**The White House**

Office of the Press Secretary

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**FACT SHEET: Progress in Four Years of the National HIV/AIDS Strategy**

On July 15, 2010, President Obama [released](http://www.whitehouse.gov/administration/eop/onap/nhas) the first comprehensive National HIV/AIDS Strategy, which envisions that *“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, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”*

The goals of the Strategy are to reduce new HIV infections; increase access to care and improve health outcomes for people living with HIV; and reduce HIV-related disparities and health inequities.  Achieving these goals requires partnerships and coordination among Federal agencies, state and local governments, community-based organizations, and health care settings.

To further the implementation of the Strategy, last year, President Obama signed an [Executive Order](http://www.whitehouse.gov/the-press-office/2013/07/15/executive-order-hiv-care-continuum-initiative) establishing the HIV Care Continuum Initiative, which [outlines the pathway](http://www.whitehouse.gov/sites/default/files/onap_nhas_improving_outcomes_dec_2013.pdf) to accelerate and optimize health outcomes for those living with HIV.  This update outlines just some of the major accomplishments and progress made over the last four years towards achieving the Strategy’s goals and highlights new action steps taken today.

***New actions to support the National HIV/AIDS Strategy:***

* Today, to support the goals of the Strategy, the Department of Health and Human Services (HHS) [announced](http://www.hhs.gov/news/press/2014pres/07/20140715a.html) the availability of $11 million in funding to enhance Community Health Centers’ HIV efforts in communities highly impacted by HIV, especially among racial and ethnic minorities.  This initiative, funded through the Affordable Care Act and the Secretary’s Minority AIDS Initiative Fund, aims to build sustainable partnerships between public health and health centers to help achieve the goals of the Strategy.
* Additionally today, the Department of Justice (DOJ) released a [*Best Practices Guide to Reform HIV-specific Criminal Laws to Align with Scientifically Supported Factors*](http://www.hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/doj-hiv-criminal-law-best-practices-guide%20Final.pdf). As noted in the National HIV/AIDS Strategy, many states have criminal laws that have not keep pace with our current understanding of best public health practices for preventing and treating HIV and that, instead, may make people less willing to get tested, disclose their status, and undermine the public health goals of promoting HIV screening and treatment. This guide is intended to share best practices for aligning criminal law with the public health goal of reducing HIV-related stigma.

***Implementing the National HIV/AIDS Strategy:***

**Reducing new HIV infections over the last four years:** Ensuring that individuals know their HIV status is a critical step to reducing HIV infections.  People who don't know they are infected miss an opportunity to access the life-sustaining care and treatment that can now lead to normal life-expectancy. Undiagnosed individuals can also unknowingly pass the virus on to others.

* **HIV testing:** Screening all persons between 15 and 65 years of age is now a [grade “A” recommendation](http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.pdf) of the independent United States 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.
* **The number of people who know their HIV status increased:**  The overall number of people with HIV who know their HIV status increased to 84.2% in 2010, approaching the Strategy goal of 90% by 2015.  Serostatus awareness was 90% or higher among persons 45 year or older and among injection drug users.
* **Reduction in new HIV infections in some sub-populations:**  Black women saw a 21% reduction in new HIV infections from 2008 to 2010.  In 2010, there was a 22% reduction in new HIV infections among injection drug users. However, there has been a 12% increase in new HIV infections among men who have sex with men (MSM) and 22% increase among young MSM aged 13 to 24. The Administration is committed to enhancing outreach to young, black, gay males.
* **Reduced transmission of HIV:** One of the most successful scientific advances in HIV prevention, [treatment as prevention](http://www.cdc.gov/hiv/prevention/research/tap/), shows that people living with HIV who have a suppressed viral load due to effective HIV treatment, reduce their HIV transmission risk by up to 96%.
* **Pre-exposure prophylaxis (PrEP):** In May 2014, the Centers for Disease Control and Prevention (CDC) released [clinical practice guidelines](http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf) on HIV risk and eligibility for PrEP use.
* **Research for an effective vaccine and cure:** An effective vaccine remains a critical component of any long-term strategy.  In 2014, the President announced that the National Institutes of Health (NIH) is [redirecting $100 million](http://www.niaid.nih.gov/news/newsreleases/2014/Pages/HIVcureRFI.aspx) for development of new therapies toward a cure and will continue to strive to be on the forefront of new discoveries.

**Increasing access to care and improving health outcomes over the last four years:** To end the epidemic, in addition to providing prevention strategies, access to health insurance coverage and other key supports are essential.

