

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

UPDATED TO 2020

2016 PROGRESS REPORT

DECEMBER 2016



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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EXECUTIVE SUMMARY

In this Progress Report, we assess our accomplishments for 2016 in implementing the [National HIV/AIDS Strategy: Updated to 2020](#) (Strategy) amidst a backdrop of progress in our nation's response to the HIV epidemic in America since the Strategy's first release in 2010. It is clear by many measures that our National HIV/AIDS Strategy is paying off—we're on the right track to reach most of our 2020 goals—but significant challenges remain. This report focuses on the most recent data for the Strategy's indicators of progress, as well as Federal and community actions to implement the Strategy during 2016.

The Strategy's [indicators](#) tell us that fewer people are being diagnosed with HIV, as new HIV diagnoses decreased 7 percent from 2010 through 2013. In the context of increases in HIV testing during this time period, the data suggest the number of new infections is declining. The vast majority (87 percent) of persons living with HIV are aware of their status. More Americans living with HIV are getting the treatment and care they need to live healthy lives: 3 in 4 persons diagnosed with HIV are linked to care within 1 month, the majority (57 percent) are staying in care, and more than half (55 percent) are virally suppressed. We are also reducing the unequal impact of HIV among some of the hardest-hit populations: more young people and people who inject drugs are virally suppressed (now at 44 percent and 47 percent, respectively) and the disparity in diagnoses among Black women and girls has been reduced by more than 15 percent.

However, we are not seeing progress on some indicators. Although diagnoses dropped overall, progress in reducing the diagnosis disparity experienced in the Southern United States stalled. Homelessness among persons with HIV continued to inch upward. Among gay and bisexual men, disparities in new diagnoses and HIV-risk behaviors showed increases, rather than the expected decreases from the baseline.

GOALS OF THE NATIONAL HIV/AIDS STRATEGY



Reduce New HIV Infections



Increase Access to Care and Improve Health Outcomes among People Living with HIV



Reduce HIV-related Health Disparities and Health Inequities



Achieve a More Coordinated National Response

KEY POPULATIONS

- Gay, bisexual, and other men who have sex with men of *all races and ethnicities*
- Black women and men
- Latino men and women
- People who inject drugs
- Youth aged 13 to 24 years
- People in the Southern United States
- Transgender women

With this Progress Report, for the first time we include three new developmental indicators that will further strengthen our national response to HIV:

- Increase viral suppression among transgender women in HIV medical care to 90 percent,
- Increase use of pre-exposure prophylaxis (PrEP) by 500 percent, and
- Reduce HIV stigma by 25 percent.

The Strategy's [Federal Action Plan for 2016-2020](#) reflects efforts made to ensure all parts of the Federal government are focused on the most effective strategies and continue to drive progress through collaborations that maximize resources and expand the reach of our efforts. Of the 91 Federal actions to be achieved in 2016, many of which are multiyear commitments, 76 percent were completed and 22 percent were initiated but not yet completed. An additional 48 action items are designated to be completed by 2018, and 28 actions to be completed by 2020. This report documents progress on each of the 2016 action items. Examples include:

- **Coordinating the HIV response** at the state and local levels with integrated prevention and care planning.
- **Improving access and retention** in HIV care to improve viral suppression.
- **Building capacity** to scale up the use of PrEP to prevent new infections.
- **Developing and enforcing policies and practices** to minimize stigma and discrimination in health care, employment, faith-based, and other settings.

The Strategy's [Community Action Plan Framework](#) was developed to assist community partners in aligning their actions with the principles and priorities of the Strategy in ways that make sense for their organization or local area. The Strategy makes clear that the efforts of partners from all levels of government and all sectors of society—not just the Federal government—are vital to achieving its goals. Through site visits, conferences, and meetings at the White House and elsewhere, we heard how community partners are implementing the Strategy. Examples include:

- States and cities are **launching ambitious programs** to “End AIDS” or “Get to Zero” that are aligned with the goals and vision of the Strategy.
- Providers in HIV specialty clinics and community health centers are developing **new models of care** that **integrate** HIV care and treatment with care and treatment for substance use and mental disorders, and viral hepatitis.
- HIV testing programs have worked with local providers to **rapidly link** people who test positive to medical care—in just hours or days.
- Community-based organizations are finding new ways to **bring services to their key populations**, working to reduce disparities and improve health outcomes.

In addition to the indicators and Federal and community actions, policy changes show advancements from the time of the Strategy's first release in 2010 through 2016. With political leadership and broad-based action, we have:

- **Transformed health care access** for all Americans, including those with HIV, through the Affordable Care Act (ACA) and further supported health care access for persons living with HIV through the Ryan White HIV/AIDS Program (RWHAP).

- **Invested in groundbreaking scientific research** on the benefits of early antiretroviral treatment (ART), treatment as prevention, PrEP, microbicides, screening technologies, vaccines, and cures.
- **Ensured every Federal dollar has the greatest impact** by aligning funding for major programs with the epidemic.
- **Eliminated harmful policies** rooted in fear and discrimination, such as the HIV entry ban so that people living with HIV can enter the United States without a waiver, and modified the ban on use of Federal funds for syringe services programs to help reduce HIV among people who inject drugs.

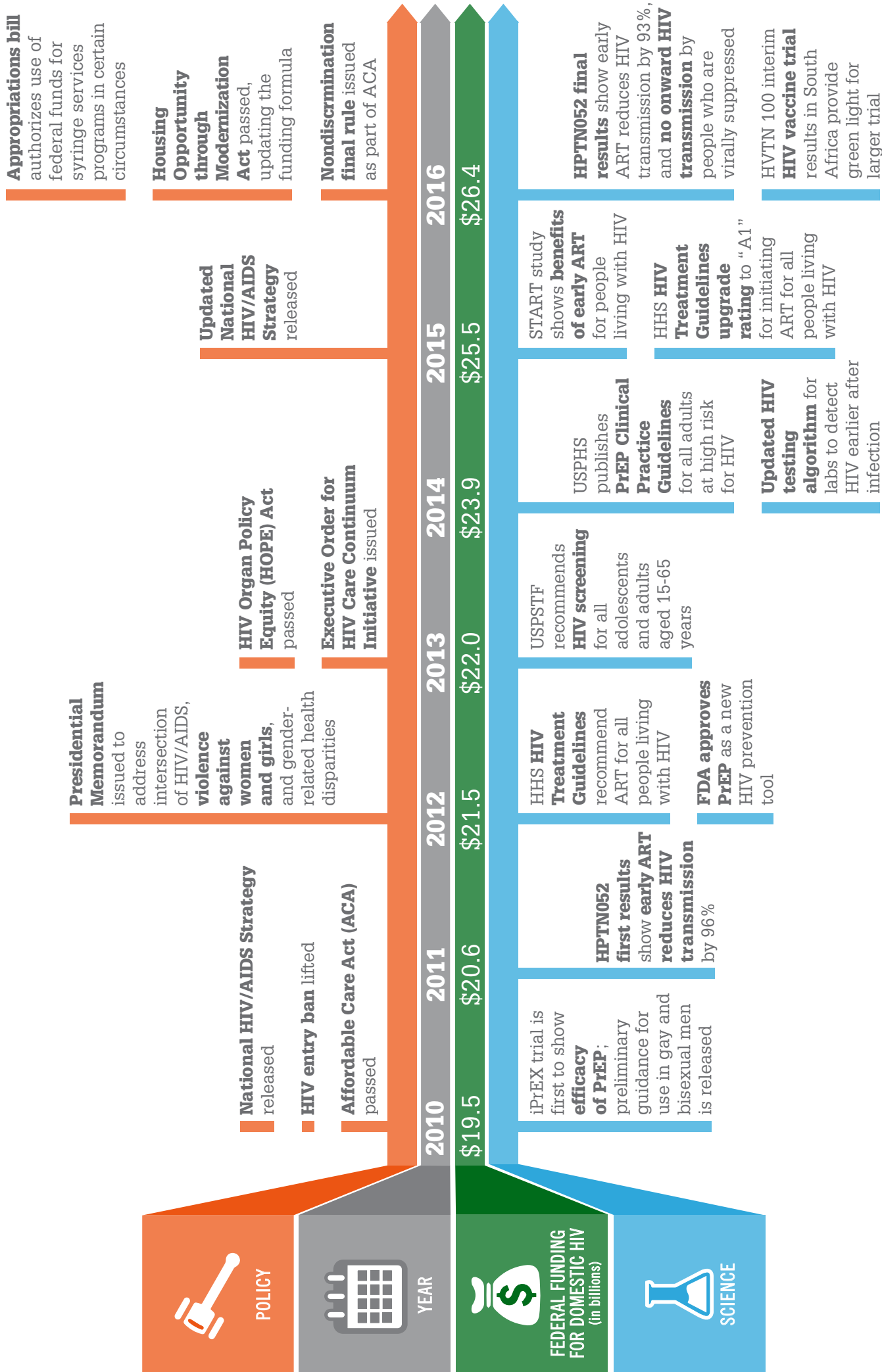
Despite significant progress, our work is far from finished. Reaching our 2020 goals demands continued focus and determination. The amount of change expected for the annual indicator targets is accelerating and will be more challenging to meet in coming years. While we've made great progress on most indicators, some are moving in the wrong direction. We must keep a laser focus on the actions that will have the greatest impact on our nation's HIV epidemic:

