



GETTING TO ZERO ILLINOIS

**GETTING TO ZERO ILLINOIS COMMUNITY GRANT
REQUEST FOR PROPOSALS
INSTRUCTIONS AND GUIDANCE
MARCH 2021**



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Funding Priorities and Eligibility

In 2021, Getting to Zero Illinois (GTZ-IL) plans to make available a total of at least \$300,000 for community grants, with grants averaging \$10,000 to \$30,000 each. These awards will go to organizations advancing the mission, goals and strategies of the GTZ-IL initiative. Awards will be made for a 12-month period, beginning July 1, 2021, with the possibility of a one-year extension. Responses to this funding opportunity are **due no later than Monday, April 26, 2021 at 5 p.m.**

Eligible applicants are:

- Nonprofit organizations with 501(c)(3) status that provide HIV/AIDS prevention, care, housing and/or advocacy/legal services.
- Coalitions, taskforces, and other groups that provide HIV/AIDS prevention, care, housing and/or advocacy/legal services with a fiscal agent that has a 501(c)(3) status.
- Nonprofit organizations that don't have 501(c)(3) status, but do have a nonprofit fiscal agent
- Local health departments
- Federally Qualified Health Centers (FQHCs)

Applicants must be located within the state of Illinois and serve Illinois residents.

Those ineligible to apply are:

- Individuals
- State-level government agencies
- For-profit agencies and organizations

The 2021 Getting to Zero Illinois grants will prioritize:

- Organizations, programs and activities that align with and advance at least one GTZ-IL goal and/or strategy (see Appendix A for a list).
- Organizations, programs and activities that prioritize and address the needs of GTZ-IL's priority populations, which include:
 - Black gay and bisexual men and other men who have sex with men
 - Latino/x gay and bisexual men and other men who have sex with men
 - Black transgender women
 - Black cisgender women

Note: Applicants may cite epidemiological evidence in proposing strategies to serve other target populations. GTZ-IL recognizes that characteristics such as age, income, gender, immigration status, nationality, drug use, mental health, incarceration and/or other factors elevate HIV vulnerability among certain groups.

- Black- and Latino/x-led organizations, and those that serve a majority Black and/or Latino/x client base.
- Smaller organizations with \$1 million or less operating budget

Additional notes on funding priorities:

- Proposed projects should complement and enhance existing prevention, care and/or housing programs already established within applicants' organization or coalition that are currently supported by other sources of public and or private funding. Projects should not duplicate current services offered by the applying organization, but serve to enhance, build upon, scale up or expand existing programs and/or services.
- To the best of our ability and based on the pool of applicants, GTZ-IL aims to distribute funding geographically in a manner that reflects the geographical distribution of the HIV epidemic in Illinois, including the southern, central and western regions, along with the Chicago metropolitan area.
- Applicants may submit only one application for this funding.

Important Application Dates:

Release of request for proposals	March 29, 2021
Technical assistance meetings	Week of April 5, 2021
Proposal deadline	Monday, April 26, 5 p.m.
Announcement of funding decisions to grantees	Tuesday, June 8
Grantee Q&A	Week of June 14
Grant performance period	July 1, 2021 – June 30, 2022

Evaluating Applications

Who will be evaluating the applications?

A review panel made up of community members, professionals with experience writing and evaluating proposals, and staff members of AIDS Foundation Chicago will review and score the applications.

How will applications be evaluated?

All fully completed applications from eligible organizations will be considered. Please make sure your application is complete upon submission. There is a provided checklist on **Page 9** of this document.

Completed applications will be reviewed and scored by individual panel members, and then through a consensus process, the members will come together to decide the final list of awardees.

The narrative portion of the application has points associated with answers. Keep in mind the numerical score is not the sole deciding factor reviewers will consider. Reviewers will be evaluating the application in its entirety, and in addition to the numerical score, they will consider GTZ-IL's desire to support organizations that:

- align with and advance at least one GTZ-IL goal and/or strategy (see Appendix A for a list).
- are led by and serve GTZ's priority populations and those bearing a disproportionate burden of the HIV epidemic, including the Black community, the Latino/x community; Black and Latino/x gay, bisexual and same gender loving men; transgender women of color; and Black women.
- have budgets of \$1 million or less
- serve people in the southern, central and western regions of Illinois outside of the Chicago metro area

What should applicants do if they have questions?