* **Making coverage affordable:** The Affordable Care Act has expanded access to affordable health insurance coverage for millions of Americans, including thousands living with HIV.  Thanks to the Affordable Care Act, people can no longer be denied coverage based on pre-existing conditions, including HIV.  The Administration will continue to focus on the Ryan White HIV/AIDS Program and Affordable Care Act coordination.
* **Housing for people living with HIV:** Since 2010, over 56,000 people with HIV receive housing assistance from the Housing Opportunities for Persons with AIDS (HOPWA) program annually. In keeping with the goals of the Strategy, the President’s Fiscal Year 2015 Budget proposes modernizing HOPWA’s funding formula to better reflect the current state of the epidemic.
* **Increasing access to life-saving HIV treatment:** Thanks to targeted investments by the Administration, waiting list for the AIDS Drug Assistance Program (ADAP) have been nearly eliminated from a high of over 9,000 in 2011.
* **Commitment to ensuring access to care for people living with HIV:** Together, the Affordable Care Act and the Ryan White HIV/AIDS Program are improving and expanding access to care for people living with HIV/AIDS.  Federal leaders have taken steps to ensure this collaboration, including providing guidance to Ryan White grantees to help them effectively interact with new coverage provided under the Affordable Care Act, and strengthening Ryan White data and information to improve program management.

**Reducing health disparities over the last four years:** Gay and bisexual men, transgender women, and Black and Latinos continue to bear significant disproportionate burden of new HIV infections and poorer health outcomes. Black gay youth aged 13 to 24 have been identified in the National HIV/AIDS Strategy as a principal group facing HIV/AIDS-related health disparities.

* **Improving care continuum outcomes among people of color:** In 2012, HHS funded a $44 million [Care and Prevention in the United States](http://www.cdc.gov/hiv/prevention/demonstration/capus/) (CAPUS) demonstration project to reduce HIV and AIDS-related morbidity and mortality among racial and ethnic minorities in eight cities.  This project focuses efforts on improving outcomes along the HIV care continuum.
* **Addressing the concerns of the communities most affected:** In June 2014, Office of National AIDS Policy (ONAP) held listening sessions in areas most impacted by the epidemic in the southern United States (Jackson, Columbia, and Atlanta).  Additionally, ONAP convened a meeting at the White House focusing on HIV and the southern United States, and will host another meeting to address HIV and gay men, particularly young black MSM, in fall 2014.
* **Reducing stigma and discrimination:** In May 2014, CDC launched the latest communication campaign under its *Act Against AIDS* initiative: “[Start Talking. Stop HIV](http://www.cdc.gov/features/start-talking-stop-hiv/).” aiming to eliminate stigma and discrimination and promote open communication between gay and bisexual men about a range of HIV prevention strategies. Additionally, DOJ launched [ADA.gov/AIDS](file:///C%3A/Users/brooks_dm/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/DL1L81D0/ww.ada.gov/aids), a portal for individuals to directly report cases of HIV-related discrimination.
* **Integrating behavioral health for people at high risk**: The Substance Abuse and Mental Health Services Administration (SAMHSA) piloted a number of the Minority AIDS Initiative Continuum of Care programs focused on integrating HIV medical care into behavioral health programs designed for racial and ethnic minority populations also at high risk for behavioral health disorders and HIV.

**Achieving a more coordinated national response over the last four years:** The National HIV/AIDS Strategy recognizes that a core principle of reaching its identified quantitative targets requires Federal agencies to coordinate efforts, along with coordinating across State and local government and the private sector.

* **Intersection of violence against women and girls, HIV/AIDS, and gender-related health disparities:** In 2012, President Obama signed a [memorandum](http://www.whitehouse.gov/the-press-office/2012/03/30/presidential-memorandum-establishing-working-group-intersection-hivaids-) forming a Federal working group and directing agencies to coordinate efforts on these key issues.  Federal agencies and community partners are [investing time and resources](http://www.whitehouse.gov/sites/default/files/docs/vaw-hiv_working_group_report_final_-_9-6--2013.pdf) to provide co-screening for HIV and intimate partner violence as well as learn more about the benefits of trauma informed care.
* **Implementing common core indicators**: In 2012, HHS approved a set of [seven common core indicators](http://aids.gov/pdf/hhs-common-hiv-indicators.pdf) to monitor HHS-funded prevention, treatment, and care services in an effort to standardize data collection and grantee reporting requirements, thereby reducing burdens and increasing efficiency.
* **Public-private partnerships to facilitate access to HIV treatment:** In 2012, a convening of funders by HHS and the MAC AIDS Fund led to the development of [HarborPath](https://www.harborpath.org/), an online portal for health care providers to help connect uninsured individuals with HIV to access medications and/or medication assistance programs through a streamlined common application.
* **Investing in future research**:  NIH expanded their investment in research to address gaps and opportunities in the HIV Care Continuum, including investigations of the effectiveness of methods to identify HIV-infected people earlier and to link them to care; community-level interventions to expand HIV testing and treatment; interventions to improve HIV outcomes among substance users; and evaluation of innovative network approaches for HIV testing and referral for persons in the correctional system.

***Toward the Goals of the National HIV/AIDS Strategy:***

The Administration, led by Office of National AIDS Policy and HHS Office of HIV/AIDS and Infectious Disease Policy, in partnership with other Federal agencies, state and local governments, communities and people living with HIV, have made tremendous progress in addressing HIV/AIDS in the United States over the last four years. Together, we are committed to accelerating our efforts to reach the Strategy’s goals and, eventually, attain an AIDS-free generation. Smart investments and collaborations will provide opportunities to scale up effective efforts so that every community affected by HIV can contribute to achieving the goals of the Strategy.