



# **National HIV/AIDS Strategy:** ***Reaching for Ambitious Targets***

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**Adherence 2016 Conference**  
**Ft. Lauderdale, Florida**  
**May 9, 2016**

# **National HIV/AIDS Strategy**

## **Overview**

**NATIONAL HIV/AIDS STRATEGY**  
for the **UNITED STATES:**

UPDATED TO 2020

JULY 2015



**ESTRATEGIA NACIONAL CONTRA**  
**EL VIH/SIDA**  
para los **ESTADOS UNIDOS:**

ACTUALIZADA HASTA 2020

JULIO 2015



**NATIONAL HIV/AIDS STRATEGY**  
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UPDATED TO 2020

**INDICATOR SUPPLEMENT**

AUGUST 2015



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**FEDERAL ACTION PLAN**

DECEMBER 2015



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PLAN FRAMEWORK**

DECEMBER 2015



# 5 Major Changes Since 2010



**Research is  
unlocking new  
knowledge &  
tools**



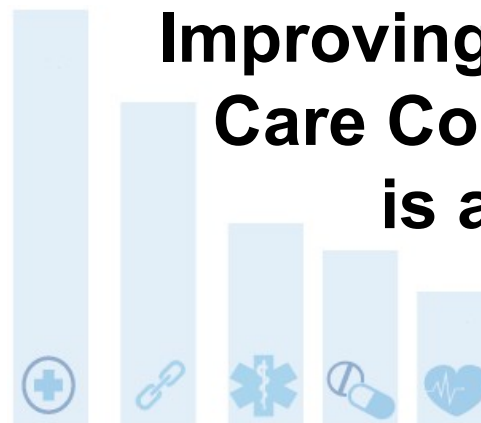
**Our prevention  
toolkit has  
expanded**



**HIV testing &  
treatment are  
recommended**



**Affordable Care Act  
has transformed  
health care access**



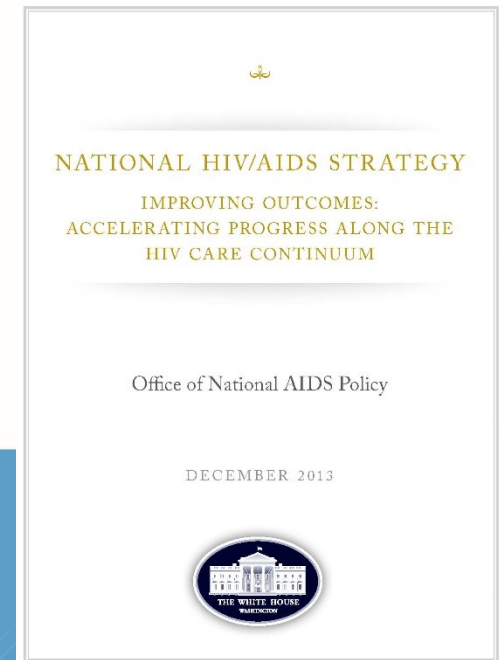
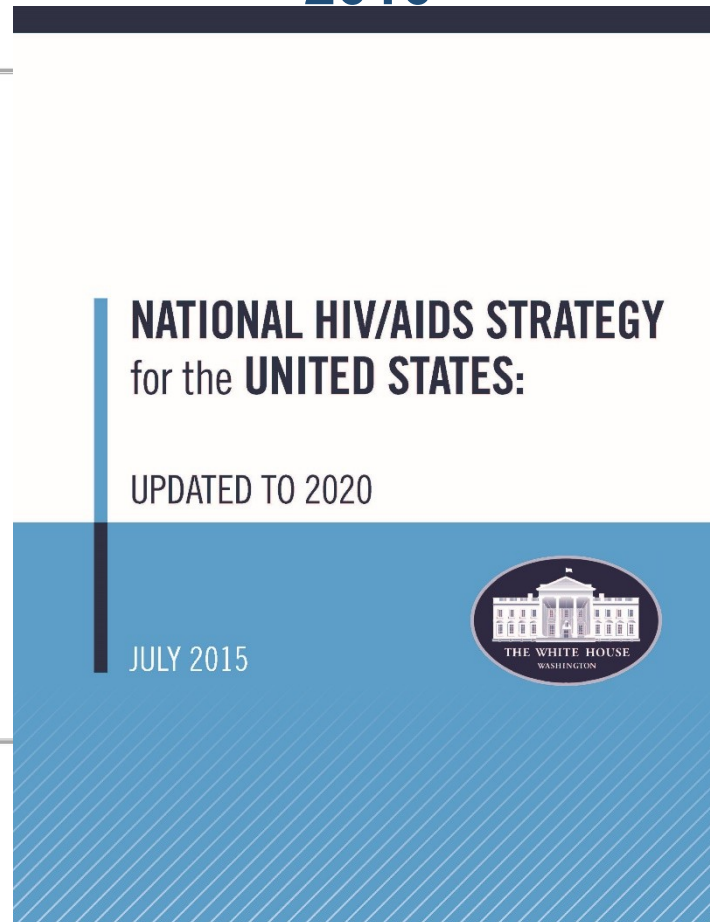
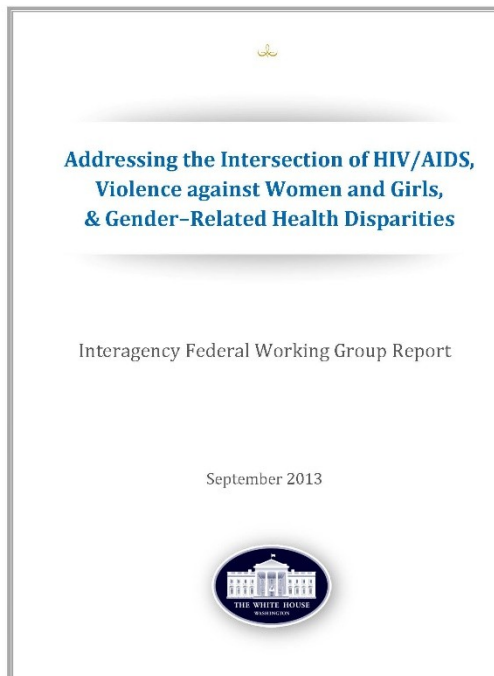
**Improving the HIV  
Care Continuum  
is a priority**