- **Continuing widespread HIV testing** which is critical for diagnosis and prevention.
- **Strengthening each stage of the HIV care continuum** to help all people with HIV remain engaged in care and achieve viral suppression so they are able to live long, healthy lives.
- **Expanding access to comprehensive PrEP services** for those who are HIV-negative. For those at highest risk of becoming infected, PrEP is a safe and highly effective HIV prevention tool.
- **Ending the HIV stigma and discrimination** that have no place in America today. Stigma and discrimination can lead to many negative consequences for people living with HIV and stop far too many people from accessing the HIV prevention, treatment, and care they need.
- **Extending the reach of HIV prevention and treatment** to the people and places in greatest need, including among gay and bisexual men and persons living in the South, where indicators show lack of progress in reducing diagnosis disparities.

With the Strategy serving as our roadmap, we must not let up on our efforts until we achieve our nation's goals. If we let up in areas where we are seeing progress, we risk the possibility that our hard-won gains will be eroded over time. For areas where we continue to be challenged, we must work harder. We must not lessen our ambitions—make our targets less bold—but rather accelerate progress by scaling up our efforts and seizing new opportunities.

The National HIV/AIDS Strategy was created out of hope, with a clear and compelling vision for America. To achieve this vision, we must continue to hold ourselves and each other to high expectations. The Strategy stands as a strong foundation for the Nation's response to HIV in America. From 2017 through 2020, sustained effort is required across all sectors and levels of government to realize the promise of scientific advances and programmatic innovations, reach the ambitious indicator targets, and achieve the goals of the Strategy.

NATIONAL HIV/AIDS STRATEGY: MAJOR MILESTONES



POLICY



YEAR



FEDERAL FUNDING FOR DOMESTIC HIV (in billions)



SCIENCE

INTRODUCTION

BACKGROUND

The first comprehensive National HIV/AIDS Strategy for the United States (Strategy) was released in 2010. In the years following, individuals, groups, and organizations have rallied around its vision and its four goals:

- Reduce new HIV infections
- Increase access to care and improve outcomes for people living with HIV
- Reduce HIV-related health disparities and health inequities
- Achieve a more coordinated national response to the HIV epidemic

The Strategy became the roadmap for collective action, and brought new energy and commitment to the Federal government, in states, and in local communities across the country. With specific commitments from Federal agencies and indicators to track progress towards meeting the Strategy's goals, greater accountability for investments and activities became possible.

Scientific and technological advances between 2010 and 2015 expanded options for HIV prevention and treatment, leading to new guidelines and recommendations that were a driving force for updating the Strategy. At the same time, the indicators used to monitor progress towards the Strategy's goals needed to be updated and expanded. Thus, in 2015 the National HIV/AIDS Strategy: Updated to 2020 was released. To achieve the vision and goals of the Strategy, advances in four key areas of focus were identified as critical for the period 2015- 2020:

- **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 PrEP services** for those for whom it is appropriate and desired, with support for medication adherence for those using PrEP.

With the release of the updated Strategy, President Obama issued Executive Order 13703, which called for Federal agencies to develop a Federal Action Plan within 100 days. The National HIV/AIDS Strategy Federal Action Plan (Federal Action Plan) is comprised of both short- and long-term commitments by Federal agencies. It is not an exhaustive inventory and does not reflect the entirety of programs, services, research, education, policy development, and information dissemination undertaken by Federal agencies in support of the Strategy during 2015–2020. Items in the Federal Action Plan are designed to help reach the Strategy’s goals and foster collaboration among Federal agencies in order to best leverage resources, capacity, and expertise. For 2016, there were 91 actions to be achieved, many of which will recur annually; 76 percent of these action items were completed and another 22 percent initiated. The Federal Action Plan also includes 48 action items to be completed by 2018 and an additional 28 actions to be completed by 2020.

MONITORING OUR PROGRESS: FEDERAL ACTION PLAN

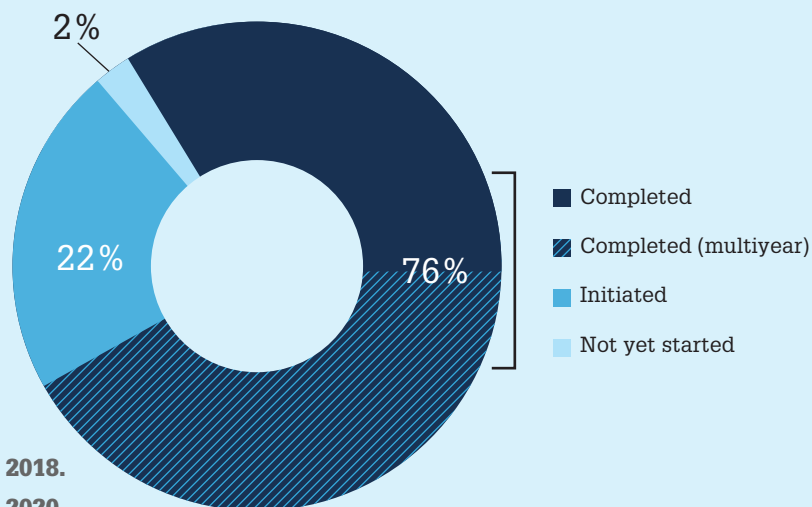
Progress in 2016

- The Federal Action Plan presents **167 actions to be taken by Federal agencies** that will move the Nation toward achieving the goals of the Strategy. Progress was assessed based on updates submitted by Federal agencies between June and November 2016.
- **91 Action Items to be completed in 2016.**
 - 40 Action Items are multiyear.
 - 51 Action Items required progress in 2016 only (i.e., one year).

Upcoming

- **48 additional Action Items to be completed by 2018.**
- **28 additional Action Items to be completed by 2020.**

2016 FEDERAL ACTION ITEMS



The Strategy also includes a set of indicators to annually monitor progress towards the goals. Progress is assessed by comparing the most recent year of data to the annual target for that year. In 2016, three new indicators were added to better monitor the Strategy. These are considered “developmental” indicators as work to define the indicators and data sets will continue over the next few years and the indicators may change as additional or different data become available. These developmental indicators track viral suppression among transgender women in HIV medical care, PrEP use, and HIV stigma.

During 2016, there have been many opportunities to highlight the work to implement the National HIV/AIDS Strategy at national and international conferences, meetings, and seminars and through public engagement events designed to hear from the community about their implementation of the Strategy. In addition, monthly meetings of the National HIV/AIDS Strategy Federal Interagency Workgroup were held to monitor progress on the Federal Action Plan.

SUMMARY OF THIS REPORT

This report describes progress in implementing the National HIV/AIDS Strategy from its release in July 2015 through December 2016. The next section, “Summary of Progress,” highlights (1) progress to date on the Strategy indicators; (2) accomplishments during 2016 from the Federal Action Plan; and (3) examples from communities across the country of how they are implementing the Strategy. This is followed by the section, “Moving Forward,” which lays out future needs for the period 2017–2020 based on progress to date and the Strategy’s roadmap for achieving its goals. Appendix 2 includes a comprehensive list of Federal Actions and accomplishments to date, along with commitments that have been made through 2020.

PROGRESS ON THE INDICATORS

Indicators are used to assess progress toward the goals of the National HIV/AIDS Strategy, and annual progress assessments are designed to drive action by Federal, State, Tribal, and local agencies, organizations, and communities. The most recent indicator data show that overall progress is being made in the fight against HIV, nationally and in key groups, including Black women, youth, and people who inject drugs. The data also show that we are not seeing progress on some indicators, and that the disparities are widening for gay and bisexual men.

This year we added three new developmental indicators to better monitor progress towards the goals of the Strategy: viral suppression among transgender women in HIV medical care, PrEP use, and HIV stigma. This brings the total to 13 indicators, with some having multiple components such that data are monitored for 17 distinct measures. Details about all the indicators are available in the updated National HIV/AIDS Strategy: Indicator Supplement (Dec. 2016).