- Email GTZ-IL Program Manager Sara Semelka at ssemelka@aidschicago.org
- The week of April 5, GTZ-IL will host virtual Q&A sessions via Zoom. More detailed information and registration can be found at www.gtzillinois.hiv/rfp

Funding Categories

Category I: Community mobilization or advocacy (\$10,000 to \$30,000 each)

Community mobilization is a process that begins a dialogue among members of the community to determine who, what and how current policies and conditions can be transformed for the benefit of the community. As a deliberate solicitation of community support, involvement and action, it is an effective strategy to address community needs and bring down new HIV transmissions in communities.

Applicants in this category should propose projects designed to support stakeholders and community members to plan, execute, and evaluate HIV prevention, care, housing and advocacy initiatives.

Projects supported under this funding announcement could include: convening community advisory boards (CABs); convening local coalitions or taskforces; planning strategies with local partners; developing public information materials; disseminating material; creating community-led outreach and HIV community events/strategies; and evaluation of campaign efforts.

Proposed projects must complement and enhance existing prevention, care, housing and advocacy efforts in the applicant's organization. Proposed projects can cover gaps in services or expand existing services.

Costs associated with coordination, planning and needs assessment strategies may include but are not limited to:

- Staff time
- Consultant costs for meeting facilitation
- Data collection and analysis
- Promotion and recruitment for community events
- Local travel
- Development, training, and payment for volunteers and/or participants

Costs associated with implementation of community mobilization campaigns may include but are not limited to:

- Production and/or purchase of materials and supplies
- Community events (e.g., facility rental, promotion, speakers)
- Media placement

Research and lobbying are not eligible activities for support via this grant.

Although for-profit entities are ineligible to apply, applicants may include for-profit agencies as key partners and may include reasonable costs for working with for-profit agencies, as appropriate and necessary to achieve the objectives of this the proposed program (example: for the production of marketing materials, or consultation on marketing strategies).

Category II:
Education and training
(\$10,000 to \$30,000 each)

With the continually evolving and shifting landscape of HIV and social service provision, new medications becoming available, and the recognition that those vulnerable to and living with HIV require and deserve culturally appropriate care, education and training are vital for improving the quality of life for GTZ-IL priority populations and ending the HIV epidemic.

Applicants in this category should propose projects designed to increase the knowledge and skills of members of the HIV workforce, which can include prescribers, outreach staff, support service providers, housing program staff, program administrators, navigators and case managers, with the aim of providing better communication with and care for GTZ-IL priority populations. Applicants should have demonstrated content expertise on the proposed topic or focus of the activities, and all education and training projects need to further one or more GTZ-IL goals and strategies (refer to Appendix A for a list) Projects supported under this category could be interactive trainings, conferences, symposia or workshops.

Topics for education and training could include (but are not limited to) racial equity, practical strategies to reduce racial/ethnic disparities, new prevention technologies, strategies to improve access to PrEP or reduce the stigma of utilizing PrEP, trauma-informed care, gender-affirming care for trans- and gender-expansive people, social determinants of health, structural and systemic drivers of the HIV epidemic, and the role of stigma in prevention and care.

Costs associated with training and education activities may include but are not limited to:

- Staff time
- Consultant costs for meeting facilitation
- Speaker honoraria
- Promotion and recruitment for education and training events
- Production and/or purchase of materials and supplies
- Reimbursement for use of personal equipment used to produce training or events
- Space rental
- Food costs
- Participant compensation

Category III: Programming and services (\$10,000 to \$30,000 each)

Programs and services that increase access to health care and other support services in communities the bear the brunt of the HIV epidemic can reduce health disparities and enable people to make informed decisions about appropriate care, reduce high-risk behaviors, and improve health outcomes. Research and client experience have demonstrated clearly that when finding a place to sleep is a daily struggle, it's nearly impossible to focus on longer-term needs, including physical and mental health and employment. Having a reliable place to call home provides the stability from which people can hold a steady job, find nutritious food, maintain their health, learn and grow. When it comes to employment, preparing people for jobs and providing support can make all the difference in a person's ability to get, keep, and advance in jobs with a living wage and long-term potential.

