



# NATIONAL HIV/AIDS STRATEGY

UPDATE OF 2011-2012 FEDERAL  
EFFORTS TO IMPLEMENT THE  
NATIONAL HIV/AIDS STRATEGY

Office of National AIDS Policy

JULY 2012







# Executive Summary

On the two-year anniversary of the release of the National HIV/AIDS Strategy (the Strategy), the first ever comprehensive strategy for combatting the U.S. HIV/AIDS epidemic, we are seeing considerable progress in meeting the four goals outlined in this landmark document:

- reducing new HIV infections,
- improving health outcomes for people living with HIV,
- reducing HIV-related health disparities, and
- achieving a more coordinated national response.

Arguably, more has taken place to meaningfully address domestic HIV in the past two years than at any other time during our more than 30-year battle with this disease. On the Federal level, the Strategy has brought laser-like focus to our efforts, allowing us to more effectively work together to achieve the Strategy's goals. Much progress has been made towards creating a sustainable response to the epidemic, including realigning HIV prevention resources, increasing emphasis on evidence-based interventions, scaling up efforts to address stigma and discrimination, and building new partnerships across government and communities.

We have also made tremendous progress in our understanding of how to prevent and treat HIV. Translating these advances into effective practices that improve and save lives is the priority of the Strategy. The Strategy emphasizes scaling up effective, evidence-based, sustainable interventions, while also providing localities the flexibility to meet the distinct needs of their communities. Successful interventions often involve multiple key players working in a coordinated fashion and aligned with Strategy goals.

The purpose of this report is to provide an overview of the progress made on the implementation of the Strategy and an update on relevant new activities taking place at the Federal level. Whether in new or existing initiatives, all actions are subject to the annual budget process, which requires balancing priorities within available resources.

Ongoing implementation includes making wise investments in our HIV prevention and care efforts. President Obama's FY 2013 Budget proposed more than \$22 billion for domestic HIV-specific programs, including \$1 billion for AIDS drug assistance programs. This level of funding, which has been increased each year despite economically challenging times, reinforces the Federal commitment to addressing the HIV/AIDS epidemic in the United States. Given the varying levels of local and State funding, every effort must be made to ensure that every dollar of HIV funding is used most effectively to save more lives and prevent new infections. In most places in the United States, this means directing resources to populations where HIV is most concentrated, such as among men who have sex with men and communities of color.

**U.S. Government Domestic HIV/AIDS Spending, FY 2003–FY 2013**

(dollars in millions)	FY 2003 Enacted	FY 2004 Enacted	FY 2005 Enacted	FY 2006 Enacted	FY 2007 Enacted	FY 2008 Enacted	FY 2009 Enacted	FY 2010 Enacted	FY 2011 Enacted	FY 2012 Enacted	FY 2013 Budget
Discretionary Spending	6,347	6,447	6,536	6,512	6,682	6,812	7,329	7,274	7,503	7,647	7,785
Mandatory Spending	9,094	9,998	10,751	9,448	10,113	10,750	11,504	12,274	13,053	13,644	14,468
<b>USG Domestic HIV/AIDS Spending, TOTAL</b>	<b>15,441</b>	<b>16,445</b>	<b>17,287</b>	<b>15,960</b>	<b>16,795</b>	<b>17,562</b>	<b>18,833</b>	<b>19,548</b>	<b>20,556</b>	<b>21,291</b>	<b>22,253</b>

It is imperative to note the transformative, positive effects the Affordable Care Act will have on people living with HIV. People with HIV are more likely to be uninsured, to face barriers in accessing medical care, and to experience higher rates of stigma and discrimination than other groups. The Affordable Care Act seeks to expand Medicaid for the lowest income people; it strengthens and improves Medicare, and makes private insurance work better for all Americans, including people with HIV. It also prohibits discrimination on the basis of HIV status, bans lifetime limits on insurance coverage, and is phasing out annual limits in coverage. It also increases access to critical prevention services, including HIV testing. These changes will improve health outcomes for Americans at risk for and living with HIV.

As we move forward, we know that much work remains as we endeavor to further reduce new HIV infections, improve the health of people living with HIV and reduce HIV-related health disparities. In the fight against HIV/AIDS, the legacy is one of perseverance, innovation, and progress. The Strategy provides a common framework for continuing this legacy and moving towards an AIDS-free generation.

### ***Vision for the National HIV/AIDS Strategy***

*“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.”*

#### **Reducing New HIV infections**

##### *Action Steps:*

- Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.
- Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.
- Educate all Americans about the threat of HIV and how to prevent it.

##### *Anticipated Results:*

- By 2015, lower the annual number of new infections by 25% (from 56,300 to 42,225).
- Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30% (from 5 persons infected per 100 people with HIV to 3.5 persons infected per 100 people with HIV).
- By 2015, increase from 79% to 90% the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000 people).

#### **Increasing Access to Care and Improving Health Outcomes for People Living with HIV**

##### *Action Steps:*

- Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV.
- Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.
- Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.

##### *Anticipated Results:*

- By 2015, increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85% (from 26,824 to 35,078 people).
- By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80% (or 237,924 people in continuous care to 260,739 people in continuous care).
- By 2015, increase the number of Ryan White clients with permanent housing from 82% to 86% (from 434,000 to 455,800 people). (This serves as a measurable proxy of our efforts to expand access to HUD and other housing supports to all needy people living with HIV).

#### **Reducing HIV-Related Health Disparities and Health Inequities**

##### *Action Steps:*

- Reduce HIV-related mortality in communities at high risk for HIV infection.
- Adopt community-level approaches to reduce HIV infection in high-risk communities.
- Reduce stigma and discrimination against people living with HIV.

##### *Anticipated Results:*

- By 2015, increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Black Americans with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%.

#### **Achieving a More Coordinated National Response to the HIV Epidemic in the United States**

- Increase the coordination of HIV programs across the Federal government and between federal agencies and state, territorial, tribal, and local governments.
- Develop improved mechanisms to monitor and report on progress toward achieving national goals.

**As Part of the National HIV/AIDS Strategy, President Obama Is:**

- Supporting robust funding for HIV/AIDS programs—between FY 2009 and FY 2012 increasing domestic funding by \$2.5 billion. The President’s 2013 Budget includes more than \$22 billion in domestic HIV/AIDS funding.
- Reinvigorating the domestic response to AIDS by making smarter, more effective investments in science, prevention, and treatment. The Strategy directs resources to populations at greatest risk for HIV infection, including communities of color and gay men.
- Proposing increased Federal funding for the AIDS Drug Assistance Program to \$1 billion, an increase of \$185 million from FY 2009, so that all Americans living with HIV/AIDS have access to life-extending treatment.
- Implementing the Affordable Care Act, which will increase HIV testing and access to treatment for more than 30 million Americans, including tens-of- thousands living with HIV.
- Addressing HIV-related stigma and discrimination, by lifting the HIV entry ban and ensuring, through the Affordable Care Act, that no one is denied coverage based on pre-existing conditions such as HIV.
- Supporting groundbreaking NIH research that is giving us the tools to move towards an AIDS-free generation.



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# I. Introduction

This is the third in a series of progress reports on the implementation of the National HIV/AIDS Strategy (the Strategy). The purpose of this report is to provide an overview of the progress being made on the implementation of the Strategy and an update on relevant new Federal activities. Whether in new or existing initiatives, all actions will be subject to the annual budget review process.

This report provides specific details on efforts at the Federal level to make progress toward achieving the Strategy's goals. The report also summarizes the opportunities and challenges being identified at the local level as a result of a series of meetings conducted across the country by the Office of National AIDS Policy (ONAP).