CREATING THE DEVELOPMENTAL INDICATORS

What's an Indicator?

An indicator is data that show the state or level of something. An indicator is used as a measure of progress toward strategic goals.

Usually a limited number of indicators are chosen to measure progress, reflecting priority areas. No indicator is perfect, and indicator data need to be understood within the context of program and policy actions and other data sources. When the updated National HIV/AIDS Strategy was released in 2015, we identified 13 indicators: 10 that were released with the update and three that needed to be designed. Those three were called “developmental indicators” to underscore that they will remain in development as work to define the indicators and identify appropriate data sets will continue over the next few years and the indicators may change as additional or different data become available.

The routine assessment of indicators—such as annually, quarterly, or monthly—often leads to improvements in programs and strategy implementation. The indicators to monitor the National HIV/AIDS Strategy are assessed annually; data are expected to be available in July of each year.

Developmental Indicator Process, 2015–2016

For each indicator, we:

- Convened an ad hoc workgroup, comprised of Federal agency and community representatives. Workgroup members were chosen for their expertise in collecting, analyzing, and using data related to the specific indicator.
- Held a technical expert consultation to review and critique the workgroup’s process and preliminary recommendations.
- Held a briefing with community members who were working in the area of interest or represented the community of interest for the indicator—people living with HIV were briefed on the stigma indicator; transgender women and men were briefed on the viral suppression among transgender women indicator; and people implementing and using PrEP programs were briefed on the PrEP indicator. Input was received on issues such as the 2020 targets for stigma and PrEP, and the population to be included in the transgender indicator (i.e., transgender women only or transgender women and men).
- Briefed the National HIV/AIDS Strategy Federal Interagency Workgroup regularly on the indicator development.
- Based on the feedback from all of these channels and further discussion among the workgroups, indicators were revised accordingly.

Since the 2010 baseline year, there has been progress across the three goals of the Strategy for which the indicators measure progress: reducing new infections, improving health outcomes among people living with HIV, and reducing HIV-related disparities. Of the 17 total indicator measures, targets for the most recent year were met for 9 of them. Progress was observed for one additional indicator (retention in HIV medical care), but the target was not met. Two of the developmental indicators—use of PrEP and HIV stigma—only have baseline data available.

Notably, there were improvements in most indicators, including:

- New HIV diagnoses decreased by 7 percent.
- The death rate dropped by about 30 percent, approaching the 2020 target.
- Knowledge of serostatus, linkage to care, and viral suppression all increased.
- Disparities in HIV diagnoses for Black females decreased.
- Viral suppression increased among youth, people who inject drugs, and transgender women.

However, we are not seeing progress on some indicators. Targets for the most recent year were not met for 5 indicators.

- Although diagnoses dropped overall, progress in reducing the diagnosis disparity in the Southern United States stalled.
- Homelessness among persons with HIV continued to inch upward.

- Among gay and bisexual men, 3 indicators measuring disparities in new diagnoses (overall and among young Black gay and bisexual men) and HIV-risk behaviors showed increases, rather than the expected decreases from the baseline.

The Strategy's Federal Action Plan delineates actions for 2016 through 2020, including actions focusing on gay and bisexual men and persons living in the Southern United States, and actions addressing housing for people living with HIV. In response to the most recent indicator data, the National HIV/AIDS Strategy Federal Interagency Workgroup created several ad hoc subgroups to identify additional actions to address areas where indicators are showing a lack of progress. These workgroups are already working to address gaps in the Federal response to these issues.

The new, developmental indicators also require focused effort, particularly to reduce HIV stigma since Federal actions alone will not be sufficient to achieve the ambitious target for the indicator. Broader social engagement is needed to change beliefs and attitudes about HIV and people living with HIV.

NATIONAL HIV/AIDS STRATEGY MONITORING OUR PROGRESS

GOAL 1: REDUCING NEW HIV INFECTIONS

- ✓ Increase knowledge of serostatus
- ✓ Reduce new diagnoses
- ✗ Reduce HIV-risk behaviors among young gay and bisexual males

GOAL 3: REDUCING HIV-RELATED DISPARITIES

Reduce disparities in HIV diagnosis among:

- ✗ Gay and bisexual men
- ✗ Young Black gay and bisexual men
- ✓ Black females
- ✗ Persons living in the Southern US

Increase viral suppression among:

- ✓ Youth
- ✓ Persons who inject drugs

GOAL 2: IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV

- ✓ Increase linkage to care
- ↗ Increase retention in HIV care
- ✓ Increase viral suppression
- ✗ Reduce homelessness
- ✓ Reduce death rate

DEVELOPMENTAL INDICATORS

- ✓ Increase viral suppression among transgender women
- Increase use of PrEP
- Decrease stigma

✓ ANNUAL TARGET MET

↗ ANNUAL TARGET NOT MET
(Progress in the expected direction)

✗ ANNUAL TARGET NOT MET
(Moving in the wrong direction)

○ NO PROGRESS DATA YET

INDICATORS AND PROGRESS FOR THE NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020

GOAL	INDICATOR	DATA BY YEAR						ANNUAL TARGET	ANNUAL PROGRESS	2020 TARGET
		2010	2011	2012	2013	2014	2015			
Goal 1	Increase the percentage of people living with HIV who know their serostatus to at least 90 percent	85.9%	86.4%	86.8%	87.0%			86.5%	✓	90%
	Reduce the number of new diagnoses by at least 25 percent	43,806	42,218	42,616	40,628	40,493 ^a		42,163	✓	32,855
	Reduce the percentage of young gay and bisexual males who have engaged in HIV risk behaviors by at least 10 percent ^b				34.1%		35.2%	33.3%	✗	30.7%
Goal 2	Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85 percent	70.2%	70.4%	71.4%	72.6%	74.5%		73.9%	✓	85%
	Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent	54.7%	53.6%	55.3%	56.5%			60.0%	↗	90%
	Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent	46.0%	48.5%	51.6%	54.7%			51.1%	✓	80%
	Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent	7.7%	8.1%	8.3%	7.9%	9.0%		7.0%	✗	5%
	Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent ^c	23.5	20.8	18.0	15.9			22.3	✓	15.5
Goal 3	Reduce disparities in the rate of new diagnoses by at least 15 percent among gay and bisexual men ^d	20.5	21.2	21.9	22.1	22.7 ^a		20.0	✗	17.4
	Reduce disparities in the rate of new diagnoses by at least 15 percent among young Black gay and bisexual men ^d	109.4	112.4	112.9	117.2	116.5 ^a		106.9	✗	93.0
	Reduce disparities in the rate of new diagnoses by at least 15 percent among Black females ^d	1.7	1.5	1.4	1.3	1.2 ^a		1.7	✓	1.4
	Reduce disparities in the rate of new diagnoses by at least 15 percent among persons living in the Southern United States ^d	0.33	0.35	0.33	0.35	0.34 ^a		0.32	✗	0.28
	Increase the percentage of youth with diagnosed HIV infection who are virally suppressed to at least 80 percent	30.9%	34.3%	38.9%	43.7%			38.3%	✓	80%
	Increase the percentage of persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent	39.6%	40.6%	44.1%	47.1%			45.7%	✓	80%
Developmental Indicators ^e	Increase the percentage of transgender women in HIV medical care who are virally suppressed to at least 90 percent	62.2%	65.3%	68.5%	72.0%	73.9%	77.0%	71.9%	✓	90%
	Increase the number of adults prescribed PrEP by at least 500 percent					9,375		n/a	○	56,250
	Decrease stigma among persons diagnosed with HIV infection by at least 25 percent ^f					40.0		n/a	○	30.0

Information on the rationale, data sources, and measures for each of these indicators is available at <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-2020-indicators-supplement-dec-2016.pdf>.

Note: Annual targets are for the most recent data year available (does not include preliminary data) and progress is assessed for the annual target.

Progress: ✓ = Annual target met; ↗ = Annual target not met, progress in expected direction; ✗ = Annual target not met, moving in the opposite direction; ○ = Progress not assessed.

^a Preliminary data.

^b Data collected every 2 years, starting in 2013. The 2013 estimate is based on data from 15 large urban school districts; the 2015 estimate is a national estimate.

^c Death rate is measured per 1,000 persons with diagnosed HIV infection.

^d Measures shown are ratios of the disparity rate in the specified group to the overall rate.

^e Developmental indicators will remain in development as work to define the indicators and data sets will continue over the next few years and the indicators may change as additional or different data become available.

^f Measures shown are the median score of a 10-item stigma scale, ranging from 0 (no stigma) to 100 (high stigma).