All of these services contribute to the wellbeing of GTZ-IL priority populations, and therefore the long-term and overarching goals of the GTZ-IL to reduce new HIV transmissions and connect people to HIV treatment when needed.

The programming and services category will support programs that work with people living with HIV and/or vulnerable to HIV that focus on:

- Health promotion and risk reduction, providing information and referrals, with an emphasis on prevention, early intervention, treatment, and mental health.
- Increased access to care, addressing the comprehensive physical and mental health needs of people who experience barriers to health care, including GTZ-IL priority populations, people who are under-insured and/or living with other chronic conditions.
- Housing and services to prevent or end homelessness, prioritized for organizations that use harm reduction principles, and eliminate requirements that can become barriers for those seeking help with housing (such as treatment preconditions or behavioral contingencies).
- Pre-employment training and placement that provides basic job readiness preparation, including soft skills readiness, and training for jobseekers that helps them enter transitional or subsidized employment.
- Occupational skills training and placement designed with employer input to prepare and train jobseekers for permanent, full-time, quality jobs.
- Building technology skills to equip jobseekers for remote and virtual workplace environments
- Systems improvement and innovation to:
 - use creative approaches to strengthen policies, and improves services to directly benefit the health of GTZ-IL priority populations
 - advance structural reforms that can increase resources, improve policies and service delivery, and lead to better outcomes for people living with and vulnerable to HIV

Guidelines for Returning Completed Applications

Proposals must be submitted electronically to ssemelka@aidschicago.org by **Monday, April 26, 2021 at 5 p.m.** The subject line of the email should read: **Getting to Zero RFP Submission.**

In addition to this instruction/guidance document, there is an accompanying application packet. Applicants should type answers directly into the application form. **All documents can be found at gtzillinois.hiv/RFP**

Submissions need to contain the following items:

- The GTZ-IL Application form, which includes
 - An Organization Information section
 - A Narrative Application section
 - A budget template
 - A workplan template
- The applicant agency’s IRS 501(c) (3) designation notification letter
- The agency’s most recent audited financial statements
- The agency’s most recent operating budget
- Proof of insurance
- List of board members, including affiliations
- If applying as a collaborative or a partnership, include a Memoranda of Understanding

Formatting of submitted items

Refer to the chart below for the document formatting requirements. GTZ-IL has outlined these so that all applications will look uniform and be evaluated on content alone

Item	Type of Document	File name format
GTZ-IL Application Form	Word Document	AgencyName_GTZ_RFP_Application.doc
The applicant agency’s IRS 501(c) (3) designation notification letter	PDF	AgencyName_501c3_letter.pdf
The agency’s most recent audited financial statements	PDF	AgencyName_financials.pdf
The agency’s most recent operating budget	PDF	AgencyName_operating_budget.pdf
Proof of insurance	PDF	AgencyName_insurance.pdf
List of board members, including affiliations	PDF	AgencyName_board_list.pdf
Memoranda of Understanding (if applicable)	PDF	AgencyName_MOU.pdf

Appendix A – GTZ-IL Goals and Strategies

Appendix A – Getting to Zero Illinois Goals and Strategies

Goal 1

Improve educational institutions: Academic institutions that train health care professionals will provide appropriate education and training on HIV, STIs and viral hepatitis.

Strategy 1 Create opportunities for mentorship and hands-on rotations through STI and HIV clinics, and ensure professional training programs incorporate and/or expand training on HIV/STIs (including post-exposure prophylaxis (PEP) and PrEP) by linking HIV, STI and viral hepatitis providers, including health department programs, with academic institutions, students, and residents in allied health professions (at all practice levels, including nurses and physician assistants).

