



FACT SHEET: The National HIV/AIDS Strategy: Updated to 2020

In July of 2015, President Obama signed an Executive Order releasing the National HIV/AIDS Strategy: Updated to 2020, detailing principles and priorities to guide our collective national work to address HIV in the United States over the next five years.

In 2010, the President launched the nation's first comprehensive National HIV/AIDS Strategy. The Strategy has changed the way the American people talk about HIV, prioritize and organize HIV prevention and care services locally, and deliver clinical and other related services that support people living with HIV and encourage their engagement in treatment and care.

This updated Strategy reflects the accomplishments and the lessons learned since the original Strategy was released in 2010. Looking ahead to 2020, this Update retains the Strategy's original vision and four main goals:

Goal 1: Reducing New HIV Infections

Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV

Goal 3: Reducing HIV-related Disparities and Health Inequities

Goal 4: Achieving a More Coordinated National Response

The Update calls for particular focus on the following priority activities through 2020:

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

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, since it benefits their health and reduces transmission of the virus to others.

Full access to comprehensive pre-exposure prophylaxis (PrEP) services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP. As one of

the tools in the HIV prevention toolkit, PrEP is a way for people who don't have HIV to prevent HIV infection by taking a pill every day.

Continuing on the path set by the 2010 Strategy, the Update also recognizes that—for a variety of reasons—HIV does not impact all Americans equally. **The HIV epidemic in the United States is concentrated in key populations and geographic areas** and the Update guides our response to prioritize the following groups:

- Gay, bisexual, and other men who have sex with men of all races and ethnicities, noting the particularly high burden of HIV among Black gay and bisexual men
- Black women and men
- Latinos and Latinas
- People who inject drugs
- Youth aged 13 to 24 years, noting the particularly high burden of HIV among young Black gay and bisexual men
- People in the Southern United States
- Transgender women, noting the particularly high burden of HIV among Black transgender women

Leveraging Major Scientific and Policy Advances:

The 11 Steps and 37 Recommended Actions in the updated Strategy integrate and leverage the major scientific, policy, and other advances that have occurred since 2010. These include:

- **Implementation of the Affordable Care Act:** The Affordable Care Act has increased the number of Americans—including persons living with and at risk for HIV—who have access to health care coverage including preventive services such as HIV testing that are covered without cost sharing.
- **High Impact Prevention:** Since 2010, Centers for Disease Control and Prevention (CDC) has pursued an approach that concentrates limited HIV prevention resources on the most cost-effective and scalable interventions that are aligned geographically and demographically with the burden of HIV.
- **HIV Testing:** The past five years have seen the development of new HIV diagnostic tests and expanded testing efforts. In addition, screening all persons aged 15 to 65 years for HIV is now a grade “A” recommendation of the independent U.S. Preventive Services Task Force. This means that, as of April 2014, new health plans under the Affordable Care Act must offer HIV screening without cost sharing.