# Executive Order to Implement the Strategy

2012

2010

2013



# THE GOALS

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Reducing new HIV  
infections

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Improving access to care  
and health outcomes

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Reducing HIV-related  
health disparities

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Achieving a more  
coordinated national  
response

# Advances in 4 Key Areas Are of Critical Focus through 2020

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**Widespread HIV testing and linkage to care** enabling people living with HIV to access treatment early.



**Full access to PrEP services** for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.



**Broad support for people living with HIV** to remain engaged in comprehensive care, including support for treatment adherence.



**Universal viral suppression** among people living with HIV.

# Indicators and Targets



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# Development Process: Criteria and Objectives

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## Indicators

- Direct relevance to NHAS goals
- Reflect science, policy, practice
- Measurable outcomes

## Measures

- Face validity
- Simple, accessible to audiences

## Data

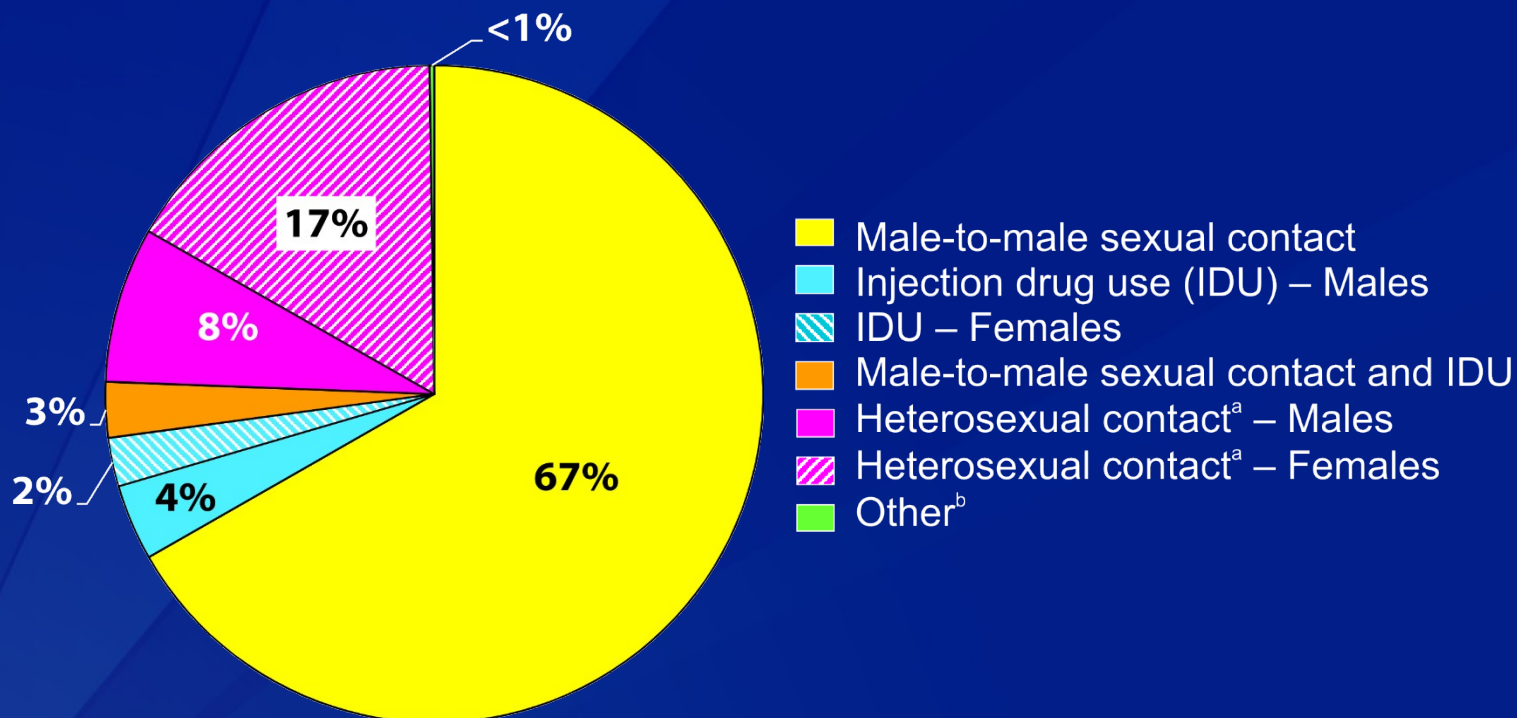
- Nationally representative
- Timely and routine
- Comparable across years
- Can be stratified (e.g., by age, sex)
- Permit states to monitor progress