Strategy 2 Partner with state professional societies to establish continuing education requirements for lesbian, gay, bisexual, transgender and queer (LGBTQ) cultural awareness and affirmation; LGBTQ-affirming health care; anti-HIV stigma and anti-racism practices; and HIV, STI and viral hepatitis standards of care and best practices.

Goal 2

Increase training opportunities: Increase opportunities for ongoing, practical training that builds knowledge about HIV, STI and viral hepatitis care, including science-based education such as PrEP and U=U, for all members of the HIV workforce.

Strategy 3 Increase opportunities for Ryan White, STI, PrEP and viral hepatitis clinical providers to partner with the Midwest HIV/AIDS Education and Training Center (MATEC) to offer preceptorship experiences to novice providers.

Strategy 4 Decrease interruptions in high-quality services that are due to implicit bias and other oppressive dynamics by developing a training curriculum for and delivering it to members of the HIV workforce who are not health care providers. The curriculum should emphasize the latest HIV science and include elements such as the life experiences of people living with or vulnerable to HIV, payment options for medications, a philosophy of good customer service, trauma-informed and strength-based care.

Strategy 5 Increase the understanding and capacity of all types of HIV service providers to effectively support the unique and diverse behavioral health care needs of people living with or vulnerable to HIV.

Goal 3

Strengthen representation: Increase opportunities for people living with or vulnerable to HIV to receive services from providers who are of the same race, ethnicity, gender, sexual orientation, gender identity and/or lived experience.

Strategy 6 Address institutional barriers that prohibit hiring and advancement of peers and increase the number of peers who work for a living wage at all levels of organizations in the health care, public health, and community-based HIV sectors. Efforts must focus on elevating Black and Latino/Latinx gay, bisexual, and other MSM; cisgender Black heterosexual women;

people of transgender experience; and older adults to leadership positions.

Strategy 7 Create sustainable employment for people living with or vulnerable to HIV.

Goal 4

Expand outreach, education, and marketing efforts: Increase the number of people living with or vulnerable to HIV who know about and are motivated to use help that is free, available and can bring value to their lives.

Strategy 8 - Increase knowledge and raise awareness of HIV and STI services by investing in at least two coordinated, statewide, and community-informed marketing and media campaigns annually, beginning in 2020. Campaign focus areas include HIV/STI screening, PrEP, non-occupational PEP, HIV care and treatment, and other services that support successful health outcomes.

Strategy 9 - Provide tailored support for at least 5,000 people seeking HIV services annually via a widely publicized statewide resource hub that provides real-time information, referrals, and linkage to care.

Goal 5

Expand HIV screening: Increase the number of people living with HIV who know their HIV status from 86% to 93% by 2023.

Strategy 10 - Expand health care-based, routine HIV screening tests by 25%.

Strategy 11 - Expand highly targeted, community-based HIV screening tests by 25%.

Goal 6

Increase linkage to care: By 2023, increase the number of people who are linked to appropriate services based on their HIV status, with an emphasis on HIV care and treatment and PrEP for prevention.

Strategy 12 - Increase the percentage of people newly diagnosed with HIV who are linked to HIV medical care within 30 days of diagnosis from 82% to 90%

Strategy 13 – Increase the percentage of people vulnerable to HIV who are linked to a PrEP prescriber from approximately 21% (~6,500 people) to 50% (~15,000 people)

Goal 7

Increase engagement in care: By 2023, increase the number of people who are engaged in health care based on their HIV status, with an emphasis on HIV care and treatment and PrEP.

Strategy 14 - Increase the percentage of people living with HIV who are engaged HIV-related medical care from 63% to 80% (~32,000 people)

Strategy 15 - Increase the percentage of people vulnerable to HIV who access PrEP-related medical care from 21% (~6,500 people) to 50% (~15,000 people).

Goal 8

Increase HIV medication use: By 2023, increase the number of people living with or vulnerable to HIV who use ARV medications for HIV treatment and PrEP.



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Strategy 16 - Ensure that 80% (~26,000) of people living with HIV who are accessing HIV-related medical care are prescribed ARV medications.