As in prior reports, the role of the Department of Health and Human Services (HHS) is emphasized because it has the largest scope of HIV-related activities. Other lead agencies also play critical roles in strategy implementation, and it is only through their ongoing participation that the goals of the Strategy will be met. While each agency has specific roles and responsibilities, their collective, aligned efforts are critical to meeting specific HIV outcomes.

Despite the considerable progress described in this report, much work remains. This includes continued development of mature Federal, State, Tribal, and local HIV surveillance systems that enable us to accurately measure our progress in real time. Incomplete HIV/AIDS case reporting, variations in the type of data reported, and persistent barriers to sharing data across jurisdictions limit our ability to collect complete HIV/AIDS data in a timely manner. As a result, this report does not include quantitative updates on progress made towards meeting the 2015 metrics set by the Strategy. There is ongoing work by HHS and the Institute of Medicine to address these challenges, including harmonizing data systems, determining a core set of national-level HIV indicators, and reducing duplicative and burdensome reporting requirements.

This document, information about ongoing progress in implementing the Strategy, and prior reports may be accessed at [www.AIDS.gov](http://www.AIDS.gov). Additional information about the Office of National HIV/AIDS Policy can be found at [www.whitehouse.gov/administration/eop/onap](http://www.whitehouse.gov/administration/eop/onap).





## II. Designated Lead Agency Officials

As stipulated in the Presidential Memorandum, specific individuals at each agency were identified as leads for Strategy implementation activities. A list of Identified contacts follow:

Office of National AIDS Policy (ONAP)      Grant N. Colfax, M.D., Director

Office of Management and Budget (OMB)      Jeffrey Zients, Acting Director

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Department of Health and  
Human Services (HHS)

Howard Koh, M.D., M.P.H.,  
Assistant Secretary for Health

Department of Housing and Urban  
Development (HUD)

Mark Johnston,  
Assistant Secretary (acting), Community  
Planning and Development

Department of Labor (DOL)

William E. Spriggs, Ph.D.,  
Assistant Secretary for Policy

Kathy Martinez,  
Assistant Secretary for Disability Employment Policy

Department of Justice (DOJ)

Thomas Perez, J.D., M.P.P.,  
Assistant Attorney General for Civil Rights

Department of Veterans Affairs (VA)

Madhulika Agarwal, M.D., M.P.H.,  
Deputy Under Secretary for Health for  
Policy and Services

Social Security Administration (SSA)

David Rust,  
Deputy Commissioner, Retirement and Disability Policy





## III. Federal Agency Acronyms

<b>BOP</b>	Bureau of Prisons, Department of Justice
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>DASH</b>	Division of Adolescent and School Health
<b>DOD</b>	Department of Defense
<b>DOJ</b>	Department of Justice
<b>DOL</b>	Department of Labor
<b>FDA</b>	Food and Drug Administration
<b>HHS</b>	Department of Health and Human Services
<b>HRSA</b>	Health Resources and Services Administration
<b>HUD</b>	Department of Housing and Urban Development
<b>IHS</b>	Indian Health Service
<b>NCHHSTP</b>	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention
<b>NIH</b>	National Institutes of Health
<b>OASH</b>	Office of the Assistant Secretary for Health, Department of Health and Human Services
<b>OGAC</b>	Office of the Global AIDS Coordinator, Department of State
<b>OHAIDP</b>	Office of HIV/AIDS and Infectious Disease Policy, Department of Health and Human Services
<b>OMB</b>	Office of Management and Budget
<b>OMH</b>	Office of Minority Health, Department of Health and Human Services
<b>ONAP</b>	Office of National AIDS Policy
<b>PACHA</b>	Presidential Advisory Council on HIV/AIDS
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SSA</b>	Social Security Administration
<b>VA</b>	Department of Veterans Affairs





## IV. Update of Federal Activities

Much has been accomplished at Federal, State, Tribal and local levels in the two years since the release of the National HIV/AIDS Strategy. On the Federal level alone, many goals have been met. Some activities are ongoing, and have produced meaningful changes during the implementation process, while other activities remain in the planning stage. This section describes the status of the most salient priority activities outlined in the FY 2011 report “Implementing the National HIV/AIDS Strategy: Overview of Agency Operational Plan” for each of the Strategy’s goals.

### Goal 1: Reducing new HIV infections

Significance: There are approximately 50,000 new HIV infections in the United States each year, with most infections concentrated among gay men and in communities of color. The Strategy identifies three action steps for reducing HIV incidence: (1) intensifying HIV prevention efforts in communities where HIV is most heavily concentrated, (2) expanding targeted efforts to prevent HIV using a combination of effective evidence-based approaches, and (3) educating all Americans about the threat of HIV and how to prevent it. Below are the most pertinent updates on these steps.

Goal 1: Step 1: <i>Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.</i>					
Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
CDC	<i>CDC will update its funding formula to ensure that core Federal HIV prevention allocations are better aligned with the epidemic.</i>	On January 1, 2012, the CDC awarded health departments in 67 jurisdictions prevention funding totaling \$339 million. Funding was apportioned to each State, Territory, or city based on the number of people reported living with an HIV diagnosis in that jurisdiction. Realignment in funding will be phased in over five years. Areas with greater concentrations of HIV cases, including many Southern states and several major cities, are receiving needed funding increases. To ensure that even areas with a low burden of HIV can continue basic prevention activities, each jurisdiction will receive a minimum annual funding amount (\$750,000 for States, \$250,000 for territories).	X		

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			Completed	Underway	Planned
CDC	<i>CDC will commit to reviewing its HIV Prevention Community Planning process for allocating Federal HIV prevention resources at the local level to ensure that funds follow the epidemic.</i>	The guidance, released in July 2012, is the blueprint for the HIV planning process within jurisdictions. Jurisdictions are expected to broaden planning efforts to actively engage the community and other stakeholders across the continuum of prevention, care and treatment. They are also expected to use surveillance data to target resources and the most scalable, cost-effective interventions to populations most affected by the local epidemic. Jurisdictions' HIV plans are expected to describe how they address the goals of the Strategy.	X		
HUD	<i>HUD will propose a new funding formula to better target resources to people living with HIV/AIDS.</i>	The Department's FY 2013 budget proposes to update the Housing Opportunities for Persons with AIDS (HOPWA) funding formula based upon CDC surveillance data of persons living with HIV, along with use of area housing costs and poverty factors, to target housing resources to address greatest needs for people living with HIV. HUD also recommended changes to HOPWA short-term housing provisions to expand the range of effective interventions to end homelessness. Congressional action is needed to authorize these changes.		X	
SAMHSA	<i>SAMHSA will work with HHS to develop a legislative Strategy for updating the criteria that allow states to use Substance Abuse Prevention and Treatment Block Grants funds for HIV/AIDS services to drug users.</i>	SAMHSA will work with Congress to change the requirements for the five percent HIV set-aside in the Substance Abuse Prevention and Treatment Block Grant to be based on HIV cases or rates, rather than AIDS cases. Congressional action is needed to authorize these changes.			X
HUD	<i>HUD will work to utilize HUD assistance to improve health outcomes, including efforts to improve linkage with HIV prevention and care programs.</i>	A targeted 2011 HOPWA grants competition awarded \$9 million to seven projects to initiate new community approaches that integrate HIV/AIDS Housing Plan models. These actions expand local partnerships to address unmet needs and to demonstrate positive health and housing outcomes. The Assistant Secretary for Planning and Evaluation has also issued research funding to review four sites on system integration and coordination of housing and HIV care services.		X	
BOP	<i>The Bureau of Prisons (BOP) at DOJ will expand current HIV/STD and viral hepatitis screening to prisoners on entry.</i>	BOP has incorporated universal testing into the BOP Strategic Plan. An official memo was issued by the BOP Medical Director. Universal testing has been incorporated into the BOP Preventive Health Clinical Practice Guidelines and into the Performance Work Plans of the BOP Regional Medical Directors.		X	

