Hawai‘i to Zero (H^2O)

The Plan to End HIV in Hawai‘i

2022

Hawaii State Department of Health

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Introduction & Background

Across the world, communities are working to end the HIV epidemic. The United Nations program on HIV/AIDS has established a set of global goals: **90% of all people living with HIV will know their status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression**, this is also known as 90-90-90[1]. Within the United States the US Department of Health and Human Services proposed *Ending the HIV Epidemic: A Plan for America*, a plan that aims to **reduce the number of new HIV case by at least 75% in the United States by 2025 and by at least 90% by 2030[2].**

With these bold national and global goals in place, the State of Hawai'i is dedicated to the vision that all persons living with HIV or at risk for HIV are aware of their status and have access to HIV prevention services, medical care, and treatment free from stigma and discrimination.

Hawai'i to Zero H^2O, a Plan to End HIV in Hawai'i, is a bold plan that aims to end the HIV epidemic in Hawai'i by 2030. This is an operational plan developed by the Hawai'i Department of Health (DOH) in collaboration with the Hawai'i HIV Planning Group and other partners.

This plan aims to achieve three bold H^2O goals:

- Zero new HIV infections
- Zero HIV-related deaths
- Zero stigma

Introduction & Background

This plan lays the framework for achieving these H^2O goals. It is important to utilize local HIV data, rely on the experience and expertise of the community, and involve people living with HIV to inform the plan and target services and resources where they are most needed to meet our objectives, make a difference, and ultimately achieve H^2O.

The framework for how to achieve the H^2O goals is laid out in five broad objectives accompanied by strategies described in the narrative. The details for how to implement the strategies will be developed in a workplan **(Enclosure 1)**.

Objective #1
Persons living with or at risk for HIV know their status.

Objective #2
Persons knowing their HIV status are linked to HIV medical and support/prevention services appropriate for their HIV serostatus.

Objective #3
Persons living with diagnosed HIV and those at risk for HIV are retained in HIV services appropriate for their HIV status and needs.

Objective #4
Persons living with HIV are able to achieve and maintain a suppressed HIV viral load (VL) and those at risk able to maintain their negative serostatus.

Objective #5
Address foundational social, economic, and environmental factors that impact the entire continuum of HIV prevention and care.

Achieving H^2O goals will require a statewide effort. In addition to the coordination across DOH and AIDS Services Organizations (ASOs), the success of this initiative fundamentally depends on people living with HIV and persons who are at risk for HIV, and on dedicated partners working in all sectors of society, including other agencies, healthcare facilities, healthcare providers, advocates, community- and faith-based organizations, academic and research institutions, insurance payers, and policymakers, among others. Engagement of the community in developing and implementing the plan as well as in the planning, design, and delivery of local HIV prevention and care services are vital to the success of H^2O.

HIV in Hawai‘i: Where We Are Now

In order to achieve H^2O it is important to understand local HIV related data. Hawai‘i DOH relies on mandatory reporting by medical providers and laboratories to measure the total number of persons living with diagnosed HIV (PLWDH), how many of those individuals are linked to HIV medical care, how many are retained in care, and how many are able to achieve a suppressed VL. All of this information together provides the foundation for the development of the continuum of engagement in HIV care. The HIV Care Continuum **(Figure 1)** from the 2019 Hawai‘i HIV/AIDS Integrated Epidemiologic Profile is based on local data and provides the most recent snapshot of engagement in HIV care statewide[3].

