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Stack:	Row:	Section:	Shelf:	Position:
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INTERNATIONAL ACTIVITIES

Agency: U.S. Agency for International Development

Goal: Reduce STD transmission with a focus on HIV in USAID emphasis countries.

Objective: Promote increased use of effective interventions to reduce sexual transmission of HIV/AIDS that are identified, strengthened, tested, and evaluated in HIV emphasis countries.

Action Steps: Test a female-controlled barrier method to prevent sexual transmission;

Start Phase III trials of a vaginal microbicide;

Develop and pilot at least two intervention models to reduce high risk behaviors;

Transfer, adapt and evaluate an effective protocol for HIV risk reduction counseling;

Develop and test three intervention models to reduce underlying social, economic and political determinants of HIV/STD;

Develop, field test and refine global methods for evaluating HIV/STD prevention interventions;

Complete population coverage and costing of proven intervention models;

Develop and test an improved model for STD diagnosis and case management in women;

Field test a rapid, non-invasive test for chlamydia and gonorrhea; and

Evaluate programs.

Description: Development and improvement of woman-controlled technologies. Improvement of STD/HIV prevention interventions and of technologies for STD management.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for

international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Reduce perinatal and parenteral HIV transmission in USAID emphasis countries.

Objective: Increased use of improved methods for reducing perinatal and parenteral HIV transmission available for program use in emphasis countries.

Action Steps: Disseminate information on options to reduce perinatal transmission of HIV in low-resource settings;

Provide technical assistance on low-cost, simple blood screening methodologies;

Make available protocols and models for reducing parenteral transmission of HIV in health care settings and in non-health care settings (i.e. injecting drug use).

Program Description: Increasing the use of methods aimed at reducing perinatal and parenteral HIV transmission.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve social and cultural commitment to HIV/AIDS prevention worldwide.

Objective: Enhance capacity of public, private, NGO and community-based organizations to design, implement and evaluate effective HIV/STD prevention and care programs.

Action Steps: Increase the number of HIV/AIDS emphasis countries whose national-level policy environments encourage and sustain participation of PLWH, indigenous NGOs and the private sector in HIV/STD prevention, care and advocacy;

Enhance the technical and managerial capability of indigenous NGOs and PVOs to design, implement and evaluate projects;

Strengthen local and regional networks of NGOS involved in HIV prevention, care and advocacy;

Assess and strengthen host country capacity for HIV/STD prevention research through training in under-represented skill areas;

Complete assessment of the availability of national information about drugs and reagents and their selection and pricing;

Develop and implement a participatory strategy to produce an approved strategic objective plan and results framework for the ATSP follow-on;

Maintain and disseminate a global HIV/AIDS surveillance database;

Disseminate two models of home- and community-based delivery of HIV/STD care;

Conduct socio-economic impact assessments, which include projections for AIDS orphans;

Complete situation assessments of the potential role of the private sector in meeting national health objectives, including HIV/STD prevention and care, as well as identifying major barriers to NGO and private sector involvement; and

Initiate work with donors and selected national governments at the global level to create transparent, standardized national health accounts which permit monitoring of types of expenditures, such as support of services mandated in the National AIDS Control Program.

Description: Improvement of social and cultural commitment to HIV/AIDS prevention.

FY 95: Not available

FY 96: Not available

Population Served: USAID HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve multilateral coordination.

Objective: Achieve better coordinated action by UNESCO, UNICEF, UNDP, UNFPA, WHO and the World Bank on HIV/AIDS prevention, control and mitigation.

Promote development of sustainable country-level institutions for HIV/STD service delivery, monitoring, surveillance, research and policy development through UNAIDS' training.

Support and analyze an international database on HIV/STD programs, maintain a global forum to incorporate experiences into programming and disseminate consensus to non-USAID countries.

Maximize country-level impact on prevention by supporting USAID complimentary activities and projects assumed in USAID strategic planning/logframes (i.e. blood screening and banking projects, advocacy and support for local appropriate care for PLWH.)

Action Steps: Provide strong support for UNAIDS.

Description: Increased support for UNAIDS' expanded response to HIV/AIDS in developing countries.

FY 95: Not available

FY 96: Not available

Does USAID provide the U.S funding for UNAIDS?

Population Served: All countries receiving UNAIDS funding and support.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Increase availability of HIV/STD services in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Provide 25 percent more technically-sound condom marketing and logistics management programs;

Implement improved national-level strategies to provide STD services;

Perform global and regional analyses of STD data to assess trends and efficacy of interventions;

Increase demand for technically-sound STD services among urban adults in all USAID project areas;

Use approaches for the integrated and coordinated delivery of HIV/STD, FP and other RH services.

Description: Increased and improved services for HIV/STD prevention and care.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve services for HIV/STD prevention and care in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Increase knowledge to over 90 percent and 60 percent respectively in rural and urban general population adults.

Implement BCC programs and services to reach general population women in urban settings;

Use training protocols for promoting gender-, culture- and class-sensitive HIV/STD program design and implementation; and

Implement participatory community-based risk analysis and normative change interventions.

Description: Increased and improved implementation of behavior change communication interventions.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

INTERNATIONAL ACTIVITIES

Agency: U.S. Agency for International Development

Goal: Reduce STD transmission with a focus on HIV in USAID emphasis countries.

Objective: Promote increased use of effective interventions to reduce sexual transmission of HIV/AIDS that are identified, strengthened, tested, and evaluated in HIV emphasis countries.

Action Steps: Test a female-controlled barrier method to prevent sexual transmission;

Start Phase III trials of a vaginal microbicide;

Develop and pilot at least two intervention models to reduce high risk behaviors;

Transfer, adapt and evaluate an effective protocol for HIV risk reduction counseling;

Develop and test three intervention models to reduce underlying social, economic and political determinants of HIV/STD;

Develop, field test and refine global methods for evaluating HIV/STD prevention interventions;

Complete population coverage and costing of proven intervention models;

Develop and test an improved model for STD diagnosis and case management in women;

Field test a rapid, non-invasive test for chlamydia and gonorrhea; and

Evaluate programs.

Description: Development and improvement of woman-controlled technologies. Improvement of STD/HIV prevention interventions and of technologies for STD management.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for

international development assistance, it is not possible for
USSAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Reduce perinatal and parenteral HIV transmission in USAID emphasis countries.

Objective: Increased use of improved methods for reducing perinatal and parenteral HIV transmission available for program use in emphasis countries.

Action Steps: Disseminate information on options to reduce perinatal transmission of HIV in low-resource settings;

Provide technical assistance on low-cost, simple blood screening methodologies;

Make available protocols and models for reducing parenteral transmission of HIV in health care settings and in non-health care settings (i.e. injecting drug use).

Program Description: Increasing the use of methods aimed at reducing perinatal and parenteral HIV transmission.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve social and cultural commitment to HIV/AIDS prevention worldwide.

Objective: Enhance capacity of public, private, NGO and community-based organizations to design, implement and evaluate effective HIV/STD prevention and care programs.

Action Steps: Increase the number of HIV/AIDS emphasis countries whose national-level policy environments encourage and sustain participation of PLWH, indigenous NGOs and the private sector in HIV/STD prevention, care and advocacy;

Enhance the technical and managerial capability of indigenous NGOs and PYOS to design, implement and evaluate projects;

Strengthen local and regional networks of NGOs involved in HIV prevention, care and advocacy;

Assess and strengthen host country capacity for HIV/STD prevention research through training in under-represented skill areas;

Complete assessment of the availability of national information about drugs and reagents and their selection and pricing;

Develop and implement a participatory strategy to produce an approved strategic objective plan and results framework for the ATSP follow-on;

Maintain and disseminate a global HIV/AIDS surveillance database;

Disseminate two models of home- and community-based delivery of HIV/STD care;

Conduct socio-economic impact assessments which include projections for AIDS orphans;

Complete situation assessments of the potential role of the private sector in meeting national health objectives, including HIV/STD prevention and care, as well as identifying major barriers to NGO and private sector involvement; and

Initiate work with donors and selected national governments at the global level to create transparent, standardized national health accounts which permit monitoring of types of expenditures, such as support of services mandated in the National AIDS Control Program.

Description: Improvement of social and cultural commitment to HIV/AIDS prevention.

FY 95: Not available

FY 96: Not available

Population Served: USAID HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve multilateral coordination.

Objectives: Achieve better coordinated action by UNESCO, UNICEF, UNDP, UNFPA, WHO and the World Bank on HIV/AIDS prevention, control and mitigation.

Promote development of sustainable country-level institutions for HIV/STD service delivery, monitoring, surveillance, research and policy development through UNAIDS' training.

Support and analyze an international database on HIV/STD programs, maintain a global forum to incorporate experiences into programming and disseminate consensus to non-USAID countries.

Maximize country-level impact on prevention by supporting USAID complementary activities and projects assumed in USAID strategic planning/logframes (i.e. blood screening and banking projects, advocacy and support for local appropriate care for PLWH.)

Action Steps: Provide strong support for UNAIDS.

Description: Increased support for UNAIDS' expanded response to HIV/AIDS in developing countries.

FY 95: Not available

FY 96: Not available

Does USAID provide the U.S. funding for UNAIDS?

Population Served: All countries receiving UNAIDS funding and support.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve services for HIV/STD prevention and care in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Increase knowledge to over 90 percent and 60 percent respectively in rural and urban general population adults.

Implement BCC programs and services to reach general population women in urban settings;

Use training protocols for promoting gender-, culture- and class-sensitive HIV/STD program design and implementation; and

Implement participatory community-based risk analysis and normative change interventions.

Description: Increased and improved implementation of behavior change communication interventions.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development .

Goal: Increase availability of HIV/STD services in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Provide 25 percent more technically-sound condom marketing and logistics management programs;

Implement improved national-level strategies to provide STD services;

Perform global and regional analyses of STD data to assess trends and efficacy of interventions;

Increase demand for technically-sound STD services among urban adults in all USAID project areas;

Use approaches for the integrated and coordinated delivery of HIV/STD, FP and other RH services.

Description: Increased and improved services for HIV/STD prevention and care.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

INTERNATIONAL ACTIVITIES

Agency: U.S. Agency for International Development

Goal: Reduce STD transmission with a focus on HIV in USAID emphasis countries.

Objective: Promote increased use of effective interventions to reduce sexual transmission of HIV/AIDS that are identified, strengthened, tested, and evaluated in HIV emphasis countries.

