



**INTEGRATED
HIV/AIDS
PLANNING
IHAP
TA CENTER**

targetHIV.org/IHAP

Integrated HIV Prevention and Care Plan *Integrated HIV Surveillance, Prevention, and Care Plan, 2017-2021*

REGION	Dependencies
PLAN TYPE	Integrated state/city/county prevention and care plan
JURISDICTIONS	Puerto Rico, San Juan EMA
HIV PREVALENCE	High

Puerto Rico has provided a visually appealing, clear, and informative table outlining the Integrated HIV Prevention and Care Plan, including goals consistent with the National HIV/AIDS Strategy, SMART objectives and the strategies and activities to achieve them, target populations, and who is responsible for each activity. There are also specific and measurable metrics listed for each SMART objective to be used to monitor each objective. It is clear that thoughtful and realistic consideration was given to these components in the Integrated HIV Prevention and Care Plan.

SELECTION CRITERIA: INTEGRATED HIV PREVENTION AND CARE PLAN

Exemplary Integrated HIV Prevention and Care Plan sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- Comprised of SMART objectives, strategies to correspond to each objective, activities, targeted population, timeframe, resources needed, who is responsible for each task, covers time period 2017-2021
- Specific metrics to monitor activities
- Objectives and activities aimed at addressing gaps along the HIV Care Continuum.
- Objectives that align with the National HIV/AIDS Strategy (NHAS)
- Description of how the Integrated Plan was developed



Additional exemplary plan sections are available online:
www.targetHIV.org/exemplary-integrated-plans

SECTION II: INTEGRATED HIV SURVEILLANCE, PREVENTION AND CARE PLAN

A. INTEGRATED PLAN

This section includes the Integrated Plan developed for the jurisdiction. According to Federal Guidelines, it includes the following components:

Goals: broad statement of purpose that describes the expected long-term effects of activities consistent with the National Strategy.

Objectives: measurable statements that describe results to be achieved.

Strategies: the approach by which the objectives will be achieved.

Activities: Steps and actions required to implement the strategy and achieve the objectives.

Target populations: The group of individuals, organizations or other entities to which the activity is directed; that is, expected to be affected or impacted by the activity. Depending on the activity, may include groups of people with risk behaviors, people living with HIV, service providers, service managers and the Academy, among others.

Responsible: Groups, organizations or sectors that play an important role in the implementation of the strategies and activities.

Indicators: Data, measures or information sources through which the expected outputs of each activity are measured.

The resources committed by the jurisdiction toward implementing the activities, are included in Section I-B of this document.

There were two types of barriers identified through the planning process that may affect the implementation of the plan: barriers associated with the financial crisis / condition of the government of Puerto Rico and those related to the limitations imposed by the existing legal framework and public policy. Additionally, it is also challenging the facilitation or implementation of the necessary communication, coordination, collaboration and accountability systems needed to bring together the different sectors involved in the provision of HIV prevention and care services to facilitate or enhance integration of services. To address these barriers, various strategies and activities are included in the Plan, particularly in Goal # 4.

GOAL 1:

Reduce New HIV Infections

Objective 1.1: Increase from 88% to 90% the percentage of people living with HIV who know their serostatus

Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
1.1. A. Implementation of routine HIV testing for the general population in clinical settings.	Develop and disseminate a guide of best practices for the implementation of routine HIV testing in Puerto Rico.	Clinical scenarios ¹⁷ , Health professionals	By June, 2017	PRDOH (OCASET) Academia	<ul style="list-style-type: none"> Developed guide Number of clinical scenarios which received the guide Number of health professionals who received the guide
	Expand educational efforts and training to health professionals about routine testing and everything related to the diagnosis.	Health Professionals	Continuous during the period	Health Professionals Councils, PRDOH (OCASET), AETC, Insurance companies, Examining Boards, Professional Associations, Academia	<ul style="list-style-type: none"> Number of activities and training sessions provided Number of participants
	Promote and expand access to HIV testing in clinical settings by implementing the guidelines of practical improvements on routine HIV testing.	Clinical scenarios, Health Professionals, including primary care physicians and hospitals	Continuous during the period	PRDOH (OCASET), Funds recipients for HIV services, service providers, insurance companies ¹⁸ , Office of the Commissioner of Insurance Department of Correction	<ul style="list-style-type: none"> Number of tests Positivity Number of clinical scenarios Number of health care providers
	Develop and implement a strategy for routine HIV testing to make it sustainable in the long term.	Department of Health, Service Providers ¹⁹	2018-2021	PRDOH (OCASET) Funds recipients for HIV services, Service Providers, Private Entities	<ul style="list-style-type: none"> Developed strategy Number of clinical scenarios that received the guide Number of providers who received the guide Number of scenarios where the routine test service remains

¹⁷ By clinical scenarios it refers to the wide range of clinical providers, private, public and non-profit. Therefore it includes medical offices, hospitals, and community health centers Section 330 (Primary Health Centers 330), among others.

¹⁸ *Funds recipients for HIV services* refers to those entities that receive funds from the Department of Health, HRSA or CDC to provide prevention or treatment services for HIV.

¹⁹ Service providers refers to public, private for-profit or private nonprofit entities that provide services related to the prevention or treatment of HIV in the jurisdiction, regardless if they are recipients of funds under the CDC or HRSA.

Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
<p>1.1 B. Identify efficient efforts for HIV testing services to be provided to populations at risk, (particularly PID, MSM, Young MSM²⁰, Trans Population, Heterosexual Women and other emerging populations) in non-clinical settings.</p>	Development and promotion of recommendations to address the barriers that have been identified in laws/regulations/policies applicable to sample collection related to rapid testing in non-traditional settings	PRDOH, Service Providers, College of Medical Technologists, PRHA, Insurance Commissioner, HIV Community	By December, 2017	Service entities, PRDOH (OCASET), Legal Office, SARAF, for its Spanish Acronym), College of Medical Technologists, Public Policy Committee ²¹	<ul style="list-style-type: none"> List of recommendations to be promoted for the removal of identified barriers
	Increase non-clinical scenarios where HIV testing is performed, aimed at populations with risk behaviors	Service entities, service providers	Continuous during the period	PRDOH (OCASET), Funds recipients for HIV services,	<ul style="list-style-type: none"> Number of non-clinical scenarios Number of tests performed in non-clinical scenarios by region and municipalities Positivity
	Implement innovative testing activities ²² focused on populations with high HIV risk behaviors	PID, MSM, Young MSM, Trans Population	Continuous during the period	Continuous during the period	Service entities, PRDOH (OCASET), Funds recipients for HIV services,
	Design and implement educational campaigns, that are culturally competent and focused on diverse populations and/or populations with high risk behaviors in order to raise awareness around the screening and prevention of HIV and other STIs.	Young, Young MSM, Trans Population, Heterosexual Women, PID, MSM, emerging populations	Continuous during the period	PRDOH (OCASET) Public and Private Sectors Academia	<ul style="list-style-type: none"> Number of designed educational campaigns Number of published educational campaigns Date and duration of the campaign Media Campaign's Reach²³

²⁰ For purposes of this intervention, young MSM is defined as men between the ages of 13 to 29 years.

²¹ Public Policy Committee refers to the Multi-sectoral Committee proposed to be created as part of Goal # 4 strategies. It will seek to strengthen public policy and promote greater involvement of the country's sectors related to surveillance, prevention and treatment of HIV/AIDS, STIs, Hepatitis and TB in Puerto Rico.

²² By innovative HIV testing activities, it means that activity or combination of activities, creative, effective, cost-efficient, that produce sustainable results and greater impact on preventing HIV in specific groups or communities.

²³ Campaign's reach means the number and/or percent of people who were exposed to the campaign.

	<p>Promote changes in legislation to allow for rapid testing to be performed in non-clinical settings as well as the use of other new testing technologies</p>	<p>Providers at non clinical scenarios</p>	<p>2018</p>	<p>Service providers, PRDOH (OCASET, Legal Office, SARAF), College of Medical Technologists, Public Policy Committee</p>	<ul style="list-style-type: none"> List of recommendations on legislation
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
<p>1.1 C To intensify the efforts to prevent HIV in communities where HIV infection is most concentrated, focusing on the HIV-negative people with high risk behaviors (MSM, Young MSM, Trans Population , PID, Heterosexual Women) and people living with HIV</p>	<p>To Monitor the existing data of HIV infection and prevention efforts to direct resources to the areas identified having the highest HIV incidence and prevalence..</p> <p>Allocate resources in accordance to the geographical distribution of the infection and the areas of highest incidence and prevalence.</p> <p>To develop and disseminate a protocol to identify risk factors and management and/or referral of people with negative results, that are at considerable risk for acquisition of HIV.</p>	<p>HIV Surveillance System Prevention Division</p> <p>Young MSM, MSM, Trans Population , PID, Heterosexual Women</p> <p>Service providers, non-clinical scenarios</p>	<p>Continuous during the period</p> <p>Continuous during the period</p> <p>2018</p>	<p>PRDOH (OCASET, Surveillance Office)</p> <p>Funds recipients for HIV services,</p> <p>PRDOH (OCASET, Surveillance Office), service providers</p> <p>PRDOH (OCASET)</p> <p>Funds recipients for HIV services, Service providers</p>	<ul style="list-style-type: none"> Updated epidemic information Information on targeted resources Updated information on prevention efforts Report on resources allocated by area and incidence and prevalence by geographic area Developed protocol Number of service providers which received the protocol

Objective 1.2 Reduce the number of new diagnoses by at least 25 percent.

Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
<p>1.2.A To expand prevention initiatives for HIV with a combination of approaches based on evidence, targeted at people with risk behaviors²⁴ for HIV infection, including MSM, PID, PUD, Heterosexual Behavior, Sex Workers, Trans Population and Homeless Persons.</p>	Expand the scope of the needle exchange strategy and harm reduction island wide.	MSM, PID, Sexual workers, Heterosexual behavior, Homeless, Trans Population	Continuous during the period	PRDOH (OCASET), Fund providers, Service providers Public-Private Partnerships, CoPuReDa, for its Spanish Acronym MHAASA,	<ul style="list-style-type: none"> Number of needle exchange programs and harm reduction island wide Number of participants in needle exchange programs and harm reduction island wide
	To promote the availability, accessibility and acceptability of condom distribution through a structural intervention. ²⁵	Service entities	Continuous during the period	Funds recipients for HIV services, Service providers	<ul style="list-style-type: none"> Number of collaborators for condoms distribution Number of condoms distributed Variety of condoms distributed
	To strengthen the link to services ²⁶ to prevent new infections in HIV-negative people who maintain risk behaviors.	People with risk behaviors	Continuous during the period	PRDOH (OCASET), Funds recipients for HIV services, MHAASA Service providers	<ul style="list-style-type: none"> Number of persons referred to services
	To strengthen the implementation or expansion of high impact prevention interventions (HIP, for its acronym in English) based on evidence, to reduce risk behaviors.	People with risk behaviors	Continuous during the period	PRDOH (OCASET), Funds recipients for HIV services, Service Providers Academia	<ul style="list-style-type: none"> Number of implemented interventions Number of participants of high impact interventions

²⁴ Risk behaviors includes those behaviors as, for example, problematic substance use, sex with multiple partners and unprotected sex, which could increase the risk of contracting HIV.

²⁵ According to the CDC, a structural intervention, seeks to produce changes in the environment or context that are aimed at increasing the availability, accessibility and acceptability in the use of condoms.

²⁶ Services refers, for example, to those related to STIs, Tuberculosis and Hepatitis C, among others.

Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
<p>1.2. B To expand access to prevention services using innovative and evidence-based strategies, including combined approaches aimed at people living with HIV.</p>	<p>To establish Multi-sectoral collaboration agreements to impact populations through non-traditional activities aimed at HIV prevention.</p>	<p>Government and non-government agencies, private sector</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET), Funds recipients for HIV services, Government and non-government agencies</p>	<ul style="list-style-type: none"> Number of established agreements
	<p>Promote the identification and allocation of resources for the development of innovative local evidenced based interventions</p>	<p>Academia, Funds recipients for HIV services</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET), Academia, Funds recipients for HIV services</p>	<ul style="list-style-type: none"> Number of projects aimed at the study and development of innovative local interventions and evidence-based
	<p>Strengthen the integration and early link to treatment and other supportive services for people living with HIV in order to keep a suppressed viral load.</p>	<p>People living with HIV</p>	<p>Continuous during the period</p>	<p>HUD, MHAASA, PRDF, PRDHL, PRDOH, PRDCR</p>	<ul style="list-style-type: none"> Numbers of linkages to care Number of referrals to support groups Number of referred persons linked to services
	<p>Strengthen the partner notification strategy at the moment of testing and as routine during the provision of care and treatment.</p>	<p>People living with HIV and their partners</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET, CPTETs, for their Spanish acronym), Health Services Providers</p>	<ul style="list-style-type: none"> Number of persons linked to PS Number of tests performed
	<p>Intensify efforts to promote linkage to care, medication adherence and retention in treatment.</p>	<p>People living with HIV</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET, HIV Surveillance Office), Funds recipients for HIV services, CBO</p>	<ul style="list-style-type: none"> Number of linkages to care Number of persons retained on treatment
	<p>Strengthen the availability, accessibility and acceptability of condom distribution through structural intervention.</p>	<p>Service entities</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET), Funds recipients for HIV services, Service providers</p>	<ul style="list-style-type: none"> Number of collaborators for condoms distribution Number of condoms distributed
	<p>Strengthen the implementation or expansion of evidence based high impact prevention interventions (HIPs) to reduce risk behaviors.</p>	<p>People living with HIV</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET), Funds recipients for HIV services, Service providers</p>	<ul style="list-style-type: none"> Number of interventions Number of participants

Strategy	Activities	Target populations	Continuous during the period	Responsible/Collaborators	Indicators
<p>1.2. C To implement education activities to increase knowledge about effective prevention services, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP / nPEP).</p>	<p>Design and implement culturally relevant and competent educational campaigns that addressing issues of stigma and discrimination on HIV and sexuality.</p> <p>Develop and disseminate a guide of standards of care for people at significant risk of contracting HIV in order to educate them about the PrEP intervention.</p> <p>Educate clinical service providers about the importance of PrEP/PEP/nPEP.</p> <p>Educate the public about PrEP/PEP/nPEP, its benefits and how to access it.</p>	<p>MSM, Trans Population , Young (13-29), Women, PID, general community</p> <p>People with significant risk behavior</p> <p>Service Providers, Insurance companies/Office of the Commissioner of Insurance</p> <p>Population in general and people with significant risk behaviors</p>	<p>Continuous during the period</p> <p>By June, 2017</p> <p>By June, 2019</p> <p>2019</p>	<p>PRDOH (OCASET), Government and non-government agencies, Planning Advisory Bodies</p> <p>PRDOH (OCASET), Service providing agencies, PrEP/PEP Advisory Committee, Academia</p> <p>PRDOH (OCASET), AETC, Academia, Medical/Clinical/Administrative Directors, PrEP/PEP Advisory Committee /Hospitals, CPIETs</p> <p>PRDOH (OCASET, CAVV), Service providing agencies, PrEP/PEP Advisory Committee, community-based organizations, hospitals Association, Academia, and other collaborators</p>	<ul style="list-style-type: none"> Number of educational campaigns designed Number of published educational campaigns Date and duration of the campaign Media Campaign's reach <ul style="list-style-type: none"> Developed Guides Number of providers which received the guide <ul style="list-style-type: none"> Number of performed educational activities Number of providers that participate of the educational campaigns Number of representatives from insurance companies participating in educational activities Number of performed educational activities Number of participants of the educational activities realized

	Facilitate the access to PrEP/PEP/nPEP in populations with risk behaviors.	Population in general and people with significant risk behaviors	2019	PRDOH (OCASET), Service providing agencies, PrEP/PEP Advisory Committee	<ul style="list-style-type: none"> Number of providers offering PrEP/PEP/nPEP Number of PrEP/PEP/nPEP referrals Number of persons using PrEP/PEP/nPEP
	Monitor and evaluate the implementation of PrEP/nPEP in populations with significant risk behaviors.	Service Providers, Insurance Companies	2020-2021	PRDOH (OCASET), Service providing agencies, PrEP/PEP Advisory Committee Academia	<ul style="list-style-type: none"> Monitoring reports and evaluation according to indicators to be developed
Objective 1.3 Reduce the percentage of men who have sex with men, young men who have sex with men and women with heterosexual behavior who have engaged in HIV-risk behaviors by at least 10 percent.					
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
1.3. A To deliver prevention strategies, scientifically based and age-appropriate to address HIV risk reduction among MSM, young MSM and heterosexual women. .	Establish partnerships with the Department of Education, universities and post-secondary institutions to implement strategies and activities around HIV and STI prevention.	Department of Education, University and non-University Postsecondary Institutions	Continuous during the period	PRDOH (OCASET), Division of Mothers and Children), Department of Education, Service Providers, Public Policy Committee, Academia	<ul style="list-style-type: none"> Number of agreements/ alliances with educational institutions Number of activities carried out by entities as part of those agreements Number of people participating of the activities
	Ensure the availability, accessibility and acceptability of condom distribution through structural intervention aimed at MSM, young MSM and heterosexual women.	Service entities	Continuous during the period	PRDOH (OCASET), Funds recipients for HIV services, Service providers PRDOH (OCASET), AETC, College of Medical Technologists, Professional Associations and Boards of Examiners, HIV Treaters Association, PRHIA, (ASES, for its Spanish Acronym), Insurance Companies, CoPuReDa	<ul style="list-style-type: none"> Number of collaborators for the distribution of condoms Variety of condoms distributed Number of condoms distributed to the young

	<p>Promote education on PrEP/PEP/nPEP among young people at significant risk.</p> <p>Strengthen the implementation of evidence based, high impact prevention interventions (HIP) or other public health strategies to reduce risk behaviors among Young MSM.</p>	<p>Young MSM</p> <p>Young MSM</p>	<p>By July, 2018</p> <p>By July, 2018</p>	<p>PRDOH (OCASET, Division of Mothers and Children), Agencies that provides services, Academia</p> <p>PRDOH (OCASET), service providers, Academia</p>	<ul style="list-style-type: none"> Number of educational activities carried out Number of young people participating in educational activities Number of high impact prevention interventions implemented Number of participants at the high impact prevention interventions
<p>Strategy</p>	<p>Activities</p>	<p>Target populations</p>	<p>Timeframe</p>	<p>Responsible/Collaborators</p>	<p>Indicators</p>
<p>1.3.B. Provide prevention comprehensive strategies, age-appropriate and scientifically accurate prevention messages and sex education addressing HIV risks for young MSM and Transgender individuals</p>	<p>Establish an agreement with the Department of Education and other entities that group together private schools and alternative schools to facilitate the development and implementation of a comprehensive sexual education curriculum for young people.</p> <p>Provide technical assistance to the Department of Education and private schools in the country, for the implementation of updated scientifically based HIV and STIs in the school population.</p>	<p>Teachers in general and other personnel in schools</p> <p>Young MSM and Trans</p>	<p>2019</p> <p>Continuous during the period</p>	<p>PRDOH (OCASET, Division of Mothers and Children), Department of Education, Entities grouping private schools and alternative schools</p> <p>PRDOH (OCASET, Division of Mothers and Children), Department of Education, Agencies providing services, Association of Private Education</p>	<ul style="list-style-type: none"> Established collaborative agreement Developed or modified curriculum Number of technical assistance sessions Number of participants in technical assistance sessions

Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
1.3.C To disseminate scientific-based HIV prevention messages that are appealing to the community around HIV risks and prevention strategies among young MSM and Trans.	Develop an educational campaign to eliminate the stigma and barriers that limits HIV prevention and treatment.	Young MSM	Continuous during the period	PRDOH (OCASET, Division of Mothers and Children), Department of Education, Service Providers, Academia, Private sector	<ul style="list-style-type: none"> • Number of designed educational campaigns • Number of published educational campaigns • Date and duration of the campaign • Exposure to media • Campaign's reach
	Strengthen efforts to disseminate information, education and HIV prevention messages using digital tools and new media/communication technologies.	Young MSM	Continuous during the period	PRDOH (OCASET, Division of Mothers and Children), Department of Education, Service Providers, Academia	<ul style="list-style-type: none"> • Number of transmitted messages through digital media²⁷

²⁷ By digital media it refers to the Internet, social networks, cellular and other non-traditional media that make use of new technologies.

