

**National Institutes of Health
Office of AIDS Research
HIV Stakeholder Outreach and Engagement Report:
June 2018 – February 2020**

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Executive Summary

This report describes the stakeholder outreach and engagement activities of the National Institutes of Health (NIH) Office of AIDS Research (OAR) between mid-2018 and early-2020 that helped inform and harmonize the [*NIH Strategic Plan for HIV and HIV-Related Research*](#)¹ and overarching NIH HIV/AIDS research priorities for the period FY 2021–2025.

OAR sought and received input in multiple ways from a range of stakeholders, including the NIH AIDS Executive Committee (NAEC) representing stakeholders in the NIH Institutes, Centers, and Offices (ICO), the OAR Advisory Council (OARAC), and individuals from academia, community-based organizations, clinical care settings, public health agencies, and advocacy and outreach organizations, who responded to two Requests for Information (RFI), and/or who participated in listening sessions, site visits, and community conversations.

The listening sessions and community conversations, held between March 2019 and March 2020, occurred in numerous locations throughout the U.S. as a way to bring local and regional focus to the discussion of NIH HIV research priorities, translation and dissemination efforts, and capacity-building activities. The events were organized by the OAR in partnership with host academic institutions and community-based organizations and took place in Seattle WA, Birmingham AL, Atlanta GA, New York NY, San Francisco CA, Jackson MS, Washington, DC, Chicago, IL, and Baltimore MD. Additionally, several meetings and site visits were held in Mexico and South Africa as a way to obtain input from key international stakeholders. OAR worked with host organizations to ensure diversity of participants across demographic characteristics, career stages, and institutional settings. To optimize participation in the discussions, attendance at any session was limited to 40 people, although most university sessions included 20 to 30 people and community conversations ranged between 8 and 20 participants. All sessions were facilitated by local hosts

Key, top-level findings from this range of stakeholder engagement activities relate to the:

- Importance of maintaining a robust portfolio of HIV research at the NIH across Scientific disciplines while focusing investment in the highest priority areas;

¹ https://www.oar.nih.gov/sites/default/files/NIH_StrategicPlan_FY2021-2025.pdf

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- Importance for the OAR to continue to conduct outreach activities, and portfolio reviews and analyses to ensure that the most current HIV research priorities, as defined both by scientific developments and community-identified needs, are being addressed;
- Need for stronger partnerships between federal agencies and improved coordination between public health officials and clinicians to ensure more rapid research dissemination and implementation across settings;
- Importance of enhancing the pipeline of HIV researchers across disciplines and settings and ensuring institutional capacity to conduct cutting-edge science with community relevance; and
- Need to increase the NIH HIV/AIDS budget to effectively address high-priority research, training, and capacity-building programs.

The activities included in this Interim Report took place before SARS-CoV-2/COVID-19 emerged as a global pandemic. The imperative to address COVID-19 has precipitated a shift of attention and resources for many health issues, including HIV. The inability to convene research teams, run laboratories, and conduct in-person studies has significantly affected the HIV research enterprise. As the OAR embarks on its second year of stakeholder engagement activities, the office anticipates learning important details about the effects of COVID-19 on the HIV research enterprise across the country and using this feedback to inform the overall NIH research recovery agenda.

In partnership with the NIH ICOs the OAR has begun to address a number of action steps that emerged from the first year of stakeholder engagement meetings. These include:

- Continue outreach activities to reach additional stakeholder groups;
- Gather information from the NIH ICOs on current activities that address opportunities identified by stakeholders during the first year of OAR listening sessions and community conversations meetings;
- Convene small groups from different sectors (e.g., philanthropy) on focused topics and critical outstanding issues (e.g., health inequalities, novel study designs, ensuring the HIV research pipeline);
- Develop and implement an Early Stage Investigators (ESI) initiative that includes engagement sessions with external stakeholders as well as data analyses of current ESI grants, programs, and related activities;
- Convene federal partners to enhance collaborations across agencies responsible for HIV-related research and its dissemination and
- Continue engagement in COVID-19 initiatives at NIH to contribute knowledge and infrastructure from HIV.