Strategy 17 - Ensure that 80% (~12,000) of people vulnerable to HIV who are accessing PrEP-related medical care are prescribed PrEP.

Goal 9

Increase access to housing and supportive services: Increase housing and supportive services opportunities for people living with or vulnerable to HIV who are experiencing homelessness or housing instability to remove barriers to ARV use for HIV treatment and PrEP.

Strategy 18 - Increase by 50% the number of dedicated HIV-housing units for homeless populations who are living with or vulnerable to HIV.

Strategy 19 - Increase by 50% the quantity of housing support services, such as case management and tenancy support, for homeless populations who are living with or vulnerable to HIV.

Strategy 20 - Match HIV surveillance data to Department of Housing and Urban Development Housing Management Information Systems (HMIS) data for at least eight HMIS jurisdictions in Illinois to determine the number of homeless individuals living with HIV.

Goal 10

Reduce structural and institutional barriers to health care: Dismantle or eliminate structural and institutional barriers that negatively impact ARV use for HIV treatment and PrEP among persons living with or vulnerable to HIV.

Strategy 21 - Improve equitable transportation options and the ability to access services for people living with or vulnerable to HIV.

Strategy 22 - Improve equitable food and nutrition options and accessibility for people living with or vulnerable to HIV.

Strategy 23 - Improve equitable dental care options and accessibility for people living with or vulnerable to HIV.

Strategy 24 - Improve equitable legal options and accessibility for people living with or vulnerable to HIV.

Strategy 25 - Improve equitable emergency funding options and accessibility for people living with or vulnerable to HIV.

Goal 11

Reduce new HIV diagnoses: Reduce disparities among communities with disproportionately high burden of HIV incidence.

Strategy 26 - Reduce the rate of new HIV diagnoses among Black gay, bisexual and other MSM.

Strategy 27 - Reduce the rate of new HIV diagnoses among Latino/x gay, bisexual and other MSM.



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Strategy 28 - Reduce the rate of new HIV diagnoses among cisgender Black heterosexual women.

Strategy 29 - Reduce the rate of new HIV diagnoses among transgender women of color.

Strategy 30 - Reduce the rate of newly diagnosed people who are concurrently diagnosed with HIV and AIDS.

Goal 12

Increase viral suppression: Increase the percentage of HIV-diagnosed people who are virally suppressed among communities experiencing disparities.

Strategy 31 - Increase viral suppression among Black gay, bisexual and other MSM.

Strategy 32 - Increase viral suppression among Latino/x gay, bisexual and other MSM.

Strategy 33 - Increase viral suppression among cisgender Black heterosexual women.

Strategy 34 - Increase viral suppression among transgender women of color.

Strategy 35 - Increase viral suppression among people living with HIV and AIDS over the age of 50. Viral Suppression Indicated by the most recent viral load test in which results equal fewer than 200 copies of HIV RNA/mL.

Goal 13

Sustain viral suppression: Increase the percentage of HIV-diagnosed people who have sustained viral suppression among communities experiencing disparities.

Strategy 36 - Increase sustained viral suppression among Black gay, bisexual and other MSM.

Strategy 37 - Increase sustained viral suppression among Latino/x gay, bisexual and other MSM.

Strategy 38 - Increase sustained viral suppression among cisgender Black heterosexual women.

Strategy 39 - Increase sustained viral suppression among transgender women of color.

Strategy 40 - Increase sustained viral suppression among people living with HIV and AIDS over the age of 50.

Goal 14

Increase PrEP usage: Increase PrEP prescriptions among PrEP-eligible people in communities experiencing disparities.

Strategy 41 - Increase PrEP prescriptions among Black gay, bisexual and other MSM.

Strategy 42 - Increase PrEP prescriptions among Latino/x gay, bisexual and other MSM.

Strategy 43 - Increase PrEP prescriptions among cisgender Black heterosexual women.

Strategy 44 - Increase PrEP prescriptions among transgender women of color.

Goal 15

Eliminate barriers to care: Remove structural and institutional barriers that adversely affect communities experiencing disparities to ensure all people are provided high-quality, equitable care.