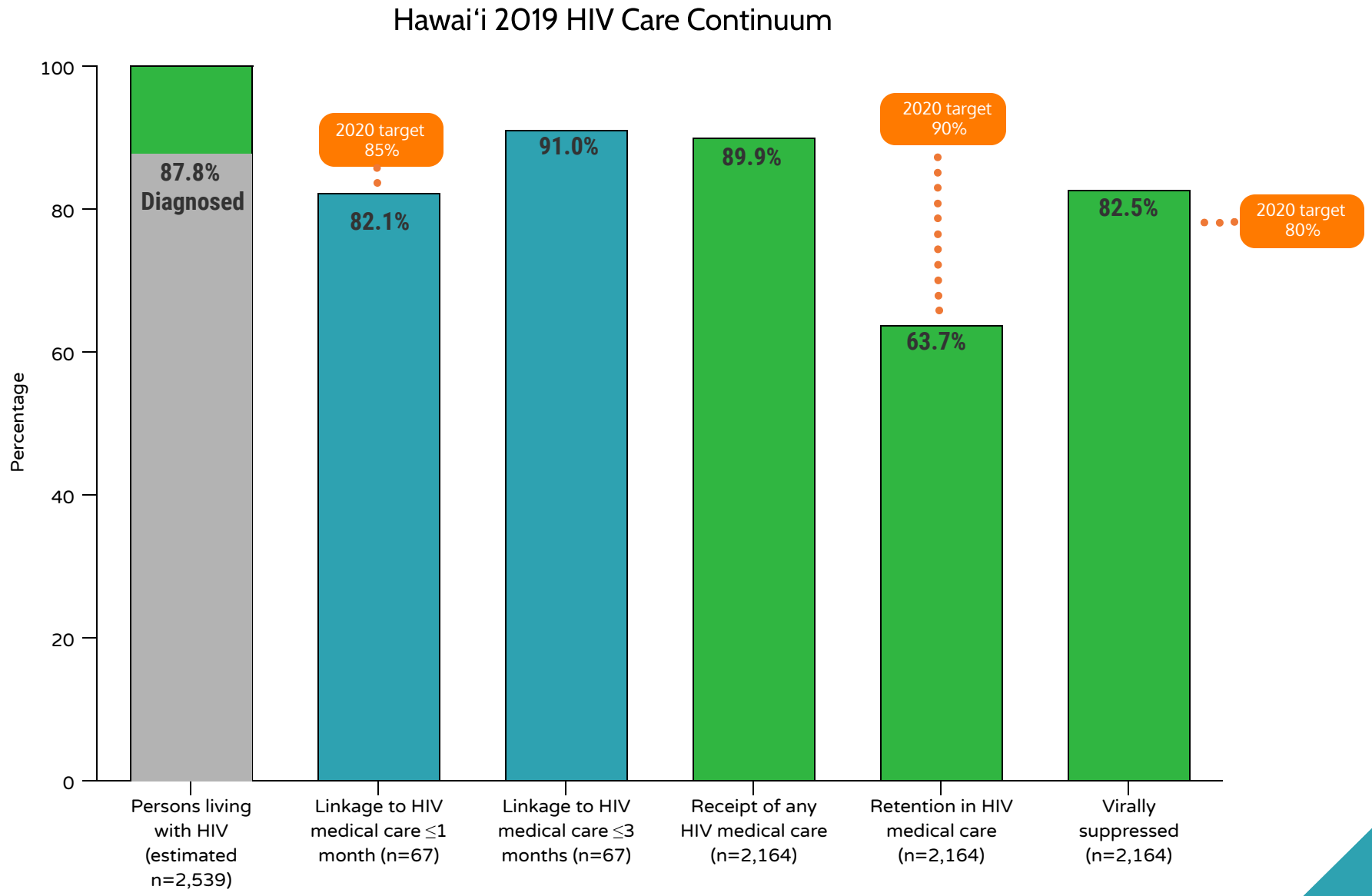


Figure 1

A Breakdown of the Bars

Persons living with HIV (estimated n=2,539)

At year-end 2019, approximately 2,229 persons were living with diagnosed HIV in Hawai'i. The national 2020 target for HIV diagnosis among persons living with HIV is 90%[4]. The Centers for Disease Control and Prevention (CDC) estimate that as of year-end 2019, persons in Hawai'i living with diagnosed HIV represented 87.8% of the total number of persons in Hawai'i living with HIV[5]. Based on this, 310 persons in Hawai'i were estimated to be living with undiagnosed HIV in Hawai'i at year-end 2019. Hawai'i is about 2% below the United Nations target of 90% for HIV diagnosis.

Linkage to HIV medical care ≤1 month (n=67) and Linkage to HIV medical care ≤3 months (n=67)

In 2019, there were 67 persons newly diagnosed with HIV in Hawai'i. Fifty-five (82.1%) of these cases were linked to HIV medical care within one month of diagnosis and 61 (91.0%) were linked to HIV medical care within three months of diagnosis. The national 2020 target for linkage to HIV medical care within one month is 85% **(Figure 1)** [4].

Receipt of any HIV medical care (n=2,164)

Receipt of any HIV medical care, also referred as "in care", is defined as having at least one documented CD4 or VL test in the year of measurement. In 2019, among the 2,164 persons included, 1,946 (89.9%) received any HIV medical care[3]. There is no national target for receipt of any HIV medical care. **(Figure 1)**.

Retention in HIV medical care (n=2,164)

Retention in HIV medical care is defined as having at least two documented CD4/VL tests which are performed at least three months apart during the year of measurement. In 2019, among the 2,164 persons included, 1,378 (63.7%) persons living with HIV were retained in HIV medical care, which was far below the national 2020 target at 90% **(Figure 1)**.

Viral suppression (n=2,164)

Viral suppression is defined as the latest VL test in the year of measurement with a result of VL<200 copied/mL. In 2019, among the 2,164 persons included, 1,785 (82.5%) were virally suppressed, higher than the national 2020 target of 80% **(Figure 1)**.

Progress on Selected Indicators Along the HIV Care Continuum

From the beginning of the HIV/AIDS epidemic in the early 1980s to December 31, 2019, there were a total of 4,827 diagnosed HIV infections in Hawai'i. During 2015-2019, the number of new HIV diagnoses decreased by 43.2% from 118 in 2015 to 67 in 2019. As a result, a significant decrease was observed in HIV incidence rate, from 8.3 per 100,000 in 2015 to 4.7 per 100,000 in 2019 **(Figure 2)**.

