

The U.S. National HIV/AIDS Strategy

Greg Millett

March 27, 2011

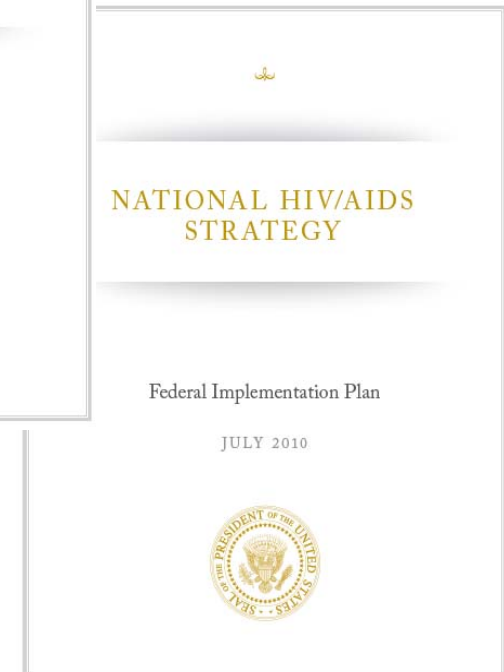
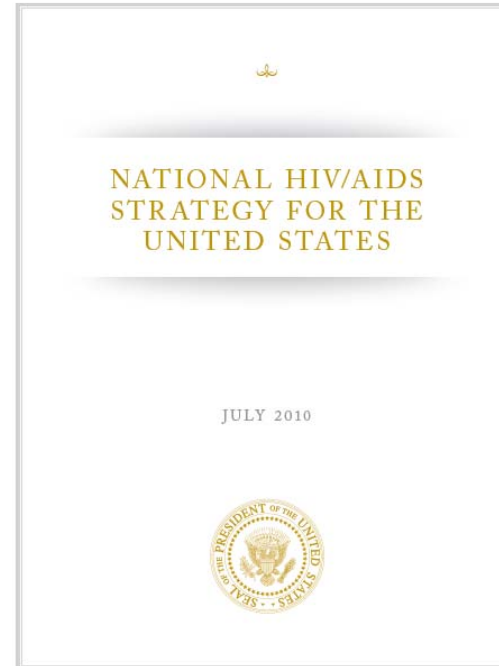
The National HIV/AIDS Strategy

Purpose:

1. Refocus attention on domestic epidemic.
2. Identify few steps to make biggest impact.
3. Institutionalize coordination across agencies.

Goals:

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

Three documents released by the Administration

- National HIV/AIDS Strategy
 - Provides vision
- Implementation Plan
 - Commitment to Federal leadership
- Presidential Memo
 - Lead agencies
 - 150 days
 - Ongoing responsibilities

Steps to Reduce HIV Incidence

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

Reducing HIV Incidence

1. Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

Approximately 56,000 new HIV infections each year:

- Gay and bisexual men (53% of new infections)
- African Americans (46% of new infections)
- Latinos (17% of new infections)
- Injection drug users (16% of new infections)

2. Prevent HIV infection using a combination of effective, evidence-based approaches.

Tools that work in preventing HIV

- Condom availability
- Comprehensive drug treatment including syringe exchange
- HIV testing (awareness of status)
- Circumcision (limited effectiveness in US)
- Antiretroviral therapy for diagnosed positives

Best combination of HIV prevention approaches that will have a population-level impact for specific populations is unknown

Behavioral Underpinnings Key to Biomedical Interventions

- **54%** effective among women who adhered to regimen
- **38%** effective among women who adhered to the regimen **50%- 80%** of sex acts
- **28%** effective among women who adhered to the regimen **less than 50%** of sex acts.

MARKETS / JSE: 29697.98 ▲ 0.44% RAND-DOLLAR: 6.8860 ▲ 0.79% | FEEDS

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Breakthrough gel helps women fight HIV

Jul 25, 2010 12:00 AM | By Salim Abdool Karim

Now those most at risk of the epidemic can finally take control of their sexual health, writes Salim Abdool Karim

"What does an Aids-prevention gel have to do with rural South Africa?" I was asked in Vienna this week. "Everything," I explained, recounting how in 2001 a message requesting help with Vulindlela's Aids problem came to my wife, Quarraisha, and me from that community's inkosi, Sondelani Zondi, through activist Gethwana Mahlase.

