analysis to identify high-priority research and policy needs, as well as potential geographic and population targets where PrEP access should be scaled up.

### **Addressing discrimination**

Multiple Federal agencies address civil rights protections, including for employment and workplace activities, housing, education, health information privacy, and nondiscrimination against persons with disabilities. These agencies enforce Federal civil rights protections, provide technical assistance for carrying out the mandates of the Americans with Disabilities Act (ADA) and other laws, and develop and disseminate information about civil rights and protections. While some Departments have authority to enforce these protections, nearly all have the ability to disseminate relevant information about protecting the rights of persons living with HIV. The following actions will be completed during 2016:

- Routine enforcement activities include the following:
  - The Department of Justice (DOJ) will continue to open new investigations of HIV/AIDS discrimination under the Barrier-Free Health Care Initiative, a partnership between the Civil Rights Division (CRD) and U.S. Attorneys' Offices to address discrimination by health care providers, as well as under the Fair Housing Act to address discrimination by housing providers.
  - The HHS Office of Civil Rights (HHS/OCR) will continue to accept and investigate complaints of discrimination against persons with living with HIV in health care treatment and insurance coverage, as well as complaints that a covered entity or business associate violated the health information privacy rights of persons with HIV, or committed another violation of the Privacy, Security or Breach Notification Rules.
- Dissemination of informational materials and technical assistance about non-discrimination protections will include these actions:
  - The Equal Employment Opportunity Commission (EEOC) will educate job applicants and employees living with HIV of their employment non-discrimination rights by developing materials for distribution through new channels, including health care delivery sites.
  - HUD will work closely with HIV housing providers and stakeholder groups to identify barriers to reporting housing discrimination because of HIV, and better identify the realities of housing discrimination because of HIV in communities across the nation.
  - HHS/OCR will issue a report that highlights best practices for hospitals to ensure equal access to services and ensure the privacy of individuals' protected health information.
- Enforcement agencies and other Federal agencies will disseminate relevant information to their stakeholders and clients, including the following:
  - DOJ will send the *Best Practices Guide to Reform HIV-Specific Criminal Laws to Align with Scientifically Supported Factors* to all State Attorneys General, with a cover letter alerting them to its purpose and contents.
  - HHS agencies, VA, HUD, and the Department of Labor (DOL), will disseminate DOJ's one-page, plain language, user-friendly fact sheet on HIV discrimination under the ADA through their networks, websites, and other relevant outlets.

These are just some of the many action items that Federal agencies will carry out, individually and in collaboration, to address key aspects of the Strategy. A list of actions pertaining to each of the Goals and Steps of the Strategy can be found on pages 10 through 29.

# FEDERAL ROLES

## OVERSIGHT, COORDINATION, AND ANNUAL REPORTING BY THE OFFICE OF NATIONAL AIDS POLICY

ONAP, in consultation with the Office of Management and Budget (OMB), is responsible for setting the Administration's domestic HIV priorities and monitoring implementation of the Strategy. Departments will prepare and submit annual reports to ONAP; this information, along with data on the Strategy's indicators, will be submitted to the President as the Strategy's annual report. In this way, the Federal Action Plan will be used as a framework to monitor implementation of the Strategy and the indicators will be used to chart progress. Taken together, these will be primary ways to ensure accountability across the Federal government.

ONAP will convene the Federal Interagency Working Group on a regular basis to foster collaboration across the Administration. ONAP also will continue to highlight important issues by convening meetings at the White House and working with Federal and non-Federal partners. Recognizing the role of substance use in HIV prevention and care strategies, ONAP will engage with the Office of National Drug Control Policy (ONDCP), as appropriate, to ensure broad and coordinated approaches and to support Federal efforts that span the interests of both Offices. Similarly, ONAP will engage with the Office of the Vice President on issues of IPV and other forms of violence against women, and other White House Offices as appropriate.

## ROLE OF FEDERAL DEPARTMENTS

Executive Order 13703 identifies the 10 Federal Departments that have primary responsibilities and competencies for implementing the Strategy and required them to submit, within 100 days, the steps they will take implement the Strategy. The action items contributed by each agency to this Federal Action Plan serve as their plans as required in Executive Order 13703. This Executive Order also instructed the EEOC to submit recommendations for increasing employment opportunities for people living with HIV and a plan for addressing employment-related discrimination against people living with HIV; these activities also are included in this Federal Action Plan. The Department of State (State) was instructed to provide lessons learned from the President's Emergency Plan for AIDS Relief (PEPFAR) program that are applicable to the United States; those lessons are listed in Appendix 1.

## ROLE OF THE HHS OFFICE OF THE SECRETARY

Implementation of the Strategy requires continued coordination and collaboration across agencies and among Federal, State, Tribal, and local governments. Central to this coordination is the HHS Office of the Secretary, which includes OASH, which will be responsible for:

- Coordinating operational and programmatic activities for the Strategy within HHS;
- Coordinating HIV-related programs with other Departments;
- Establishing regular cross-Departmental meetings to coordinate program planning and administration of HIV-related programs and activities;
- Working with health departments, non-governmental organizations, and other stakeholders to address challenges and opportunities related to Strategy implementation.

Within OASH, the Deputy Assistant Secretary for Health, Infectious Diseases/Director of OHAIDP, will play a lead role in the supporting the implementation of the Strategy by forging collaborations across HHS, and with other Federal Departments and external stakeholders.

## PACHA REVIEW

The Presidential Advisory Council on HIV/AIDS (PACHA) will provide, on an ongoing basis, recommendations on how to implement the Strategy effectively, as well as monitor the Strategy's implementation. At least once per year, a significant focus of one of the PACHA meetings will be to review the progress of Federal agencies and non-Federal stakeholders in implementing the recommendations.

# ACTION ITEMS: 2016-2020

The tables that follow list the specific action items for the Federal agencies, organized by the Strategy's Goals and Steps, with the anticipated year of completion and the responsible agency or agencies. Within each Step, actions are ordered by year of completion. Where one agency has a clear leadership role in a collaboration, this is noted; otherwise, collaborations will be partnerships among the agencies listed. The action items are described as succinctly as possible; it should be noted that the action items are supported by a level of detail for their conceptualization and implementation not captured in a summary document such as this. A list of Federal agencies, with hyperlinks to their websites, can be found in Appendix 2. A list of acronyms used throughout the document can be found in Appendix 3. The complete set of Goals, Steps, and Recommended Actions are found in the Strategy (at [www.WhiteHouse.gov/ONAP](http://www.WhiteHouse.gov/ONAP)).

These action items are intended to inform the policy development and program planning process. Implementation of some of the actions in this report may require redirection of resources from lower priority agency activities. This is not a budget document and does not imply approval for any specific action under Executive Order 12866 or the Paperwork Reduction Act. All activities included in this document are subject to budgetary constraints and other approvals, including the weighing of priorities and available resources by the Administration in formulating its annual budget and by Congress in legislating appropriations.