## Objectives

- Align with data, science, practice
- Set bold targets
- Improve disparities monitoring
- Inspire action

# Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2014— United States

N = 43,899



*Note.* Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

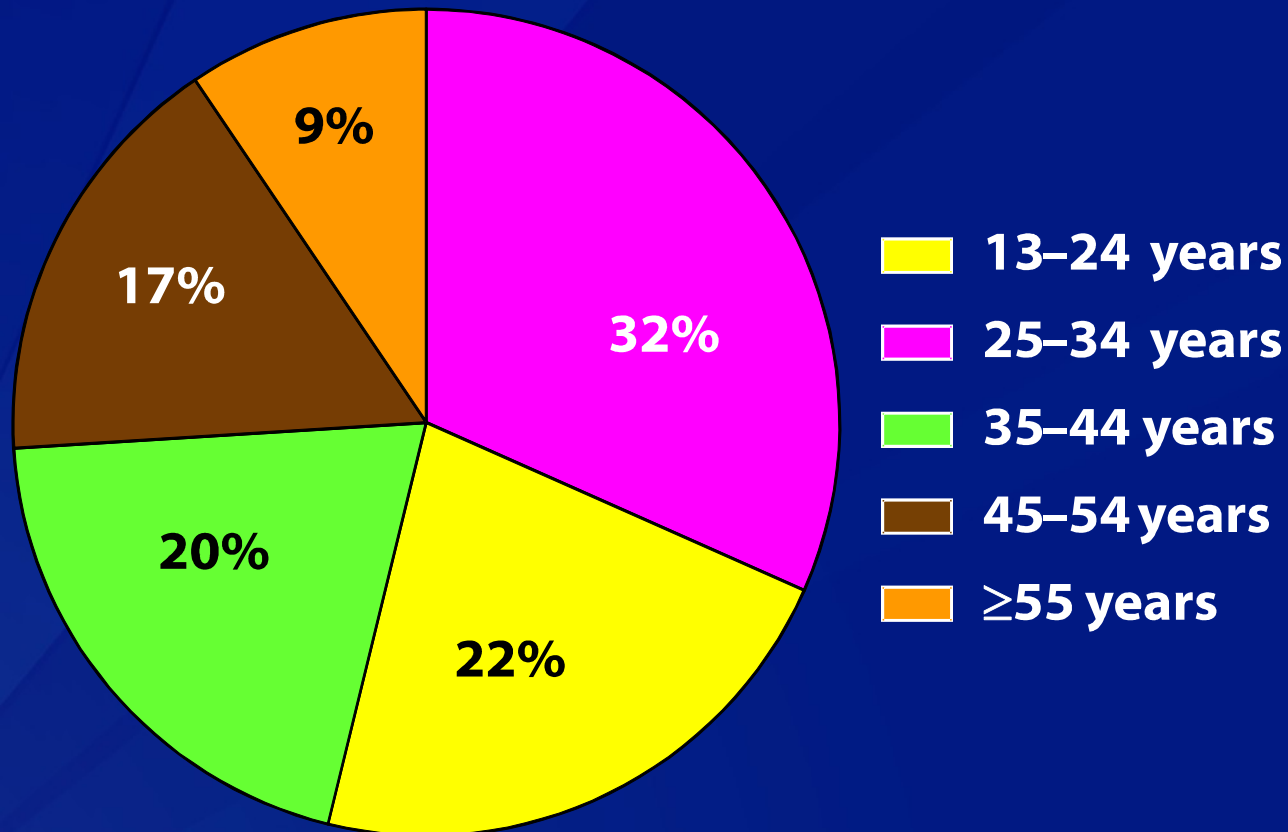
<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