Introduction

The Office of AIDS Research (OAR) of the National Institutes of Health (NIH) was established in 1988 through Section 2353 of the Public Health Service Act to provide leadership in setting the national and global HIV/AIDS research agenda. Located within the NIH's Office of the Director, Division of Program Coordination, Planning, and Strategic Initiatives, OAR coordinates the scientific, budgetary, and policy elements of NIH's diverse HIV research program across the NIH. OAR is authorized to identify and establish research priorities and emerging needs and to develop the [NIH Strategic Plan for HIV and HIV-Related Research](#)² (the Plan). The Plan provides a roadmap for the NIH HIV/AIDS research program, ensuring that funds for each fiscal year (FY) are allocated in accordance with established NIH scientific [research priorities](#). It guides NIH investments, building on scientific progress and opportunities for advancing HIV/AIDS research toward an end to the pandemic. To develop the Plan and to ensure that the overall NIH HIV/AIDS research program and priorities are responsive to scientific advances, changes in the epidemic, and needs of communities, OAR regularly obtains input from multiple stakeholders. This has been a particular priority of the current OAR Director since she assumed the position in 2016.

This report describes OAR's stakeholder outreach and engagement activities between mid-2018 and early-2020 that helped inform and harmonize the NIH Plan and the HIV/AIDS research priorities for the period FY 2021–2025. It is important to note that these activities occurred before the onset of the COVID-19 pandemic that currently is affecting HIV and broader health research supported by the NIH. OAR currently is involved with NIH research recovery efforts, which undoubtedly will be a core topic of the Office's stakeholder engagement activities well into the future. OAR will issue periodic updates to this report that include information from future outreach and engagement events.

Updating the Plan and Extending the Priorities

In 2019, the Plan was changed from a two-year to a five-year strategy to accommodate a longer-term vision and to better address the natural progress of research. For the FY 2021-2025 Plan, OAR sought and received input in multiple ways from a range of stakeholders in the NIH HIV/AIDS research program. External stakeholder input was obtained through two key processes: (1) the issuance of two Requests for Information (RFI); and (2) a series of Listening Sessions convened around the United States and in several international sites. Additional scientific and programmatic input was provided by representatives from the NIH Institutes, Centers, and Offices (ICOs) that support HIV research.

² https://www.oar.nih.gov/sites/default/files/NIH_StrategicPlan_FY2021-2025.pdf

A set of overarching NIH HIV/AIDS research priorities was [formulated and publicized in 2015](#)³ and [extended in late-2019](#).⁴ These priorities serve as the basic foundation for the Plan and for determining what research will be supported with HIV-designated funds across the NIH. The breadth of these priorities enables OAR to be flexible in defining specific topics within areas of research over time in response to developments and needs in the field, and include: (1) reduce the incidence of HIV/AIDS, including the development of safe and effective HIV/AIDS vaccines and other prevention modalities, such as microbicides and pre-exposure prophylaxis; (2) develop the next-generation of HIV therapies with improved safety and ease of use; (3) discover a cure for HIV/AIDS; and (4) reduce HIV-associated comorbidities, coinfections, and complications. Basic research, health disparities, behavioral and social sciences research, epidemiology, information dissemination, implementation science, and training that cut across the four priority areas are also supported.

The OAR planning and priority-setting activities preceded the [Ending the HIV Epidemic: A Plan for America](#)⁵ announced by President Donald J. Trump in early 2019, and continue in parallel with the initiative. *Ending the HIV Epidemic* (EHE) aims to reduce the number of new HIV infections by 75 percent by 2025 and by 90 percent by 2030 through a coordinated, interagency strategy led by the Department of Health and Human Services (HHS). The approach involves leveraging important scientific advances in HIV prevention, diagnosis, and treatment from NIH research with successful programs in outreach and service delivery supported by other agencies. The OAR Listening Sessions, designed to obtain broad public input for the FY2021-2025 Plan, also provided an opportunity, in combination with EHE specific listening sessions held by HHS, to hear what NIH stakeholders thought were the most important opportunities and needs in HIV/AIDS research to realize the goals of the EHE initiative.

Stakeholder Outreach and Engagement Processes

To identify specific areas for focused attention and resource allocation, OAR has solicited input from a broad range of stakeholders within and external to the NIH. Within the NIH, advice was provided primarily through the NIH AIDS Executive Committee (NAEC). External stakeholders included researchers in academia, community-based organizations, clinical care settings, and public health agencies, as well as those from advocacy and community outreach organizations. This input was obtained from the OAR Advisory Council (OARAC), as well as through listening sessions, site visits, and community conversations. Following is a summary of the activities and findings from OAR's recent stakeholder outreach and engagement efforts.