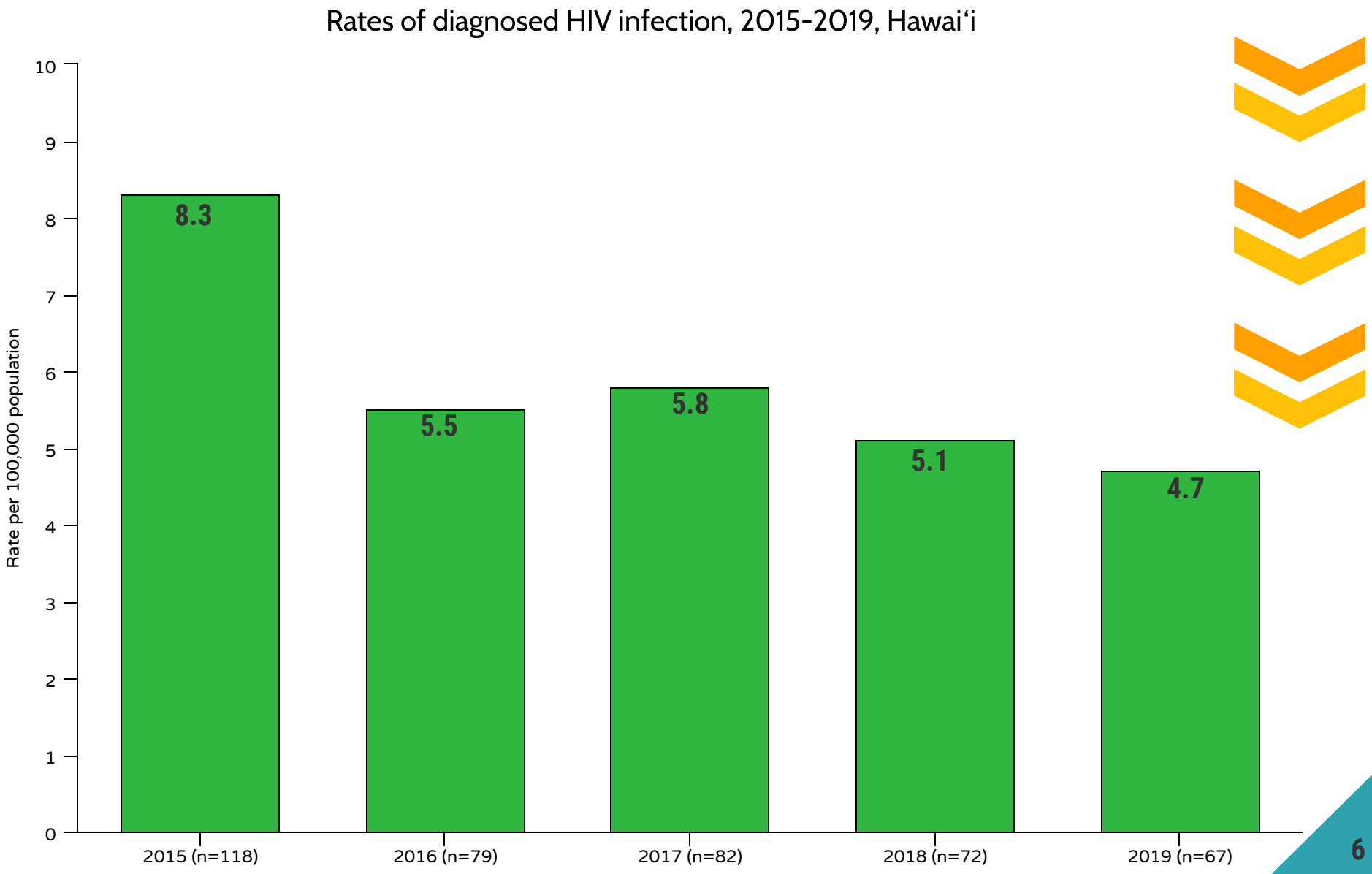


Figure 2

Linkage to HIV Medical Care Within One Month After HIV Diagnosis

From 2015 to 2019, linkage to HIV medical care ≤1 month after HIV diagnosis decreased from 88.1% in 2015 to 82.1% in 2019. From 2016 to 2018, linkage to HIV medical care within one month remained around 77%. In 2019, it increased to 82.1% **(Figure 3)**. Of note is the sharp decrease in the total number of new HIV diagnosis from 2015 to 2016-2019 (from 118 in 2015 to 67 in 2019). When the total number of new HIV diagnosis becomes smaller each year, a few persons not linked to HIV medical care will skew the percentage downward. Nevertheless, strategic efforts are needed in rapidly linking persons newly diagnosed with HIV to HIV medical care.

Linkage to HIV Medical Care ≤1 Month After HIV Diagnosis, 2015-2019, Hawai'i

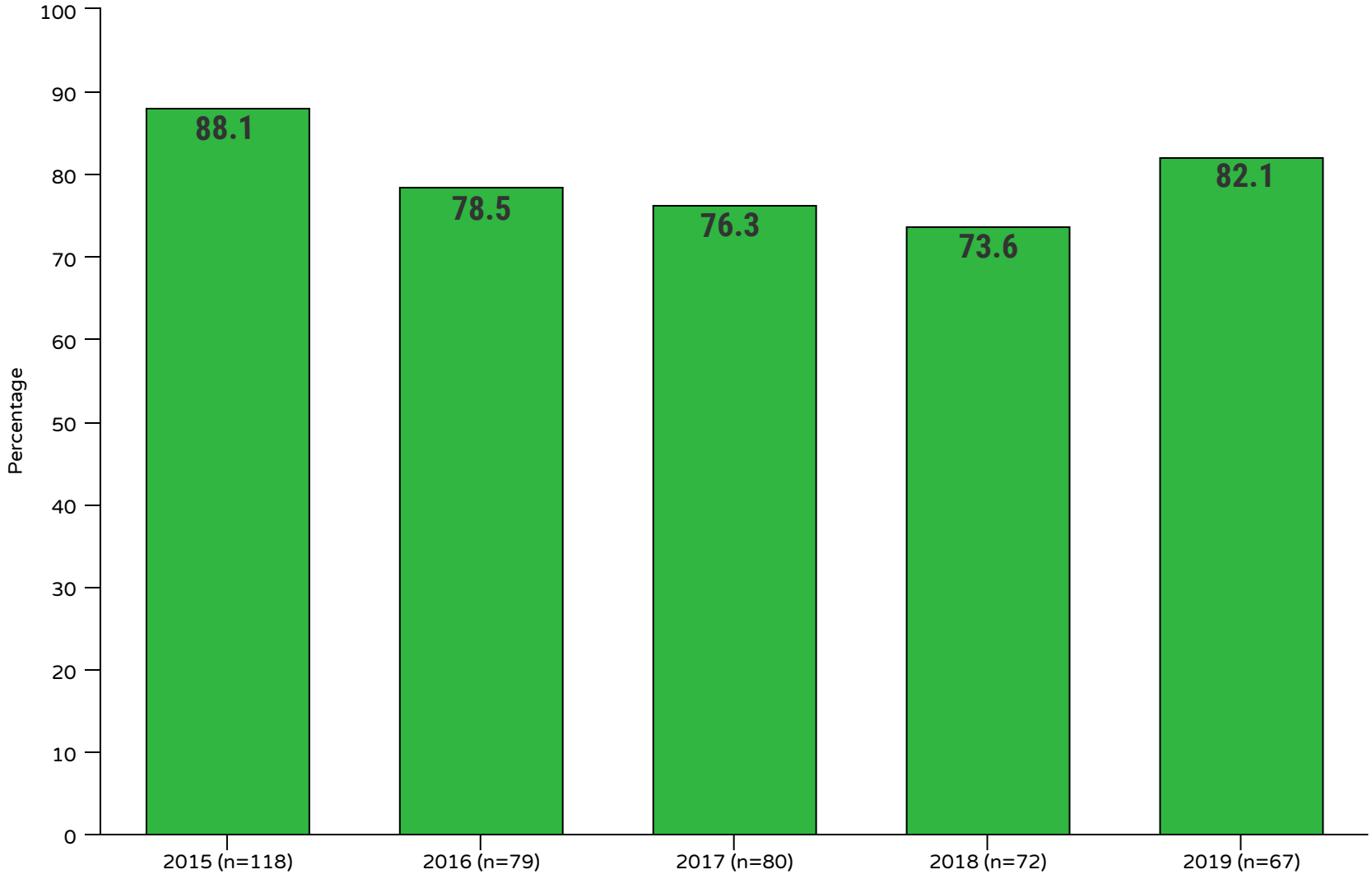


Figure 3

Receipt of HIV Medical Care, Retention in HIV Medical Care, and Viral Suppression