GOAL 2:

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

Objective 2.1: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.					
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
2.1.A To establish integrated systems to link people to clinical care immediately after HIV diagnosis.	Educate health professionals, HIV Care Liaison Staff and clinical case management personnel, epidemiology technicians and professionals at pharmacies, hospitals, emergency rooms and multidisciplinary teams on the importance of early linkage to treatment.	Healthcare professionals HIV Care Liaison Staff Clinical management personnel	Annually	PRDOH (OCASET), Funds recipients for HIV services, AETC, Academia Insurance Companies, PRHIA, Commissioner of Insurance/Community Health Centers (Section 330 CHCs) Hospitals Association	<ul style="list-style-type: none"> Number of educational activities Number of health professionals and other personnel involved in educational activities
	Strengthen education and training for licensed health professionals around the importance of prevention, management and service network for HIV treatment services.	Licensed health professionals	Continuous during the period	PRDOH (OCASET), Funds recipients for HIV services, Service Boards and Professional Associations	<ul style="list-style-type: none"> Number of educational and training activities performed (including the activity title and the date it was offered) Number of licensed health professionals who participated in education and training activities
	Promote education on issues related to early linkage to HIV care as a requirement for continuous education, for the renovation of health professional license, among other issues related to HIV.	Licensed health professionals	2018	PRDOH (OCASET), Examining Boards and Professional Associations	<ul style="list-style-type: none"> Number of credits required to the health professionals as a result of these efforts
	Establish education campaigns for the population and for clinical service providers to promote the importance of early linkage to HIV care.	Support and clinical services providers	Continuous during the period	PRDOH (OCASET and Communications Office) Funds recipients for HIV services, Service Providers, Clinical Service Bodies, Planning Advisory	<ul style="list-style-type: none"> Evidence of the education campaign for the population and service providers. Date and duration of the campaign Media used Number of messages by media
	Promote the implementation of extended service hours for HIV/STI care and treatment services.	HIV Clinical Services Providers	2017	PRDOH (OCASET), HIV and STIs Clinical Services Providers	<ul style="list-style-type: none"> Number of clinical centers with extended service hours compared to previous service hours previous to the implementation of the activity

	<p>- Evidence of extension of service hours in clinical services</p> <ul style="list-style-type: none"> Uniform guides and/or developed protocols for the implementation of the patient navigation model Approval date for guidelines and/or protocols 	<ul style="list-style-type: none"> Implemented universal consent form Date approved Starting using date 	<ul style="list-style-type: none"> PRDOH (OCASET), CBO and Funds recipients for HIV services 	<ul style="list-style-type: none"> PRDOH (OCASET, Legal Office), Funds recipients for HIV services, Planning Advisory Bodies 	
	<p>Providers of HIV Prevention and Care Services</p>	<p>Providers of HIV Prevention and Care Services</p>	<p>2017-2018</p>	<p>2017</p>	
	<p>Develop standard guidelines for the establishment of a patient navigation model for linkage to care and other supportive services, according to the patient's needs.</p>	<p>Implement a universal consent sheet that will simplify the process for searching and linking newly HIV diagnosed persons to care and other supportive services.</p>	<p>Activities</p>	<p>Target populations</p>	<p>Responsible/Collaborators</p>
<p>Strategy</p>	<p>2.1 B. To implement integrated and culturally sensitive services to link populations such as MSM, young MSM, PID and transgender into care.</p>	<p>Increase the number of culturally sensitive trained health care providers on how to provide culturally sensitive services to HIV positive MSM, young MSM, PID, transgender populations.</p>	<p>Service providers</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET, Human Resources), AETC, Funds recipients for HIV services, Academia, MHAASA</p>
<p>Provide training to existing providers as well as health related professions students in sensitivity and management of HIV positive MSM, young MSM, and transgender populations.</p>	<p>Service Providers</p>	<p>Student of health related professions</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET, Human Resources Office), AETC, Funds recipients for HIV services, Insurance Companies, Office of the Commissioner of Insurance, MHAASA, Academia</p>	<p>Number of training activities to existing providers</p> <ul style="list-style-type: none"> Dates Number of providers who participated in the training.
<p>Develop and implement a culturally sensitive protocols to link and provide clinical services to HIV positive MSM, young MSM, PID, transgender populations and the criteria for their evaluation.</p>	<p>Service providers</p>	<p>2017-2018</p>	<p>PRDOH (OCASET, Public Policy Committee), Funds recipients for HIV services, Planning Advisory Bodies, MHAASA</p>	<p>Evidence of developed culturally competent protocol</p> <ul style="list-style-type: none"> Protocol title Approval date 	

	Adapt existing forms, according to the protocols developed for clinical interventions that are culturally sensitive to HIV positive MSM, young MSM, PID and transgender populations.	Service providers	2017-2018	PRDOH (OCASET, Public Policy Committee), Funds recipients for HIV services	<ul style="list-style-type: none"> Evidence of adapted formularies <ul style="list-style-type: none"> Formularies list Revision date
	Provide training on the developed culturally sensitive protocol to link and provide clinical services to HIV positive MSM, young MSM, PID and transgender populations.	Service providers	2018 and above	PRDOH (OCASET, Public Policy Committee) Funds recipients for HIV services	<ul style="list-style-type: none"> Number of providers receiving training about the protocol
	Implement and monitor the implementation of a culturally sensitive protocol to link and provide clinical services to HIV positive MSM, young MSM, and transgender populations.	Service providers	2018-2021	PRDOH (OCASET, Public Policy Committee), Funds recipients for HIV services	<ul style="list-style-type: none"> Number of entities that adopted the protocol Number of MSM linked to services on entities that adopted the protocol Number of Young MSM linked to services on entities that adopted the protocol Number of PID linked to services on entities that adopted the protocol Number of Trans linked to services on entities that adopted the protocol
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
2.1.C To address the systemic barriers to early linkage of the newly HIV diagnosed persons.	To identify and deepen on the systemic barriers that hinder linkage to care of persons recently diagnosed with the HIV infection over a period of 30 days or less.	Providers of HIV Prevention and Care Services	2017	PRDOH (OCASET), Legal Office), Funds recipients for HIV services, Planning Advisory Bodies	<ul style="list-style-type: none"> Inventory or list of identified systemic barriers
	Develop strategies to address identified systemic barriers in order to facilitate linkage newly HIV diagnosed individuals into care within 30 days or less of the diagnosis.	Providers of HIV Prevention and Care Services	2018	PRDOH (OCASET), Funds recipients for HIV services, Planning Advisory Bodies	<ul style="list-style-type: none"> List of developed strategies to address the systemic barriers that were identified

	<p>Disseminate the strategies that address systemic barriers to achieve early linkage to care.</p>	<p>Providers of HIV Prevention and Care Services</p>	<p>2018</p>	<p>PRDOH (OCASET), Funds recipients for HIV services, Planning Advisory Groups</p>	<ul style="list-style-type: none"> • Number of disseminated reports on strategies to address identified systemic barriers, methods and/or activities to disseminate information • List of activities conducted, dates and persons reached
	<p>Implement strategies that address the systemic barriers that support early linkage of people newly diagnosed with HIV and the integration of care system.</p>	<p>Providers of HIV Prevention and Care Services</p>	<p>2018-2021</p>	<p>PRDOH (OCASET), Funds recipients for HIV services</p>	<ul style="list-style-type: none"> • Number of entities that adopted some of the strategies to address systemic barriers • Number of implemented strategies that address systemic barriers • Number of newly diagnosed PLWH that linked early to care for each facility or entity that adopted the developed strategies
	<p>Evaluate the implemented strategies that address systemic barriers for early linkage (30 days) of people with a new HIV diagnose.</p>	<p>Providers of HIV Prevention and Care Services</p>	<p>2020</p>	<p>PRDOH (OCASET), Funds recipients for HIV services, Planning Advisory Bodies</p>	<ul style="list-style-type: none"> • Quarterly progress reports to measure the increase or change in compliance with the indicator for early linkage to early care.

Objective 2.2 Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.					
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
2.2. A To strengthen the service infrastructure to increase the capacity of the integrated health system, and the number and diversity of clinical providers for prevention, treatment and supportive services available for people living with HIV.	Develop an integrated system of prevention, clinical and supportive services for the implement coordinated and focused efforts to address the needs of the target populations.	Service providers	2018	PRDOH (OCASET, Public Policy Committee) Service Providers, PRHA/ Planning Advisory Bodies, MHAASA, Patient Attorneys Office, Academia	<ul style="list-style-type: none"> Evidence of developed integrated services system <ul style="list-style-type: none"> - Areas - Components - Implementation Plan Number of established agreements and list of organizations/providers with which agreements were established. <ul style="list-style-type: none"> - Evidence of collaborative agreements
	Establish agreements to develop effective systems of coordination, communication and collaboration for prevention, treatment and supportive services to increase availability of services.	Service Providers Government Agencies Private Entities	2018-2019	PRDOH (OCASET, Legal Office), Funds recipients for HIV services	<ul style="list-style-type: none"> Number of performed educational activities Number of service providers who participated in the educational activities
	Educate service providers around the new system of coordinated care, focused on the needs of the population with emphasis on retention in care and adherence to treatment.	Health Providers, Linkage to care personnel	2019-2020	PRDOH (OCASET), Funds recipients for HIV services, AETC	<ul style="list-style-type: none"> Quarterly Progress Report in compliance with the implementation Plan for each point of interest: A) prevention, b) treatment and c) support, on the following variables: <ul style="list-style-type: none"> -Number of people who received services -Units of services that were provided
	Monitor the implementation of the integrated prevention, treatment and supportive services.	Service providers	2019-2021	PRDOH (OCASET), Planning Advisory Bodies	

Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
<p>2.2.B To educate PLWH on available prevention, care and other supportive services available.</p>	<p>Develop guidelines for the implementation of the peer facilitators model.</p>	<p>PLWH Service providers</p>	<p>2018</p>	<p>PRDOH (OCASET), Planning Advisory Bodies, Funds recipients for HIV services, PLWH</p>	<ul style="list-style-type: none"> Evidence of performed activities to enact the guidelines of the model implementation. Number of people reached in activities
	<p>Develop and publish an internet page with information around HIV prevention, care and supportive services available for people living with HIV.</p>	<p>General population</p>	<p>2018</p>	<p>PRDOH (OITD, Office of Communications, OCASET), Funds recipients for HIV services, Planning Advisory Bodies</p>	<ul style="list-style-type: none"> Evidence of the website developed Number of people who visited the page
	<p>Develop/update brochures including information around available HIV prevention, care and other supportive services.</p>	<p>PLWH General Population Service Providers</p>	<p>2018-2019</p>	<p>PRDOH (OCASET, AIDS Surveillance Office) Funds recipients for HIV services, CBOs, Planning Advisory Bodies</p>	<ul style="list-style-type: none"> List of updated informative materials <ul style="list-style-type: none"> - Updating date
	<p>Develop and implement an educational campaign that promotes available treatment and supportive services for linkage, re-linkage and retention in HIV care</p>	<p>PLWH</p>	<p>Continuous during the period</p>	<p>PRDOH (Office of Communications, OCASET) Funds recipients for HIV services, CBO, Planning Advisory Bodies</p>	<ul style="list-style-type: none"> Evidence of the educational campaign focused towards linkage, re-linkage and retention in care <ul style="list-style-type: none"> - Date and duration of the campaign - Media - Messages per media used

Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
<p>2.2.C To promote integrated and coordinated health care services focused on HIV positive patients that supports retention in care.</p>	<p>Develop and disseminate guidelines on evidence-based strategies for retention, with emphasis on HIV positive young, PID, homeless, women, older adults and trans Population.</p>	<p>Service Providers</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET), Funds recipients for HIV services, MHAASA, CBOs, Planning Advisory Bodies</p>	<ul style="list-style-type: none"> Guidelines of Evidence-based strategies developed. Publication of guides on evidence-based strategies. -Approval date - Evidence of the distribution of guidelines - Number of entities to which the guidelines were sent to
	<p>Provide training to health care providers on the guidelines developed with an emphasis on retention of HIV positive adherence of young people, PID, Homeless Persons, women, older adults and Trans Population with HIV.</p>	<p>Service Providers</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET), AETC, CDC</p>	<p>Number of training activities performed</p> <ul style="list-style-type: none"> - Dates in which the training was offered - Number of providers who participated in training activities
	<p>Encourage the creation of support groups that promote retention in care of PLWH.</p>	<p>Young, PID, Homeless persons, older adults, and women with HIV</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET), Funds recipients for HIV services, Planning Advisory Bodies and CBOs</p>	<ul style="list-style-type: none"> Number of activities aimed at promoting the creation of support groups Number of support groups created Average number of persons participating in support groups
	<p>Increase evidenced-based screening and treatment of mental health disorders and problematic substance use (including alcohol) of PLWH.</p>	<p>PLWH</p>	<p>Continuous during the period</p>	<p>Clinical Service Providers, Funds recipients for HIV services, MHAASA, PRHIA, Insurance Companies, Office of the Commissioner of Insurance</p>	<ul style="list-style-type: none"> Base number for measuring the increase in number of screenings for mental health and problematic substance use, respectively Number of PLWH with mental health screenings conducted

	Increase access to transportation services for care and supportive services.	PLWH	Continuous during the period	Funds recipients for HIV services, Medicaid Program (PRHIA), Medicare, Municipalities	<ul style="list-style-type: none"> • Number of PLWH with problematic substance use conducted • Number of services performed for mental health treatment • Number of services performed for the treatment of problematic substance use • Number of referrals for mental health treatment • Number of referrals for treatment of problematic substance use • Base Number of PLWH who received medical transportation • Number of people who received transportation services to access care and support services • Number of transportation services provided
Objective 2.3 Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.					
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
2.3.A To promote integrated and coordinated health care services focused on the person living with HIV	Maintain access to new medications for HIV treatment in direct coordination with the PRHIA.	PLWH	Continuous during the period	PRDOH (OCASET, Pharmacy Advisory Committee, ADAP Advisory Committee), PRHIA, Insurance Companies	<ul style="list-style-type: none"> • Updated HIV drug formularies • Number of new HIV medications approved by the PRHIA to be part of the agreement with the PRDOH, Ryan White Part B/ADAP Program

which supports viral load suppression.	Facilitate annual training for physicians, case managers and other clinical staff that provide services to PLWH, on new medications available for HIV care.	Clinical Service providers and case managers	Continuous during the period	PRDOH (OCASET), AETC, Academia, College of Medical Technologists, Professional Examiners, HIV Treaters Association, PRHIA, Insurance Companies, Funds recipients for HIV services	<ul style="list-style-type: none"> Number of training activities offered to the clinical staff Number of participants who in the training activities
	Promote the use of best clinical practices for PLWH, according to the HIV Treatment Guidelines.	Clinical Service providers in general	Continuous during the period	PRDOH, (OCASET) HIV Treaters Association, AETC, College of Physicians-Surgeons of Puerto Rico Insurance Companies, Patient Advocate	<ul style="list-style-type: none"> Number of evidence-based best practices identified Number of training activities for the updating of evidence-based best practices Number of updates to distributed guides <ul style="list-style-type: none"> - Distribution date - Update date
	Implement evidence-based strategies aimed at promoting adherence in populations such as PID, Homeless Persons, young and older adults, among others.	Service providers	Continuous during the period	PRDOH (OCASET), Academia, Funds recipients for HIV services, Service Providers	<ul style="list-style-type: none"> Number of performed activities on evidence-based strategies to promote adherence Number of providers who participated in the activities of evidence-based strategies to promote adherence
	Encourage the development of support groups for not virally suppressed persons and people who have abandoned treatment.	PLWH	Continuous during the period	PRDOH (OCASET), Funds recipients for HIV services, Service Providers and Planning Advisory Bodies	<ul style="list-style-type: none"> Number of activities performed to promote the creation of support groups Number of support groups created Average number of persons participating in support groups
	Promote the implementation of projects of continuous quality improvement to identify the reasons for non-suppression and develop strategies aimed at	Service providers	Continuous during the period	PRDOH (OCASET), Clinical Service Providers and Funds recipients for HIV services, including its committees or quality	<ul style="list-style-type: none"> Number of continuous quality improvement implemented projects

	achieving suppression among the recipients of HIV care.				improvement programs, Planning Advisory Bodies	• Progress report to indicate the change in viral load suppression
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators	
2.3.B To establish standards of clinical care in each treatment center based on the updated guidelines for HIV treatment, published by the Federal Department of Health.	Review the protocols and standards of clinical care of the centers that provide treatment for HIV, according to updated guidelines.	Clinical Service Providers	2017	PRDOH (OCASET), Clinical Service Providers	• List of protocols and clinical care standards reviewed	
	Provide training on the updated guidelines for HIV treatment, as they are published by the Federal Department of Health.	Clinical Service Providers	2018-2021	PRDOH (OCASET), AETC	• Number of training activities on the updated guidelines for HIV treatment • Number of participants on the trainings about the guides/guidelines	
	Implement updated clinical care standards updated in clinical centers.	Clinical Service Providers	2018-2021	PRDOH (OCASET), Clinical Service Providers, Funds recipients for HIV services	• Number of updated standards of clinical care in the clinical centers • Implementation Date	
	Design mechanisms to monitor compliance with standards of care.	Clinical Service Providers	Continuous during the period	PRDOH (OCASET), Service Providers, Funds recipients for HIV services	• Evidence of designed monitoring mechanisms • Compliance report with implemented standards of care	
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators	
2.3.C To promote quality improvement projects aimed at achieving sustained viral load suppression for two years in PLWH.	Provide technical assistance to service providers in designing quality improvement programs.	Clinical Service Providers	Continuous during the period	PRDOH (OCASET), National Quality Center	• Number of technical assistance sessions conducted • Number of service providers receiving technical assistance	
	Identify the number of PLWH who meet the criteria of suppressed viral load in each clinical center for one year, and those that meet the criteria for two years.	PLWH, Clinical Service Providers	Continuous during the period	PRDOH (OCASET), AIDS Surveillance Office), Service providers, Fund recipients for HIV services	• Number of PLWH identified that meet the criteria of suppressed viral load for each	

	Implement a quality improvement project that supports retention and adherence to treatment through evidence-based strategies	Clinical Service Providers	Continuous during the period	PRDOH (OCASET, AIDS Surveillance Office), Service Providers, Fund recipients for HIV services, AETC	clinical center, for one year, and those that meet the criteria for two years. <ul style="list-style-type: none"> Number and list of evidence-based strategies that support retention and adherence to treatment Number of organizations that have implemented at least one evidence-based practice aimed at supporting retention and adherence to treatment
	Monitor the viral load of PLWH identified in each clinical center.	PLWH	Continuous during the period	PRDOH (OCASET, Program Ryan White Part B/ADAP, AIDS Surveillance Office), Service Providers, Fund recipients for HIV services	<ul style="list-style-type: none"> Quarterly progress reports on the levels of viral load of PLWH identified in each clinical center
Objective 2.4 Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.					
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
2.4. A To join efforts with public and private entities to address housing needs of the homeless people living with HIV.	Coordinate meetings with government agencies that administer housing funds.	Government agencies Continuum of Care Systems for Homeless Population (COCs, for its acronym in English) ²⁸	2017	PRDOH (OCASET), Housing Services Providers, Multi-sectoral Council in Support of the Homeless Population ²⁹ , PRDH, PRPHA, PRDF, HOPWA Program (San Juan, PRDH)	<ul style="list-style-type: none"> Number of meetings held Number of participants in meetings <ul style="list-style-type: none"> Minutes of the meetings List of significant agreements

²⁸The Continuum of Care System is an organism/body confined to a geographical area, created under the federal regulations applicable to the programs aimed for the homeless persons, which provides the main vehicle for planning to meet the needs of that population. Actually, in Puerto Rico there are two recognized CoC by the Federal Department of Housing (HUD, for its acronym in English), which provide services related to housing and emergency assistance, transitional housing and permanent housing with supportive services, miscellaneous services, with the goal of achieving stability in the long term for the homeless. These CoC systems are: Balance del Estado (CoC PR 502) and Coalición de Coaliciones (CoC PR 503). The Department of the Family is the Partner Agency CoC PR 502, while Coalición de Coaliciones is the collaborating agency of CoC PR 503.