Action Steps: Test a female-controlled barrier method to prevent sexual transmission;

Start Phase III trials of a vaginal microbicide;

Develop and pilot at least two intervention models to reduce high risk behaviors;

Transfer, adapt and evaluate an effective protocol for HIV risk reduction counseling;

Develop and test three intervention models to reduce underlying social, economic and political determinants of HIV/STD;

Develop, field test and refine global methods for evaluating HIV/STD prevention interventions;

Complete population coverage and costing of proven intervention models;

Develop and test an improved model for STD diagnosis and case management in women;

Field test a rapid, non-invasive test for chlamydia and gonorrhea; and

Evaluate programs.

Description: Development and improvement of woman-controlled technologies. Improvement of STD/HIV prevention interventions and of technologies for STD management.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for

international development assistance, it is not possible for
USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Reduce perinatal and parenteral HIV transmission in USAID emphasis countries.

Objective: Increased use of improved methods for reducing perinatal and parenteral HIV transmission available for program use in emphasis countries.

Action Steps: Disseminate information on options to reduce perinatal transmission of HIV in low-resource settings;

Provide technical assistance on low-cost, simple blood screening methodologies;

Make available protocols and models for reducing parenteral transmission of HIV in health care settings and in non-health care settings (i.e., injecting drug use).

Program Description: Increasing the use of methods aimed at reducing perinatal and parenteral HIV transmission.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve social and cultural commitment to HIV/AIDS prevention worldwide.

Objective: Enhance capacity of public, private, NGO and community-based organizations to design, implement and evaluate effective HIV/STD prevention and care programs.

Action Steps: Increase the number of HIV/AIDS emphasis countries whose national-level policy environments encourage and sustain participation of PLWH, indigenous NGOs and the private sector in HIV/STD prevention, care and advocacy;

Enhance the technical and managerial capability of indigenous NGOs and FVVOs to design, implement and evaluate projects;

Strengthen local and regional networks of NGOs involved in HIV prevention, care and advocacy;

Assess and strengthen host country capacity for HIV/STD prevention research through training in under-represented skill areas;

Complete assessment of the availability of national information about drugs and reagents and their selection and pricing;

Develop and implement a participatory strategy to produce an approved strategic objective plan and results framework for the ATSP follow-on;

Maintain and disseminate a global HIV/AIDS surveillance database;

Disseminate two models of home- and community-based delivery of HIV/STD care;

Conduct socio-economic impact assessments, which include projections for AIDS orphans;

Complete situation assessments of the potential role of the private sector in meeting national health objectives, including HIV/STD prevention and care, as well as identifying major barriers to NGO and private sector involvement; and

Initiate work with donors and selected national governments at the global level to create transparent, standardized national health accounts which permit monitoring of types of expenditures, such as support of services mandated in the National AIDS Control Program.

Description: Improvement of social and cultural commitment to HIV/AIDS prevention.

FY 95: Not available

FY 96: Not available

Population Served: USAID HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve multilateral coordination.

Objective: Achieve better coordinated action by UNESCO, UNICEF, UNDP, UNFPA, WHO and the World Bank on HIV/AIDS prevention, control and mitigation.

Promote development of sustainable country-level institutions for HIV/STD service delivery, monitoring, surveillance, research and policy development through UNAIDS' training.

Support and analyze an international database on HIV/STD programs, maintain a global forum to incorporate experiences into programming and disseminate consensus to non-USAID countries.

Maximize country-level impact on prevention by supporting USAID complimentary activities and projects assumed in USAID strategic planning/logframes (i.e. blood screening and banking projects, advocacy and support for local appropriate care for PLWH.)

Action Steps: Provide strong support for UNAIDS.

Description: Increased support for UNAIDS' expanded response to HIV/AIDS in developing countries.

FY 95: Not available

FY 96: Not available

Does USAID provide the U.S funding for UNAIDS?

Population Served: All countries receiving UNAIDS funding and support.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve services for HIV/STD prevention and care in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Increase knowledge to over 90 percent and 60 percent respectively in rural and urban general population adults.

Implement BCC programs and services to reach general population women in urban settings;

Use training protocols for promoting gender-, culture- and class-sensitive HIV/STD program design and implementation; and

Implement participatory community-based risk analysis and normative change interventions.

Description: Increased and improved implementation of behavior change communication interventions.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Increase availability of HIV/STD services in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Provide 25 percent more technically-sound condom marketing and logistics management programs;

Implement improved national-level strategies to provide STD services;

Perform global and regional analyses of STD data to assess trends and efficacy of interventions;

Increase demand for technically-sound STD services among urban adults in all USAID project areas;

Use approaches for the integrated and coordinated delivery of HIV/STD, FP and other RH services.

Description: Increased and improved services for HIV/STD prevention and care.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

INTERNATIONAL ACTIVITIES

Agency: U.S. Agency for International Development

Goal: Reduce STD transmission with a focus on HIV in USAID emphasis countries.

Objective: Promote increased use of effective interventions to reduce sexual transmission of HIV/AIDS that are identified, strengthened, tested, and evaluated in HIV emphasis countries.

Action Steps: Test a female-controlled barrier method to prevent sexual transmission;

Start Phase III trials of a vaginal microbicide;

Develop and pilot at least two intervention models to reduce high risk behaviors;

Transfer, adapt and evaluate an effective protocol for HIV risk reduction counseling;

Develop and test three intervention models to reduce underlying social, economic and political determinants of HIV/STD;

Develop, field test and refine global methods for evaluating HIV/STD prevention interventions;

Complete population coverage and costing of proven intervention models;

Develop and test an improved model for STD diagnosis and case management in women;

Field test a rapid, non-invasive test for chlamydia and gonorrhea; and

Evaluate programs.

Description: Development and improvement of woman-controlled technologies. Improvement of STD/HIV prevention interventions and of technologies for STD management.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for

international development assistance, it is not possible for
USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Reduce perinatal and parenteral HIV transmission in USAID emphasis countries.

Objective: Increased use of improved methods for reducing perinatal and parenteral HIV transmission available for program use in emphasis countries.

Action Steps: Disseminate information on options to reduce perinatal transmission of HIV in low-resource settings;

Provide technical assistance on low-cost, simple blood screening methodologies;

Make available protocols and models for reducing parenteral transmission of HIV in health care settings and in non-health care settings (i.e. injecting drug use).

Program Description: Increasing the use of methods aimed at reducing perinatal and parenteral HIV transmission.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve social and cultural commitment to HIV/AIDS prevention worldwide.

Objective: Enhance capacity of public, private, NGO and community-based organizations to design, implement and evaluate effective HIV/STD prevention and care programs.

Action Steps: Increase the number of HIV/AIDS emphasis countries whose national-level policy environments encourage and sustain participation of PLWH, indigenous NGOs and the private sector in HIV/STD prevention, care and advocacy;

Enhance the technical and managerial capability of indigenous NGOs and POCs to design, implement and evaluate projects;

Strengthen local and regional networks of NGOs involved in HIV prevention, care and advocacy;

Assess and strengthen host country capacity for HIV/STD prevention research through training in under-represented skill areas;

Complete assessment of the availability of national information about drugs and reagents and their selection and pricing;

Develop and implement a participatory strategy to produce an approved strategic objective plan and results framework for the ATSP follow-on;

Maintain and disseminate a global HIV/AIDS surveillance database;

Disseminate two models of home- and community-based delivery of HIV/STD care;

Conduct socio-economic impact assessments, which include projections for AIDS orphans;

Complete situation assessments of the potential role of the private sector in meeting national health objectives, including HIV/STD prevention and care, as well as identifying major barriers to NGO and private sector involvement; and

Initiate work with donors and selected national governments at the global level to create transparent, standardized national health accounts which permit monitoring of types of expenditures, such as support of services mandated in the National AIDS Control Program.

Description: Improvement of social and cultural commitment to HIV/AIDS prevention.

FY 95: Not available

FY 96: Not available

Population Served: USAID HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve multilateral coordination.

Objective: Achieve better coordinated action by UNESCO, UNICEF, UNDP, UNFPA, WHO and the World Bank on HIV/AIDS prevention, control and mitigation.

Promote development of sustainable country-level institutions for HIV/STD service delivery, monitoring, surveillance, research and policy development through UNAIDS' training.

Support and analyze an international database on HIV/STD programs, maintain a global forum to incorporate experiences into programming and disseminate consensus to non-USAID countries.

Maximize country-level impact on prevention by supporting USAID complimentary activities and projects assumed in USAID strategic planning/logframes (i.e. blood screening and banking projects, advocacy and support for local appropriate care for PLWH.)

Action Steps: Provide strong support for UNAIDS.

Description: Increased support for UNAIDS' expanded response to HIV/AIDS in developing countries.

FY 95: Not available

FY 96: Not available

Does USAID provide the U.S funding for UNAIDS?

Population Served: All countries receiving UNAIDS funding and support.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve services for HIV/STD prevention and care in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Increase knowledge to over 90 percent and 60 percent respectively in rural and urban general population adults.

Implement BCC programs and services to reach general population women in urban settings;

Use training protocols for promoting gender-, culture- and class-sensitive HIV/STD program design and implementation; and

Implement participatory community-based risk analysis and normative change interventions.

Description: Increased and improved implementation of behavior change communication interventions.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Increase availability of HIV/STD services in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Provide 25 percent more technically-sound condom marketing and logistics management programs;

Implement improved national-level strategies to provide STD services;

Perform global and regional analyses of STD data to assess trends and efficacy of interventions;

Increase demand for technically-sound STD services among urban adults in all USAID project areas;

Use approaches for the integrated and coordinated delivery of HIV/STD, FP and other RH services.

Description: Increased and improved services for HIV/STD prevention and care.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

INTERNATIONAL ACTIVITIES

Agency: U.S. Agency for International Development

Goal: Reduce STD transmission with a focus on HIV in USAID emphasis countries.

Objective: Promote increased use of effective interventions to reduce sexual transmission of HIV/AIDS that are identified, strengthened, tested, and evaluated in HIV emphasis countries.

Action Steps: Test a female-controlled barrier method to prevent sexual transmission;

Start Phase III trials of a vaginal microbicide;

Develop and pilot at least two intervention models to reduce high risk behaviors;

Transfer, adapt and evaluate an effective protocol for HIV risk reduction counseling;

Develop and test three intervention models to reduce underlying social, economic and political determinants of HIV/STD;

Develop, field test and refine global methods for evaluating HIV/STD prevention interventions;

Complete population coverage and costing of proven intervention models;

Develop and test an improved model for STD diagnosis and case management in women;

Field test a rapid, non-invasive test for chlamydia and gonorrhea; and

Evaluate programs.

Description: Development and improvement of woman-controlled technologies. Improvement of STD/HIV prevention interventions and of technologies for STD management.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for

international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Reduce perinatal and parenteral HIV transmission in USAID emphasis countries.