PROGRESS ON FEDERAL ACTIONS

To achieve the vision and primary goals of the Strategy, advances in four key areas of focus were identified as critical through 2020:

- **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 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 Strategy's Federal Action Plan identified the actions for several Federal agencies that play a role in addressing stigma and discrimination related to HIV infection and other Federal civil rights protections. Reducing stigma and eliminating 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 and linkage to care are essential steps if we are to stem the tide of the HIV epidemic. As such, these efforts are supported by many Federal agencies. Examples of activities related to HIV testing and linkage to care that were completed by a wide range of Federal agencies during 2016 include:

- The Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS) developed and continues to distribute a wallet-sized card for HIV/STI testing settings that helps providers address the intersection of health and violence with their patients and helps patients make connections between unhealthy relationships and risk of HIV. The card also encourages providers, advocates, and patients to think through safer and/or anonymous partner notification methods.
- The HHS Office of HIV/AIDS and Infectious Disease Policy (OHAIDP), with funding from the Secretary's Minority AIDS Initiative Fund (SMAIF), further developed HIV and viral hepatitis prevention and care capacities by funding projects that focus on diagnosis and linkage to care to (1) the Indian Health Service

(IHS) for American Indian and Alaskan Natives and (2) the HHS Office of Minority Health (OMH) to serve indigenous and immigrant populations as well as Asian Americans, Native Hawaiians, and Pacific Islanders. SMAIF funds also were awarded to support (1) efforts by the Substance Abuse and Mental Health Administration (SAMHSA) grantees of the Minority AIDS Initiative Continuum of Care program to establish or enhance partnerships with existing syringe services programs, including offering HIV testing, and (2) the HHS Office of Population Affairs (OPA) for 17 Title X-funded family planning grantees to provide 132,259 HIV tests to high-risk clients and link 89 percent of those who tested positive for HIV to medical care.

- The Centers for Disease Control and Prevention (CDC) established new standards for linkage to HIV care within 30 days for new programmatic funding opportunity announcements (FOAs) and demonstration projects including the FOA for young men who have sex with men of color and young transgender persons of color.
- The Department of Veterans Affairs (VA) updated and distributed public affairs kits for HIV Testing Day in June and for World AIDS Day in December to all of its internal stakeholder groups.



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



Universal viral suppression among people living with HIV infection

Persons living with HIV must be supported to remain in care, as retention is critical for achieving and sustaining viral suppression. Several Federal agency actions were implemented during 2016 to improve retention in care and viral suppression. They include:

- The Health Resources and Services Administration (HRSA)'s HIV/AIDS Bureau (HAB) developed technical assistance efforts to assist clients in enrolling in health care and released several FOAs to support capacity building for RWHAP recipients to increase health care access for their patients.
- The Department of Housing and Urban Development (HUD) worked with Congress to update the funding formula for the Housing Opportunities for Persons with AIDS (HOPWA) program to be based on the number of persons living with diagnosed HIV infection, along with provisions to incorporate local housing costs and poverty rates into the formula. President Obama signed this change into law. Studies consistently find homelessness and housing instability are directly linked to higher viral loads and failure to achieve or sustain viral suppression.
- In December, the Centers for Medicare and Medicaid Services (CMS), in collaboration with CDC and HRSA, issued an Informational Bulletin to State Medicaid Directors on important advances in HIV prevention, care, and treatment—including PrEP, HIV testing, linkage and retention in care, viral suppression, and treatment for substance use disorders—as well as program flexibilities available for increased access to HIV testing and improved care coordination.



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

PrEP has the potential to significantly reduce the number of people who acquire HIV, making it an important part of implementing the Strategy. Federal agencies have taken the call to increase use of PrEP particularly seriously, as shown by this sampling of actions taken in 2016:

- CDC supported ongoing demonstration projects in jurisdictions with the greatest burden of HIV to increase PrEP uptake in gay and bisexual men and transgender persons, provided capacity-building assistance to health departments and community based organizations, and continued to fund the PrEPline, a free national service for clinicians seeking advice and consultation about prescribing PrEP.
- HRSA/HAB released a RWHAP Program Letter on PrEP in June and HRSA's Bureau of Primary Health Care (BPHC) supported the development of a PrEP Community of Practice, which hosts webinars on guidelines, service delivery models, patient engagement, workforce development, billing and reimbursement, and other key clinical and operational issues related to PrEP implementation.
- In June, OHAIDP and OMH co-hosted a webinar to encourage Federal staff to integrate information on PrEP and post-exposure prophylaxis (PEP) into their programs and services.
- OPA held a webinar about PrEP for Title X providers, and awarded a contract to help Title X clinics increase awareness of and deliver PrEP services.
- The VA developed new social media messages and updated educational materials, including several related to PrEP, for use in reaching high-risk Veteran populations.



Reducing stigma and eliminating discrimination

Multiple Federal agencies are responsible for addressing civil rights protections, including for employment and workplace activities, and nondiscrimination against persons with disabilities. This year, in an effort to combat stigma and discrimination, the following actions were taken to further this cross-agency commitment:

- HHS issued a final rule to implement Section 1557, the nondiscrimination provision of the ACA which prohibits discrimination on the basis of race, color, national origin, age, disability, or sex in health programs and activities. The HHS Office for Civil Rights issued its *National HIV/AIDS Compliance Review Initiative* report. The Department of Justice (DOJ) enforced the Americans with Disabilities Act (ADA) against doctors who denied medical treatment on the basis of HIV infection in Indiana and Florida, and addressed the illegal segregation and stigmatization of inmates living with HIV in Nevada.
- The Equal Employment Opportunity Commission (EEOC) held more than one dozen community-based events on HIV non-discrimination rights and obligations under the ADA and enforced stakeholder rights through litigation, including successful resolution of HIV employment discrimination lawsuits in May and November, as well as issuing new technical assistance publications in January and September on HIV employment discrimination.

- CDC added information about discrimination to the online resources for its communications campaigns, including the statement, “Discrimination based on HIV is illegal. For more information, visit ada.gov/HIV.”
- In September, the President’s Advisory Committee on HIV/AIDS (PACHA) held a Stigma Reduction Summit and discussed the resulting recommendations during its 60th Full Council Meeting.



Federal Actions Focusing on Key Populations

In addition to responding to the aforementioned priorities, Federal agencies committed to a number of other activities in support of the goals of the Strategy. The following examples illustrate the breadth of their work in 2016 and efforts to address other important topics:

- CDC’s Division of Adolescent and School Health released the first nationally representative data on the health risks of U.S. lesbian, gay, and bisexual (LGB) high school students. The report, released in August, showed that LGB students are significantly more likely to report behaviors such as physical and sexual violence, which put them at risk for HIV.
- HRSA/HAB released an FOA in May for leadership training for people of color living with HIV to enable more participation on planning bodies, medical and support care teams, boards of directors, and other mobilization efforts to address the goals of the Strategy. This project includes support from SMAIF to engage transgender women of color living with HIV.
- ACF supported a conference in July in Milwaukee, Wisconsin, on HIV and domestic violence in the African American community. Researchers, academics, practitioners, policymakers, domestic violence and sexual assault survivors, and people living with HIV came together to discuss prevention strategies from national, regional, and local perspectives.
- The National Institutes of Health (NIH) sponsored a meeting in Atlanta, Georgia, in March on HIV in the Southeast. The following priorities were developed to guide research efforts in this region: HIV testing, including retention in care; implementation of PrEP, including community engagement; and working with local health departments.
- HRSA/BPHC continued its support of the Substance Abuse Warmline to help clinicians treat their patients with substance use disorders. Almost one quarter of the calls received involved persons living with HIV. In September, SAMHSA awarded SMAIF grants to fund retention in care efforts in regions with the highest HIV prevalence and among populations at highest risk of HIV including persons who inject drugs and those with mental disorders.

PROGRESS ON COMMUNITY IMPLEMENTATION

The Strategy makes clear that the efforts of partners from all sectors of society—not just the Federal government—are vital to achieving its goals. To assist State, Tribal, and local partners in aligning their actions with the principles and priorities of the Strategy, the Strategy’s [Community Action Plan Framework](#) was released in December 2015. This tool was designed to help organizations carefully align work that they may already be doing with the goals of the Strategy, as well as identify new activities tailored to their organization’s mission and capacity. The Community Action Plan Framework can be used to stimulate dialogue and action within organizations and across communities so that, together, we achieve an even bigger impact.

