



# **National HIV/AIDS Strategy Highlights**

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# President committed to developing a National HIV/AIDS Strategy

## Primary Goals:

1. Reduce HIV incidence
2. Increase access to care for people living with HIV and optimize health outcomes
3. Reduce HIV-related health disparities



# 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.”



# Strategy release had multiple components

- **National HIV/AIDS Strategy**
  - Provides vision and roadmap for country
- **Federal Implementation Plan**
  - Demonstration of new Federal commitment
  - Identifies specific, concrete actions for 2010 and 2011
- **Presidential Memorandum**
  - Provides process for instituting ongoing Federal implementation and monitoring
  - ONAP will report to President on annual basis
  - Designates lead agencies and calls for operational plans within 150 days, and calls for new steps to improve cross governmental collaboration
  - Calls for State to report on issues learned from PEPFAR



# Reducing HIV Incidence

## Action Steps

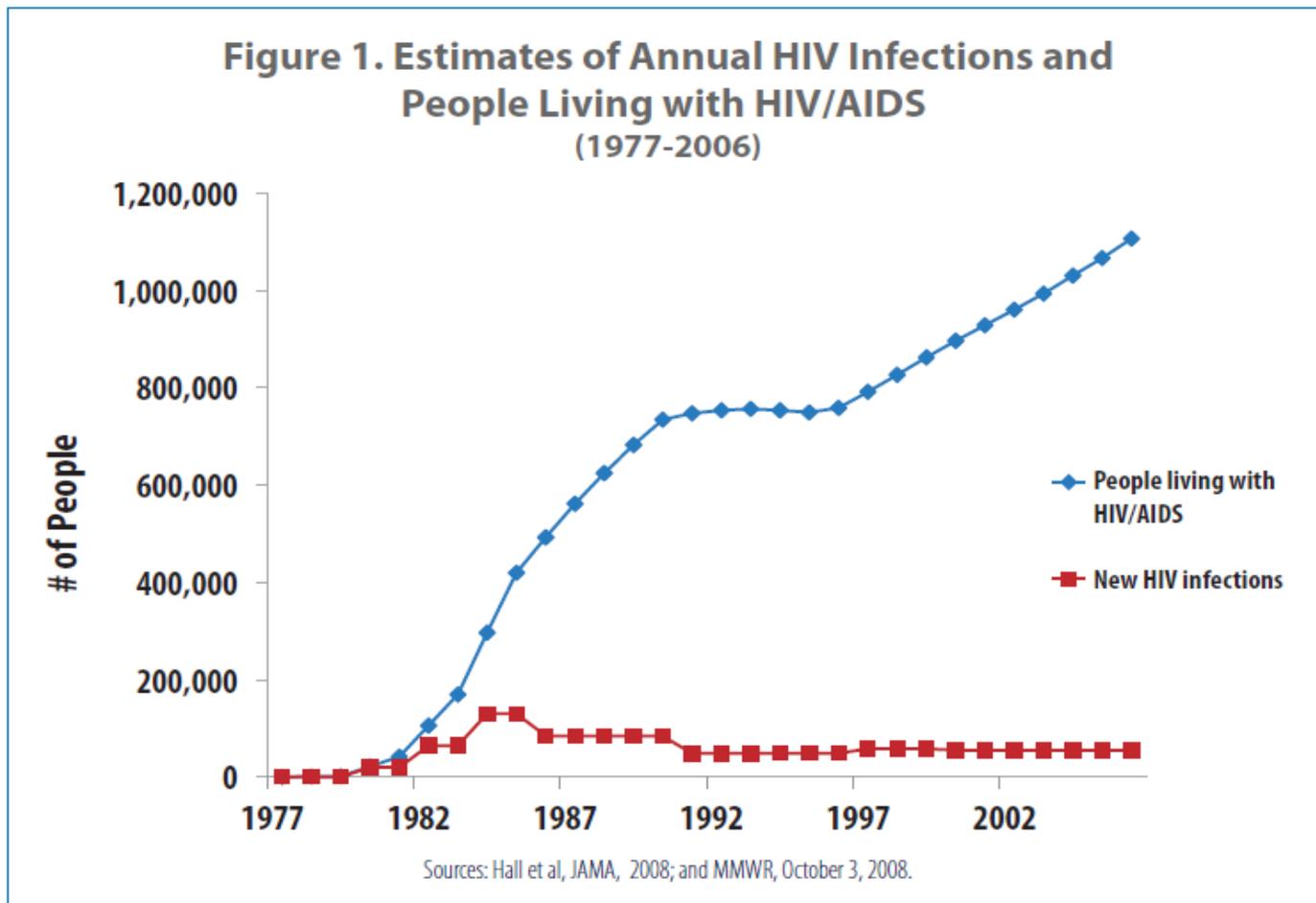
1. Intensify prevention efforts in communities where HIV is most heavily concentrated.
2. Prevent HIV infection using a combination of effective, evidence-based approaches.
3. Educate all Americans about the threat of HIV and how to prevent it.