Objective: Increased use of improved methods for reducing perinatal and parenteral HIV transmission available for program use in emphasis countries.

Action Steps: Disseminate information on options to reduce perinatal transmission of HIV in low-resource settings;

Provide technical assistance on low-cost, simple blood screening methodologies;

Make available protocols and models for reducing parenteral transmission of HIV in health care settings and in non-health care settings (i.e. injecting drug use).

Program Description: Increasing the use of methods aimed at reducing perinatal and parenteral HIV transmission.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve social and cultural commitment to HIV/AIDS prevention worldwide.

Objective: Enhance capacity of public, private, NGO and community-based organizations to design, implement and evaluate effective HIV/STD prevention and care programs.

Action Steps: Increase the number of HIV/AIDS emphasis countries whose national-level policy environments encourage and sustain participation of PLWH, indigenous NGOs and the private sector in HIV/STD prevention, care and advocacy;

Enhance the technical and managerial capability of indigenous NGOs and PVOs to design, implement and evaluate projects;

Strengthen local and regional networks of NGOs involved in HIV prevention, care and advocacy.

Assess and strengthen host country capacity for HIV/STD prevention research through training in under-represented skill areas;

Complete assessment of the availability of national information about drugs and reagents and their selection and pricing;

Develop and implement a participatory strategy to produce an approved strategic objective plan and results framework for the ATSP follow-on;

Maintain and disseminate a global HIV/AIDS surveillance database;

Disseminate two models of home- and community-based delivery of HIV/STD care;

Conduct socio-economic impact assessments, which include projections for AIDS orphans;

Complete situation assessments of the potential role of the private sector in meeting national health objectives, including HIV/STD prevention and care as well as identifying major barriers to NGO and private sector involvement; and

Initiate work with donors and selected national governments at the global level to create transparent, standardized national health accounts which permit monitoring of types of expenditures, such as support of services mandated in the National AIDS Control Program.

Description: Improvement of social and cultural commitment to HIV/AIDS prevention.

FY 95: Not available

FY 96: Not available

Population Served: USAID HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve multilateral coordination.

Objective: Achieve better coordinated action by UNESCO, UNICEF, UNDP, UNFPA, WHO and the World Bank on HIV/AIDS prevention, control and mitigation.

Promote development of sustainable country-level institutions for HIV/STD service delivery, monitoring, surveillance, research and policy development through UNAIDS' training.

Support and analyze an international database on HIV/STD programs, maintain a global forum to incorporate experiences into programming and disseminate consensus to non-USAID countries.

Maximize country-level impact on prevention by supporting USAID complimentary activities and projects assumed in USAID strategic planning/logframes (i.e. blood screening and banking projects, advocacy and support for local, appropriate care for PLWH.)

Action Steps: Provide strong support for UNAIDS.

Description: Increased support for UNAIDS' expanded response to HIV/AIDS in developing countries.

FY 95: Not available

FY 96: Not available

Does USAID provide the U.S. funding for UNAIDS?

Population Served: All countries receiving UNAIDS funding and support.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve services for HIV/STD prevention and care in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Increase knowledge to over 90 percent and 60 percent respectively in rural and urban general population adults.

Implement BCC programs and services to reach general population women in urban settings;

Use training protocols for promoting gender-, culture- and class-sensitive HIV/STD program design and implementation; and

Implement participatory community-based risk analysis and normative change interventions.

Description: Increased and improved implementation of behavior change communication interventions.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Increase availability of HIV/STD services in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Provide 25 percent more technically-sound condom marketing and logistics management programs;

Implement improved national-level strategies to provide STD services;

Perform global and regional analyses of STD data to assess trends and efficacy of interventions;

Increase demand for technically-sound STD services among urban adults in all USAID project areas;

Use approaches for the integrated and coordinated delivery of HIV/STD, FP and other RH services.

Description: Increased and improved services for HIV/STD prevention and care.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

INTERNATIONAL ACTIVITIES

Agency: U.S. Agency for International Development

Goal: Reduce STD transmission with a focus on HIV in USAID emphasis countries.

Objective: Promote increased use of effective interventions to reduce sexual transmission of HIV/AIDS that are identified, strengthened, tested, and evaluated in HIV emphasis countries.

Action Steps: Test a female-controlled barrier method to prevent sexual transmission;

Start Phase III trials of a vaginal microbicide;

Develop and pilot at least two intervention models to reduce high risk behaviors;

Transfer, adapt and evaluate an effective protocol for HIV risk reduction counseling;

Develop and test three intervention models to reduce underlying social, economic and political determinants of HIV/STD;

Develop, field test and refine global methods for evaluating HIV/STD prevention interventions;

Complete population coverage and costing of proven intervention models;

Develop and test an improved model for STD diagnosis and case management in women;

Field test a rapid, non-invasive test for chlamydia and gonorrhea; and

Evaluate programs.

Description: Development and improvement of woman-controlled technologies. Improvement of STD/HIV prevention interventions and of technologies for STD management.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for

international development assistance, it is not possible for
USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Reduce perinatal and parenteral HIV transmission in USAID emphasis countries.

Objective: Increased use of improved methods for reducing perinatal and parenteral HIV transmission available for program use in emphasis countries.

Action Steps: Disseminate information on options to reduce perinatal transmission of HIV in low-resource settings;

Provide technical assistance on low-cost, simple blood screening methodologies;

Make available protocols and models for reducing parenteral transmission of HIV in health care settings and in non-health care settings (i.e. injecting drug use).

Program Description: Increasing the use of methods aimed at reducing perinatal and parenteral HIV transmission.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve social and cultural commitment to HIV/AIDS prevention worldwide.

Objective: Enhance capacity of public, private, NGO and community-based organizations to design, implement and evaluate effective HIV/STD prevention and care programs.

Action Steps: Increase the number of HIV/AIDS emphasis countries whose national-level policy environments encourage and sustain participation of PLWH, indigenous NGOs and the private sector in HIV/STD prevention, care and advocacy;

Enhance the technical and managerial capability of indigenous NGOs and PVOs to design, implement and evaluate projects;

Strengthen local and regional networks of NGOS involved in HIV prevention, care and advocacy;

Assess and strengthen host country capacity for HIV/STD prevention research through training in under-represented skill areas;

Complete assessment of the availability of national information about drugs and reagents and their selection and pricing;

Develop and implement a participatory strategy to produce an approved strategic objective plan and results framework for the ATSP follow-on;

Maintain and disseminate a global HIV/AIDS surveillance database;

Disseminate two models of home- and community-based delivery of HIV/STD care;

Conduct socio-economic impact assessments, which include projections for AIDS orphans;

Complete situation assessments of the potential role of the private sector in meeting national health objectives, including HIV/STD prevention and care, as well as identifying major barriers to NGO and private sector involvement; and

Initiate work with donors and selected national governments at the global level to create transparent, standardized national health accounts which permit monitoring of types of expenditures, such as support of services mandated in the National AIDS Control Program.

Description: Improvement of social and cultural commitment to HIV/AIDS prevention.

FY 95: Not available

FY 96: Not available

Population Served: USAID HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, ~~multilateral~~ donors and other ~~bilateral~~ donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S.S. Agency for International Development

Goal: Improve multilateral coordination.

Objective: Achieve better coordinated action by UNESCO, UNICEF, UNDP, UNEFSA, WHO and the World Bank on HIV/AIDS prevention, control and mitigation.

Promote development of sustainable country-level institutions for HIV/STD service delivery, monitoring, surveillance, research and policy development through UNAIDS' training.

Support and analyze an international database on HIV/STD programs, maintain a global forum to incorporate experiences into programming and disseminate consensus to non-USSAID countries.

Maximize country-level impact on prevention by supporting USAID complementary activities and projects assumed in USAID strategic planning/logframes (i.e. blood screening and banking projects, advocacy and support for local, appropriate care for PLWH.)

Action Steps: Provide strong support for UNAIDS.

Description: Increased support for UNAIDS' expanded response to HIV/AIDS in developing countries.

FY 95: Not available

FY 96: Not available

Does USSAID provide the U.S funding for UNAIDS?

Population Served: All countries receiving UNAIDS funding and support.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve services for HIV/STD prevention and care in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Increase knowledge to over 90 percent and 60 percent respectively in rural and urban general population adults.

Implement BCC programs and services to reach general population women in urban settings;

Use training protocols for promoting gender-, culture- and class-sensitive HIV/STD program design and implementation; and

Implement participatory community-based risk analysis and normative change interventions.

Description: Increased and improved implementation of behavior change communication interventions.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Increase availability of HIV/STD services in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Provide 25 percent more technically-sound condom marketing and logistics management programs;

Implement improved national-level strategies to provide STD services;

Perform global and regional analyses of STD data to assess trends and efficacy of interventions;

Increase demand for technically-sound STD services among urban adults in all USAID project areas;

Use approaches for the integrated and coordinated delivery of HIV/STD, FP and other RE services.

Description: Increased and improved services for HIV/STD prevention and care.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

INTERNATIONAL ACTIVITIES

Agency: U.S. Agency for International Development

Goal: Reduce STD transmission with a focus on HIV in USAID emphasis countries.

Objective: Promote increased use of effective interventions to reduce sexual transmission of HIV/AIDS that are identified, strengthened, tested, and evaluated in HIV emphasis countries.

Action Steps: Test a female-controlled barrier method to prevent sexual transmission;

Start Phase III trials of a vaginal microbicide;

Develop and pilot at least two intervention models to reduce high risk behaviors;

Transfer, adapt and evaluate an effective protocol for HIV risk reduction counseling;

Develop and test three intervention models to reduce underlying social, economic and political determinants of HIV/STD;

Develop, field test and refine global methods for evaluating HIV/STD prevention interventions;

Complete population coverage and costing of proven intervention models;

Develop and test an improved model for STD diagnosis and case management in women;

Field test a rapid, non-invasive test for chlamydia and gonorrhea; and

Evaluate programs.

Description: Development and improvement of woman-controlled technologies. Improvement of STD/HIV prevention interventions and of technologies for STD management.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for

international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Reduce perinatal and parenteral HIV transmission in USAID emphasis countries.

Objective: Increased use of improved methods for reducing perinatal and parenteral HIV transmission available for program use in emphasis countries.

Action Steps: Disseminate information on options to reduce perinatal transmission of HIV in low-resource settings;

Provide technical assistance on low-cost, simple blood screening methodologies;

Make available protocols and models for reducing parenteral transmission of HIV in health care settings and in non-health care settings (i.e. injecting drug use).

Program Description: Increasing the use of methods aimed at reducing perinatal and parenteral HIV transmission.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve social and cultural commitment to HIV/AIDS prevention worldwide.