<sup>b</sup> Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



# Diagnoses of HIV Infection among Adults and Adolescents, by Age at Diagnosis, 2014—United States

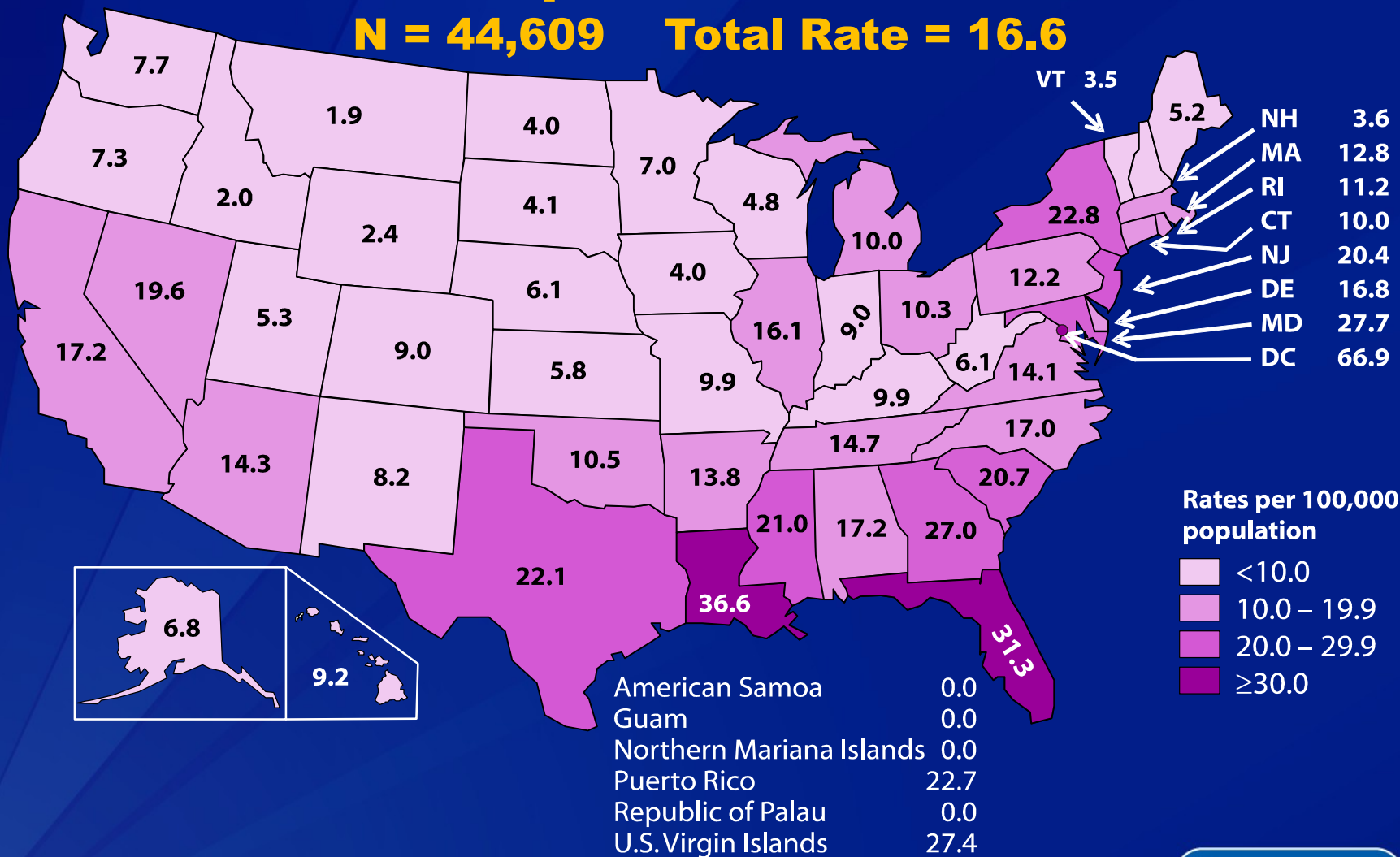
**N = 43,899**



*Note.* Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

# Rates of Diagnoses of HIV Infection among Adults and Adolescents, 2014—United States and 6 Dependent Areas

**N = 44,609    Total Rate = 16.6**



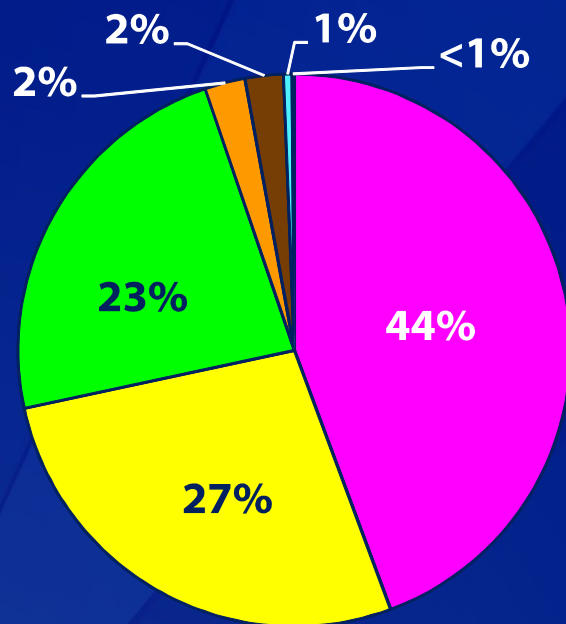
*Note.* Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.



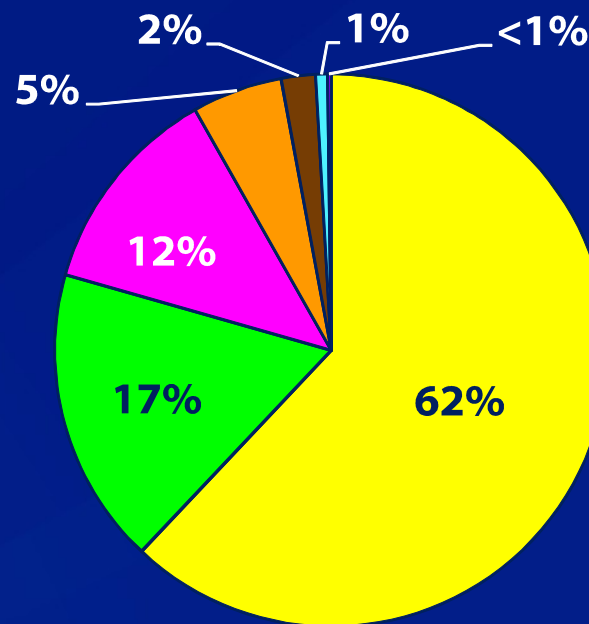


# Diagnoses of HIV Infection and Population by Race/Ethnicity, 2014—United States

Diagnoses of HIV infection  
N = 44,073



Population, United States  
N = 318,857,056



American Indian/Alaska Native  
Asian  
Black/African American

Hispanic/Latino<sup>a</sup>  
Native Hawaiian/other Pacific Islander  
White

Multiple races

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

<sup>a</sup> Hispanics/Latinos can be of any race.

# THE OUTCOMES BY 2020



Increase the percentage of people living with HIV **who know their serostatus** to at least **90 percent**.

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

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Reduce the percentage of young gay and bisexual men who have **engaged in HIV-risk behaviors** by at least **10 percent**.

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Increase the percentage of newly diagnosed persons **linked to HIV medical care** within one month of their HIV diagnosis to at least **85 percent**.

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Increase the percentage of persons with diagnosed HIV infection who are **retained in HIV medical care** to at least **90 percent**.