Arangements were hurriedly made for a group of us - researchers from the Centre for the Aids Programme of Research in South Africa (Caprisa) - to attend the Vulindlela traditional council meeting the following Saturday morning. We arrived there on a hot

“The mark of that meeting remains with me. The devastation in that community was obvious, the commitment of the leadership to their people was obvious”

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Combination Prevention must include Prevention with Positives



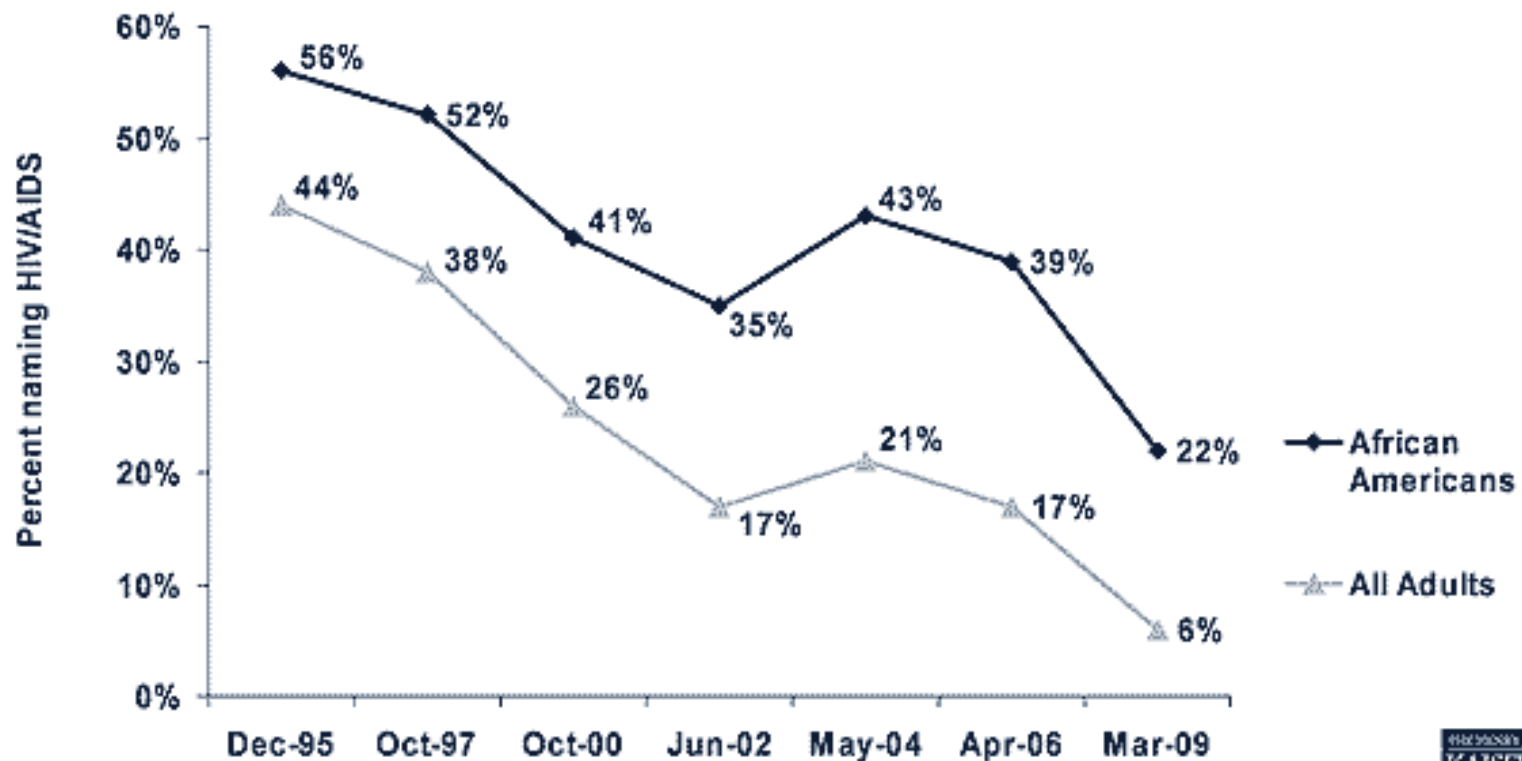
- Transmission rate* has decreased
 - 1984 → 44.4
 - 1990 → 11.7
 - 2006 → 5.0
- HIV incidence will increase if transmission rate remains stable
- Reduce sexual risk with HIV-negative/unknown partners among HIV+ individuals

*# new HIV infections per year per 100 people with HIV

3. Educate Americans about the threat of HIV and how to prevent it.

Trend in Share Naming HIV/AIDS as Most Urgent Health Problem Facing the Nation

Percent naming HIV/AIDS as the most urgent health problem facing the nation in an open-ended question...

