Estimating Unmet Need for HIV Primary Medical Care
Key Steps for RWHAP Part A and B Recipients

**Required Estimates and Analyses**

**The Unmet Need Framework includes three components:**

1. **Late Diagnoses**: Diagnosis of HIV in most recent calendar year based on residence at time of diagnosis.
2. **Unmet Need for HIV primary medical care**: Number of people living with diagnosed HIV infection without any CD4 or VL tests in most recent calendar year.
3. **In Care, Not Virally Suppressed**: Estimated number of people who know their HIV status and are in care but have a viral load > 200 copies/ml in most recent calendar year.

**Determine if you are doing the Required or Enhanced estimates and analyses:**

1. **Required**: Use HIV surveillance data for Late Diagnoses, Unmet Need and In Care, Not Virally Suppressed for the HIV population and three target populations.
2. **Enhanced**: Use RWHAP data for Unmet Need and In Care, Not Virally suppressed for all RWHAP clients and three target populations. Conduct subpopulation analyses (all data) and link databases.

**High-level Workflow for Completing the Required Unmet Need Estimates**

1. **Review Unmet Need Framework to determine data needs**
   - Review Unmet Need Instruction Manual
   - Review data element definitions

2. **Engage key team members/partners who:**
   - Can assist with selection of target populations
   - Can conduct data analysis
   - Are familiar with the data
   - Can review analytic code and output
   - Can review and approve the final Unmet Need estimates and analyses

3. **Ensure availability of HIV Surveillance data, laboratory data, and analytic program**
   - Obtain SAS code from CDC HIV Surveillance contact or
   - Build or utilize jurisdiction-specific code

4. **Develop the timeline for conducting the estimate**
   - Assess time needed to do multiple data runs to ensure data accuracy
   - Understand deadlines for review and submission

5. **Conduct estimates of Unmet Need**
   - Secure data or submit data request(s)
   - Develop code to create file structure or use CDC SAS code
   - Run analyses
   - Review data outputs
   - Troubleshoot and revise approach as needed
   - Re-run data as needed
   - Validate data with other reports if applicable

6. **Populate the Unmet Need Reporting Templates (required) and Calculation Tables (optional)**
   - Enter data into Excel Templates
   - Submit for internal review prior to HRSA submission
   - Finalize and submit as part of RWHAP Part A and B applications

**Recipients can use the unmet need estimates:**
- In RWHAP applications
- For service planning
- For engaging stakeholders

For detailed instructions and tools for calculating Unmet Need, visit targethiv.org/library/topics/unmet-need
Estimating Unmet Need for HIV Primary Medical Care
Key Steps for RWHAP Part A and B Recipients: Enhanced Estimates and Analyses

The Unmet Need Framework includes three components:

1. **Late Diagnoses**: Diagnosis of HIV in most recent calendar year based on residence at time of diagnosis.
2. **Unmet Need for HIV primary medical care**: Number of people living with diagnosed HIV infection without any DC4 or VL tests in most recent calendar year.
3. **In Care, Not Virally Suppressed**: Estimated number of people who know their HIV status and are in care but have a viral load > 200 copies/ml in most recent calendar year.

The Enhanced estimates and analyses include the Required components:

1. Use HIV surveillance data for Late Diagnoses, Unmet Need and In Care, Not Virally Suppressed for the HIV population and three target populations.
2. Use RWHAP data for Unmet Need and In Care, Not Virally Suppressed for all RWHAP clients and three target populations. Conduct subpopulation analyses (all data) and link databases.

---

**High-level Workflow for Completing the Enhanced Unmet Need Estimates**

1. **Review Unmet Need Framework to determine data needs**
   - Review Unmet Need Instruction Manual
   - Review data element definitions

2. **Engage key team members/partners who**
   - Can assist with selection of target populations
   - Can conduct data analysis
   - Are familiar with the data
   - Can review analytic code and output
   - Can review and approve the final Unmet Need estimates and analyses

3. **Assess availability of HIV surveillance, including laboratory data, RWHAP data, and any other databases being used**
   - Obtain SAS code from CDC HIV Surveillance contact or
   - Build or utilize jurisdiction-specific code

4. **Develop the timeline for conducting the estimate**
   - Assess time needed to do multiple data runs to ensure data accuracy
   - Understand deadlines for review and submission

5. **Conduct estimates of Unmet Need**
   - Secure data or submit data request(s)
   - Match datasets (if linking data)
   - Develop code to create file structure or use CDC SAS code
   - Troubleshoot and adjust code and/or analytic approach
   - Develop or obtain code to run RWHAP client estimates and analyses
   - Run analyses
   - Review data outputs
   - Troubleshoot and revise approach as needed
   - Re-run data as needed
   - Validate data with other reports if applicable

6. **Populate the Unmet Need Reporting Templates (required) and Calculation Tables (optional)**
   - Enter data into Excel Templates
   - Submit for internal review prior to HRSA submission
   - Finalize and submit as part of RWHAP Part A and B applications

**Recipient**

For detailed instructions and tools for calculating Unmet Need, visit targethiv.org/library/topics/unmet-need

---

**HRSA**

Ryan White & Global HIV/AIDS Programs