



# Division of HIV Prevention Strategic Plan Supplement

An Overview of Refreshed  
Priorities for 2022–2025



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# Foreword

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Dear Colleagues,

I am pleased to present a supplement to the Division of HIV Prevention (DHP) Strategic Plan, which includes an overview of refreshed priorities and investment areas to guide our work from 2022 to 2025. In October 2021, DHP implemented a more fit-for-purpose organizational structure that fosters enhanced collaboration between scientific and programmatic activities to drive meaningful, lasting change in communities affected by HIV. The new structure helps to modernize and better position DHP to address the Division’s key priorities with renewed energy, direction, and focus. In line with the new organizational structure was a need to refresh the existing plan to better fit the new operating model.

This document is meant to supplement the [2017–2020 Strategic Plan](#) as well as align with goals outlined in the [2022–2025 National HIV/AIDS Strategy \(NHAS\)](#) and the [Ending HIV Epidemic \(EHE\) in the U.S. Initiative](#). It builds on DHP’s existing goals, objectives, strategies, and indicators to serve as a practical guide to inform the Division’s work. The process by which we developed this document was guided by DHP’s core values and a set of guiding principles that served to ensure the output of the process was true to the spirit of the Division. The supplement was developed in collaboration with DHP staff and other partners to best capture the Division’s most pressing needs and identify the steps to address them.

The current DHP strategy uses the EHE pillars (Diagnose, Treat, Prevent, Respond) as its foundation. With this supplement, we aim to integrate the pillars with new priorities and investments to position DHP to not only achieve the goals of EHE but to also respond to future national initiatives. This supplement emphasizes four cross-cutting focus areas within DHP’s core programmatic and scientific portfolio—health equity, community engagement, and syndemic and status neutral approaches—and it details new areas of investment in both time and resources that the Division can use to affect change. The six investment areas detailed in this supplement are:

1. Strengthening DHP’s Workforce and Organizational Capacity
2. Expanding Access to and Use of DHP Funding
3. Enhancing Implementation Guidance and Technical Assistance
4. Integrating Data and Data Systems
5. Advancing Partnerships and Increasing Collaboration
6. Supporting Partner and Recipient Communication Efforts

While significant progress has been made in the fight against HIV, much remains to be done to end this epidemic. These investments position DHP to continue to lead and guide HIV prevention, care, and treatment domestically in collaboration with our partners as we work toward a future free of HIV. I look forward to collaborating with you to achieve the priorities outlined in this supplement as we work toward ending the HIV epidemic in the United States.

Dr. Demetre Daskalakis, MD, MPH  
Director, Division of HIV Prevention, Centers for Disease Control and Prevention

# About Division of HIV Prevention

## Division of HIV Prevention Vision, Mission, and Values

<b>Vision</b>	A future free of HIV
<b>Mission</b>	To promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States

### Core Values



#### Collaboration

Ensure cross-branch, office, and division, federal interagency, and external partner interactions (e.g., science activities, knowledge sharing)



#### Diversity

Recruit and maintain an inclusive and multi-disciplinary workforce



#### Equity

Work to achieve optimal health for the populations we serve



#### Excellence

Achieve the highest standard of performance in science, surveillance, program, and policy



#### Innovation

Create an environment that encourages and values new ideas



#### Integrity

Be accurate, consistent, honest, and accountable for decisions and actions



#### Respect

Treat persons with professionalism and dignity; value diversity and differences of opinion



#### Stewardship

Be a diligent steward of the use of resources to achieve DHP's public health mission



#### Transparency

Effectively and appropriately communicate to staff, partners, and the public about our programs, policy, and science

