



THE WHITE HOUSE
WASHINGTON

National HIV AIDS Strategy

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White House Office of National AIDS Policy



HIV in the United States Today



HIV in the United States

1.2 million people are living with HIV.

13% (nearly **1 in 8**, or more than 158,500 people) have not been diagnosed.

Only 57% of people with HIV are virally suppressed

despite availability of highly effective care and treatment that can suppress the viral load to protect the health of people living with HIV as well as prevent transmission

~34,800 new infections occur annually.

Number is steady in recent years, despite availability of many highly effective prevention tools, including pre-exposure prophylaxis (PrEP).

*Only **23.4%** of those with an indication for PrEP are using it.*

Without intervention, another 400,000

Americans will be newly diagnosed over the next 10 years despite the availability of tools to prevent infection.



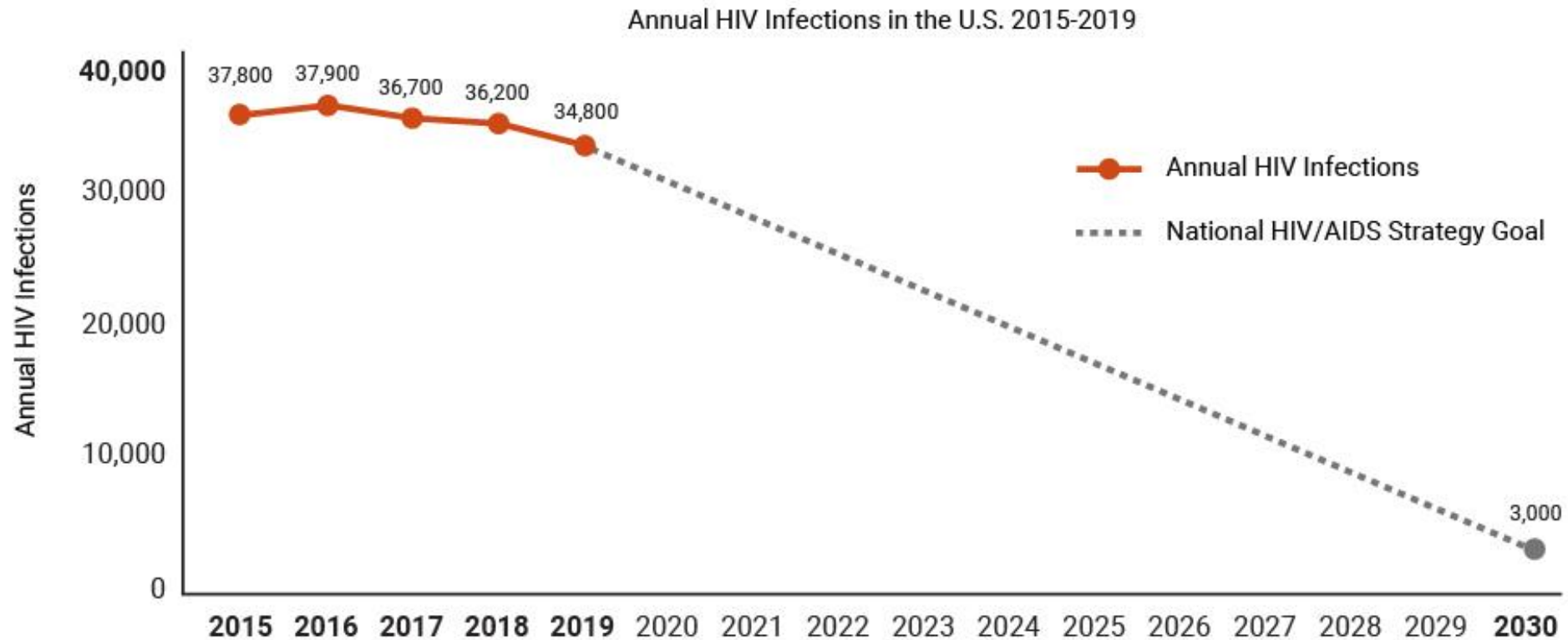
<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-26-1.pdf>

<https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-26-no-2/content/national-profile.html#7>

<https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-26-no-2/content/national-profile.html#3>

Hopeful Signs of Progress

New HIV Infections Fell 8% from 2015 to 2019, After a Period of General Stability