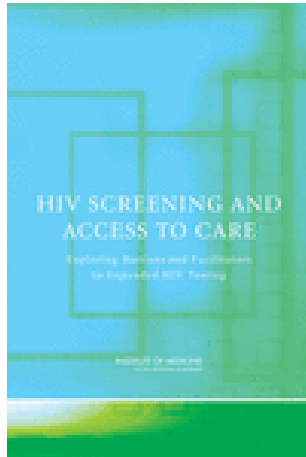


Steps to Increase Access to Care

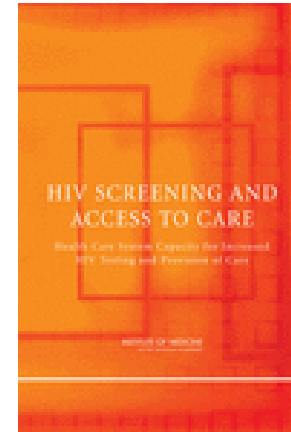
1. Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV.
2. Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.
3. Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.

2009-2010 Institute of Medicine Policy Analyses

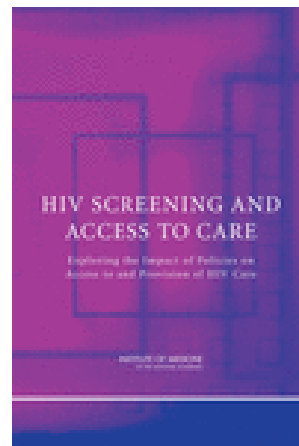
Committee Chair: Dr. Paul Cleary



Exploring Barriers and Facilitators to Expanded HIV Testing
(Released September 16, 2010)



Health Care System Capacity for Increased HIV Testing and Provision of Care
(Released March 17, 2011)



Exploring the Impact of Policies on Access to and Provision of HIV Care (Released January 31, 2011)

2011-2013 Institute of Medicine Policy Analysis

- **ONAP commissions Institute of Medicine to examine data gaps in monitoring access and quality of HIV care**
- Committee Chair: Dr. Paul Volberding
- Objectives:
 - Suggest methods to calculate national estimates of people living with HIV
 - Suggest essential indicators across public and private HIV care databases that track continuous care for people living with HIV?
 - What models or best practices can be gleaned from Federal agencies or private industry to make existing data systems interoperable?