²⁹Law 130 of 27 September 2007, created the Multi-sectoral Council in Support of the Homeless Population (the Council), and attached to the Department of the Family. The Council is aimed at addressing the various situations that daily traverse the homeless, and thus achieve a real transformation in their living conditions. In addition, it also seeks promoting the smooth access of existing services and the rapid integration with the community; to establish its duties and responsibilities, continuous development and review of public policies and strategic planning; to promote the search, assignment and authorization for matching funds. Also, to ensure the Multi-sectoral compliance of the programs and services through its Liaison Office of Programs and Coordination of Services for the Homeless Population". [Taken from: <http://www2.pr.gov/agencias/secretariado/Pages/ConcilioMultisectorial.aspx>].

	<p>Establish working arrangements to meet the housing needs of homeless PLWH to create a network of providers.</p> <p>Identify organizations that provide housing assistance services, such as emergency shelters, transitional and permanent housing.</p> <p>Develop a directory of agencies that provide housing services (shelter, transitional housing and permanent housing).</p> <p>Capacity to service providers about treatment services for HIV and the scope of the working arrangements to meet the housing needs of homeless PLWH</p>	CoCs Government Agencies	2018-2019	<p>PRDOH (OCASET), Housing Services Providers, PRDH, PRPHA, PRDF, HOPWA Program, Multi-sectoral Council, CoCs</p> <p>PRDOH (OCASET), Service providers for temporary housing subsidized by RW, PRDH, PRPHA, PRDF, HOPWA</p> <p>PRDOH (OCASET), Service providers for temporary housing subsidized by RW, Multi-sectorial Council, CoCs, PRDH, PRPHA, PRDF, HOPWA</p> <p>PRDOH (OCASET), CoCs, HIV Service Providers, Service providers for temporary housing subsidized by RW, PRDH, PRPHA, PRDF, HOPWA, Multi-sectoral Council</p>	<ul style="list-style-type: none"> Number of working arrangements to meet the need for housing for PLWH and homeless (list of organizations) Inventory of organizations that provide housing assistance Directory of agencies that provide housing services developed Number of training activities to service providers about HIV treatment and the scope of agreements to address the housing needs of PLWH <ul style="list-style-type: none"> -Activities date -Activities places Number of suppliers who participated in training activities
<p>Strategy</p> <p>2.4. B To address the needs associated with housing and other needs of PLWH to prevent them from the risk of losing their home.</p>	<p>Activities</p> <p>Promote the integration of the risk of homelessness in the needs assessments that is conducted as part of the case management.</p> <p>Coordinate housing assistance through referrals in the network of service providers.</p>	<p>Target populations</p> <p>Case management and patient navigators components of HIV service providers</p> <p>Service providers</p>	<p>Timeframe</p> <p>2017-2018</p> <p>2018-2021</p>	<p>Responsible/Collaborators</p> <p>Case management and patient navigators component of HIV service providers</p> <p>Service Providers, Funds recipients for HIV p services, COCs, HOPWA, PRDH, PRPHA, Municipalities, Municipal consortiums</p>	<p>Indicators</p> <ul style="list-style-type: none"> Case Management Needs Assessment Form updated Number of participants who received the assessment of risk of homelessness Number of coordinated and completed referrals for housing assistance Number of participants who benefited from housing assistance

	Monitor and follow up of referrals coordinated for housing service.	Service providers	2018-2021	PRDOH (OCASET), Funds recipients for HIV services, HOPWA Fund Administration, PRDH, PRPHA, Municipalities, Municipal consortiums	<ul style="list-style-type: none"> Quarterly progress reports to expose the number of coordinated housing service referrals.
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
2.4. C. To expand the coordination of referrals system to connect PLWH to housing services.	Develop informational materials on available services.	Case management and patient navigators components of HIV service providers	Continuous during the period	PRDOH OCASET, Funds recipients for HIV prevention and treatment services, HOPWA Fund Administration, PRDH, PRDF, PRPHA, CoCs	<ul style="list-style-type: none"> Information material developed
	Conduct training activities for providers around available services.	Case management and patient navigators component of HIV service providers	Continuous during the period	PRDOH OCASET, Funds recipients for HIV services, OCMA, HOPWA Fund Administration, PRDH, PRDF, PRPHA, CoCs	<ul style="list-style-type: none"> Number of training activities for providers about services <ul style="list-style-type: none"> - Date - Training place - Distributed informative material Number of service providers who participated in the training
	Conduct informative activities for patients around available services.	PLWH	Continuous during the period	PRDOH OCASET, Funds recipients for HIV services, OCMA, HOPWA Fund Administration, PRDH, PRDF, PRPHA, CoCs	<ul style="list-style-type: none"> Number of informative sessions to for patients on available services <ul style="list-style-type: none"> --Date - Informative sessions place - Informative material distributed Number of patients receiving the information
	Analyze linkage data and use of housing services through the monitoring of coordinated referrals.	Service providers	Continuous during the period	PRDOH (OCASET), RW Programs, OCAM, HOPWA Fund Administration, PRDH	<ul style="list-style-type: none"> Number of referrals coordinated and completed Number of persons linked to services Number of services offered

Objective 2.5: To achieve that at least 70% of people out of care ³⁰ re-engage to treatment.					
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
2.5. A To establish integrated systems to re-engage persons living with HIV who have been out of care for six months or more.	Develop a standard protocol for re-linkage into care that considers the model of HIV Navigation Services among others.	Service Providers	2017	PRDOH (OCASET), Funds recipients for HIV services	<ul style="list-style-type: none"> Uniform Guidelines and / or developed protocols Date of approval of the guidelines and / or protocols
	Include the forms and other working tools used by the providers in the developed protocol.	Service Providers	2017-2018	PRDOH (OCASET), Funds recipients for HIV services	<ul style="list-style-type: none"> Evidence of forms/formularies adapted <ul style="list-style-type: none"> Forms/Formularies lists Revision Date
	Provide training on the re-linking protocol developed, for people out of care.	Service Providers	2018-2021	PRDOH (OCASET), Funds recipients for HIV services	<ul style="list-style-type: none"> Number of providers who receive training about the protocol or guidelines
	Implement and monitor the execution of the protocol for re-linking persons out of care	Service Providers	2018-2021	PRDOH (OCASET), Public Policy Committee), Funds recipients for HIV services	<ul style="list-style-type: none"> Number of entities that adopted the protocol Number of re-linked persons after being 6 or more months out of care

³⁰ Out of care persons are defined as those who during a period of six months or more, have not done laboratories, have not gone to pick up their medications or have not attended a medical appointment.

Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
2.5 B. To promote the use of best practices and culturally sensitive activities for re-linkage into treatment efforts.	Identify best practices and culturally sensitive activities aimed towards re-linkage to care.	MSM, young MSM, women with heterosexual behavior and, Trans Population	2020	PRDOH (OCASET), Academia, Funds recipients for HIV services	<ul style="list-style-type: none"> List of identified best practices
	Disseminate and facilitate the implementation of the identified best practices and culturally sensitive activities for re-linkage into care.	Service Providers	2020-2021	PRDOH (OCASET), Service Providers, Funds recipients for HIV services	<ul style="list-style-type: none"> Number of best practices implemented Number of providers implementing the best practices
	Monitor the implementation of the best practices and culturally sensitive activities for re-linkage into care that are adopted.	Service Providers	2020-2021	PRDOH (OCASET), Service Providers, Funds recipients for HIV services	<ul style="list-style-type: none"> Report of the monitoring results
2.5 C To implement efforts to search for persons living with HIV who have been out of care for six months or more	Continue with the efforts to identify cases of persons living with HIV who have been out of treatment for more than six months.	PRDOH / Service Providers	Continuous during the period	PRDOH (OCASET), Service Providers, Funds recipients for HIV services	<ul style="list-style-type: none"> Number of identified cases
	Continue with the implementation of outreach activities aimed to make contact with and to re-link the persons living with HIV who have been out of treatment for more than six months.	PRDOH / Service Providers	Continuous during the period	PRDOH (OCASET), Service Providers, Funds recipients for HIV services	<ul style="list-style-type: none"> Percent of cases contacted and re-linked to treatment.