- **Benefits of HIV Treatment:** Results from the National Institutes of Health (NIH)-supported Strategic Timing of Antiretroviral Treatment (START) study recently provided clear evidence that early treatment promotes improved health outcomes for those with HIV. It also demonstrated that starting HIV therapy early not only protects individuals against opportunistic infections associated with AIDS, but also from AIDS-related cancers as well as other non-AIDS outcomes.
- **Treatment as Prevention:** The NIH-funded HIV Prevention Trials Network 052 study showed that, in addition to benefiting their own health and longevity, people living with HIV who adhere to effective antiretroviral therapy and have a suppressed viral load can reduce the risk of sexual transmission of HIV by 96 percent. Antiretroviral therapy for pregnant women with HIV also dramatically reduces the risk of transmission during pregnancy and childbirth.
- **Ryan White HIV/AIDS Program (RWHAP):** The RWHAP is the largest Federal program solely dedicated to providing a comprehensive system of care to people living with HIV who do not have sufficient health care coverage or financial resources to cope with HIV. It touches the lives of over half of all people living with HIV in the United States, by taking a public health approach to provide medical care and essential support services to people living with HIV who do not have sufficient health care coverage or financial resources to cope with HIV infection. Doing so not only improves the health outcomes for individuals with HIV, it serves the public health benefit of helping to prevent HIV transmission. Since 2010, critical funding increases for the AIDS Drug Assistance Program have been provided to ensure access to lifesaving treatment.
- **PrEP:** In 2012, the FDA approved the use of Truvada for use as PrEP after several clinical trials demonstrated its efficacy. To make best use of this new HIV prevention tool, the U.S. Public Health Service released clinical practice guidelines in 2014 to assist clinicians in providing PrEP and associated services to their patients at substantial risk for HIV infection. When taken consistently, PrEP can reduce one's risk for acquiring HIV by up to 92%.
- **Digital Tools and Technology:** Digital technology and social media have changed how health-related information is delivered, opening new opportunities to use digital tools to extend the reach and deepen the impact of our efforts to provide information and promote HIV testing as well as to help link and retain individuals in care.
- **Integrating previous Executive Actions:** In 2012, President Obama signed a memorandum forming an Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities and in 2013,



signed an Executive Order launching the HIV Care Continuum Initiative. The recommendations from these initiatives have increased our focus on these areas, and they have been fully integrated into the Update.

HIV Care Continuum Data Indicate Areas of Greatest Need:

Despite these advances, there is still an HIV epidemic and it remains a significant health issue for the United States. Today, 1.2 million people in the United States are living with HIV and the most recent national estimates point to areas where further improvements are needed.

- **Awareness of Status:** An estimated 1 in 8 people living with HIV in the United States are unaware of their infection and, thus, are not receiving regular medical care to manage the disease. Many individuals are also diagnosed late. In 2013, 24 percent of persons diagnosed with HIV had a stage 3 (AIDS) classification at the time of diagnosis.
- **Linkage to care:** Being linked to HIV care as soon as possible after diagnosis allows people with HIV to gain the full benefits of early treatment. Yet, issues such as poverty; unemployment; intimate partner violence; unstable housing, including homelessness; hunger; lack of access to transportation; and other issues often prevent people from accessing the health care they need. In 2013, 82 percent of those newly diagnosed with HIV infection, were linked to HIV medical care within 3 months of their diagnosis.
- **Engagement in care:** For people living with HIV, staying engaged in medical care is an important precursor to becoming virally suppressed. Key social and structural supports are necessary to make it possible for affected individuals to visit a medical provider, take medications, and stay healthy. Yet, in 2012, only 39 percent of all persons living with HIV infection were engaged in care.
- **Viral suppression:** Being virally suppressed—which means that HIV is under control at a level that keeps people healthy and reduces the risk of transmitting the virus to others—not only improves a person with HIV’s health and enhances their lifespan; it also significantly reduces their risk of transmitting HIV to partners. In 2012, only 30 percent of all persons living with HIV infection in the United States achieved viral suppression.

These data clearly indicate areas where increased attention is needed to ensure that all individuals living with HIV in the U.S. are aware of their infection and able to realize the full benefits of available care and treatment.

Indicators of Progress toward 2020:

Responding to these challenges and taking full advantage of the many advances requires a more coordinated national response to HIV in the United States. Together, by aligning Federal and



community efforts on the principles and priorities detailed in the updated Strategy, we aim to achieve the following outcomes by 2020:

1. Increase the percentage of people living with HIV who know their serostatus to at least 90 percent.
2. Reduce the number of new diagnoses by at least 25 percent.
3. Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least 10 percent.
4. Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85 percent.
5. Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.
6. Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.
7. Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.
8. Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent.
9. 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 women, and persons living in the Southern United States.
10. Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent.

To guide implementation of the updated Strategy across the U.S. government, the many Federal agencies and offices engaged in HIV activities will develop a Federal Action Plan detailing the specific steps they will take to implement the priorities set by the Update. The Federal Action Plan will be released in December.