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Increase the percentage of persons with diagnosed HIV infection who are **virally suppressed** to at least **80 percent**.

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Reduce the percentage of persons in HIV medical care who are **homeless** to no more than **5 percent**.

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Reduce the **death rate** among persons with diagnosed HIV infection by at least **33 percent**.

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Reduce **disparities in the rate of new diagnoses** by at least **15 percent** in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.

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Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are **virally suppressed** to at least **80 percent**.

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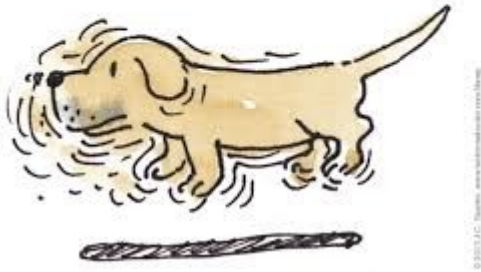
Indicator		Data			Progress
Direction		Baseline	Actual	Target	
↑	Knowledge of Serostatus	85.7%	87.2%	90.0%	<div><div></div></div>
↓	New Diagnoses	43,806	42,616	32,855	<div><div></div></div>
↓	Risk Behavior	34.1%	n/a	30.7%	n/a
↑	Linkage to Care	70.2%	72.6%	85.0%	<div><div></div></div>
↑	Retained in Care	50.9%	53.8%	90%	<div><div></div></div>
↑	Viral Suppression	43.4%	50.1%	80%	<div><div></div></div>
↓	Homeless	7.7%	8.3%	5.0%	<div><div></div></div>
↓	Death Rate	23.5	18.0	15.5	<div><div></div></div>
↓	Diagnosis Disparity: Gay/Bisexual men	20.5	21.9	17.4	<div><div></div></div>
↓	Diagnosis Disparity: Young Black Gay/Bisexual men	109.4	112.9	92.9	<div><div></div></div>
↓	Diagnosis Disparity: Black females	1.7	1.4	1.4	<div><div></div></div>
↓	Diagnosis Disparity: Southern U.S.	0.33	0.33	0.28	<div><div></div></div>
↑	Viral Suppression: Youth	29.7%	38.0%	80%	<div><div></div></div>
↑	Viral Suppression: PWID	37.6%	42.8%	80%	<div><div></div></div>



