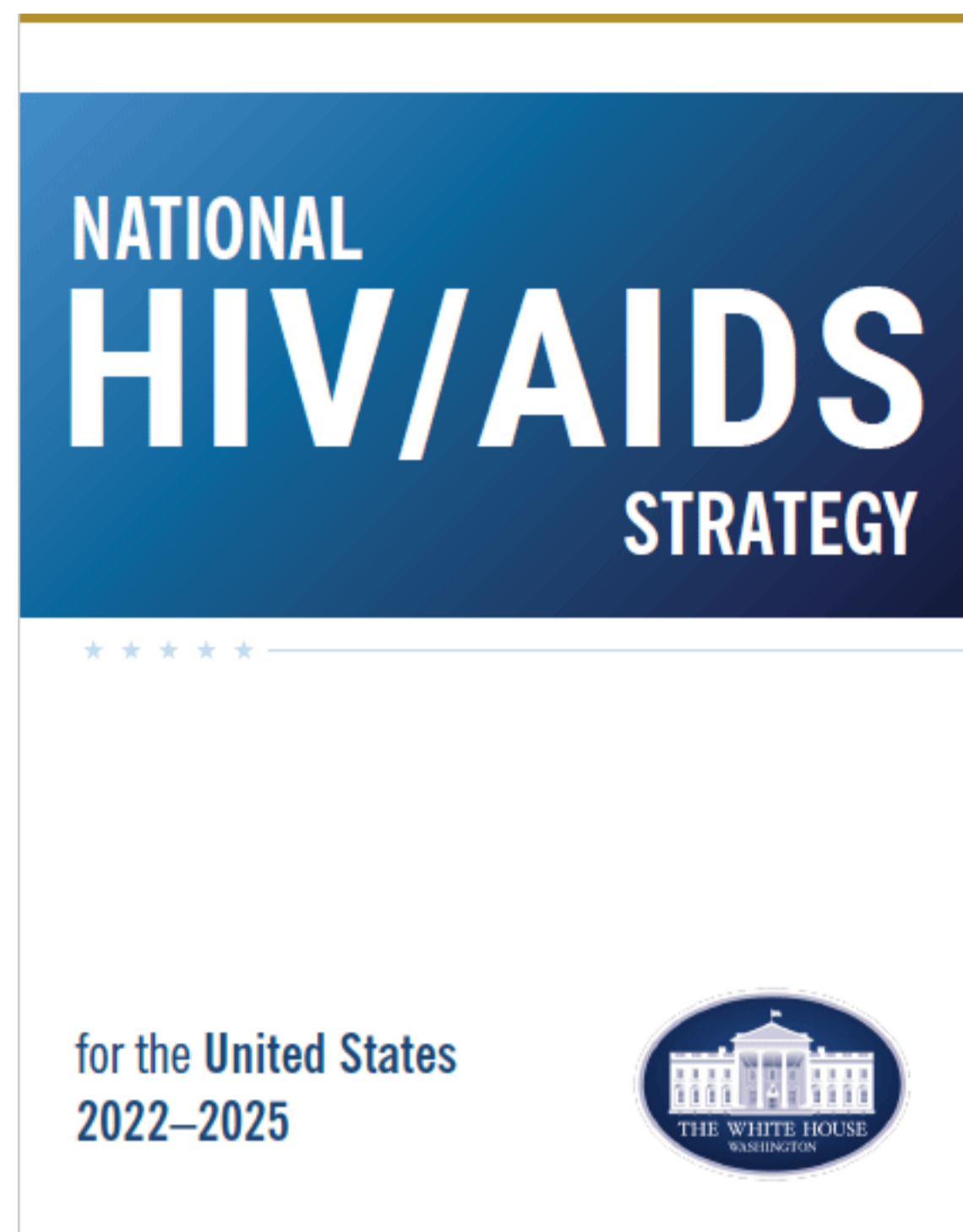


Accelerating the Efforts to End HIV in the United States: the U.S. Department of Health and Human Services' Priorities

Background

On December 1, 2021, President Joseph R. Biden announced the release of a new **National HIV/AIDS Strategy for the United States** (NHAS). The NHAS provides stakeholders across the nation a roadmap to accelerate efforts to end the HIV epidemic in the U.S. by 2030. It reflects President Biden's commitment to re-energizing and strengthening a whole-of-society response to the ending the epidemic while supporting people with HIV and reducing HIV-associated morbidity and mortality. The Strategy sets bold targets, including achieving a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030.