From 2015 to 2019, a significant increase was observed for all three indictors: receipt of any HIV medical care, retention in HIV medical care, and viral suppression. “Receipt of any HIV medical care” is a term often interchangeable with “in HIV medical care." Percentage of receipt of any HIV medical care increased from 79.3% in 2015 to 89.9% in 2019. In other words, in 2019, about 1 in 10 persons living with HIV were out of HIV medical care. Although a significant increase was also observed in the percentage of persons retained in HIV medical care, the percentage was far below the 2020 national goal at 90%. It is exciting to see that the percentage of persons living with diagnosed HIV infection who are virally suppressed increased steadily from 69.4% in 2015 to 82.5% in 2019, already higher than the national target of 80%.

Of note is the fact that among persons who received any HIV medical care, about a quarter had only one CD4/VL test. This explained why percentage of retention in care is so low as it requires at least two CD4/VL test performed at least three months apart in the year of measurement. According to national treatment guidelines on monitoring CD4 and VL, CD4 monitoring can be optional or at a minimum of once a year while VL should be monitored at a minimum of every 6 months. Ongoing monitoring, consistent with national treatment guidelines, is essential in determining that viral suppression is sustained. Performing VL testing less frequently than recommended may delay recognition of treatment failure or discontinuation of care.

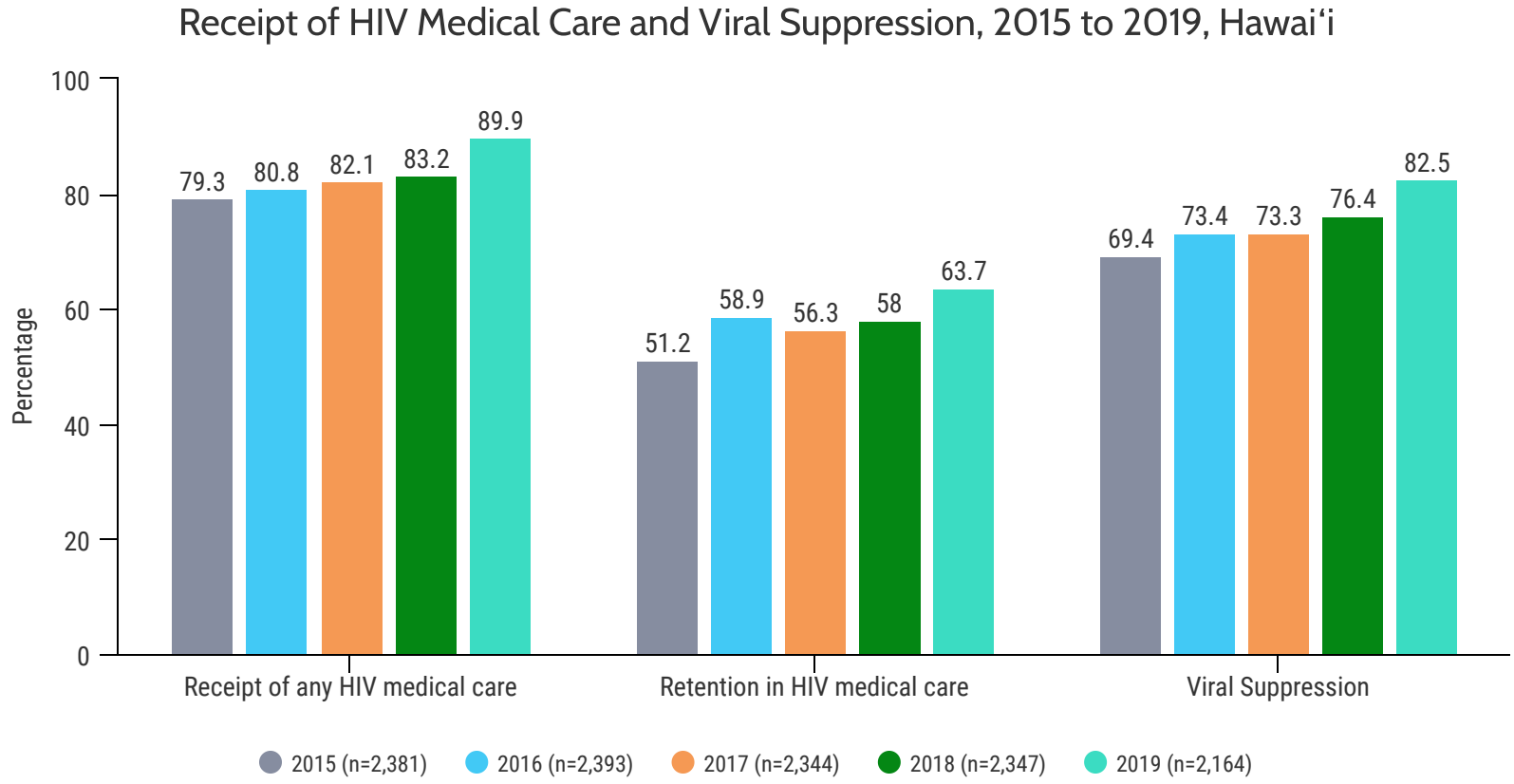


Figure 4

Objectives

In order to achieve the three goals of H^2O this plan lays out 5 objectives. Each objective has current 2019 data as well as the 2030 goal. Each objective has accompanying strategies. The strategies are the framework for how to achieve the goal. More details for the strategies are to be completed in the sample workplan **(Enclosure 1)**.