# Developmental Indicators

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- **PrEP Uptake**
- **HIV Stigma**
- **HIV among Transgender Persons**



# How to Achieve the Targets

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# RECOMMENDED STEPS

NOTE: Some of these steps can be taken simultaneously (i.e. connecting with other organizations and stakeholders as you plan your action items).

- 1. Read and review the *National HIV/AIDS Strategy: Updated to 2020 and the Federal Strategy*.
  - a. What areas outlined by the Strategy would your organization most like to target?
  - b. Where can your organization best focus your efforts—at the local, state, Tribal, or national level?
- 2. Identify your organization's focus areas, existing projects, funding, local network, partners and ongoing activities that are related to the Strategy.
  - a. What populations in your community are at greatest risk for HIV infection?
  - b. What are the gaps in HIV-related services, policies, education, and awareness in your community?
  - c. What resources (personnel, money, time) does your organization have to dedicate to implementing the Strategy?

## FOCUS QUESTIONS

- How can your organization connect people living with HIV to health care coverage?
- What can your organization do to strengthen the current provider workforce and increase the number of HIV providers through integrating services, collaborating across programs and systems, and providing or obtaining training and experience?
- In what ways can your organization help increase screening and treatment for substance use and mental health disorders for persons living with HIV?

## EXAMPLES OF ACTIONS FOR STAKEHOLDERS

Community-based organizations can:

- Determine effective ways that HIV testing services can be marketed to populations at highest risk, and take steps to allocate resources accordingly.
- Provide linkage to PrEP services for persons at substantial risk for HIV infection.

Advocacy groups can:

- Promote access to PrEP for those at substantial risk and immediate treatment for persons with diagnosed HIV infection.
- Provide lawmakers and policymakers with the latest scientific information regarding HIV acquisition and transmission.



# SAMPLE TEMPLATE: EXAMPLE FOR COMMUNITY-BASED ORGANIZATIONS

NHAS GOAL AND STEP	PROGRAMMATIC GOAL	ACTION	TARGET YEAR FOR COMPLETION	LEADERSHIP	PARTNERS	RESOURCES	DATA		COMMUNICATIONS
							MEASURES TO MONITOR PROGRESS	MEASURES OF IMPACT	
Step 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission.	Increase the number of young Black gay and bisexual men (YBMSM) and transgender women in our community who know their HIV	EXAMPLE: Determine effective ways that HIV testing services can be marketed to populations at highest risk.  ACTION:	2018	Jane Doe	Community support groups, youth groups, radio and TV stations	\$10,000 x 3 years	Percentage increase of YBMSM and transgender women who know their HIV status, who are taking PrEP or PEP, and who are in treatment	Align with NHAS Indicators #1, #2, #4 and #6	Monthly blog posts, local news interviews

# Advances in 4 Key Areas Are of Critical Focus through 2020

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**Widespread HIV testing and linkage to care** enabling people living with HIV to access treatment early.



**Full access to PrEP services** for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.



**Broad support for people living with HIV** to remain engaged in comprehensive care, including support for treatment adherence.