## Division of HIV Prevention Organizational Chart

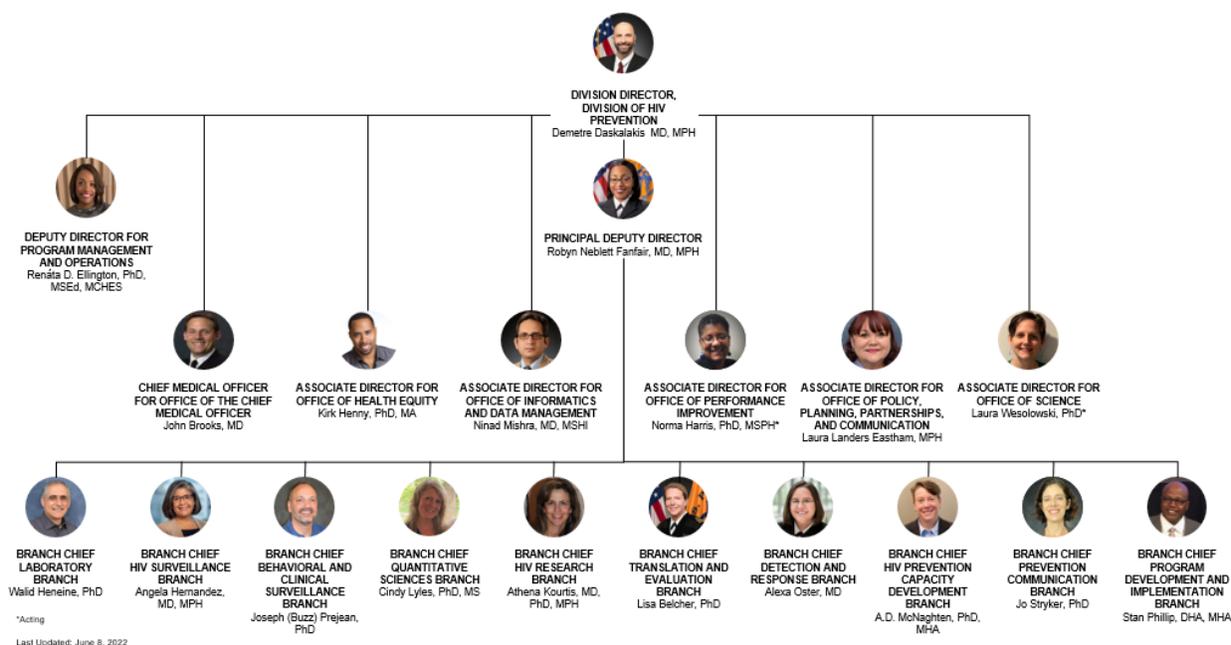


Figure 1. The Division of HIV Prevention Leadership Structure as of June 2022

## Division of HIV Prevention Background and History

DHP within CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) leads CDC's domestic HIV prevention efforts. In this role, DHP works to prevent new HIV infections and reduce HIV related illness and death in the United States. Since the first reported case of HIV, CDC has made significant strides in its efforts to prevent new infections and end the HIV epidemic. The successes can be attributed to the Division's [high-impact HIV prevention approach](#) that uses scientifically proven, cost effective, and scalable prevention interventions, such as increased availability of testing, antiretroviral therapy, and preexposure prophylaxis (PrEP). These efforts have led to a 73% reduction in HIV incidence rates from 130,400 between 1984 and 1985 (the highest number of HIV infections) to 34,800 in 2019, an increase in the percentage of people with HIV who know their status, and the elimination of perinatal transmission. Over the years, the HIV epidemic has shifted, and the Division has changed to address HIV more effectively. With an increasing budget over the past 10 years (Fig. 1), DHP has expanded its reach and introduced new programs. These changes include increased investments, focused outreach to populations most affected by HIV, and new initiatives all aimed at preventing and ultimately ending the epidemic. For more information, visit the [DHP website](#).





## DHP Budget Over Time

At the inception of the DHP Strategic Plan 2017–2020, CDC was receiving level funding for domestic HIV/AIDS prevention and research. In 2019, the U.S. Department of Health and Human Services (HHS) launched the Ending the HIV Epidemic in the U.S. (EHE) initiative, which resulted in a \$140 million increase to CDC's FY 2020 budget for domestic HIV/AIDS prevention and research, and funding has continued to increase since that time.