Objective 1	Persons living with or at risk for HIV know their status
Objective 2	Persons knowing their HIV status are linked to HIV medical and support/prevention services appropriate for their HIV serostatus
Objective 3	Persons living with diagnosed HIV and those at risk for HIV are retained in HIV services appropriate for their HIV status and needs
Objective 4	Persons living with HIV are able to achieve and maintain a suppressed HIV viral load and those at risk able to maintain their negative serostatus
Objective 5	Address foundational social, economic and environmental factors that impact the entire continuum of HIV prevention and care

Objective 1

Persons living with or at risk for HIV know their HIV status

Based on 2019 data, an estimated 12.2% of persons in Hawai'i living with HIV are undiagnosed and not aware of their HIV status. **In other words, about one in 9 persons with HIV does not know they are infected with HIV.**

It is important that all persons at risk for HIV have access to HIV testing, and if negative are referred to Pre-Exposure Prophylaxis (PrEP) and non-occupational Post Exposure Prophylaxis (nPEP) as appropriate and if positive are linked to HIV medical care. Persons at risk for HIV include persons with sexually transmitted infections (STI), sexual and needle sharing partners of persons living with HIV who have not achieved viral suppression, gay and bisexual men, and transgender persons.

Current Data: In 2019, there were a total of 67 new HIV diagnoses	Target: By 2030, there will be ≤3 new HIV diagnoses in Hawai'i
Current Data: In 2019, there were 13 new stage 3 (AIDS) classifications at HIV diagnosis	Target: By 2030, there should be ≤2 new stage 3 (AIDS) classifications at HIV diagnosis

Objective 1 - Strategies

Persons living with or at risk for HIV know their HIV status

1.1 Make targeted testing available/accessible to persons at greatest risk for HIV as determined by epidemiologic data.

- In order to maximize HIV testing efforts, public health must focus on those at highest risk and those who otherwise would not be able to access services elsewhere. Those at highest risk include individuals with sexual or needle sharing partners who are living with HIV and are not virally suppressed, men who have sex with men who are at risk for contracting or transmitting HIV, and men who have sex with men and inject drugs.

1.2 Make HIV testing available to high-risk persons in conjunction with other sexual and public health services for the at-risk populations.

- Ensure medical providers are equipped to provide extra genital STI testing as appropriate.
- Provide Partner Services for those newly diagnosed with HIV and those with STIs. Partner Services must remain a priority in order to attain zero new infections. All persons newly diagnosed with HIV regardless of where they were diagnosed must be offered Partner Services. Community partners and medical providers must ensure a warm handoff to DOH Partner Services providers, when needed. DOH Partner Services providers must remain up to date with policies to allow provisions for using the latest technology for notifying partners via the Internet.
- Provide rapid HIV testing at outreach setting including syringe exchange locations, public sex environments, drug treatment centers, and wherever testing can reach high risk populations who have no access or limited access to health care services.
- Offer HCV rapid testing in conjunction with HIV testing as appropriate.

1.3 Make HIV screening a standard part of patient preventive care and available to all persons in Hawai‘i between 16-65 years of age as part of regular health care following CDC recommendations.

- Provide HIV testing-related outreach and information to hospital emergency departments, Federally Qualified Health Centers, medical associations, and other providers in areas with significant HIV transmission.

1.4 Support policies and practices to ensure that all pregnant women and newborns have access to HIV testing as a standard part of their prenatal care.

- Provide outreach with information/education to professional organizations that provide womens' and newborn health care, Federally Qualified Health Centers and clinics/providers serving female populations with significant STI infections or low access to prenatal services.

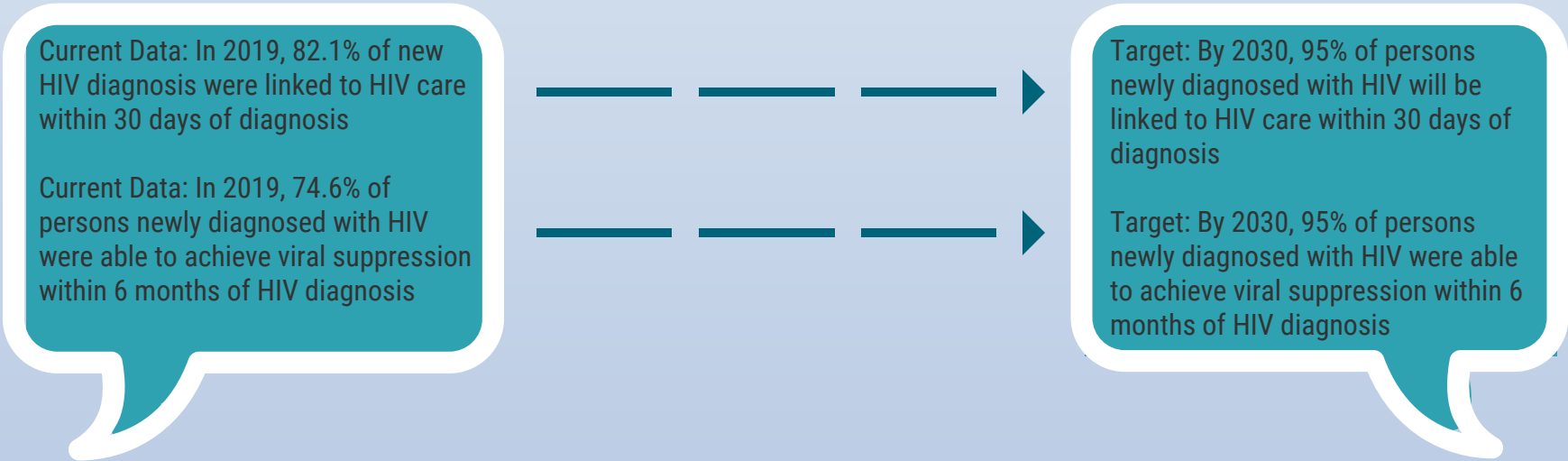
1.5 Cluster detection, using surveillance data to identify clusters of HIV infection, work with community partners to ensure these populations receive Partner Services.

- Detect clusters using surveillance data of HIV infections and work with community partners to ensure these populations receive Partner Services.

Objective 2

Persons knowing their HIV status are linked to appropriate HIV medical and support services appropriate for their HIV serostatus

After HIV testing, it is imperative that individuals are linked to appropriate services, based on their HIV serostatus. For those newly diagnosed with HIV, the sooner they are linked to care the better, ideally within 30 days of initial diagnosis. Individuals at risk who test HIV negative should be assessed to determine if they may be candidates for PrEP and/or nPEP, and appropriate referrals should be made.