IV. UPDATE OF FEDERAL ACTIVITIES

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
BOP	<i>BOP and CDC will implement risk reduction interventions for HIV-positive and high risk HIV-negative individuals released from prison.</i>	The National Institute of Corrections awarded a \$500,000 Cooperative Agreement research grant to examine the provision of Medicaid enrollment assistance and its effect on outcomes for individuals reentering the community.		X	
VA	<i>VA will increase the proportion of all Veterans in health care that are tested for HIV at least once in their lifetime, especially among target populations identified in the Strategy.</i>	VA more than doubled the number of Veterans tested for HIV at least once in VA from 2009 to 2011. As of 2011, 1.2 million veterans have been tested for HIV at least once, corresponding to 20 percent of the veteran population in VA care.		X	

**Goal 1: Step2: Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.**

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
HHS	<i>HHS is planning a comprehensive package of efforts in the 12 highest AIDS prevalence jurisdictions in the United States.</i>	In 2011, HHS initiated a number of steps to strengthen coordination of the responses of CDC, HRSA, IHS, NIH, SAMHSA, CMS, and OASH to HIV/AIDS. Central to this effort has been the 12 Cities Project, an HHS-wide effort to enhance coordination, collaboration, and integration of HHS HIV prevention, treatment, and care resources along with local collaboration with housing, veterans services and other HIV-related programs in the 12 jurisdictions with the highest AIDS burden. Anchoring this effort is the CDC's Enhanced Comprehensive HIV Prevention Planning initiative. Through coordinated and streamlined funding initiatives and projects aligned with the Strategy, the 12 Cities Project has facilitated cross-agency and departmental communications at the Federal and local levels, including through data sharing discussions, developing common core indicators, working to map Ryan White Program service locations, exploring data streamlining, and exploring opportunities to coordinate funding opportunities. HHS expects to complete a qualitative evaluation of progress towards 12-Cities Project goals in September 2012 that will inform future planning, funding, technical assistance, and policy activities.		X	

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Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
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HHS	<i>In FY 2011, HHS will begin to restructure how the Minority AIDS Initiative Fund is used by targeting Fund dollars within Minority communities disproportionately impacted by the epidemic.</i>	<p>OASH/OHAIDP continues steps to improved and better target the effectiveness of the Secretary's Minority AIDS Initiative Fund (SMAIF) resources to align with the Strategy. This past funding cycle (FY 2012) saw the development of a formal internal Federal Opportunity Announcement (FOA), which agencies and offices used to develop proposals and compete for SMAIF funding. This internal FOA designated four priority project areas, including preventing HIV, improving health outcomes, mobilizing to reduce HIV-related health disparities, and building capacity in support of Strategy goals. In addition, to continue targeting funds to racial and ethnic minority populations disproportionately impacted by HIV/AIDS, the SMAIF encourages prioritizing geographic locations with substantial HIV burden.</p> <p>SMAIF funds have also been allocated to support a new, innovative, three-year cross-agency demonstration project aligned with the Strategy and overseen by the CDC. The purpose of this demonstration project is to support state and territorial health departments in reducing HIV-related morbidity, mortality, and related health disparities among racial and ethnic minorities by addressing social, economic, clinical and structural factors. Eligibility for the demonstration project is limited to 18 disproportionately affected areas with a high burden of HIV disease and HIV-associated mortality among people of color.</p> <p>Finally, guidance provided by OHAIDP now requires the use of standardized metrics for HIV testing, linkage to care, and training for all SMAIF projects.</p>		X	
NIH	<i>NIH and CDC will pilot the evaluation of effective combination prevention strategies.</i>	NIH recently awarded investigator-initiated grants in conjunction with a special funding announcement targeting the discovery, development, and testing of novel combinations of biomedical and behavioral interventions to advance HIV prevention. In FY11, NIH awarded a total of \$4.4 million in grants to support these efforts.		X	

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Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
CDC	<i>CDC will prioritize those Diffusion of Effective Behavioral Interventions (DEBI) targeting high-risk HIV-negative individuals that have demonstrated biologic outcomes (e.g. reduced rates of HIV/STD acquisition) or have reduced risk behaviors at the community-level. All available and effective behavioral interventions that reduce risk behaviors among previously diagnosed positives in clinical and non-clinical settings will be prioritized.</i>	CDC prioritized HIV prevention interventions for people living with HIV/AIDS in its Health Department grants. CDC has deemphasized DEBIs with behavioral outcomes (sexual risk/reducing drug use) for HIV-negative individuals. In addition, CDC delineates interventions with biologic outcomes on its DEBI website.	X		

**Goal 1: Step 3: Educate all Americans about the threat of HIV and how to prevent it.**

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
HHS/OWH	<i>The HHS OASH/OWH will launch a national STD awareness social marketing campaign to empower teen girls to make informed decisions about sexual activity so as to reduce sexually transmitted diseases, including HIV, and minimize their serious health consequences, including cancer and infertility.</i>	The campaign strategy has been developed and materials are nearly complete. The launch of the campaign is scheduled for Fall 2012.		X	

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Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
VA	<i>The VA will expand its social marketing and educational campaign to better target high-risk veteran populations. The VA will also hold focus groups in high-risk communities to ensure that social marketing messaging is geared towards these communities of interest and to maximize the impact.</i>	VA has conducted 10 focus groups to help guide social marketing and educational messaging to veterans. Information gathered from these focus groups is being used to revise and target VA's HIV testing message to maximize effectiveness.		X	
CDC	<i>CDC will continue to implement the Act Against AIDS campaign to provide all Americans with information about the threat of HIV and how to prevent it and to improve the ability of health care providers to provide appropriate HIV screening and prevention services. Emphasis will be placed on efforts that reach communities most heavily affected (i.e., Black Americans, Latinos, gay and bisexual men). Existing and new campaigns will include effective communication, mobilization, and outreach activities.</i>	<p>CDC's Act Against AIDS (AAA) campaign has continued to expand. Through December 2011, the total number of media impressions garnered by the AAA campaign was 2.5 billion. Specific milestones include:</p> <ul style="list-style-type: none"> <li>• Launching the Testing Makes Us Stronger campaign nationally to encourage black gay and bisexual men to get tested for HIV. Key national launch activities included national media outreach, the launch of the campaign website and Facebook page, and campaign ad placement in national print and online publications.</li> <li>• Launched the Take Charge. Take the Test. campaign in March 2012 for National Women and Girls HIV/AIDS Awareness Day. This multi-faceted social marketing initiative, which is designed to increase HIV testing among African American women, launched in 10 major U.S. cities.</li> </ul> <p>Over the next year, AAA will continue to launch new social marketing campaigns, including new HIV testing campaigns for MSM.</p>	X		

IV. UPDATE OF FEDERAL ACTIVITIES

**Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV**

Recent estimates suggest that only 41 percent of persons living with HIV are receiving care and only 36 percent are prescribed retroviral therapy. The Strategy identifies three action steps to improve access to care and health outcomes for people living with HIV: (1) establish a seamless system to immediately link people to continuous and coordinated quality of care when they are diagnosed with HIV, (2) take deliberate steps to increase the number and diversity of providers of clinical care and related services for people living with HIV, and (3) support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing. Below are the most pertinent updates on these steps.