HIV Disparities Persist

New HIV infections by the Most Impacted Populations, United States, 2015 vs. 2019

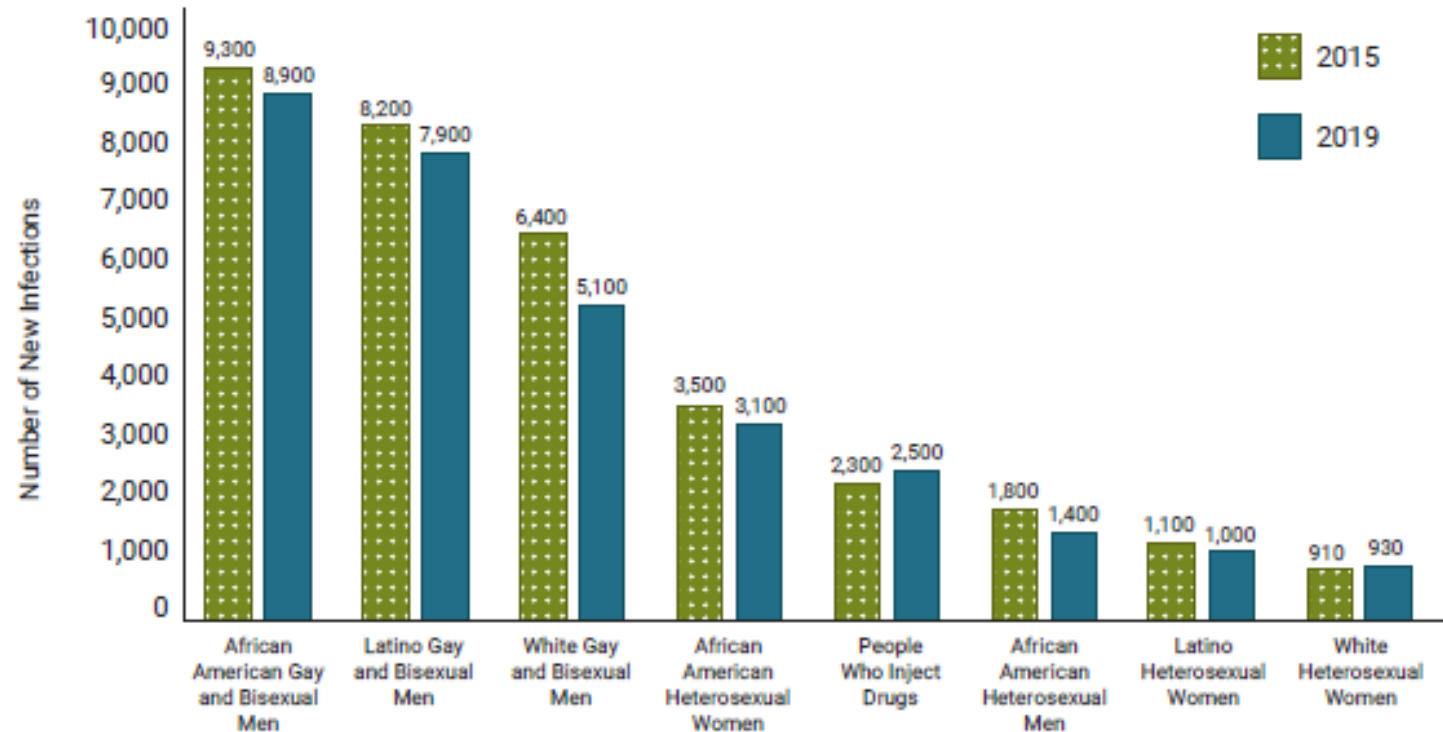


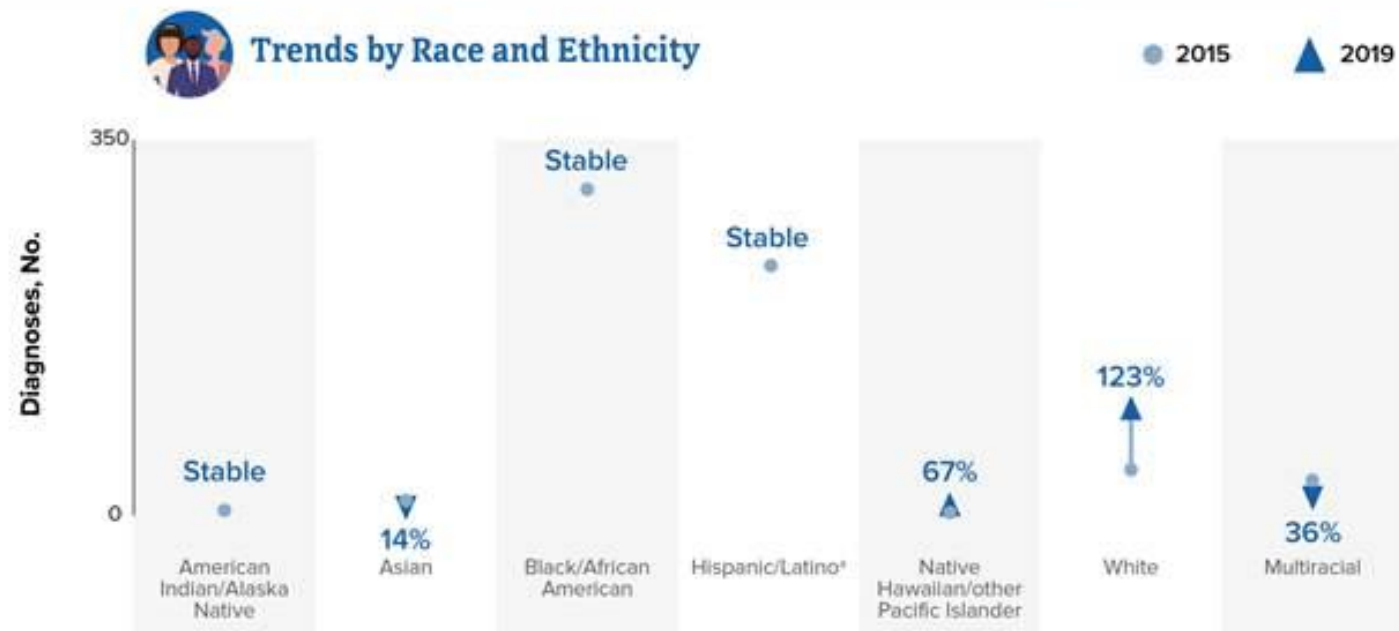
Figure 2. New HIV infections by most impacted populations, United States, 2015 vs. 2019¹¹





HIV Diagnoses Among Transgender Adults and Adolescents, by Race/Ethnicity, 2015-2019