GOAL 3:

Reduce HIV-related Disparities and Inequalities in
Health

Objective 3.1 Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent.					
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
3.1.A To promote integrated and coordinated health care services that support the viral load suppression on both, the young and PID living with HIV.	Assess the disparities and inequalities in accessing HIV care services in populations of young people and PID living with HIV.	Young people and PID with HIV	2017-2018	PRDOH (OCASET), Assistant Secretariat of Planning), Funds recipients for HIV services, Planning Advisory Bodies, Ryan White Interparts Committee, MHAASA, Service Providers, Professional Association, Academia, PRHIA, Office of the Commissioner of Insurance, CoPuReDa, Multi-sectoral Council in Support of the Homeless Population, Insurance Companies	<ul style="list-style-type: none"> Results report of the evaluation of disparities and inequalities. Quarterly report of disparities on viral load suppression by age groups and risk factors.
	Adapt the evidence-based strategies that address disparities and inequalities identified for populations of young people and PID living with HIV to access HIV care services.	Service providers, Government agencies, Faith-based organizations, CBOs	2018-2019	PRDOH (OCASET), Funds recipients for HIV services, Planning Advisory Bodies, Ryan White Interparts Committee, MHAASA, Service Providers, Professional Associations, Academia, PRHIA, Office of the Commissioner of Insurance, CoPuReDa, Multi-sectoral Council in Support of the Homeless Population, Insurance Companies, PRPD	<ul style="list-style-type: none"> List of evidence-based strategies tailored to address the disparities and inequalities identified.
	Provide training to health care providers on identified evidence-based strategies targeted towards young people and PID living with HIV.	Clinical Service Providers	2019-2020	PRDOH (OCASET), AETC, Funds recipients for HIV services, MHAASA, Service Providers, Professional Associations, Academia, PRHIA, Office of the Commissioner of Insurance, Academia, CoPuReDa, Multi-sectoral Council in Support of the Homeless Population, PRPD	<ul style="list-style-type: none"> Number of educational and training activities undertaken, including activity (s) title (s) and date (s) in which they were offered. Number of clinical service providers who participated in

	<p>Implement evidence-based strategies identified for populations of young people and PID living with HIV.</p> <p>Assess the reach of the strategies implemented in the populations of young people and PID living with HIV.</p>	Clinical Service Providers	2019-2021	<p>PRDOH (OCASET), AETC, Funds recipients for HIV services, MHAASA, Service Providers, Professional Associations, Academia, PRHIA, Office of the Commissioner of Insurance, Academia, CoPuReDa, Multi-sectoral Council in Support of the Homeless Population, PRPD</p> <p>PRDOH (OCASET), AETC, Funds recipients for HIV services, MHAASA, Service Providers, Professional Associations, Academia, PRHIA, Office of the Commissioner of Insurance, Academia, CoPuReDa, Multi-sectoral Council in Support of the Homeless Population, PRPD</p>	<p>the training on evidence-based strategies identified.</p> <ul style="list-style-type: none"> List of evidence-based strategies that were implemented. Level of compliance corresponding to implementing measures/indicators developed for the strategies related to: <ul style="list-style-type: none"> Viral load suppression Linkage to services for HIV care ARV Retention in care
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
<p>3.1. B To promote quality improvement projects aimed at achieving viral load suppression among both the young and PID living with HIV.</p>	<p>Identify the number of young people and PID living with HIV who meet the criteria of non-suppressed viral load in each clinical center.</p> <p>Implement quality improvements projects focusing on reaching viral load suppression in the young and PID living with HIV</p>	Young people and PID living with HIV with non-suppressed viral load	Continuous during the period	<p>Funds recipients for HIV services, PRDOH (OCASET), AIDS Surveillance Office), CAREware Administrators</p> <p>Funds recipients for HIV services, PRDOH (OCASET), CAREware Administrators, AIDS Surveillance Office, Planning Advisory Bodies,</p>	<ul style="list-style-type: none"> Number of young people and PID living with HIV who meet the criteria of non-suppressed viral load in each clinical center. List quality improvement projects

	<p>Monitor viral loads of PLWH identified in each clinical center.</p>	<p>People living with HIV with unsuppressed viral load</p>	<p>Continuous during the period</p>	<p>Ryan White Interparts Committee, MHAASA</p> <p>Fund recipients for HIV prevention and treatment services, PRDOH (OCASET), CAREware Administrators, AIDS Surveillance Office, Planning Advisory Bodies, Ryan White Interparts Committee, MHAASA</p>	<ul style="list-style-type: none"> Quarterly report on compliance with the implementing measure related to the suppression of viral load for each clinical center
<p>Strategy</p>	<p>Activities</p>	<p>Target populations</p>	<p>Timeframe</p>	<p>Responsible/Collaborators</p>	<p>Indicators</p>
<p>3.1. C To educate the young and PID living with HIV populations around available prevention and care services and the importance of retention in care and adherence to treatment, respectively.</p>	<p>Identify the appropriate orientation strategies using a study or assessment among the young people and PID.</p> <p>Implement counseling strategies on available services and the importance of retention in care and adherence to treatment targeted to the young and PID populations living with HIV</p>	<p>Case management and service navigators component, health educators and other personnel related to adherence</p> <p>Young and PID</p>	<p>2017-2018</p> <p>2018-2021</p>	<p>PRDOH (OCASET), Funds recipients for HIV services, Planning Advisory Bodies, MHAASA, CoPuReDa, Municipalities, Multi-sectoral Council in Support of the Homeless Population, PRPD</p> <p>PRDOH (OCASET), Funds recipients for HIV services, clinical service providers, Ryan White Interparts Committee, Planning Advisory Bodies, MHAASA, CoPuReDa, Municipalities, Multi-sectoral Council in Support of the Homeless Population, PRPD</p>	<ul style="list-style-type: none"> List of appropriate orientation strategies identified for young people and PID. List of implemented strategies to provide guidance to young people and PID about available services and the importance of retention and adherence to treatment
	<p>Evaluate retention and adherence in HIV care of the young and PID populations living with HIV.</p>	<p>Young and PID</p>	<p>2020-2021</p>	<p>PRDOH (OCASET), Funds recipients for HIV services, clinical service providers, Ryan White Interparts Committee, Planning Advisory Bodies, MHAASA, CoPuReDa, Municipalities, Multi-sectoral Council in Support of the Homeless Population, PRPD</p>	<ul style="list-style-type: none"> Level of compliance with the implementing measures/indicators of retention and adherence in the young and PID populations.

Objective 3.2 Reduce geographical disparities in care and support services for PLWH.						
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators	
3.2 A To address the social determinants of health and co-factors contributing to the increase of new HIV cases through mechanisms that will ensure equal access to treatment and supportive services.	Design and conduct an assessment to identify the social health determinants associated with HIV.	PLWH	2017-2018	PRDOH (OCASET), Ryan White Interparts Committee, Planning Advisory Bodies, CoPuReDa, Academia, Government Agencies, Municipalities, Municipal Consortiums, Funds recipients for HIV services	<ul style="list-style-type: none"> Outcomes report of the the study designed to identify the social determinants of health associated with HIV. List of social health determinants identified according to the study 	
	Establish culturally sensitive initiatives to address the most significant social determinants of health associated to HIV, identified through the assessment.	Service providers	2018-2021	PRDOH (OCASET), Ryan White Interparts Committee, Government Agencies, Municipalities, Municipal Consortiums, Funds recipients for HIV services, Academia	<ul style="list-style-type: none"> List of social health determinants identified according to the study 	
	Monitor and evaluate the level of culturally sensitive initiatives that were implemented.	Service providers	2018-2021	PRDOH (OCASET), Ryan White Interparts Committee, Planning Advisory Bodies, Funds recipients for HIV services	<ul style="list-style-type: none"> Level of execution/compliance of indicators or measures that were developed for the initiatives established to address social determinants. 	
Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators	

<p>3.2.B To establish health service and supportive projects to meet the needs identified in the east, south east, southwest and northwest regions of Puerto Rico, as defined by the PR Department of Health.</p>	<p>Establish a working committee that includes representation of the regions identified.</p>	<p>HIV providers by region, east, southeast, southwest and northwest of Puerto Rico. Affected community</p>	<p>2018-2019</p>	<p>PRDOH (OCASET), Planning Advisory Bodies³¹, Ryan White Interparts Committee, Government Agencies, Municipalities</p>	<ul style="list-style-type: none"> Established working committee with representation from the identified regions.
	<p>Make an inventory of non-available but necessary services in the identified regions.</p>	<p>Working committee Service providers</p>	<p>2019</p>	<p>PRDOH (OCASET), Fund recipients for HIV services, Planning Advisory Bodies, Ryan White Interparts Committee, Municipalities, Community Health Centers (CHCs, by its English acronym).</p>	<ul style="list-style-type: none"> Evidence of inventory of non-available and needed services in the regions identified.
	<p>Identify available funds to meet the needs of identified services.</p>	<p>Service providers</p>	<p>2018</p>	<p>PRDOH (OCASET), Service Providers, Planning Advisory Bodies, Ryan White Interparts Committee, CHCs</p>	<ul style="list-style-type: none"> Identified available funds.
	<p>Include the unavailable services that are necessary in the provider's services plan for the identified regions.</p>	<p>Service providers</p>	<p>2019-2021</p>	<p>PRDOH (OCASET), Fund recipients for HIV services, Planning Advisory Bodies, Ryan White Interparts Committee, Municipalities, CHCs</p>	<ul style="list-style-type: none"> List of necessary services not available that were added to the provider's services plan.

³¹By Planning Bodies we refer to HIV Prevention Planning Group, the Ryan White Part B/ADAP Planning Body and the San Juan EMA Planning Council.

Strategy	Activities	Target populations	Timeframe	Responsible/Collaborators	Indicators
<p>3.2 C To establish mechanisms to reduce stigma and discrimination towards PLWH in the workplace.</p>	<p>Identify effective strategies to promote the leadership of PLWH in the workplace setting.</p>	<p>PLWH</p>	<p>2017-2018</p>	<p>PRDOH (OCASET), Ryan White Interparts Committee, PRDLHR, Planning Advisory Bodies, Fund recipients for HIV services, Patient Attorney's Office, Civil Rights Commission</p>	<ul style="list-style-type: none"> List of identified effective strategies.
	<p>Develop a work plan to disseminate information on the rights of PLWH to which they are entitled to, including labor protections.</p>	<p>Planning Advisory Bodies</p>	<p>2018-2019</p>		<ul style="list-style-type: none"> Work plan to disseminate information about the treatment and rights of PLWH developed
	<p>Evaluate interventions that were implemented as part of the work plan developed.</p>	<p>Planning Advisory Bodies</p>	<p>2019-2021</p>		<ul style="list-style-type: none"> Report of evaluations results of implemented interventions. Execution level/compliance of the indicators or execution measures corresponding to the indicators that were developed for each of the implemented interventions as part of the Work Plan.