# GOAL 1: REDUCING NEW HIV INFECTIONS

## STEP 1.A: Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

### 1.A.1 Allocate public funding consistent with the geographic distribution of the epidemic.

YEAR	AGENCIES	ACTION ITEMS
2016-2020	CDC	For CDC HIV-related FOAs that will be published 2015-2020, CDC will ensure that they align resources with the latest published HIV epidemiologic data by applying funding algorithms.

### 1.A.2 Focus on high-risk populations (gay, bisexual, and other men who have sex with men; Black and Latino women and men; people who inject drugs; youth aged 13 to 24 years; people in the Southern United States; and transgender women).

YEAR	AGENCIES	ACTION ITEMS
2016	DOD	Analyze the Health Related Behavior Survey to determine the prevalence of behaviors that might put Service members at risk for HIV and identify opportunities for improvement in Service educational programs based on survey results.
2016	NIH	Enhance support for research in the Southern United States to enhance understanding of the HIV epidemic and inform the development of funding opportunities on HIV risk, prevention, and clinical management.
2016-2020	SAMHSA	Develop and provide guidance to award recipients to focus their HIV testing efforts on communities where HIV is most heavily concentrated, including among populations at highest risk for HIV infection and among persons with, and at risk for, substance use and mental health disorders.
2016-2020	CDC	Continue to support research, implement program activities, and provide capacity building assistance to health departments and CBOs that focus on populations at highest risk for HIV infection.
2020	NIH	Continue to increase awareness of, and build support for, HIV prevention and treatment clinical and behavioral research nationally with specific community engagement and education activities for historically underrepresented communities and populations at greatest risk for HIV infection.



**1.A.3** Maintain HIV prevention efforts in populations at risk but that have a low national burden of HIV.

YEAR	AGENCIES	ACTION ITEMS
2016	IHS	Distribute information showing data for the HIV care continuum among American Indian/Alaska Native (AI/AN) people to IHS employees and the public to assist communities with identifying local-level priorities for HIV care needs.
2016	OHAIDP	Utilize existing mechanisms and opportunities to further develop HIV and viral hepatitis prevention and care capacities among organizations serving racial/ethnic minority populations who are at risk for HIV but have a low national burden of HIV.
2016	ACF	Update information on mitigating cultural barriers to HIV testing for Asian and Pacific Islander populations and increase coordination between agencies providing HIV and domestic violence services to Asian women.

**STEP 1.B:** Expand efforts to prevent HIV infection using a combination of effective, evidence-based approaches.**1.B.1** Design and evaluate innovative prevention strategies and combination approaches for preventing HIV infection in high-risk populations and communities, and prioritize and promote research to fill gaps in HIV prevention science among the highest risk populations and communities.

YEAR	AGENCIES	ACTION ITEMS
2016	OHAIDP (lead), NIH, CDC, HRSA, SAMHSA	Convene quarterly calls to discuss new HIV implementation science and projects, develop new research and training initiatives, and implement evidence-based strategies to improve outcomes along the HIV care continuum for highest risk populations and communities.
2016-2018	CDC, NIH	Collaborate to develop and implement a research agenda on combination, high impact prevention strategies, including operational, applied science, and social determinants of health research.
2016-2020	NIH	Complete multiple studies of new HIV prevention modalities for women and for men—including intravaginal rings and injectable antiretrovirals (ARVs)—and support research to develop new delivery systems and long-acting formulations for ARV-containing prevention interventions including, but not limited to, films and gels to improve product adherence.
2020	NIH	Continue to support implementation science and translational research for HIV prevention and treatment in gay and bisexual men and transgender women.
2020	NIH	Continue ongoing research to develop monoclonal antibodies as candidate microbicides and vaccines and support non-ARV approaches to HIV prevention.
2020	DOD	Continue research on vaccine development through the RV144 study and other associated studies.
2020	HRSA, CDC, OHAIDP	Continue implementation and strengthening of the Partnerships for Care (P4C) project. Use process and outcome measures to evaluate service models and identify promising practices to improve clinical outcomes along the HIV care continuum.

**1.B.2 Support and strengthen integrated and patient-centered HIV and related screening (STIs, substance use, mental health, IPV, viral hepatitis infections) and linkage to basic services (housing, education, employment).**

YEAR	AGENCIES	ACTION ITEMS
2016	HUD, ED	HUD's Office of HIV/AIDS Housing will collaborate with HUD's Office of Special Needs Assistance Programs (SNAPS) to improve the ability of HUD-funded "Continuums of Care" to identify homeless persons living with HIV and link them to housing assistance, medical care, and other services, including, as applicable, the Department of Education's (ED) State Vocational Rehabilitation (VR) and Supported Employment (SE) programs. SNAPS will: 1) encourage award recipients to partner with HIV testing facilities to increase the availability of testing for homeless persons; 2) ensure that the needs of homeless persons living with HIV are considered in the development and implementation of programs for coordinated entry to housing services; and 3) provide guidance on how to improve data collection on HIV status during program intake.
2016	ACF	Develop resources on HIV screening within the context of IPV and distribute to all Family Violence Prevention and Services Act (FVPSA) award recipients.
2016-2020	OPA (lead), HRSA, CDC	In all Title X-funded family planning projects, continue to offer HIV counseling, testing, and referral as a core family planning service, as well as STD testing in accordance with CDC guidelines, screening for substance use disorders, and screening for IPV among females.
2018	OPA (lead), HRSA	Develop an online clinic mapping tool, accessible to the public, which will locate Title X family planning providers and RWHAP providers to help strengthen linkage to care systems, increase access to care and improve health outcomes for people living with HIV.
2018	CDC, HRSA	Increase HIV testing among persons diagnosed with acute STIs in state and locally-funded STD clinics through guidance, performance measurement, provider feedback, and systems level interventions. CDC will collaborate with HRSA to assess the feasibility of piloting system level interventions to increase HIV testing among health center patients diagnosed with acute STIs.
2018	HRSA	Explore adding an HIV screening measure to the Uniform Data System reporting requirements for the Health Center Program that is e-specified, aligned with Meaningful Use, and designed to report the percentage of health center patients aged 15-65 years who have received at least one HIV test in their lifetime.
2018	DHS (lead), DOJ, CDC	The Department of Homeland Security (DHS) Office of Health Affairs (OHA), in coordination with DHS' Immigration and Customs Enforcement Health Service Corps (IHSC), DOJ's Bureau of Prisons (BOP), and CDC, will assess the feasibility of incorporating HIV education and opt-out testing and linkage to care into the current health screening process of all undocumented immigrants in IHSC facilities.
2018-2020	SAMHSA (lead), ED	Continue to support the provision of wrap-around services (e.g., child care and vocational, educational, housing, nutrition, and transportation services) within behavioral health treatment programs to improve access and retention in care for persons living with HIV. Increase linkage to housing, education, employment, and other supportive services required for people with, and at risk for, mental health and substance use disorders and HIV. Employment opportunities will be pursued, as feasible, through ED's State VR and SE Programs.
2020	VA	Increase HIV testing rates among Veterans in Veterans Health Administration (VHA) care through social media campaigns and small grant programs for populations at highest risk.
2020	VA	Through coordination with local HIV Lead Clinicians and VA's National IPV Assistance Program, VA will explore options to implement IPV screening in HIV Clinics.