Objective: Enhance capacity of public, private, NGO and community-based organizations to design, implement and evaluate effective HIV/STD prevention and care programs.

Action Steps: Increase the number of HIV/AIDS emphasis countries whose national-level policy environments encourage and sustain participation of PLWH, indigenous NGOs and the private sector in HIV/STD prevention, care and advocacy;

Enhance the technical and managerial capability of indigenous NGOs and FBOs to design, implement and evaluate projects;

Strengthen local and regional networks of NGOs involved in HIV prevention, care and advocacy;

Assess and strengthen host country capacity for HIV/STD prevention research through training in under-represented skill areas;

Complete assessment of the availability of national information about drugs and reagents and their selection and pricing;

Develop and implement a participatory strategy to produce an approved strategic objective plan and results framework for the ATSP follow-on;

Maintain and disseminate a global HIV/AIDS surveillance database;

Disseminate two models of home- and community-based delivery of HIV/STD care;

Conduct socio-economic impact assessments, which include projections for AIDS orphans;

Complete situation assessments of the potential role of the private sector in meeting national health objectives, including HIV/STD prevention and care, as well as identifying major barriers to NGO and private sector involvement; and

Initiate work with donors and selected national governments at the global level to create transparent, standardized national health accounts which permit monitoring of types of expenditures, such as support of services mandated in the National AIDS Control Program.

Description: Improvement of social and cultural commitment to HIV/AIDS prevention.

FY 95: Not available

FY 96: Not available

Population Served: USAID HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve multilateral coordination.

Objective: Achieve better coordinated action by UNESCO, UNICEF, UNDP, UNFPA, WHO and the World Bank on HIV/AIDS prevention, control and mitigation.

Promote development of sustainable country-level institutions for HIV/STD service delivery, monitoring, surveillance, research and policy development through UNAIDS' training.

Support and analyze an international database on HIV/STD programs, maintain a global forum to incorporate experiences into programming and disseminate consensus to non-USSAID countries.

Maximize country-level impact on prevention by supporting USAID complimentary activities and projects assumed in USAID strategic planning/logframes (i.e. blood screening and banking projects, advocacy and support for local appropriate care for PLWH.)

Action Steps: Provide strong support for UNAIDS.

Description: Increased support for UNAIDS' expanded response to HIV/AIDS in developing countries.

FY 95: Not available

FY 96: Not available

Does USAID provide the U.S funding for UNAIDS?

Population Served: All countries receiving UNAIDS funding and support.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve services for HIV/STD prevention and care in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Increase knowledge to over 90 percent and 60 percent respectively in rural and urban general population adults.

Implement BCCC programs and services to reach general population women in urban settings;

Use training protocols for promoting gender-, culture- and class-sensitive HIV/STD program design and implementation; and

Implement participatory community-based risk analysis and normative change interventions.

Description: Increased and improved implementation of behavior change communication interventions.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Increase availability of HIV/STD services in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Provide 25 percent more technically-sound condom marketing and logistics management programs;

Implement improved national-level strategies to provide STD services;

Perform global and regional analyses of STD data to assess trends and efficacy of interventions;

Increase demand for technically-sound STD services among urban adults in all USAID project areas;

Use approaches for the integrated and coordinated delivery of HIV/STD, FP and other RH services.

Description: Increased and improved services for HIV/STD prevention and care.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

INTERNATIONAL ACTIVITIES

Agency: U.S. Agency for International Development

Goal: Reduce STD transmission with a focus on HIV in USAID emphasis countries.

Objectives: Promote increased use of effective interventions to reduce sexual transmission of HIV/AIDS that are identified, strengthened, tested, and evaluated in HIV emphasis countries.

Action Steps: Test a female-controlled barrier method to prevent sexual transmission;

Start Phase III trials of a vaginal microbicide;

Develop and pilot at least two intervention models to reduce high risk behaviors;

Transfer, adapt and evaluate an effective protocol for HIV risk reduction counseling;

Develop and test three intervention models to reduce underlying social, economic and political determinants of HIV/STD;

Develop, field test and refine global methods for evaluating HIV/STD prevention interventions;

Complete population coverage and costing of proven intervention models;

Develop and test an improved model for STD diagnosis and case management in women;

Field test a rapid, non-invasive test for chlamydia and gonorrhea; and

Evaluate programs.

Description: Development and improvement of woman-controlled technologies. Improvement of STD/HIV prevention interventions and of technologies for STD management.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for

international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Reduce perinatal and parenteral HIV transmission in USAID emphasis countries.

Objective: Increased use of improved methods for reducing perinatal and parenteral HIV transmission available for program use in emphasis countries.

Action Steps: Disseminate information on options to reduce perinatal transmission of HIV in low-resource settings;

Provide technical assistance on low-cost, simple blood screening methodologies;

Make available protocols and models for reducing parenteral transmission of HIV in health care settings and in non-health care settings (i.e. injecting drug use).

Program Description: Increasing the use of methods aimed at reducing perinatal and parenteral HIV transmission.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve social and cultural commitment to HIV/AIDS prevention worldwide.

Objective: Enhance capacity of public, private, NGO and community-based organizations to design, implement and evaluate effective HIV/STD prevention and care programs.

Action Steps: Increase the number of HIV/AIDS emphasis countries whose national-level policy environments encourage and sustain participation of PLWH, indigenous NGOs and the private sector in HIV/STD prevention, care and advocacy;

Enhance the technical and managerial capability of indigenous NGOs and PVOs to design, implement and evaluate projects;

Strengthen local and regional networks of NGOs involved in HIV prevention, care and advocacy;

Assess and strengthen host country capacity for HIV/STD prevention research through training in under-represented skill areas;

Complete assessment of the availability of national information about drugs and reagents and their selection and pricing;

Develop and implement a participatory strategy to produce an approved strategic objective plan and results framework for the ATSP follow-on;

Maintain and disseminate a global HIV/AIDS surveillance database;

Disseminate two models of home- and community-based delivery of HIV/STD care;

Conduct socio-economic impact assessments, which include projections for AIDS orphans;

Complete situation assessments of the potential role of the private sector in meeting national health objectives, including HIV/STD prevention and care, as well as identifying major barriers to NGO and private sector involvement; and

Initiate work with donors and selected national governments at the global level to create transparent, standardized national health accounts which permit monitoring of types of expenditures, such as support of services mandated in the National AIDS Control Program.

Description: Improvement of social and cultural commitment to HIV/AIDS prevention.

FY 95: Not available

FY 96: Not available

Population Served: USAID HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve multilateral coordination.

Objective: Achieve better coordinated action by UNESCO, UNICEF, UNDP, UNFPA, WHO and the World Bank on HIV/AIDS prevention, control and mitigation.

Promote development of sustainable country-level institutions for HIV/STD service delivery, monitoring, surveillance, research and policy development through UNAIDS' training.

Support and analyze an international database on HIV/STD programs, maintain a global forum to incorporate experiences into programming and disseminate consensus to non-USAID countries.

Maximize country-level impact on prevention by supporting USAID complimentary activities and projects assumed in USAID strategic planning/logframes (i.e., blood screening and banking projects, advocacy and support for local, appropriate care for PLWH.)

Action Steps: Provide strong support for UNAIDS.

Description: Increased support for UNAIDS' expanded response to HIV/AIDS in developing countries.

FY 95: Not available

FY 96: Not available

Does USAID provide the U.S. funding for UNAIDS?

Population Served: All countries receiving UNAIDS funding and support.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve services for HIV/STD prevention and care in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Increase knowledge to over 90 percent and 60 percent respectively in rural and urban general population adults.

Implement BCC programs and services to reach general population women in urban settings;

Use training protocols for promoting gender-, culture- and class-sensitive HIV/STD program design and implementation; and

Implement participatory community-based risk analysis and normative change interventions.

Description: Increased and improved implementation of behavior change communication interventions.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Increase availability of HIV/STD services in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Provide 25 percent more technically-sound condom marketing and logistics management programs;

Implement improved national-level strategies to provide STD services;

Perform global and regional analyses of STD data to assess trends and efficacy of interventions;

Increase demand for technically-sound STD services among urban adults in all USAID project areas;

Use approaches for the integrated and coordinated delivery of HIV/STD, FP and other RH services.

Description: Increased and improved services for HIV/STD prevention and care.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

INTERNATIONAL ACTIVITIES

Agency: U.S. Agency for International Development

Goal: Reduce STD transmission with a focus on HIV in USAID emphasis countries.

Objective: Promote increased use of effective interventions to reduce sexual transmission of HIV/AIDS that are identified, strengthened, tested, and evaluated in HIV emphasis countries.

Action Steps: Test a female-controlled barrier method to prevent sexual transmission;

Start Phase III trials of a vaginal microbicide;

Develop and pilot at least two intervention models to reduce high risk behaviors;

Transfer, adapt and evaluate an effective protocol for HIV risk reduction counseling;

Develop and test three intervention models to reduce underlying social, economic and political determinants of HIV/STD;

Develop, field test and refine global methods for evaluating HIV/STD prevention interventions;

Complete population coverage and costing of proven intervention models;

Develop and test an improved model for STD diagnosis and case management in women;

Field test a rapid, non-invasive test for chlamydia and gonorrhea; and

Evaluate programs.

Description: Development and improvement of woman-controlled technologies. Improvement of STD/HIV prevention interventions and of technologies for STD management.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involvement: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for

international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Reduce perinatal and parenteral HIV transmission in USAID emphasis countries.

Objective: Increased use of improved methods for reducing perinatal and parenteral HIV transmission available for program use in emphasis countries.

Action Steps: Disseminate information on options to reduce perinatal transmission of HIV in low-resource settings;

Provide technical assistance on low-cost, simple blood screening methodologies;

Make available protocols and models for reducing parenteral transmission of HIV in health care settings and in non-health care settings (i.e. injecting drug use).

Program Description: Increasing the use of methods aimed at reducing perinatal and parenteral HIV transmission.

FY 95: Not available

FY 96: Not available

Population Served: Persons living in USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all these needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve social and cultural commitment to HIV/AIDS prevention worldwide.

Objective: Enhance capacity of public, private, NGO and community-based organizations to design, implement and evaluate effective HIV/STD prevention and care programs.