³ <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-137.html>

⁴ <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-018.html>

⁵ <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

Requests for Information (RFIs)

In June of 2018, OAR issued [*Request for Information for the Development of the Fiscal Year 2021-2023 Trans-NIH Strategic Plan for HIV and HIV-Related Research*](#).⁶ [Note: This RFI was issued prior to the decision to extend the Plan to five years, covering FY 2021–2025.] The RFI invited public feedback on NIH-wide HIV/AIDS research priorities, important scientific developments, gaps and emerging areas of HIV research, and infrastructure needs. The specific questions posed in the RFI were:

- What are the emerging areas of science in HIV/AIDS prevention, treatment, disease progression, and cure that may impact the NIH research priorities?
- What are the research gaps and promising opportunities?
- What are the relevant scientific developments?
- Are there any major accomplishments that should be considered in the development of the plan?
- What are the critical training and capacity-building needs that are vital to support domestic and global HIV/AIDS-related research activities?

Input was received from a total of 177 unique respondents, 81 percent of whom were located in academic institutions. The most prevalently mentioned areas of scientific advancement and opportunity were: the development and use of new technology, including social media, in prevention and care; the critical role of basic research (e.g., virology and immunology) in all priority areas; the need for greater translation of research results; and the importance of implementation science. Respondents also mentioned training and recruitment of new investigators and enhanced partnerships and collaborations as critical needs across priority areas, reflecting the increasingly multidisciplinary nature of HIV research.

In February of 2019, OAR issued a second RFI, [*Request for Information for a Review of the NIH HIV/AIDS Research Priorities and Guidelines for Determining AIDS Funding Document*](#).⁷ The goal of this RFI was to obtain public input on the relevance of the overarching priorities and the assessment to align research projects and programs with current priorities. The specific questions posed in this RFI were:

- Do the priorities continue to be relevant to advancing the state of the science and sufficient to capture anticipated research needs, or are changes to the priorities needed?
- Does an ‘aligned’ or ‘not aligned’ assessment provide increased flexibility to support emerging scientific opportunities using HIV-designated funds, or is a different approach needed?

A total of 80 individual responses were received from a range of stakeholders, with the vast majority (59) coming from individuals affiliated with academic institutions. More than 90 percent of respondents indicated that the priorities were still relevant; and over 70 percent

⁶ <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-185.html>

⁷ <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-078.html>

indicated that OAR should change to an ‘aligned’ or ‘not aligned’ assessment, instead of the ‘low, medium, or high priority’ assessment used at that time.

Looking across the two RFIs, 78 percent of the 257 total responses came from people affiliated with academic institutions; 5 percent from non-governmental organizations; 3.5 percent from community-based organizations; 2.5 percent from advocacy groups; and 11 percent from other entities (e.g., industry, networks, health care providers, unidentified/unaffiliated). This distribution led the OAR to consider how to more broadly engage its full range of stakeholders.

Listening Sessions and Community Conversations

As a priority of the current Director, OAR has engaged in a series of in-person listening sessions held in different locations throughout the United States and select international sites, with the overall purpose to increase engagement with a diverse set of stakeholders representing various organizations, groups, populations, and individuals from the research, public health, and HIV-affected communities. The listening sessions provide an open and transparent forum for stakeholders to communicate to the OAR and NIH about their views on current and future research opportunities and needs from a local and regional point of view. In addition to the formal listening sessions, smaller, focused conversations with local community constituents involved with HIV programs and services and/or directly affected by HIV were held. These stakeholder engagement events provide a range of perspectives that will assist the NIH in continuing to make well-informed decisions about prioritizing topics within the NIH-wide HIV research agenda and the mechanisms to support an evolving research portfolio.

The listening sessions and community conversations occurred principally in the U.S., with a few meetings and site visits in Mexico and South Africa as a way to obtain input from key international stakeholders. U.S. sites visited between early 2019 and early 2020 are shown in the map below. In many cases, the sessions were arranged to leverage existing conferences and meetings the OAR Director was attending and where a critical mass of stakeholders would be present. While researcher-hosted listening sessions typically occurred at university sites, community conversations frequently were held at the offices of local community-based organizations. Further details of these activities are shown in Appendix A.