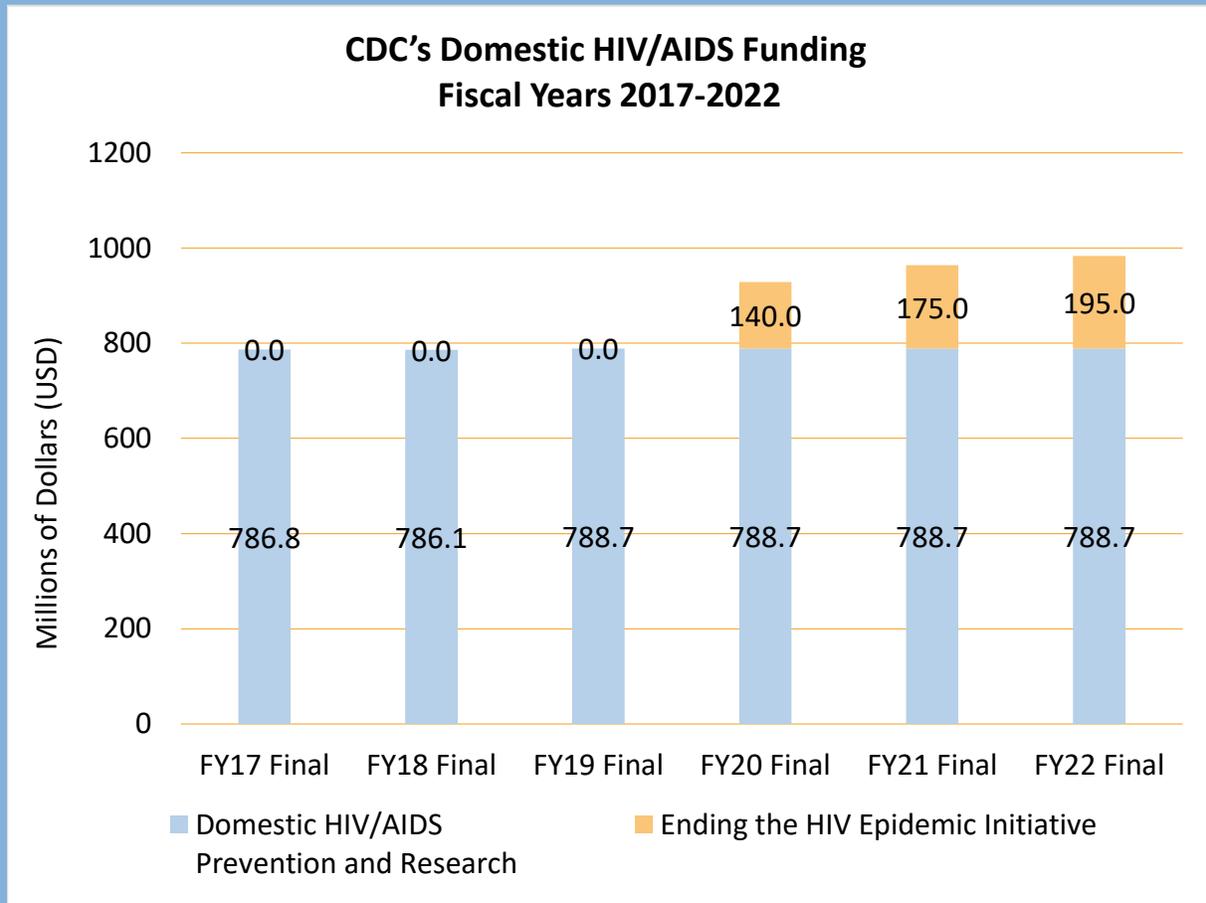


Figure 2. CDC's Domestic HIV/AIDS Funding for Fiscal Years 2017–2022

# Strategic Plan Supplement Background

DHP initiated an effort to refresh its strategic plan to align with the updated organizational structure and the [updated National HIV/AIDS Strategy](#). The goal of this process was to strengthen DHP’s programmatic and scientific efforts through several strategic investments that will better enable the Division to deliver on its goals. This supplement builds on the EHE pillars through the addition of four focus areas: advancing health equity, increasing community engagement, and promoting the use of status neutral and syndemic approaches. These focus areas amplify the work in the pillars as the Division works toward the EHE goals.

## Guiding Principles

DHP used four guiding principles to inform development of the 2022–2025 supplement:

 <b>Building on an Existing Foundation</b> DHP used existing strategic plan materials and internal documents, along with information gathered from partners over time, to inform the development of the supplement.	 <b>Designing for Action</b> DHP focused on creating an actionable supplement, complete with the specificity and tools necessary to guide the implementation of recommended actions.	 <b>Bringing DHP Staff and Collaborators on the Journey</b> DHP actively engaged DHP staff and collaborators in the process to strengthen, facilitate buy-in, and encourage commitment to activating the supplement.	 <b>Applying a Health Equity Lens</b> DHP engaged diverse perspectives, including from people with lived experiences, organizations serving disproportionately affected groups, and geographic diversity.
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## Data Collection Methods and Development Approach

To capture perspectives on the EHE Diagnose, Treat, Prevent, and Respond pillars and the four cross-cutting focus areas and to ensure community engagement throughout this process, DHP facilitated a series of large and small group listening sessions. DHP staff engaged with more than 400 people, health departments, community-based organizations (CBOs), and a diverse set of partners, including policy partners and partners with lived experience. These listening sessions highlighted the Division’s organizational strengths and potential opportunities to improve the effectiveness and reach of HIV prevention interventions. To understand the work the Division is doing and has done in relation to the EHE pillars and the four cross-cutting focus areas, DHP reviewed internal documents and data collected during the recent Division reorganization and past DHP strategic planning documents. DHP synthesized the ideas from these activities and identified six potential investment areas that the Division can focus its attention and resources on that will have an impact on the four cross-cutting focus areas.

 <b>EXTERNAL ENGAGEMENT</b> <ul style="list-style-type: none"><li>Health Department Listening Sessions</li><li>Community-Based Organization Listening Sessions</li><li>Policy Partner Meetings</li><li>People With Lived Experiences</li></ul>	 <b>INTERNAL ENGAGEMENT</b> <ul style="list-style-type: none"><li>Internal Document Review</li><li>Fireside Chats with DHP Staff</li><li>Individual Meetings with DHP Leaders</li></ul>
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After identifying the potential investment areas, DHP sought input from senior Division leaders to review the investment areas and recommended actions. The final supplement reflects what was learned during the listening sessions, policy partner meetings, staff fireside chats, one-on-one conversations with DHP senior leaders, and the internal document review.

## Ending the HIV Epidemic in the U.S. Initiative —



To reduce new HIV infections in the United States by 90% by 2030, the EHE initiative will scale up key HIV prevention and treatment strategies. EHE’s comprehensive approach focuses resources where they are most needed and strives to meet people where they are to expand access to care. The initiative provides a tailored infusion of new resources and support to 50 local areas that account for more than half of all new HIV diagnoses (48 counties; San Juan, Puerto Rico; and Washington, D.C.), and 7 states with

substantial rural burden of HIV. Through increased investments and the promotion of local innovation, EHE aims to make history—to end the domestic HIV epidemic once and for all.

EHE encourages a comprehensive, whole-person approach to care by supporting treatment and prevention services that address the core needs and social determinants of health (SDOH) that contribute to disparities. The initiative is guided by four pillars through which DHP provides support to implementing jurisdictions. With the additional investment from EHE, DHP can strengthen programmatic and technical assistance support to those jurisdictions implementing EHE. The four pillars are described below with attention to how CDC supports jurisdictions.



Diagnose



Treat



Prevent



Respond

**Diagnose:** Under this pillar, CDC aims to **diagnose all individuals with HIV as early as possible.**

Approximately 161,800 Americans have HIV but do not know it. Early detection is critical and can lead to improved health outcomes, rapid treatment, and prevention of transmission to others.

Innovative, community-driven solutions are at the heart of the EHE initiative. CDC collaborates with communities and other agencies to increase local capacity to expand HIV testing according to CDC guidelines, so all people with HIV in high-burden areas receive a diagnosis.

Over 80% of jurisdictions plan to promote and increase access to HIV testing in high burden areas by using the latest systems and technology to make HIV testing simple, accessible, and truly routine in health care facilities; carrying out focused approaches that encourage more people with certain risk factors for HIV, such as having unprotected sex, injection drug use, and having other sexually transmitted infections, to get tested for HIV more frequently; and implementing innovative technologies and programs, such as [self-testing](#), to make testing more accessible.