### 1.B.3 Expand access to effective HIV prevention services, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

YEAR	AGENCIES	ACTION ITEMS
2016	HRSA, CDC	Develop and deliver technical assistance, trainings, and information to HRSA programs on PrEP and PEP implementation strategies.
2016	OMH, OHAIDP	Conduct a webinar to increase awareness of PrEP and PEP among partner agencies.
2016	OHAIDP (lead), CDC, HRSA, SAMHSA, NIH	Develop an inventory of current, federally funded PrEP programs, policies, research, and technical assistance activities to serve as the basis for a gap analysis to identify high-priority research and policy needs, as well as potential geographic and population targets where PrEP access should be scaled up.
2016-2020	CDC	Increase awareness and uptake of biomedical interventions such as PrEP and PEP through HIV prevention programs and demonstration projects and by rapidly disseminating lessons learned as they are identified.
2016-2020	SAMHSA	Provide training to current award recipients about linking patients in behavioral health programs to PrEP and PEP, and seek opportunities for award recipients to provide information about PrEP and PEP as part of routine HIV testing and outreach.
2018	IHS	Distribute community and provider education on PEP and PrEP, including the dissemination of toolkits for reducing barriers to medication access.
2018	SAMHSA	Provide medication-assisted treatment (MAT) services with pharmacotherapies approved by the FDA for the treatment of opioid use disorders and support integrated care that addresses HIV infection as a part of treatment for substance use disorders.
2018	IHS, CDC, HRSA, SAMHSA	In accordance with Federal, State, Tribal, and local laws, support and educate communities on risk reduction activities for persons who inject drugs and extend access to services for medication-assisted therapies for persons with opioid addiction.
2018	CDC	Increase screening for syphilis, rectal gonorrhea, and chlamydia among gay and bisexual men at risk for HIV who are seen at state and locally funded STD clinics to ensure access to PrEP and PEP for those for whom it is appropriate and desired. CDC also will assess the feasibility of implementing system-level interventions to increase screening in primary care settings.
2018	NIH	Conduct research to inform ways to make PrEP available to those for whom it is appropriate and desired.
2020	VA	Through outreach and social media campaigns, increase the number of facilities that have local guidance or procedures in place for prescribing PrEP.

### 1.B.4 Expand prevention with persons living with HIV.

YEAR	AGENCIES	ACTION ITEMS
2016	HRSA, CDC	Create a strategy to more widely disseminate the <i>Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States</i> to RWHAP and Health Center Program providers.
2018	DOD	Assess Service-level HIV prevention education models for persons living with HIV and work within Military Health System governance to disseminate the most effective models across DOD.

## STEP 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission.

### 1.C.1 Provide clear, specific, consistent, and scientifically up-to-date messages about HIV risks and prevention strategies.

YEAR	AGENCIES	ACTION ITEMS
2016	CDC	Create and maintain an online HIV Risk Reduction Education tool that provides updated risk information that is based on the most recent scientific findings and is sufficiently detailed to support informed individual decision-making.
2016	OAH, OHAIDP	Use the online Resource Center to disseminate information to adolescents about HIV risk and prevention strategies, prevention programs, and risk assessment tools.
2016-2020	CDC	Maintain and annually update medically accurate sexual health information on CDC web pages and work with partners to disseminate information to their members and constituents.
2016-2020	ACF	Continue to disseminate new information on HIV risks and prevention strategies to organizations and agencies serving victims of domestic violence.
2018	DHS, CDC	OHA will coordinate with DHS' Customs and Border Protection and CDC to assess feasibility, devise strategy, and implement HIV education to travelers for HIV prevention and awareness at airports throughout the US.

### 1.C.2 Utilize evidence-based social marketing and education campaigns, and leverage digital tools and new technologies.

YEAR	AGENCIES	ACTION ITEMS
2016-2020	VA	Promote HIV Testing Day and World AIDS Day annually to all VA Public Affairs Officers and internal VA stakeholder groups.
2016-2020	VA	Continue to annually develop new social media messages and update communications materials images to improve ways to reach high-risk Veteran populations during awareness day campaigns. Continue to update patient educational materials to reflect these messages.
2016-2020	CDC	Continue to develop and implement scientifically accurate mass media and social media messages to increase awareness of effective HIV prevention strategies with an emphasis on populations and communities at greatest risk.
2016-2020	SAMHSA	Develop guidance and training to increase the use of social media to provide HIV prevention and education messaging for groups at high risk for HIV infection receiving substance use and mental health services.
2018	OHAIDP, OWH, OMH, CDC, HRSA, VA	Develop digital tools, in addition to updating AIDS.gov, to enable women and girls to access informational resources about HIV prevention, care and treatment, as well as emphasize the intersection of HIV with IPV.
2018	OAH	Support the online Resource Center to use interactive and social media to promote practical strategies, information, resources and links to evidence-based interventions for prevention of HIV infection among adolescents.
2020	SAMHSA	Incorporate evidence-based digital technology to support mental health and substance use disorder treatment and prevention, and to support adherence to HIV medication and PrEP.

**1.C.3 Promote age-appropriate HIV and STI prevention education for all Americans.**

YEAR	AGENCIES	ACTION ITEMS
2016	OWH (lead), CDC, OHAIDP, OAH, OPA	Launch, implement, and evaluate the <i>Know the Facts First</i> campaign, which provides teenage girls with accurate information on STDs, STD rates, and STD prevention to make informed decisions about their sexual activity.
2016-2020	CDC	Expand sexual health education by: 1) documenting state sexual health education policies and identifying characteristics of state laws that are associated with improved school policies and practices and reduced sexual risk behaviors; 2) developing a technical guidance package for schools to assist them in implementing sexual health education that meets the objectives and standards described in the Health Education Curriculum Analysis Tool (HECAT); 3) developing ancillary technical guidance packages for award recipients as needed; and 4) developing and piloting partnership strategies to broaden the reach of sexual health education.
2016-2020	ED (lead), CDC	Promote healthy school practices through nutrition, physical activity, and health education by: 1) issuing guidance to schools and school districts on improving local wellness policies; 2) encouraging health care enrollment of all students and wrap-around services to meet individual student health needs; and 3) encouraging schools to implement CDC's HECAT to align health and sexual health education with voluntary national standards, including standards related to HIV awareness and education.
2016-2020	SAMHSA	Support ongoing programs providing education on substance use disorders and HIV prevention to youth and young adults.
2018	OWH, SAMHSA, DOJ, HUD, VA, HRSA	Disseminate the HHS Office on Women's Health (OWH) Technical Brief Report, <i>Strategies for Improving the Lives of Women age 40 and above Living with HIV/AIDS</i> , to a diverse and broad audience, to include Federal partners, award recipients, and faith leaders to inform HIV care and treatment programs for older women living with HIV.
2018	IHS, DOI, CDC	Develop policy support documents and technical assistance materials for educators serving AI/AN populations to support local-level delivery of age-appropriate HIV and STI prevention education.
2018	OAH, CDC	Continue to support the online Resource Center to provide age-appropriate, scientifically accurate, culturally competent and Lesbian, Gay, Bisexual, and Transgender (LGBT) inclusive HIV and STI prevention education for adolescents.
2018	HRSA	Compile lessons learned from HRSA-funded interventions to address the unique barriers to care for young Black MSM and women of color and to engage and retain them in care with optimal health outcomes, and disseminate evidence-based leadership development strategies to heighten the awareness and understanding of the barriers to and gaps in care for HIV infected youth.