<b>Goal 2: Step 1: Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV</b>					
<b>Responsible Agency or Agencies</b>	<b>Activity FY 2011 NHAS Operational Plan</b>	<b>Update FY 2012 NHAS Summary Report</b>	<b>Status of Activity</b>		
			<b>Completed</b>	<b>Underway</b>	<b>Planned</b>
<b>CMS</b>	<i>CMS will support States trying to maximize opportunities for using Medicaid to effectively serve people living with HIV/AIDS.</i>	In June 2011, CMS issued a State Medicaid Director (SMD) letter giving guidance to States about opportunities to provide Medicaid coverage to individuals living with HIV. The six coverage and service design options detailed in the letter offered States possibilities to increase access to care for individuals living with HIV and to improve their care coordination. The options also provide States with alternatives that could alleviate the burden on AIDS Drug Assistance Programs (ADAP) and help States make progress towards expanding coverage and providing access in accordance with the Affordable Care Act requirements.  CMS provided technical assistance to states interested in exploring these options for flexibility to improve care and care coordination for individuals living with HIV.	<b>X</b>		

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DOJ, VA, HHS	<i>DOJ, VA, and HHS will implement activities to improve community re-entry for people living with HIV leaving correctional institutions and take other steps to improve care quality in correctional settings.</i>	<p>A cross agency re-entry council has been established to address the myriad of issues faced by persons who have been incarcerated and who are living with HIV/AIDS. HHS, VA and DOJ are standing members of this group. Additionally, representatives from across HHS and VA are working with the Office of HIV/AIDS and Infectious Disease Policy to develop a number of informational tools that can be used by program staff to improve health outcomes for this population.</p> <p>The VA, through its Incarcerated Veterans Program, is working to expand HIV testing to veterans being re-integrated into the community and to ensure they are linked to health care in a timely manner. Under a new rule, veterans released from jail, or from state or federal prison, and who are eligible for VA health care can receive HIV testing in hospital or outpatient settings, along with community placement, housing and other stabilization support for re-entry into community living.</p>	X		
HRSA, CDC	<i>HRSA and CDC will continue to support a six-clinic, multi-year evaluation of interventions designed to increase HIV-positive client appointment attendance among patients at risk of missing scheduled appointments. The current phase of this project is a randomized controlled trial, which compares two interventions designed to increase retention in HIV care to standard HIV clinical care.</i>	CDC and HRSA are continuing to support "Retaining HIV-Positive Patients in Medical Care: Test of Intervention Strategy for HIV Clinics," a five-year research project conducted in six HIV clinics with the goal of increasing access to HIV care and treatment by providing services to retain patients in care. Findings from Phase 1 of the project, a 12-month clinic-wide intervention, showed overall improvements in clinic attendance after the clinic-wide intervention. Preliminary findings from Phase 2, a three-arm randomized controlled trial, showed that both interventions tested had improved clinic attendance for HIV primary care when compared to the standard of care practices. Analyses of project data continue.	X		

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<b>HRSA</b>	<i>HRSA will develop a guide with lessons learned on model practices for engaging and retaining underserved, hard-to-reach, HIV-positive persons in medical care. The content of this guidance will derive from the "Targeted Outreach and Intervention Model Development Initiative," a six-year, multi-site evaluation conducted in community and clinical settings. Training curricula will be developed and disseminated to grantees and other HHS agencies.</i>	The training manual, curricula, guide, and other training materials presenting lessons learned from HRSA's Special Projects of National Significance (SPNS) program's Targeted Outreach and Intervention Model Initiative and other relevant SPNS programs are under development. The "Engaging Hard-to-Reach Populations Living with HIV/AIDS into Care" training manual is expected to be released before December 2012. Development of other training materials as well as planning for webinars and dissemination of training materials are also planned.		<b>X</b>	
<b>VA</b>	<i>VA will continue to use technology opportunities such as telehealth to improve HIV health care in remote locations. VA will consider supporting pilot programs to improve health care to rural Veterans with HIV.</i>	Telehealth, a major VA initiative, provides opportunities to expand access to care and reduce health disparities in rural communities. VA is supporting telehealth pilots to provide sub-specialty HIV care to Veterans living with HIV/AIDS who live hours from the nearest VA medical center. During this pilot phase, VA will monitor feasibility, patient and provider satisfaction, and quality of care delivered through telehealth modalities.		<b>X</b>	
<b>HUD</b>	<i>HUD will share information on model HIV housing efforts that support re-entry efforts through planning and coordination to promote stable housing outcomes.</i>	HUD has awarded HOPWA funds for a number of Special Projects of National Significance, including projects examining re-entry services, use of common information systems, and integrated planning in housing and service delivery.		<b>X</b>	

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**Goal 2: Step 2: Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.**

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
HRSA	<i>HRSA will actively work toward developing specific strategies to strengthen the current provider workforce to improve quality of care for people with HIV/AIDS.</i>	To further support HRSA's Bureau of Health Profession's (BHP) commitment toward implementing the Strategy, BHP hosted a webcast for over 1,200 BHP grantees. The webcast provided an overview of the Strategy and provided examples for how grantees—which include schools of medicine, dentistry, nursing, pharmacy, and other allied health professions—can incorporate and strengthen their HIV-related training activities. BHP also includes information about the Strategy in all Federal Opportunity Announcements to encourage applicants to support the Strategy goals in their health profession training activities.	X		
HRSA	<i>HRSA's HAB will fund eight regional AIDS Education Training Centers (AETCs) to provide specific training, technical assistance, and ongoing consultation to providers who are caring for American Indian/Alaska Native (AI/AN) populations. AETCs will collaborate with the IHS to achieve the following goals: improve/enhance HIV diagnostic opportunities establish and maintain robust linkages to care and treatment, and help ensure high-quality, culturally competent treatment.</i>	HRSA/HAB currently funds eight regional AETCs encompassing 38 States to participate in an AI/AN project to provide training, consultation, technical assistance and capacity building activities to increase HIV prevention and care efforts in the AI/AN community. This work is conducted through a collaborative initiative between HRSA and the IHS to increase understanding among leaders in Indian Country about the risk HIV poses in their communities, reduce stigma, assist AI/AN communities as they implement HIV testing programs, and prepare providers to care for AI/AN patients newly diagnosed with HIV.		X	
HRSA	<i>HRSA's HAB will identify and disseminate best practices in caring for male and female Hispanic/Latino clients obtained from a qualitative assessment of "exemplary" HIV service providers in six States serving substantial populations of Hispanics/Latinos. These best practices will encompass clinical strategies, administrative actions, and organizational practices.</i>	<i>Strategies for Engaging and Retaining Latinos in HIV Care</i> , a qualitative study, examined strategies used by Ryan White HIV/AIDS Program health care providers to improve access to and use of HIV medical care and supportive services for Latinos/Latinas. The study identified barriers to care, and identified common best practices to improve access. HRSA's Special Projects of National Significance program is using findings from this study to inform a FY2013 multi-site demonstration and evaluation project to develop, implement and evaluate interventions to support engagement and retention in care among Latinos/Latinas.		X	

IV. UPDATE OF FEDERAL ACTIVITIES

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
VA	<i>The VA will continue to train primary care providers, women's health care providers, mental health providers, and substance use providers to provide HIV related services, such as routine HIV testing, to all veterans in health care at least once in a lifetime, and at least annually for those with on-going risk factors. In addition, VA will provide educational opportunities about updates in HIV treatment and co-morbid health care to these VA health providers.</i>	VA has continued to focus on HIV education of care providers. A monthly HIV webinar series for all providers interested in learning about HIV treatment and co-morbidities began in 2010 enrolls hundreds of participants every month. Scholarships were awarded to VA providers to attend national education conferences on improving HIV care and ensuring that all VA HIV providers are aware of the standard of care. Additionally, grand rounds presentations to promote HIV testing have been conducted with a variety of providers throughout VA.		X	

**Goal 2: Step 3: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.**

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
HRSA	<i>HRSA will develop and disseminate technical guidance on how to integrate buprenorphine tx into HIV primary care settings.</i>	The "Integration of Buprenorphine into HIV Primary Care Settings" training manual and curriculum is in clearance. The detailed training manual and curriculum are designed to provide physicians with the information they need to integrate medication-assisted treatment with buprenorphine into HIV primary care. Planning for webinars and other dissemination methods are underway. Train-the-trainer sessions will be provided to AETC grantees and local sites.		X	