Action Steps: Increase the number of HIV/AIDS emphasis countries whose national-level policy environments encourage and sustain participation of PLWH, indigenous NGOs and the private sector in HIV/STD prevention, care and advocacy;

Enhance the technical and managerial capability of indigenous NGOs and PVOs to design, implement and evaluate projects;

Strengthen local and regional networks of NGOs involved in HIV prevention, care and advocacy;

Assess and strengthen host country capacity for HIV/STD prevention research through training in under-represented skill areas;

Complete assessment of the availability of national information about drugs and reagents and their selection and pricing;

Develop and implement a participatory strategy to produce an approved strategic objective plan and results framework for the ATSP follow-on;

Maintain and disseminate a global HIV/AIDS surveillance database;

Disseminate two models of home- and community-based delivery of HIV/STD care;

Conduct socio-economic impact assessments, which include projections for AIDS orphans;

Complete situation assessments of the potential role of the private sector in meeting national health objectives, including HIV/STD prevention and care, as well as identifying major barriers to NGO and private sector involvement; and

Initiate work with donors and selected national governments at the global level to create transparent, standardized national health accounts which permit monitoring of types of expenditures, such as support of services mandated in the National AIDS Control Program.

Description: Improvement of social and cultural commitment to HIV/AIDS prevention.

FY 95: Not available

FY 96: Not available

Population Served: USAID HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve multilateral coordination.

Objective: Achieve better coordinated action by UNESCO, UNICEF, UNDP, UNFPA, WHO and the World Bank on HIV/AIDS prevention, control and mitigation.

Promote development of sustainable country-level institutions for HIV/STD service delivery, monitoring, surveillance, research and policy development through UNAIDS' training.

Support and analyze an international database on HIV/STD programs, maintain a global forum to incorporate experiences into programming and disseminate consensus to non-USAID countries.

Maximize country-level impact on prevention by supporting USAID complimentary activities and projects assumed in USAID strategic planning/logframes (i.e. blood screening and banking projects, advocacy and support for local appropriate care for PLWH.)

Action Steps: Provide strong support for UNAIDS.

Description: Increased support for UNAIDS' expanded response to HIV/AIDS in developing countries.

FY 95: Not available

FY 96: Not available

Does USAID provide the U.S. funding for UNAIDS?

Population Served: All countries receiving UNAIDS funding and support.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Improve services for HIV/STD prevention and care in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Increase knowledge to over 90 percent and 60 percent respectively in rural and urban general population adults.

Implement BCC programs and services to reach general population women in urban settings;

Use training protocols for promoting gender-, culture- and class-sensitive HIV/STD program design and implementation; and

Implement participatory community-based risk analysis and normative change interventions.

Description: Increased and improved implementation of behavior change communication interventions.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

Agency: U.S. Agency for International Development

Goal: Increase availability of HIV/STD services in emphasis countries.

Objective: To increase knowledge, availability and quality of HIV/STD services in emphasis countries.

Action Steps: Provide 25 percent more technically-sound condom marketing and logistics management programs;

Implement improved national-level strategies to provide STD services;

Perform global and regional analyses of STD data to assess trends and efficacy of interventions;

Increase demand for technically-sound STD services among urban adults in all USAID project areas;

Use approaches for the integrated and coordinated delivery of HIV/STD, FP and other RH services.

Description: Increased and improved services for HIV/STD prevention and care.

FY 95: Not available

FY 96: Not available

Population Served: USAID's HIV/AIDS emphasis countries.

Constituency Involved: USAID agency employees, developing country representatives, community representatives, multilateral donors and other bilateral donors.

Unmet Needs: Given the limited resources available for international development assistance, it is not possible for USAID to meet all the needs in this area.

INTERNATIONAL ACTIVITIES

Agency: United States Information Agency

Goal: To increase understanding of and support for U.S. Government policies and programs on HIV/AIDS among foreign publics.

Objective 1: To provide accurate information on USG policy and programs to key foreign audiences.

Action Steps: Disseminate information via multi-language television, radio and texts distributed directly and through overseas posts and reference centers, tours and briefings for foreign journalists and health policy officials, and public affairs campaigns that support specific USG initiatives in foreign countries.

Description: Information on USG policy and programs.

FY 95: \$350,000

FY 96: \$325,000

Population Served: Policy makers, academics, journalists, researchers and Non-governmental Organizations (NGO) leaders.

Constituency Involvement: USG officials, academics/researchers and NGO leaders.

Unmet Needs: Lack of technology in many underdeveloped countries may prohibit information from reaching key audiences.

Objective 2: To give foreign decision makers a first-hand experience with U.S. policy and programs - public and private, national and local - to address the HIV/AIDS pandemic and encourage exchange with their U.S. counterparts.

Action Steps: Sponsor multi-regional, regional and individual International Visitor Programs, focusing specifically on HIV/AIDS issues and as part of programs on substance abuse, civil society, human rights and community health.

Descriptions : International Visitors Program

FY 95: 240,000

FY 96: 200,000

Population Served: Health policy makers and NGO leaders.

Constituency Involvement: U.S. NGOs, state, local and federal agencies and academic/research institutions.

Unmet Needs: The program is currently very limited, only allowing for 31 health policy officials and community leaders

from 24 countries to visit the U.S.

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Department of Veterans Affairs

HIV/AIDS PLAN

Introduction:

The Department of Veterans Affairs (VA) has been a key source of benefits and health care to the nation's veterans with HIV infection or AIDS since the beginning of the epidemic. The Veterans Benefits Administration has received over 5,400 benefits and compensation claims for service-connection for AIDS. Over 3,900 of those claims have been granted.

Veterans Health Administration has become the single largest source of direct health-care services for treating AIDS patients in the United States. One of the first cases of AIDS was reported at the New York VA Medical Center in 1979. By March 1995, a total of over 23,000 cases of AIDS had been reported by 164 VA medical centers and independent outpatient clinics in the system. During FY 1994 alone, VA treated over 17,000 patients with HIV infection or AIDS. Seventeen percent of those patients were treated at the four VA Medical Centers with specialized AIDS Clinical Units, in New York, Miami, West Los Angeles and San Francisco. The geographic pattern of the epidemic mirrors that of the nation with the predominance of cases seen in large urban and coastal cities.

Research and education in HIV/AIDS have been integral components of VA's direct health care services. The unique features of a national medical-care system which serves a defined patient population and is affiliated with academic institutions throughout the country create an unparalleled environment of scientific inquiry and academic-based health care. VA has responded to the challenges of the epidemic by creating unique AIDS Research Centers and by also utilizing the unique capabilities of the system to conduct multicenter studies of health problems. During FY 1994, over 300 funded AIDS research projects were in progress at 85 medical centers. Sixty-four projects were supported by \$5.6 million in VA research funding. An additional 243 projects were supported by \$24.5 million from non-VA sources such as the National Institutes of Health.

Early in the epidemic, VA recognized that education was essential to provide quality health-care services and to prevent transmission of HIV. In 1987, a multi-year national training plan for HIV/AIDS was developed. Since that time, a number of systemwide programs were implemented to educate health-care and administrative personnel, veterans and their families and the general public on the facts about HIV transmission and prevention. An early and remaining goal of these educational efforts has been to ensure that veterans with HIV/AIDS are treated "like any other patient".

Recently, VA completed a Department wide education program for all employees on the transmission and prevention of HIV infection. The overall theme of this educational effort was that employees with HIV infection or AIDS are "like any

other employee” with a chronic disease or disability. Over 220,000 employees received training through this educational program.

Department of Veterans Affairs Goal: The Department of Veterans Affairs remains committed in its response to the AIDS epidemic through the continuing activities of its three major Administrations; Veterans Health, Veterans Benefits, and the National Cemetery System. The Department Plan continues to be directed toward the non-discriminatory provision of benefits and quality health-care services for all eligible veterans with HIV infection and/or AIDS. An educated and committed workforce which also is subject to non-discriminatory personnel benefits is an integral part of the plan. Therefore, the Department of Veterans Affairs will:

Provide benefits and health-care services for the nation’s eligible veterans with HIV infection and/or AIDS that are comparable to those extended to any eligible veteran with a need for benefits and services.

Maintain an educated workforce which ensures that employees with HIV infection or AIDS are extended the same non-discriminatory employment setting and benefits available to any employee with a chronic disease or disability.

Veterans Health Administration

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.

<i>Objectives</i>	<i>Action Steps</i>
National AIDS Program Veteran Services - Medical Centers, Outpatient Clinics, Health Care facilities	
1. Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.	1. a. HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system. b. Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission. c. Established quality laboratory standards for HIV testing, including ELISA and Western Blot. d. Widespread routine involuntary screening of any patient group prohibited.
2. Protect patients rights to information and self-determination in HIV testing process.	2. a. HIV testing performed only with written informed consent, utilizing standardized written informed consent form, by law and policy. b. Pre- and post-test counseling mandated as part of HIV testing process. c. Elements of counseling and documentation defined. d. Counseling and patient education on prevention and transmission performed by trained health-care professionals. e. Patient education pamphlet explaining HIV testing in VA available.
3. Protect patients rights to confidentiality in HIV testing and/or infection.	3. a. Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy. b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under

	specified conditions. c. VA staff's access to medical records only on "need to know" basis. d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.
4. Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.	4. a. Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy. b. Access to medical treatment based on clinical judgment, not HIV status. c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available. d. Patient representative, clinical staff available in all facilities for patient grievances.
5. Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through: i. professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment.	5. i.a. Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups i.b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS. i.c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues. i.d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate. i.e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues. i.f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.

5. <i>ii.</i> availability of appropriate pharmaceuticals and therapeutics at health-care facilities.	5. <i>i.g.</i> Formal and informal physician and clinician networks for treatment advice established. 5. <i>ii.a.</i> FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks. <i>ii.b.</i> Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system. <i>ii.c.</i> Integration of clinical treatment and research in HIV/AIDS.
6. Provide full range of medical and psycho-social services to meet comprehensive care needs.	6. a. Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks. b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.
7. Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.	7. a. Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs. b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.
8. Prevent transmission of HIV in health-care setting.	8. a. On-going implementation of CDC recommendations on universal precautions, via policy. b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy. c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

National Office of Academic Affairs (Education)

9. Support on-going education and training of health-care and support staff throughout system.	9. a. Individual participation in professional societies at local, state and national levels. b. National training programs, teleconferences. c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS. d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty. e. National electronic news service and newsletters to disseminate current information from wide variety of sources.
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National AIDS Service Office- Washington, DC

10. Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.	10. a. Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.
11. Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.	11. a. Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities. b. Evaluate workload distribution by medical center to determine geographical distribution. c. Utilize workload information as validation tool in resource allocation process. d. In conjunction with the resource allocation group, estimate future workload based on past and present figures. e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.
12. Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.	12. a. Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.
13. Involve other agencies, as appropriate, on	13. a. Utilize OSHA, HHS, CDC, FDA expertise on specific

special issues in HIV/AIDS.	issues, as necessary.
14. Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.	14. a. Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate. b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Veterans Health Administration

GOAL: Prevent transmission of HIV infection through education of employees and patients.