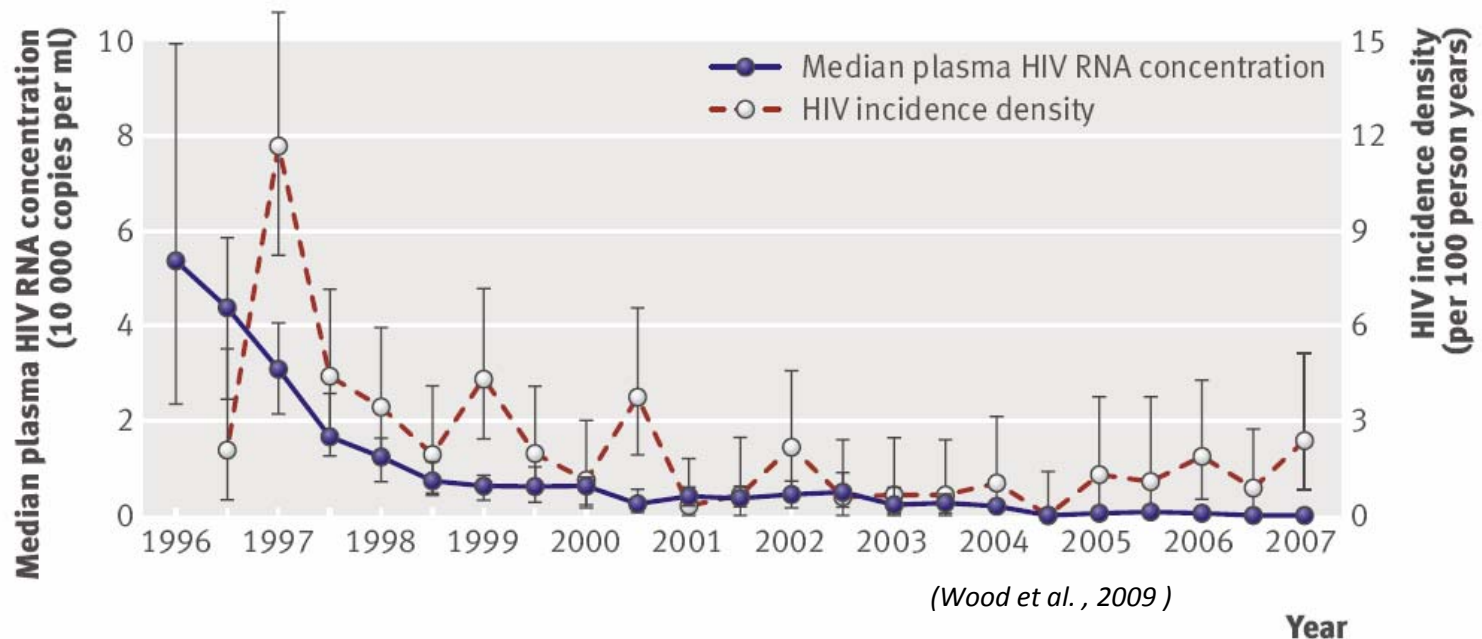
Steps to Reduce Disparities

1. Reduce HIV-related mortality in communities at high risk for HIV infection.

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

Chose viral load because it relates to each of the 3 strategy goals:

- Associated with HIV transmission
- Indicator of disease progression
- Marker for treatment-related disparities



ART coverage and reductions in HIV incidence among MSM in Denmark

AIDS 2010

XVIII International AIDS Conference
Vienna 18-23 July 2010

aidsmap.com: official provider of online news coverage - AIDS 2010



XVIII INTERNATIONAL AIDS CONFERENCE
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Rights Here, Right Now

Indirect evidence that treatment is bringing down HIV transmission in Denmark



TREATMENT AS PREVENTION

Gus Cairns

Published: 21 July 2010

Jump to

- Reference
- Further information

The HIV transmission rate amongst gay men and men who have sex with men (MSM) in Denmark appears to be falling even though the number of people living with the virus continues to increase, and despite high levels of unsafe sex, the Eighteenth International AIDS Conference in Vienna was told this week.

Susan Cowan of the National Infections Institute in Denmark said the only explanation had to be that these factors were being overcome by a decline in the infectiousness of the average person with HIV, due to very high rates of viral suppression.

There are about 5250 people in Denmark living with HIV in a population of 5.5 million, so it is still a

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28 July 2010

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Denmark HIV epidemic is driven by MSM

In most Western countries, HIV incidence among MSM is increasing

In Denmark, overall HIV incidence is decreasing

- Most HIV+ MSM in care and virally suppressed on ART
- Decrease in incidence taking place despite increasing risk behavior