Figure 1. Location and Number of U.S. OAR Listening Sessions and Community Conversations



The format of the listening sessions was similar across sites, with a facilitated discussion organized around three main questions:

1. Within the overarching HIV research priority areas, what do you think are the most important unanswered questions or topics requiring new or expanded attention over the next 5 years?
2. How will attention to these topics contribute to the goal of ending the HIV epidemic in the US by 2030, and the 90:90:90 goals globally?
3. What types of training, infrastructure, capacity-building, community engagement, and educational outreach efforts will be required to address these research topics?

To optimize participation, sessions typically involved 20-30 people, representing different scientific disciplines, institutions, and stages of career. Each session lasted about 90 minutes.

The community conversations were less structured and included a brief introduction by the OAR Director to the OAR's mission, mandate, and scientific priorities for the NIH HIV research agenda. This information also was summarized on a two-page hand-out that was provided to participants before and during the meetings. Participants were encouraged to discuss the areas of research and research translation most important to their communities. These discussions were facilitated by a local host, and included between 8 and 30 individuals, depending on the location, who were diverse across gender, race, ethnicity, age,

occupation/involvement in HIV, and institution. The sessions lasted between 45 and 90 minutes.

While neither the listening sessions nor the community conversations were recorded, OAR staff members and consultants took detailed notes that provide the data for this report.

Key Findings

Looking collectively at the input received during the RFI process, the listening sessions, and the community conversations, several key themes emerged. Many of the themes were articulated by researchers and community members alike; and many were heard across different locations. Others were more context-specific, reflecting local, regional, population, and stakeholder group perspectives. Following is a summary of key themes and some exemplary topics and issues within them as they relate to the Strategic Goals outlined in the *FY2021–2025 NIH Strategic Plan for HIV and HIV-Related Research*.

Cutting across all the Strategic Goals, stakeholders mentioned the need for increased funding for NIH HIV/AIDS research. They expressed concern that in recent years, while there have been funding increases from Congress for NIH as a whole, none of these has been allocated to the HIV/AIDS budget. They noted that this effectively constitutes a decline in the HIV/AIDS budget which could hamper the ability of NIH to address high-priority research, training, and capacity-building programs.

Strategic Goal 1: Advance rigorous and innovative research to end the HIV pandemic and improve the health of people with, at risk for, or affected by HIV across the lifespan.

Stakeholders everywhere underscored the importance of maintaining a robust portfolio of HIV research at the NIH across scientific disciplines while focusing investment in specific topics within top-level priority areas (Table 1).

Table 1. Stakeholder-identified Priority HIV Research Areas and Foci

Priority Research Area	Foci
HIV Prevention	<ul style="list-style-type: none"> • Increase the pipeline of vaccine products • Design and further development of broadly neutralizing antibodies (bNABs) • Understand the mechanisms and biology of HIV acquisition • Identify and address social-structural factors that influence HIV risk and epidemic trajectories • Develop new methods and choices for the delivery of pre-exposure prophylaxis (PrEP) • Advance self-testing for HIV infection
Therapeutics & Cure	<ul style="list-style-type: none"> • Identify next generation therapies that are longer lasting, less toxic, and have increased availability to brain and CNS • Develop more delivery choices • Determine mechanisms of viral persistence, including effects of ART on HIV reservoirs • Identify and eliminate reservoirs within anatomical sites • Advance self-testing for viral load • Ensure equitable representation of people with HIV in HIV therapeutics and cure clinical trials
Comorbidities, Coinfections, and Complications (CCCs)	<ul style="list-style-type: none"> • Address mental and behavioral health, including substance use disorders, as they relate to HIV • Address the co-occurrence of HIV and tuberculosis • Advance research on the conditions of aging in people with HIV • Develop diagnostic tools and biomarkers to identify CCCs • Assess quality of life for people with HIV over time
Social, Structural, and Environmental Factors	<ul style="list-style-type: none"> • Examine social determinants of HIV and health outcomes • Address HIV-related health disparities and inequalities • Analyze the effects of climate change on HIV epidemics • Define population-specific wellness and resilience profiles
Implementation Science	<ul style="list-style-type: none"> • Assess population-level effects of scaling-up prevention, care, and treatment interventions • Explore methods and models of prevention, treatment, care, and service delivery that address specific needs of specific populations (precision public health approach) • Evaluate return on investment of public health interventions
Methodology	<ul style="list-style-type: none"> • Develop real-time data collection tools and metrics • Develop and utilize analytical methods for charting HIV epidemic trajectories • Develop alternative clinical trial designs

Strategic Goal 2: Ensure that the NIH HIV research program remains flexible and responsive to emerging scientific opportunities and discoveries.