Objective 2 - Strategies

Persons knowing their HIV status are linked to appropriate HIV medical and support services appropriate for their HIV serostatus

2.1 Immediate linkage to HIV care for persons newly diagnosed with HIV.

- DOH intervention specialist staff and/or ASOs provide referrals and support access to rapid antiretroviral therapy (Rapid ART).
- Strengthen DOH's HIV data collection and analysis to ensure linkage and retention to HIV support and care, to provide referrals and linkage to medical case management, and to provide on-going support for retention after the initial linkage.

2.2. Support access to health insurance for persons newly diagnosed with HIV, and those who are HIV negative who could benefit from PrEP and other health services.

- Link to appropriate health insurance.
- Make appropriate referrals for PrEP management or HIV care.
- Make appropriate referrals to PrEP navigator or PrEP providers.

2.3 Linkage to HIV case management and PrEP navigation as appropriate.

- HIV case managers and PrEP navigators help to reduce barriers for persons newly diagnosed with HIV to attend HIV medical appointments.

2.4 Increase access to HIV/PrEP providers.

- Identify and help support/train additional Rapid ART/PrEP providers.
- Reduce barriers to initial appointments.
- Increase HIV provider capacity in rural areas and neighbor islands potentially via telehealth or tele-learning models such as ECHO Project.
- Facilitate provider education on importance of Rapid ART.

2.5 Provide rapid PrEP with low threshold access.

- High risk negative persons should be tested, have access to PrEP, linked to insurance, follow-up and should be referred to comprehensive services. DOH can reach these persons by Partner Services and STI testing. ASOs staff can engage these persons into PrEP, access to insurance, follow up, linking to other comprehensive services.
- Promote and expand the Hawai'i PrEP provider list.
- Provide engaging messages about HIV biomedical interventions and information of the different ways to access PrEP/nPEP.

Objective 3

Persons are retained in the HIV services appropriate for their HIV serostatus

Once a person is linked to HIV medical care, it is important that they are provided with resources and support to ensure they are able to stay in care.

Current Data: In 2019, 63.7% of PLWDH were retained in HIV care and 89.9% of PLWDH received any HIV care

Target: By 2030, 90% of PLWDH will be retained in HIV care and 100% of PLWDH will receive any HIV care

Objective 3 - Strategies

Persons are retained in the HIV services appropriate for their HIV serostatus

3.1 Intensive Care Coordination for persons who have fallen out of care.

- Utilize Data to Care to identify PLWDH who are not in HIV care based on no CD4/VL test in the year of measurement.
- DOH intervention specialist staff partner with ASO Intensive Care Coordination and case management staff and medical providers to contact persons not in care and support re-engagement.

3.2 Wrap around services to ensure critical support services are accessible and offered as appropriate.

- Ensure housing services are available to persons as appropriate.
- Provide and refer to mental/behavioral health services as appropriate.
- Provide PrEP navigation and HIV case management for continued support.
- Provide health insurance navigation and financial support as appropriate.

3.3 HIV providers work to keep PLWDH in care and re-engage those who fall out of care.

- Provide HIV medical providers list of patients who were last in their care but have fallen out of care.
- Share national treatment guidelines on monitoring CD4 and VL with HIV medical providers. Current guidelines recommend VL monitoring every 6 months, but support less frequent CD4 monitoring after 2 years on ART with consistently suppressed VL.

3.4 Monitoring the ongoing HIV care of newly diagnosed persons for 1-year post diagnosis.

Objective 4

Persons living with diagnosed HIV are able to achieve and maintain viral suppression and those at risk able to maintain their negative serostatus

Achieving viral suppression requires PLWDH to be able to access HIV medical care, including medications. Once a person achieves viral suppression, ongoing VL monitoring is required to determine if viral suppression is maintained. For persons at risk for HIV, access to PrEP medical services including PrEP medications is critical.

Current Data: In 2019, 82.5% of PLWDH were virally suppressed

Target: By 2030, 95% of PLWDH will be virally suppressed

Objective 4 - Strategies

Persons living with diagnosed HIV are able to achieve and maintain a suppressed HIV viral load and those at risk able to maintain their negative serostatus

4.1 Intensive Care Coordination for persons with high HIV VL.

- Use HIV laboratory data to identify PLWDH who have a high unsuppressed VL and determine if they need additional support to remove barriers to achieving viral suppression.
- ASOs provide ongoing VL monitoring for all clients with focus on supporting clients to achieve viral suppression.
- DOH intervention specialists follow up with providers and patients to offer additional support and linkage to support services.

4.2 Consistent Undetectable=Untransmittable (U=U) messaging.

- Promote U=U messaging through DOH, medical providers and ASOs to spread awareness of the benefits of achieving and maintaining viral suppression.

4.3 Maintain safety net for access to ART through DOH.

- Ensure access to ART for all PWLDH through support of the Hawai‘i HIV Drug Assistance Program.

4.4 PrEP for HIV negative persons and ongoing access to support.

- Ensure persons who need and want PrEP can receive assistance in accessing services, including lab tests, PrEP navigation, and patient assistance programs.

Objective 5

Address foundational social, economic, and environmental factors that impact the entire continuum of HIV prevention and care

HIV cannot be addressed in isolation. For people living with or at risk for HIV, dealing with HIV is often coupled with stigma, discrimination, mental health, substance use, and other health risks. Social, economic, and environmental factors must be addressed if we are to achieve $H^2 0$. HIV prevention and care must not be siloes and require a harm reduction approach.

Harm Reduction is a philosophy and set of strategies for working with people engaged in potentially harmful behaviors. The main objective is to reduce the potential dangers and health risks associated with such behaviors, even for those who are not willing or able to completely stop the behaviors.

Target: By 2030, persons living with or at risk for HIV will have access to services free from discrimination and stigma

Objective 5 - Strategies

Address foundational social, economic, and environmental factors that impact the entire continuum of HIV prevention and care

5.1 Promote U=U messaging to reduce HIV-related stigma.

- Ensure that providers are aware of and promoting U=U messaging.
- Increase understanding of U=U among people living with HIV and people at risk for HIV.