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Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
HHS OASH/OMH	HHS OASH/OMH will evaluate the "Linkage to Life" (L2L) program to assess its effectiveness in addressing gaps in healthcare, social and supportive services for high-risk minority families living with HIV/AIDS (or at high risk for HIV) who are in transition from incarceration, domestic violence situations and/or substance abuse treatment.	L2L: Rebuilding Broken Bridges for Minority Families Impacted by HIV/AIDS addresses gaps in healthcare, social, and supportive services for high-risk minority families living with HIV/AIDS or at risk for HIV infection. L2L grantees have identified barriers to service due to system and service fragmentation and established resource networks to meet the complex needs of minority families in transition.  The L2L program is completing the second year of a four-year project period. The final evaluation will be completed November 2014.			X

**Goal 3: Reduce HIV-related Disparities and Health Inequities**

In the United States, HIV remains concentrated among communities of color and gay men: rates of HIV infection among blacks and Latinos are approximately eight and three-folds higher compared to whites, and gay men are over 40 times more likely to acquire HIV than heterosexual men or women. The Strategy identifies three action steps to reduce HIV-related health disparities and health inequities: (1) reduce HIV-related mortality in communities at high risk for infection, (2) adopt a community-level approach to reduce HIV infection in high-risk communities, and (3) reduce stigma and discrimination against people living with HIV. Below are the most pertinent updates on these steps.

**Goal 3: Step 1: Reduce HIV-related mortality in communities at high risk for HIV infection.**

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
NIH	NIH will initiate new programs to support comprehensive therapeutics research program.	NIH is in the process of restructuring and re-competing clinical trials networks for performing large-scale studies of HIV prevention and treatment. The priority areas for clinical trials are HIV prevention, including HIV vaccines, microbicides, and integrated strategies to prevent HIV infection; and therapeutics for HIV/AIDS and associated infections. NIH networks also prioritize therapeutics for HIV/AIDS and associated infections that affect people with HIV.		X	

#### IV. UPDATE OF FEDERAL ACTIVITIES

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
CDC	<i>CDC will review and assess quality of data measuring community viral load; following this, technical guidance will be developed and disseminated.</i>	In 2011, CDC developed and released technical guidance for calculating viral load, including community viral load. In collaboration with HRSA, CDC sponsored a consultation on the monitoring and use of laboratory data. Forty external consultants joined CDC and HRSA representatives to discuss collection and use of laboratory indicators in HIV surveillance for public health action and monitoring, highlighting a broad range of innovative examples of how jurisdictions are using surveillance data. To further support such efforts, CDC provided a total of \$8.4 million in supplemental resources to jurisdictions to support the implementation and maintenance of electronic lab reporting for all HIV-related test results to more precisely monitor and respond to local needs.	X		
VA	<i>VA will continue to routinely collect data on viral load and CD4 counts for all Veterans with HIV receiving VA health care.</i>	VA has continued to ensure that routine viral load and CD4 counts are completed for all veterans with HIV.		X	

#### Goal 3: Step 2: Adopt community-level approaches to reduce HIV infection in high-risk communities.

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
NIH	<i>NIH will continue with existing and undertake new collaborations with other Federal partners to support studies defining social processes and structural factors that mediate risk of HIV infection.</i>	NIH has issued a special funding initiative to support implementation research projects that are evaluating strategies to enhance the effectiveness and efficiency of interventions that have been proven efficacious in clinical trials to reduce risk for HIV and enhance treatment outcomes. To evaluate and improve these interventions in real-world settings, NIH-funded grantees are leveraging existing platforms, programs, or networks with wider efforts supported by CDC, SAMHSA, HRSA, and PEPFAR. In addition, NIH has provided second year funding to nine NIH-sponsored Centers for AIDS Research in support of the HHS 12 Cities Project.		X	

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Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
HHS/CDC	<i>HHS and CDC will publicize opportunities for communities to procure important resources that can have a public health impact.</i>	<p>CDC awarded \$55 million over five years to 34 community-based organizations to expand HIV prevention services for young gay and bisexual men of color, transgender youth of color, and their partners. As part of these awards, each organization is required to provide specific prevention services. These include providing HIV testing to a total of more than 90,000 young gay and bisexual men and transgender youth of color, with a goal of identifying more than 3,500 previously unrecognized HIV infections (over the five-year funding period) – and linking those who are HIV-infected to care and prevention services.</p> <p>In June 2011, the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention held a consultation entitled “Prevention Through Health Care: Enhancing Health Departments’ Preparedness and Response” that brought together leaders from state and local health departments, national organizations (e.g., Kaiser Permanente and the National Alliance of State and Territorial AIDS Directors), federal partners (e.g., Centers for Medicare and Medicaid Services and Health Resources and Services Administration), and the academic community to collaboratively identify and strategize on how to address four identified drivers of change in health care: a) investment in health information technology, b) the growing role of private sector providers, c) expansion of community health centers, and d) expansion of Medicaid coverage.</p>		X	

**Goal 3: Step 3: Reduce stigma and discrimination against people living with HIV.**

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
DOJ	<i>DOJ will enforce civil rights laws that outlaw HIV/AIDS-related discrimination.</i>	DOJ has undertaken an unprecedented effort to conduct outreach to affected communities to educate them about anti-discrimination laws. This has drastically increased the volume of HIV discrimination complaints received by the Department. The Department is prepared to provide technical assistance resources to States considering changes to HIV criminal statutes.		X	

IV. UPDATE OF FEDERAL ACTIVITIES

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
DOL	<i>DOL's Office of Federal Contract Compliance Programs will develop a memorandum to its field offices regarding prioritizing and tracking investigations of employment discrimination complaints involving HIV/AIDS.</i>	DOL's Office of Federal Contract Compliance Programs (OFCCP) developed public education materials on employment rights under Section 503 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, as amended, specifically focusing on HIV/AIDS employment discrimination and how to report it. These materials were distributed to OFCCP's field offices. DOL also continues to track HIV/AIDS related discrimination complaints in its Case Management System. OFCCP has also developed and posted a disability "Know Your Rights" fact sheet for employees of federal contractors, which specifies that HIV is a physical impairment usually considered to be a disability (and therefore protected by the law).	X		
DOL	<i>DOL and EEOC will educate employers and employees about employees' rights.</i>	DOL has provided education to employers, service providers, and employees, about employee's rights through both targeted trainings and the development and distribution of public education materials. Trainings included those at the National Equal Opportunity Symposium and the U.S. Conference on AIDS. DOL also covered this issue through its HIV/AIDS Employment Roundtable and accompanying report, which it disseminated to stakeholders. DOL also recently released a "Employment and Living with HIV/AIDS Resource Guide" for individuals seeking to enter or reenter the workforce, which provides extensive information about applicable laws, protections, and resources, as well as a HIV/AIDS Employment Toolkit. DOL also collaborated with AIDS.gov on the development of a new "employment page" and related links for the <a href="http://AIDS.gov">AIDS.gov</a> website, which will include updated coverage of legal rights and protections related to employment.	X		

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Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
HHS/DOJ	<i>The HHS Office for Civil Rights will continue to provide information to the public (via web, brochures, national meetings, and other outreach events) on the civil rights and the health information privacy rights of people living with HIV/AIDS and will continue to investigate and take action on complaints alleging discrimination against people living with HIV/AIDS by health care providers and human service agencies and on complaints alleging violations of the health information privacy rights of people living with HIV/AIDS by health care providers and health plans.</i>	<p>In February 2011, the HHS Office for Civil Rights entered into a resolution agreement with the General Hospital Corporation and Massachusetts General Physicians Organization, Inc., who agreed to pay \$1,000,000 to settle potential violations of the HIPAA Privacy Rule. The incident involved the loss of protected health information of 192 patients of Mass General's Infectious Disease Associates outpatient practice, including patients living with HIV/AIDS.</p> <p>In March 2011, the HHS Office for Civil Rights secured statewide resolution of a complaint against the New Hampshire Department of Health and Human Services. To resolve the complaint, the Department amended its state regulations by deleting a portion of an Administrative Rule which had prohibited social service agencies from providing personal care services to HIV-positive individuals in their own homes.</p>		X	

**Goal 4: Achieving a more coordinated response to the epidemic in the United States**

The goals of the Strategy can only be met through an ongoing and coordinated response across all levels of society. The Strategy identifies two action steps to achieve a more coordinated national response: (1) increase the coordination of HIV programs across the Federal government and between Federal agencies and State, Territorial, Tribal, and local governments, and (2) develop improved mechanisms to monitor and report on progress towards achieving national goals. Below are the most pertinent updates on these steps.