Strategy 45 - Ensure priority communities have access to culturally, linguistically, and medically appropriate care and supportive services by creating and integrating standards of equity into existing organizational policies and practices.

Strategy 46 - Provide capacity-building services and establish funder expectations to ensure that HIV service organizations reflect the communities they serve and work diligently to dismantle or transform institutional policies and practices that compromise the wellbeing of their own workforce. Revised policies may include: Encouraging employment of people with criminal records, not requiring professional degrees unless absolutely necessary, providing time off and flexible scheduling, providing opportunities for upward mobility, and providing a living wage.

Strategy 47 - Ensure that the development and implementation of behavioral and clinical interventions for communities experiencing disparities are aligned with root cause analysis findings and are evidence-based.

Strategy 48 - Ensure priority populations have access to trauma-informed services that work to mitigate the violence being experienced by communities at the individual, community and institutional level, including intimate-partner violence within different-gender and same-gender relationships.

Strategy 49 - Improve public and private health insurance coverage for all individuals experiencing disparities.

Goal 16

Support people with lived experiences: Reduce or eliminate challenges associated with the unique lived experiences of individuals and communities experiencing health disparities.

Strategy 50 - Promote sexual/reproductive justice and bodily autonomy for transgender and cisgender women.

Strategy 51 - Ensure all babies in Illinois are born HIV-negative by enhancing HIV testing for women whose status is unknown in the first and third trimesters of pregnancy and supporting intensive case management programs for pregnant women living with HIV.

Strategy 52 - Ensure statewide availability of health promotion and harm reduction programs, including HIV/HCV/STI screening and treatment, syringe exchange, overdose prevention and medication-assisted treatment (MAT) for people who use drugs.

Strategy 53 - Maintain and expand resources for programs that provide HIV/HCV screening and linkage, medical care, behavioral health care, and supportive services for people who are justice involved, including those living in jails and prisons and those recently released from these facilities.



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Strategy 54 - Ensure all public schools across Illinois provide comprehensive, evidence-based sexual health education and services, including appropriate discussion of all sexual and gender identities and behaviors.

Strategy 55 - Ensure that health care providers know that Illinois law allows minors 12 years of age or older to access sexual health services, including PrEP, without a parent's consent.

Strategy 56 - Decriminalize sex work in Illinois and ensure that sex workers receive adequate systemic support.

Strategy 57 - Reduce HIV-related stigma and the negative impact of HIV criminalization by examining state legislation that currently criminalizes HIV exposure and transmission.

Strategy 58 - Normalize HIV services within places where older adults receive services, including the provision of cultural humility training to employees and residents.

Strategy 59 - Decrease loneliness and isolation among priority communities, especially among people living with HIV who are aging and long-term survivors.

Strategy 60 - Normalize HIV services for populations experiencing disparities by training the HIV workforce on the unique health care and supportive services needs of these communities.

Goal 17

Coordinate across public health entities: IDPH closely coordinates HIV services planning and funding activities with CDPH and other local health departments across Illinois.

Strategy 61 - Increase alignment of CDPH and IDPH HIV, STI and viral hepatitis programs by 2020, and include other local health departments as appropriate.

Strategy 62 - Ensure service planning, delivery and evaluation across city, county and jurisdictional boundaries is rooted in data by increasing the public health sector's capacity to collect, analyze and integrate HIV, STI and viral hepatitis surveillance data.

Goal 18

Invest in services for people living with HIV: State agencies collaborate and coordinate efforts to increase long-term investments in services that are aligned with GTZ-IL.

Strategy 63 - Integrate GTZ-IL goals, strategies and action steps into the priorities of state programs outside IDPH (such as Illinois Medicaid) that specifically support people living with or vulnerable to HIV as well as state programs that are not HIV-specific (such as Department of Aging).

Goal 19

Expand behavioral health care: Behavioral health care is readily available to people living with or vulnerable to HIV, decreasing stigma and removing barriers associated with mental health and substance use disorders.

Strategy 64 - Ensure behavioral health screenings are performed at all initial and routine medical visits for clients served through the Ryan White HIV/AIDS Program system of care. Promote a similar standard of HIV and PrEP care for non-Ryan-White-funded federally qualified health centers (FQHCs).