Objective 3.3 Reduce disparities in the rate of new diagnoses by at least 3 percent in the following groups: men who have sex with men, young MSM, Women with heterosexual behavior and Trans Population.					
Strategy	Activities	Target Populations	Timeframe	Responsible/Collaborators	Indicators
3.3A To expand the scope of evidence-based programs that address the social determinants of health.	Make use of the available data and existing researches to determine disparities in new HIV diagnoses.	Young MSM, MSM, Women with heterosexual behavior, Trans population	September, 2019	Academia, PRDOH (OCASET), Planning Advisory Bodies	<ul style="list-style-type: none"> Number of disparities identified
	Identify evidence-based interventions to reduce disparities related to new HIV diagnoses.	Young MSM, MSM, Women with heterosexual behavior, Trans population	2020	PRDOH (OCASET), Academia, Fund recipients for HIV services	<ul style="list-style-type: none"> List of identified EBIs
	Disseminate and facilitate the implementation of evidence-based interventions to reduce disparities related to new HIV diagnoses.	Service providers	2020-2021	PRDOH (OCASET), Fund recipients for HIV services	<ul style="list-style-type: none"> Number of EBIs that were implemented
3.3 B To promote multi sectoral collaboration to reduce HIV stigma and discrimination in the MSM, young MSM, trans, and	Monitor the implementation of evidence-based interventions to reduce disparities related to new HIV diagnoses.	Service providers	2020-2021	PRDOH (OCASET), Service Providers, Fund recipients for HIV services	<ul style="list-style-type: none"> Number of providers implementing the EBIs
	Adopt best practices that are culturally sensitive to the MSM, young MSM, trans, and heterosexual women populations.	Young MSM, MSM, Women with heterosexual behavior, Trans Population	2019	PRDOH (OCASET), Funds recipients for HIV prevention and treatment services, Ryan White Interparts Committee, Planning Bodies ,HIV Service Providers, Civil Rights Commission	<ul style="list-style-type: none"> Number of best practices adapted

heterosexual women populations.	Provide training to healthcare service providers on best practices adapted to be culturally sensitive to MSM, young MSM, trans, and heterosexual women populations.	Service providers, in particular the case management component and service navigator	2020	PRDOH (OCASET), Ryan White Interparts Committee, AETC, Academia, Civil Rights Commission	<ul style="list-style-type: none"> Number of training activities Number of providers who participated in training activities
	Educate the service providers to reduce stigma and discrimination based on sexual orientation, including aspects related to sexual identity, gender expression and prevention of gender-based violence.	People living with HIV	Continuous during the period	PRDOH (OCASET) Funds recipients for HIV services, Ryan White Interparts Committee, Planning Advisory Bodies, Civil Rights Commission, Academia	<ul style="list-style-type: none"> Number of educational activities undertaken. Number of providers who participated in training activities
	Promote, among health and case management related professionals, the requirement of continuous education addressing elimination or reduction of stigma and discrimination based on sexual orientation, gender expression and prevention of gender-based violence.	Health related professions and case management	2018	PRDOH (OCASET, Legal Division), Examining Boards	<ul style="list-style-type: none"> Number of credits required in those subjects
	Develop educational campaigns on stigma and discrimination to empower the MSM and transgender populations.	Young MSM, MSM, Women with heterosexual behavior, Trans Population	Continuous during the period	PRDOH (OCASET) Funds recipients for HIV services, Ryan White Interparts Committee, Planning Advisory Bodies, Patient Attorney's Office, Academia, Commission of Civil Rights, alliances with the private sector	<ul style="list-style-type: none"> Number of educational campaigns designed Number of educational campaigns published Date and duration of the campaign Outreach media Number of people impacted
	Implement community mobilization strategies to reduce stigma and discrimination towards the MSM and transgender populations.	Young MSM, MSM, Women with heterosexual behavior, Trans Population	2018-2021	PRDOH (OCASET, Communications Office), Funds recipients for HIV services, Planning Advisory Bodies, Patient Attorney's Office, Academia, AETC, CBOs, Insurance Companies, Private Sector, Associations of Health	<ul style="list-style-type: none"> Number of implemented strategies Number of persons/entities involved Number of people impacted

Strategy	Activities	Target Populations	Timeframe	Responsible/Collaborators	Indicators
<p>3.3 C To develop a multi sectoral collaboration to reduce HIV stigma and discrimination against people living with HIV.</p>	<p>Adopt best practices that are culturally sensitive to people living with HIV, focused on reduction of stigma and discrimination.</p>	<p>PLWH</p>	<p>2019</p>	<p>PRDOH /OCASET, Ryan White Interparts Committee and Planning Advisory Bodies</p>	<ul style="list-style-type: none"> • Number of best practices adapted
	<p>Provide training to health care providers on best practices that are culturally sensitive to people living with HIV.</p>	<p>Service providers</p>	<p>2020</p>	<p>PRDOH (OCASET) Fund recipients for HIV prevention and treatment services, Ryan White Interparts Committee, Planning Advisory Bodies, AETC, Pharmaceutical Companies</p>	<ul style="list-style-type: none"> • Number of training activities carried out. • Number of providers who participated in the training activities.
	<p>Educate health care providers to address stigma and discrimination against people living with HIV.</p>	<p>Service providers</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET) Fund recipients for HIV prevention and treatment services, Ryan White Interparts Committee, Planning Advisory Bodies, Civil Rights Commission</p>	<ul style="list-style-type: none"> • Number of educational activities carried out. • Number of providers who participated in educational activities
	<p>Educate the staff working in the media around the existing stigma and discrimination against people living with HIV.</p>	<p>Service providers</p>	<p>Continuous during the period</p>	<p>PRDOH (OCASET) Fund recipients for HIV prevention and treatment services, Ryan White Interparts Committee, Planning Advisory Bodies, Civil Rights Commission</p>	<ul style="list-style-type: none"> • Number of educational activities carried out. • Number of providers who participated in educational activities
	<p>Develop educational campaigns aimed to reduce stigma and discrimination and to empower people of the population living with HIV.</p>	<p>PLWH</p>	<p>2020</p>	<p>PRDOH (OCASET) Fund recipients for HIV prevention and treatment services, Ryan White Interparts Committee, Planning Advisory Bodies, Patient Attorney's Office, Academia</p>	<ul style="list-style-type: none"> • Number of educational campaigns designed • Number of educational campaigns published

	Implement community mobilization strategies to reduce stigma and discrimination against people living with HIV.	People living with HIV	2018-2021	PRDOH (OCASET) Fund recipients for HIV prevention and treatment services, Partnerships with the private sector, Academia	<ul style="list-style-type: none"> • Date and duration of the campaign • Outreach media • Number of people impacted <ul style="list-style-type: none"> • Number of implemented strategies • Number of persons/entities involved • Number of people impacted
--	-----------------------------------------------------------------------------------------------------------------	------------------------	-----------	--------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

GOAL 4:

Achieve a more coordinated National Response to
the HIV Epidemic

Objective 4.1 Promote a public policy aimed at integrating the efforts for surveillance, prevention and treatment of HIV.

Strategy	Activities	Target Populations	Timeframe	Responsible/Collaborators	Indicators
<p>4.1. A To create a multi-sectoral committee to strengthen the public policy and promote greater involvement of the jurisdiction's sectors related to surveillance, prevention and care of HIV/AIDS, STIs, viral Hepatitis and TB in Puerto Rico.</p>	<p>Create the Multi-sectoral committee.</p>	<p>Multi-sectoral (Government Agencies, Private entities, Legislature, Service providers, CBOs, HIV Community)</p>	<p>2017</p>	<p>PRDOH (OCASET, Legal Office), Planning Advisory Bodies, Fund recipients for HIV services, CBOs, HIV Community, Health Advisor of the Executive Branch, CoPuReDa, Representative of the legislature, PRHIA, Office of the Commissioner of Insurance, Service Providers</p>	<ul style="list-style-type: none"> Established multi-sectoral Committee List of members by sector they represent
	<p>Develop strategies to address the needs of public policy identified in the Integrated Plan.</p>	<p>Multi-sectoral (Government Agencies, Private entities, CBO, HIV Community)</p>	<p>2018</p>	<p>Multi-sectoral Committee, Community</p>	<ul style="list-style-type: none"> List of strategies to address the needs of public policy
	<p>Disseminate the strategies developed among various stakeholders for input.</p>	<p>Multi-sectoral (Government Agencies, Private entities, CBO HIV Community)</p>	<p>2018</p>	<p>Multi-sectoral Committee, HIV Community</p>	<ul style="list-style-type: none"> List of disseminated strategies <ul style="list-style-type: none"> signature of the representatives of different groups and date evidencing the dissemination to stakeholders List of comments and recommendations issued by the stakeholders to who the strategies were reported
	<p>Present a package of legislative and regulatory measures that provides an integrated and culturally sensitive response for surveillance, prevention and care of HIV, STIs, TB and viral Hepatitis.</p>	<p>Legislature</p>	<p>2018-2019</p>	<p>Multi-sectoral Committee, HIV Community</p>	<ul style="list-style-type: none"> Legislative and regulatory packages submitted List of legislative and regulatory measures presented to provide an integrated and culturally sensitive response for surveillance, prevention and treatment of HIV, STI, TB and viral Hepatitis.