**Treat:** To increase life expectancy and efficacy of treatment, this pillar aims to **treat people with HIV rapidly and effectively** so that they live a longer life with an improved quality of life. And for those who achieve viral suppression, it eliminates the likelihood of passing HIV onto sexual partners.

As part of its role in Ending the HIV Epidemic in the U.S., CDC has supported communities in the development of local EHE community plans to lay the foundation for extending HIV prevention, treatment, and care services to all people with HIV, especially to populations disproportionately affected by HIV. More than 60% of EHE jurisdictions will expand telemedicine services, especially in rural areas, and rapidly engage people with HIV into care and treatment within a week of receiving a diagnosis. CDC also works with partners to expand local treatment programs that identify and follow up with people who have fallen out of HIV care and treatment. Using Data-to-Care tools and approaches, these local partners encourage them to get back in HIV care and treatment.

**Prevent:** CDC strives to **prevent new HIV transmissions by using effective interventions, including PrEP, postexposure prophylaxis (PEP), and syringe services programs (SSP)**. The HIV epidemic affects communities differently. Locally designed plans lay the foundation to scale up proven interventions, such as PrEP, PEP, and SSPs, to address communities' unique needs. CDC is continuing to invest in priority areas to help local HIV programs recover, rebuild, and begin to expand HIV prevention innovations that were spurred by the COVID-19 pandemic.

Over 70% of EHE-funded jurisdictions will start or expand programs to connect people to PrEP services and establish or expand SSPs, where legally permissible, using innovative delivery options such as mobile testing units and peer-delivery systems.

**Respond:** Through CDC's support of the activities in this pillar, jurisdictions can increase their capacity to **respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them in respectful and inclusive ways**. New laboratory and epidemiological approaches allow CDC to help local public health officials identify where HIV prevention and treatment services are most urgently needed.

With CDC's support, EHE-funded jurisdictions are developing plans to respond to HIV outbreaks, establishing dedicated workforces, and improving the use of real-time information to direct resources to the communities that need them most.



# DHP's Cross-Cutting Focus Areas



To effectively build upon the existing strategic plan, DHP identified four cross-cutting focus areas that can significantly impact how the Division achieves its HIV prevention goals. DHP will use the following focus areas to better position the Division to advance its mission and bolster EHE efforts.

**Health Equity:** While the United States has made significant progress in reducing HIV transmission, systemic factors continue to contribute to persistent health disparities. Black women, transgender women, and Black and Hispanic/Latino gay, bisexual, and other men who have sex with men experience disproportionately higher rates of HIV diagnosis. The impact of racism, homophobia, transphobia, and stigma significantly exacerbates the health disparities experienced within the communities that DHP serves. DHP is engaged with its funding recipients, people with lived experience,<sup>1</sup> and other partners to identify appropriate strategies for overcoming these systemic barriers to beneficial HIV tools and services. DHP is committed to making health equity central to its efforts so that all people can benefit from available HIV prevention and care resources.

**Community Engagement:** DHP recognizes that there is an opportunity to expand how it engages with people with lived experiences and communities and to increase the number and diversity of partnerships. These efforts will encourage new organizations and voices to come to the table to help in the development and implementation of tailored solutions that increase the effectiveness of prevention and treatment efforts at the local level. A comprehensive approach to community engagement and different types of partnerships can expand prevention efforts and provide more rapid and directed care to reach people who can most benefit.



## DHP's Commitment to Health Equity and Community Engagement in Action

DHP is committed to achieving health equity for all Americans affected by HIV. CDC's HIV prevention efforts are directed to the populations most affected by HIV—largely, people from some racial and ethnic groups and LGBTQ communities. This commitment includes ensuring that funding to health departments match the geographic burden of the HIV epidemic in the United States today; partnering directly with CBOs that meet the HIV prevention needs of Black, Hispanic/Latino, and other disproportionately affected groups; and working with community partners to design and deliver education and awareness campaigns with culturally appropriate and bilingual messages about HIV testing, prevention, and treatment.

In 2022, DHP launched a series of community engagement events with community leaders and members to discuss community-driven solutions to advance HIV prevention, diagnosis, treatment, and outbreak response. CDC and other federal partners have worked with jurisdictions to encourage creative solutions to bring longstanding and new partners into the EHE planning and implementation.

<sup>1</sup> [Methods and Emerging Strategies to Engage People with Lived Experience: Improving Federal Research, Policy, and Practice \(hhs.gov\)](https://www.hhs.gov)

**Syndemic Approach:** Syndemics are epidemics—of diseases or health conditions, such as viral hepatitis, sexually transmitted infections (STI), substance use, and behavioral health issues—that interact with each other *and by that interaction* increase their adverse effects on the health of communities that face systematic, structural, and other inequities. In addition, SDOH (racism, homophobia, poverty) interact with syndemic conditions/diseases to elevate them to syndemic-level. While SDOH are not epidemics per se, they are social factors that can exacerbate the negative impact of linked epidemics. These syndemics contribute to excess disease burden and ongoing health disparities. Collectively addressing these intersecting conditions and SDOH can result in better HIV prevention and care outcomes by prioritizing the whole person.



## Supporting the Use of Syndemic and Status Neutral Approaches

DHP recognizes that a syndemic approach is necessary for ending the HIV epidemic in the United States. DHP is invested in exploring syndemic strategies that create the opportunity for whole-person service delivery with focus on populations over-represented in the HIV/STI/viral hepatitis syndemic. DHP is adopting syndemic approaches that place HIV in context of other diseases, which will help leverage a variety of health care, social services, and other community supports to improve health care outcomes and quality of life.