Strategy 65 - Expand the availability of culturally-relevant and linguistically-appropriate behavioral health services by increasing by 20 percentage points the number of behavioral health providers at Ryan White sites and community health centers who are certified to bill Medicaid and private health insurance plans.

Goal 20

Reduce STIs and viral hepatitis¹⁰: Reduce the burden of sexually transmitted infections (STIs) and viral hepatitis among people living with or vulnerable to HIV.

Strategy 66 - Cure 50% of hepatitis C cases among people living with HIV.

Strategy 67 - Ensure people vulnerable to HIV, with an emphasis on gay, bisexual and other MSM and transgender women of color, are screened for HIV, syphilis, chlamydia and gonorrhea

Strategy 68 - Ensure all people living with HIV are screened for syphilis, chlamydia and gonorrhea

Strategy 69 - Ensure all people living with or vulnerable to HIV who are diagnosed with STIs are treated according to the CDC STD Treatment Guidelines and are provided Expedited Partner Therapy when appropriate.

Strategy 70 - ensure all people vulnerable to HIV who are diagnosed with syphilis and/or rectal gonorrhea are linked to PrEP services and counseled about the availability of PEP.

Strategy 71 - Ensure all persons living with and vulnerable to HIV are provided recommended vaccinations, including human papillomavirus (HPV), hepatitis A, hepatitis B and viral meningitis.

Strategy 72 - Ensure access to condoms, including internal condoms, to those living with and vulnerable to HIV.

Appendix B – GTZ-IL Guiding Principles

Efforts to eliminate HIV must be led by a deep commitment to undeniable truths. The following guiding principles are core ideas that are nonnegotiable and inform all work toward our efforts to end the epidemic. The GTZ-IL's guiding principles are reminders that we cannot be successful without:

Eliminating stigma

Stigma, in all forms, stands in the way of achieving health equity and the outcomes necessary to end the HIV epidemic. We will fight against suggestions and beliefs that individual choices — like the choice to have sex or use drugs or the choice to take medication to prevent HIV transmission — somehow create disgrace or shame because of others' viewpoints. We will unapologetically embrace philosophies, practices and policies that help us eliminate stigma, like U=U. We will advocate for Illinois to reform or repeal existing laws that criminalize HIV exposure. We will fight stigma associated with HIV, homophobia, transphobia and other forms of oppression.

Dismantling racism

Through our work to end the epidemic, we will actively change and dismantle systems that perpetuate white privilege and racist ideologies. We will seek to eliminate structural and institutional policies and practices that compromise the well-being of communities of color, including both individuals who receive services and our HIV workforce. We must end the HIV epidemic for every population in Illinois, and especially those most impacted by HIV: young, Black and Latino/Latinx gay, bisexual, and other men who have sex with men (MSM); cisgender Black heterosexual women; and transgender women of color. We will implement strategies that share leadership and decision-making with communities most impacted by the epidemic and promote diversity in leadership.

Prioritizing trauma prevention and trauma-informed care

GTZ-IL will ground its work in principles that honor the importance of safety and empowerment. Research demonstrates that people living with or vulnerable to HIV experience multiple, cascading traumatic events in their lives that prevent them from being as healthy as possible and achieving their full human potential. Examples of trauma include childhood sexual abuse, rape, intimate partner violence, gun violence and witnessing or being a victim of a crime.

Practicing cultural humility

Cultural humility centers on being open to differences between Self and Others and prioritizes space for celebrating that which is most important to the other person. It takes the idea of cultural competence a few steps further: cultural humility prioritizes making space for a person to continually self-evaluate, to work toward correcting power imbalances that relate to other identities, and to serve as an ally with groups and people working toward eliminating disparities, like those that have led to some communities being impacted by HIV and AIDS more than others.

Focusing on data to achieve outcomes

To attain GTZ-IL's 20+20 Target, we will have to increase viral suppression and PrEP use by 20 percentage points by 2030. These outcomes will be the standard by which we measure our progress and success.