IV. UPDATE OF FEDERAL ACTIVITIES

**Goal 4: Step 1: Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, Territorial, Tribal, and local governments.**

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
ONAP	ONAP contracted with the Institute of Medicine to address gaps in data collection, analysis and integration of the care and treatment experiences of people living with HIV.	The Institute of Medicine issued the first of two reports in March 2012. The report provides 14 indicators to monitor health needs of people living with HIV/AIDS. The second report will be issued before the end of 2012.	X		
CDC IHS,NIH	In FY 2011, CDC, IHS, and NIH will convene one or more multi-disciplinary technical consultations to identify surveillance strategies and a research agenda to better characterize the extent and burden of HIV/AIDS among populations that represent a small share, nationally, of the U.S. epidemic, including: AI/AN, Asian Americans, and Pacific Islanders.	<p>Three CDC reports on improving HIV surveillance among AI/AN, Asian Americans and other Pacific Islander, and migrant populations will be posted to the CDC Division of HIV/AIDS Prevention website by the end of July 2012. These reports were developed with input from surveillance coordinators and relevant partners.</p> <p>CDC/DHAP and the IHS National HIV/AIDS Program held a consultation with the tribal leaders of the CDC Tribal Consultation Advisory Committee on February 2, 2012. The purpose of the consultation was to discuss methods for developing and implementing scalable, effective prevention intervention approaches that reach those at greatest risk for HIV and AIDS.</p> <p>Since February of 2012, the IHS National HIV/AIDS Program has actively participated in the NIH Office of AIDS Research, Racial and Ethnic Populations Committee, including subcommittee work with AI/AN technical experts on the formulation of the FY 2014 NIH Trans-Plan for HIV-Related Research.</p>	X		

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Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
NIH, CDC	<i>Based on new and emerging findings, NIH and CDC will collaborate in FY 2011 to develop research opportunities to investigate the social and behavioral factors that are likely to influence the roll-out, uptake, effectiveness and long-term impact of biomedical interventions like pre-exposure prophylaxis (PrEP), microbicides, and Test, Linkage to care and promotion of adherence ("Test and Treat").</i>	<p>CDC and NIH continue to support safety and efficacy studies and investigate the social and behavioral factors associated with the roll-out, uptake, effectiveness and long-term impact of biomedical interventions such as pre-exposure prophylaxis (PrEP), microbicides, and testing, linkage to care and promotion of adherence ("Test and Treat") strategies. CDC expects to release PrEP guidance for heterosexuals in late Summer 2012 and PHS Guidelines on the use of PrEP by the end of 2012.</p> <p>NIH is continuing to support clinical studies on the strategies of "test and treat" and Treatment as Prevention. Two key ongoing studies are HIV Prevention Trials Network (HPTN) 065 and HPTN 061. HPTN 065 is evaluating the concept of "test, linkage to care and treat" in a pilot program in partnership with CDC in the Bronx and Washington D.C. This study is collecting information on social factors that influence an individual's willingness to be tested for HIV. HPTN 061 is evaluating the feasibility and acceptability of a multifaceted intervention among black MSM to prepare for a community-level randomized trial to test the efficacy of the intervention in reducing HIV incidence. A total of 1561 men have been enrolled in six cities.</p>		X	
DOJ, EEOC	<i>DOJ and EEOC will work together to create fact sheets on the rights of HIV-positive persons and the responsibilities of employers in the workplace.</i>	DOJ published a revised and updated technical assistance guide in June 2012 entitled, "Questions and Answers: The Americans with Disabilities Act And Persons with HIV/AIDS." This publication explains the rights of persons with HIV/AIDS under the Americans with Disabilities Act, and the requirements for employers, businesses and non-profit agencies that serve the public, and State and local governments to avoid discriminating against persons with HIV/AIDS. The document provides in-depth information regarding disability rights laws and HIV discrimination in employment, public accommodations, and State and local government services.	X		
HUD	<i>HUD will identify and disseminate successful models developed by HOPWA and other HUD grantees that enhance linkages to care, local provider collaboration and integrated service delivery.</i>	<p>HUD has shared information on a number of HOPWA model projects and agency practices that demonstrate successful efforts to increase housing stability and access to care. Related training actions were taken in e-learning webinars available at: <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/aidshousing/showcase/model_programs">http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/aidshousing/showcase/model_programs</a></p>		X	

IV. UPDATE OF FEDERAL ACTIVITIES

**Goal 4: Step 2: Develop improved mechanisms to monitor and report on progress toward achieving national goals.**

Responsible Agency or Agencies	Activity FY 2011 NHAS Operational Plan	Update FY 2012 NHAS Summary Report	Status of Activity		
			Completed	Underway	Planned
HHS	<i>In FY 2011 and beyond, OASH within HHS will serve as the central focus for coordination and monitoring of the HHS operational plan. In order to monitor and gauge progress toward achieving the Strategy goals, OASH will develop metrics to measure progress at various levels (i.e., Federal, State, Tribal, and local), develop standardized tools that can help agencies/ staff offices conduct rigorous program evaluation, develop processes that will provide accurate information about how federal HIV/AIDS resources are being used at State, Tribal, and local levels, and convene a department wide retreat, in the third quarter of 2011, to assess and critically review progress made and gaps remaining.</i>	The OASH has undertaken several key activities to coordinate and monitor progress toward achieving the goals of the Strategy Operational Plan. First, it has organized and hosted HHS-wide Strategy Implementation Group calls, which have provided updates on pending or new initiatives, programmatic developments, and data sharing opportunities. Similarly, it has convened or joined a number of smaller working group meetings and calls in order to advance or develop critical activities related to the completion of the African American Program Inventory, HHS Indicators Working Group, HHS HIV/AIDS Indicators Implementation Group, cross-HHS Enhanced Comprehensive HIV Prevention Planning Group Calls, 12-Cities Steering Group, the Strategy and Women, and ADAP Options Group. Second, OASH has compiled a Strategy progress report that offers selected highlights of cross-agency activities called for in the Strategy's Federal Implementation Plan and the HHS Strategy Operational Plan. Third, OASH has provided technical reviews of new funding opportunities to ensure their consistency with the Strategy and facilitated discussions within HHS and between HHS and HUD to explore opportunities to improve data sharing, increase coordination of planning requirements, and identify opportunities for the development of common core indicators.	X		





## V. New Federal Initiatives to Implement the Strategy

Over the past year, there have been new Federal initiatives that were not specified in the FY 2011 overview of NHAS operational plans. Because many of these new initiatives align directly with the Strategy's goals, they merit mention and are outlined below.