An action plan framework, similar to the Federal Action Plan structure, will be created to assist other stakeholders—such as state, Tribal, and local governments, community-based organizations, coalitions of persons living with HIV, the scientific and medical communities, faith communities, schools and universities, industry, philanthropy, and other stakeholders—in developing their own action plans, tailored to their own specific missions and priorities.

By working together to achieve the outcomes of the updated Strategy, Federal and community partners will bring us closer to realizing the Strategy's vision:

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.



Presbyterian AIDS Network
A Network of the Presbyterian Health, Education & Welfare
Association (PHEWA)

For more information about HIV and AIDS, visit

www.pepfar.gov

<http://www.AIDS.gov>

<http://www.ACTAGAINSTAIDS.org>

www.blackaids.org

www.aidsunited.org

www.balmingilead.org

www.gaychurch.org

World Council of Churches website: <https://www.oikoumene.org>

<http://www.e-alliance.ch>

www.unaids.org

www.theblackchurchandhiv.org

www.hivcaucus.org

To find an HIV testing site near you, go to: <http://www.HIVTest.org>

or call 1-800-CDC-INFO

HIV and AIDS website descriptions

www.pepfar.gov

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the U.S. Government initiative to help save the lives of those suffering from HIV/AIDS around the world. This historic commitment is the largest by any nation to combat a single disease internationally, and PEPFAR investments also help alleviate suffering from other diseases across the global health spectrum. PEPFAR is driven by a shared responsibility among donor and partner nations and others to make smart investments to save lives.

PEPFAR is the cornerstone and largest component of the U.S. President's Global Health Initiative. With a special focus on improving the health of women, newborns and children, the Global Health Initiative's goal is to save the greatest number of lives by increasing and building upon what works and, then, supporting countries as they work to improve the health of their own people.



On July 30, 2008, **H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008** was signed into law, authorizing up to \$48 billion over the next 5 years to combat global HIV/AIDS, tuberculosis, and malaria.

This global epidemic requires a comprehensive, multi-sectoral approach that expands access to prevention, care and treatment. As PEPFAR works to build upon its successes, it will focus on transitioning from an emergency response to promoting sustainable country programs.

- **Sustainable programs must be country-owned and country-driven.** Given that the AIDS epidemic represents a shared global burden among nations, the next phase of PEPFAR represents an opportunity for the United States to support shared responsibility with partner countries. To seize this opportunity, PEPFAR is supporting countries in taking leadership of the responses to their epidemics. In addition, to support an expanded collective impact at the country level, PEPFAR is increasing collaboration with multilateral organizations.
- **Sustainable programs must address HIV/AIDS within a broader health and development context.** PEPFAR must be responsive to the overall health needs faced by people living with HIV/AIDS (PLWHA), their families, and their communities, linking the HIV response to a diverse array of global health challenges. As a component of the Global Health Initiative, PEPFAR will be carefully and purposefully integrated with other health and development programs.

Integration expands country capacity to address a broader array of health demands and to respond to new and emerging challenges presented by HIV. Strategic coordination furthers the reach of bilateral assistance, leverages the work of multilateral organizations, promotes country ownership, and increases the sustainability of national health programs.

- **Sustainable programs must build upon our strengths and increase efficiencies.** PEPFAR is renewing its emphasis on a "whole of government" response, ensuring that agencies focus on core competencies and better coordination to maximize the effectiveness of U.S. Government (USG) assistance. It is also identifying and implementing efficiencies in its work at both field and headquarters levels to ensure value for money. To build upon the strengths of proven programs, PEPFAR is scaling up effective interventions, particularly in prevention. Finally, it is working to ensure that increased access to coverage is accompanied by an emphasis on quality of services.

PEPFAR's Goals:

1. Transition from an emergency response to promotion of sustainable country programs.
2. Strengthen partner government capacity to lead the response to this epidemic and other health demands.
3. Expand prevention, care, and treatment in both concentrated and generalized epidemics.



4. Integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems.
5. Invest in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes.