Figure 18. Diagnoses of HIV Infection among Transgender Adults and Adolescents, by Race/Ethnicity, 2015–2019—United States and 6 Dependent Areas



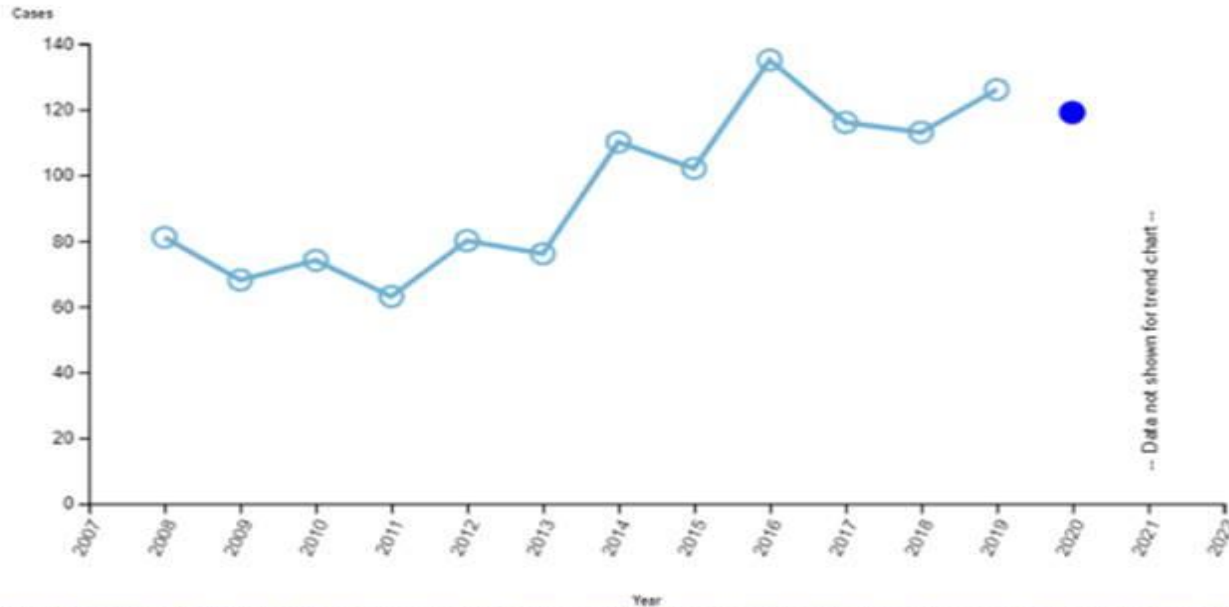
Note: See sections D2.2 and D3 in the Technical Notes for more information on gender and race/ethnicity.
*Hispanic/Latino persons can be of any race.