	Identify the criteria for evaluating public policy changes proposed by the committee.	Multi-sectoral (Government Agencies, Private entities, CBO, HIV Community)	2020	Multi-sectoral Committee	<ul style="list-style-type: none"> List of criteria / indicators developed in response to changes in public policy derived from the work of the Multi-sectoral Committee
Strategy	Activities	Target Populations	Timeframe	Responsible/Collaborators	Indicators
<p>4.1. B Use an approach based on best practices to strengthen the coordination of efforts between the Planning Advisory Bodies on the implementation of the Integrated Plan.</p>	<p>Identify the best practices to strengthen the coordination of efforts between the Planning Bodies for the implementation of the plan.</p>	<p>Planning Advisory Bodies</p>	<p>2017</p>	<p>PRDOH, Planning Advisory Bodies</p>	<ul style="list-style-type: none"> List of identified best practices to strengthen the coordination of efforts between the Planning Advisory Bodies
	<p>Implement the best practices identified to strengthen the coordination of efforts between the Planning Bodies for the implementation of the plan.</p>	<p>Planning Advisory Bodies</p>	<p>2018</p>	<p>PRDOH, Planning Advisory Bodies</p>	<ul style="list-style-type: none"> List of the best implemented practices to enhance the coordination of efforts between the Planning Advisory Bodies
	<p>Monitor the implementation the best practices to strengthen the coordination efforts between the Planning Advisory Bodies for the implementation of the plan.</p>	<p>Planning Advisory Bodies</p>	<p>2019</p>	<p>PRDOH, Planning Advisory Bodies</p>	<ul style="list-style-type: none"> Quarterly reports about the implementation of best practices to strengthen the coordination of efforts between the Planning Advisory Bodies. List of implementing/indicators measures developed to monitor the implementation and compliance with practices implemented. Quarterly report about the level of compliance with the measures/indicators related to the implemented practices to strengthen the coordination of efforts between Planning Advisory Bodies

Strategy	Activities	Target Populations	Timeframe	Responsible/Collaborators	Indicators
4.1.C To educate stakeholders around changes in public policy that affect the provision of services related to prevention and care of HIV	Identify the appropriate communication channels to share with stakeholders changes in policies.	Multi-sectoral (Government Agencies, Private entities, CBO, HIV Community, Legislature)	Continuous during the period	PRDOH (OCASET, Communications), HIV Community, Multi-sectoral Committee, Legislature, Academia, Communications Schools	<ul style="list-style-type: none"> List of identified communication channels, according to the stakeholders and to policies developed.
	Implement outreach and education activities and strategies.	Multi-sectoral (Government Agencies, Private entities, CBO, HIV Community)	Continuous during the period	PRDOH (OCASET, Communications), HIV Community, Multi-sectoral Committee, Academia, Communications Schools	<ul style="list-style-type: none"> Identified communication channels List of activities and education strategies that were implemented to instruct and notify changes in public policy resulting from the efforts of the Public Policy Committee List of activities and dissemination strategies that were implemented to communicate and disseminate public policy changes that took effect. Type of disclosure media used.

Objective: 4.2 To develop and/or enhance planning and collaboration to support a coordinated response to HIV in terms of prevention, care and treatment.

Strategy	Activities	Target Populations	Timeframe	Responsible/Collaborators	Indicators
4.2.A To educate or provide information on an annual basis around the of HIV / AIDS, STIs, viral Hepatitis and TB epidemiology in Puerto Rico.	Design the strategies for education and information dissemination.	PRDOH AETC Planning Advisory Bodies	2017	PRDOH (OCASET, Epidemiological Surveillance, Communications Office), PRHIA, Office of the Commissioner of Insurance, Planning Advisory Bodies, AETC	<ul style="list-style-type: none"> List of strategies designed to educate periodically on the epidemiology and services available for HIV/AIDS, STIs, viral Hepatitis B and TB prevention and care List of strategies designed for the dissemination of epidemiological information and services available

	<p>Identify the fields to be included in a periodical publication addressing the HIV/STIs, viral Hepatitis and TB epidemiology in Puerto Rico.</p>	<p>PRDOH (OCASET, Epidemiological Surveillance, Communications Office), PRHIA, Office of the Commissioner of Insurance, Planning Advisory Bodies, AETC, Academia</p>	<p>2017</p>	<p>PRDOH (OCASET, Epidemiological Surveillance, Communications Office), PRHIA, Office of the Commissioner of Insurance, Planning Advisory Bodies, AETC</p>	<p>for HIV/AIDS, STIs, viral Hepatitis B and TB prevention and care</p> <ul style="list-style-type: none"> List and operational definition of the fields to be identified to be included in the periodical publication about epidemiology and HIV/STIs, TB and viral Hepatitis in Puerto Rico Structure or outline of the publication in which the fields/elements to be included in the periodical publication on epidemiology and HIV/STIs, viral Hepatitis and TB in Puerto Rico are identified
	<p>Develop a periodical publication.</p>	<p>PRDOH</p>	<p>2018</p>	<p>PRDOH (OCASET, Epidemiological Surveillance, Communications Office), PRHIA, Office of the Commissioner of Insurance, Planning Advisory Bodies, AETC</p>	<ul style="list-style-type: none"> Copy of the periodical publication about epidemiology and HIV/STIs, TB and Hepatitis services in Puerto Rico Number of publications distributed Estimated impact based on the average of people exposed per copy
	<p>Conduct forums to support the integration, coordination and collaboration of the sectors who are consumers of information related to HIV/AIDS, STI, viral Hepatitis and TB epidemiological information in Puerto Rico.</p>	<p>PRDOH (OCASET, Epidemiological Surveillance, Communications Office), PRHIA, Office of the Commissioner of Insurance, Planning Advisory Bodies, AETC, Academia</p>	<p>2019</p>	<p>PRDOH (OCASET, Epidemiological Surveillance, Communications Office), PRHIA, Office of the Commissioner of Insurance, Planning Advisory Bodies, AETC</p>	<p>Evidence that the forums took place:</p> <ul style="list-style-type: none"> Date and duration Number of representatives who attended, corresponding to the different sectors/agencies/organizations.
	<p>Activities</p>	<p>Target Populations</p>	<p>Timeframe</p>	<p>Responsible/Collaborators</p>	<p>Indicators</p>
<p>Strategy</p> <p>4.2. B To establish mechanisms for accountability around the Integrated Plan strategies.</p>	<p>Implement the processes of gathering information from service providers to document</p>	<p>PRDOH, Planning Advisory Bodies</p>	<p>2017</p>	<p>PRDOH (OCASET, Surveillance Office, Assistant Secretariat of Planning), SJEMA, Community Planning Advisory Bodies, Service Providers, Funds recipients for HIV services,</p>	<ul style="list-style-type: none"> List of processes and information collection mechanisms that were implemented so that service providers can document the work done in order for the progress of the activities

<p>the progress of activities of the Integrated Plan.</p>	<p>Determine the level of compliance with the strategies proposed in the Integrated Plan.</p>	<p>PRDOH, Planning Advisory Bodies</p>	<p>2017-2021</p>	<p>PRDOH (OCASET, Surveillance Office, Assistant Secretariat of Planning), SJEMA, HIV Community, Planning Bodies, Service Providers, Funds recipients for HIV services,</p>	<p>established under the Integrated Plan to be demonstrated.</p> <p>Level of compliance with the strategies proposed in the Integrated Plan.</p> <ul style="list-style-type: none"> • List of developed implementing measures/indicators developed to monitor the implementation and corresponding progress to the strategies proposed in the Integrated Plan • Quarterly Reports of compliance with the implementing measures/indicators developed to monitor the implementation and corresponding progress to the strategies proposed in the Integrated Plan.
<p>Disseminate information to stakeholders on the progress and compliance with the Integrated Plan</p>	<p>HIV Community, Service Providers and other groups of stakeholders</p>	<p>2017-2021</p>	<p>PRDOH (OCASET, Surveillance Office, Assistant Secretariat of Planning), HIV Community, Planning Bodies, Service Providers, Funds recipients for HIV services,</p>	<p>PRDOH (OCASET, Surveillance Office, Assistant Secretariat of Planning), HIV Community, Planning Bodies, Service Providers, Funds recipients for HIV services,</p>	<ul style="list-style-type: none"> • Quarterly progress and compliance reports presented to the stakeholders groups <ul style="list-style-type: none"> ◦ Signed procedure sheets of different groups and date, evidencing the dissemination and compliance of the Quarterly Progress Report with respect to the strategies proposed in the Integrated Plan. • List of developed and implemented measures
<p>Develop and implement measures and strategies to ensure compliance and progress of the Integrated Plan</p>	<p>PRDOH, Planning Advisory Bodies, Service Providers</p>	<p>2017-2021</p>	<p>PRDOH (OCASET, Surveillance Office, Assistant Secretariat of Planning), HIV Community, Planning Bodies, Service Providers, Funds recipients for HIV services,</p>	<p>PRDOH (OCASET, Surveillance Office, Assistant Secretariat of Planning), HIV Community, Planning Bodies, Service Providers, Funds recipients for HIV services,</p>	
<p>Strategy</p>	<p>Activities</p>	<p>Target Populations</p>	<p>Timeframe</p>	<p>Responsible/Collaborators</p>	<p>Indicators</p>
<p>4.2. C To establish a virtual network for the beneficiaries of the Health Insurance Plan of the Government of Puerto Rico to make available</p>	<p>Coordinate meetings with individuals or groups of interest</p>	<p>HIV Community and Service Providers, PRHIA</p>	<p>2017</p>	<p>Insurance Companies, Ryan White Interparts Committee, Planning Advisory bodies PRHIA, PRDOH (OCASET), Patient Attorney's Office, Service Providers</p>	<ul style="list-style-type: none"> • Number of meetings • Number and sectors representing the entities that participated in the meetings, Assistance Register of participants in the meetings • Meetings minutes

access to integrated health services anywhere on the island, including mental health and problematic substance use services.	Identify mechanisms to make the necessary changes in contracting with providers.	Service providers PRHIA	2017	Insurance Companies, Ryan White Interparts Committee, Planning Advisory bodies PRHIA, PRDOH (OCASET), Patient Attorney's Office, Service Providers	<ul style="list-style-type: none"> List of efforts or mechanisms identified to establish necessary changes in the contracting of providers
	Implement the changes identified in contracting with providers.	Service providers PRHIA	2018-2021	Insurance Companies, Ryan White Interparts Committee, Planning Advisory bodies PRHIA, PRDOH (OCASET), Patient Attorney's Office, Service Providers	<ul style="list-style-type: none"> List of changes implemented in the process of contracting providers
	Evaluate the implementation of the new virtual model.	Service providers PRHIA	2021	Insurance Companies, Interparty Committees, Planning bodies PRHIA, PRDOH (OCASET), Patient Advocate Office, Service Providers	<ul style="list-style-type: none"> Progress Reports of the implementation of the new model or system Report on results of the implementation of the new model or system <ul style="list-style-type: none"> List of enforcement measures/indicators developed to monitor the implementation of the new model resulting from changes made to the process of contracting providers. Quarterly Report of compliance level with the enforcement measures/indicators developed to monitor the implementation of the new model resulting from changes made to the process of contracting providers.