Stakeholders stressed the importance for the OAR to continue to conduct portfolio reviews and analyses and to continue outreach activities to ensure that the most current HIV research priorities—as defined both by scientific developments and community-identified needs—are being addressed. Opportunities identified include:

- Work with the NIH Institutes and Centers to facilitate involvement of community-based researchers, through:
 - Program Announcements and applications written and formatted in a way that is understandable and feasible for community-based organizations (CBO).
 - Longer grant cycles for infrastructure projects in resource-limited settings, particularly projects about community engagement and community-based participatory research (CBPR).
- Coordinate review and funding of research that include a topic(s) within the mission/priority of more than one ICO.

Strategic Goal 3: Promote dissemination and implementation of research discoveries for public health impact across agencies, departments, and stakeholders within the U.S. Government and globally.

Stakeholders want to see more and stronger partnerships between federal agencies and improved coordination between public health officials and clinicians to ensure more rapid research dissemination and implementation across settings. Stakeholders suggested the OAR could facilitate partnerships in several areas, including:

- Identify effective strategies to translate scientific findings to community and clinical practice.
- Strengthen community education and scientific literacy programs that are independent of study recruitment efforts, inclusive of communities most affected by HIV, and reflect ‘true’ partnerships.
- Coordinate development of federal guidelines for sharing epidemiological, clinical, and service delivery data among federal, state, local, and community agencies.

Strategic Goal 4: Build human resource and infrastructure capacity to enhance sustainability of HIV research discovery and the implementation of findings by a diverse and multi-disciplinary workforce.

Stakeholders everywhere mentioned the importance of enhancing the pipeline of HIV researchers across disciplines and settings and ensuring institutional capacity to conduct cutting-edge science with community relevance. Some specific needs that were identified include:

- Provide greater support for early career investigators—beyond K and R21 awards—particularly for basic scientists.
- Address the “missing generation” of junior and mid-career investigators, clinicians, and administrators particularly those who are representative of communities most affected by HIV and provide a viable career pipeline to ensure a greater probability of retention and success.
- Create a special funding mechanism to support early career investigators in low- and middle-income countries.
- Facilitate satellite partnerships between key research centers and smaller/distant sites to recognize the mobility of the epidemic, engage new investigators, and diversify the HIV research enterprise by race, ethnicity, and gender.

Impact of the COVID-19 Pandemic

The activities and findings described occurred prior to the emergence of the SARS-CoV-2/COVID-19 pandemic in March 2020. Public health imperatives to engage in social/physical distancing have disrupted the ability of OAR to hold additional in-person stakeholder engagement sessions in various locales for the foreseeable future. Alternative methods for maintaining engagement with the stakeholder community are being explored, including holding virtual meetings with groups from sites that had been scheduled prior to shelter-in-place policies.

The rapid spread and impact of COVID-19, particularly in the United States in areas with populations at-risk for HIV, has underscored many of the issues raised by OAR stakeholders over the past year. These include the need to expand research in the areas of social determinants of health and health inequalities, mental health issues associated with social isolation, stigma, and perceived vulnerability, health care access, and basic virology and immunology for drug and vaccine development; the need to explore alternative, rapid, and nimble study designs, including for clinical trials; and the urgency of increasing the research pipeline with diverse investigators.

At the same time, the imperative to address COVID-19 quickly and effectively has precipitated a shift of attention and resources in both research and clinical care for many health issues,

including, but not limited to, HIV. The inability to convene research teams, run laboratories, and conduct in-person studies is significantly affecting the HIV research enterprise. As OAR embarks on a second year of stakeholder engagement activities, OAR anticipates gleaning important details about how this is being experienced at different sites across the country that will contribute to the overall NIH research recovery agenda.