DHP is providing funding, conducting implementation science to improve programs, and partnering with organizations across the United States to support integrated, status neutral approaches to HIV care. The status neutral framework provides care for the whole person by offering a “one-door” approach: people with HIV and people seeking HIV prevention services can access treatment, prevention, and other critical services in the same place. In a status neutral approach to care, a provider continually assesses and reassesses a person’s clinical and social needs. A status neutral approach promotes continual assessment of each person’s needs and ongoing engagement in HIV prevention and care, including access to support services, for anyone who could benefit from them.

**Status Neutral Approach:** DHP’s goal of “No New HIV Infections” requires a bold and comprehensive delivery method for HIV prevention and care. Stigma and structural barriers are major obstacles that deter people from seeking HIV prevention and care. People with HIV and people who could benefit from HIV prevention are not two distinct populations but, rather, a group of people with similar medical and social service needs. Adopting a status neutral and whole-person approach to people in need of prevention and care services can address these similar needs, along with HIV-related stigma. (Fig. 3).

# Status Neutral HIV Prevention and Care

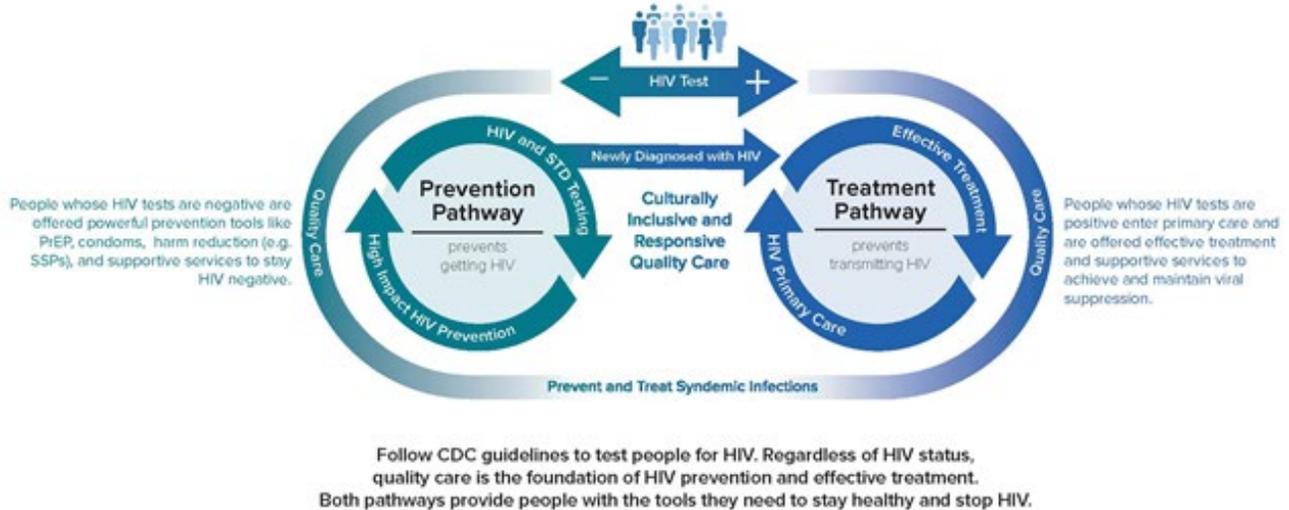


Figure 3. Status Neutral HIV Prevention and Care Framework.

CDC Guidelines. [Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings.](#) MMWR 2006; 55:1-17.

## Strategic Framework

The below conceptual model (Fig. 4) illustrates how the focus areas and EHE pillars inform the delivery of HIV care and prevention activities. The investments described in this document aim to better equip the Division and its partners to act within this framework, and DHP will do so by integrating the components of the framework throughout its scientific and programmatic activities.

To deliver on the EHE pillars (Diagnose, Treat, Prevent and Respond) in a fair and equitable manner, health equity and community engagement must be fundamental to any intervention that is implemented. Ensuring integration of health equity and community engagement principles into prevention and care allows partners and providers to address health disparities holistically, develop tailored solutions specific to the people who can most benefit, and increase efficacy of prevention interventions. As health equity and community engagement are integrated into delivery, DHP will further extend its reach and reduce disparities.

To fully realize its health equity and community engagement aspirations, DHP is also committed to building and sustaining a diverse, equitable, inclusive, accessible, and committed HIV prevention and treatment workforce. This will also include the Meaningful Involvement of People with HIV/AIDS (MIPA). These efforts include prioritizing the well-being of DHP staff through responsive actions, such as remote work flexibility, expanded leave options, and promoting work life balance.

DHP will continue to strengthen its internal workforce capabilities while also collaborating with its partners to build external capacity. Together these efforts will support the current and next generation of HIV prevention and treatment leaders.

With a foundation built on health equity, community engagement, and workforce development, the syndemic and status neutral approaches guide how health departments, CBOs, and other partners can diagnose, prevent, treat, and respond to HIV. The implementation of these two approaches is enabled by a workforce that is equipped with the resources and knowledge to deliver culturally responsive and inclusive support. The status neutral and syndemic approaches address the unique needs of individuals, including prevention and care for syndemic conditions, regardless of HIV status. Thus, these approaches effectively bridge the divide between prevention and treatment services, help to mitigate stigma, and provide whole-person care.