<i>Objectives</i>	<i>Action Steps</i>
Office of Academic Affairs/AIDS Service	
1. Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.	1. a. National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed) b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.
2. Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.	2. a. National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed) b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.
3. Integrate HIV prevention education in addiction treatment programs.	3. a. National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)
4. Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and	4. a. Educational demonstration grants to HIV/AIDS education proposals on competitive basis. (Completed)

community).	b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.
5. Maintain education and information support systems.	5. a. Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Veterans Health Administration

GOAL: Utilize the unique resource of the VA-served patient population to further biomedical, health services and rehabilitation research on HIV/AIDS.

Research and Development	
1. Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.	1. a. Fund research with high technical and scientific merit. b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers. c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators. d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.
2. Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.	2. a. AIDS Research Centers established based on competitive proposal basis. b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

3. Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.	3. a. Investigator requested funding by NIH, other Federal agencies. b. VA, other agency joint funding also available. c. Participation in community trials on individual investigator and medical center basis.
4. Publish and present findings of research in peer reviewed journals, and at national and international conferences.	4. a. Listing of publications, presentations at international and national conferences available upon request.

Other Departmental Offices

Intergovernmental Affairs	
1. Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.	1. a. Monitor status of pending legislation for State, County and local officials. b. Serve on committees that develop and review Department policies when requested.
General Counsel	
1. Ensure Department policies and procedures comply with Federal law.	1. a. Interpret Federal laws that impact on VA's HIV/AIDS program. b. Provide legal advice and counsel to program officials. c. Serve on committees that develop and review Department policies when requested. d. Review new and updated policy directive on HIV/AIDS.
Human Resources Management	
1. Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.	1. a. Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability. b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995) c. Provide continuing educational activities on HIV

	prevention and transmission for all employees in concert with other offices. d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement. e. Include education on above issues as part of routine orientation for all new employees. f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.
Office of Public Affairs	
1. Publicize VA's HIV/AIDS-related accomplishments to internal/external audiences.	1. a. Update AIDS fact sheet on yearly basis or more frequently as topic demands. b. Update AIDS Research fact sheet on yearly basis or more frequently as topic demands. c. Prepare annual national release for World AIDS Day. d. Promote VA AIDS research through Public Affair National Story Program. e. Prepare Secretary's Daily Messages as appropriate. f. Prepare Secretary's Pay Stub messages as appropriate. g. Develop appropriate topics for publication in Vanguard, VA's employee newsletter.

Veterans Benefits Administration

Goal: To evaluate and provide disability compensation or pension benefits to eligible veterans with HIV infection or AIDS.

Veterans Benefits Administration	
1. Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.	1. a. Published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses. b. Publish amendment to portion of Schedule for Rating Disabilities currently entitled "Systemic Conditions." The title will be changed to "Infectious Diseases, Immune Disorders and Nutritional Deficiencies." This portion of the Schedule will be updated to use current medical terminology and unambiguous criteria for evaluating disabilities. The amendment will make no substantive change in the criteria for HIV-related illnesses.
2. Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.	2. a. Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities. b. Conduct follow-up training on HIV/AIDS as new information becomes available.
3. Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.	3. a. Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.

PROGRAMS

PROGRAMS					Unmet Needs
Description	Resources		Population Served	Constituency Served	
	FY 1995 (in \$ millions)	FY 1996 (in \$ millions)			
Medical care*	292	307	Eligible veterans	Eligible veterans through local medical centers and facilities.	

*FY 1995 budget figures based on the estimated number of patients by category or stage of HIV disease and past resource expenditures. Resources for HIV/AIDS patient care are derived from the general Medical Care Budget.

FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	Resources		Population Served	Constituency Served	
	FY 1995 (in \$ millions)	FY 1996 (in \$ millions)			
Prevention activities:*	31	31	VA health-care and support staff, veteran patients and families, general public	Local VA medical centers and health-care facilities, local communities	
Education					
Universal precautions (initiated in 1987)					

* Figures are based on the estimated expenditures for universal precautions and education and are part of the general Medical Care budget. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	Resources		Population Served	Constituency Served	
	FY 1995 (in \$ millions)	FY 1996 (in \$ millions)			
Research activities*	6	7	Veteran patients, general public	Veteran patients, scientific community, general public at large	

*Estimated expenditures for HIV/AIDS research within the general Medical and Prosthetics Research budgets. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Department of Veterans Affairs

HIV/AIDS PLAN

Introduction:

The Department of Veterans Affairs (VA) has been a key source of benefits and health care to the nation's veterans with HIV infection or AIDS since the beginning of the epidemic. The Veterans Benefits Administration has received over 5,400 benefits and compensation claims for service-connection for AIDS. Over 3,900 of those claims have been granted.

Veterans Health Administration has become the single largest source of direct health-care services for treating AIDS patients in the United States. One of the first cases of AIDS was reported at the New York VA Medical Center in 1979. By March 1995, a total of over 23,000 cases of AIDS had been reported by 164 VA medical centers and independent outpatient clinics in the system. During FY 1994 alone, VA treated over 17,000 patients with HIV infection or AIDS. Seventeen percent of those patients were treated at the four VA Medical Centers with specialized AIDS Clinical Units, in New York, Miami, West Los Angeles and San Francisco. The geographic pattern of the epidemic mirrors that of the nation with the predominance of cases seen in large urban and coastal cities.

Research and education in HIV/AIDS have been integral components of VA's direct health care services. The unique features of a national medical-care system which serves a defined patient population and is affiliated with academic institutions throughout the country create an unparalleled environment of scientific inquiry and academic-based health care. VA has responded to the challenges of the epidemic by creating unique AIDS Research Centers and by also utilizing the unique capabilities of the system to conduct multicenter studies of health problems. During FY 1994, over 300 funded AIDS research projects were in progress at 85 medical centers. Sixty-four projects were supported by \$5.6 million in VA research funding. An additional 243 projects were supported by \$24.5 million from non-VA sources such as the National Institutes of Health.

Early in the epidemic, VA recognized that education was essential to provide quality health-care services and to prevent transmission of HIV. In 1987, a multi-year national training plan for HIV/AIDS was developed. Since that time, a number of systemwide programs were implemented to educate health-care and administrative personnel, veterans and their families and the general public on the facts about HIV transmission and prevention. An early and remaining goal of these educational efforts has been to ensure that veterans with HIV/AIDS are treated "like any other patient".

Recently, VA completed a Department wide education program for all employees on the transmission and prevention of HIV infection. The overall theme of this educational effort was that employees with HIV infection or AIDS are "like any

other employee" with a chronic disease or disability. Over 220,000 employees received training through this educational program.

Department of Veterans Affairs Goal: The Department of Veterans Affairs remains committed in its response to the AIDS epidemic through the continuing activities of its three major Administrations; Veterans Health, Veterans Benefits, and the National Cemetery System. The Department Plan continues to be directed toward the non-discriminatory provision of benefits and quality health-care services for all eligible veterans with HIV infection and/or AIDS. An educated and committed workforce which also is subject to non-discriminatory personnel benefits is an integral part of the plan. Therefore, the Department of Veterans Affairs will:

Provide benefits and health-care services for the nation's eligible veterans with HIV infection and/or AIDS that are comparable to those extended to any eligible veteran with a need for benefits and services.

Maintain an educated workforce which ensures that employees with HIV infection or AIDS are extended the same non-discriminatory employment setting and benefits available to any employee with a chronic disease or disability.

Veterans Health Administration

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.

<i>Objectives</i>	<i>Action Steps</i>
National AIDS Program Veteran Services - Medical Centers, Outpatient Clinics, Health Care facilities	
1. Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.	1. a. HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system. b. Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission. c. Established quality laboratory standards for HIV testing, including ELISA and Western Blot. d. Widespread routine involuntary screening of any patient group prohibited.
2. Protect patients rights to information and self-determination in HIV testing process.	2. a. HIV testing performed only with written informed consent, utilizing standardized written informed consent form, by law and policy. b. Pre- and post-test counseling mandated as part of HIV testing process. c. Elements of counseling and documentation defined. d. Counseling and patient education on prevention and transmission performed by trained health-care professionals. e. Patient education pamphlet explaining HIV testing in VA available.
3. Protect patients rights to confidentiality in HIV testing and/or infection.	3. a. Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy. b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under

	specified conditions. c. VA staff's access to medical records only on "need to know" basis. d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.
4. Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.	4. a. Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy. b. Access to medical treatment based on clinical judgment, not HIV status. c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available. d. Patient representative, clinical staff available in all facilities for patient grievances.
5. Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through: i. professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment.	5. i.a. Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups i.b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS. i.c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues. i.d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate. i.e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues. i.f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.

5. <i>ii.</i> availability of appropriate pharmaceuticals and therapeutics at health-care facilities.	5. <i>i.g.</i> Formal and informal physician and clinician networks for treatment advice established. 5. <i>ii.a.</i> FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks. <i>ii.b.</i> Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system. <i>ii.c.</i> Integration of clinical treatment and research in HIV/AIDS.
6. Provide full range of medical and psycho-social services to meet comprehensive care needs.	6. a. Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks. b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.
7. Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.	7. a. Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs. b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.
8. Prevent transmission of HIV in health-care setting.	8. a. On-going implementation of CDC recommendations on universal precautions, via policy. b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy. c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

National Office of Academic Affairs (Education)	
9. Support on-going education and training of health-care and support staff throughout system.	9. a. Individual participation in professional societies at local, state and national levels. b. National training programs, teleconferences. c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS. d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty. e. National electronic news service and newsletters to disseminate current information from wide variety of sources.
National AIDS Service Office- Washington, DC	
10. Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.	10. a. Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.
11. Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.	11. a. Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities. b. Evaluate workload distribution by medical center to determine geographical distribution. c. Utilize workload information as validation tool in resource allocation process. d. In conjunction with the resource allocation group, estimate future workload based on past and present figures. e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.
12. Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.	12. a. Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.
13. Involve other agencies, as appropriate, on	13. a. Utilize OSHA, HHS, CDC, FDA expertise on specific

special issues in HIV/AIDS.	issues, as necessary.
14. Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.	14. a. Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate. b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Veterans Health Administration

GOAL: Prevent transmission of HIV infection through education of employees and patients.

<i>Objectives</i>	<i>Action Steps</i>
Office of Academic Affairs/AIDS Service	
1. Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.	1. a. National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed) b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.
2. Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.	2. a. National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed) b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.
3. Integrate HIV prevention education in addiction treatment programs.	3. a. National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)
4. Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and	4. a. Educational demonstration grants to HIV/AIDS education proposals on competitive basis. (Completed)

community).	b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.
5. Maintain education and information support systems.	5. a. Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Veterans Health Administration

GOAL: Utilize the unique resource of the VA-served patient population to further biomedical, health services and rehabilitation research on HIV/AIDS.