Programmatic Strategy:

In this second phase of PEPFAR, a new program strategy is underway that supports the Administration's overall emphasis on improving health outcomes, increasing program sustainability and integration, and strengthening health systems. Some of these changes are already being implemented with planning and programming for FY 2010. Over the next year, PEPFAR will be working closely with country teams in order to translate, prioritize, and implement this strategy in a manner appropriate to the country context. More information on the broader strategic framework for PEPFAR activities can be found in the strategy annexes which will be made available at www.pepfar.gov/about/strategy.

<http://www.AIDS.gov>

[AIDS.gov](http://www.AIDS.gov) is a gateway to all domestic U.S. government HIV & AIDS testing, treatment, & research information.

OBJECTIVES

- Expand visibility of timely and relevant Federal HIV policies, programs, and resources to the American public.
- Increase use of new media tools by government, minority, and other community partners to extend the reach of HIV programs to communities at greatest risk.
- Increase knowledge about HIV and access to HIV services for people most at-risk for, or living with, HIV.

A large number of Federal agencies and programs are engaged in HIV/AIDS prevention, testing, treatment, policy, and research efforts in the United States. AIDS.gov serves as a gateway for information about these Federal efforts, with a focus on domestic programs.

Since the launch of AIDS.gov on December 1, 2006 (World AIDS Day), there has been a growing interest in using new media tools to disseminate information about HIV/AIDS and improve prevention, testing, treatment, and research outcomes. AIDS.gov created this blog to address that interest, and has since expanded content areas to include key US Government HIV/AIDS-related research and policy posts, among other topics. This blog serves as a forum to foster public discussion on using new media effectively in response to HIV/AIDS, as well as HIV/AIDS research and policies. The intended audiences for the blog include, but are not limited to: Individuals and organizations using, or wanting to use, new media tools in the response to HIV/AIDS, including minority public health leaders; Members of the public and Federal staffers who would like to see the Federal government adopt emerging technologies, when appropriate, to improve information delivery and services Public health professionals, healthcare providers,



and consumers looking for Federal HIV policy and research news - See more at:
<https://blog.aids.gov/about#sthash.BtwdN4dd.dpuf>

<http://www.ACTAGAINSTAIDS.org> .

Act Against AIDS (AAA) is an initiative launched by the Centers for Disease Control and Prevention (CDC) and the White House to combat complacency about HIV and AIDS in the United States. Launched in 2009, *Act Against AIDS* focuses on raising awareness among all Americans and reducing the risk of infection among the hardest-hit populations – gay and bisexual men, African Americans, Latinos, and other communities at increased risk.

Act Against AIDS consists of several concurrent HIV prevention campaigns and uses mass media (TV, radio, newspapers, magazines, and the Internet) to deliver important HIV prevention messages. All campaigns support the comprehensive HIV prevention efforts of CDC and the [National HIV/AIDS Strategy \(NHAS\)](#). *Act Against AIDS* also supports the [Act Against AIDS Leadership Initiative \(AAALI\)](#)(<http://www.cdc.gov/actagainstaids/partnerships/index.html>), a network of national-level organizations that focus on African Americans, black men who have sex with men (MSM), and the Latino community.

www.blackaids.org

Founded in May 1999, the Black AIDS Institute is the only national HIV/AIDS think tank focused exclusively on Black people. The Institute's mission is to stop the AIDS pandemic in Black communities by engaging and mobilizing Black institutions and individuals in efforts to confront HIV. The Institute interprets public and private sector HIV policies, conducts trainings, offers technical assistance, disseminates information and provides advocacy mobilization from a uniquely and unapologetically Black point of view.

Our motto describes a commitment to self-preservation: "Our People, Our Problem, Our Solution."

www.aidsunited.org

Mission: AIDS United's mission is to end the AIDS epidemic in the United States. We seek to fulfill our mission through [strategic grantmaking](#), [capacity building](#), [policy/advocacy](#), technical assistance and formative research.