**The Framework**

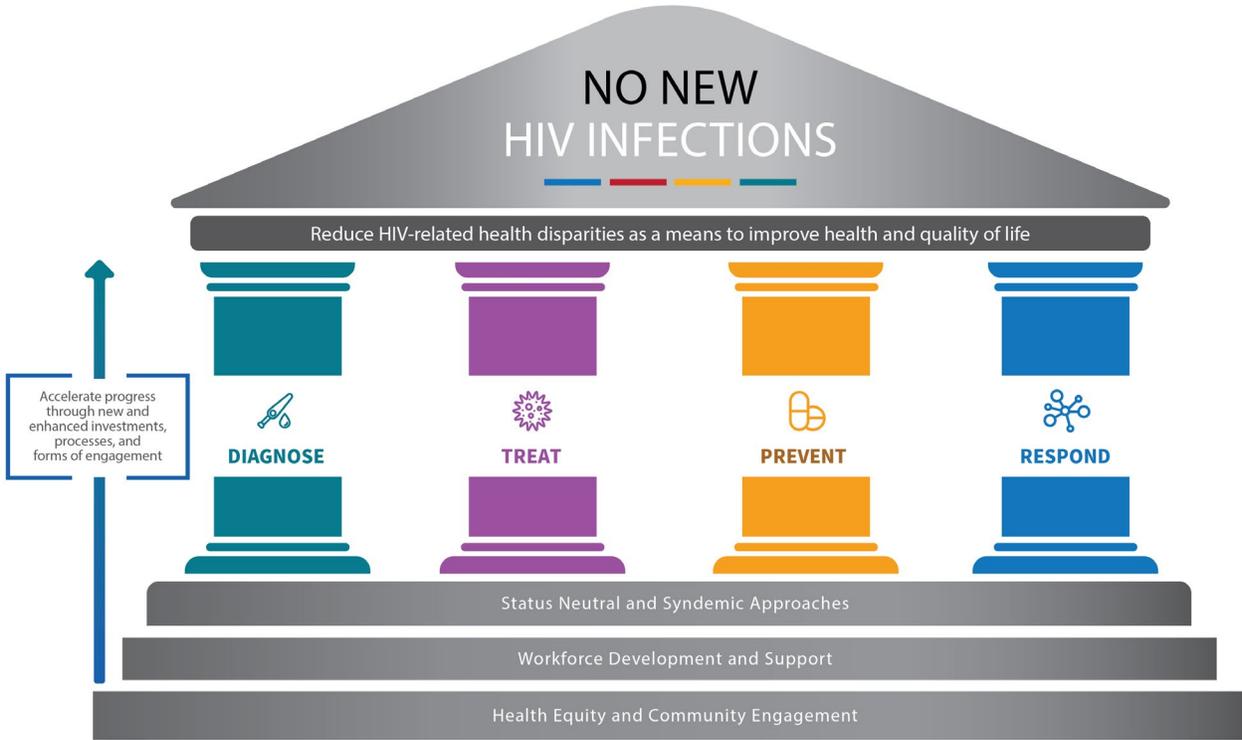


Figure 4. No New HIV Infections Framework

# Investment Areas

Through its information gathering efforts, DHP identified six areas where it can invest time and resources to further advance the four cross-cutting focus areas. By prioritizing these investment areas, the Division can promote health equity, expand community engagement, and promote the understanding and wide use of syndemic and status neutral approaches within its scientific and programmatic portfolio. These investment areas are meant to be additive and will not displace preexisting efforts or priorities. By investing in these areas, the Division will not only further its broad HIV prevention goals but also the goals of the EHE initiative.

The Division will strive to meaningfully invest in these areas to strengthen its operations and equip itself and its partners to deliver on DHP's mission. Each investment area is comprised of a set of strategic actions that the Division will begin to implement in 2022 and will guide how it makes investments needed to reach national HIV prevention goals. While each investment area and the associated strategic actions are distinct, some of these actions may occur concurrently and some in phases.

Each investment area will have an impact on one or more of the cross-cutting focus areas previously outlined in this supplement (health equity, community engagement, syndemic approach, and status neutral approach). The cross-cutting focus areas aligned to each investment area are marked in the detailed descriptions below for reference. To make the investment areas as action oriented as possible and help summarize potential levels of effort for carrying out activities, corresponding strategic actions are further categorized as new and/or enhanced resource investments, ways of doing business, or forms of engagement.



## Overview of Key Terms

Below are helpful definitions to keep in mind when putting the investment areas into practice between 2022 and 2025:

**Cross-Cutting Focus Areas:** Priorities the Division will use to accelerate progress toward achieving HIV prevention and treatment goals

**Investment Areas:** Domains within the Division's scientific/programmatic portfolio and operations that it can use to influence the cross-cutting focus areas, EHE pillars, and other HIV prevention and treatment priorities

**Strategic Actions:** Specific activities the Division will undertake within each investment area

**Strategic Action Subcategories:**

- **Resource Investment:** Strategic actions that involve allocating or increasing resources (financial or human resources) to strengthen both internal and external capabilities and functions.
- **Ways of Doing Business:** Strategic actions that involve innovative approaches for working more effectively, efficiently, and collaboratively.
- **Engagement:** Strategic actions engaging partners outside of the Division (e.g., recipients, other agencies) and how DHP engages these partners (e.g., intra-, and inter-agency collaborations, public-private partnerships).