Vision, Goals, and Objectives

The Strategy articulates a clear vision to guide the nation's response to HIV:

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.

To guide the nation toward realizing the vision, the NHAS focuses on four goals:

1. Prevent new HIV infections.
2. Improve HIV-related health outcomes of people with HIV.
3. Reduce HIV-related disparities and health inequities.
4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

The NHAS details 21 objectives and 78 strategies to guide federal partners as well as nonfederal stakeholders in achieving its goals.

The White House's Office of National AIDS Policy (ONAP) led the development of and is coordinating the implementation of the NHAS with federal and nonfederal partners.

Role of HHS

The U.S. Department of Health and Human Services (HHS) supported the White House in developing the NHAS and is working with ONAP to support its implementation and monitoring. Most federal domestic spending on HIV is administered by HHS agencies and offices. Twelve HHS agencies and offices are involved in NHAS implementation, with operational and programmatic activities coordinated by the Office of the Assistant Secretary for Health (OASH) and its Office of Infectious Disease and HIV/AIDS Policy (OIDP).

Ending the HIV Epidemic in the U.S.

In 2019, HHS launched the **Ending the HIV Epidemic in the U.S.** (EHE) initiative, focusing on the 50 jurisdictions in which just over 50% of new HIV diagnoses occur as well as seven states with a high proportion of HIV diagnoses in rural areas. The NHAS and EHE are closely aligned and complementary and share common targets, with EHE serving as a leading component of HHS' work – in collaboration with state, tribal, territorial, and local partners – to implement the Strategy.

Description

ONAP developed the updated NHAS in the latter half of 2021, informed by significant input from community stakeholders, including people with HIV, and supported by federal partners from nine federal Departments whose programs, policies, services, or activities contribute to our national response to HIV. The NHAS builds on the progress achieved and lessons learned from prior national strategies and seeks to leverage new tools and opportunities to address the challenges that remain.

This NHAS:

- is based on the latest data on HIV incidence, prevalence, and trends.
- recognizes racism as a serious public health threat.
- places a greater emphasis on addressing the needs of the growing population of people with HIV who are aging.
- 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 the response to HIV.

Priority Populations

To ensure resources are focused on the communities and populations where the need is greatest and so that federal agencies and other stakeholders can focus efforts and resources to achieve the greatest impact, the NHAS prioritizes populations disproportionately impacted by HIV in the U.S.:

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

NHAS Federal Implementation Plan

ONAP, with support from HHS, worked with federal government partners in the first half of 2022 to develop a Federal Implementation Plan documenting specific actions that federal departments and agencies will take to achieve NHAS goals and objectives. The actions detailed in this plan are intended to help move the NHAS Indicators of Progress in the right direction. The plan will also help nonfederal partners focus their efforts on complementary actions.

Indicators of Progress

The NHAS sets forth indicators to measure progress and quantitative targets to be achieved by 2025 for each indicator. These indicators are:

- Increase knowledge of HIV status
- Reduce new HIV infections
- Reduce new HIV diagnoses
- Increase PrEP coverage
- Increase linkage to care within 1 month of diagnosis
- Increase viral suppression among people with diagnosed HIV
- Increase the median percentage of secondary schools that implement at least 4 out of 7 LGBTQ-supportive policies and practices

To monitor progress in addressing HIV disparities, the viral suppression indicator is stratified to measure progress among the priority populations.