### 1.C.4 Expand public outreach, education, and prevention efforts on HIV and intersecting issues, such as IPV.

YEAR	AGENCIES	ACTION ITEMS
2016	NIH	Conduct a multidisciplinary expert scientific workshop and fund research to increase understanding of the biomedical factors that increase HIV risk with sexual and intimate partner violence to inform biomedical HIV prevention strategies.
2016-2020	OWH	Support an annual event to observe National Women and Girls HIV/AIDS Awareness Day to reduce the stigma of HIV and empower women and girls to share knowledge and take action.
2016-2020	SAMHSA	Continue to increase awareness of the <i>Trauma-Informed Care Guidance</i> for use in HIV prevention and care programs across the Federal government. Provide training and technical assistance on trauma-informed care via webinars for award recipients.
2016-2020	ACF	Develop and update information and resources on the intersection of HIV and IPV and disseminate to FVPSA award recipients.
2018	VA	Explore social media and digital strategies for both patients and providers to increase screening for IPV among Veterans living with HIV.
2020	ACF, HRSA	Strengthen partnerships between HIV providers and domestic violence service providers to plan and implement trainings on their successful collaborative models for service delivery.

### 1.C.5 Tackle misperceptions, stigma, and discrimination to break down barriers to HIV prevention, testing, and care.

YEAR	AGENCIES	ACTION ITEMS
2016	DOJ	Send the <i>Best Practices Guide to Reform HIV-Specific Criminal Laws to Align with Scientifically Supported Factors</i> to all State Attorneys General, with a cover letter alerting them to its purpose and contents.
2016	DOJ (lead), CDC, HRSA, SAMHSA, ACL, VA, DOL, HUD, ED	Distribute the one-page, plain language, user-friendly fact sheet on HIV discrimination under the ADA at applicable conferences and other outreach opportunities. Translate this fact sheet and <i>Questions and Answers: The American with Disabilities Act and Persons with HIV/AIDS</i> into Spanish. Publish these materials on <a href="http://ada.gov/aids">ada.gov/aids</a> and distribute them at all applicable conferences and other outreach opportunities. Federal agencies will disseminate the fact sheet through their networks, websites, and other relevant outlets.
2016	CDC (lead), DOJ	Incorporate non-discrimination messaging into campaign and educational materials for campaigns targeting stigma ( <i>HIV Stops with Me</i> ) and persons living with HIV ( <i>HIV Treatment Works</i> ) and examine options for including non-discrimination messages into additional materials targeting high-risk communities.
2016	HHS/OCR	Issue responses to frequently asked questions (FAQs) on individuals' rights to access and obtain a copy of their own health information under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule.
2016-2020	EEOC	Issue both new and updated technical assistance publications, outreach, and training presentations relating to employment non-discrimination rights for persons living with HIV.
2016-2020	EEOC	Target outreach on HIV-related employment non-discrimination rights to specific stakeholder populations, in particular youth workers, small business, speakers of languages other than English (including via translated materials), and health care providers.
2018	DOJ, EEOC, HUD, HHS/OCR, ED/OCR, CDC, HRSA, SAMHSA, DOL, VA, SSA	Lead enforcement agencies (DOJ, EEOC, HUD, HHS/OCR, ED's Office of Civil Rights (ED/OCR)) will partner with service delivery agencies and programs (e.g., CDC, HRSA, SAMHSA, DOL, VA, SSA) to inform those agencies' staff and grant recipients about Federal civil rights protections for people living with HIV.

## GOAL 2: INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV

**STEP 2.A:** Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.

**2.A.1** Ensure continuity of high-quality comprehensive health care coverage to support access to HIV care.

YEAR	AGENCIES	ACTION ITEMS
2016	HRSA (lead), CDC, SAMHSA, SSA	Disseminate lessons learned from safety net providers about how to extend health care coverage enrollment opportunities to key populations at the greatest risk of new HIV infection or living with HIV. Expand training on health literacy related to health care coverage for Black gay, bisexual, and other men who have sex with men through implementing a specialized train-the-trainer curriculum to increase their knowledge and access to health care coverage. The Social Security Administration (SSA) will provide materials related to eligibility for disability benefits, including those for persons living with HIV, as well as guidance to assist health professionals in providing the kinds of evidence needed to evaluate disability claims filed by persons living with HIV.
2016-2020	SAMHSA	Provide technical assistance to support award recipients' ability to maximize payment systems and to access third party reimbursement for behavioral health and HIV services.
2016-2020	CDC	Continue to provide guidance to HIV prevention award recipients to increase their capacity to establish or improve systems that allow for third party reimbursement for testing for HIV and other related co-infections (e.g. STIs, Hepatitis C, tuberculosis), and provide the technical assistance needed to effect the necessary changes.
2018	VA	Develop guidance for VA facilities that offer little or no HIV-specific services to ensure Veterans living with HIV are actively monitored and linked to services at other VAs or non-VA care programs.
2020	DHS, HRSA	OHA will coordinate with DHS' IHSC and HRSA to assess the feasibility of providing information about local low-cost or free clinics to detainees living with HIV prior to release from custody to strengthen continuity of care, medication adherence, and access to supportive social services.



**2.A.2** Ensure linkage to HIV medical care improve retention in care for people living with HIV.

YEAR	AGENCIES	ACTION ITEMS
2016	CDC	Establish new standards for linkage to HIV care aligned with updated Strategy measures for all new programmatic FOAs and demonstration projects (i.e., change from linkage within 3 months to linkage within 1 month of diagnosis).
2016-2018	SAMHSA	Continue to support and identify lessons learned from models for timely linkage to HIV and behavioral health care and support services through co-located and integrated behavioral health and supportive services.
2016-2020	HRSA	Develop and periodically update an HIV landing page on the HRSA website with information designed for health centers and other safety net providers to increase the integration of HIV diagnosis, care, and treatment into primary care; promote the use of clinical guidelines and best practices; provide assistance and advice regarding health information technology (HIT) infrastructure enhancements to support improved linkage to care and care coordination; and encourage and support quality improvement using data-driven strategies.
2016-2020	CDC	Scale up use of the HIV Data to Care public health strategy by: including Data to Care as an activity in all relevant HIV FOAs to be published 2015-2020; identifying and defining standard process measures for the Data to Care public health strategy; including process measures in future FOAs; and assessing performance of CDC award recipients using the process measures.