## Investment Areas and Corresponding Strategic Actions

### Strengthening DHP's Workforce and Organizational Capacity

#### Related Focus Areas:



Health  
Equity



Community  
Engagement

To best meet the demands of DHP's programmatic/scientific portfolio and deliver on its mission, DHP aims to nurture and strengthen the well-being, diversity, and skills of its workforce to develop, support, and sustain its staff. By focusing on a more diverse, inclusive, and equitable workplace environment, DHP will equip its workforce with the skills, tools, and knowledge to support recipients and partners more effectively. To strengthen and nurture its workforce and operations, DHP will focus on the following strategies:

#### Resource Investment

- **Prioritize staff development and well-being and** recruit and retain staff with lived and professional experiences that harmonize with the communities that DHP serves

#### Ways of Doing Business

- **Enhance existing strategies, including internal feedback loops, and implement new strategies** to prioritize well-being, including work/life balance in a hybrid work environment
- **Develop a staff recruitment strategy** that incorporates [awareness days](#) highlighted by CDC, thereby increasing staff recruitment efforts that support diversity, equity, and inclusion
- **Develop a communication approach** to share decisions, initiatives, changes, and business processes affecting the Division in a timely manner to ensure consistent messaging with grantees, partners, etc
- **Develop “communities of practice” across the Division for the EHE pillars and other HIV priority areas** that include representatives within NCHHSTP/CDC and other federal agencies and partners
- **Evaluate and strengthen how research translates to practice** (e.g., existing touchpoints and communication channels) to develop, adopt, disseminate, and promote high-impact HIV prevention interventions and strategies

#### Engagement

- **Implement Moments that Matter approach**<sup>2</sup> to strengthen how DHP staff engage virtually and in person in a hybrid work environment
- **Prioritize recruitment and retention activities** to develop and maintain a diverse, equitable, healthy, and happy DHP workforce
- **Provide more comprehensive training within DHP** on health equity; effective community engagement; supporting the implementation of syndemic and status neutral approaches; trauma-informed care; well-being/self-care; and other important skills (e.g., informatics, data visualization) and prevention and treatment topics (e.g., criminalization, drug user health)

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<sup>2</sup> The Moments that Matter approach is grounded in guiding principles that leaders and team members can apply to develop hybrid plans that work for their teams.

## Expanding Access to and Use of DHP Funding

### Related Focus Areas:



Health  
Equity



Community  
Engagement



Syndemic  
Approach



Status Neutral  
Approach

DHP aims to broaden how organizations and partners can access and use DHP funding to expand the impact of its work and to diversify the types of partners with which it works. In doing so, the Division hopes to increase engagement with and fund groups who historically have not been funded, such as organizations that are PLHIV/BIPOC-led. Additionally, the Division seeks to encourage innovations and a whole-person approach to care by expanding how funding can be used by recipients. To expand access to and use of DHP funding, DHP will focus on the following strategies:

### Resource Investment

- **Increase transparency of funding** to understand and optimize DHP funding allocations
- **Explore alternative models such as microgrants and organizational development grants** to provide funding and support to smaller grassroots organizations, minority-led organizations, and organizations led by persons with HIV
- **Encourage and support health departments' strategic use of microgrants** to nontraditional organizations that are connected to and provide services to priority populations
- **Create an innovation fund for DHP staff** to propose, develop, and pilot innovative approaches

### Ways of Doing Business

- **Assess notice of funding opportunities (NOFOs)** to identify potentially limiting language on allowable and unallowable activities (e.g., ancillary services, clinical care)
- **Review NOFO template and modify language, where possible**, to increase accessibility in the application process; encourage recipients, and maximize their flexibility, to incorporate SDOH indices to help jurisdictions better distribute resources; and employ equity tools that integrate racial/ethnic policies and programs
- **Require health departments to allocate a percentage of awarded funding** to support the development of nontraditional organizations
- **Include supplemental application components** to offer more avenues for applicants to demonstrate their capacity and pursue innovative approaches to meet the needs of their focus populations

### Engagement

- **Expand considerations for organizational capacity** to allow for a more diverse group of applicants, specifically to be more inclusive of organizations and groups that address SDOH but may not provide biomedical interventions
- **Identify opportunities for organizations with or without the 501(c)(3) designation to apply** for smaller microgrants, like the [HHS HIV Challenge Initiative](#)

## Enhancing Implementation Guidance and Technical Assistance

### Related Focus Areas:



Health  
Equity



Syndemic  
Approach



Status Neutral  
Approach

Recognizing the diverse needs of implementing partners, DHP aims to provide comprehensive and tailored support for all DHP funding recipients, pre- and post-award. The Division will work toward closing existing capacity gaps by increasing DHP's support of organizational development. The Division will assess its existing guidance and technical assistance to not only make sure it is comprehensive, but that it is also up-to-date and accessible. To enhance implementation guidance and technical assistance, DHP will focus on the following strategies:

### Resource Investment

- **Provide tailored support to new funding recipients and smaller organizations by funding larger, more established organizations to provide technical assistance**, recognizing the unique challenges new and smaller organizations may face working with federal funding for the first time

### Ways of Doing Business

- **Develop materials, host webinars, and provide pretechnical assistance** on how recipients can use federal funding, with a focus on braiding funding from different sources, and clarify allowable and unallowable comprehensive HIV prevention and care activities
- **Identify best practices** in implementation of status neutral and syndemic approaches to HIV prevention and care and share them with recipients and other partners
- **Identify areas where recipients need additional technical assistance** and where the Division can develop new or use existing guidance
- **Review and update existing guidance with a digital-first approach** to enhance usability and accessibility

### Engagement

- **Expand channels to communicate new focus areas and NOFO requirements** to reach those who are unable to engage via existing methods
- **Use short-term details of DHP staff to health departments and CBOs** to provide tailored technical and capacity building assistance