Research and Development	
1. Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.	1. a. Fund research with high technical and scientific merit. b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers. c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators. d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.
2. Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.	2. a. AIDS Research Centers established based on competitive proposal basis. b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

3. Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.	3. a. Investigator requested funding by NIH, other Federal agencies. b. VA, other agency joint funding also available. c. Participation in community trials on individual investigator and medical center basis.
4. Publish and present findings of research in peer reviewed journals, and at national and international conferences.	4. a. Listing of publications, presentations at international and national conferences available upon request.

Other Departmental Offices

Intergovernmental Affairs	
1. Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.	1. a. Monitor status of pending legislation for State, County and local officials. b. Serve on committees that develop and review Department policies when requested.
General Counsel	
1. Ensure Department policies and procedures comply with Federal law.	1. a. Interpret Federal laws that impact on VA's HIV/AIDS program. b. Provide legal advice and counsel to program officials. c. Serve on committees that develop and review Department policies when requested. d. Review new and updated policy directive on HIV/AIDS.
Human Resources Management	
1. Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.	1. a. Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability. b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995) c. Provide continuing educational activities on HIV

	prevention and transmission for all employees in concert with other offices. d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement. e. Include education on above issues as part of routine orientation for all new employees. f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.
Office of Public Affairs	
1. Publicize VA's HIV/AIDS-related accomplishments to internal/external audiences.	1. a. Update AIDS fact sheet on yearly basis or more frequently as topic demands. b. Update AIDS Research fact sheet on yearly basis or more frequently as topic demands. c. Prepare annual national release for World AIDS Day. d. Promote VA AIDS research through Public Affair National Story Program. e. Prepare Secretary's Daily Messages as appropriate. f. Prepare Secretary's Pay Stub messages as appropriate. g. Develop appropriate topics for publication in VAnguard, VA's employee newsletter.

Veterans Benefits Administration

Goal: To evaluate and provide disability compensation or pension benefits to eligible veterans with HIV infection or AIDS.

Veterans Benefits Administration	
1. Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.	1. a. Published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses. b. Publish amendment to portion of Schedule for Rating Disabilities currently entitled "Systemic Conditions." The title will be changed to "Infectious Diseases, Immune Disorders and Nutritional Deficiencies." This portion of the Schedule will be updated to use current medical terminology and unambiguous criteria for evaluating disabilities. The amendment will make no substantive change in the criteria for HIV-related illnesses.
2. Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.	2. a. Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities. b. Conduct follow-up training on HIV/AIDS as new information becomes available.
3. Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.	3. a. Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.

Programs					Unmet Needs
Description	Resources		Population Served	Constituency Served	
	FY 1995 (in \$ millions)	FY 1996 (in \$ millions)			
Medical care*	292	307	Eligible veterans	Eligible veterans through local medical centers and facilities.	

*FY 1995 budget figures based on the estimated number of patients by category or stage of HIV disease and past resource expenditures. Resources for HIV/AIDS patient care are derived from the general Medical Care Budget.

FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	Resources		Population Served	Constituency Served	
	FY 1995 (in \$ millions)	FY 1996 (in \$ millions)			
Prevention activities: Education Universal precautions (initiated in 1987)	31	31	VA health-care and support staff, veteran patients and families, general public	Local VA medical centers and health-care facilities, local communities	

* Figures are based on the estimated expenditures for universal precautions and education and are part of the general Medical Care budget. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	Resources		Population Served	Constituency Served	
	FY 1995 (in \$ millions)	FY 1996 (in \$ millions)			
Research activities*	6	7	Veteran patients, general public	Veteran patients, scientific community, general public at large	

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Department of Veterans Affairs

HIV/AIDS PLAN

Introduction:

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Veterans Health Administration has become the single largest source of direct health-care services for treating AIDS patients in the United States. One of the first cases of AIDS was reported at the New York VA Medical Center in 1979. By March 1995, a total of over 23,000 cases of AIDS had been reported by 164 VA medical centers and independent outpatient clinics in the system. During FY 1994 alone, VA treated over 17,000 patients with HIV infection or AIDS. Seventeen percent of those patients were treated at the four VA Medical Centers with specialized AIDS Clinical Units, in New York, Miami, West Los Angeles and San Francisco. The geographic pattern of the epidemic mirrors that of the nation with the predominance of cases seen in large urban and coastal cities.

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Early in the epidemic, VA recognized that education was essential to provide quality health-care services and to prevent transmission of HIV. In 1987, a multi-year national training plan for HIV/AIDS was developed. Since that time, a number of systemwide programs were implemented to educate health-care and administrative personnel, veterans and their families and the general public on the facts about HIV transmission and prevention. An early and remaining goal of these educational efforts has been to ensure that veterans with HIV/AIDS are treated "like any other patient".

Recently, VA completed a Department wide education program for all employees on the transmission and prevention of HIV infection. The overall theme of this educational effort was that employees with HIV infection or AIDS are "like any

other employee" with a chronic disease or disability. Over 220,000 employees received training through this educational program.

Department of Veterans Affairs Goal: The Department of Veterans Affairs remains committed in its response to the AIDS epidemic through the continuing activities of its three major Administrations; Veterans Health, Veterans Benefits, and the National Cemetery System. The Department Plan continues to be directed toward the non-discriminatory provision of benefits and quality health-care services for all eligible veterans with HIV infection and/or AIDS. An educated and committed workforce which also is subject to non-discriminatory personnel benefits is an integral part of the plan. Therefore, the Department of Veterans Affairs will:

Provide benefits and health-care services for the nation's eligible veterans with HIV infection and/or AIDS that are comparable to those extended to any eligible veteran with a need for benefits and services.

Maintain an educated workforce which ensures that employees with HIV infection or AIDS are extended the same non-discriminatory employment setting and benefits available to any employee with a chronic disease or disability.

Veterans Health Administration

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.

<i>Objectives</i>	<i>Action Steps</i>
National AIDS Program Veteran Services - Medical Centers, Outpatient Clinics, Health Care facilities	
1. Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.	1. a. HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system. b. Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission. c. Established quality laboratory standards for HIV testing, including ELISA and Western Blot. d. Widespread routine involuntary screening of any patient group prohibited.
2. Protect patients rights to information and self-determination in HIV testing process.	2. a. HIV testing performed only with written informed consent, utilizing standardized written informed consent form, by law and policy. b. Pre- and post-test counseling mandated as part of HIV testing process. c. Elements of counseling and documentation defined. d. Counseling and patient education on prevention and transmission performed by trained health-care professionals. e. Patient education pamphlet explaining HIV testing in VA available.
3. Protect patients rights to confidentiality in HIV testing and/or infection.	3. a. Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy. b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under

	specified conditions. c. VA staff's access to medical records only on "need to know" basis. d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.
4. Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.	4. a. Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy. b. Access to medical treatment based on clinical judgment, not HIV status. c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available. d. Patient representative, clinical staff available in all facilities for patient grievances.
5. Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through: i. professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment.	5. i.a. Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups i.b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS. i.c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues. i.d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate. i.e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues. i.f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.

5. <i>ii.</i> availability of appropriate pharmaceuticals and therapeutics at health-care facilities.	5. <i>i.g.</i> Formal and informal physician and clinician networks for treatment advice established. 5. <i>ii.a.</i> FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks. <i>ii.b.</i> Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system. <i>ii.c.</i> Integration of clinical treatment and research in HIV/AIDS.
6. Provide full range of medical and psycho-social services to meet comprehensive care needs.	6. a. Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks. b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.
7. Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.	7. a. Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs. b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.
8. Prevent transmission of HIV in health-care setting.	8. a. On-going implementation of CDC recommendations on universal precautions, via policy. b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy. c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

National Office of Academic Affairs (Education)	
9. Support on-going education and training of health-care and support staff throughout system.	9. a. Individual participation in professional societies at local, state and national levels. b. National training programs, teleconferences. c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS. d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty. e. National electronic news service and newsletters to disseminate current information from wide variety of sources.
National AIDS Service Office- Washington, DC	
10. Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.	10. a. Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.
11. Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.	11. a. Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities. b. Evaluate workload distribution by medical center to determine geographical distribution. c. Utilize workload information as validation tool in resource allocation process. d. In conjunction with the resource allocation group, estimate future workload based on past and present figures. e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.
12. Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.	12. a. Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.
13. Involve other agencies, as appropriate, on	13. a. Utilize OSHA, HHS, CDC, FDA expertise on specific

special issues in HIV/AIDS.	issues, as necessary.
14. Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.	14. a. Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate. b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Veterans Health Administration

GOAL: Prevent transmission of HIV infection through education of employees and patients.

<i>Objectives</i>	<i>Action Steps</i>
Office of Academic Affairs/AIDS Service	
1. Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.	1. a. National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed) b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.
2. Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.	2. a. National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed) b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.
3. Integrate HIV prevention education in addiction treatment programs.	3. a. National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)
4. Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and	4. a. Educational demonstration grants to HIV/AIDS education proposals on competitive basis. (Completed)

community).	b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.
5. Maintain education and information support systems.	5. a. Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Veterans Health Administration

GOAL: Utilize the unique resource of the VA-served patient population to further biomedical, health services and rehabilitation research on HIV/AIDS.

Research and Development	
1. Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.	1. a. Fund research with high technical and scientific merit. b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers. c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators. d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.
2. Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.	2. a. AIDS Research Centers established based on competitive proposal basis. b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

3. Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.	3. a. Investigator requested funding by NIH, other Federal agencies. b. VA, other agency joint funding also available. c. Participation in community trials on individual investigator and medical center basis.
4. Publish and present findings of research in peer reviewed journals, and at national and international conferences.	4. a. Listing of publications, presentations at international and national conferences available upon request.

Other Departmental Offices

Intergovernmental Affairs	
1. Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.	1. a. Monitor status of pending legislation for State, County and local officials. b. Serve on committees that develop and review Department policies when requested.
General Counsel	
1. Ensure Department policies and procedures comply with Federal law.	1. a. Interpret Federal laws that impact on VA's HIV/AIDS program. b. Provide legal advice and counsel to program officials. c. Serve on committees that develop and review Department policies when requested. d. Review new and updated policy directive on HIV/AIDS.
Human Resources Management	
1. Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.	1. a. Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability. b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995) c. Provide continuing educational activities on HIV

	prevention and transmission for all employees in concert with other offices. d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement. e. Include education on above issues as part of routine orientation for all new employees. f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.
Office of Public Affairs	
1. Publicize VA's HIV/AIDS-related accomplishments to internal/external audiences.	1. a. Update AIDS fact sheet on yearly basis or more frequently as topic demands. b. Update AIDS Research fact sheet on yearly basis or more frequently as topic demands. c. Prepare annual national release for World AIDS Day. d. Promote VA AIDS research through Public Affair National Story Program. e. Prepare Secretary's Daily Messages as appropriate. f. Prepare Secretary's Pay Stub messages as appropriate. g. Develop appropriate topics for publication in Vanguard, VA's employee newsletter.