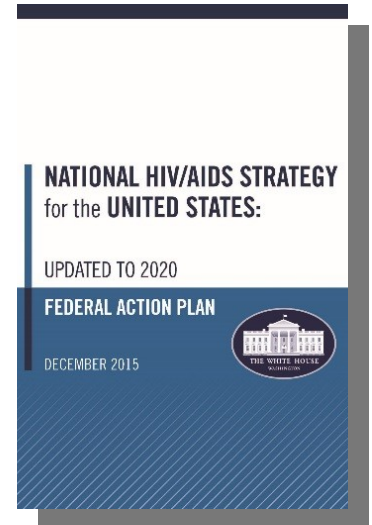


**Universal viral suppression** among people living with HIV.

# Federal Action Plan: *Supporting the Care Continuum*

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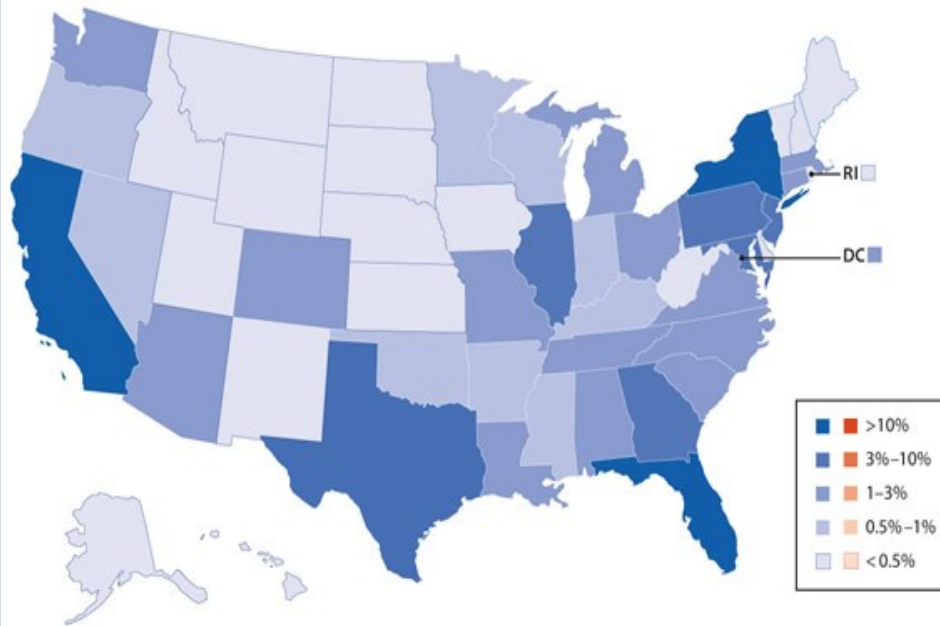
- **HRSA, CDC, SAMHSA, SSA** will disseminate lessons learned from safety net providers about how to extend health coverage enrollment opportunities to key populations
- **CDC** will scale up use of the HIV Data to Care public health strategy in all relevant FOAs
- **NIH** will support studies that measure medication adherence and test long acting ARV formulations
- **CMS** will provide information to State Medicaid Directors on the latest HIV treatment guidelines, scientific advances in prevention, and program flexibility



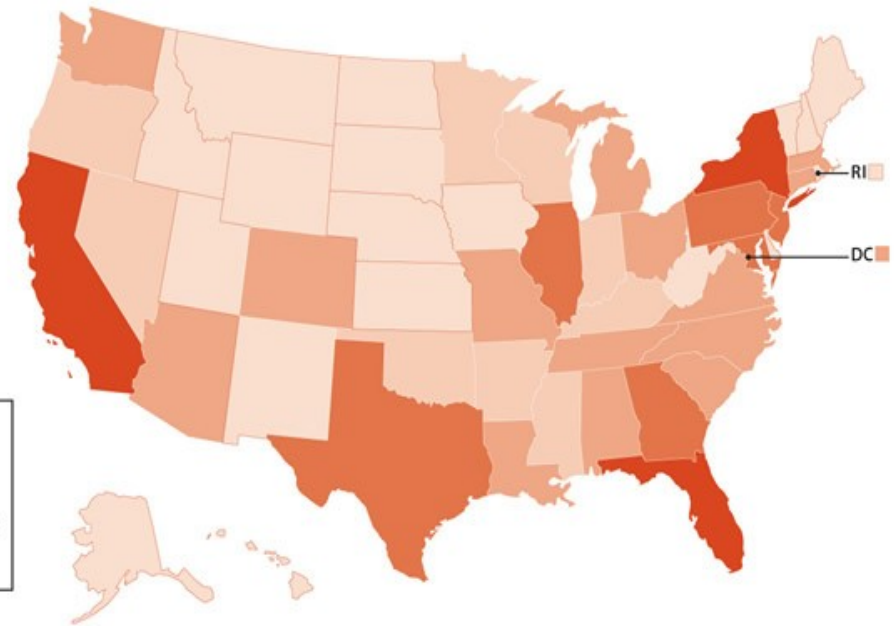
## Matching Prevention Funds to the Epidemic<sup>1</sup>

When CDC's new approach is fully implemented, HIV prevention resources will closely match the geographic burden of HIV.

Proportion of Americans Living with an HIV Diagnosis (2008)



Proportion of CDC Core HIV Prevention Funding—FY2016<sup>2</sup>



<sup>1</sup>Maps do not include U.S. territories receiving CDC HIV prevention funding.

<sup>2</sup> New funding allocation methodology will be fully implemented by FY2016; this breakdown assumes level overall funding.