Clear implications for the US, which is also a MSM-driven epidemic

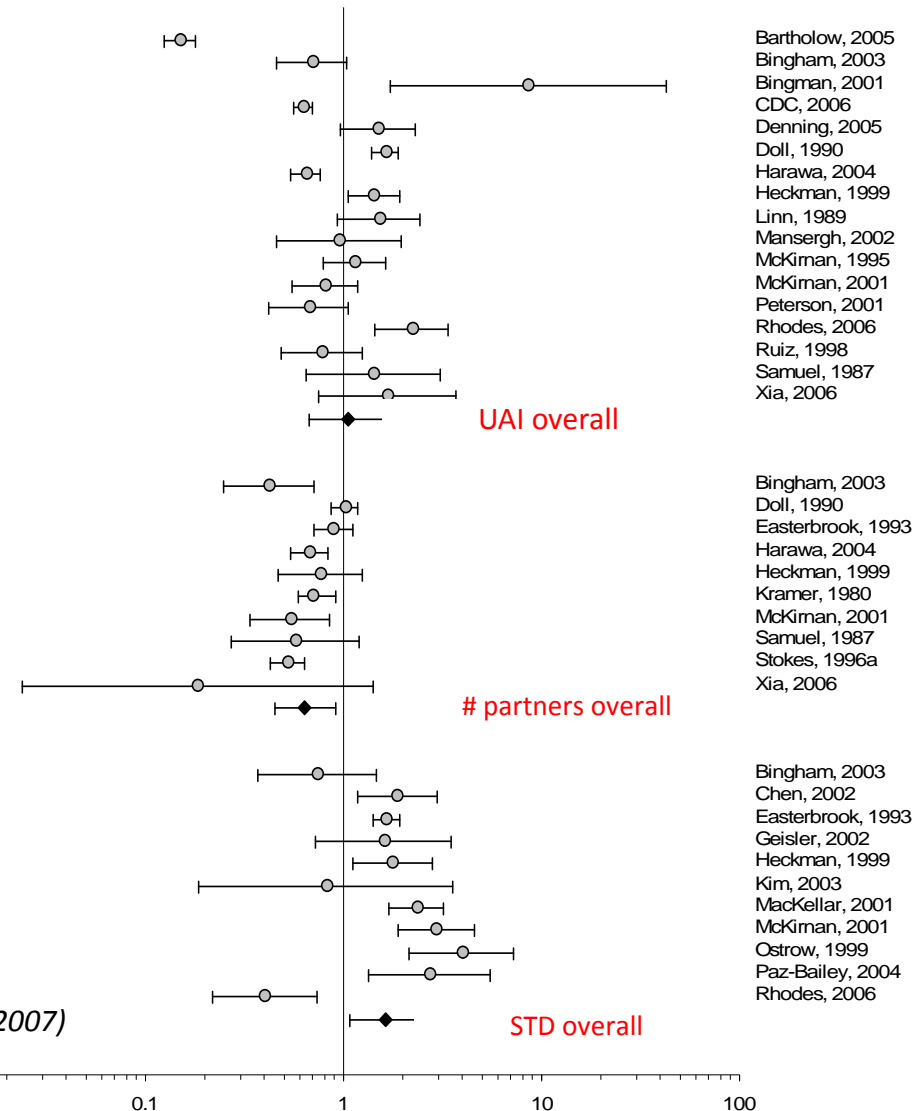
Steps to Reduce Disparities

Reduced Odds ← → Greater Odds

2. Adopt community-level approaches to reduce HIV infection in high-risk communities.

- Focusing on reducing sexual risk or drug use among some heavily impacted populations may not reduce HIV-related disparities or HIV infections

(Millett et al., 2007)



Need to address structural issues associated with disparities

- Many studies have found link between HIV infection and poverty
- Latest study to find link--CDC study in 23 cities
- Generalized epidemic among low income inner city heterosexuals (2% positive)
 - Heterosexuals below poverty line 5x more likely than general population to be HIV+
- “We can't look at HIV in isolation from the environment in which people live” (Denning, 2010)

Structural-Level

Topics Addressed in Strategy

- Housing for people living with HIV/AIDS
- Accessing income supports (including job skills & employment) for people living with HIV
- HIV-related discrimination in housing and employment
- HIV criminalization laws
- Funding following the epidemic (changing formulas)
- Addressing policies that prohibit calculating community viral load
- Social marketing efforts to decrease stigma/discrimination



New Directions: HHS Operational Plan

- Prevention
 - Revise funding formulas to reflect HIV/AIDS cases
 - Prioritize more effective and efficient programs (e.g. PWP, testing & linkage, tx adherence)
 - Expanded HIV testing services for MSM
- Surveillance
 - Annual MSM surveillance
 - Labs meeting (CVL or other population-level measures)
- Research
 - Demonstration projects (e.g. PrEP)
 - Combination prevention
 - Evaluating 12-city
- HHS
 - Re-tool MAI
 - Target at-risk populations
 - Evidence-based interventions
 - Evaluate efforts
 - \$12.5M to support 12-city
 - 1% tap across all HHS HIV/AIDS programs for NHAS implementation

Other Activities Related to the National HIV/AIDS Strategy

- Housing and Urban Development
 - Inclusion in 12-city
 - Revising funding formulas to reflect HIV/AIDS cases
- LGBT consultation to re-engage community around HIV
- Dept of Justice letter to AGs about discrimination in trade schools
- Dept of Labor/ Dept of Justice roundtable on HIV/AIDS
- Public-Private Partnerships
- Revisit role of CBOs in implementation of the NHAS
- State plans to combat local epidemics
 - Integrated prevention/ care planning
 - Metrics to gauge progress
 - Feed into NHAS annual report
- NHAS annual report
 - Includes state and local health agencies, businesses, CBOs, faith-based
 - Metrics to gauge progress

Important Events

- 30th anniversary of HIV/AIDS
- National HIV/AIDS Prevention Conference follow-up to 2010 community discussion
- AIDS 2012– showcase US science and programs