Veterans Benefits Administration

Goal: To evaluate and provide disability compensation or pension benefits to eligible veterans with HIV infection or AIDS.

Veterans Benefits Administration	
1. Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.	1. a. Published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses. b. Publish amendment to portion of Schedule for Rating Disabilities currently entitled "Systemic Conditions." The title will be changed to "Infectious Diseases, Immune Disorders and Nutritional Deficiencies." This portion of the Schedule will be updated to use current medical terminology and unambiguous criteria for evaluating disabilities. The amendment will make no substantive change in the criteria for HIV-related illnesses.
2. Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.	2. a. Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities. b. Conduct follow-up training on HIV/AIDS as new information becomes available.
3. Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.	3. a. Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.

Programs					Unmet Needs
Description	Resources		Population Served	Constituency Served	
	FY 1995 (in \$ millions)	FY 1996 (in \$ millions)			
Medical care*	292	307	Eligible veterans	Eligible veterans through local medical centers and facilities.	

*FY 1995 budget figures based on the estimated number of patients by category or stage of HIV disease and past resource expenditures. Resources for HIV/AIDS patient care are derived from the general Medical Care Budget.

FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	Resources		Population Served	Constituency Served	
	FY 1995 (in \$ millions)	FY 1996 (in \$ millions)			
Prevention activities: Education Universal precautions (initiated in 1987)	31	31	VA health-care and support staff, veteran patients and families, general public	Local VA medical centers and health-care facilities, local communities	

* Figures are based on the estimated expenditures for universal precautions and education and are part of the general Medical Care budget. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	Resources		Population Served	Constituency Served	
	FY 1995 (in \$ millions)	FY 1996 (in \$ millions)			
Research activities*	6	7	Veteran patients, general public	Veteran patients, scientific community, general public at large	

*Estimated expenditures for HIV/AIDS research within the general Medical and Prosthetics Research budgets. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Department of Veterans Affairs

HIV/AIDS PLAN

Introduction:

The Department of Veterans Affairs (VA) has been a key source of benefits and health care to the nation's veterans with HIV infection or AIDS since the beginning of the epidemic. The Veterans Benefits Administration has received over 5,400 benefits and compensation claims for service-connection for AIDS. Over 3,900 of those claims have been granted.

Veterans Health Administration has become the single largest source of direct health-care services for treating AIDS patients in the United States. One of the first cases of AIDS was reported at the New York VA Medical Center in 1979. By March 1995, a total of over 23,000 cases of AIDS had been reported by 164 VA medical centers and independent outpatient clinics in the system. During FY 1994 alone, VA treated over 17,000 patients with HIV infection or AIDS. Seventeen percent of those patients were treated at the four VA Medical Centers with specialized AIDS Clinical Units, in New York, Miami, West Los Angeles and San Francisco. The geographic pattern of the epidemic mirrors that of the nation with the predominance of cases seen in large urban and coastal cities.

Research and education in HIV/AIDS have been integral components of VA's direct health care services. The unique features of a national medical-care system which serves a defined patient population and is affiliated with academic institutions throughout the country create an unparalleled environment of scientific inquiry and academic-based health care. VA has responded to the challenges of the epidemic by creating unique AIDS Research Centers and by also utilizing the unique capabilities of the system to conduct multicenter studies of health problems. During FY 1994, over 300 funded AIDS research projects were in progress at 85 medical centers. Sixty-four projects were supported by \$5.6 million in VA research funding. An additional 243 projects were supported by \$24.5 million from non-VA sources such as the National Institutes of Health.

Early in the epidemic, VA recognized that education was essential to provide quality health-care services and to prevent transmission of HIV. In 1987, a multi-year national training plan for HIV/AIDS was developed. Since that time, a number of systemwide programs were implemented to educate health-care and administrative personnel, veterans and their families and the general public on the facts about HIV transmission and prevention. An early and remaining goal of these educational efforts has been to ensure that veterans with HIV/AIDS are treated "like any other patient".

Recently, VA completed a Department wide education program for all employees on the transmission and prevention of HIV infection. The overall theme of this educational effort was that employees with HIV infection or AIDS are "like any

other employee” with a chronic disease or disability. Over 220,000 employees received training through this educational program.

Department of Veterans Affairs Goal: The Department of Veterans Affairs remains committed in its response to the AIDS epidemic through the continuing activities of its three major Administrations; Veterans Health, Veterans Benefits, and the National Cemetery System. The Department Plan continues to be directed toward the non-discriminatory provision of benefits and quality health-care services for all eligible veterans with HIV infection and/or AIDS. An educated and committed workforce which also is subject to non-discriminatory personnel benefits is an integral part of the plan. Therefore, the Department of Veterans Affairs will:

Provide benefits and health-care services for the nation’s eligible veterans with HIV infection and/or AIDS that are comparable to those extended to any eligible veteran with a need for benefits and services.

Maintain an educated workforce which ensures that employees with HIV infection or AIDS are extended the same non-discriminatory employment setting and benefits available to any employee with a chronic disease or disability.

Veterans Health Administration

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.

<i>Objectives</i>	<i>Action Steps</i>
National AIDS Program Veteran Services - Medical Centers, Outpatient Clinics, Health Care facilities	
1. Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.	1. a. HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system. b. Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission. c. Established quality laboratory standards for HIV testing, including ELISA and Western Blot. d. Widespread routine involuntary screening of any patient group prohibited.
2. Protect patients rights to information and self-determination in HIV testing process.	2. a. HIV testing performed only with written informed consent, utilizing standardized written informed consent form, by law and policy. b. Pre- and post-test counseling mandated as part of HIV testing process. c. Elements of counseling and documentation defined. d. Counseling and patient education on prevention and transmission performed by trained health-care professionals. e. Patient education pamphlet explaining HIV testing in VA available.
3. Protect patients rights to confidentiality in HIV testing and/or infection.	3. a. Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy. b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under

	specified conditions. c. VA staff's access to medical records only on "need to know" basis. d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.
4. Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.	4. a. Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy. b. Access to medical treatment based on clinical judgment, not HIV status. c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available. d. Patient representative, clinical staff available in all facilities for patient grievances.
5. Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through: i. professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment.	5. i.a. Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups i.b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS. i.c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues. i.d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate. i.e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues. i.f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.

5. <i>ii.</i> availability of appropriate pharmaceuticals and therapeutics at health-care facilities.	5. <i>i.g.</i> Formal and informal physician and clinician networks for treatment advice established. 5. <i>ii.a.</i> FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks. <i>ii.b.</i> Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system. <i>ii.c.</i> Integration of clinical treatment and research in HIV/AIDS.
6. Provide full range of medical and psycho-social services to meet comprehensive care needs.	6. a. Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks. b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.
7. Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.	7. a. Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs. b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.
8. Prevent transmission of HIV in health-care setting.	8. a. On-going implementation of CDC recommendations on universal precautions, via policy. b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy. c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

National Office of Academic Affairs (Education)

9. Support on-going education and training of health-care and support staff throughout system.	9. a. Individual participation in professional societies at local, state and national levels. b. National training programs, teleconferences. c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS. d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty. e. National electronic news service and newsletters to disseminate current information from wide variety of sources.
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National AIDS Service Office- Washington, DC

10. Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.	10. a. Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.
11. Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.	11. a. Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities. b. Evaluate workload distribution by medical center to determine geographical distribution. c. Utilize workload information as validation tool in resource allocation process. d. In conjunction with the resource allocation group, estimate future workload based on past and present figures. e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.
12. Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.	12. a. Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.
13. Involve other agencies, as appropriate, on	13. a. Utilize OSHA, HHS, CDC, FDA expertise on specific

special issues in HIV/AIDS.	issues, as necessary.
14. Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.	14. a. Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate. b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Veterans Health Administration

GOAL: Prevent transmission of HIV infection through education of employees and patients.

<i>Objectives</i>	<i>Action Steps</i>
Office of Academic Affairs/AIDS Service	
1. Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.	1. a. National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed) b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.
2. Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.	2. a. National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed) b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.
3. Integrate HIV prevention education in addiction treatment programs.	3. a. National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)
4. Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and	4. a. Educational demonstration grants to HIV/AIDS education proposals on competitive basis. (Completed)

community).	b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.
5. Maintain education and information support systems.	5. a. Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Veterans Health Administration

GOAL: Utilize the unique resource of the VA-served patient population to further biomedical, health services and rehabilitation research on HIV/AIDS.

Research and Development	
1. Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.	1. a. Fund research with high technical and scientific merit. b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers. c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators. d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.
2. Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.	2. a. AIDS Research Centers established based on competitive proposal basis. b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

3. Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.	3. a. Investigator requested funding by NIH, other Federal agencies. b. VA, other agency joint funding also available. c. Participation in community trials on individual investigator and medical center basis.
4. Publish and present findings of research in peer reviewed journals, and at national and international conferences.	4. a. Listing of publications, presentations at international and national conferences available upon request.

Other Departmental Offices

Intergovernmental Affairs	
1. Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.	1. a. Monitor status of pending legislation for State, County and local officials. b. Serve on committees that develop and review Department policies when requested.
General Counsel	
1. Ensure Department policies and procedures comply with Federal law.	1. a. Interpret Federal laws that impact on VA's HIV/AIDS program. b. Provide legal advice and counsel to program officials. c. Serve on committees that develop and review Department policies when requested. d. Review new and updated policy directive on HIV/AIDS.
Human Resources Management	
1. Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.	1. a. Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability. b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995) c. Provide continuing educational activities on HIV

	prevention and transmission for all employees in concert with other offices. d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement. e. Include education on above issues as part of routine orientation for all new employees. f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.
Office of Public Affairs	
1. Publicize VA's HIV/AIDS-related accomplishments to internal/external audiences.	1. a. Update AIDS fact sheet on yearly basis or more frequently as topic demands. b. Update AIDS Research fact sheet on yearly basis or more frequently as topic demands. c. Prepare annual national release for World AIDS Day. d. Promote VA AIDS research through Public Affair National Story Program. e. Prepare Secretary's Daily Messages as appropriate. f. Prepare Secretary's Pay Stub messages as appropriate. g. Develop appropriate topics for publication in VAnguard, VA's employee newsletter.

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3. Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.	3. a. Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.

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