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”
NHAS Goals for Reducing HIV Incidence

Reducing New HIV Infections

- By 2015, lower the annual number of new infections by 25 percent (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 percent (from 5 persons infected per 100 people with HIV to 3.5 persons infected per 100 people with HIV).
- By 2015, increase from 79 percent to 90 percent the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000 people).
NHAS Goals for Improving Treatment Access

**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 percent to 80 percent (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 percent to 86 percent (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.)
NHAS Goals for Reducing Health Disparities

Reducing HIV-Related Health Disparities

While working to 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 percent.
- By 2015, increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20 percent.
- By 2015, increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20 percent.
In order for the National HIV/AIDS Strategy to be successful, emphasis must be placed on coordination of activities among agencies and across all levels of government.

- Increase the coordination of HIV programs across the Federal Government and between Federal agencies and State, territorial, local, and tribal governments.

- Develop improved mechanisms to monitor and report on progress toward achieving national goals.
As President Obama said on July 13, 2010....

“The question is not whether we know what to do, but whether we will do it.”
### Housing Opportunities for People With AIDS (HOPWA) Funding

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Funding Amount</th>
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<tbody>
<tr>
<td>2010</td>
<td>$335.0 million</td>
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<tr>
<td>2011</td>
<td>$334.3 million</td>
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<tr>
<td>2012</td>
<td>$332.0 million</td>
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<tr>
<td>2013</td>
<td>$330.0 million</td>
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Community Request: $427 million (first step toward total unmet need).

National AIDS Housing Coalition Estimate: 145,000 PLWH in U.S. in immediate need of housing assistance.

- **Reducing New HIV Infections**
  - Lower the annual number of new HIV infections by at least 45 percent (relative to baseline year 2010);
  - Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by at least 50 percent (relative to baseline year 2010);
  - Increase to at least 90 percent the percentage of people living with HIV who know their serostatus (with an emphasis on identifying seropositivity as soon as possible after HIV infection); and,
  - Further reduce the already low number of diagnosed persons living with HIV who engage in unprotected, serodiscordant, transmission-relevant risk behavior by at least 50% (relative to baseline year 2010).

- Measurement: All four quantitative constructs above are now estimated and published by CDC [refs. 9,10,11,12 in paper].
• **Increasing Access to Care and Improving Health Outcomes for People Living with HIV**

  – Ensure that at least 85% of newly diagnosed patients living with HIV are linked to clinical care within three months of their HIV diagnosis, and that at least 85% of all diagnosed persons living with HIV are retained in care;
  – Ensure that at least 81% of clients receiving HIV care achieve and maintain viral suppression; and,
  – Ensure that at least 90% of persons living with HIV in need of stable housing services receive and retain such services.

• Measurement: The first and second goals in this section can be measured by existing CDC and HRSA systems [9,10,11,12,13,14,15,16]. In the 2010 NHAS, the housing goal referenced Ryan White clients; we propose a broader measurement strategy reflecting more persons living with HIV (such as an expansion of CDC’s Medical Monitoring Project [13,15]).
• **Reducing HIV-Related Disparities and Health Inequities**

  – Ensure that all goals listed in the care section and the seropositivity awareness goal are all achieved for all genders, racial/ethnic groups, sexual minorities, heightened risk groups (such as persons who inject drugs), and age groups;
  
  – Among the nine subpopulations defined by CDC as totaling more than 85% of the HIV incidence in the U.S. in 2010, ensure that no subpopulation has more than 2,550 new HIV infections per year (and that incidence is level or decreasing for all subpopulations in the U.S. in all years); and,
  
  – Develop and annually report on measures designed to assess HIV-related stigma experienced by persons living with HIV (especially, to gauge how such experiences serve as barriers to entry into, or retention in, HIV care).

• **Measurement:** The first goal in the disparities section can be measured by seemingly feasible subgroup analyses in CDC and HRSA systems [9,10,11,12,13,14,16]. The second goal can be measured from subgroup analyses now conducted and published by CDC [12] The third disparities goal is a directly-observable, nominal-scale process goal.

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

  – Continue efforts to constantly refine and annually report upon the coordination of HIV programs across the Federal Government and between Federal agencies and State, territorial, local, and tribal governments; and,

  – Continually refine and annually report on metrics necessary to monitor and react to progress toward achieving all national goals.

• **Measurement:** The goals in this section are directly-observable, nominal-scale process goals. The second coordination goal builds upon existing efforts by the Department of Health and Human Services to have all HIV federally-funded service delivery programs monitor a small, core set of NHAS-relevant core indicators [15].
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