## Integrating Data and Data Systems

### Related Focus Areas:



Health  
Equity



Syndemic  
Approach



Status Neutral  
Approach

DHP aims to use and to promote data-informed approaches to prevention and care by facilitating access to accurate and comprehensive data, modernizing current data systems, and supporting data use among funding recipients. Implementing the syndemic and status neutral approaches and centering health equity necessitates the use of accurate data to determine optimal allocation of resources. To integrate data and data systems, DHP will focus on the following strategies:

### Resource Investment

- **Engage in data modernization initiatives** to support data systems improvement, increase transparency, and close gaps in data collection

### Ways of Doing Business

- **Use best practices and lessons learned from the COVID-19 response** and associated health equity teams to improve demographic data standards
- **Review existing data systems and generated data reports** to identify where systems or reports can be consolidated or integrated across the division and used to inform program activities
- **Increase the speed** at which data is collected, analyzed, and shared using best practices learned from COVID-19, such as the use of presumptive data, to deliver more “real time” reports and progress assessments
- **Create DHP dashboards** that bring together surveillance, program, evaluation, and any other data for internal use and an externally facing dashboard to improve data transparency
- **Develop webinars or trainings for internal and external audiences on “data and data systems 101”** to increase knowledge, understanding, and use of existing data and data systems

### Engagement

- **Collaborate with other NCHHSTP divisions, CDC Centers, and health equity teams** to share data and develop data reports/economic models that support HIV prevention activities, including the implementation of syndemic and status neutral approaches
- **Conduct research and collaborate with policy partners** to develop a cost-benefit analysis on the effectiveness and benefits of syndemic and status neutral approaches and identify novel data visualization tools and analytics that better serve partner and recipient needs

## Advancing Partnerships and Increasing Collaboration

### Related Focus Areas:



Health  
Equity



Community  
Engagement



Syndemic  
Approach



Status Neutral  
Approach

DHP aims to diversify the scope of its partner engagements, expand collaborations, and foster a culture of cooperation. Additionally, DHP aims to cultivate a practice of knowledge sharing across the Division, its recipients, and its intra- and inter-agency partners. In doing so, the Division aims to expand its reach while also minimizing inefficiencies and duplicative efforts. To strengthen partnerships and increase collaboration, DHP will focus on the following strategies:

### Resource Investment

- **Collaborate with federal partners on braiding funds** and develop inter-agency agreements and guidelines of what is allowable

### Ways of Doing Business

- **Develop a learning collaborative** to encourage group learning, offer direct assistance to support program delivery, and support resource management to promote knowledge sharing among DHP, its recipients, and partners
- **Align efforts and identify areas for enhanced impact and innovation** with other divisions, Centers, Institutes, and Offices (CIOs) and agencies addressing HIV-related issues, syndemic approaches, SDOH, or filling gaps that DHP cannot address to promote a comprehensive approach
- **Develop a division-wide inventory of partnerships** to have a clearer understanding of each partner and the rationale for the partnership
- **Develop strategic partnerships with the private sector**, including social media companies and social justice and health equity-oriented organizations, to extend the reach of our programs and leverage expertise and resources
- **Increase accessibility to DHP's research** to promote evidence and data-informed approaches among DHP staff and recipients, contribute to the portfolio of research, and provide policy partners with evidence to support their work

### Engagement

- **Collaborate with other federal agencies** working in the HIV space to support alignment across objectives and maximize the impact of DHP-supported programs
- **Discuss opportunities to streamline and harmonize** NOFO reporting requirements across CDC and other agencies
- **Develop opportunities for DHP staff and staff from other divisions** within NCHHSTP, CDC more broadly, and key federal agencies to participate in a term-based detail program to improve relationships and promote knowledge sharing

## Supporting Partner and Recipient Communication Efforts

### Related Focus Areas:



Health  
Equity



Community  
Engagement



Syndemic  
Approach



Status Neutral  
Approach

DHP aims to provide the tools, resources, and trainings to build recipient and partner capacity to communicate essential information, share successes, and build trust. Strengthening partner communication capabilities will enable partners to better address messaging issues, such as stigma; promote HIV services; and better engage communities. To support partner and recipient communication efforts, DHP will focus on the following strategies:

### Resource Investment

- **Improve knowledge and reach of communication resources** by promoting DHP resources and developing the communication skills of the broader HIV workforce

### Ways of Doing Business

- **Highlight recipients and partners who** effectively implement status neutral, syndemic, and innovative health equity approaches and strategies in their HIV prevention activities and promote other programmatic success stories using DHP's communication channels
- **Develop communication materials, strategies, and other tools** that recipients and other partners can use to address inequities and stigma associated with HIV prevention and care services
- **Showcase DHP's communication resources** at DHP Branch meetings, and other opportunities with sister NCHHSTP divisions, CIOs, and federal agencies

### Engagement

- **Identify existing DHP communication resources available** on the four focus areas and disseminate to recipients
- **Coordinate across the Division** to implement an effective and consistent partner engagement strategy
- **Expand ambassador programs** to further develop communication skills in the HIV workforce and extend the reach of DHP



# Implementation

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DHP will operationalize the strategic plan supplement through the development and implementation of frameworks and operational roadmaps. The Division will develop implementation frameworks for each of the focus areas that will help identify markers of success and associated activities and outputs to reach these markers.

Offices and branches will develop operational plans to identify the specific activities that they will support to successfully accomplish the priorities and strategic actions outlined within this document.

These tools will ensure the Division is making investments that will accelerate progress in reaching national HIV prevention and care goals over the course of the supplement period (2022–2025).