To better understand how the Strategy was being implemented in communities across America, this year the White House Office of National AIDS Policy (ONAP) gathered information in several ways:

- Used **social media** to gather stories from agencies, organizations, and communities about how they were implementing the Strategy.
- Took opportunities at **national conferences** to hold in-person meetings with advocacy groups and public health practitioners to ask about the ways they were implementing the Strategy.
- Set a two-part agenda for the **community briefings** on the developmental indicators (see above) that also included time to hear examples from participants about how their programs and initiatives were aligned with the goals of the Strategy.

Some of those stories are shown on the next page. Other ways the Strategy is being implemented across all levels of government and across all sectors include the following:

- State and local health departments have developed integrated prevention and care plans to meet funding requirements for CDC and HRSA/HAB that require alignment with the Strategy. Many agencies noted the benefits of having the Strategy as a framework and national priority to help guide and justify their work.
- Providers in HIV specialty clinics and community health centers are working in alignment with the Strategy through their training and education opportunities, developing new models of care that integrate HIV care and treatment with care and treatment for substance use and mental disorders, and viral hepatitis. They are also meeting the challenges of implementing PrEP programs and finding ways to pay for the medication and associated services.
- HIV testing programs have worked with local providers to rapidly link people who test positive to medical care—in just hours or days.
- Advocacy groups use the Strategy to educate and inform policy makers about key issues and link their proposed policy solutions to the recommended steps and actions of the Strategy.

NATIONAL HIV/AIDS STRATEGY IN ACTION

Examples of community efforts across the nation that are advancing the Strategy's four goals



GOAL 1: REDUCING NEW HIV INFECTIONS

- Community groups in **Chicago** have launched a social marketing campaign that is increasing awareness of PrEP among key populations and helping to connect people to healthcare providers.
- In **Philadelphia**, a collaboration between a university hospital, a local AIDS Service Organization, and the health department has created a mobile testing initiative that is bringing rapid screenings for HIV and other STIs to underserved neighborhoods, guided by surveillance data that help target areas in greatest need.
- In **South Carolina** a partnership of diverse groups focused on adolescent health has introduced innovative programs to teach young people about abstinence and contraception, and has also launched Facebook ads to encourage parents to talk to their children about healthy relationships.



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

- In **Atlanta**, a major hospital system's "rapid entry program" is enabling people with HIV to fully enroll in care and begin treatment within 72 hours after diagnosis so they can quickly gain access to essential services.
- In **San Diego**, a local nonprofit is enabling women living with HIV to help other women access treatment and stay in care. Some are also receiving extensive training to equip them with skills to become effective advocates for access to care and reducing health disparities in their communities.
- A home delivery meal service in **Maryland** is providing food to low-income people and families affected by HIV to prevent the threat of food insecurity leading to poor health outcomes.

STATE/CITY PLANS TO END AIDS

These plans are designed to strengthen and accelerate the response to HIV by expanding access to HIV testing, care, treatment, and prevention services.

 ATLANTA

 MIAMI

 OAKLAND

 WASHINGTON

 BALTIMORE

 NEW ORLEANS

 PROVIDENCE

 WASHINGTON, DC

 COLORADO

 NEW YORK

 SAN FRANCISCO



GOAL 3: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

- A community-based organization in **Dallas** is offering HIV testing at more convenient times and places to reach young, Black gay and bisexual men and Black transgender women who may be less likely to visit a clinic.
- In **Baltimore**, a university is working inside and outside the classroom to help prepare future healthcare and social workers to address HIV-related disparities in urban communities. These students are working together to provide education, outreach, testing, and linkage to care services in the hardest-hit areas of the city.



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

- In rural **North Carolina**, a major health center is coordinating with a diverse network of more than 30 community providers and organizations to bring services to people living with HIV in remote areas of the state who are homeless, or have mental health or substance use disorders.
- A coalition of local government and community groups in **Los Angeles** is taking action to address the most pressing social determinants of the HIV epidemic among young gay and bisexual men of color. To date, the coalition's work has led to over 120 structural changes, including developing specific guidelines for post-incarceration placement of youth with HIV.

MOVING FORWARD

Together, we have worked to deploy new scientific findings quickly and to use programmatic lessons learned in communities across the country to guide our efforts. We have worked diligently to scale up access to effective HIV prevention tools and high quality HIV medical care. Even with these accomplishments, much more work remains to be done and we must rise to meet the challenges ahead. We have the momentum from implementing the Strategy since 2010 to continue moving forward; reaching our 2020 goals demands continued focus and determination.

The Strategy identifies four key areas of focus as critical to achieve its goals. Although we are making progress, we must continue to push harder in these areas, using science and data to guide the way forward.

- **Widespread HIV testing and linkage to care** are the key entry points for reaching persons living with HIV and those at highest risk. We must continue to fully implement routine HIV screening in health care settings as well as bring testing programs to communities with the greatest burden of HIV and those for whom more frequent testing is recommended, such as gay and bisexual men and persons who inject drugs. The Strategy's indicator shows that we are making progress in linkage to care within 30 days for people diagnosed with HIV. Innovative programs are demonstrating that linkage can routinely occur in just a few days or even a few hours. Disseminating lessons learned and scaling up these programs will move more people living with HIV into care faster.
- Science continues to demonstrate the benefits of achieving and maintaining **viral suppression** among people living with HIV. This knowledge is changing the way we consider prevention, care, treatment, and transmission. Modeling shows that ensuring viral suppression among persons living with HIV is the most effective strategy to prevent new infections. With just over half of all persons with diagnosed HIV infection virally suppressed, we must enhance our efforts in the coming years to achieve the target of 80 percent. Key to this progress will be increasing support for people living with HIV to **remain engaged in care**, as the retention in care indicator stands at 56 percent and has a goal of 90 percent. These actions are critical to making an AIDS-free generation a reality.
- In addition to the prevention benefits of viral suppression, increasing the use of PrEP among persons at substantial risk will further reduce the number of new infections. During 2016 many Federal agencies worked to raise awareness about PrEP for patients and providers, and build capacity to implement PrEP programs. To achieve **full access to comprehensive PrEP services** for those for whom it is appropriate and desired, the challenges of paying for medication and associated health care services must be addressed. Research is being conducted on long-acting formulations and other adherence supports

that will be needed to maximize the benefits of PrEP. As we begin to monitor use of PrEP with the new, developmental indicator we must also continue to work to improve the data sources and measures so that we can best describe trends in PrEP use and guide efforts to where it is needed for greatest impact.

Stigma and discrimination also must be addressed as they can lead to many negative consequences for people living with HIV. The Strategy and Federal Action Plan identify some steps and actions to reduce stigma and eliminate discrimination, but broader social engagement is needed to change beliefs and attitudes about HIV and people living with HIV. To realize the 25 percent reduction in stigma called for by the new indicator, concerted efforts on a wide-ranging scale will be needed.

Extending the reach of HIV prevention and treatment to the people and places in greatest need, including among gay and bisexual men and persons living in the South, where indicators show lack of progress in reducing diagnosis disparities, will be critical to achieving the goals of the Strategy. The National HIV/AIDS Strategy Federal Interagency Workgroup is taking a deeper dive into why progress is stalling and how to reverse those trends with evidence-based programs and policies.

We know that health outcomes can be improved by addressing both HIV and viral hepatitis. Liver disease, much of which is related to viral hepatitis, has become a leading cause of death among people living with HIV in the United States. Diagnosing and treating viral hepatitis will help us achieve national goals of improving health outcomes for people living with HIV as well as reduce deaths. The opioid epidemic that is gripping the United States is fueling increases in new viral hepatitis infections through injection drug use, which also increases risk for HIV infections. Stemming the tide of these infections is among the priorities of the Nation's response to the opioid epidemic; key steps include access to medication-assisted treatment and access to sterile syringes through syringe services programs that can offer testing for HIV and viral hepatitis and connect clients to treatment for infection and for substance use disorders.

With the Strategy serving as our roadmap, we must not let up on our efforts until we achieve our Nation's goals. If we let up in areas where we are seeing progress, we risk the possibility that our hard-won gains will be eroded over time. For areas where we continue to be challenged, we must work harder. We must not lessen our ambitions—make our targets less bold—but rather accelerate progress by scaling up our efforts and seizing new opportunities.

The National HIV/AIDS Strategy was created out of hope, with a clear and compelling vision for America. To achieve this vision, we must continue to hold ourselves and each other to high expectations. The Strategy stands as a strong foundation for the Nation's response to HIV in America. From 2017 through 2020, sustained effort is required across all sectors and levels of government to realize the promise of scientific advances and programmatic innovations, to reach the ambitious indicator targets, and achieve the goals of the Strategy.