Action Steps

OAR will undertake a few key initiatives to maintain stakeholder engagement in and obtain additional input on the NIH HIV/AIDS research program in the coming months. These include:

1. Continue the listening sessions and community conversations with stakeholders.
 - Further diversify stakeholders reached (e.g., by geographic location)
 - Refine discussion questions as appropriate (e.g., by stakeholder group, as new issues arise)
2. Obtain information from the NIH ICOs—through the NAEC—on activities currently underway that address the focus areas identified by stakeholders during the first year of OAR listening sessions and community conversations.
 - Disseminate information to stakeholders
3. Convene small groups from different sectors (e.g., philanthropy) on focused topics and critical outstanding issues (e.g., health inequalities, novel study designs, ensuring the HIV research pipeline).
4. Develop and implement an Early Stage Investigators (ESI) initiative that includes engagement sessions with external stakeholders as well as data analyses of current ESI grants, programs, and related activities.
5. Convene federal partners to enhance collaborations across agencies responsible for HIV-related research and its dissemination.
 - Continue collaborations on EHE begun with CDC in March 2019.
6. Continue participation in COVID-19 initiatives at NIH to contribute knowledge and infrastructure from HIV. Additionally, OAR will:
 - Convene a small group of experts from different disciplines and sectors to gain perspectives on the relationships between the HIV and COVID-19 epidemics, including a discussion of how lessons learned from the HIV experience can inform the COVID-19 response, as well as, an assessment of how COVID-19 is affecting HIV research.

Conclusion

Reflecting across all stakeholder engagement activities since 2018, OAR is impressed by the sustained dedication and commitment of researchers, clinicians, service providers, public health officials, and community members alike to advance HIV research discovery and effective implementation. Taking the OAR “to the people” provides an opportunity to acknowledge the key role community members and advocates play in development of new levels of engagement in HIV research. Listening sessions allow us to hear directly from early career investigators who otherwise may not have a direct channel to communicate their needs to the NIH.

Stakeholders are deeply committed to supporting a robust, interdisciplinary NIH HIV/AIDS research effort that: focuses on the highest priority areas of science; is responsive to diverse community needs and concerns; builds capacity among stakeholders to conduct and interpret science; and nurtures the careers of young and early career scientists across settings.

The specific insights and recommendations articulated across the spectrum of stakeholders over the past two years directly influenced the format and content of the *FY 2021–2025 NIH Plan for HIV and HIV-Related Research* and the extension of the NIH HIV/AIDS research priorities.

Continued engagement with stakeholders is essential to OAR planning, priority-setting, and budget activities in the coming years and, together with data analyses conducted within the OAR, will ensure that the NIH HIV/AIDS research portfolio remains relevant, addresses the needs of the communities affected by HIV, and provides a path toward advancing research to end the HIV pandemic and improve health outcomes for people with HIV in an ever-changing landscape.

Appendix A: Schedule of OAR Listening Sessions and Community Conversations

Date(s)	Stakeholders	Venues/Locations	Hosts
March 4 & 7, 2019	Seattle and Pacific Northwest researchers, service providers, and community members	<p>In conjunction with Conference on Retroviruses & Opportunistic Infections (CROI)</p> <p>Indigenous Wellness Research Institute, Social Welfare Building, University of Washington, Seattle</p> <p>Seattle Children’s Research Institute Seattle,</p> <p>Gay City (Seattle’s LGBT Center)</p>	<p>Indigenous Wellness Research Institute National Center of Excellence, University of Washington, Seattle</p> <p>University of Washington/Fred Hutchinson Cancer Research Center and Center for AIDS Research (CFAR)</p> <p>Gay City</p>
March 18 & 19, 2019	Atlanta region researchers, service providers, and community members; national researchers, public health implementers; African American researchers and community members; CDC colleagues	<p>In conjunction with National HIV Prevention Conference, ATL</p> <p>Ponce de Leon Center</p>	<p>OAR/NHPC</p> <p>Emory CFAR</p>
April 10–12, 2019	HIV & aging researchers	Emory CFAR HIV & Aging Conference, Atlanta, GA	Emory CFAR
June 7–12, 2019	New York/New Jersey region researchers, service providers, community members, public health officials, research advocates, and African American women advocates	<p>Columbia/NYSPI HIV Center for Clinical & Behavioral Studies</p> <p>AVAC Office</p>	<p>Columbia University/ New York State Psychiatric Institute Center for Clinical & Behavioral Studies</p> <p>AIDS Vaccine Advocacy Coalition (AVAC) and Treatment Action Group (TAG)</p>