## Targets

- Lower the annual number of new infections by 25% (from 56,300 to 42,225).
- Reduce the HIV transmission rate by 30%, from 5 persons infected each year per 100 people with HIV to 3.5 persons infected each year per 100 people with HIV.
- Increase from 79% to 90% the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000 people).

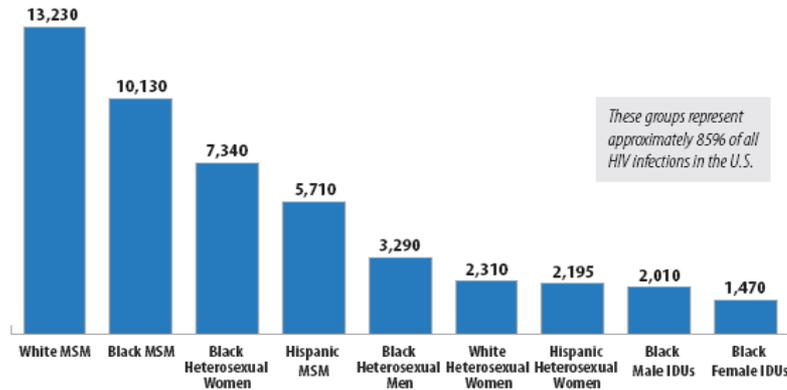


# Steady incidence despite rising number of people living with HIV



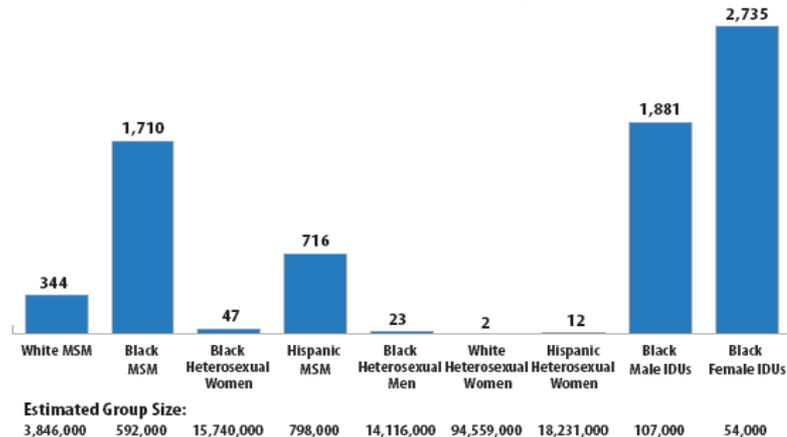
# Groups at High Risk for HIV Infection

**Figure 2. Numbers of Annual HIV Infections by High-Risk Groups (2006)**



Sources: *MMWR*, October 3, 2008 and *MMWR*, June 5, 2009 with the addition of incidence data for Puerto Rico based on an analysis by Holtgrave, D., Johns Hopkins Bloomberg School of Public Health. For this analysis, all Puerto Rico cases were classified as Hispanic. Chart based upon CDC, *HIV Prevention in the United States at a Critical Crossroads*, 2009. MSM = men who have sex with men (gay and bisexual men) and IDUs = injection drug users.

**Figure 3. Estimated Risk for HIV Infection for High-Risk Groups (Infections per 100,000 people in each group, 2006)**



Source: Holtgrave, D., Johns Hopkins Bloomberg School of Public Health based on analysis of HIV incidence in the 50 states from *MMWR*, October 3, 2008, with the inclusion of HIV incidence for Puerto Rico, where all Puerto Rico cases were classified as Hispanic and taken from CDC's *MMWR*, June 5, 2009. Population sizes for 2006 are rounded estimates derived from analysis of the following sources: Statistical Abstract US, 2009; CDC estimate of 4% of men are MSM (MSM denotes men who have sex with men); The National Survey on Drug Use and Health Report, October 29, 2009; Brady et al., *Journal of Urban Health* 2008; and Thierry et al., *Emerging Infectious Diseases*, 2004.



# Increasing Access to Care

## Action Steps

1. Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV.
2. Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.

## Targets

- Increase the proportion of newly diagnosed patients linked to clinical care within 3 months of their HIV diagnosis, from 65% to 85% (from 26,824 to 35,079 people).
- Increase the proportion of Ryan White HIV/AIDS Program clients who are in 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).