APPENDIX 1

LIST OF FEDERAL AGENCIES

DHS	Department of Homeland Security
CBP	Customs and Border Protection
IHSC	Immigration and Customs Enforcement Health Service Corps
OHA	Office of Health Affairs
DOD	Department of Defense
DOI	Department of the Interior
DOJ	Department of Justice
BOP	Bureau of Prisons
CRD	Civil Rights Division
DOL	Department of Labor
ED	Department of Education
EEOC	Equal Employment Opportunity Commission
HHS	Department of Health and Human Services
HHS Operating Divisions	
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
HHS Office of the Secretary	
OCR	Office for Civil Rights
ONC	Office of the National Coordinator for Health Information Technology
HHS Office of the Assistant Secretary for Health (OASH)	
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
HUD	Department of Housing and Urban Development
SSA	Social Security Administration
State	Department of State
VA	Department of Veterans Affairs
White House	
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 2

FEDERAL ACTION PLAN PROGRESS

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.
<p>PROGRESS: CDC has incorporated language into existing flagship FOAs for HIV prevention with health departments and surveillance that requires awardees to align their resources according to HIV epidemiologic data in their state/region and/or limit eligibility to those states/cities with the highest burden of HIV. In FY 2017, CDC will invest in CBOs that serve young men who have sex with men (MSM) and young transgender people of color, and release integrated HIV Prevention with Health Departments and Surveillance FOAs.</p>		

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.
<p>PROGRESS: In October, the 2014 data was presented to the Population Health Working Group and Joint Preventive Medicine Policy Group to evaluate opportunities. Each group is providing recommendations to Military Health System leadership.</p>		
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.
<p>PROGRESS: In March, a meeting focusing on research and clinical issues in the Southern U.S. was held in Atlanta. Priorities that align with the Strategy goals to improve HIV outcomes were developed to guide research efforts.</p>		
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.
<p>PROGRESS: In September, SAMHSA awarded 23 grants for Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Women at High-risk for HIV/AIDS and 19 HIV Capacity Building Grants to provide evidence-based substance use and HIV interventions and strategies including HIV testing, referrals to care, and treatment services to high-risk youth and young adults ages 13-24.</p>		

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.
<p>PROGRESS: CDC provided nearly 300 episodes of capacity-building assistance to health departments and CBOs. In addition, 12 state and local health departments are initiating work funded through a CDC-funded 3-year demonstration project to support health departments in implementing two public health strategies to reduce new HIV infections in MSM and transgender persons.</p>		
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.
<p>PROGRESS: Updates on HIV care continuum data were provided at the national, regional, and local levels through online grand rounds webinars for HHS employees.</p>		
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.
<p>PROGRESS: IHS received \$3.6 million to fund 10 projects focusing on diagnosis, linkage to care, and retention in care in AI/AN communities. The projects also increase clinical capacity in people who inject drugs, youth, and underserved areas of the country. OMH also received \$500,000 to increase HIV and early hepatitis diagnosis, linkage to care, and improve outcomes for indigenous and immigrant populations. OMH received an additional \$600,000 to focus on testing, linkage, and awareness campaigns targeting Asian Americans, Native Hawaiians, and Pacific Islanders.</p>		
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.
<p>PROGRESS: An ACF-funded technical assistance provider developed a fact sheet on HIV and intimate partner violence (IPV) among Asian American and Pacific Islander women, which offers recommendations to providers and advocates serving this population.</p>		

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.
PROGRESS: OHAIDP held the first research call in October with participants from ONAP, CDC, HRSA, NIDA, NIMH, and SAMHSA. Planning is underway to hold an in-person meeting in early 2017.		
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.
PROGRESS: CDC is working with NIH to coordinate research opportunities and minimize overlap. A plan of action is under development in collaboration with the HHS-wide National HIV/AIDS Strategy research coordination group.		
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.
PROGRESS: In July, open-label extension studies began to assess lack of adherence in younger women as well as safety for pregnancy and breastfeeding. In addition, a safety and pharmacokinetics study of two long-acting ARV agents was completed in men and women, demonstrating safety and prolonged drug activity. Follow-up studies will be conducted to determine how to better manage pharmacokinetics and minimize ARV resistance. Follow-up studies on combination approaches of behavioral and social science interventions with biomedical prevention will also be conducted.		
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.
<p>PROGRESS: In July and August, a convening and listening sessions were respectively held to discuss how to better identify people who are homeless and connect them with housing, medical care, and other services. The feedback will be used to inform a Frequently Asked Questions (FAQ) document on coordinated entry and people living with HIV.</p>		
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.
<p>PROGRESS: The "Sex, Relationships and Getting Tested: Taking Control of Your Health" safety card was designed for STI testing and counseling settings to help patients recognize how their intimate relationship(s) may impact their health and relative risk of becoming infected with HIV or other STIs, while providing information for safety planning and referral.</p>		
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.
<p>PROGRESS: Analysis and compilation of OPA's data on SMAIF HIV integration projects will be completed by the end of 2016. By August 2017, HIV data for all Title X-funded clinics will be available in the OPA's family planning annual report.</p>		
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.
<p>PROGRESS: To provide technical assistance and training on PrEP, various events including a summit, training, webinar, and workshops were held for Federal staff and RWHAP grant recipients and providers. In addition, HRSA/HAB publicly released the Ryan White HIV/AIDS Program Letter on PrEP and BHP developed a PrEP Community of Practice, which hosts webinars that are publicly available.</p>		
2016	OMH, OHAIDP	Conduct a webinar to increase awareness of PrEP and PEP among partner agencies.
<p>PROGRESS: In June, OHAIDP and OMH co-hosted a webinar to encourage Federal staff to integrate information on PrEP and PEP into their programs and services. Over 600 listening sites from six Federal departments and at least 13 agencies participated.</p>		
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.
<p>PROGRESS: OHAIDP and ONAP have led the effort to incorporate findings from the Federal inventory into a PrEP framework, which can inform strategic planning for Federal coordination around PrEP implementation. In December, the framework will be released and presented at the National HIV PrEP Summit.</p>		
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.
<p>PROGRESS: CDC is providing funding for PrEPline, a free national service for clinicians seeking advice and consultation about prescribing PrEP. In addition, Project PrIDE is supporting 12 state and local health departments that focus on increasing PrEP use in the MSM and transgender communities.</p>		
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.
<p>PROGRESS: Technical assistance trainings on PrEP were provided to current behavioral health grantees and SAMHSA's Center for Substance Abuse Treatment introduced the option of PrEP or PEP as part of case management for grantees.</p>		
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, ONDCP	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.
<p>PROGRESS: HRSA and CDC have created formal agreements with other guideline co-sponsors on dissemination, hosted webinars and created training modules for providers, and published the guidelines in the <i>Morbidity and Mortality Weekly Report</i>, academic journals, and other publications. In addition, implementation and evaluation plans have been developed to monitor the process.</p>		
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.
<p>PROGRESS: A beta version of the tool was created in December 2015 and a variety of activities have been conducted to evaluate it, including anonymous user feedback and web analytics. Updating messaging and redesigning the web application will continue into 2017.</p>		
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.
<p>PROGRESS: In March, a redesigned Resource Center was released and, as of August, there were 2,656 unique site users and 16,881 page views.</p>		
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.
<p>PROGRESS: CDC has been updating its HIV fact sheets and basic HIV 101 information, which is syndicated for use by websites around the world, on a regular basis. A series of HIV 101 videos is being developed for release in 2017.</p>		