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Date(s)	Stakeholders	Venues/Locations	Hosts
		Einstein College of Medicine Gay Men’s Health Crisis (GMHC) NYC Health Department	Einstein/Rockefeller/CUNY CFAR Iris House, AIDS Alliance for Women, National Black Women’s HIV/AIDS Network NYC Department of Health and Mental Hygiene
July 8–10, 2019	Mississippi area researchers, service providers, and community members	In conjunction with President’s Advisory Council on HIV and AIDS (PACHA) Meeting, Jackson, MS	My Brother’s Keeper University of Mississippi Medical Center
July 19, 2019	Mexico City clinicians and researchers (site visit)	In conjunction with IAS HIV Science Conference, Mexico City	Clínica Especializada Condesa
August 20–21, 2019	Birmingham area and greater Southern US region researchers, service providers, and community members	In conjunction with Southern Solutions Conference University of Alabama, Birmingham CFAR AIDS Alabama Office Southern Solutions Conference Venue	University of Alabama, Birmingham CFAR AIDS Alabama Black Community Leadership
September 24, 2019	Chicago area researchers, service providers, and community members	Lurie Medical Research Center, Northwestern University Howard Brown Health Clinic	Third Coast CFAR Howard Brown Health
October 18, 2019	Morehouse School of Medicine faculty and staff	Morehouse School of Medicine	Morehouse School of Medicine
October 30, 2019	Baltimore area researchers, service providers, and community members	Johns Hopkins University CFAR AIDS Action Baltimore Monthly Forum	JHU CFAR AIDS Action Baltimore & STAR
November 12–15, 2019	San Francisco Bay area researchers, service providers, program	University of California, San Francisco /SF LGBT Center	UCSF AIDS Research Institute

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Date(s)	Stakeholders	Venues/Locations	Hosts
	managers, clinicians, public health officials	San Francisco AIDS Foundation Alameda County Public Health Department AIDS Project East Bay University of California, Berkeley San Francisco Department of Public Health Zuckerberg San Francisco General Hospital, Ward 86	San Francisco AIDS Foundation AIDS 2020 Local Planning Group Steering Committee AIDS Project East Bay Forum for Collaborative Research, UCB School of Public Health Bridge HIV, SFDPH Ward 86
January 20–25, 2020	South African researchers and clinicians (meetings and site visits)	In conjunction with HIV R4P Conference Program Committee meeting	South African Medical Research Council, Cape Town Desmond Tutu TB Foundation/HPTN/Tygerberg Hospital Medical Campus, Cape Town Desmond Tutu HIV Centre/ University of Cape Town Faculty of Health Sciences Daveyton Main Clinic, Pretoria
February 20, 2020	Washington, DC area research, service providers, program managers, clinicians, public health officials, and community members	Howard University Interdisciplinary Research Building	Howard University/Washington DC CFAR
March 6–10, 2020* <i>*Postponed due to COVID-19 epidemic and cancellation of CROI</i>	<i>Boston area research, service providers, program managers, clinicians, public health officials, and community members</i>	<i>In conjunction with CROI 2020</i> <i>Ragon Institute of Massachusetts General</i>	<i>Harvard University CFAR</i>

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Date(s)	Stakeholders	Venues/Locations	Hosts
		<p><i>Hospital, MIT, and Harvard</i></p> <p><i>The Fenway Institute</i></p> <p><i>Multicultural AIDS Coalition (MAC)</i></p>	<p><i>The Fenway Institute and AVAC</i></p> <p><i>Multicultural AIDS Coalition (MAC)</i></p>
<p><i>April 18–21, 2020*</i></p> <p><i>*Postponed due to COVID-19 epidemic</i></p>	<p><i>Nashville area research, service providers, program managers, clinicians, public health officials, and community members and faith leaders</i></p>	<p><i>Metropolitan Interdenominational Church</i></p> <p><i>Vanderbilt University & Meharry Medical College</i></p>	<p><i>Rev. Ed Sanders</i></p> <p><i>Nashville CFAR</i></p>