HIV Diagnoses Among American Indian/Alaska Native, 2008-2020

HIV diagnoses | 2008-2020 | Ages 13 years and older | American Indian/Alaska Native | Male | Male-to-male sexual contact | United State



-- Data not shown for trend chart --

Footnotes: Data for years 2020 and 2021 are preliminary (subject to a 12-month reporting lag) and should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. Therefore, trend data should only be viewed through the year 2019 to allow sufficient time (at least 12 months) for reporting of case information to accurately assess trends. Rates for the year 2021 are not provided because population data are not currently available from the U.S. Census. Data adjusted for missing transmission category.



Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



HIV Incidence by Race/Ethnicity, 2019

The latest incidence estimates indicate that effective prevention and treatment are not adequately reaching people who could benefit most.

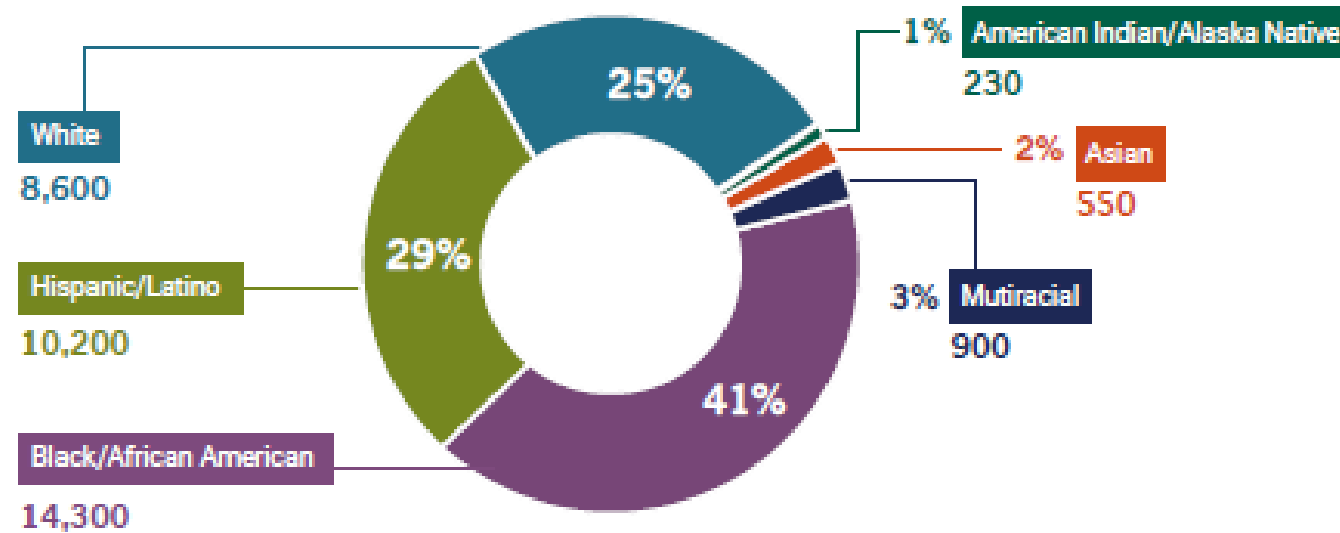


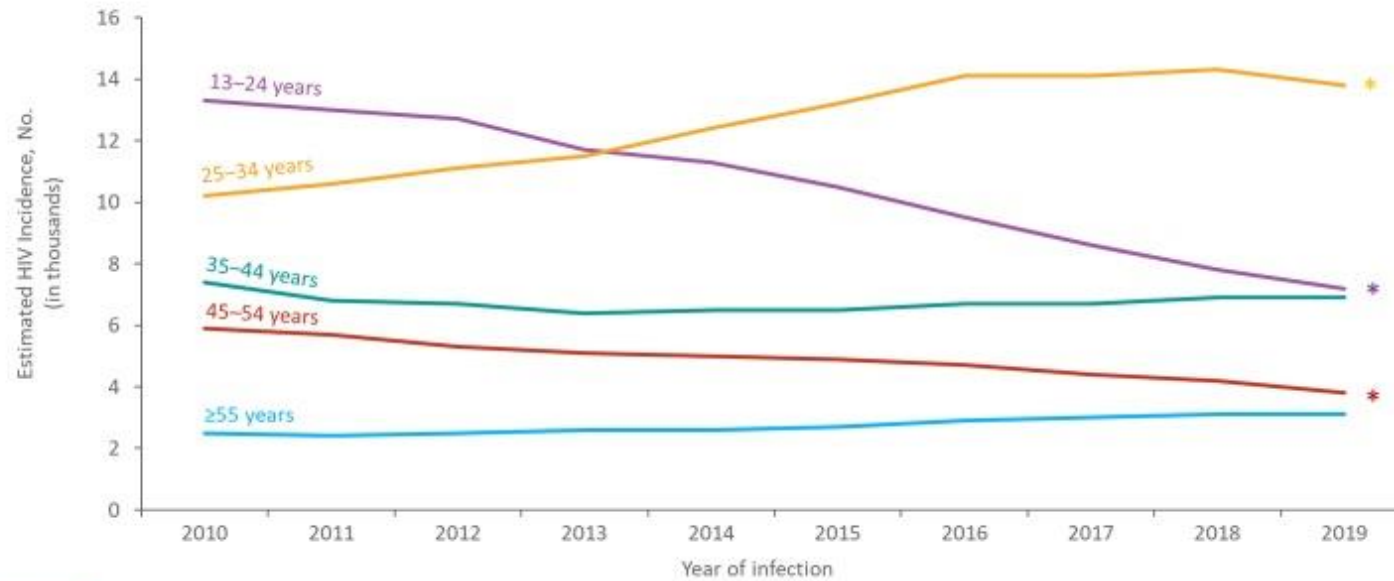
Figure 3. HIV incidence by race/ethnicity, 2019¹³





HIV Incidence Trends by Age (2010-2019)

Estimated HIV Incidence among Persons Aged ≥13 Years, by Age
2010–2019—United States



Note. Estimates were derived from a CD4 depletion model using HIV surveillance data.
* Difference from the 2010 estimate was deemed statistically significant ($P < .05$).



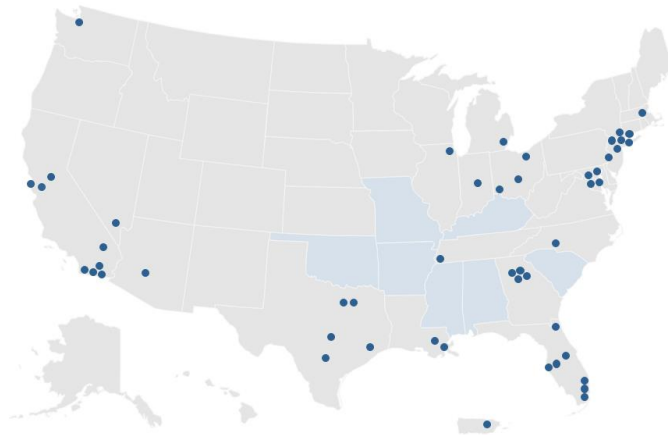
Ending the HIV Epidemic in the U.S. Initiative

GOAL:

75%
reduction in new
HIV infections
by 2025
and at least
90%
reduction
by 2030.

FOCUSED EFFORT

- 48 counties, DC, and San Juan accounted for 50% of new HIV diagnoses in 2016.
- 7 states with the most substantial HIV diagnoses in rural areas.