2016-2020	ACF	Continue to disseminate new information on HIV risks and prevention strategies to organizations and agencies serving victims of domestic violence.
PROGRESS: A training curriculum for clinicians on the intersection of gender-based violence, health, and HIV has been developed and will be piloted during an in-person session. A webinar on HIV and IPV is also being held on World AIDS Day.		
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.
PROGRESS: The VA public affairs toolkit for these observances was updated and distributed and promoted internally.		
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.
PROGRESS: The VA utilizes social media in its communication toolkits and has created and updated educational materials, including several related to PrEP.		
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.
PROGRESS: CDC produced a video to support National Gay Men's HIV/AIDS Awareness Day, developed new Spanish language materials for "Doing It," the HIV testing campaign; released new English and Spanish language materials for "Start Talking, Stop HIV" for MSM; and refreshed "HIV Screening, Standard Care," a campaign to get providers to screen patients for HIV. In late 2016 and 2017, CDC will develop provider toolkits on PrEP for the transgender community.		
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.
PROGRESS: In July, a webinar, "How to Use Social Media and Other Technology to Support Recovery and Treatment," was held for Minority AIDS Initiative Continuum of Care grantees.		
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.
<p>PROGRESS: OWH launched the campaign (http://www.hhs.gov/about/news/2015/11/07/new-campaign-to-educate-teens-about-sexual-health-before-they-have-sex.html) and promoted it via blogs, social media, and in-person events. OWH will do more targeted outreach for girls of color and sustainability planning for continuation after December 2016.</p>		
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.
<p>PROGRESS: An analysis of related health education regulations was completed and national state policy landscape report will be developed by December 2016. New tools, technical guidance, and cooperative agreements were also made to aid the development of sexual health education, answer frequently asked questions about curricula, and increase education of CDC HIV/STD prevention. In addition, the first nationally representative study of the health risks of LGB high school students was published; it showed that LGB students are more likely to report being forced to have intercourse and experience sexual dating violence.</p>		
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.
<p>PROGRESS: ED and CDC launched the Healthy Students, Promising Futures initiative, including a Dear Colleague Letter sent in January and a toolkit for health education curriculum analysis.</p>		
2016-2020	SAMHSA	Support ongoing programs providing education on substance use disorders and HIV prevention to youth and young adults.
<p>PROGRESS: Through these programs, thousands of participants have received evidence-based substance abuse prevention services, direct service interventions, and HIV testing.</p>		
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.
PROGRESS: An Request for Applications for research examining HIV risk and genital, anal, and rectal injury has been released and projects have undergone scientific review. Funding awards will be made for FY 2017.		
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.
PROGRESS: The annual walk and radio media tour occurred in March.		
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.
PROGRESS: SAMHSA conducted a webinar in January, an educational session for grantees in April, and is providing technical assistance for numerous initiatives to support trauma-informed care for HIV.		
2016-2020	ACF	Develop and update information and resources on the intersection of HIV and IPV and disseminate to FVPSA award recipients.
PROGRESS: A two-part guide for providers of women living with HIV was created to improve their ability to respond in ways that are sensitive to multiple forms of trauma, minimize retraumatization, and support resilience and well-being.		
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.
PROGRESS: Pending.		
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 ada.gov/aids 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.
PROGRESS: The English and Spanish language fact sheet and <i>Questions and Answers</i> about HIV discrimination have been posted on newly-named www.ada.gov/HIV . Materials were distributed at the 28th Annual Conference on Social Work and HIV/AIDS (June), the National Ryan White Conference on HIV Care and Treatment (August) and the Positive Living Conference (September.)		

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.
PROGRESS: In 2016, CDC included the statement “Discrimination based on HIV is illegal. For more information, visit ada.gov/HIV .” in the online resources for all of its communication campaigns.		
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.
PROGRESS: Parts I and II of the Access Guidance FAQs on individual rights were issued in January and February 2016, respectively. See http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/ .		
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.
PROGRESS: Technical assistance materials specifically focused on ADA compliance with respect to applicants and employees with HIV were updated, and plans were developed to implement broader training and outreach efforts with respect to ADA issues in the health care industry.		
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.
PROGRESS: Fact sheets for youth workers on employment, disability rights, and HIV were published in both English and Spanish (see https://www.eeoc.gov/eeoc/newsroom/wysk/hiv_aids_discrimination.cfm ; https://www.eeoc.gov/youth/downloads/disability.pdf ; https://www.eeoc.gov/youth/downloads/disability.spanish.pdf ; and https://www.eeoc.gov/eeoc/publications/hiv_individual_spanish.cfm .) In addition, media materials on court resolutions or findings related to employment rights for people living with HIV were distributed (see https://www.eeoc.gov/eeoc/newsroom/release/10-3-16a.cfm ; https://www.eeoc.gov/eeoc/newsroom/release/5-19-16b.cfm ; https://www.eeoc.gov/eeoc/newsroom/release/9-29-16a.cfm and http://www.eeoc.gov/eeoc/newsroom/release/2-11-15a.cfm .)		
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.
<p>PROGRESS: HRSA/HAB developed technical assistance for assisting clients who are enrolling in health care, and released an FOA, "Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access." It provides tools and technical assistance related to health care access and health literacy to RWHAP grant recipients and subrecipients. In addition, SSA released "Social Security For People Living With HIV/AIDS."</p>		
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.
<p>PROGRESS: A series of webinars on the Affordable Care Act and Health Systems Integration was provided to HIV grantees. Additional webinars in July and September focused on financial sustainability and the sustainability of integrated care.</p>		
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.
<p>PROGRESS: CDC has funded health departments to address billing changes and is supporting the development of a billing toolkit, courses and other resources. Support for billing and reimbursement of HIV testing activities will continue to be included within the health department-funded program.</p>		
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).
<p>PROGRESS: The linkage to care indicator now aligns with the Strategy measure. In addition, CDC is incorporating linkage to care within 30 days into the young MSM of color and young transgender persons of color FOA.</p>		
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.
<p>PROGRESS: SAMHSA provided a continuing education workshop in August on three project models for integrating HIV and hepatitis services into behavioral health care programs. Data collection and analysis for this Minority AIDS Initiative Continuum of Care program are ongoing.</p>		
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.
<p>PROGRESS: In June, BPHC launched its new landing page on the HRSA website: initial content highlighted the importance of integrating HIV services into primary care and indicators used by HRSA for tracking and improving quality of care.</p>		
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.
<p>PROGRESS: CDC has conducted needs assessments and site visits to support the use of Data to Care strategies in seven jurisdictions in FY 2016, with up to nine jurisdictions planned for FY 2017. CDC is also incorporating requirements related to the Data to Care strategy into new integrated surveillance and HIV prevention with health departments FOAs for FY 2018. The requirements will ultimately inform the development of performance measures and indicators.</p>		

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.
<p>PROGRESS: The Ryan White Special Projects of National Significance program funds the Dissemination of Evidence-Informed Interventions initiative, a multiyear project to disseminate evidence-informed interventions that improve health outcomes across the HIV care continuum. Products will be made available as they are created on the HRSA/HAB website: http://hab.hrsa.gov.</p>		
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.
PROGRESS: A study comparing the effectiveness of a long-acting ARV to Truvada as PrEP protocol is being developed. Safety and acceptability studies are completed.		
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.
PROGRESS: This Informational Bulletin, co-written with CDC and HRSA, will be released in December 2016.		
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.
PROGRESS: HRSA/HAB, in collaboration with CDC, created “Strengthening and Improving the HIV Care Continuum within Ryan White HIV/AIDS Program Part A Jurisdictions” to launch a virtual platform for training and collaboration on data access and coordination, linkages to care, and other topics. In 2016, eight virtual meetings with 42 RWHAP Part A grant recipients were held.		
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 with HIV infection, routes of HIV transmission, protections to prevent occupational HIV transmission, universal precautions, and PEP.
PROGRESS: Pending.		
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.
PROGRESS: Partnerships between the DC Department of Health Centers for AIDS Research and the three academic medical institutions have been developed. HIV and HIV/HCV coinfection studies that include treatment and cure for HCV have been completed.		
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.
PROGRESS: The annual individual facility HIV quality measures report was completed and posted to the VA HIV intranet site.		
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.
<p>PROGRESS: HRSA/HAB's AIDS Education Training Centers (AETCs) supported the development of a national HIV curriculum to provide comprehensive, interactive HIV training and resource tools to enhance the HIV clinical care workforce. The curriculum provides continuing education credits and contains hundreds of interactive questions and a master HIV bibliography with greater than 3,200 HIV-specific references, among other things.</p>		
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.
<p>PROGRESS: Between June and September, STD and family planning trainings (including webinars on PrEP, delivering pre-test and post-test results, and viral hepatitis) were created and disseminated to Title X providers.</p>		
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.
<p>PROGRESS: A research and programmatic agenda was developed with four main themes: screening, integrated care and prevention services, anti-stigma/discrimination, and the needs of populations that HIV disproportionately affects.</p>		
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.
<p>PROGRESS: The collaborative effort to develop and evaluate the <i>Getting to Work</i> online curriculum was presented at the 2016 Ryan White Conference on Care and Treatment and the U.S. Conference on AIDS.</p>		
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.
<p>PROGRESS: A presentation on vocational rehabilitation (VR) and supported employment titled “Employment as a Treatment that Works: VR & Workforce Development within the HIV/AIDS Healthcare Continuum” was given at the National Ryan White Conference in August. A cooperative agreement for FY 2016–2020 has also been updated to develop and implement VR emerging and promising practices for PLWH by providing intensive field-based technical assistance in low-income communities, including those in Baton Rouge, Louisiana, and Washington, DC.</p>		
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.
<p>PROGRESS: In October, OHAIDP sent a request to the National HIV/AIDS Strategy Federal Interagency Workgroup for information to compile an inventory of Federal trauma-informed resources and programs for women, girls, and transgender women living with HIV. This compilation will be used to create a topic page on AIDS.gov by the end of the first half of 2017.</p>		
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.
<p>PROGRESS: A national webinar on the intersection of HIV and violence in LGBTQ relationships was held to promote practices and implications for safety planning with LGBTQ survivors living with or impacted by HIV/AIDS.</p>		
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.
<p>PROGRESS: In July, a conference on HIV/AIDS, domestic violence, and African Americans was held in Milwaukee, WI. Policymakers, academics, practitioners, CBOs, people living with HIV, and survivors of domestic violence discussed prevention strategies that are being used at the national, regional, and local levels.</p>		
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.
<p>PROGRESS: In FY 2016, eight SMAIF projects totaling over \$20 million focused on MSM of color, Black women, and the Southern U.S. These populations will continue to be a funding priority in FY 2017.</p>		
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.
<p>PROGRESS: Funding has been provided to state health departments for demonstration projects to increase PrEP uptake among MSM. In addition, 294 episodes of capacity building assistance services were provided to health departments (45%) and CBOs (55%) that focus on populations at highest risk for HIV infection. In FY 2017, CDC will provide awards to CBOs that serve young MSM and young transgender people of color in jurisdictions with the greatest burden of HIV in those populations.</p>		
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.
<p>PROGRESS: As part of a year-long Project ECHO pilot, monthly virtual sessions featuring case reviews to improve substance use disorder (SUD) patient management and Medication-Assisted Treatment (MAT) have been held. HRSA is also supporting the Substance Abuse Warmline, which reports that 24% of its calls involve people living with HIV. In addition, HRSA awarded a two-year technical assistance contract to provide biweekly teleECHO sessions on SUD and MAT to 100 Health Centers that received HRSA Substance Abuse Service Expansion funding (http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html).</p>		