# Increasing Access to Care

## Action Steps

3. Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.

## Targets

- Increase the percentage of Ryan White HIV/AIDS Program clients with permanent housing from 82% to 86% (from 434,000 to 455,800 people).

# Reducing Disparities

## Action Steps

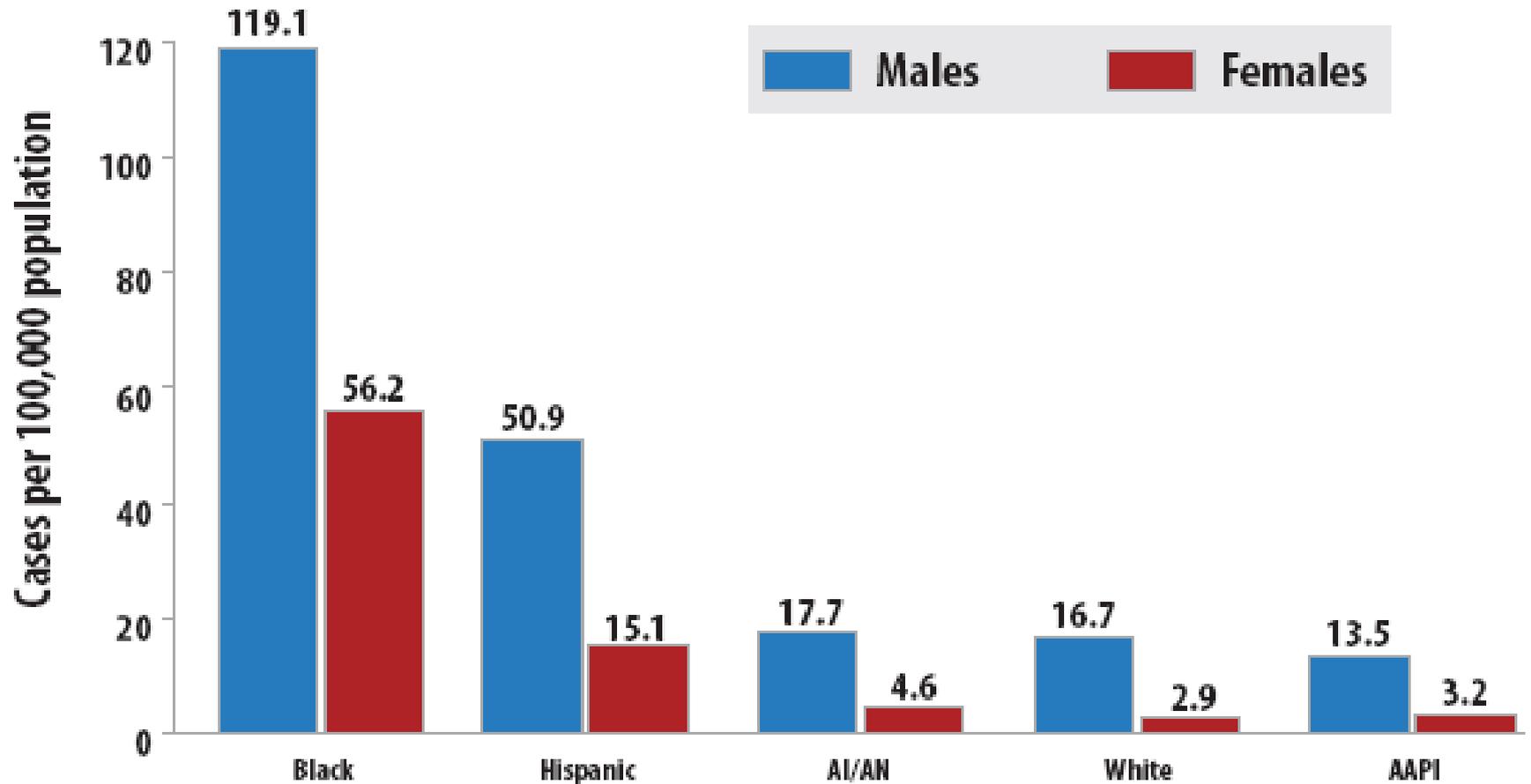
1. Reduce HIV-related mortality in communities at high risk for HIV infection.
2. Reduce stigma and discrimination against people living with HIV.
3. Adopt community-level approaches to reduce HIV infection in high-risk communities.

## Targets

- Increase the proportion of HIV-diagnosed gay and bisexual men with undetectable viral load by 20%.
- Increase the proportion of HIV diagnosed blacks with undetectable viral load by 20%.
- Increase the proportion of HIV-diagnosed Latinos with undetectable viral load by 20%.