**2.A.3** Support and strengthen capacity to implement innovative and culturally appropriate models to more effectively deliver care along the care continuum.

YEAR	AGENCIES	ACTION ITEMS
2016	HRSA	Integrate and leverage lessons learned from projects related to the HIV Care Continuum Initiative to disseminate findings across HRSA programs to support and strengthen provider capacity to implement innovative and culturally and linguistically competent models of care.
2018-2019	CDC	Identify best practices from CDC-funded projects that focus on models of care for persons living with HIV and disseminate to CDC award recipients through capacity building assistance and program guidance.
2020	NIH	Support ongoing studies that measure medication adherence to inform adherence practices and improve outcomes along the HIV care continuum.

**2.A.4** Prioritize and promote research to fill gaps in knowledge along the care continuum.

YEAR	AGENCIES	ACTION ITEMS
2016-2020	NIH	Support ongoing studies to develop and test long acting ARV formulations to improve adherence and new ARV combinations to improve safety and minimize side effects.
2018	NIH	Support ongoing studies to inform maintenance along the HIV continuum of care, including health and service needs for older Americans.
2018	HRSA	Assess best practices and models that are associated with improved HIV health outcomes and management of other co-morbidities, including viral hepatitis, to address retention in HIV care and viral suppression.

### 2.A.5 Provide information, resources, and technical assistance to strengthen the delivery of services along the care continuum, particularly at the State, Tribal, and local levels.

YEAR	AGENCIES	ACTION ITEMS
2016	CMS	Provide information to State Medicaid Directors on the latest HIV treatment guidelines, scientific advances in HIV prevention, and program flexibility available for increased access to HIV testing and improved care coordination.
2016	HRSA (lead), CDC	Disseminate models and provide technical assistance on the Data to Care public health strategy, including the creation of a learning collaborative across key RWHAP jurisdictions to share effective models for addressing gaps along the HIV care continuum.
2016	DOJ, CDC	Develop and distribute a guidance document explaining to health care workers the obligation to provide services in a non-discriminatory way to patients living with HIV, routes of HIV transmission, protections to prevent occupational HIV transmission, universal precautions, and PEP.
2016-2020	NIH	In collaboration with the Washington, DC Department of Health for the DC Partnership for HIV/AIDS Progress, expand HIV care and research expertise in community health centers in Washington, DC.
2016-2020	VA	Produce annual HIV registry reports that provide data to guide clinical and administrative activities directed at assuring safe, effective, and efficient care for Veterans living with HIV.
2018	CDC, HRSA	Assess the feasibility of piloting systems-level interventions within RWHAP to increase annual testing for STIs among gay, bisexual, and other men who have sex with men, including the collection and reporting of data for quality improvement and the provision of training and technical assistance.
2018	VA (lead), DOJ	Update the VA's 2009 publication, <i>Primary Care of Veterans with HIV</i> , incorporating non-discrimination messaging and information about the requirements of the ADA.
2018	OHAIDP (lead) CDC, CMS, HRSA	Advance uptake and use of HIV-related clinical quality measures in Medicare and Medicaid.

### STEP 2.B: Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV.

#### 2.B.1 Increase the number of available providers of HIV care.

YEAR	AGENCIES	ACTION ITEMS
2016	HRSA	Implement HIV curricula in agency-wide health care worker programs for providers and residents to increase their capacity and ability to serve people living with HIV, including the management of co-morbidities such as viral hepatitis.
2018	CDC	Establish a Disease Intervention Specialist (DIS) certification and training program to improve the capacity of health department public health DIS workforce in linking to and re-engaging in care persons living with HIV.
2020	VA	Continue to support post-doctoral psychology fellowships in HIV to train up to 50 psychologists in integrated HIV, substance use, and mental health care.

**2.B.2** Strengthen the current provider workforce to ensure access to and quality of care.

YEAR	AGENCIES	ACTION ITEMS
2016-2020	OPA (lead), CDC, HRSA	Provide trainings for HHS award recipients to incorporate family planning as part of comprehensive HIV, mental health, and substance use disorder treatment services delivery.
2018	HRSA, CDC, OHAIDP	Develop and disseminate a toolkit regarding integration of HIV into primary care, based on lessons learned from health centers and health departments participating in the P4C project.
2018	CMS, CDC, HRSA	Develop an HIV affinity group focused on state-to-state learning and sharing HIV-related prevention and care best practices in Medicaid and CHIP.

**2.B.3** Support screening for and referral to substance use and mental health services for people living with HIV.

YEAR	AGENCIES	ACTION ITEMS
2016	CDC, NIH, HRSA, SAMHSA	The Interagency HIV, Mental Health, and Substance Abuse Work Group will develop a research and programmatic agenda that leverages the expertise of each of the Federal agencies.
2020	HRSA, SAMHSA	Seek avenues to improve and expand the delivery of substance use services—with a focus on opioid use disorders—at health centers, including those that serve high numbers of patients living with HIV or at high risk for HIV infection. Support the identification of best practices and quality improvement in the delivery of these services.

**STEP 2.C:** Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges in meeting basic needs, such as housing.**2.C.1** Address policies to promote access to housing and other basic needs and other supportive services for people living with HIV.

YEAR	AGENCIES	ACTION ITEMS
2016-2018	DOL, HUD, ED	Continue to disseminate information and encourage usage of the <i>Getting to Work</i> curriculum that builds the capacity of HIV service workers to address the employment needs of persons living with HIV. DOL and ED will explore opportunities to reach the target audience of HIV service providers. DOL will complete an evaluation of the curriculum to help inform future efforts to support delivery of rehabilitative employment services.
2016-2020	ED	Facilitate nationwide HIV prevention and care training for State VR and SE programs. Promote VR as part of the HIV care continuum through conferences and webinars. Prepare a VR service provision technical assistance circular for persons living with HIV who are determined eligible for the VR program and who encounter barriers to employment. Collect, evaluate, and distribute best practices for VR and SE service provision, as appropriate, for persons living with HIV.
2020	HUD, DOJ	To address the intersection of HIV and IPV, identify models of improved service integration among HIV housing providers and providers of services for persons experiencing sexual assault, domestic violence, dating violence, and stalking.

### 2.C.2 Improve outcomes for women in HIV care by addressing violence and trauma, and factors that increase risk of violence for women and girls living with HIV.