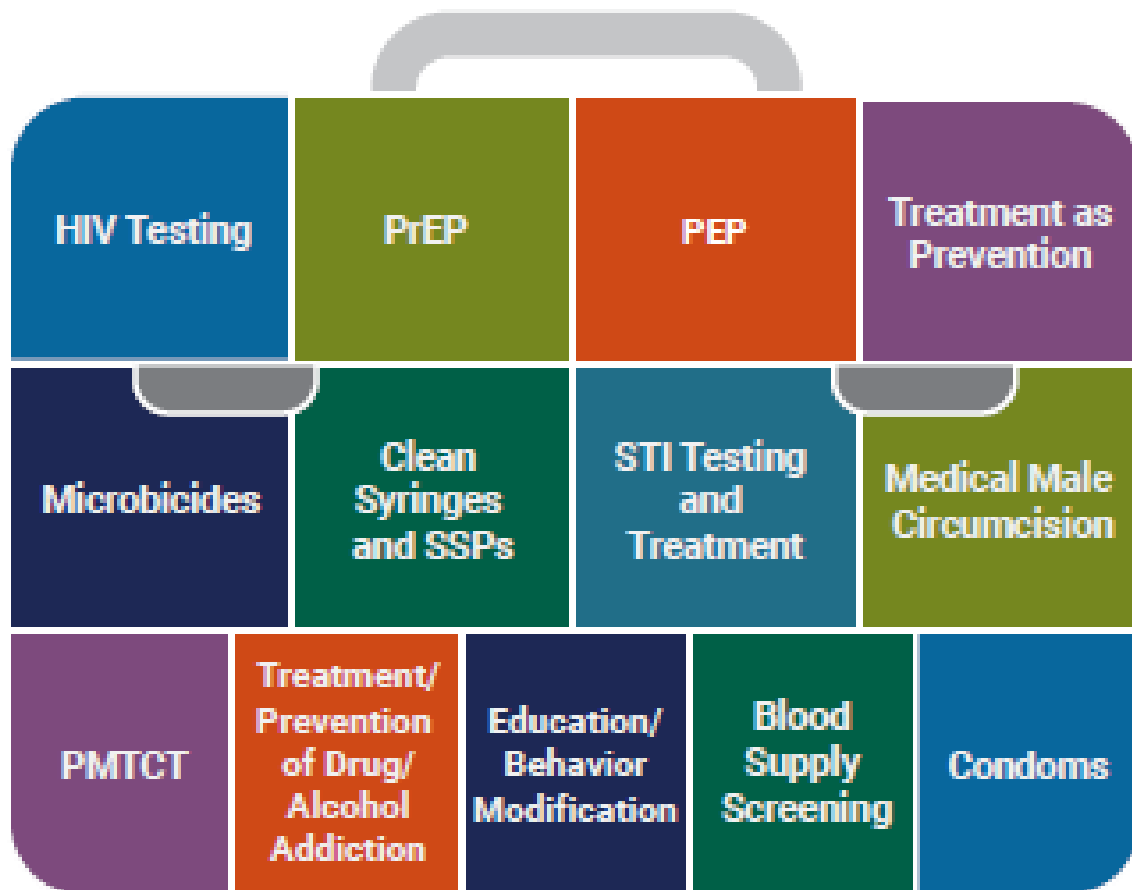


Led by HHS

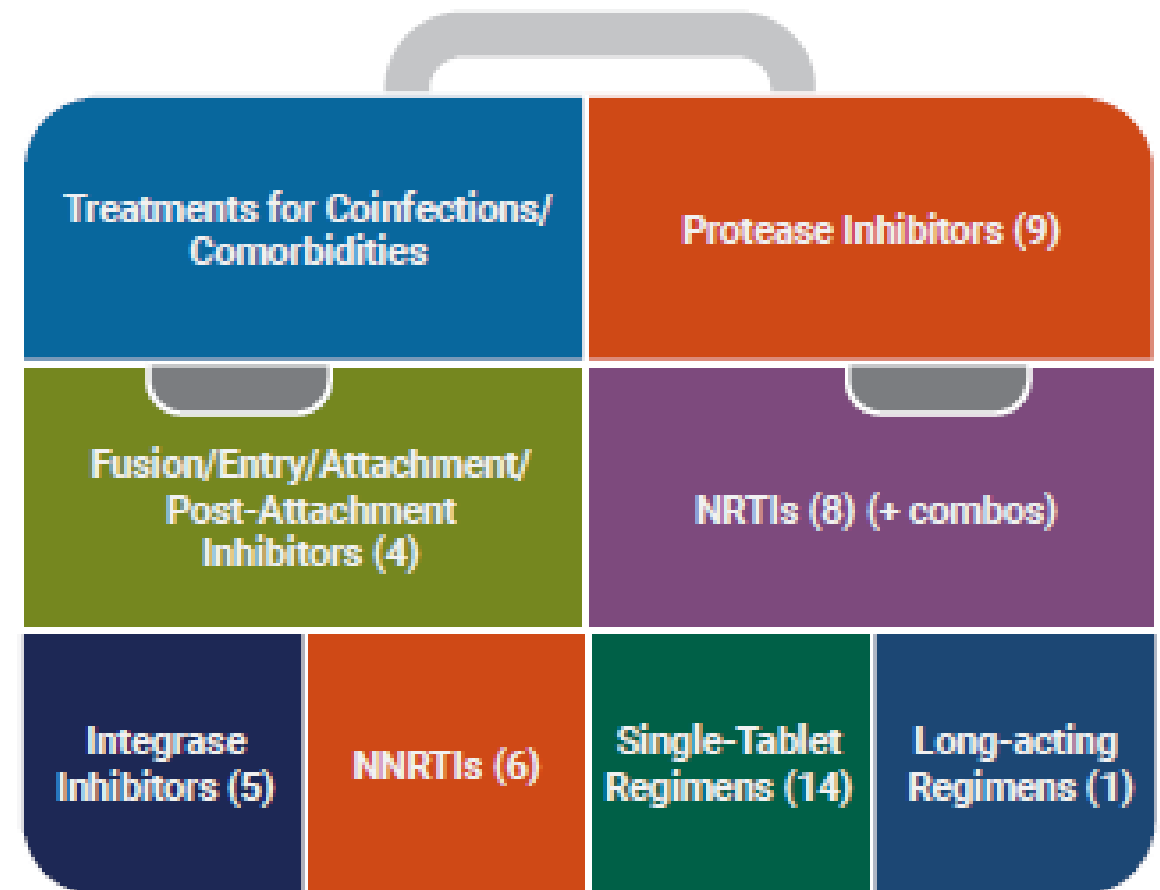


HIV Prevention and Treatment Toolkits

PREVENTION



TREATMENT





National HIV/AIDS Strategy

2022–2025

(NHAS)

National HIV/AIDS Strategy—Elements

- Vision
- Four goals
 - Objectives for each goal
 - Strategies for each objective
- Priority populations
- Indicators of progress

NATIONAL HIV/AIDS STRATEGY



for the **United States**
2022–2025



National HIV/AIDS Strategy—Vision

VISION ★ ★ ★ ★ ★

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the lifespan.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

National HIV/AIDS Strategy— Priority Populations

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, American Indian, and Alaska Native men
- Black women
- Transgender women
- Youth aged 13–24 years
- People who inject drugs

Prioritized based on incidence, diagnoses, and viral suppression data



NATIONAL HIV/AIDS STRATEGY

Goals

- Goal 1: Prevent New HIV Infections
- Goal 2: Improve HIV-Related Health Outcomes of People with HIV
- Goal 3: Reduce HIV-Related Disparities and Health Inequities
- Goal 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Interested Parties

Developing the National HIV/AIDS Strategy (2022–25) – Modifications

- **Recognizes racism as a serious public health threat** and the ways in which it drives disparities and affects HIV outcomes.
- Strengthens emphasis on **better integrating responses to the intersection of HIV, viral hepatitis, STIs, and substance use and mental health disorders.**
- Emphasizes the **important roles of harm reduction and SSPs** in our national response to HIV as well as hepatitis C virus infection and substance use disorder.
- Underscores the vital role that the **Affordable Care Act plays in our response to HIV.** Adds a new focus on the needs of the growing population of **people with HIV who are aging.**
- Enhances a focus on **quality of life for people with HIV.**
- **Calls for a focus on populations and geographic areas of the country that are disproportionately impacted.**