5.2 Support a comprehensive approach to HIV prevention and care including STIs, viral hepatitis, behavioral health, and other co-occurring conditions.

- Ensure that there is no wrong door for entry to HIV services.
- Support and encourage public health, community-based program, and medical providers to routinely screen for viral hepatitis and STIs including appropriate extragenital testing.
- Provide training and support to medical providers in how to assess risk for, test for, and treat extragenital STIs and viral hepatitis. Individuals testing positive for an STI or viral hepatitis should be offered HIV testing, and vice versa.
- Integrate HIV policy into other statewide strategies, including Hep Free 2030 (https://www.hepfreeHawaii.org/hep-free-2030) and Hawai'i Opioid Initiative (https://www.hawaiiopioid.org/).

5.3 Ensure everyone at risk for and living with HIV has access to medical insurance.

5.4 Encourage the cultural shift to reduce HIV related stigma across the spectrum of HIV providers (medical and support services, prevention, and care).

- Educate and train providers in approaches that can reduce stigma, such as motivational interviewing, harm reduction, trauma-informed practices, and creating judgment-free environments.
- Ensure PLWDH and persons at risk for HIV are included in the process to educate and train providers.
- Promote use of "people first" language in conversations and paperwork.

5.5 Embrace a harm reduction approach to HIV prevention and care.

- Ensure that HIV prevention and care services aim to reduce stigma, racism, and trauma.
- Ensure the continued availability of syringe exchange services and overdose prevention services for persons who inject drugs.

5.6 Support HIV research including prevention, treatment, and cure.

5.7 Support HIV housing.

Summary

NOW is the time to end the HIV epidemic in Hawai'i. Hawai'i has high rates of insurance and a statewide system of community-based prevention and case management services to help people to access the HIV-related services they need.

Biomedical innovations and knowledge are available to help end HIV. Medication can prevent HIV:

- People living with HIV who take HIV medication as prescribed and get and keep an undetectable viral load do not pass HIV to their sexual partners.
- People who are at risk for HIV can take PrEP, which is highly effective in preventing them from getting HIV.

Questions about equitable access to these services are important. While highly effective interventions, such as HIV treatment and PrEP, make it possible for us to end new HIV infections, if some people face barriers to access, the very effectiveness of these interventions could make disparities worse.

We must recognize that we have not been successful in engaging and retaining some people in these services and we know that stigma and structural inequities are key barriers for many people. Reaching and engaging all those living with or at risk for HIV, requires building rapport and maintaining trust by eliminating the stigma that many people still associate with HIV.

We all need to hear the voices of people in Hawai'i who experience HIV-related stigma to better understand its impact and how to address it.

We cannot work in silos. We must collaborate with community partners working in viral hepatitis elimination, drug user health, mental health, and STI prevention.

We must approach H^2O with compassion and a harm reduction approach.

Moving Forward

The H^{2}O plan is meant to be a road map, providing guidance to HRSB and the community by laying out the road to get Hawai'i to Zero. The planning group will be involved in ongoing monitoring based on quantitative targets laid out in this plan and and its implementation of the plan. Monitoring the plan will help measure progress toward the goals and objectives and identify ways to improve services and implement novel strategies. Monitoring the plan will help determine necessary changes in strategy or goals based on emerging issues or trends. The plan is intended to be a living document, as progress is made, or challenges are faced, changes can be made to the plan to better fit the needs of the community.

The Hawai'i HIV Planning Group in conjunction with DOH will need to complete the workplan **(Enclosure 1)**. In doing so we will need to consider: What is needed to make the plan a reality? What new partnerships, resources, and changes to current operations will need to be implemented? How will the objectives be monitored? How do we hold ourselves accountable? These are only a start of the questions to fuel the conversation.

Sample Work Plans

Goal 1.1: By 2030, there will be ≤3 new HIV diagnoses in Hawai‘i

Goal 1.1: By 2030 there will be ≤3 new HIV diagnoses in Hawai'i					
Strategy 1.1: Make targeted testing available/accessible to persons at risk for HIV					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		
Strategy 1.2: Make HIV testing available to high risk persons in conjunction with other sexual and public health services for the at-risk populations					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		
Strategy 1.3 Make HIV screening available to all persons in Hawai‘i between 16-65 years of age as part of regular health care following CDC recommendations					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		
Strategy 1.4 Support policies and practices to ensure that all pregnant women and newborns have access to HIV testing					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		
Strategy 1.5 Cluster detection, using surveillance data to identify clusters of HIV infection, work with community partners to ensure these populations received PS					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		
Strategy 1.6 Access to PrEP and PEP, focusing on those who would benefit from PrEP and PEP the most					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		

Sample Work Plans

Goal 2.1: By 2030, 95% of persons newly diagnosed with HIV will be linked to HIV care within 30 days of diagnosis
Goal 2.2: By 2030, 95% of persons newly diagnosed with HIV will be able to achieve viral suppression within 6 months of HIV diagnosis

Goal 2.1: By 2030, 95% of persons newly diagnosed with HIV will be linked to HIV care within 30 days of diagnosis Goal 2.2: By 2030, 95% of persons newly diagnosed with HIV will be able to achieve viral suppression within 6 months of HIV diagnosis				
Strategy 2.1 Immediate linkage to care for persons newly diagnosed with HIV				
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**	
Strategy 2.2. Access to health insurance for persons newly diagnosed with HIV, or those that are HIV negative who would benefit from PrEP				
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**	
Strategy 2.3 Linkage to HIV case management				
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**	
Strategy 2.4 Increase access to HIV providers				
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**	

Sample Work Plans

Goal 3: By 2030, 90% of people living with diagnosed HIV will be retained in HIV care and 100% of people living with diagnosed HIV will receive HIV care

Goal 3: By 2030, 90% of people living with diagnosed HIV will be retained in HIV care and 100% of people living with diagnosed HIV will receive HIV care			
Strategy 3.1 Intensive Care Coordination (ICC) for persons who have fallen out of care			
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**
Strategy 3.2 Wrap around services to ensure critical support services are accessible and offered as appropriate			
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**
Strategy 3.3 HIV providers work to keep folks in care and re-engage those who fall out of care			
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**
Strategy 3.4 Monitoring the ongoing HIV care of newly diagnosed persons for 1-year post diagnosis			
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**