**Figure 4. HIV Diagnoses by Race/Ethnicity  
(2006)**



Source: CDC, HIV and AIDS in the United States: A Picture of Today's Epidemic, March 2008. AI/AN = American Indian or Alaska Native and AAPI = Asian and Pacific Islander.



# Achieving a More Coordinated National Response

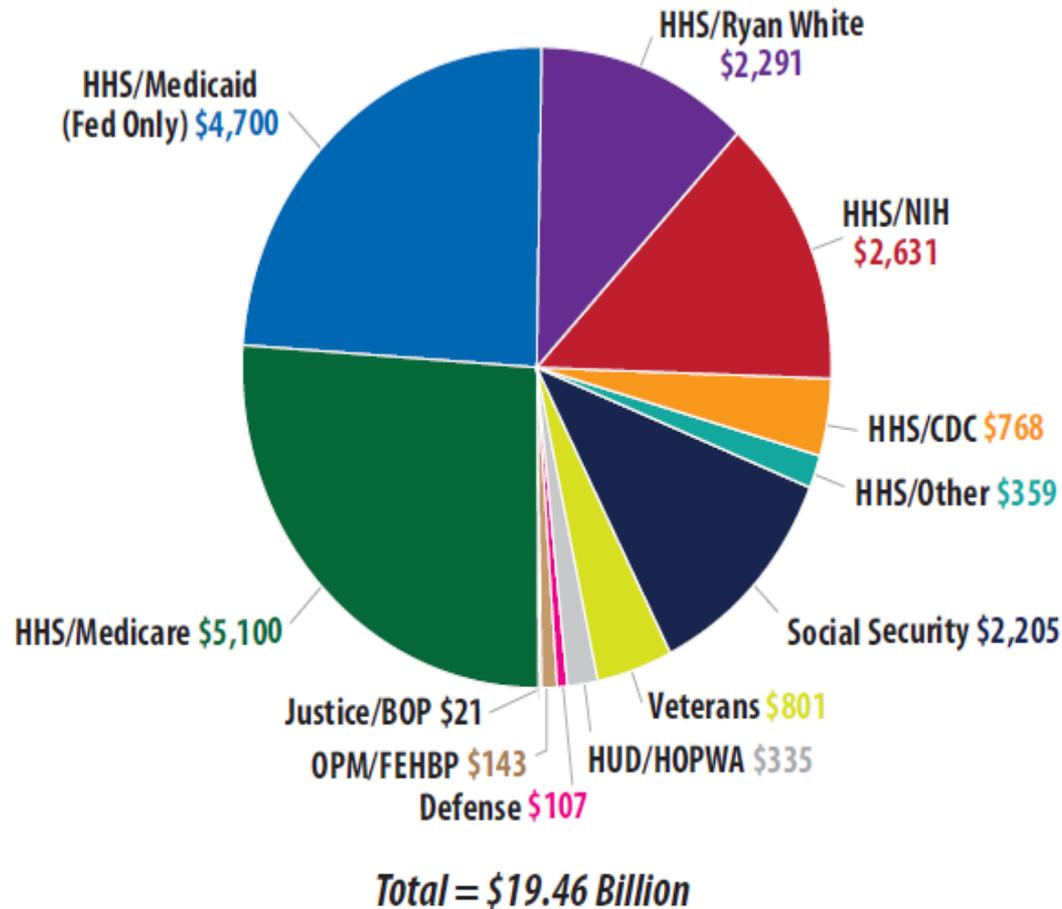
## Action Steps

1. Increase the coordination of HIV programs across the Federal Government and between Federal agencies and State, territorial, local, and tribal governments.
2. Develop improved mechanisms to monitor and report on progress toward achieving national goals.



# US Investment in Domestic HIV

Figure 5. Federal Funding for Domestic HIV/AIDS, FY 2010  
(in millions \$)



Source: FY 2010 Appropriations. HHS other includes (in millions \$) SAMHSA (\$178), FDA (\$109), Office of the Secretary (\$64), Indian Health Service (\$5), and AHRQ (\$3).



# Strategy Next Steps

- Lead Agency Operational Plans due to White House on December 9<sup>th</sup>
- FY 2012 President's budget under development
- ONAP will develop process and template for annual reporting
- President's Advisory Council on HIV/AIDS (PACHA) tasked with supporting implementation and serving as an external monitor
- Other entities encouraged to support implementation
  - Public Private Partnerships
  - State and local implementation activities
  - Community stakeholders support implementation and monitoring