YEAR	AGENCIES	ACTION ITEMS
2016	OHAIDP (lead), OWH	Compile an inventory of federally-funded trauma-informed care programs for women, girls, and transgender women living with HIV and post relevant information on AIDS.gov. Use the inventory to identify unmet needs, and the communities and populations with the highest need for such programs.
2016	ACF	Conduct outreach and prevention on the intersection of HIV and IPV through webinars, materials development, and website development with award recipients serving LGBT survivors of domestic violence.
2018	HRSA (lead), NIH	Research and identify IPV screening and other interventions to share with grant recipients to help increase their capacity to improve health outcomes for women and girls as well as other key populations, such as gay and bisexual men living with HIV.
2018	SAMHSA	Continue to support and identify lessons learned from the Violence Intervention to Enhance Lives (VITEL) project, a novel IPV intervention offered in behavioral health settings to support follow-up to referrals provided to clients that are screen-detected for IPV.
2018	NIH	Support ongoing intervention studies in young men designed to decrease IPV perpetrated on women.
2020	NIH	Support ongoing studies to improve understanding of the intersection of the biology of IPV, mucosal immunology, genital injury, and HIV risk.
2020	HRSA (lead), ACF	Explore options to promote and support health centers to implement IPV-related services in primary care settings, some of which include health centers serving persons living with HIV.

# GOAL 3: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

## STEP 3.A: Reduce HIV-related disparities in communities at high risk for HIV infection.

**3.A.1** Expand services to reduce HIV-related disparities experienced by gay and bisexual men (especially young Black gay and bisexual men), Black women, and persons living in the Southern United States.

YEAR	AGENCIES	ACTION ITEMS
2016	ACF	Convene regional community roundtable discussions to highlight the relevance of the intersecting issues of HIV and IPV in the Black community.
2016	OHAIDP	Explore opportunities to focus on HIV-related disparities of gay and bisexual men, Black women, and persons living in the Southern United States as part of ongoing activities.
2016-2020	CDC	Expand provision of services among populations affected by HIV-related disparities by implementing programmatic activities and providing capacity building assistance for health departments and CBOs and through demonstration projects with health departments.
2018	SAMHSA	Seek opportunities to ensure that behavioral health programs serving groups disproportionately affected by HIV offer HIV testing, with case management for those who test positive and linkage to prevention services, such as PrEP, for those who test negative.

**3.A.2** Support engagement in care for groups with low levels of viral suppression, including youth and persons who inject drugs.

YEAR	AGENCIES	ACTION ITEMS
2016	HRSA	Pilot a virtual technical assistance program involving experts and peers regarding provision of MAT in primary care settings utilizing teleconferencing technology.
2016-2020	CDC	Expand efforts to implement linkage and retention interventions and Data to Care strategies that will improve linkage, retention, and viral suppression among all persons living with HIV, especially youth, persons who inject drugs, and black gay and bisexual men through prevention program funding to health departments and CBOs.
2018	HRSA	Explore adding MAT measures to the Uniform Data System reporting requirements for the Health Center Program.
2018	HRSA, CDC	Identify and disseminate promising practices for HIV prevention, HIV and viral hepatitis testing, linkage, care, and treatment services to RWHAP providers, school-based health centers, and other safety net providers serving youth.

## STEP 3.B: Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities.

### 3.B.1 Scale up effective, evidence-based programs that address social determinants of health.

YEAR	AGENCIES	ACTION ITEMS
2016	OHAIDP (lead), CDC, HRSA, NIH, SAMHSA	Identify strategies to expand the capacity of community-based and faith-based organizations and other grassroots entities to identify and respond to the social and structural barriers to HIV prevention, diagnosis, and care.
2017	OHAIDP (lead), CDC, HRSA, SAMHSA	Analyze, compile and publish in the peer-reviewed literature lessons learned from the Care and Prevention of HIV in the United States (CAPUS) demonstration project to widely disseminate lessons learned, particularly with regards to structural interventions that improve health outcomes.
2018	SAMHSA	Provide technical assistance and webinars on the prevention of HIV infection and substance use disorders to award recipients serving communities and populations at high risk for HIV and HCV infection.
2020	NIH	Continue to support ongoing research to improve characterization of the social determinants of health as they relate to HIV infection and disease outcomes in order to design effective structural interventions.

### 3.B.2 Support research to better understand the scope of the intersection of HIV and violence against women and girls, and develop effective interventions.

YEAR	AGENCIES	ACTION ITEMS
2016	SAMHSA	Implement a pilot study of IPV services delivered in behavioral health settings for transgender women in behavioral health and HIV care.
2017	ACF	Seek opportunities to highlight findings from research and practice to increase understanding of the intersection of HIV and IPV.
2020	NIH	Continue to support research to improve understanding of the intersection of genital and anal/rectal injury and biomedical risk for HIV.

## STEP 3.C: Reduce stigma and eliminate discrimination associated with HIV status.

### 3.C.1 Promote evidence-based public health approaches to HIV prevention and care.

YEAR	AGENCIES	ACTION ITEMS
2016	CDC (lead), DOJ	Continue to monitor state HIV-specific criminal statutes and develop a fact sheet that provides the most current science, current information on state statutes, and the potential impact on HIV outcomes.

### 3.C.2 Strengthen enforcement of civil rights laws, and assist States in protecting people living with HIV from violence, retaliation, and discrimination associated with HIV status.

YEAR	AGENCIES	ACTION ITEMS
2016	HUD	Work closely with HIV housing providers and stakeholder groups to identify barriers to reporting HIV-related housing discrimination, and better identify the realities of HIV-related housing discrimination in communities across the nation.
2016	HHS/OCR	Issue a report that highlights best practices for hospitals to ensure equal access to services and ensuring the privacy of individuals' protected health information.
2016-2020	DOJ, HHS/OCR, ED/OCR	<p>Continue to open investigations of HIV/AIDS discrimination under the Barrier-Free Health Care Initiative, a partnership between DOJ's CRD and U.S. Attorneys' Offices to address discrimination by health care providers, as well as under the Fair Housing Act to address discrimination by housing providers.</p> <p>As appropriate, DOJ will develop cases that present a pattern or practice of HIV/AIDS discrimination and other high-impact cases, and will file Statements of Interest in matters related to HIV/AIDS discrimination by monitoring private litigation and working with non-profit legal organizations to identify such opportunities.</p> <p>HHS/OCR will continue to accept and investigate complaints of discrimination against persons living with HIV in health care treatment and insurance coverage, as well as complaints that a covered entity or business associate violated the health information privacy rights of persons with HIV or committed another violation of the Privacy, Security or Breach Notification Rules.</p> <p>ED/OCR will continue to accept and investigate complaints of disability discrimination against persons with HIV by schools subject to Section 504 of the Rehabilitation Act of 1973 and Title II of the ADA.</p>
2016-2020	EEOC	Educate applicants and employees living with HIV of their employment non-discrimination rights by developing materials for distribution through new channels, including health care delivery sites in partnership with other Federal agencies.
2020	DOJ	Conduct targeted outreach efforts related to HIV non-discrimination, with a particular focus on southern states and other communities with high rates of HIV.