New Indicators on Quality of Life Among PWH

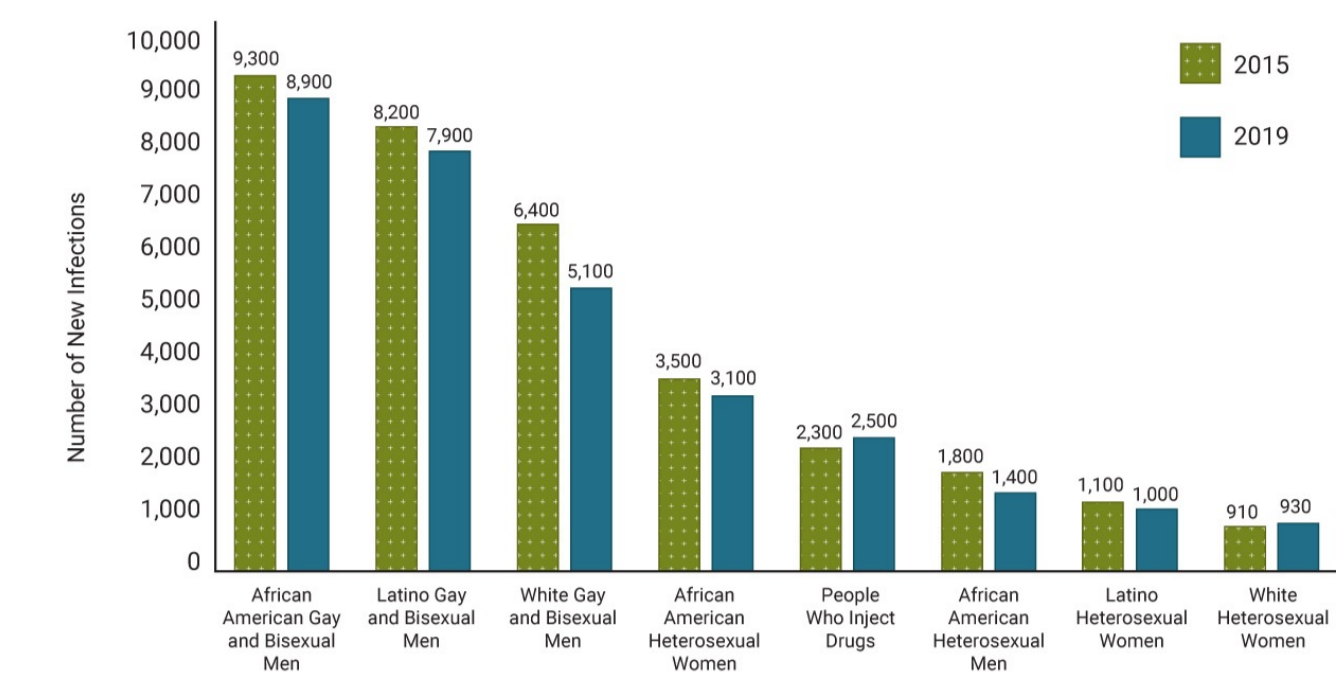
In the NHAS, ONAP committed to developing an additional indicator on quality of life for people with HIV. ONAP convened a work group to gather community input and identify data sources, measures, and targets for this new indicator. Since quality of life is a multi-dimensional concept, the NHAS now includes five indicators of progress that consider physical health, mental/emotional health, and structural/subsistence issues for people with HIV:

- Increase self-rated health status
- Decrease unmet need for services from a mental health professional
- Decrease the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food
- Decrease the proportion of people with diagnosed HIV who report being out of work
- Decrease the proportion of people with diagnosed HIV who report being unstably housed or homeless