Sample Work Plans

Goal 4: By 2030, 95% of people living with diagnosed HIV will be virally suppressed

Goal 4: By 2030, 95% of people living with diagnosed HIV will be virally suppressed			
Strategy 4.1 ICC for PLWDH with high viral load			
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**
Strategy 4.2 Consistent Undetectable=Untransmittable (U=U) messaging			
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**
Strategy 4.3 Maintain safety net for access to ART through DOH			
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**
Strategy 4.4 PrEP for HIV negative persons and ongoing access to support			
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**

Sample Work Plans

Goal 5: By 2030, persons living with or at risk for HIV will have access to services free from discrimination and stigma

Goal 5: By 2030, persons living with or at risk for HIV will have access to services free from discrimination and stigma					
Strategy 5.1 Promote U=U messaging					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		
Strategy 5.2 Support a comprehensive approach to HIV prevention and care including STIs, viral hepatitis, behavioral health, and other co-occurring conditions					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		
Strategy 5.3 Ensure everyone at risk for and living with HIV have access to medical insurance					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		
Strategy 5.4 Encourage cultural shift to reduce HIV related stigma across the spectrum of HIV providers					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		
Strategy 5.5 Embrace a harm reduction approach to HIV prevention and care					
Key Activities	**Timeline/Target Date**	**Primary Responsible Party**	**Additional Stakeholders**		

Acronym Glossary

ART	Antiretroviral Therapy
ASO	AIDS Services Organizations
CDC	Centers for Disease Control & Prevention
DOH	Department of Health
H^2O	Hawai'i to Zero
HIV	Human Immunodeficiency Virus
HRSB	Harm Reduction Services Branch
nPEP	Non-occupational Post Exposure Prophylaxis
PLWDH	Persons Living With Diagnoses HIV
PrEP	Pre-Exposure Prophylaxis
STI	Sexually Transmitted Infection
U=U	Undetectable = Untransmittable
VL	Viral Load

References

Further Reading

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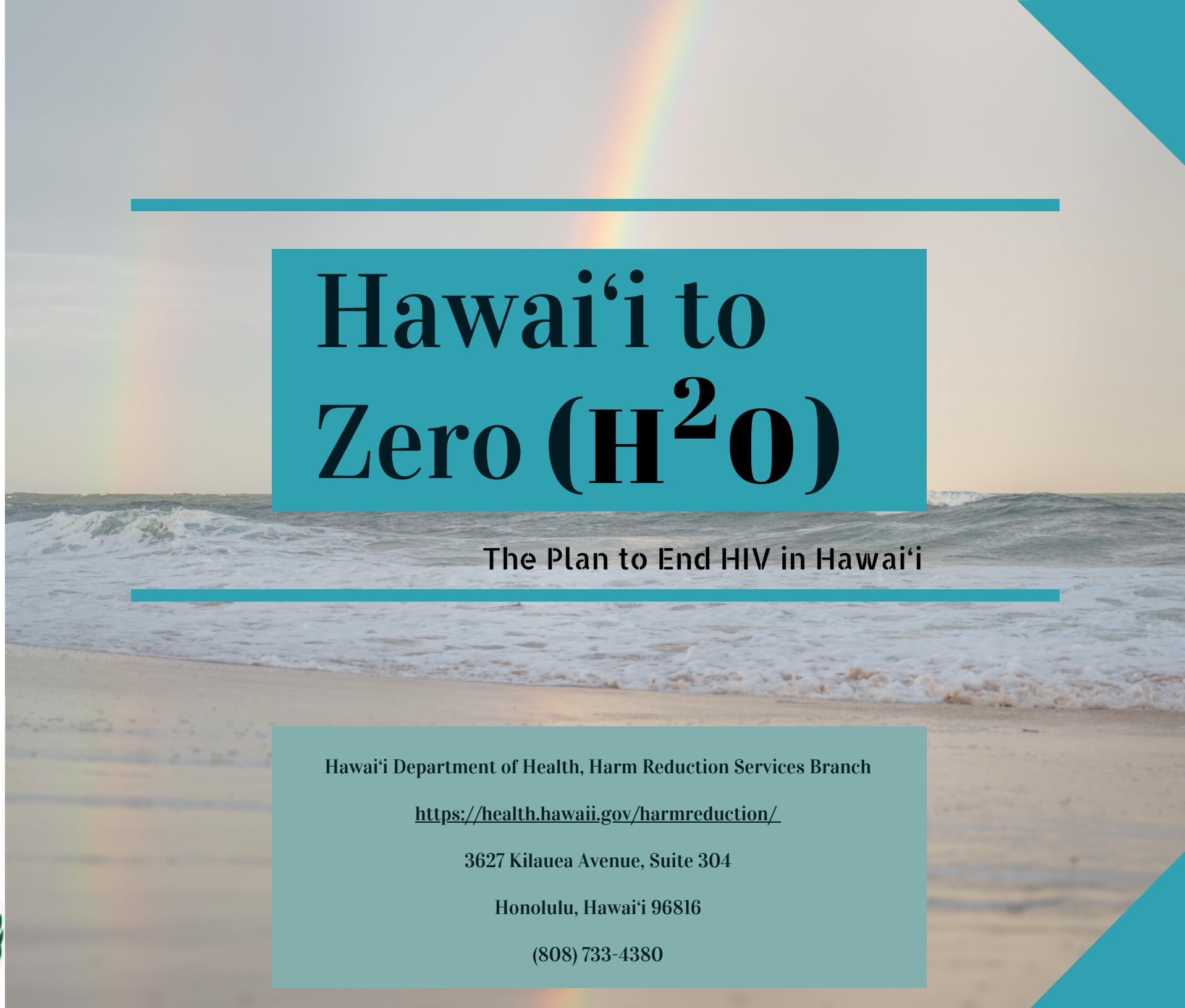
2022



Hawai‘i to Zero (H^2O)

The Plan to End HIV in Hawai‘i

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