Developing the National HIV/AIDS Strategy (2022–25) – Modifications

- Calls for expanding engagement of **people with lived experience** in the research, planning, delivery, assessment, and improvement of HIV prevention, testing, and care services.
- **Acknowledges populations living with or experiencing risk for HIV whose unique circumstances warrant specific attention and tailored services** such as immigrants, individuals with disabilities, justice-involved individuals, older adults, people experiencing housing instability or homelessness, and sex workers.
- **Weaves HIV research activities more broadly across the objectives**, with an emphasis on implementation research and moving research findings into practice more swiftly.
- **Encourages reform of state HIV criminalization laws.**
- **Calls for sustaining program innovations implemented during the COVID-19 public health emergency** that can continue to support and improve access to and engagement in HIV services.
- **Expands the focus on addressing the social determinants of health** that influence an individual's HIV risk or outcomes.
- Adds a new focus on **opportunities to engage the private sector** in novel and important ways in the nation's work to end the HIV epidemic

Objectives and Strategies

Details 21 objectives and 78 strategies for federal and nonfederal stakeholders to implement to achieve the Strategy's goals.

National HIV/AIDS Strategy	Federal Implementation Plan
<p>Goals: Broad aspirations that enable a plan's vision to be realized</p> <p>Objectives: Changes, outcomes, and impact a plan is trying to achieve</p> <p>Strategies: Choices about how best to accomplish objectives</p>	<p>Action Steps: Specific activities that will be performed to implement the strategies and achieve the goals of the plan</p> <p>Progress Reports: Reports on progress, successes, and challenges</p>

Highlight

Expanded Federal Participation

ONAP has increased engagement of the following Federal Departments/agencies that support work at the state and local levels which influences the social determinants of health as well as the quality of life for people with HIV:

- Department of Agriculture
- Department of Education
- Department of Justice
- Department of Labor
- Department of Health and Human Services
- Department of Housing and Urban Development (programs beyond the Housing Opportunities for Persons With AIDS [HOPWA] program)
- Department of Veterans Affairs (previously engaged and developing a plan to end HIV among U.S. veterans)
- Indian Health Services (previously engaged)

The National HIV/AIDS Strategy (2022–25)

- **Implementation will begin in early 2022**
 - ONAP to work with federal partners on a federal implementation plan
 - Will align with implementation plans for National Strategic Plans for Viral Hepatitis and STIs which are already being developed
- Success requires engagement of nonfederal partners across the nation
 - Federal partners to work to engage grantees, healthcare professionals (HCPs), and others in new efforts
 - ONAP to work with PACHA on new ways to engage private sector in key areas for impact



Challenges and Opportunities Ahead

Challenges –

Things that could slow progress:

- COVID – 19
- Funding Priorities/Lack of Funding
 - Funding for our base HIV prevention, care and treatment programs
 - The Ending the HIV Epidemic Initiative
- Lack of focus on
 - Geographic areas where disparities exist
 - Populations disproportionately impacted
- Lack of political will at local level
- Opioid epidemic/methamphetamine Use
- Mistrust/misinformation regarding public health and government



We Can Accelerate HIV Response By

- Engaging community in the implementation of novel diagnostic and delivery systems are similarly being developed and tested, including subcutaneous, intravenous, topical, implantable, and long-acting oral formulations.
- Adapting to ensure that people aging with HIV can receive whole-person care that addresses their HIV- and aging-related health needs, along with support services such as mental health, transportation, housing, food and nutrition
- Increasing inclusion of paraprofessionals on teams by advancing training, certification, supervision, reimbursement, and team functioning to assist with screening/management of HIV, STIs, viral hepatitis, and substance use disorder and other behavioral health conditions.
- Expanding uptake of data-to-care models using data sharing agreements, integration and use of surveillance, clinical services, pharmacy, and social/support services data to identify and engage people not in care or not virally suppressed.



We Can Accelerate HIV Response By

- Providing same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it;
- Increasing linkage to HIV healthcare within 30 days for all persons that test positive for HIV.
- expanding the number, variety, diversity, and distribution of health care providers who routinely provide HIV testing, prevention counseling, and linkage to specialty care
- training to include trauma-informed care, cultural competency, stigma and discrimination, and unrecognized bias.



We can Accelerate HIV Response By

- embedding HIV prevention and care into routine care, this approach advances health equity by integrating HIV prevention and care
- scaling up access to PEP, PrEP and SSPs for Black, Latinx/Hispanic MSM, Black Women and Transgender Women and Youth
- re-assessing systems, structures, assumptions and beliefs
- reforming HIV criminalization laws
- updating scopes of practice for to help scale up PrEP implementation and persistence





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