Lessons Learned

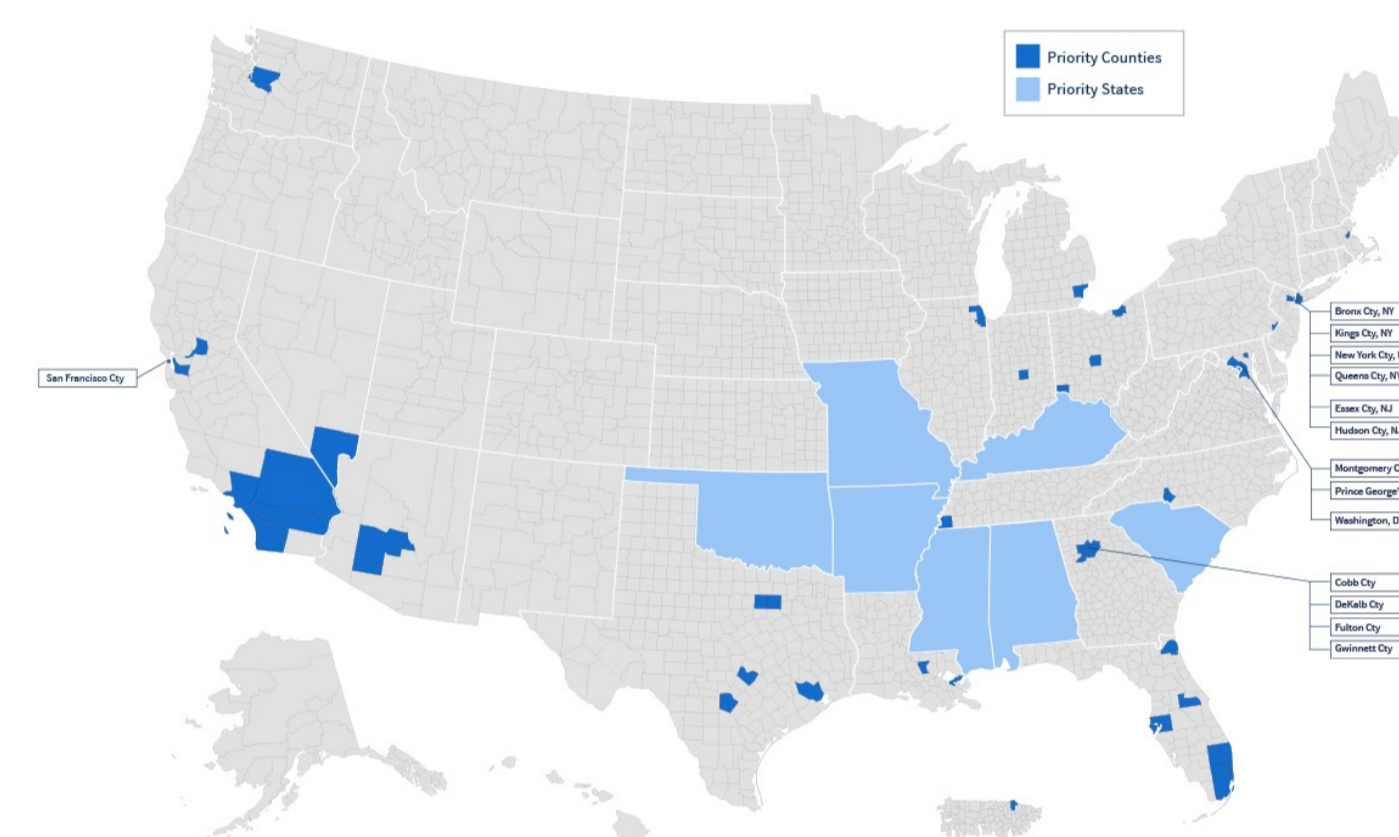
Focus on Most Affected People & Places

Although HIV remains a threat in every part of the U.S., certain populations and parts of the country bear most of the burden, signaling where HIV prevention, care, and treatment efforts must be focused. Black/African American, Latino, and White gay and bisexual men and Black heterosexual women bear the greatest burden of new HIV infections. Native American MSM and transgender women are also disproportionately affected.



New HIV infections by most impacted populations, United States, 2015 vs. 2019

Further, most of the nation's HIV diagnoses are geographically concentrated in urban areas and southern states. Thus, the NHAS calls for enhanced focus on these populations and areas. The EHE initiative prioritizes the 57 jurisdictions (see map) that bear a disproportionate burden of HIV incidence, providing them with additional resources, technical assistance, and support. These investments are enabling innovative interventions, new partnerships to better engage those hardly reached, and expanded services for people with and experiencing risk for HIV.



EHE prioritized jurisdictions: 48 counties, Washington, DC, San Juan, PR, and 7 states

Syndemic Responses Necessary

The NHAS emphasizes the need for a holistic approach to the syndemics of HIV and viral hepatitis, STIs, and substance use and mental health disorders, recognizing that these linked health conditions adversely interact with one another and contribute to an excess burden of disease. It calls for the closer integration of programs—including harm reduction and Syringe Services Programs—and policies to address these connected health issues. HHS-led national strategic plans for viral hepatitis and STIs and the White House's National Drug Control Strategy complement this syndemic focus.

