

# NATIONAL HIV/AIDS STRATEGY

On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS). This ambitious plan is the nation's first-ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015.

## Vision for the National HIV/AIDS Strategy

*The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.*

The development of the NHAS is important because it is an effort to reflect on what is and is not working in order to increase the outcomes that we receive for our public and private investments. The Strategy is intended to refocus our existing efforts and deliver better results to the American people within current funding levels, as well as make the case for new investments. It is also a new attempt to set clear priorities and provide leadership for all public and private stake-holders to align their efforts toward a common purpose.

Thirty years ago, the first cases of human immunodeficiency virus (HIV) garnered the world's attention. Since then, over 575,000 Americans have lost their lives to AIDS and more than 56,000 people in the United States become infected with HIV each year.<sup>i</sup> Currently, there are more than 1.1 million Americans living with HIV.<sup>ii</sup> Moreover, almost half of all Americans know someone living with HIV.

**Our country is at a crossroads.** Right now, we are experiencing a domestic epidemic that demands a renewed commitment, increased public attention, and leadership. We have the knowledge and tools needed to slow the spread of HIV infection and improve the health of people living with HIV. Despite this potential, however, the public's sense of urgency associated with combating the epidemic appears to be declining. In 1995, 44% of the general public indicated that HIV/AIDS was the most urgent health problem facing the nation, compared to only 6% in March 2009.<sup>iii</sup> While HIV transmission rates have been reduced substantially over time and people with HIV are living longer and more productive lives, approximately 56,000 people become infected each year and more Americans are living with HIV than ever before.<sup>iv,v</sup> Unless we take bold actions, we face a new era of rising infections, greater challenges in serving people living with HIV, and higher healthcare costs.<sup>vi</sup>

## Goals of the National HIV/AIDS Strategy

### Reducing New HIV infections

- By 2015, lower the annual number of new infections by 25% (from 56,300 to 42,225).
- Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30% (from 5 persons infected per 100 people with HIV to 3.5 persons infected per 100 people with HIV).
- By 2015, increase from 79% to 90% the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000 people).

### Increasing Access to Care and Improving Health Outcomes for People Living with HIV

- By 2015, increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85% (from 26,824 to 35,078 people).
- By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80% (or 237,924 people in continuous care to 260,739 people in continuous care).
- By 2015, increase the number of Ryan White clients with permanent housing from 82% to 86% (from 434,000 to 455,800 people). (This serves as a measurable proxy of our efforts to expand access to HUD and other housing supports to all needy people living with HIV.)

### Reducing HIV-Related Health Disparities

- Improve access to prevention and care services for all Americans.
- By 2015, increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%.

## To accomplish the Strategy's goals, we must undertake a more coordinated national response to the epidemic.

This will require increasing the coordination of HIV programs across the Federal government and between Federal agencies and state, territorial, tribal, and local governments, as well as developing improved mechanisms to monitor and report on progress toward achieving national goals. Towards these ends, accompanying the release of the Strategy the White House also issued a NHAS Federal Implementation Plan that outlines key, short-term actions to be undertaken by the Federal government to execute the recommendations outlined in the Strategy. Additionally, the White House issued a Presidential Memorandum directing agencies to take specific steps to implement this Strategy.

**Implementing the NHAS does not fall to the Federal government alone.** The release of the NHAS is just beginning. Success will require the commitment of all parts of society, including state, local and tribal governments, businesses, faith communities, philanthropy, the scientific and medical communities, educational institutions, people living with HIV, and others.

Countless Americans have devoted their lives to fighting the HIV epidemic and thanks to their tireless work we have made real inroads. People living with HIV have transformed how we engage community members in setting policy, conducting research, and providing services. Researchers have produced a wealth of information about the disease, including a number of critical tools and interventions to diagnose, prevent, and treat HIV. Successful prevention efforts have averted more than 350,000 new infections in the United States. And healthcare and other services providers have taught us how to provide quality services in diverse settings and develop medical homes for people with HIV. This moment represents an opportunity for the nation. Now is the time to build on and refocus our existing efforts to deliver better results for the American people.

### **What You Can Do**

- Read the Strategy and accompanying Federal Implementation Plan available online at [AIDS.gov](http://AIDS.gov).
- Follow updates on the Strategy on [AIDS.gov](http://AIDS.gov) and the [AIDS.gov](http://blog.aids.gov/) blog (<http://blog.aids.gov/>) which features posts from the Office of National AIDS Policy, HHS officials, and others.
- Inform others about the Strategy and encourage their engagement in activities that help achieve its goals.
- Discuss what your agency or organization can do in new or different ways to better serve your constituents and align your efforts with the Strategy.

### **Developing the Strategy**

The Strategy and the action steps it contains are the result of broad-based engagement with Federal and community partners. Since taking office, the Obama Administration has taken extraordinary steps to engage the public to evaluate what we are doing right and identify new approaches that will strengthen our response to the domestic epidemic.

The Office of National AIDS Policy hosted 14 HIV/AIDS Community Discussions with thousands of Americans across the country. They also reviewed suggestions from the public via the White House website, organized a series of expert meetings on several HIV-specific topics, and worked with Federal and community partners who organized their own meetings to support the development of a national strategy. The White House also convened a panel of Federal officials from across government to assist in reviewing the public recommendations, assessing the scientific evidence for or against various recommendations, and making their own recommendations for the Strategy.

## **Action Steps**

### **Reducing New HIV Infections**

- Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated
- Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches
- Educate all Americans about the threat of HIV and how to prevent it

### **Increasing Access to Care and Improving Health Outcomes for People Living with HIV**

- Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV
- Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV
- Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing

### **Reducing HIV-Related Disparities and Health Inequities**

- Reduce HIV-related mortality in communities at high risk for HIV infection
- Adopt community-level approaches to reduce HIV infection in high-risk communities
- Reduce stigma and discrimination against people living with HIV

### **Achieving a More Coordinated National Response to the HIV Epidemic**

- Increase the coordination of HIV programs across the Federal government and between Federal agencies and state, territorial, tribal, and local governments
- Develop improved mechanisms to monitor and report on progress toward achieving national goals

- Participate in state and local discussions about how HIV prevention, care and treatment efforts can be fine-tuned to better serve vulnerable populations and contribute to realizing the Strategy's goals.
- Engage new partners in HIV prevention, care, treatment and stigma-reduction efforts to strengthen our collective efforts and reach more people.

The National HIV/AIDS Strategy provides a basic framework for moving forward. With government at all levels doing its part, a committed private sector, and leadership from people living with HIV and affected communities, the United States can dramatically reduce HIV transmission and better support people living with HIV and their families.

<sup>1</sup> Hall HI, Song R, Rhodes P, et al. Estimation of HIV incidence in the United States. *JAMA* 2008;300(5):520-529.

<sup>2</sup> CDC. HIV Prevalence Estimates—United States, 2006. *MMWR* 2008;57(39):1073-76.

<sup>3</sup> Kaiser Family Foundation. 2009 Survey of Americans on HIV/AIDS: Summary of Findings on the Domestic Epidemic. April 2009.

<sup>4</sup> CDC. Estimates of new HIV infections in the United States. August 2008. Available at <http://www.kff.org/kaiserpolls/upload/7889.pdf>

<sup>5</sup> CDC. HIV Prevalence Estimates—United States, 2006. *MMWR* 2008;57(39):1073-76.

<sup>6</sup> If the HIV transmission rate remained constant at 5.0 persons infected each year per 100 people living with HIV, within a decade, the number of new infections would increase to more than 75,000 per year and the number of people living with HIV would grow to more than 1,500,000 (*JAIDS*, in press).