### 3.C.3 Mobilize communities to reduce HIV-related stigma.

YEAR	AGENCIES	ACTION ITEMS
2016	HUD	HUD's Office of HIV/AIDS Housing will collaborate with HUD's Office of Faith-Based and Neighborhood Partnerships to disseminate informational materials on HIV-related stigma to the larger faith-based network.
2016	OHAIDP	Compile and share resources (e.g. provide health literacy information, an arena for peer-to-peer information sharing, and compassionate leadership resources for clergy) that highlight the role of faith-based leaders in addressing HIV and IPV among LGBT populations
2016	CDC	Support community mobilization efforts through capacity building assistance providers, who will strengthen the use of social network strategies by CBOs, and through national campaigns that will serve as calls to action to the most affected communities.
2018	OHAIDP	Provide training on reduction of HIV-related stigma to faith-based organizations to increase community mobilization to address HIV among LGBT people and to reduce stigma associated with their sexual orientation and gender identity.
2020	NIH	Continue to support research related to the health aspects of stigma, including studies that characterize and reduce stigma, seek to improve health outcomes for African American women, and address HIV-related stigma behaviors in clinical encounters; intervention research to improve understanding of the role of discrimination and mistrust among HIV-positive Black men; and research to define social-structural stressors, resilience, and sexual risk behaviors among Black men and its effect on HIV care and outcomes.

### 3.C.4 Promote public leadership of people living with HIV.

YEAR	AGENCIES	ACTION ITEMS
2016	CDC, HRSA	Through integrated planning guidance, promote development of public leadership skills and opportunities by including people living with HIV in integrated prevention and care planning as well as in leadership positions.
2016-2020	VA	Maintain the Veterans with HIV Community Advisory Board to allow Veterans to provide their individual feedback to feedback to VA on issues they encounter in VA care, relevant proposed policies, and outreach.
2018	SAMHSA	Support programs to develop peer leaders at minority-serving colleges and universities to provide education and training on substance use disorders and HIV prevention.



# GOAL 4: ACHIEVING A MORE COORDINATED NATIONAL RESPONSE TO THE HIV EPIDEMIC

**STEP 4.A:** Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments.

## 4.A.1 Streamline reporting requirements for Federal grantees.

YEAR	AGENCIES	ACTION ITEMS
2016	OHAIDP	Ensure that HHS Operating Divisions and Staff Offices achieve and maintain specific targets for streamlined reporting obligations for award recipients. Seek feedback from key stakeholders on the outcomes of the process.

## 4.A.2 Strengthen coordination across data systems and the use of data to improve health outcomes and monitor use of Federal funds.

YEAR	AGENCIES	ACTION ITEMS
2016	SAMHSA	Disseminate information about the National Survey on Drug Use and Health and the Treatment Episode Data Set for use by other Federal partners and stakeholders as tools for identifying substance use and mental health disorders as risk factors for HIV.
2016	DOD	Monitor data from the Defense Medical Surveillance System on STIs and high risk behaviors, and use the results of analyses to inform educational resources and programs to raise provider awareness.
2016-2020	SAMHSA	Continue work to develop and implement a combined HIV and viral hepatitis testing form to streamline data requirements.
2018	OHAIDP	Disseminate useful data sharing practices (e.g., model data sharing agreements) and develop tools that help users address privacy requirements for HIV prevention and treatment programs.
2018	IHS	Actively engage with Federal and Tribal entities at the state/local level on calculating and disseminating data pertaining to AI/AN populations on HIV incidence and prevalence, linkage to care, representation in the AIDS Drug Assistance Program, and other related metrics with bearing on access to HIV care.
2018	VA	Update the <i>2011 HIV State of Care for Veterans</i> report which highlights trends in care for HIV and co-morbidities.
2020	HRSA, HUD	Identify models for the electronic integration of housing and HIV care data systems to enhance coordination of service delivery and enhance patient navigation to improve health outcomes along the HIV care continuum.

**4.A.3** Ensure coordinated program planning and administration.

YEAR	AGENCIES	ACTION ITEMS
2016	CDC, HRSA	Continue to collaborate to support and expand the development of Integrated Prevention and Care Plans and planning processes in state and local jurisdictions by providing capacity building assistance, program guidance, and data sharing guidance.

**4.A.4** Promote resource allocation that has the greatest impact on achieving the Strategy goals.

YEAR	AGENCIES	ACTION ITEMS
2016	HUD	Work with Congress to update the funding formula for the Housing Opportunities for People with AIDS (HOPWA) program, from being based on the cumulative number of AIDS cases to being based on the number of persons living with diagnosed HIV infection according to HIV surveillance data. Develop a plan to incorporate local housing costs and poverty rates into formula.
2018	HRSA	Conduct a study of the health economics of the RWHAP to increase understanding of the impact of this Federal funding on the health care system and health outcomes.

**STEP 4.B:** Develop improved mechanisms to monitor and report on progress toward achieving national goals.**4.B.1** Strengthen the timely availability and use of data.

YEAR	AGENCIES	ACTION ITEMS
2017-2020	VA	Implement self-identified, gender identity data capture fields to improve surveillance of health care access and quality of care for transgender Veterans.
2017-2020	VA	Implement self-identified, sexual orientation data capture fields to improve surveillance of health care access and quality of care for LGBT Veterans.
2018	OHAIDP (lead), HRSA, CDC	Lead a cross-agency effort to develop a user-friendly, online tool that supports mapping of Federal HIV prevention and care resources at a jurisdictional level.
2018	HUD	Strengthen HOPWA program data collection on client outcomes related to employment services to enable the Department to capture the number of beneficiaries that obtained employment while receiving HOPWA assistance, either through HOPWA-funded employment services or other means.
2018	CMS	Work to rapidly disseminate findings from the Center for Medicare & Medicaid Innovation projects that can inform improvement in HIV prevention and care and integrate findings from those projects with Federal and state HIV programs.
2020	HRSA (lead), ONC	Create an electronic specification tool, in collaboration with the HHS Office of the National Coordinator for Health Information Technology (ONC), that supports eligible RWHAP providers' ability to capture and report on HIV clinical quality measures for CMS's Meaningful Use and other incentive programs.

**4.B.2** Provide regular public reporting on Strategy goals.

YEAR	AGENCIES	ACTION ITEMS
2016	OHAIDP (lead), CDC, HRSA, SAMHSA, NIH, IHS	Develop and host four webinars/calls to educate Federal project officers on the priorities outlined in the Strategy, emerging HIV trends and developments, and innovative Federal programming in response to emerging challenges and opportunities of HIV prevention, care, and research.
2016	OHAIDP	Work with the PACHA to plan a Council meeting that focuses on highlighting best practices in integrating and coordinating HIV services.
2016	OHAIDP	Compile an HHS annual report on progress in achieving reduced reporting burdens for award recipients, harmonizing reporting timelines across funding streams, and using standardized HHS HIV core indicators to report on specific programmatic effects to improve HIV care continuum outcomes.
2016-2020	CDC	Issue annual reports on progress that are aligned with Strategy priorities at national and state levels and use results of state progress reports to identify models for success in areas demonstrating progress and to assist award recipients to develop a plan of action to address areas needing improvement.