Ongoing Community Engagement

The NHAS highlights the vital role that members of affected communities, including people with and experiencing risk for HIV, must play in all aspects of our nation's response to HIV. The NHAS encourages ongoing, meaningful engagement of diverse community members in local, state, and national HIV planning and service delivery. It highlights roles for community members ranging from community health workers to trusted messengers and influencers. It also calls for expanding access to services in non-traditional settings by partnering with community-based organizations. Importantly, the NHAS also calls for engaging, employing, and providing public leadership opportunities at all levels for people with or who experience risk for HIV. ONAP and HHS have continued to seek community input, including through ongoing community engagement during the Strategy's development and recent community listening sessions on HIV criminalization and the quality-of-life indicator.

The EHE initiative also emphasizes community engagement, requiring community input on local plans to end the epidemic and fostering ongoing community engagement in their implementation. Complementing local efforts, two HHS agencies – the Centers for Disease Control and Prevention and the Health Resources and Services Administration – have conducted regional EHE community listening sessions to hear directly about what is going well and what could be further enhanced to achieve the EHE goals.

Broad Federal Involvement

In recognition of the whole-of-government approach that must be taken to comprehensively address HIV and eliminate racial disparities, the following 10 federal departments are collaborating to implement the NHAS. The programs, policies, activities, and/or services of each contribute to the national HIV response. Their work includes combatting discrimination, providing housing services, supporting delivery of health services or education, research, addressing food and nutrition, and providing employment training.

- Department of Agriculture
- Department of Defense
- Department of Education
- Department of the Interior
- Department of Justice
- Department of Health and Human Services
- Department of Housing and Urban Development
- Department of Labor
- Department of Veterans Affairs
- Equal Employment Opportunity Commission

Whole-of-Society Response

The federal government is only one component of the broad effort needed to evolve and enhance our work to end the domestic HIV epidemic. That is why the Strategy is a national one, not just a federal one. Engagement of and contributions from stakeholders from all sectors of society are needed. This includes state, tribal, local, and territorial health departments, health plans and health care providers, schools and other academic institutions, community-based and faith-based organizations, researchers, private industry, and people with and experiencing risk for HIV. Fresh approaches, new partnerships, and shared commitments to equity, better coordination, and following the science will help us move forward. The NHAS and its Federal Implementation Plan can provide inspiration to stakeholders from many different sectors of society, supporting their own efforts to identify and implement complementary actions that accelerate our efforts to end the HIV epidemic in the United States.

Sustain Helpful Innovations from the COVID Response

In response to COVID-19, HHS authorized and invested in a number of innovations to enable continued provision of and access to key HIV and other health services, such as scaling up HIV self-testing; telehealth, including telePrEP and tele-harm reduction; and virtual planning and convenings. The NHAS calls for sustaining program/service innovations and administrative changes implemented in response to the COVID-19 public health emergency that can continue to support and improve access to and engagement in HIV testing, prevention, care and treatment, and other related services.

Conclusion & Next Steps

The NHAS guides our national work to end the HIV epidemic through 2025. Federal agencies are working collaboratively across the government and with nonfederal partners to capitalize on new opportunities that may arise and respond to unanticipated obstacles. Progress will be reported annually. The EHE initiative will continue to be a core part of that broader work.

With governments at the local, state, tribal, and federal levels doing their parts, innovation from health care providers and systems, engaged community-based and faith-based organizations, a committed private sector, and leadership from people with or who experience risk for HIV and affected communities, the United States can re-energize and strengthen a whole-of-society response to the epidemic that ends new HIV transmissions while supporting people with HIV and reducing HIV-associated morbidity and mortality.

Citations

The White House. 2021. *National HIV/AIDS Strategy for the United States 2022–2025*. Washington, DC.

The White House. 2022. *National HIV/AIDS Strategy Federal Implementation Plan*. Washington, DC.