### Reducing New HIV Infections

- **CDC supports innovative prevention projects to implement high-impact HIV prevention.** On March 1, 2012, the CDC awarded 30 jurisdictions competitive funding totaling \$20 million to evaluate innovative approaches to high-impact prevention and included: (a) the use of CD4 and viral load data for prevention, (b) advanced use of technology, (c) enhanced linkages and retention in care, (d) increasing HIV testing efforts.
- **CDC continues to research and evaluate combination prevention approaches based on both effectiveness and costs.** These efforts include examining medical costs saved by HIV prevention efforts, such as HIV screening in a variety of institutions. To help make research and evaluation more relevant to implementation efforts, the CDC has developed and presented a tool to help local and state health departments determine how to best allocate HIV prevention resources.
- **SAMHSA supports grants to increase the availability of integrated behavioral and primary healthcare and substance abuse treatment for racial and ethnic minorities.** SAMHSA currently funds two types of Minority AIDS Initiative Targeted Capacity Expansion grants (MAI-TCE): Integrated Behavioral Health/Primary Care Network Cooperative Agreements and Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS.
- **FDA approves the first medication for pre-exposure prophylaxis.** The FDA approved use of Truvada to prevent sexual transmission of HIV in July 2012. This is the first medication approved for this indication.
- **FDA approves the first rapid home HIV test.** The FDA approved the "In-Home HIV test," in July 2012. The test detects HIV antibodies from an oral swab within 20 minutes.

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*"We've got to keep refining our strategy so that we're saving as many lives as possible. We need to listen when the scientific community focuses on prevention. That's why, as a matter of policy, we're now investing in what works—from medical procedures to promoting healthy behavior."*

—President Barack Obama  
World AIDS Day  
December 1, 2011

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## Significance of FY 2011 Activities Toward Reaching 2015 Goal

Each of these new initiatives and technologies will help efforts to reduce new infections by expanding the HIV prevention toolkit, providing new tools to assess local epidemics, and harmonizing HIV surveillance across localities.

## Increasing Access to Care

- **HRSA expands HIV care.** HRSA announced the availability of funding for the Ryan White HIV/AIDS Part C Early Intervention Services (EIS) Program that provides HIV care and treatment in new service areas. Approximately \$4.6 million will be awarded to increase access to primary HIV medical care. Awards will be announced in July 2012.
- **HRSA increases linkage and engagement in care.** HRSA announced approximately \$10 million dollars to increase access to primary medical care and treatment services in June and July 2012.
- **HHS updates HIV treatment guidelines.** In March 2012, HHS published new HIV treatment guidelines that recommend antiretroviral therapy (ART) for all HIV-infected individuals, with the strength of the recommendation dependent on their pre-treatment CD4 cell count. The HHS Panel on Antiretroviral Guidelines for Adults and Adolescents also recommended the use of ART to prevent HIV transmission from an HIV-infected individual to a sexual partner. State-of-the-art treatment guidelines for adults, adolescents, pregnant women, and children are updated to reflect the most recent research results and posted on [www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov).

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*“To extend lives and stem transmission, we need to make sure every HIV-positive American gets the medical care that they need.”*

—President Barack Obama  
World AIDS Day  
December 1, 2011

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## Significance of FY 2011 Activities Toward Reaching 2015 Goal

These new activities will help expand early intervention services for newly diagnosed individuals living with HIV and help bolster efforts to keep patients in continuous care.

## Decreasing HIV-Related Disparities

- **HUD promotes equal access to housing and addresses issues of stigma.** New action ensures equal access to housing for individuals and families regardless of sexual orientation or gender identity.
  - *The Equal Access to Housing in HUD Programs—Regardless of Sexual Orientation or Gender Identity* rule, effective 3/5/12, guarantees equal access to housing and shelter for Lesbian, Gay, Bisexual, Transgender (LGBT) households. HUD’s Office of Fair Housing and Equal Opportunity established a help desk at [LGBTfairhousing@hud.gov](mailto:LGBTfairhousing@hud.gov), and launched a “Live Free” fair housing education campaign in print and social media. HUD’s Office of Policy

## V. NEW FEDERAL INITIATIVES TO IMPLEMENT THE STRATEGY

Development and Research is compiling results from a national study on LGBT housing discrimination.

- HUD’s Centers for Faith-Based and Neighborhood Partnerships and Office of HIV/AIDS Housing collaborated to conduct an HIV/AIDS Roundtable (8/3/11) to educate faith-based organizations about HIV stigma and opportunities to support community housing development activities. Federal agency speakers highlighted the disparate impact of HIV/AIDS on minority populations and activities to combat HIV-related discrimination. HUD produced two DVDs, on Stigma and on HIV Housing Development, available by webinar at: [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/faith\\_based](http://portal.hud.gov/hudportal/HUD?src=/program_offices/faith_based)
- **HRSA encourages grantee input into local planning of 12-City activities.** In March 2011, 12-Cities talking points were developed and distributed to ensure that grantees remained informed about this initiative. HRSA’s HIV/AIDS Bureau conducted a “12-Cities Webinar” in May 2011 for grantees and staff. HAB included specific language in the FY 2012 Part B Statewide Coordinated Statement of Need guidance instructing affected jurisdictions to actively participate in the planning and implementation process for the 12-Cities Project.
- **BPHC is working with HHS operating divisions to inform and support implementation of multiple MAI funded projects.** These projects include Reaching Low Volume Clinicians/Providers Through Telehealth Training Centers (HRSA, AIDS Education and Training Centers National Center for HIV Care in Minority Communities (HRSA), Hepatitis Behavioral Health Telemedicine (BHT) workforce development project (SAMHSA), Improving HIV and Hepatitis Services to Injection Drug Users (SAMHSA).
- **BPHC project officers are working with health centers to improve HIV service delivery:** A total of 120 health centers located within the 12 cities were engaged in discussions to raise grantee awareness of BPHC’s goals and expectations around HIV service delivery, encourage dialogue about opportunities and challenges, and inform planning. BPHC will use this information to support grantees in performance improvement activities, identify promising practices for the integration of HIV services into primary care, and inform grantee training.
- **The National Center of HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is increasing awareness about new healthcare delivery systems.** In the summer of 2012, NCHHSTP will launch the “Prevention of HIV/AIDS, Viral Hepatitis, STDs, and TB Through Health Care” website, an online resource to increase awareness among health departments and community-based organizations about ongoing changes in the health care system with regard to delivering prevention and care services to persons at risk. The website will include links to additional resources that describe evolving healthcare delivery models.
- **DOL’s targeted trainings and public education materials include coverage of employee’s rights under the Family and Medical Leave Act (FMLA).** In 2011, DOL’s Office of Disability and Employment Policy (ODEP) convened the first-ever *HIV/AIDS Employment Roundtable*, which gathered thought leaders from across the nation to explore the intersection of HIV/AIDS, disability and employment. With information obtained from the Roundtable and subsequent research and collaboration, ODEP developed DOL’s “Employment and Living with HIV/

## NATIONAL HIV/AIDS STRATEGY

### UPDATE OF 2011-2012 FEDERAL EFFORTS TO IMPLEMENT THE NATIONAL HIV/AIDS STRATEGY

AIDS Resource Guide” and “HIV/AIDS Employment Toolkit” which provide information about employers and employee rights under FMLA.