History: AIDS United's grantmaking portfolio dates back to the founding of the National AIDS Fund in 1987. For more than two decades, we have supported community-driven responses to the HIV epidemic around the country that reach the nation's most disproportionately affected



populations, including gay and bisexual men, communities of color, women, people living in the deep South and people living with HIV/AIDS. To date, our strategic grantmaking initiatives have directly funded more than \$91 million to local communities, and have leveraged more than \$115 million in additional investments for programs that include, but are not limited to, syringe access, access to care, capacity-building, HIV prevention and advocacy.

AIDS United's policy and advocacy roots were born out of coalition in 1984, when AIDS service organizations (ASOs) across the country came together to form AIDS Action. AIDS Action Foundation (AAF) was formed as the education arm a few years later. AAC and AAF together formed AIDS Action, decades later, AIDS Action merged with the National AIDS Fund, the coalition of organizations involved in AIDS United's policy work continues to grow. AIDS United advocates for people living with or affected by HIV/AIDS and the organizations that serve them. We house the most seasoned and respected domestic AIDS policy team in Washington DC, and our public policy work is informed by a [Public Policy Committee](#) that includes a broad array of organizations from all regions of the country engaged in helping to end AIDS in America.

www.balmingilead.org

The Balm In Gilead develops educational and training programs specifically designed to meet the unique needs of African American and African congregations that strive to become community centers for health education and disease prevention.

The Balm In Gilead is known for its insightful understanding of religious cultures and values and extraordinary ability to build strong, trusted partnerships with faith communities. The Balm In Gilead has been entrusted to build the capacity of national faith structures to utilize their existing relationships to deliver comprehensive health services.

www.gaychurch.org

The intent of our Affirming Church Directory™ is to provide an online directory so people can locate and visit welcoming Christian churches around the world. We list congregations that meet on a regular basis in a physical location for worship, prayer, service and fellowship. All churches in this directory have confirmed that their congregation, in some form or fashion, is an *affirming Christian church*.

We define the word “affirming” as meaning the church does *not* view homosexuality in and of itself as a sin, and therefore they would welcome and treat a homosexual person no differently than any other person who walked through their church doors seeking Christ. We also believe that a fully affirming congregation allows ALL people the ability (as much as denominational polity allows) to be involved in all aspects of the life of the community.

[Visit the World Council of Churches website:](https://www.oikoumene.org) <https://www.oikoumene.org>

What is the World Council of Churches?



The World Council of Churches is a fellowship of churches which confess the Lord Jesus Christ as God and Saviour according to the scriptures, and therefore seek to fulfill together their common calling to the glory of the one God, Father, Son and Holy Spirit.

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It is a community of churches on the way to visible unity in one faith and one eucharistic fellowship, expressed in worship and in common life in Christ. It seeks to advance towards this unity, as Jesus prayed for his followers, "so that the world may believe." (John 17:21)

The Ecumenical Advocacy Alliance: <http://www.e-alliance.ch>

The Ecumenical Advocacy Alliance is an international network of churches and church-related organizations committed to campaigning together on common concerns. Current campaigns focus on HIV and AIDS and Food. [Their resources for observing World AIDS Day](#) can be used throughout the year.

www.unaids.org

[UNAIDS](#) , the Joint United Nations Programme on HIV/AIDS, is an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support.

www.theblackchurchandhiv.org

The Black Church & HIV: The Social Justice Imperative is a **project of the NAACP**.

www.hivcaucus.org

the united states people living with hiv (plhiv) caucus

The United States People Living with HIV (PLHIV) Caucus is a group of organizations, coalitions, networks, client groups and individuals with HIV who advocate for people living with HIV (PLHIV) in the U.S. Formed in January 2011, the Caucus includes diverse and accountable representation by people living with HIV from throughout the United States. "Since the early days of this epidemic, people living with HIV have demanded inclusion in decision making processes. The U.S. PLHIV Caucus is our vehicle to make sure our voices are heard in the policy and advocacy discussions that so profoundly affect our lives," said Caucus Steering Committee President, Cecilia Chung.