**4.B.3** Enhance program accountability.

YEAR	AGENCIES	ACTION ITEMS
2016-2020	CDC	Provide award recipients with at least annual progress reports for all key programmatic FOAs and refine feedback loops and accountability procedures to improve their performance and impact.
2018	HUD	Add data elements to HOPWA reports for award recipients related to health outcomes for beneficiaries served by the HOPWA program to assess the impact of the HOPWA program on the health outcomes of program beneficiaries.
2018	CDC	Examine funding algorithms for surveillance and prevention program FOAs to consider incorporating an incentive for award recipients who meet key data targets or other public health goals.
2020	HRSA	Develop tools to help HRSA award recipients and sub-recipients measure progress towards performance goals, such as benchmarks on relevant HIV indicators.

## APPENDIX 1

### LESSONS FROM PEPFAR

#### LESSONS FROM THE GLOBAL RESPONSE TO INFORM THE DOMESTIC RESPONSE

Globally there are an estimated 37 million people living with HIV, resulting in a pressing need to optimize and strengthen existing HIV programs and to rapidly scale-up access to HIV prevention, testing, care, and treatment services. Executive Order 13703 instructed the Secretary of State to submit to ONAP and OMB recommendations for improving the Government-wide response to the domestic HIV epidemic, based on lessons learned in implementing the President's Emergency Plan for AIDS Relief (PEPFAR) program. Below are some lessons from the global response to HIV from PEPFAR that are consistent with the principles of the National HIV/AIDS Strategy.

The response to the HIV epidemic must:

- Include an **urban context**, where the largest concentrations of people living with and affected by HIV reside. Throughout all regions of the world, cities bear a disproportionate burden of HIV, with approximately 60% of the world's 35 million people living with HIV residing in urban areas. The international **Fast-Track Cities Initiative** is a global partnership whose aim is to build upon, strengthen, and leverage existing HIV programs and resources in order to facilitate locally coordinated city-wide responses to attain the United Nations' 90-90-90 targets by 2020—90% of persons living with HIV knowing their status, 90% who know their status on antiretroviral therapy (ART), and 90% of those on ART achieving viral suppression. Several U.S. cities have signed on to the Initiative, demonstrating the consistency across U.S. and global goals and priority actions in response to HIV.
- Address populations that are **underserved and at higher risk of HIV** as a key to ending the AIDS epidemic, by analyzing, understanding, and responding to the regional and local diversity of the AIDS epidemic, including knowing which populations are most affected within local epidemics.
- Make strategic, scientifically sound **investments** to rapidly scale up core HIV prevention, treatment, and care interventions and maximize impact. These include the provision of ART, prevention of mother-to-child transmission, HIV testing and counseling, condoms, and targeted prevention for key and priority populations.
- Work with **multiple stakeholders** including governments, civil society, people living with HIV, faith-based organizations, the private sector, foundations, and multilateral institutions to effectively mobilize, coordinate, and efficiently utilize resources to expand high-impact strategies, saving more lives sooner. **Foster sustainability** by increasing implementation of services and programs through building capacity of local institutions, systems and workforce.
- Protect **human rights** and address the human rights challenges faced by those living with and affected by HIV/AIDS. Do so by working toward ending **stigma and discrimination** against people living with HIV and key populations, improving their access to, and uptake of, comprehensive HIV services.
- Increase transparency, oversight, and accountability and the use of real-time **data for performance-based decision-making**. Set benchmarks for outcomes and programmatic efficiencies through regularly assessed planning and reporting processes to ensure goals are being met. Evaluate each site's performance and focus geographically and by site for all care, treatment and prevention interventions.

## APPENDIX 2

# LIST OF AGENCIES

<b>DHS</b>	Department of Homeland Security
OHA	Office of Health Affairs
IHSC	Immigration and Customs Enforcement Health Services Corps
<b>DOD</b>	Department of Defense
<b>DOI</b>	Department of the Interior
<b>DOJ</b>	Department of Justice
BOP	Bureau of Prisons
CRD	Civil Rights Division
<b>DOL</b>	Department of Labor
<b>ED</b>	Department of Education
<b>EEOC</b>	Equal Employment Opportunity Commission
<b>HHS</b>	Department of Health and Human Services
<b>HHS Operating Divisions</b>	
ACF	Administration for Children and Families
ACL	Administration for Community Living
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
NIH	National Institutes of Health
SAMHSA	Substance Abuse and Mental Health Services Administration
<b>HHS Office of the Secretary</b>	
OCR	Office for Civil Rights
ONC	Office of the National Coordinator for Health Information Technology
<b>HHS Office of the Assistant Secretary for Health (OASH)</b>	
OAH	Office of Adolescent Health
OHAIDP	Office of HIV/AIDS and Infectious Disease Policy
OMH	Office of Minority Health
OPA	Office of Population Affairs
OWH	Office on Women's Health
<b>HUD</b>	Department of Housing and Urban Development
<b>SSA</b>	Social Security Administration
<b>State</b>	Department of State
<b>VA</b>	Department of Veterans Affairs
<b>White House</b>	
ONAP	Office of National AIDS Policy
OMB	Office of Management and Budget
ONDCP	Office of National Drug Control Policy
PACHA	Presidential Advisory Council on HIV/AIDS

## APPENDIX 3

# LIST OF ACRONYMS

<b>ADA</b>	Americans with Disabilities Act
<b>AI/AN</b>	American Indian/Alaskan Native
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>CBO</b>	Community-Based Organization
<b>DIS</b>	Disease Intervention Specialist
<b>FOA</b>	Funding Opportunity Announcement
<b>FVPSA</b>	Family Violence Prevention and Services Act
<b>FTCI</b>	Fast Track Cities Initiative
<b>HECAT</b>	Health Education Curriculum Assessment Tool
<b>HIPAA</b>	Health Information Portability and Accountability Act
<b>HIT</b>	Health Information Technology
<b>HOPWA</b>	Housing Opportunity Program for People with AIDS
<b>IPV</b>	Intimate Partner Violence
<b>LGBT</b>	Lesbian, Gay, Bisexual, and Transgender
<b>MAT</b>	Medication-Assisted Treatment
<b>NHAS</b>	National HIV/AIDS Strategy
<b>PEP</b>	Post-Exposure Prophylaxis
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>RWHAP</b>	Ryan White HIV/AIDS Program
<b>SE</b>	Supported Employment
<b>SMAIF</b>	Secretary's Minority AIDS Initiative Fund
<b>SNAPS</b>	Office of Special Needs Assistance Programs (HUD)
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexually Transmitted Infection
<b>VHA</b>	Veterans Health Administration
<b>VR</b>	Vocational Rehabilitation



**WHITE HOUSE OFFICE OF NATIONAL AIDS POLICY**

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