- **On World AIDS Day 2011, Labor Secretary Solis issued a statement on workplace rights for workers with HIV/AIDS, with specific emphasis on FMLA.** In addition, DOL’s Wage and Hour Division provides outreach and materials to employers and employees on their rights under the FMLA. This includes a newly published *Employee Guide to the FMLA*.
- **NIH continues to support clinical studies on the strategies of “test and treat” and “treatment as prevention.”**
  - The HIV Prevention Trials Network (HPTN) study 065 is evaluating the concept of “test, linkage to care and treat” in a pilot program, in partnership with CDC, in the Bronx and Washington, D.C. This study is collecting information on social factors that influence an individual’s willingness to be tested for HIV.
  - HPTN study 071 is a large, community-randomized clinical trial evaluating strategies to bring the test and treat concept to scale. It is currently in the final stages of development in partnership with PEPFAR and the Gates Foundation.
  - NIH also is supporting 11 ongoing clinical studies of “seek, test, treat, and retain” (STTR) in criminal justice settings in different regions of the U.S. There are also five clinical studies testing STTR in other high risk populations in the U.S. including high risk heterosexuals, minority MSM, and crack cocaine and opioid users.
  - HPTN study 052 is continuing to determine the long-term effectiveness and durability of treatment strategies in preventing transmission in HIV serodiscordant heterosexual couples.
  - The Microbicide Trials Network Vaginal and Oral Interventions to Control the Epidemic (VOICE) study was designed to evaluate the safety and effectiveness of oral and topical antiretroviral therapy-based approaches to prevent HIV transmission. The study was modified and stopped testing oral tenofovir and tenofovir gel, after routine interim reviews of study data indicated that, although they were safe, neither product was any better than its matched placebo. However, VOICE is continuing to evaluate oral Truvada, and the study’s final analysis of data will establish whether its daily use is safe and effective in reducing the risk of HIV.
- **NIH continues to convene multi-disciplinary research agenda setting technical consultations to identify scientific opportunities, priorities, and gaps in HIV prevention and treatment.** These consultations have included representatives from CDC, IHS, FDA, HRSA, USAID, DOD, and the State Department. NIH recently convened an advisory council meeting, as well as several scientific workshops and think tank meetings focusing on scientific opportunities for AIDS research in communities with high HIV prevalence.
- **HHS Centers for Faith-Based and Neighborhood Partnerships reach out to encourage HIV testing and address HIV-related stigma.** The Centers enhanced their outreach and education activities to faith communities, particularly around the issues of HIV testing and HIV-related

## V. NEW FEDERAL INITIATIVES TO IMPLEMENT THE STRATEGY

stigma through activities including (1) partnering with NASTAD to complete an outreach and resource guide directed at faith communities, (2) partnering with ONAP to conduct a live webcast in advance of National HIV Testing Day, and (3) conducting World AIDS Day outreach to multiple faith networks.

- **The President calls on Federal agencies to address the intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related health disparities.** On March 30, 2012 the President issued a memorandum to heads of Executive Departments and Agencies establishing a Working Group on the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related Health Disparities. The Working Group is co-chaired by the Office of National AIDS Policy and the White House Advisor on Violence Against Women and includes representatives from the Departments of Justice, Interior, Health and Human Services, Education, Homeland Security, Veterans Affairs, Housing and Urban Development, and the Office of Management and Budget. The Working group is currently focused on developing a plan for stakeholder engagement and conducting an inventory of Federal efforts to improve health outcomes for women impacted by the intersections of HIV and violence.

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*“When new infections among young black gay men increase by nearly 50 percent in 3 years, we need to do more to show them that their lives matter. When Latinos are dying sooner than other groups, and when black women feel forgotten, even though they account for most of the new cases among women, then we’ve got to do more.”*

—President Barack Obama  
World AIDS Day  
December 1, 2011

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### Significance of FY 2011 Activities Toward Reaching 2015 Goal

These activities not only highlight broad efforts to reduce HIV-related disparities and HIV-related stigma and discrimination through channels beyond HHS initiatives (e.g. housing, employment), but also demonstrate the importance of community outreach, evaluation of current efforts, and consolidation of measures to help focus on the most important and salient indicators associated with health disparities.

### Achieving A More Coordinated Response

- **HHS initiates a process to reduce burdensome reporting requirements.** The HHS Office of the Assistant Secretary for Health (HHS/OASH) initiated a process to coordinate and streamline grantee reporting requirements, which will include the following activities:

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*“The Federal government can’t do this alone, so I’m calling on state governments, and pharmaceutical companies, and private foundations to do their part to help Americans get access to all the life-saving treatments.”*

—President Barack Obama  
World AIDS Day  
December 1, 2011

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## NATIONAL HIV/AIDS STRATEGY

### UPDATE OF 2011-2012 FEDERAL EFFORTS TO IMPLEMENT THE NATIONAL HIV/AIDS STRATEGY

- Finalizing a set of common, core HIV/AIDS indicators in a manner consistent with the IOM's 2012 recommendations for monitoring HIV care and access to supportive services;
  - Facilitating the development of operating division plans to implement core indicators, streamline data collection and reduce reporting burden by at least 20–25 percent for HHS HIV/AIDS grantees, except where specific data elements are required by legislative mandate; and
  - Deploying operational plans within 15 months of reaching consensus on common indicators and their definitions.
- **CDC is improving coordination across youth prevention programs.** In October 2011, the Division of Adolescent and School Health (DASH) was relocated to the NCHHSTP. To integrate DASH's youth HIV/STD prevention and sexual health education activities, the Center convened the "Youth HIV/STD Prevention and Sexual Health External Expert Review." The purpose of the review was to better understand current youth HIV/STD prevention and sexual health activities in HHS, review and prioritize NCHHSTP youth prevention activities, and develop recommendations for the Center's youth HIV/STD prevention and sexual health activities.

#### Significance of FY 2011 Activities Toward Reaching 2015 Goal

These new integration activities will help improve the efficiency of Federal efforts, including more streamlined data sharing and reporting among local and State grantees and the Federal government.



## VI. Moving Forward

The Obama Administration is committed to ensuring successful implementation of the Strategy. A focus will be on building effective and sustainable systems of HIV prevention and care. It is imperative that all partners continue to work collaboratively and remain flexible in the development and implementation of services so that local community needs are met and the Strategy's goals are achieved. Achieving the Strategy's goals means continued support for a robust research program to develop new and effective prevention strategies, including vaccines; better treatment regimens; and possibly even a cure for those who are infected. Implementation research will continue to help determine what combination of interventions has the greatest impact.

As noted earlier, the changes created by the Affordable Care Act will have a positive impact on our efforts going forward. Ongoing implementation of the Affordable Care Act will provide increased health care coverage to millions of Americans, including thousands living with HIV. Coordination of Federal, State, Tribal, and local efforts, focusing particularly on potential changes in how HIV care and prevention services are delivered and reimbursed, is necessary to realize this unprecedented opportunity to improve the lives of those living with HIV. Special attention may be needed to ensure underserved and marginalized populations at risk or living with HIV are linked to and retained in care.

Finally, the collection and analysis of data are critical to informing implementation efforts. At the programmatic level, a focus on decreasing data collection burden, increasing data quality, and harmonizing data collection requirements to emphasize the most salient HIV outcomes will provide data to determine what is effective and what needs to change. Regional approaches to sharing data may also enhance collaborative efforts to coordinate patient care.

As we enter the third year of the strategy, our focus is on making smart, targeted investments to improve and save as many lives as possible. We will continue to strengthen coordination within the Federal government and with our partners to ensure that the populations with greatest needs are receiving adequate resources. Success will continue to hinge on ongoing collective efforts and investments across all levels of society.

By working together we will move closer to President Obama's vision of an AIDS-free generation.

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*"...back in those early years, few could have imagined this day—that we would be looking ahead to “The Beginning of the End,” marking a World AIDS Day that has gone from that early beginning when people were still uncertain to now a theme, “Getting to Zero.” Few could have imagined that we’d be talking about the real possibility of an AIDS-free generation. But that’s what we’re talking about. That’s why we’re here. And we arrived here because of all of you and your unwavering belief that we can—and we will—beat this disease..."*

—President Barack Obama  
World AIDS Day  
December 1, 2011

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