# **Goal 3: Reducing HIV-related Disparities and Health Inequities**

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- **Step 3A**

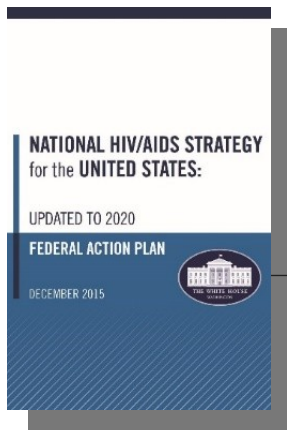
**Reduce HIV-related disparities in communities at high risk for HIV infections**

- **Step 3B**

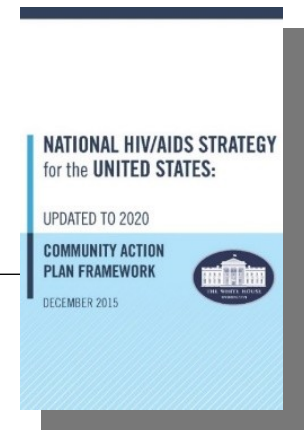
**Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities**

- **Step 3C**

**Reduce stigma and eliminate discrimination associated with HIV status**



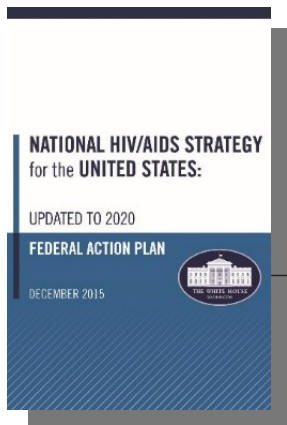
# Addressing Disparities



- **NIH** will enhance support for research in Southern US to enhance understanding and inform development of funding opportunities
- **SAMHSA** will provide guidance to grantees to focus testing efforts in communities where HIV is most heavily concentrated

**Focus Question:** How can you focus your organization's resources and activities on groups with a high burden of HIV such as gay and bisexual men, black women and men, Latino women and men, PWID, youth, people living in Southern US, and transgender women?

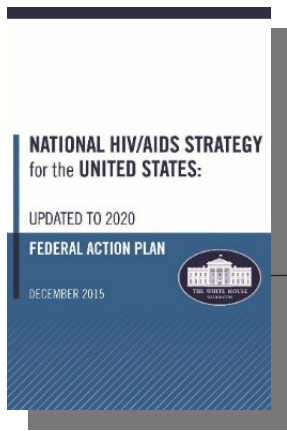
**Examples of action:** Market HIV testing services to pops at highest risk; take steps to allocate resources accordingly.



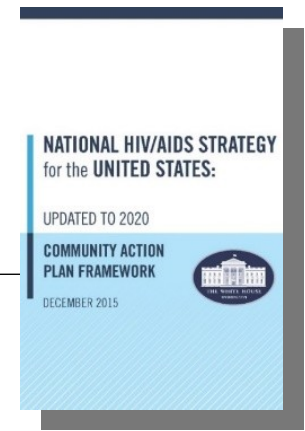
# Pre-exposure Prophylaxis (PrEP)



- **CDC** will increase screening for STDs among gay and bisexual men to ensure access to PrEP and PEP
  - **HRSA, SAMHSA** will develop and deliver TA, trainings, and information to grantees and staff on PrEP implementation.
  - **VA** will increase the number of facilities that have guidance and procedures in place for prescribing PrEP.
- **Implement routine HIV screening** as recommended by the U.S. Preventive Services Task Force
  - **Offer PrEP and adherence support** to people at substantial risk of HIV infection



# Stigma and Discrimination



- **DOJ, HHS OCR, EEOC, HUD** will continue to investigate complaints of HIV/AIDS discrimination in health care settings, employment, and housing.
  - **OHAIDP** will provide training on HIV stigma to faith-based organizations.
  - **CDC** will support community mobilization and marketing campaigns to address stigma and discrimination.
- **Reduce stigma and eliminate discrimination** in health care settings by training all employees in culturally appropriate care and by complying with civil rights laws

# **New Federal Actions:**

## ***Improving Outcomes in Transgender Populations***

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- **HRSA** will fund a new training program for leadership development among people living with HIV, including trans women.
- **OHAIDP** will conduct and publicly release a review of HHS-supported HIV programs and research for trans people.
- **CDC** will have specific scoring criteria or separate FOAs to improve how funding to serve trans communities is awarded.
- **CDC** will expand National HIV Behavioral Surveillance to include the transgender population.

# *Reaching the Goals*

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- As a guiding document, the Strategy is a **National plan, not just a Federal plan.**
- The goals of the Strategy can only be achieved by **engagement at the national, state, Tribal, and local levels and across all sectors.**
- It is especially important that **people who work in communities play an active role** in implementing this Strategy.
- **Everyone is needed** to put this Strategy into action and end the HIV epidemic.





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