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.
<p>PROGRESS: CDC is funding opportunities, such as the Project PrIDE demonstration project, which use Data to Care strategies to target groups that HIV/AIDS disproportionately impacts. In addition, “The Cooperative Re-Engagement Controlled Trial,” which is working to identify and engage HIV-infected persons who are out of care, received OMB approval in August. Health department grantees have begun to use HIV surveillance data for initial patient identification and randomization in two out of three clinical sites.</p>		
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.
<p>PROGRESS: OHAIDP included guidance in its FY 2017 SMAIF FOA that encourages project proposals focused on building capacity of CBOs to respond to social and structural barriers affecting HIV diagnosis and care in their communities.</p>		
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 women in behavioral health and HIV care.
<p>PROGRESS: Five Violence Intervention to Enhance Lives (VITEL) grantees have educated nearly 400 staff and clients on IPV and local IPV services. Over 500 clients, including transgender women, have been screened for IPV and referred to trauma-informed care treatment as needed.</p>		
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.
<p>PROGRESS: Pending.</p>		

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.
<p>PROGRESS: In conjunction with the 2016 National Ryan White Conference on Care and Treatment and the U.S. Conference on AIDS, HUD's Office of HIV/AIDS Housing hosted a listening session that focused on HIV-related housing discrimination. Participants provided examples in their communities and discussed barriers to reporting discrimination, which were published in a report in the fall.</p>		
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.
<p>PROGRESS: In July, a report on OCR's National HIV/AIDS Compliance Review Initiative was released (see http://www.hhs.gov/civil-rights-for-providers/compliance-enforcement/agreements/compliance-review-initiative-report-bulletin/index.html).</p>		

2016-2020	DOJ, HHS/OCR, ED/OCR	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.
		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.
		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.
		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.
PROGRESS: HHS has issued a final rule implementing Section 1557 of the Affordable Care Act and is presently involved in litigation and settlements related to their enforcement authority. DOJ addressed three enforcement matters this year. Matters continue to be opened for investigation, and a case against a plastic surgeon is actively being litigated in court.		
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.
PROGRESS: The following new HIV publications materials were released: www.eeoc.gov/eeoc/newsroom/wysk/hiv_aids_discrimination.cfm , www.eeoc.gov/eeoc/publications/hiv_individual.cfm , and www.eeoc.gov/eeoc/publications/hiv_doctors.cfm . In addition, EEOC, in partnership with HHS, participated in over a dozen outreach and training events addressing HIV employment non-discrimination, and accommodation rights and responsibilities in FY 2016. Many of these events were held in the South.		
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.
PROGRESS: For National HIV Testing Day, a video and updated toolkit were released on HIV stigma and how faith-based and CBOs can get involved in HIV awareness days. These resources were promoted in a HUD blog post (http://blog.hud.gov/index.php/2016/06/27/housing-opportunities-for-persons-with-aids-hopwa-how-can-faith-and-community-organizations-be-involved/) and disseminated to over 10,000 recipients.		
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.
PROGRESS: A Stigma Reduction Summit was held in September, and resulted in recommendations on addressing internalized stigma, stigma in accessing care, and social/community stigma. The recommendations were presented at PACHA's 60th full council meeting. In addition, an online group for people engaged in HIV-related efforts is being explored.		

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.
PROGRESS: Twenty-six episodes of capacity-building assistance services on PrEP and social network strategies were provided to health departments and CBOs. CDC also celebrated National Gay Men's HIV/AIDS Awareness Day and National Latinx AIDS Awareness Day by publishing two Morbidity and Mortality Weekly Reports related to MSM.		
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.
PROGRESS: In May, HRSA/HAB released a SMAIF-funded opportunity titled "Leadership Training for People of Color Living with HIV program." This multiyear project will enable full participation on planning bodies, medical and support care teams, boards of directors, and other mobilization efforts to address the goals of the Strategy. This project will also support national leadership training for transgender women of color living with HIV.		
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.
PROGRESS: The most recent HIV Community Advisory Board meeting took place in September.		
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.
PROGRESS: This effort is on hold due to staffing limitations.		

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.
PROGRESS: The 2015 National Survey on Drug Use and Health results were widely disseminated in September 2016 via a report, press release, social media toolkit, and livestreamed event at the National Press Club.		
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.
PROGRESS: A <i>Medical Surveillance Monthly Report Sexually Transmitted Infections Issue</i> (https://www.afhsc.mil/documents/pubs/msmrs/2016/v23_n02.pdf) was published in February and shared with providers. In addition, the Joint Preventive Medicine Policy Group is making recommendations to Military Health System leadership about improvements needed in screening programs and provider awareness.		
2016-2020	SAMHSA	Continue work to develop and implement a combined HIV and viral hepatitis testing form to streamline data requirements.
PROGRESS: SAMHSA developed a combined rapid HIV/hepatitis testing form that can be utilized for data collection by all SAMHSA Centers. The streamlined data collection allows greater sharing of demographic, risk-behavior, and testing information and results.		
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.

PROGRESS: HRSA and CDC established ongoing technical assistance and training for grant recipients, and HRSA funded a new initiative to further support integrated planning and peer learning opportunities. In June 2015, HRSA/HAB and CDC's Division of HIV/AIDS Prevention (DHAP) released the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need for calendar years 2017-2021. This guidance allows jurisdictions to submit one Integrated HIV Prevention and Care Plan to both HAB and DHAP.

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.

PROGRESS: President Obama signed into law the provisions that modernize the HOPWA formula and incorporate local housing costs and poverty rates. These changes in allocations will be phased in over five years and HUD is developing a technical assistance strategy to help communities most affected by the new law.

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.
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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.
PROGRESS: OHAIDP co-hosted a webinar on PrEP and PEP in June, one on viral suppression and its role on preventing new infections and improving the health of people living with HIV/AIDS in September, a third on the opioid epidemic and its effects on HIV and viral hepatitis in October, and the last to share progress on implementing the Strategy in December.		
2016	OHAIDP	Work with the PACHA to plan a Council meeting that focuses on highlighting best practices in integrating and coordinating HIV services.
PROGRESS: In May, PACHA held a meeting that included a special session, "Making the Updated National HIV/AIDS Strategy a Reality: Case Studies of Baltimore and San Francisco." The showcasing of these two examples received numerous compliments from community advocates and PACHA members.		
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.
PROGRESS: The report is under review and should be published in early 2017.		
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.
PROGRESS: CDC published a supplemental report that presents National HIV Surveillance System data to monitor progress toward achieving the goals and objectives of the Strategy, Healthy People 2020, and other Federal directives. The next National and State Progress Reports are scheduled to be published in January 2017.		

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.
<p>PROGRESS: CDC provides health departments and CBOs with Rapid Feedback Reports and Individual Grantee Reports twice per year. The reports assess grantee performance on select FOA objectives and provide feedback to spur improved program performance.</p>		
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.

To learn more about the National HIV/AIDS Strategy for the United States: Updated to 2020,
visit www.AIDS.gov/2020

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